MASSACHUSETTS
HEALTH POLICY COMMISSION

Meeting of the Market Oversight and Transparency Committee

February 14, 2018

MASSACHUSETTS
HEALTH POLICY COMMISSION

AGENDA

- Call to Order
- Committee Chair Appointment
- Approval of Minutes
- Review of Past Transactions
- 2017 Health Care Cost Trends Report
- 2018 Data Submission for the Registration of Provider Organizations
- Update on Reporting Out-of-State Transactions
- Schedule of Next Meeting (June 13, 2018)

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VOTE: Committee Chair Appointment

MOTION: That, pursuant to Article 4.1 of the Commission's By-Laws, the Market Oversight and Transparency Committee members appoint David Cutler as Chairperson of the Committee.

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MASSACHUSETTS
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VOTE: Approving Minutes

MOTION: That the joint Committee hereby approves the minutes of the joint CTMP/CHICI Committee meeting held on December 6, 2017, as presented.

MASSACHUSETTS
HEALTH POLICY COMMISSION

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  - Past Beth Israel Deaconess and Lahey Health System Transactions
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The HPC has been monitoring a range of performance metrics for providers that have formed new corporate or contracting affiliations.

The HPC is monitoring a range of metrics for providers that have new affiliations such as:

- Site of care for community-appropriate discharges;
- Relative price and composite relative price percentile;
- Inpatient net patient service revenue per case mix adjusted discharge;
- Inpatient costs per case mix adjusted discharge;
- Case mix index;
- Occupancy rate;
- Payer mix;
- Nationally-recognized quality metrics;
- Total Medical Expenses for patients residing in the providers' primary service areas; and
- Total Medical Expenses by provider organization.

Trends after Recent Beth Israel and Lahey Transactions

Today, we are going to preview trends we've observed across some of these measures, specifically for hospitals that have joined the Beth Israel and Lahey systems, either as a corporate or contracting affiliate.

- **Site of care for community-appropriate discharges;**
- Relative price and composite relative price percentile;
- **Inpatient net patient service revenue per case mix adjusted discharge;**
- **Inpatient costs per case mix adjusted discharge;**
- **Case mix index;**
- **Occupancy rate;**
- Payer mix;
- Nationally-recognized quality metrics;
- Total Medical Expenses for patients residing in the providers' primary service areas; and
- Total Medical Expenses by provider organization.

