

**MINUTES OF THE CARE DELIVERY AND PAYMENT SYSTEM
REFORM COMMITTEE**

Meeting of December 16, 2013

MASSACHUSETTS HEALTH POLICY COMMISSION

**THE CARE DELIVERY AND PAYMENT SYSTEM REFORM COMMITTEE OF THE
MASSACHUSETTS HEALTH POLICY COMMISSION**
Center for Health Information and Analysis
Two Boylston Street
Boston, MA 02116

Docket: Monday, December 16, 2013, 10:30 AM – 11:30 AM

PROCEEDINGS

The Massachusetts Health Policy Commission's (HPC) Care Delivery and Payment System Reform (CDPSR) Committee held a meeting on Monday, December 16, 2013 at the Center for Health Information and Analysis, Two Boylston Street, Boston, MA.

Members present were Dr. Carole Allen (Chair), Ms. Marylou Sudders, Dr. David Cutler, and Dr. Ann Hwang, representing Mr. John Polanowicz, Secretary of Health and Human Services.

Commissioner Jean Yang was not present.

Chair Carole Allen called the meeting to order at 10:34 AM. She noted that the meeting would be one hour long and focus specifically on a discussion of the Registration of Provider Organizations (RPO) program. This program is required by statute. The purpose of the day's meeting is an endorsement from the Committee to advance the draft regulations to the full Commission for consideration at the January 8 meeting.

Dr. Allen noted that the volume of data requested by the RPO program may be a burden for provider organizations, but that staff were striving to balance this burden with the data needed. She commented that staff are working to gather information from other publicly available sources. She hopes that the program will be a collaborative process with provider engagement. Dr. Allen stated that the goal of the program is to create a map to see what connections exist between providers and what their impacts are on care and quality. She anticipated that the creation of the RPO program would be a slow, deliberate, and iterative process.

ITEM 1: Approval of minutes

Chair Allen asked if any Committee members had changes for the minutes from November 13, 2013. Seeing none, she asked for a motion to accept the minutes. Ms. Sudders made the motion and Dr. Cutler seconded. Members voted unanimously to approve the minutes.

ITEM 2: Update on the registration of provider organization (RPO) program and development of RPO regulations

Chair Allen introduced Mr. Iyah Romm, Director of System Performance and Strategic Investment, to provide an overview of the proposed regulations for the RPO program.

Mr. Romm reviewed the requirements for the RPO program under Chapter 224. He noted that the HPC began work on the program in early 2013 when it jointly hosted a series of listening sessions with the Division of Insurance (DOI). He also detailed the policy approach taken by staff and the work completed to date. Mr. Romm stated that staff are working with DOI, the Center for Health Information and Analysis (CHIA), and other government agencies who have similar responsibilities.

Mr. Romm reviewed the HPC's definition of a provider organization. He outlined the three key aims of the RPO program: (1) enhancing the transparency of the health care marketplace, (2) mapping the provider delivery system, and (3) creating a centralized resource about the provider market.

Next, Mr. Romm highlighted work that has already been completed in this area. He noted that the Blue Cross Blue Shield Foundation published a map of provider organizations. This lays the foundation for the HPC's work on RPO.

Dr. Cutler asked how the map was made. Mr. Romm responded that it draws upon a variety of information sources, including physician licenses, MHQP data, and individual data collection. He stated that the map is generally considered to be 75-80% complete. Dr. Cutler asked whether the HPC could obtain access to the underlying data. Mr. Romm responded that it could not.

Mr. Romm asked for any additional questions on the policy approach suggested by staff. Seeing none, he moved on to the operational approach.

Mr. Romm noted that the HPC is responsible for "front end" data collection (on organizational structure, governance, etc.) while CHIA is responsible for "back end" collection (on granular operational details). He highlighted the collaboration between the two agencies to ensure that the data collection is non-duplicative.

Mr. Romm provided a sample timeline for the registration process. He stated that the schedule is built in a way that is reflective of the operational realities of the registering organizations. For example, fiscal data is collected at the end of the fiscal year.

Dr. Cutler stated that hospitals already conduct a large amount of reporting. As such, he asked whether the bulk of the data collection would be from physician organizations. Mr. Romm noted that the HPC does not want to create duplicative reporting requirements.

