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December 16, 2016

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

Submitted Electronically

Dear Mr. Seltz:

On behalf of Atrius Health I am writing to provide input to the Health Policy Commission (HPC) on the proposed 2017 Data Submission Manual (DSM) filing requirements published on November 10, 2016.

Atrius Health, an innovative nonprofit healthcare leader, delivers an effective system of connected care for more than 675,000 adult and pediatric patients in eastern and central Massachusetts. Atrius Health's 29 medical practices, with more than 35 specialties and approximately 1300 eligible clinicians, 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 enriches their health and enhances 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) in an effort to minimize administrative burdens.

We wish to respond specifically to HPC's request for feedback from providers on whether there were any challenges in completing exhibits related to financials developed by the Office of the Attorney General ("AGO") for pre-filed testimony for the annual Cost Trends Hearings, since HPC is also proposing to use this format. Atrius Health has been unable to complete the exhibit as requested by the AGO since it was first required in 2013; following discussions with AGO staff, we have submitted a modified form that allows us to be responsive.

Atrius Health strongly recommends that the HPC modify its proposed APM and Other Revenue File in the following way: under the column entitled "Risk Contracts," replace the column "Claims-Based Revenue" and "Budget Surplus/Deficit Revenue" with the following: "Net Capitation Revenue" and "Quality Incentive Revenue." We also encourage the HPC to work with the Center for Health Information and Analysis (CHIA) and the AGO to collect product margin information from payers who would be better able to provide this information in a consistent format across all providers in their respective networks.

Areas of potential confusion of provider reported Budget Surplus/ Deficit Revenue include:

- Facility / provider transfer pricing different from payer amounts
- Differences in payer provided services (e.g. delegation, patient outreach, etc.)

- Differences in services included in risk pool and the valuation of these services

Thank you again for your consideration. Should you have additional questions we are available to meet with HPC staff to more fully explore these suggestions. Please feel free to contact me at (617) 559-8323 or Kathy Keough, Director of Government Relations at (617) 559-8561 should you wish to schedule a follow-up conference call or meeting.

Sincerely,

A handwritten signature in black ink, appearing to read "Marci Sindell".

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