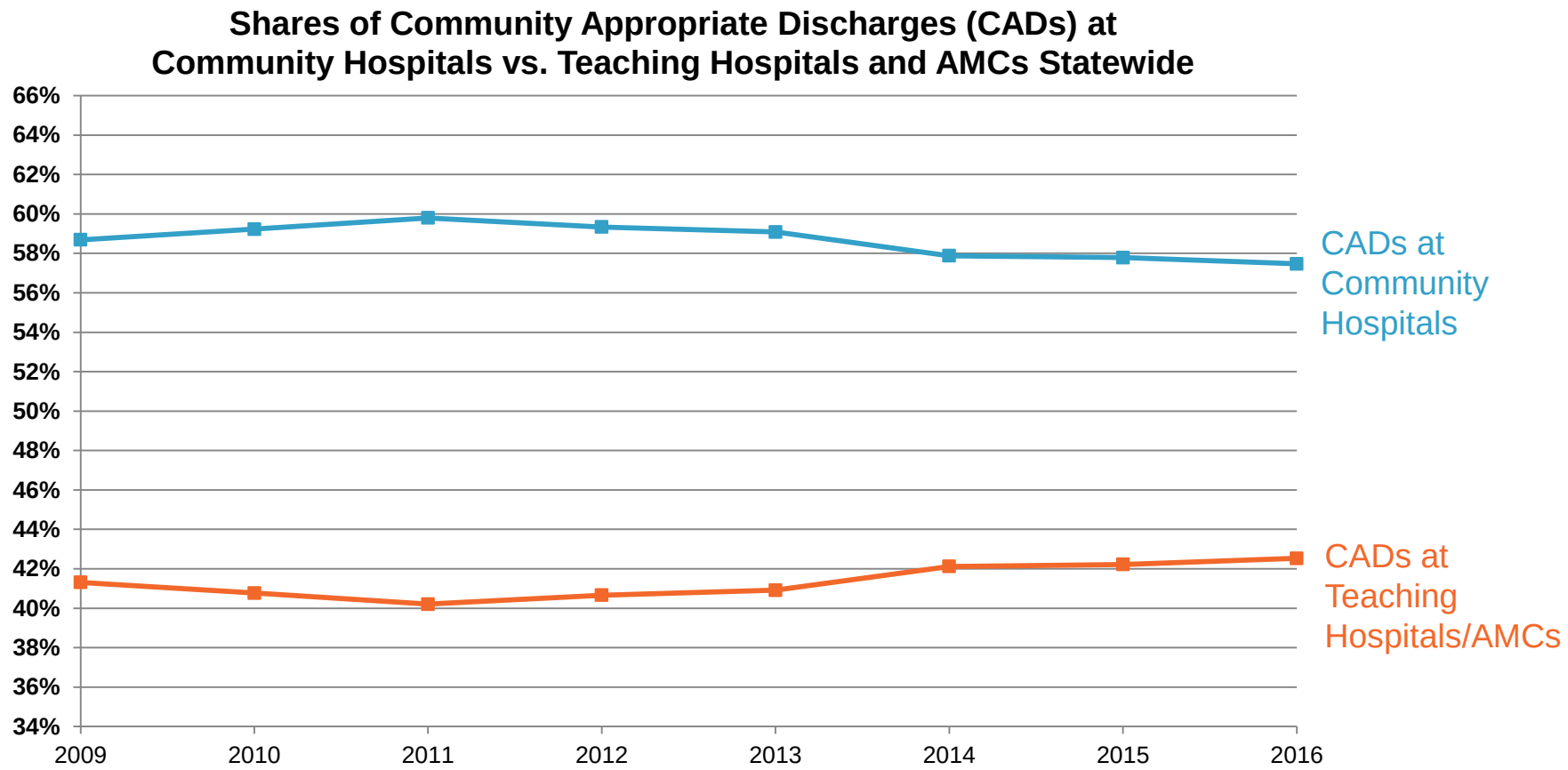
HPC

Trends after Recent Beth Israel and Lahey Transactions

Post-Transaction Trends for:	Beth Israel		Lahey Owned Hospitals
	Owned Hospitals	Contracting Affiliate Hospitals	
Share of local discharges retained			
Share of local discharges going to higher-priced AMCs			
Hospital price			
Patient severity/complexity			
Internal hospital costs			
Occupancy			

