

Health Policy Commission

Board Meeting
January 8, 2014



Agenda

- Approval of Minutes from December 18, 2013 Meeting
- Executive Director Report
- Quality Improvement and Patient Protection
- Cost Trends and Market Performance
- Community Health Care Investment and Consumer Involvement
- Care Delivery and Payment System Reform
- Schedule of Next Commission Meeting

Agenda

- **Approval of Minutes from December 18, 2013 Meeting**
- Executive Director Report
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Vote: Approving Minutes

Motion: That the Commission hereby approves the minutes of the Commission meeting held on December 18, 2013, as presented.

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Upcoming Meetings

Wednesday, January 22, 2014

Quality Improvement and Patient Protection (QIPP) Committee Meeting

10:30AM – 11:30AM

Daley Room, Two Boylston Street, Boston, MA

Health Policy Commission (HPC) Advisory Council Meeting

12:00PM – 2:00PM

Daley Room, Two Boylston Street, Boston, MA

Wednesday, January 27, 2014

Health Policy Commission (HPC) Board Meeting

12:00PM – 3:00PM

Rabb Lecture Hall, Boston Public Library

Wednesday, February 5, 2014

Community Health Care Investment and Consumer Involvement (CHICI) Committee Meeting

9:30AM – 11:00AM

Daley Room, Two Boylston Street, Boston, MA

Cost Trends and Market Performance (CTMP) Committee Meeting

11:00AM – 1:30PM

Daley Room, Two Boylston Street, Boston, MA

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Agenda

- Approval of Minutes from December 18, 2013 Meeting
- Executive Director Report
- Quality Improvement and Patient Protection
- **Cost Trends and Market Performance**
 - Annual cost trends report
- Community Health Care Investment and Consumer Involvement
- Care Delivery and Payment System Reform
- Schedule of Next Commission Meeting

Agenda

- Approval of Minutes from December 18, 2013 Meeting
- Executive Director Report
- Quality Improvement and Patient Protection
- Cost Trends and Market Performance
 - **Annual cost trends report**
- Community Health Care Investment and Consumer Involvement
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Vote: Issuing Annual Cost Trends Report

Motion: That, pursuant to section 8(g) of chapter 6D of the Massachusetts General Laws, the Commission hereby issues the attached annual report on cost trends.

Agenda

- Approval of Minutes from December 18, 2013 Meeting
- Executive Director Report
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- **Community Health Care Investment and Consumer Involvement**
 - Award Recipients for CHART Investment Program
- Care Delivery and Payment System Reform
- Schedule of Next Commission Meeting

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 - **Award Recipients for CHART Investment Program**
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Community Hospital Acceleration, Revitalization, and Transformation

Charting a course for the right care at the right time in the right place

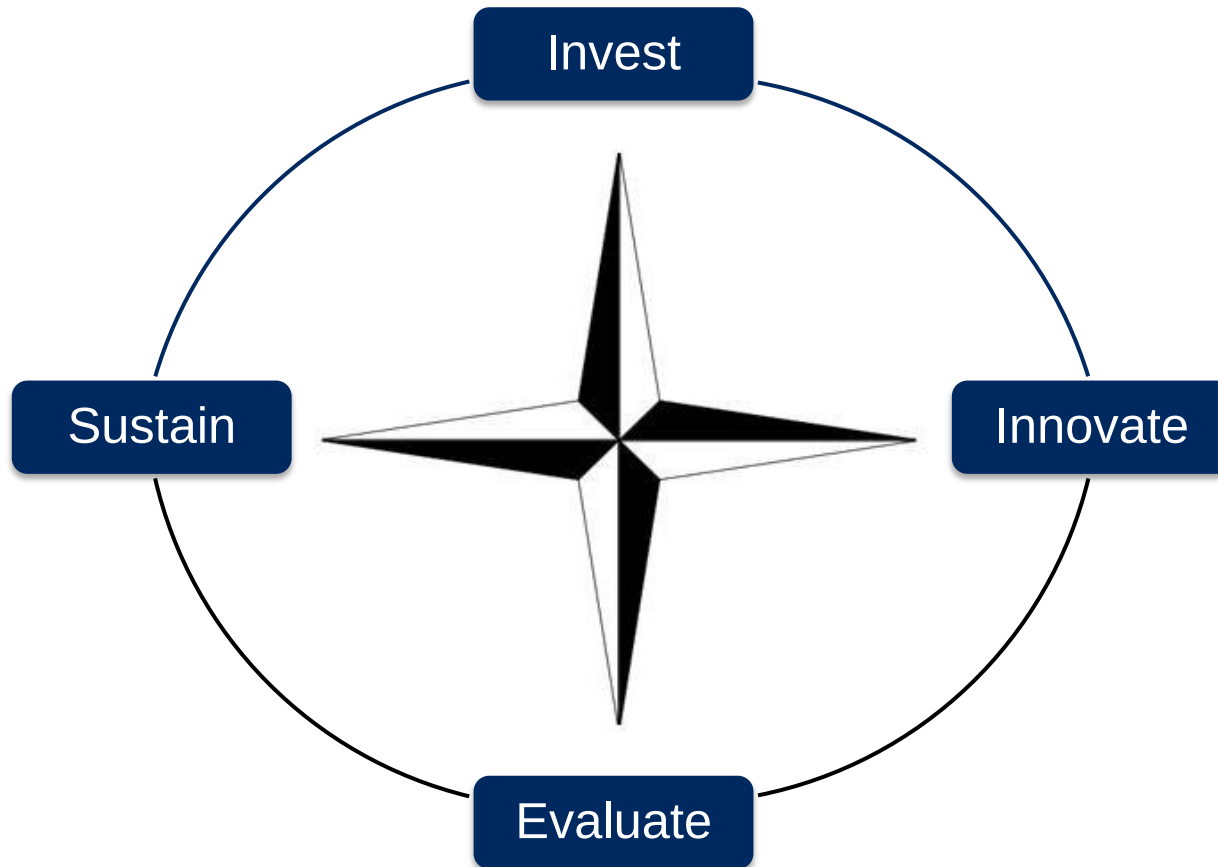
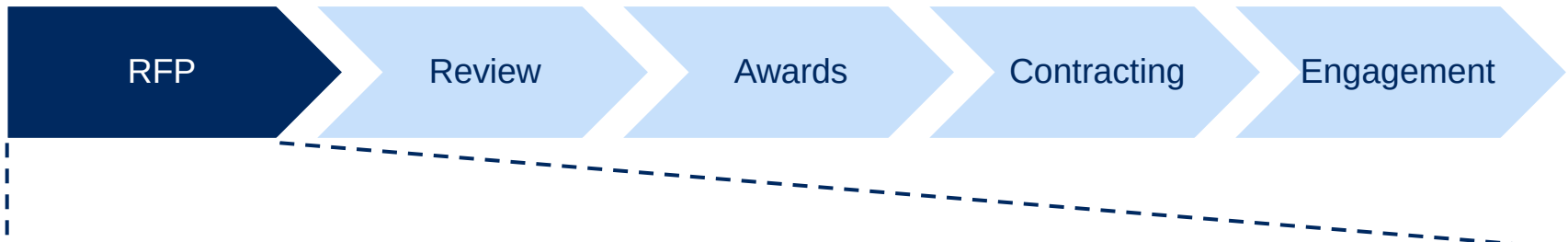


