Atrius Health

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BY ELECTRONIC MAIL

November 27, 2017

David Seltz
Executive Director
Health Policy Commission
50 Milk Street
8th Floor
Boston, MA 02109

Re: Proposed Updates - 2018 filing for Massachusetts Registration of Provider Organizations

Dear Mr. Seltz:

On behalf of Atrius Health, I am writing to provide input to the Health Policy Commission (HPC) on the proposed updates to the 2018 filing for Massachusetts Registration of Provider Organizations (MA-RPO) published on October 23, 2017.

Atrius Health, an innovative nonprofit healthcare leader, delivers an effective system of connected care for more than 740,000 adult and pediatric patients in eastern and central Massachusetts. Atrius Health's 34 medical practices, with more than 50 specialties and 900 physicians, work together with the home health and hospice services of its VNA Care subsidiary and in close collaboration with hospital partners, community specialists and skilled nursing facilities. Atrius Health provides high-quality, patient-centered, coordinated care to every patient it serves. By establishing a solid foundation of knowledge, understanding and trust with each of its patients, Atrius Health enhances their health and enriches their lives.

We appreciate the willingness of the HPC staff to take into consideration the viewpoints of providers subject to reporting as part of the Registration of Provider Organizations (RPO) and offer the following general comments as well as some responses to the HPC's specific questions:

Facilities File

Given the emphasis in the state on reducing health care costs, we support greater transparency regarding the scope of facility fee payments in the state. We believe it is critical for the HPC to collect this information in order to make more informed policy decisions surrounding these payments and their overall impact on health care costs.

Provider Roster

Completing the Provider Roster is already among the most time consuming aspects of the RPO filing. At this time it would be burdensome to add Nurse Practitioners, Physician Assistants and Certified Nurse

Midwives to the Provider Roster, and we strongly oppose the collection of inclusion of any of the additional data elements in the proposed update, specifically RPO-99A through RPO-99-E. The majority of these data elements are not readily available and would require manual retrieval from hundreds of clinician files. In addition, it is not clear what the value or utility of this information is from a public policy and/or research perspective. Finally, we note that there is pending legislation that would eliminate the requirement for a supervising physician for NPs; we are hopeful this legislation will be enacted this legislative session, rendering this requirement moot. We strongly recommend the HPC remove RPO-99A through RPO-99E from its proposed requirements.

Our responses to HPC's specific questions are as follows:

1. **Does your organization recommend any modifications or instructions to the proposed updates described above?**

   Yes. Remove RPO-99A through RPO-99E.

2. **Does your organization have any concerns regarding data consistency/accuracy as an end-user of this information?**

   To date we have not utilized any of the information contained within the MA-RPO annual filings. We would like some transparency as to the end-users of this information and how the information has been utilized since the MA-RPO began..

3. **Is there any data in the Provider Roster requirements that your organization currently tracks for physicians, but not for NPs, PAs, or CNMs?**

   No.

4. **Would your organization prefer to submit a combined Provider Roster that includes physicians (MDs and DOs), NPs, PAs, and CNMs, or would your organization prefer to submit a separate roster for NPs, PAs, and CNMs?**

   If HPC retains the newly proposed data elements in RPO-99A through RPO-99E, we would have a strong preference to submit a separate roster for NPs, PAs and CNMs solely because the level of effort required to collect this information would require the work of multiple people and a process completely different from that required to produce the current Provider Roster fields.

5. **In the existing data elements in the 2017 DSM, are there any answer options or instructions that your organization believes should be added or modified to better reflect changes to your organizational structure or contracting and clinical relationships that may have resulted from changes in care delivery and payment models (e.g., Accountable Care Organizations, increase in risk-based contracts, etc.)?**

   No.

6. **Provider Organizations have previously indicated a preference for a summer submission deadline rather than a fall submission deadline. Please include any feedback regarding the feasibility of providing data in the summer of 2018.**

   We prefer a June or July 2018 deadline given the number of other state regulatory filings due in the fall (e.g., pre-filed testimony in advance of the annual Cost Trends Hearings; application to the Division of Insurance as a Risk Bearing Provider Organization). We appreciate the

amount of lead time provided in 2017 to complete the RPO submission and ask that providers be provided a similar lead time in 2018 to prepare this information.

Thank you for the opportunity to provide comments on these important regulations. If you have any questions regarding this testimony or require further information, please contact me at (617) 559-8323 or Kathy Keough, Director of Government Relations at (617) 559-8561.

Sincerely,

Marci Sindell
Chief Strategy Officer and Senior Vice President, External Affairs