Analyses across other measures are also ongoing

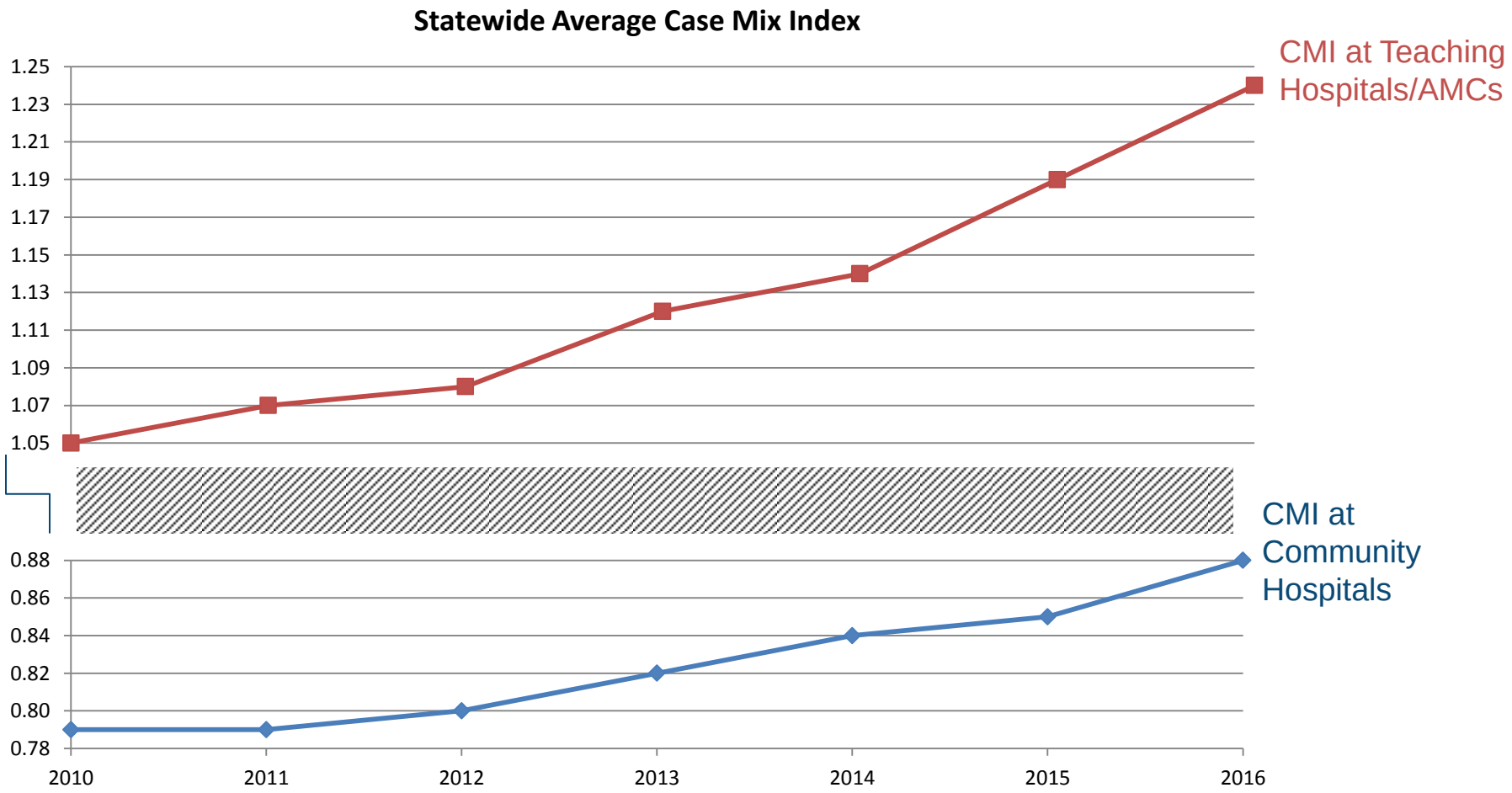
Statewide, community-appropriate inpatient care is increasingly being provided by teaching hospitals and AMCs.



Few hospitals that were acquired or formed contracting affiliations appear to have reversed this trend.