CHART Phase 1



- Issued RFP October 23, 2013
- 31 hospitals eligible pursuant to C.224
- Seven weeks to prepare responses; Q&A sessions
- \$10 million total opportunity
- \$500,000 funding cap per hospital
- Three options
 - Pathway A – rapid-cycle pilots
 - Pathway B – capability and capacity development
 - Pathway C – strategic and operational planning



The Health Policy Commission received 28 proposals

Applicant	Pathway
Addison Gilbert Hospital	B
Anna Jaques Hospital	B
Athol Memorial Hospital	A, B, C
Baystate Franklin Medical Center	B, C
Baystate Mary Lane Hospital	A, B, C
Beverly Hospital	B
BID - Milton Hospital	B
BID - Needham Hospital	B
Emerson Hospital	B
Harrington Memorial Hospital	B, C
HealthAlliance Hospital	A, B
Heywood Hospital	A, B, C
Holyoke Medical Center	B
Jordan Hospital	B
Lawrence General Hospital	B
Lawrence Memorial Hospital	A, B
Lowell General Hospital	A, B, C
Melrose-Wakefield Hospital	A, B
Mercy Medical Center	B
Milford Regional Medical Center	A, B, C
Noble Hospital	B
North Adams Regional Hospital	B
Signature Healthcare Brockton Hospital	A, B, C
Southcoast - Charlton Memorial Hospital	B, C
Southcoast - St. Luke's Hospital	B, C
Southcoast - Tobey Hospital	B, C
UMMHC - Wing Memorial Hospital	B
Winchester Hospital	B



Partnering organizations

63

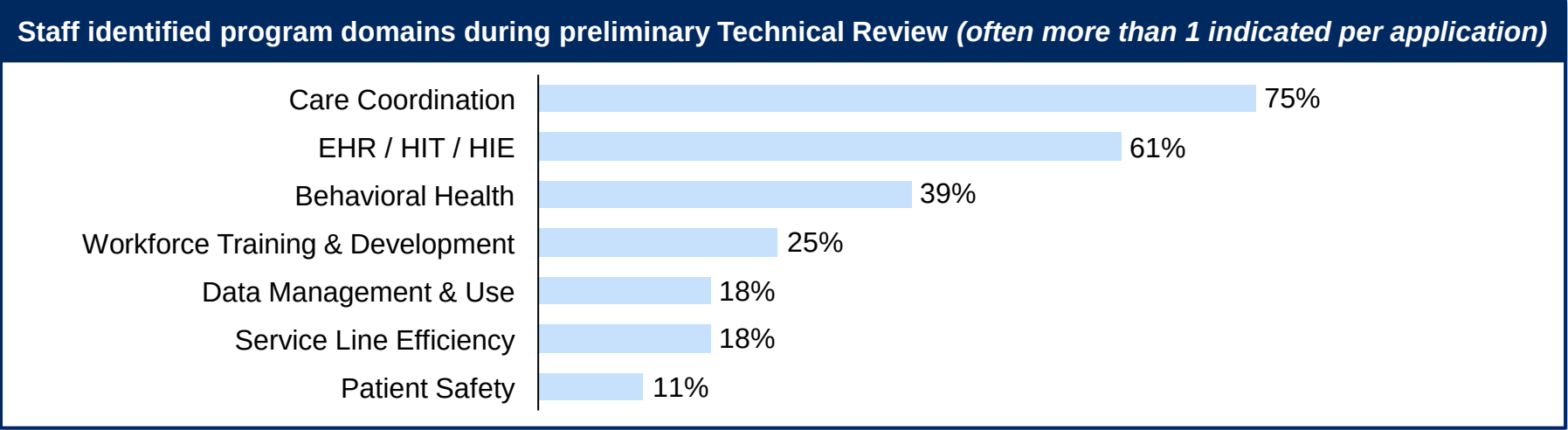
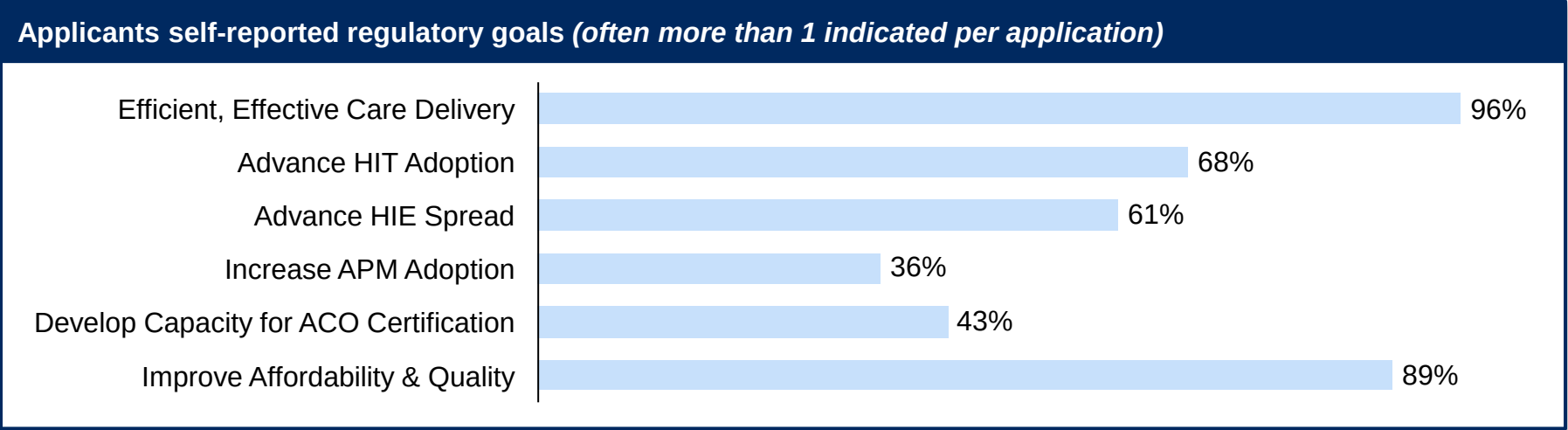
Projects by pathway

