

June 22, 2021

Lauren Peters, J.D.
Undersecretary for Health Policy
Executive Office of Health & Human Services
One Ashburton Place, Suite 1109
Boston, MA 02108

RE: Response to EOHHS Regarding Out-of-Network Rates

Submitted Electronically to: Amy.Bianco@mass.gov

We appreciate the opportunity to provide comments to the Executive Office of Health and Human Services (EOHHS) as EOHHS and other agencies consider the establishment of an out-of-network commercial payment rate for both emergency and non-emergency healthcare services in Massachusetts pursuant to Section 71 of Chapter 260 of the Acts of 2020.

Atrius Health is an extensive Massachusetts-based multi-specialty physician group practice. We have 30 clinical locations, employ 660 physicians and primary care providers across 50 specialties, and care for more than 705,000 adult and pediatric patients across eastern Massachusetts.

Based on our experience, patients are sometimes seen by providers who are out-of-network (OON) or non-contracted with their health plan. In these cases, patients often receive “surprise” bills or health plans pay these claims directly at charges, assessing a large cost share to patients. Often, these patients have no idea whether the provider they are seeing is in or out of network and have no control over whether or not they see an OON provider (e.g. urgent/emergent care, radiology, anesthesiology and physician visits during an inpatient stay.)

Atrius Health strongly supports the establishment of a **fixed rate** for payment of OON care that is higher than the Medicare fee schedule but lower than the rate that would be paid for the same service if the provider was in-network.

We believe a fixed rate is the best approach for consumers, providers that assume risk, as well as payers and accomplishes the following:

1. Decreases the overall cost of health care by not “rewarding” providers to remain OON or leave health plan networks in order to be paid at a much higher rate for their services. This reduction in health care costs impacts everyone: providers/facilities, health plans, and patients.

2. Offers a fair and consistent reimbursement amount that is more than the Medicare fee schedule but lower than the health plan's contracted rate.
 - a. Encourages providers to consider becoming contracted with the health plan, which not only provides in-network status but also requires the provider to meet certain quality standards and consumer protections contained in each health plan contract.
 - b. Discourages participating providers from leaving health plan networks to be reimbursed at a higher rate than they would receive if they remain in-network. This will maintain a robust network of participating providers.
3. Keeps patient cost-share at a reasonable rate, especially for those patients who have high deductible plans.

Thank you again for the opportunity to comments to EOHHS as a follow up to the listening session. If you have any questions please feel free to contact me at (617) 559-8393 or Kathy Keough, Director, Government Relations at Atrius Health, at (617) 559-8561.

Sincerely,

A handwritten signature in black ink, appearing to read "Steven Strongwater".

Steven Strongwater, MD
President and CEO, Atrius Health