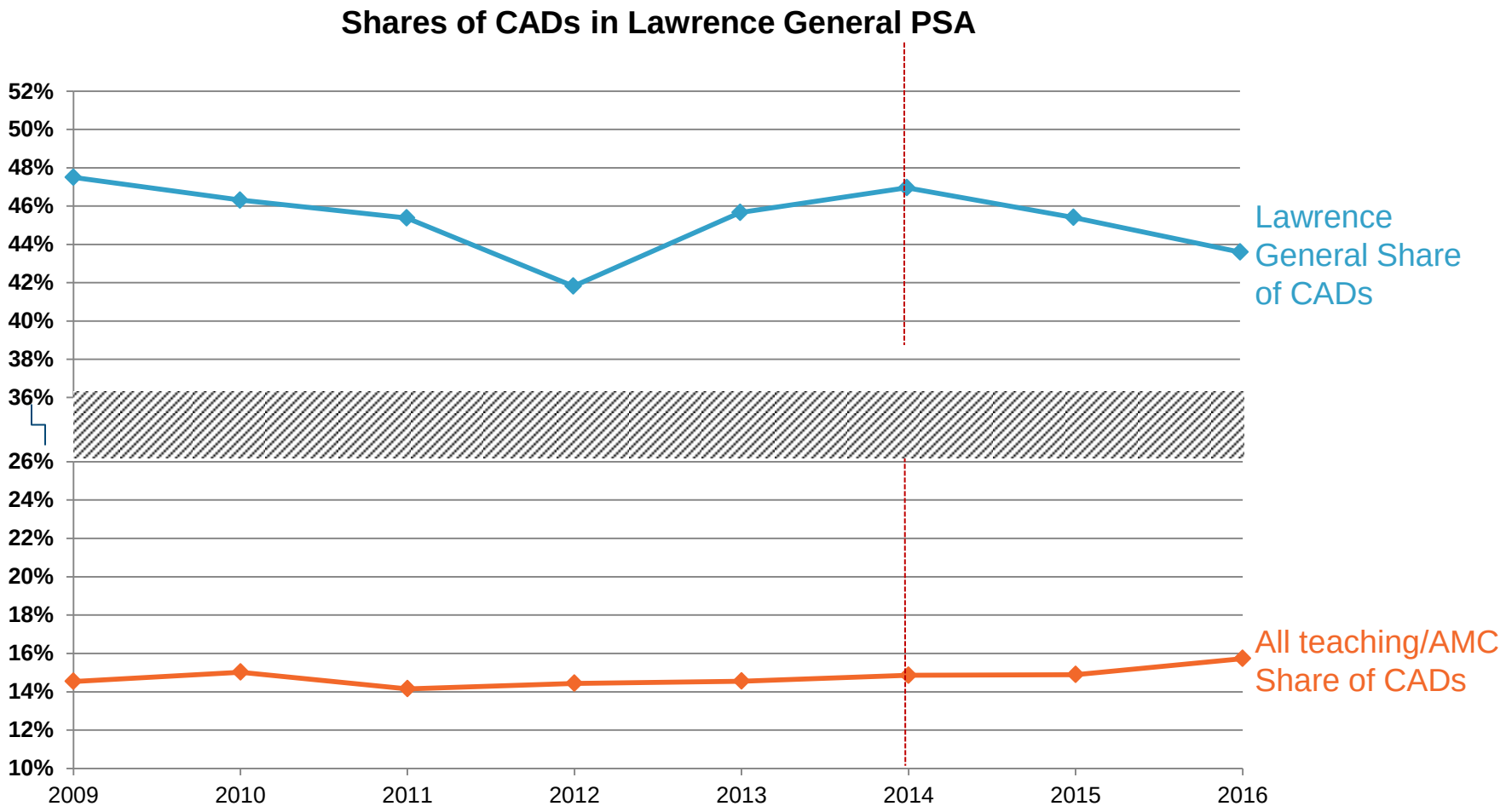
Source: HPC analysis of FY2009-16 CHIA Hospital Discharge Database

Statewide, case mix has generally been increasing at both AMCs/teaching hospitals and community hospitals.