A: 9
B: 28
C: 11

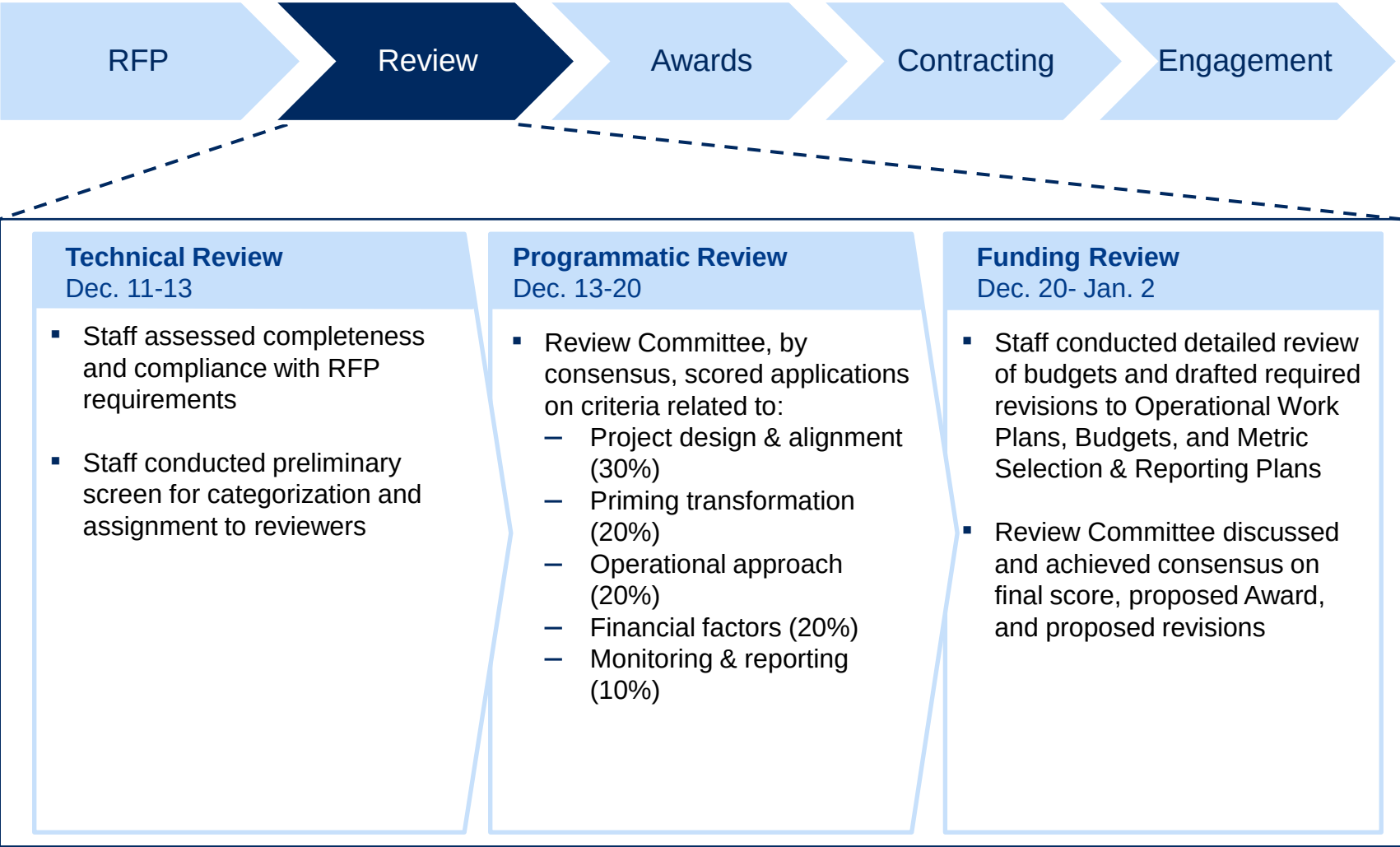
Total funding requested

\$13,450,429

Proposals reflect a wide variety of regulatory goals and program domains



Review Committee conducted comprehensive review on a tight timeline



Review Committee consisted of HPC staff, an HPC Commissioner, EOHHS staff, and key content experts

Review Committee proposes nearly \$10M in Phase 1 awards to 28 hospitals



- Review Committee endorses a recommendation to the Executive Director
- All applicants recommended to receive an award contingent upon requirements stipulated by HPC
- Award caps range from \$65,000 - \$500,000, with an average award of \$355,559 (average request was \$480,000)
- Awards include pilots, capability and capacity building, and planning
- All awards are contingent upon amendment by applicants and/or provision of additional detail, e.g.:
 - Expanding care management target population to be payer-neutral
 - Inclusion of specific protocols, reports, assessments, etc. as deliverables

