

**HOUSE . . . . . No. 2217**

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**The Commonwealth of Massachusetts**

PRESENTED BY:

*Elizabeth A. Malia*

*To the Honorable Senate and House of Representatives of the Commonwealth of Massachusetts in General Court assembled:*

The undersigned legislators and/or citizens respectfully petition for the adoption of the accompanying bill:

An Act relative to accountable care organizations.

PETITION OF:

NAME:

DISTRICT/ADDRESS:

*Elizabeth A. Malia*

*11th Suffolk*

*Ruth B. Balsler*

*12th Middlesex*

**HOUSE . . . . . No. 2217**

By Ms. Malia of Boston, a petition (accompanied by bill, House, No. 2217) of Elizabeth A. Malia and Ruth B. Balsler for legislation to require annual reports by certain accountable care organizations. Health Care Financing.

**The Commonwealth of Massachusetts**

**In the One Hundred and Ninetieth General Court  
(2017-2018)**

An Act relative to accountable care organizations.

*Be it enacted by the Senate and House of Representatives in General Court assembled, and by the authority of the same, as follows:*

1 SECTION 1. Chapter 118E of the General Laws, as appearing in the 2014 Official  
2 Edition, is hereby amended by inserting after section 77 the following new section: -

3 Section 78. The Division shall require all accountable care organizations (“ACOs”)  
4 certified under section 15 of Chapter 6D that contract directly with the Division or its managed  
5 care entities to report annually in a public document the following information:

6 (1) Baseline expenditures for pre-ACO participation for the following categories:  
7 behavioral health services, primary care, acute care costs, emergency services, pharmacy, and  
8 other specialties that MassHealth deems appropriate, categorized in a standardized manner as  
9 established by the Division, by the following levels of care: inpatient, diversionary, and  
10 outpatient.

11 (2) ACO spending, total and as a percentage of total MassHealth expenditures, on  
12 eligible members for the following categories: behavioral health services, primary care, acute

13 care costs, emergency services, pharmacy, and other specialties that MassHealth deems  
14 appropriate, categorized in a standardized manner as established by the Division, by the  
15 following levels of care: inpatient, diversionary, and outpatient.

16 (3) The percentage of members eligible for Community Partner coordination services  
17 provided by the ACO, primary care providers, and Community Partners for the total ACO  
18 membership.

19 (4) For each ACO, membership enrollment for each Community Partner.

20 (5) Any additional data that MassHealth deems appropriate.