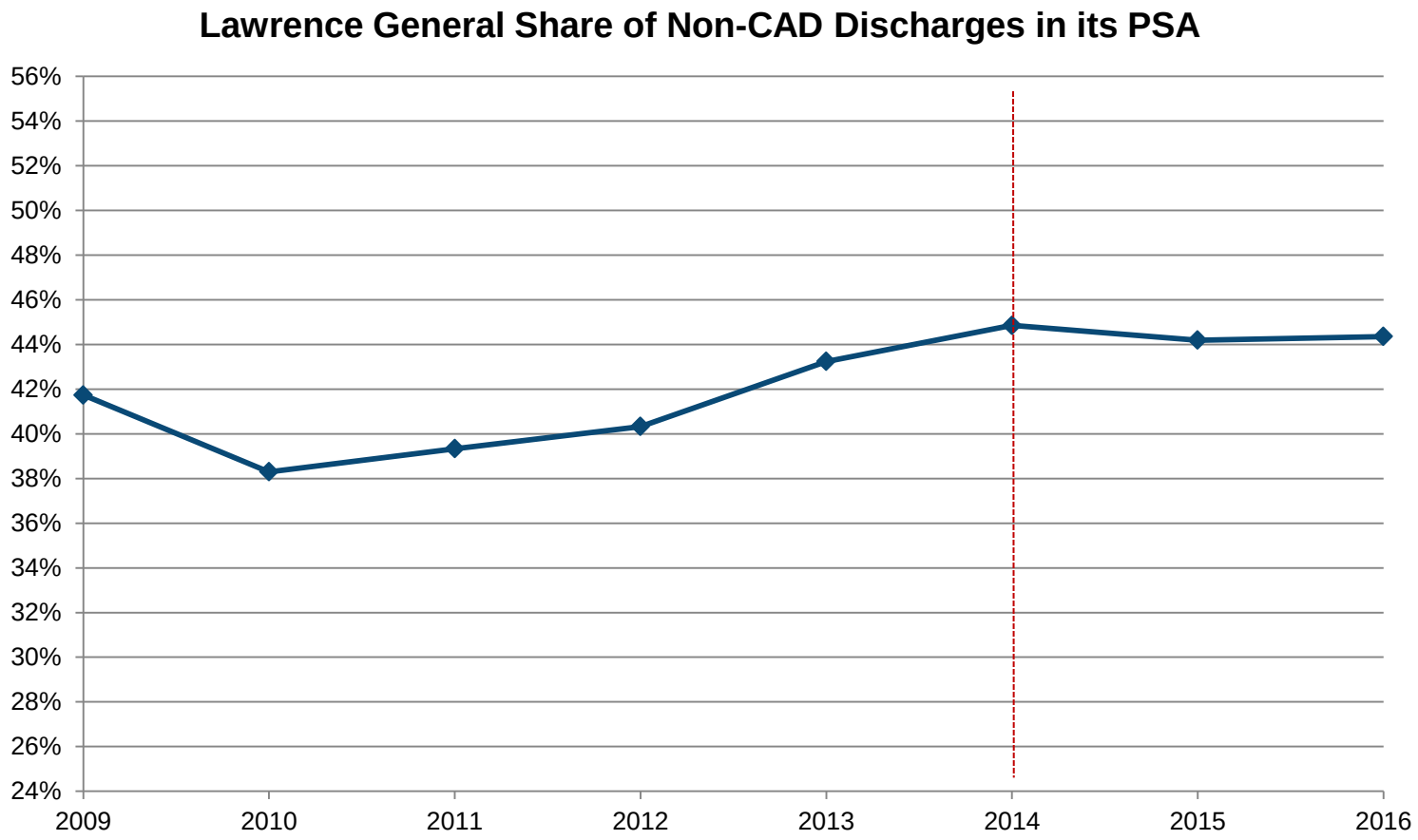
Source: FY2010-16 CHIA Acute Care Hospital Profiles

Lawrence General's share of local community-appropriate discharges declined faster than the statewide trend after it affiliated with BIDCO.