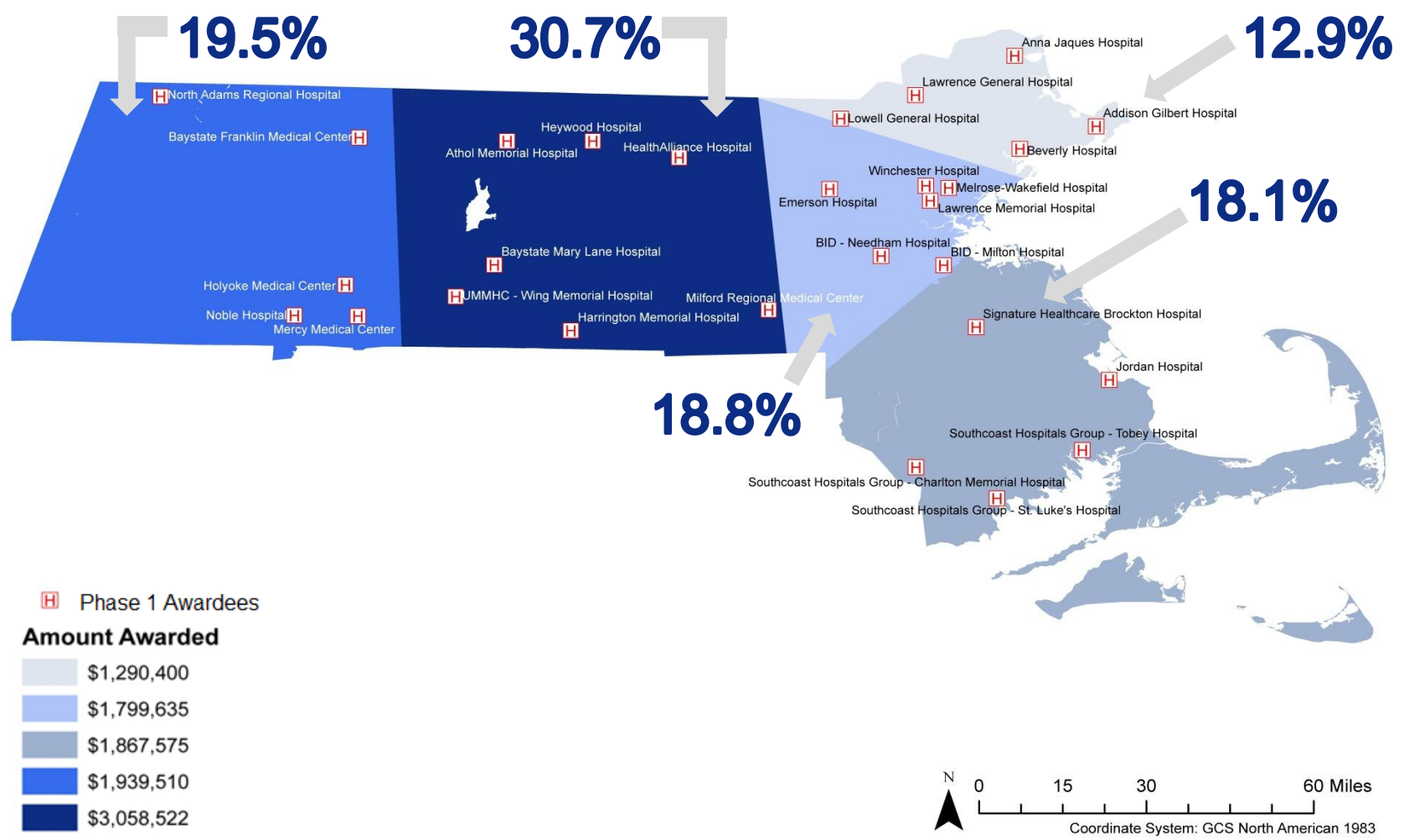
Review Committee proposes awards nearly \$10M for 28 hospitals

Applicant	Pathway	Proposed Award Cap
Addison Gilbert Hospital	B	\$ 294,000
Anna Jaques Hospital	B	\$ 333,500
Athol Memorial Hospital	A, B, C	\$ 484,128
Baystate Franklin Medical Center	B, C	\$ 476,400
Baystate Mary Lane Hospital	A, B, C	\$ 499,600
Beverly Hospital	C	\$ 65,000
BID - Milton Hospital	B	\$ 261,200
BID - Needham Hospital	B	\$ 300,000
Emerson Hospital	B	\$ 202,575
Harrington Memorial Hospital	B, C	\$ 491,600
HealthAlliance Hospital	A, B	\$ 410,000
Heywood Hospital	A, B, C	\$ 316,384
Holyoke Medical Center	B	\$ 500,000
Jordan Hospital	B	\$ 245,818
Lawrence General Hospital	C	\$ 100,000
Lawrence Memorial Hospital	A, B	\$ 362,058
Lowell General Hospital	A, B, C	\$ 497,900
Melrose-Wakefield Hospital	A, B	\$ 387,302
Mercy Medical Center	B	\$ 223,134
Milford Regional Medical Center	A, B, C	\$ 499,810
Noble Hospital	B	\$ 344,665
North Adams Regional Hospital	B	\$ 395,311
Signature Healthcare Brockton Hospital	A, B, C	\$ 438,400
Southcoast - Charlton Memorial Hospital	B, C	\$ 397,862
Southcoast - St. Luke's Hospital	B, C	\$ 385,395
Southcoast - Tobey Hospital	B, C	\$ 400,100
UMMHC - Wing Memorial Hospital	B	\$ 357,000
Winchester Hospital	B	\$ 286,500

Total proposed funding

\$9,955,642

CHART awardees span the Commonwealth



Care management is a common theme in Phase 1 proposals

Applicant	Pathway	Proposed Award Cap
Addison Gilbert Hospital	B	\$ 294,000
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Care Management

Proposals include planning, capacity-building, and pilots in support of care management, care transitions, and reduction of avoidable re-hospitalizations.

Specific activities include:

- Complex chronic disease high risk intervention teams
- High-risk patient identification
- Expanding existing case management program
- Electronic transmission of discharge summaries

Proposals reflect the challenge of behavioral health capacity and integration

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Addison Gilbert Hospital	B	\$ 294,000
Anna Jaques Hospital	B	\$ 333,500
Athol Memorial Hospital	A, B, C	\$ 484,128
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Behavioral Health

Proposals include activities to support behavioral health services in the community.

