## Care Delivery and Payment System Transformation Committee

Health Policy Commission

July 2, 2014



## Agenda

- Approval of minutes from June 11, 2014 meeting
- Regulation for the Registration of Provider Organizations (RPO) Program
- Schedule of next committee meeting (August 13, 2014)

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#### Approval of minutes from June 11, 2014 meeting

- Regulation for the Registration of Provider Organizations (RPO) Program
- Schedule of next committee meeting

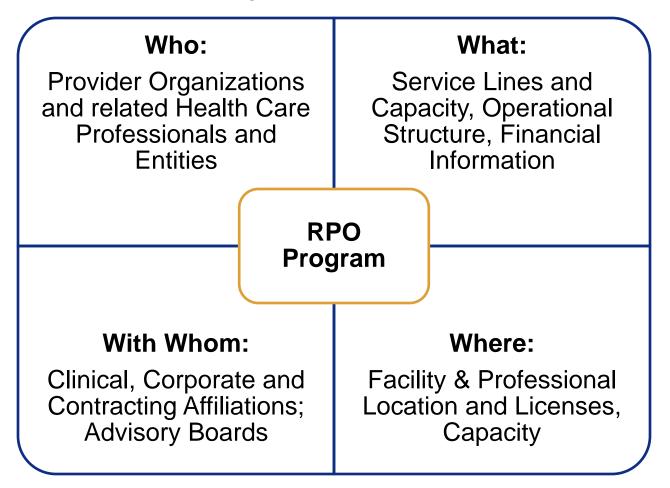
**Motion**: That the Care Delivery and Payment System Transformation Committee hereby approves the minutes of the Committee meeting held on June 11, 2014, as presented.

## Agenda

- Approval of minutes from June 11, 2014 meeting
- Regulation for the Registration of Provider Organizations (RPO) Program
  - Background and program development timeline
  - Recommended updates to regulation in response to public comment
  - Initial Registration: Part 1 timeline
- Schedule of next committee meeting

## **Background of RPO**

RPO enhances transparency of the health care marketplace in the Commonwealth and creates a centralized resource by gathering information on the composition, structure and relationships among and within Massachusetts health care providers.



## **Background of RPO**

HPC relies on the following principles in designing RPO standards and submission materials:

- Provider Organizations are faced with significant new responsibilities under Chapter 224. RPO must offer a streamlined registration process that prioritizes administrative simplification.
  - Provider Organizations have existing points of contact with many state agencies. RPO should **avoid requesting duplicative data** through ongoing coordination (e.g., with DPH, DOI, CHIA).
  - RPO must **balance** the importance of collecting data elements with the potential burden to Provider Organizations.
  - The RPO program should **phase in** the types of information that Provider Organizations must report over time.

## **RPO: Program development timeline**

| 2013   | 2014  |
|--|---|
| April 23: Summary of RPO listening sessions presented to Committee | January 8: Board voted to issue draft regulation                            |
| July 25: Initial RPO framework presented to Committee              | <b>February 12:</b> Public Hearing on regulation                            |
| <b>November 20:</b> Initial RPO framework presented to Board       | January 8 – April 25: Public comment period on regulation and DSM           |
| December 16: Committee voted to issue draft regulation             | <b>February – April:</b> Stakeholder meetings                               |
|  | April 9: Listening session on regulation and DSM                            |
|  | May 12: Committee review of public comment                                  |
|  | <b>June 11:</b> Committee deliberation                                      |
|  | <b>July 2:</b> Committee and Commission approval and issuance of regulation |
|  |   |

Stakeholder and interagency engagement

## **RPO: Summary of public comment**

- HPC solicited feedback on the proposed regulation and draft Data Submission Manual
- HPC received 19 total comments from Provider Organizations, payers and other stakeholders that fall into 3 broad categories: Regulation, Registration Process, and Data Submission Manual

| Focus of Today's Meeting       | Focus of Future Meetings       |
|--------------------------------|--------------------------------|
| Regulation                     | Registration Process: Part 2   |
| Registration Process: Part 1   | Data Submission Manual: Part 2 |
| Data Submission Manual: Part 1 |                                |

## Recommended updates to regulation in response to public comment

Regulation (958 CMR 6.02)

#### Affiliates / Affiliations

- The proposed regulation defined three types of affiliates: Corporate Affiliates, Contracting Affiliates, and Clinical Affiliates. These Affiliates were defined based on their relationship to the registering Provider Organization.
- The recommended regulation refers to the relationship itself the affiliation – rather than one of the parties in the relationship. This change is necessary to reflect that affiliations are bi-directional.

