

## MEMORANDUM

To: David Seltz, Executive Director, Health Policy Commission  
CC: Jean Yang, Executive Director, Children's Hospital Integrated Care Organization, Boston  
Children's Hospital  
Joshua Greenberg, Vice President, Government Relations, Boston Children's Hospital  
From: Rebekah Diamond, Senior Manager of ACO Policy and Business Relations, Children's Hospital  
Integrated Care Organization, Boston Children's Hospital  
RE: Massachusetts Registration of Provider Organizations ("MA-RPO") Program Proposed 2018  
Updates, Release for Public Comment

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### General Feedback

Thank you for the opportunity to comment on the proposal for the 2018 RPO filing and additional data fields. While we appreciate the efforts of the Health Policy Commission (HPC) on provider reporting and cost containment in the Commonwealth, we have several concerns about the proposed filing.

Given 2015 and 2017 RPO filings, a 2018 filing would constitute a shift to a more frequent cadence (annually vs. bi-annually). This proposed change falls at a particularly resource-constrained time for provider organizations. Boston Children's Hospital, among other providers in the Commonwealth, is in the midst of implementing the MassHealth Accountable Care Organization (ACO) program with the Executive Office of Health and Human Services (EOHHS). ACO implementation is a significant body of work and the primary policy and operations priority for the organizations undertaking it. In the case of Boston Children's, the same personnel are involved in both ACO implementation and RPO filings. Requiring an additional RPO filing at this time strains staff capacity and takes attention away from other key state initiatives, namely ACO implementation.

Furthermore, if creating additional data fields for the RPO filing, and if asking for more frequent reporting, we would be interested in understanding the use of such data by HPC in furthering its mission and benefit to end-users of this information.

Below please find our responses to those questions posed by the HPC in their Notice of Public Comment.

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

Providers and administrators have provided feedback that the percentage billed to the NP would likely be the most onerous and difficult information to collect, because different plans require different billing practices. Some plans now require NPs and PAs to bill under their own NPI (MassHealth), but others do not require it. Therefore we are unsure how we would account for the discrepancy if this information isn't required by all plans. Furthermore, we do not have a data set that would be easy to pull from to get this data, and it is not clear that we would be able to pull this data without considerable effort, if at all.

We also have concerns regarding the proposed data request related to facility fees. First, in addition to pending state legislation on facility fees, there is also federal legislation that affects these fees. As such, we would recommend the HPC not gather data on these pending this activity. Second, the definition of “outpatient” is not clear and, as a result, it is not clear what the intent is for gathering this data.

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

We would note that when downloading our submission form the portal for 2017, we found that the 2015 submission data in the portal had not been updated to reflect the latest information provided to the HPC for the 2015 RPO submission. We would like to separately ensure that the portal reflects the correct information provided to HPC, however, such inaccuracies in the data reflected on the portal brings into question the rigor with which this data is being stored and the usefulness of this data for its eventual intended purpose. We would like to highlight this point as it addresses the accuracy of the data on our organization. Furthermore, we would like to request that the HPC provide greater detail regarding why information in filing sections is collected so that we can best report that information in line with its intended use.

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

See answer to question 1.

*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?*

For better coordination internally, we would prefer one provider roster that includes physicians, NPs, PAs and CNMs.

*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.)?*

We appreciate the HPC taking into account areas where we have sought clarity on the DSM language to make this process easier in subsequent filing years. We have also found it helpful to understand the use of the data in each section so we understand the purpose of the data we are collecting so that we can best report that information in line with its intended use.

With respect to reporting on care delivery and payment models, we expect that the majority of data coming from MassHealth ACOs would not become relevant until a 2019 RPO filing given that these plans do not go into effect until March 1, 2018. For CY17, organizations will have had

minimal, if any, experience in the pilot program only. When we have ACO experience, it will be helpful to work with the HPC on how ACO entities would be reported in the RPO filing.

*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.*

Per our above feedback, any submission in 2018 will be challenging, particularly in the summer given the overlap in resources that support the RPO filing and those involved in MassHealth ACO implementation and operation. Furthermore, summer is a time during which staff is more likely to take time off and coordinating availability across schedules is more challenging.