Specific activities include:

- Telepsychiatry feasibility study
- Expansion of behavioral health services in school-based clinics
- Co-location of primary care and behavioral health
- Expansion of behavioral health navigator services

HIT, HIE, and Workforce proposals reflect foundational needs

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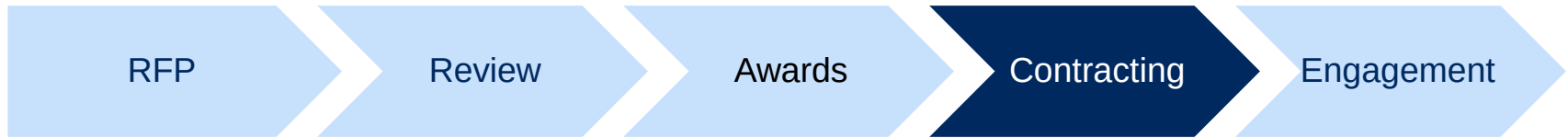
Core Capacity

Proposals include activities to support health information technology and health information exchange in the Commonwealth as well as workforce development.

Specific activities include:

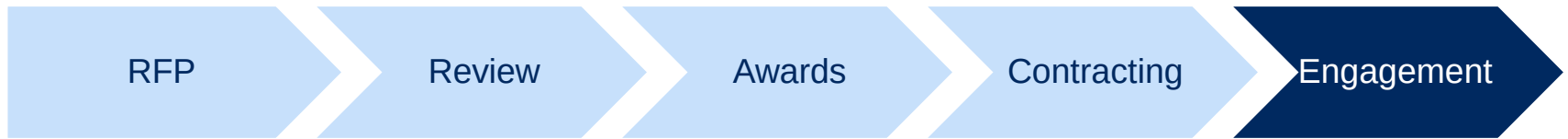
- Implementation of ED EHR
- EHR upgrade for Stage 1 Meaningful Use compliance and EHR interface builds between settings
- Scheduling module upgrade
- Connections to local information exchanges and the Mass Hlway
- Staff training in skills and principles of quality improvement

Review Committee proposes modifications for *most* applications



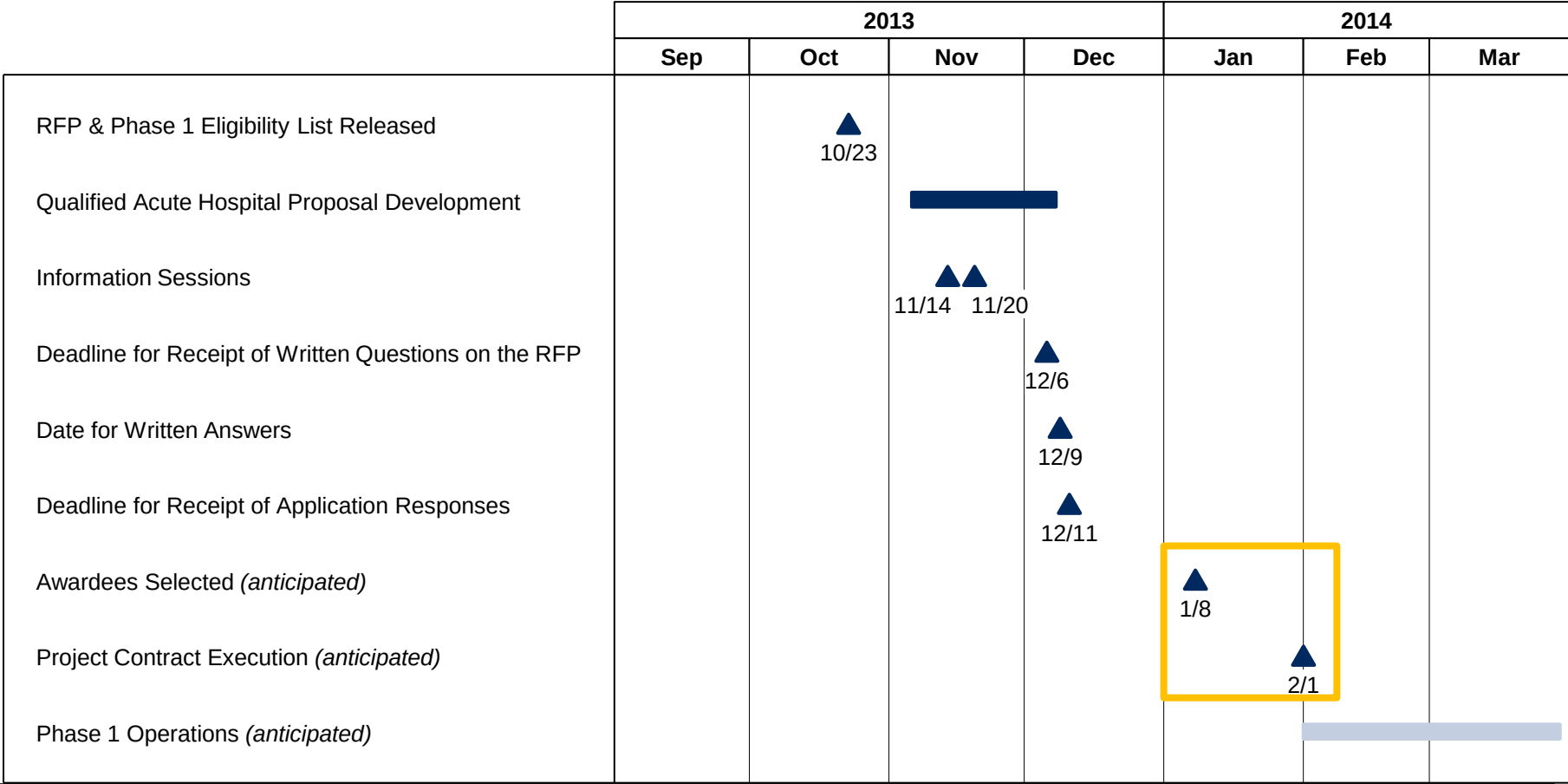
- Some revisions were standardized across applications, including, for example:
 - Removed grants managers
 - Added recommendations around adequacy of leadership oversight
 - Removed “supplies” with no context or description
 - Adjusted budgets to comply with six month timeline
 - Capped HPC contribution to indirect rate to 20%
 - Stated final award as a cap, in many cases dependent on additional detail
 - Applied a standard set of metrics for pilots, with modifications as appropriate
 - Specified a consistent award for activities to assess and promote a culture of safety
- Other revisions were tailored to specific applications, including, for example:
 - Declined to fund sub-projects on many applications
 - Required MeHI technical assistance for substantial HIT/HIE projects
 - Recommended award of planning funding for two applicants
 - Required general clarifications or modifications for all applications