**Contractual Affiliate / Contracting Affiliation** 

- The term "Contract<u>ual</u> Affiliate" has been replaced with the term "**Contract<u>ing</u> Affiliation**" throughout the revised regulation to enhance precision and clarity.
- The definition of Contracting Affiliation has been expanded to include the phrase "**negotiates**, **represents or otherwise acts**" to the existing phrase "establishing contracts."

## Regulation (958 CMR 6.02)

Regulation (958 CMR 6.04)

- **Provider and Provider Organization**
- The phrase "Provider and Provider Organization" has been changed to "Provider Organization" in most places to clarify that the responsibility to register resides squarely with the Provider Organization.

A **Registering/ed Provider Organization (RPO)** is a Provider Organization that has met the thresholds and is therefore required to submit an application for registration.

A **Provider Organization (PO)** is an entity that negotiates, represents, or otherwise acts to establish contracts with carriers or third party administrators (TPAs). A PO may represent itself, other providers or both.

A **Provider** is an entity that delivers healthcare services, such as a medical group or hospital. Providers that negotiate their own contracts with carriers and TPAs are also considered Provider Organizations.

Healthcare Professionals include individual practitioners such as physicians, nurses, or physician assistants. Healthcare Professionals are not required to register.

## Recommended updates to regulation in response to public comment

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Regulation (958 CMR 6.04)

#### **Streamlined Registration for Qualified Provider Organizations**

If a Provider Organization establishes some of its contracts through another Provider Organization it may meet its obligation to register through the filing of an abbreviated application.

|                              | Timing Updates and Registration for Future RPOs  |
|------------------------------|--|
| Regulation<br>(958 CMR 6.05) | <ul> <li>The recommended final regulation no longer includes specific dates,<br/>allowing HPC greater flexibility in extending registration deadlines to be<br/>responsive to unanticipated challenges.</li> </ul> |
|                              | <ul> <li>The HPC will give future Provider Organizations that meet the registration<br/>thresholds at least 180 days notice for registration.</li> </ul>   |

## Recommended updates to regulation in response to public comment

|                              | Mandatory Updates  |  |
|------------------------------|--|--|
| Regulation<br>(958 CMR 6.05) | Off-cycle updates will be required for changes that:   |  |
|                              | <ol> <li>Require a Material Change Notice to the HPC;</li> <li>Require a Determination of Need by DPH; or</li> <li>Affect an essential service as defined by DPH (e.g. closures)</li> </ol>                    |  |
|                              | AND affect information on file with the Commission.  |  |
|                              |  |  |
| Regulation<br>(958 CMR 6.05) | <ul> <li>Leveraging Data from Other Agencies</li> <li>HPC will continue to work closely with other Commonwealth agencies to streamline the registration process and minimize administrative burden.</li> </ul> |  |
|                              |  |  |
|                              | Further Review   |  |
|                              | Providers and Provider Organizations can request further review by HPC of:   |  |
| Regulation<br>(958 CMR 6.06) | <ul> <li>A determination that the Provider Organization is required to register; or</li> <li>A determination that the Provider Organization's application is incomplete.</li> </ul>                            |  |
|                              | Provider Organizations will not be in violation of the regulation, if applicable,<br>while under review.   |  |

## Comments received not reflected in changes to final regulation

|                              | Removal of Key Elements of the Regulation  |  |
|------------------------------|--|--|
| Regulation<br>(958 CMR 6.05) | Stakeholders commented that some of the data elements in the proposed DSM were difficult to obtain or proprietary and confidential. The Commission will revisit these data elements with the CDPST Committee and the Board before release of the final DSM: Part 2.  |  |
|                              |  |  |
|                              | NPSR-based limitations for Reporting Clinical<br>Affiliations  |  |
| Regulation<br>(958 CMR 6.05) | Stakeholders commented that only those Clinical Affiliations that meet a NPSR-<br>based threshold should have to be reported. The Commission believes that a<br>revenue-based threshold is not appropriate for Clinical Affiliations. Clarification<br>has been provided that certain Clinical Affiliations (e.g., those for research or |  |
|                              | training, and those not including 1+ hospitals) are not required to be reported.   |  |
|                              |  |  |
|                              | FTE Reporting for Facilities and Practice Sites  |  |
| Regulation<br>(958 CMR 6.05) | The proposed DSM included FTE counts for facilities and practice sites as specified in statute. The Commission is considering requesting physician rosters   |  |

has not changed the reference to FTEs in the regulation as required by law.