Mr. Romm next discussed the development of regulations for the RPO program. The staff proposed the creation of a parallel process with clear statements of intent but no granular detail concerning data collection in the regulation. The staff proposed the creation of a sub-regulatory data submission manual which would specify the data collection process. Mr. Romm noted that there would be a separate public comment period on the data submission manual before the Commission was asked to vote on the draft regulations.

Mr. Romm reviewed the submission elements that were formed by conversations with commissioners and market participants. He next reviewed the major areas around which staff were looking to commissioners for guidance. He stated that the HPC is collecting this information to satisfy a statutory obligation but also to increase transparency among provider organizations.

The first major question addressed who is a provider organization and who must register in the RPO program. Mr. Romm stated that, under the statute, there are two main categories of registrants: (1) all risk bearing provider organizations (RBPO) and (2) organizations with a patient panel of greater than 15,000 that also represent providers who collectively receive \$25,000,000 in annual net patient service revenue. He stated that, outside of systems, this definition captures all but two hospitals in Massachusetts.

Acknowledging the large number of providers who will be required to register, Mr. Romm proposed a phased roll out process for the RPO program. Dr. Hwang commented that it is reasonable to take a phased approach to make sure that the process and mechanisms work well. Chair Allen agreed, stating that the goal is to do it well and understand that there will be a learning curve.

Dr. Cutler asked whether it would be likely for physicians to have to fill out these data requests. Mr. Romm stated that, following conversations with market participants, he has not gotten a sense that it would take excess capacity to meet the reporting requirements. He did not envision a situation, for example, in which physicians would be completing the forms rather than seeing patients.

Ms. Sudders asked whether a large network of specialty providers with net patient service revenue greater than \$25,000,000 and a patient panel of 15,000 would have to register. She also inquired into the registration needs of Long Term Acute Care Hospitals. Mr. Romm responded that both would be included in the first phase of registration.

Mr. Romm next summarized the reporting requirements for the RPO program. He stated that the HPC would be collecting data about the ownership, governance, and operational structure of provider organizations. He noted that the staff was working to build a series of templates that would facilitate data collection. He then discussed the role of the data submission manual in crafting these templates, noting that this would be an ongoing conversation for the Committee.

Dr. Hwang asked whether the "parent" or "child" organization would report data. Mr. Romm responded that, generally, it is the role of the "parent" organization, not the "child" organization. He noted that staff has looked to market participants for feedback on this structuring and was still waiting for responses.

Mr. Romm discussed the proposed requirements for reporting on funds flow. Staff proposed a higher level reporting requirement around characteristics that describe the structure of provider organizations. Dr. Hwang suggested that the staff consider the purpose of the data to ascertain a better understanding of what to collect.

Mr. Romm reviewed the proposed data requirements on health care professionals. He noted that this is one of the more challenging elements for providers to collect, but is required by statute. Staff are currently working to build a template on this topic. He stated that a certain level of detail may be not possible during the first year of data collection. He also highlighted examples of data collection that are ongoing on this topic. He emphasized that the HPC will not require that all reporting bodies have the same definition of a full time employee.

Mr. Romm then noted two discretionary categories of data collection that the staff is proposing. These are outside of the HPC's statutory obligations and include requesting (1) information on capacity without utilization information and (2) high level information on revenue to provide the foundation for future work in this area.

Mr. Romm stated that the staff proposes waiving the registration fee for the first year of the program. He also discussed non-compliance, noting that Chapter 224 outlines severe penalties, but that the HPC does not enforce them.

Mr. Romm reviewed definitions proposed in the regulation and encouraged those in attendance to consider the new definitions and provide feedback.

Finally, Mr. Romm reviewed next steps and the projected timeline for the program.

Chair Allen asked whether there would be public listening sessions on the RPO program. Mr. Romm responded that the HPC would host a public hearing and convene technical groups which would allow for feedback.

Dr. Cutler stated that he does not see a problem with the timeline and expressed his excitement over the creation of a map of the RPOs.

Dr. Hwang asked whether the information submitted to the HPC through the RPO program would be public record. Mr. Romm responded that, since it is statutorily required, it would be.

ITEM 3: Adjournment

Seeing no further comments, Chair Allen adjourned the meeting at 11:34 AM.