

Thank you for the opportunity to offer feedback on the proposed changes to the Health Policy Commission's Registration of Provider Organizations.

We would like to request that state delay for one year (until 2019) any new reporting requirements.

- Significant new reporting requirements were added to the RPO in 2017, along with increasing the frequency from a bi-annual filing to an annual filing. The 2017 filings have not yet been completed. It seems unreasonable to be adding additional items when we are still addressing questions related to the 2017 filing.
- The ACOs across the state, from which much of the data is required, are in the midst of implementing the MassHealth ACO program and transitioning to limited MCO options affecting over 1.2 million MassHealth members. As a result, ACOs are subject to a considerable number of new and expanded regulations, including ACO certification and RBPO certification. The RBPO certification and appeals processes, HPC review of Total Medical Expense, ACO Certification and RPO, all unfunded and often duplicative regulations, are drawing heavily on existing resources. There will be significant disruption in the market over the next 7 months related to the launch of the MassHealth ACO program impacting all aspects of healthcare delivery - primary care, specialists, hospitals, MCO's, members/patients, and front and back-end operations. Attention to making this transition as smooth as possible for all stakeholders should take priority over new reporting requirements for the RPO.
- It is not clear what value the new reporting requirements add.

Feedback specific to the proposed additional reporting requirements:

RPO 86-A: Facilities File

- Medicare regulates how facilities are paid, and Medicare Advantage plans are required to follow Medicare regulations. Requesting POs to report on Medicare Advantage plans is unnecessary. The same holds true for Medicaid plans.

Physician Roster - Adding Advanced Practitioners (Nurse Practitioners, Physician Assistants, Certified Nurse Midwives)

Generally, these additional requirements are extremely burdensome and are not consistent with how Baystate Health, and its subsidiary PHOs, Baycare Health Partners (Baycare) and Noble Health Alliance (NHA), operate. Baystate Health employs hundreds of Advanced Practitioners throughout the organization, and Baycare and NHA do not enroll the advanced practitioners of their Contracting Affiliates. Many of the proposed data elements are not currently maintained at the level requested, which would make it impossible, if not extraordinarily burdensome to collect the data, when resources are already stretched in a time when health care providers are challenged to continually look for ways to improve quality, safety and the experiences of our patients, all in the context of reduced reimbursements and increased expenses. Additionally, Baystate Health is not privy to some of the information being requested from Contracting Affiliates, and this will be perceived as burdensome, invasive, and concerning to private practices that are not part of the Health System.

RPO-99B - Billing practices

- It is extremely burdensome to identify the percent of services billed at an individual provider level, and nearly impossible to identify this percentage for hospital-billed advanced practitioners vs. those advanced practitioners who are billed by the medical practice.

- In the event HPC goes forward with this proposed data element, it should be reported at the TIN level and not at the individual practitioner level.

RPO-99C – RPO 99E Identification of Supervising physician

- Identification of supervising physicians is used only at initial enrollment and when re-credentialed, and is not constantly maintained. This data would be extremely burdensome to collect for a large health system like Baystate outside of its normal course of business. The same is true for Baycare and Noble Health Alliance, neither of which collect this information at all.

Data elements of current Physician Roster that are not tracked for Advanced Practitioners:

Baystate Health does not maintain the specialty of its employed Advanced practitioner; a generic taxonomy is used. We would not be able to accurately respond to the pediatric or specialty field (for both employed and contracted APs) on the roster. All other data elements would not be an issue for Baystate employed providers. Baycare and NHA do not enroll advanced practitioners, so none of the data would be available.

Submission deadline

We would prefer a summer submission deadline.

Again, thank you for the opportunity to provide feedback. Should you have any questions or follow-up, please let me know.

Sincerely,

Andréa Carey

Director, Managed Care
Baycare Health Partners & Baystate Health, Inc.
101 Wason Avenue, Suite 200
Springfield, MA 01107
Phone: (413) 794-9303 Fax: (413) 787-5232
acarey@baycarehealth.org