HPC anticipates substantial engagement with CHART hospitals through period of award



- Kick-off phone calls immediately following contract execution
- Monthly check-ins
- Learning, Improvement, and Diffusion (RFP Section I.D.2)
 - Capability & capacity assessment
 - Consultation with HPC-designated expert on culture of safety assessment and improvement
 - Executive leadership program
 - Other activities and meetings
- Final report deliverable to the HPC
- Other proposal-specific engagement may be described in award letters

CHART Phase 1 Anticipated Timeline



All dates subject to change at the HPC's discretion

Vote: Approving Awards for CHART Investment Program

Motion: That, pursuant to 958 CMR 5.07, the Commission hereby accepts and approves the Executive Director's recommendation that the Applicants for the Community Hospital Acceleration, Revitalization, and Transformation (CHART) Investment Program receive award funding up to the amounts specified here and authorizes the Executive Director to determine the final amount of each award based on satisfaction of such project description and terms.

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 - Proposed Registration of Provider Organizations (RPO) Program Regulations
- Schedule of Next Commission Meeting

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- Schedule of Next Commission Meeting

Registration of Provider Organizations

Policy Approach

Operational Approach

Regulation Development

Review and Next Steps

Overview

Process Goals

- Specify reporting requirements that support the “Who, What, Where, and with Whom” components of RPOs
- Support cross-agency needs aligned with the Commonwealth’s priorities
- Avoid duplication and promote administrative simplification through cross-agency collaboration and provider engagement
- Enhance and standardize data on provider organizations in the Commonwealth.

Key Reporting Agencies

- HPC
- CHIA
- DOI
- AGO
- EOHHS and agencies
- MeHI
- Boards of Registration

Work to date

- Joint DOI-HPC Listening Sessions & Feedback Received
 - Different types of provider organizational structures, relationships with affiliated physicians
 - Nature of information ordinarily developed in the course of business, or reported to other agencies or health plans
- Ongoing collaboration with DOI and CHIA and other state agencies
 - *Developing streamlined reporting mechanisms and ensuring consistency in definitions*
 - *Developing single point of entry to CHIA and HPC for RPOs*
- Developing approach to regulation and data specification that ensures deep provider engagement, and allows for flexibility in reporting while standardizing data to ensure analytic value
- Held first of many stakeholder engagement session with provider organizations of varying size and regions

Three key aims

1

RPO **enhances transparency** of the health care marketplace in the Commonwealth by gathering information on the **composition, structure and relationships** among and within Massachusetts health care providers.

2

RPO **maps the provider delivery system**, including clinical affiliations, capacity, and market share; and it monitors change in these elements over time.

3

RPO creates a **centralized resource** for the Commonwealth and other stakeholders by compiling information about the provider market. RPO supports such functions as **health resource planning, determinations of need, cost and market impact reviews, evaluation of health care cost trends, health system investments, and certification programs.**

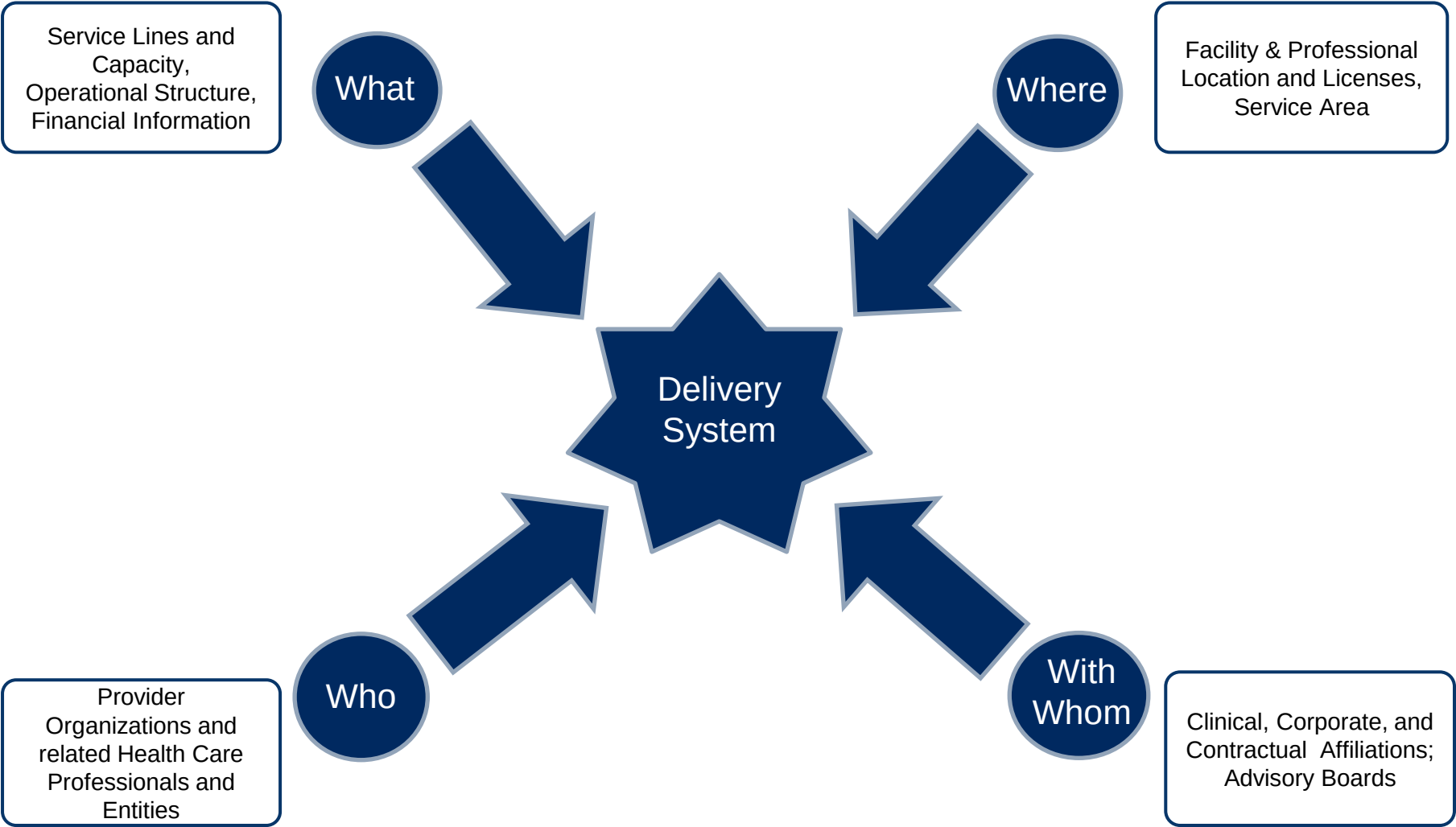
Provider organization – a new reflection of the health care market