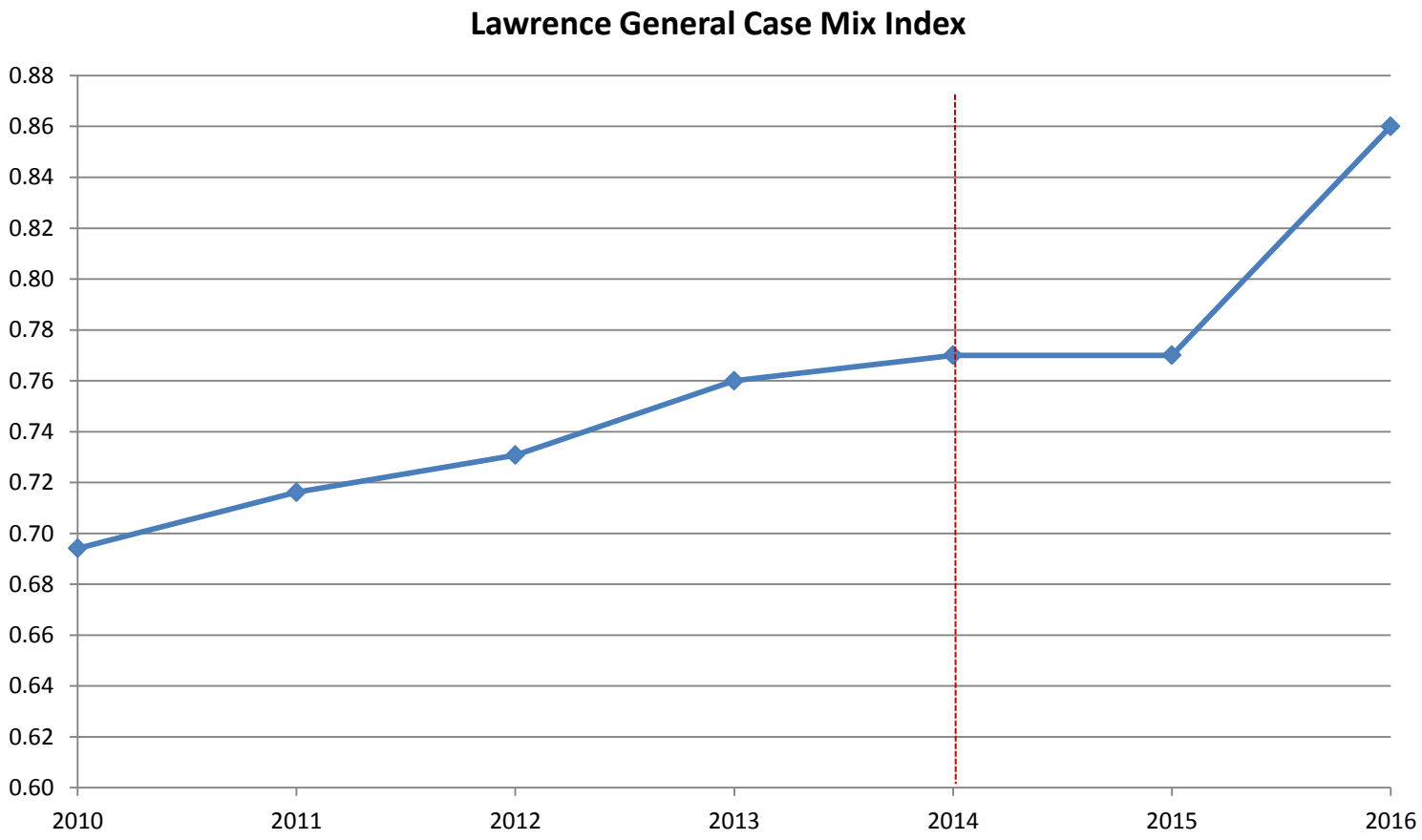
Source: HPC analysis of FY2009-16 CHIA Hospital Discharge Database

Lawrence General's share of other local discharges rose leading up to its affiliation with BIDCO and flattened afterwards.