in the first year of the registration program to minimize administrative burden, but

# Recommended updates to Registration Process: Part 1 in response to public comment

## **Education and Training Sessions**

HPC will hold in-person training sessions for Provider Organizations on the dates below and will hold additional educational trainings upon request.

When: Thursday, August 14, 2014 from 10 am to 12 pm Where: Massachusetts Hospital Association

**When:** Tuesday, August 26, 2014 from 10 am to 12 pm **Where:** Massachusetts Medical Society

Details about the educational training sessions will be available on the HPC website soon.

#### **One-on-one Meetings**

#### **Registration Process**

**Registration Process** 

HPC will offer all Provider Organizations the opportunity to meet with program staff one-on-one to discuss the specifics of their organizational structure and ask any questions about how the requirements apply to them.

Instructions on how to register for one-on-one meetings will be available on the HPC website soon.

## **Communicating with the Health Policy Commission**

In addition to trainings and one-on-one meetings the Commission will provide ongoing opportunities for comments and feedback.

HPC is developing an RPO section of its website that organizations can use to access pertinent documents and templates, review FAQs and education/training materials created by HPC, and find program contact information.

Please e-mail the RPO program at <u>HPC-RPO@state.ma.us</u> if you have questions.

HPC has developed an optional listserv that individuals and organizations can join to receive alerts and updates about the program.

If you would like to be added to the RPO listserv, please send the following information to <u>HPC-RPO@state.ma.us</u>:

Your full name

Your organization; and

Your preferred e-mail address

## **Initial Registration: Part 1**

The Part 1 files ask for basic, high-level information about the Provider Organization and its Corporate and Contracting Affiliations.

Provider Organizations will not be asked to submit duplicative information in Part 2; any information submitted in Part 1 will be added to the Provider Organization's online application for registration.

| Part 1 | Background Information<br>File           | Description of Provider Organization,<br>and contact information   |
|--------|--|--|
|        | Corporate Affiliations File              | List of Corporate Affiliates<br>Corporate Organizational Chart   |
|        | Contracting Affiliations<br>File         | List of entities on whose behalf the<br>Provider Organization negotiates,<br>represents or otherwise acts to<br>establish contracts with Carriers or<br>TPAs |
|        | Forms & Supporting<br>Documentation File | INET User Agreement<br>Affidavit of Truthfulness   |

## **Initial Registration: Part 1 timeline**

Successful implementation of the registration program will require ongoing collaboration between HPC and Provider Organizations.

The Initial Registration process will prioritize partnership, support, and fluid communication for Provider Organizations.

| Initial Registration: Part 1 Deadlines |                           |  |
|--|---------------------------|--|
| Actions                                | Dates                     |  |
| DSM: Part 1 Released                   | July 18, 2014 (Estimated) |  |
| Training Sessions                      | August – September 2014   |  |
| One-on-one Meetings                    | August – October 1, 2014  |  |
| Initial Registration: Part 1 Opens     | October 1, 2014           |  |
| Initial Registration: Part 1 Closes    | November 14, 2014         |  |
| DSM: Part 2 Released                   | Q4, 2014 (Estimated)      |  |
| Initial Registration: Part 2           | Q1, 2015 (Estimated)      |  |

## Vote: Approving and advancing final regulation

**Motion**: That the Care Delivery and Payment System Transformation Committee hereby approves the attached PROPOSED final regulation on the registration program for provider organizations, developed pursuant to section 11 of Chapter 6D of the General Laws, and recommends that the Commission vote to approve and promulgate 958 CMR 6.00 at its meeting on July 2, 2014.

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- Schedule of next committee meeting (August 13, 2014)

For more information about the Health Policy Commission:

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