“Provider Organization” is any corporation, partnership, business trust, association or organized group of persons, which is in the **business of health care delivery or management**, whether incorporated or not that **represents 1 or more health care providers** in contracting with carriers or third-party administrators for the payments of health care services

A Provider Organization includes but is not limited to the following types of common health care organizations:

hospitals
physician organizations
physician-hospital organizations
independent practice associations
provider networks
accountable care organizations
any other organization that contracts with carriers or third-party administrators for payment for health care services

Mapping the relationships of who, what, where, and with whom



Registration of Provider Organizations



HPC – “Front End” Data Collection

▪ Statutorily Mandated Requirements

- Organizational structure/governance/relationships
- Number of affiliated health care professional FTEs
- Name and address of licensed facilities
- For risk-bearing provider organizations, a certificate from the Division of Insurance under chapter 176T
- Other information as HPC deems appropriate

CHIA – “Back End” Data Collection

▪ Statutorily Mandated Requirements:

- Cost reports and financial statements
- Information on stop-loss insurance and any non-fee-for-service payment arrangements
- Information on clinical quality, care coordination, and patient referral practices
- Information regarding expenditures and funding sources for payroll, teaching, research, advertising, taxes or payments-in-lieu-of-taxes and other non-clinical functions
- Information regarding charitable care and community benefit programs
- Other information as CHIA deems appropriate

Reporting Continuum

A streamlined approach between HPC and CHIA for registration of Provider Organizations – cross-sharing responsibilities to maximize efficiency

Registration of Provider Organizations



Overview

Goals

- Identify appropriate specifications for reporting requirements
- Supply detailed reporting requirements to registering Provider Organizations early to allow for robust iteration to ensure clarity

Key Agencies

- HPC
- CHIA
- DOI

Deliverables

- ☐ Data Submission Manual
- ☐ Templates for registration reporting requirements
- ☐ Online platform for streamlined submission

Process

Drafting the Data Submission Manual

- Identify the programs served by RPO and the related data needs
- Where possible, create templates for submission requirements based on programs' needs
- Vet data submission templates with Provider Organizations and other market participants
- Release draft Data Submission Manual for broad public comment
- Release final Data Submission Manual well before registration deadline to allow for necessary activity in Provider Organizations



Who must register?

- Any Provider or Provider Organization that is a **Risk-Bearing Provider Organization** (as defined by DOI), and
- Any Provider or Provider Organization
 - with a patient panel greater than **15,000** and
 - which **represents** providers who collectively receive **\$25,000,000** or more in annual net patient service revenue from carriers or third-party administrators
- **Phasing: HPC anticipates rolling out the RPO program in phases**, beginning with those Provider Organizations that are principally comprised of physician groups, hospitals (acute and non-acute), or that provide behavioral health services. Additionally *all* RBPOs will be required to register from the outset.
 - Additional categories of providers will be rolled in over time in a schedule to be determined by the Commission
- **Demonstrating compliance – patient panels:** Any Provider or Provider Organization that meets the NPSR threshold but does *not* meet the patient panel threshold must submit information to the HPC demonstrating that the Provider Organization is not required to register.
- After the initial registration window, any PO must register within 90 days of becoming subject to the requirements of RPO

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Contracting Entities & Parent–Child Dynamics

- Contracting Provider Organizations (defined) are required to report on behalf of those POs that they **represent** in payer negotiations (“contractual affiliates”) – this includes *messenger models*.
- “Parent” Provider Organizations are required to report on behalf of all subsidiaries, including joint ventures (“corporate affiliates”).
 - Reporting on behalf of clinical affiliates is *not* required, though some information describing those affiliations will be requested of the reporting entity.
- The reporting responsibilities of entities subject to this regulation will be met by the reporting on their behalf by a Corporate Affiliate (“Parent”) or Contracting Provider Organization.
- The HPC and DOI anticipate that the reporting entity for RPO may differ from the reporting entity for RBPO – HPC staff will closely engage with Provider Organizations as needed to help determine the appropriate RPO reporting entity.

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Categories of required reporting

- Information on ownership, governance, operational structure, and affiliations of Provider Organizations (corporate, contractual, and clinical)
- High level descriptive Information on the flow of funds within provider organizations (e.g., distribution of surpluses from risk contracts to physician groups)
- Information on the type and location of health care professionals
- Information on the type and location of health care facilities and the services they provide
- Information on utilization and capacity of health resources in select major service categories
- Information on revenue in major categories in advance of cost and financial reporting
- Information on compliance with RBPO requirements (as applicable)



RBPO Compliance

For Risk-Bearing Provider Organizations, a statement certifying that the RBPO has received a Risk Certificate, Risk Certificate Waiver, or Transitional Period Waiver as applicable.

- The HPC anticipates only requiring a statement of compliance with the RBPO registration process as applicable – HPC will then obtain risk certificate information directly from DOI

Registration Fee

A registration fee payable to the Health Policy Commission as specified by the Commission.

- For at least the first year of registration, the HPC anticipates waiving any registration fee. As the RPO program is developed, a registration fee may be reconsidered.