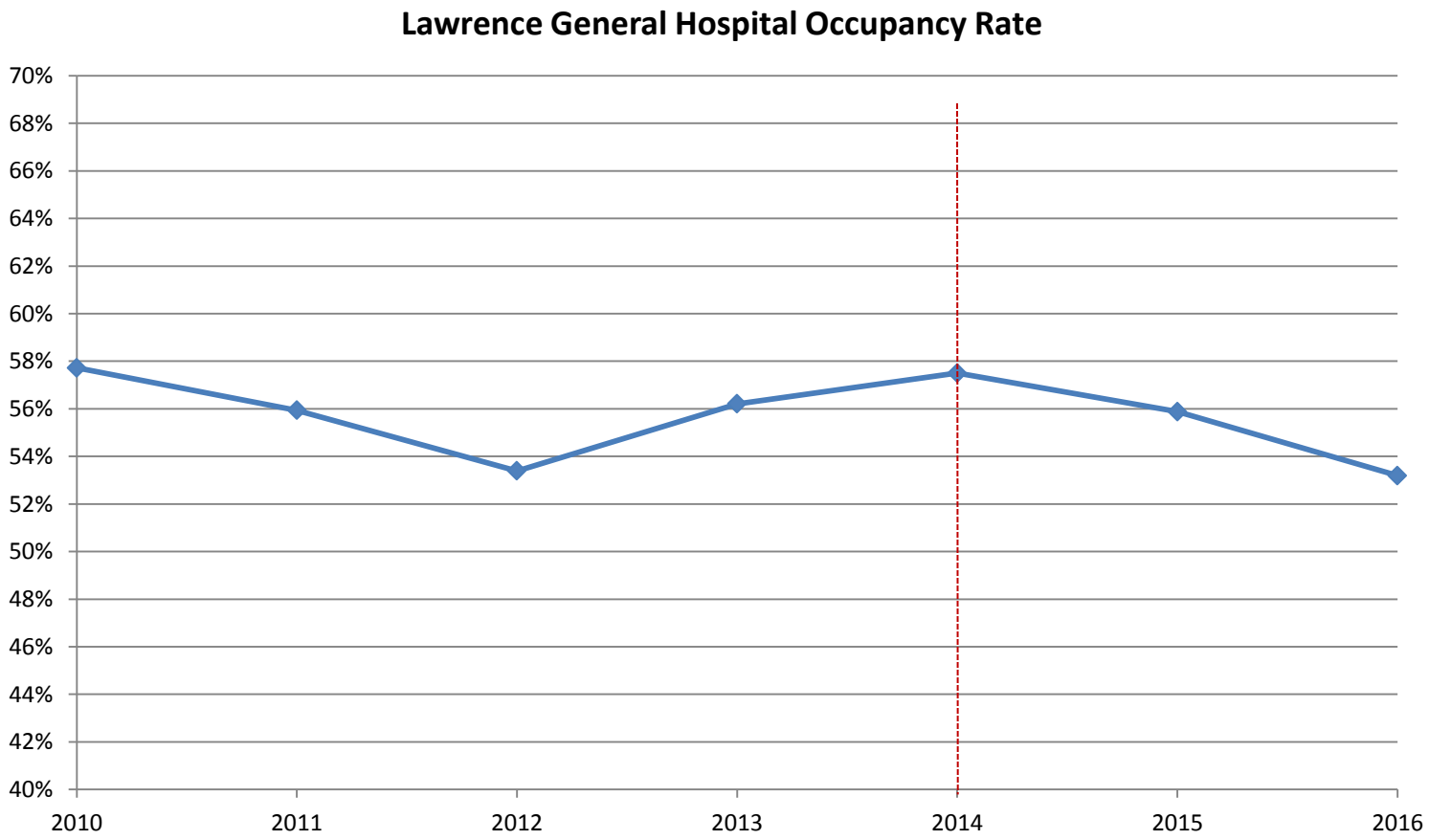
Source: HPC analysis of FY2009-16 CHIA Hospital Discharge Database

Lawrence General's case mix index has increased, particularly in the last year.