Additional Requirements

The Commission may require in writing, at any time, additional information reasonable and necessary to determine the financial condition, organizational structure, business practices, or market share of a Registered Provider Organization

- The HPC anticipates using this authority judiciously and additional guidance will be forthcoming

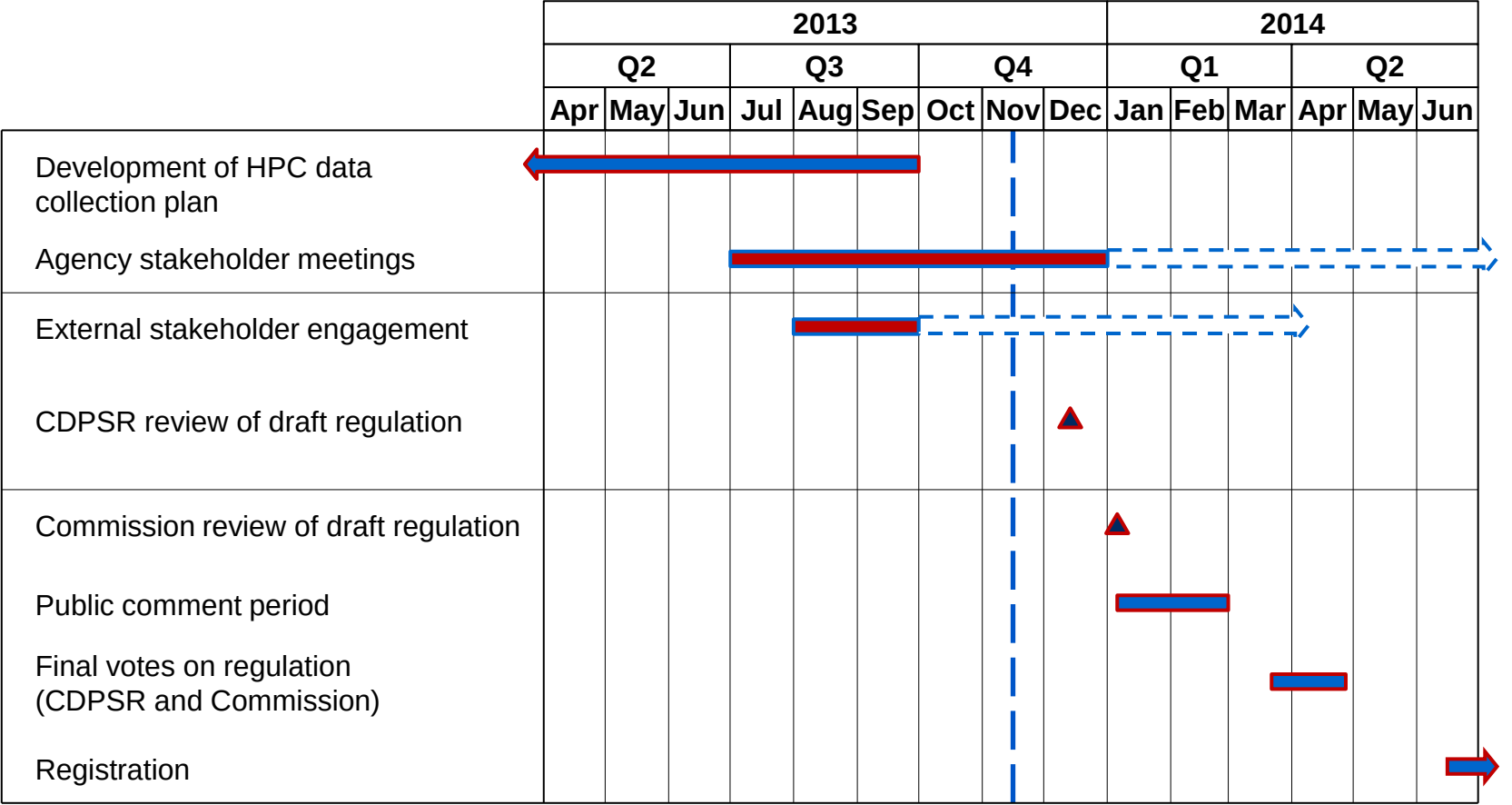
Registration of Provider Organizations



Key Takeaways

- 1 Regulation ensures cross agency alignment**
 - Close coordination with many state agencies
 - Particular alignment with CHIA (RPO responsibilities) and DOI (RBPO responsibilities)
 - Looks to existing definitions and data templates where possible – and where possible, allow provider self-determination (e.g., FTEs)
- 2 Approach seeks to minimize provider reporting burden**
 - Seeks to standardize many existing sporadic reporting requirements into a central routinized reporting framework that gives providers an understanding of anticipated requirements well in advance. Seeks to address gaps currently filled by such processes as:
 - Cost Trends Hearings Pre-Filed Testimony
 - Material Change Notices/Cost and Market Impact Reviews
 - AGO standard information requests
- 3 Phased approach to focus on high-yield elements**
 - Registration of RBPOs, physicians, hospitals and behavioral health early – add other providers meeting threshold as research/analytic/transparency needs arise
 - Request only information to be used by HPC, CHIA, DOI or other state agencies
- 4 Close provider engagement**
 - **Engage with Provider Organizations and other market participants early and often to ensure clarity of focus and reporting requirements, and to minimize operational burden**

Draft RPO timeline



Public Comment Period and Hearing

A public hearing on these proposed regulations is scheduled for the following:

Wednesday, February 12, 2014

12:00 PM

Daley Conference Room

Two Boylston Street, 5th Floor

Boston, MA 02116

Members of the public who wish to submit comments may do so by **February 28, 2014.**

Vote: Approving Proposed RPO Program Regulations

Motion: That the Commission hereby approves and issues the attached PROPOSED regulation on the registration program for provider organizations, pursuant to sections 11 and 12 of chapter 6D of the Massachusetts General Laws, and directs the Committee on Care Delivery and Payment System Reform to conduct a public hearing and comment period pursuant to Chapter 30A of the General Laws.

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- **Schedule of Next Commission Meeting (January 27, 2014)**

Contact Information

For more information about the Health Policy Commission:

- Visit us: <http://www.mass.gov/hpc>
- Follow us: @Mass_HPC
- E-mail us: HPC-Info@state.ma.us