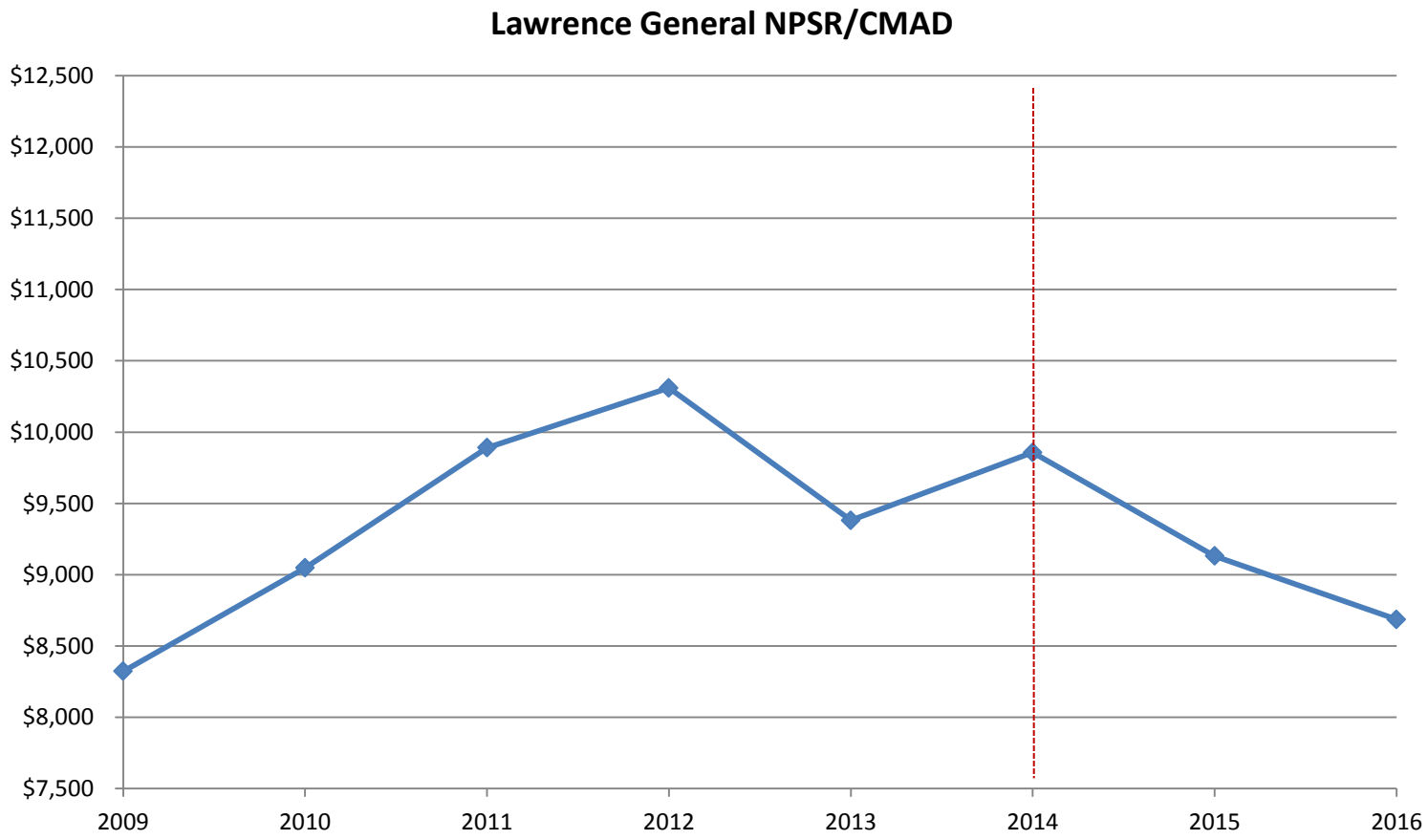
Source: FY2010-16 CHIA Acute Care Hospital Profiles

Lawrence General's occupancy rate has declined somewhat.



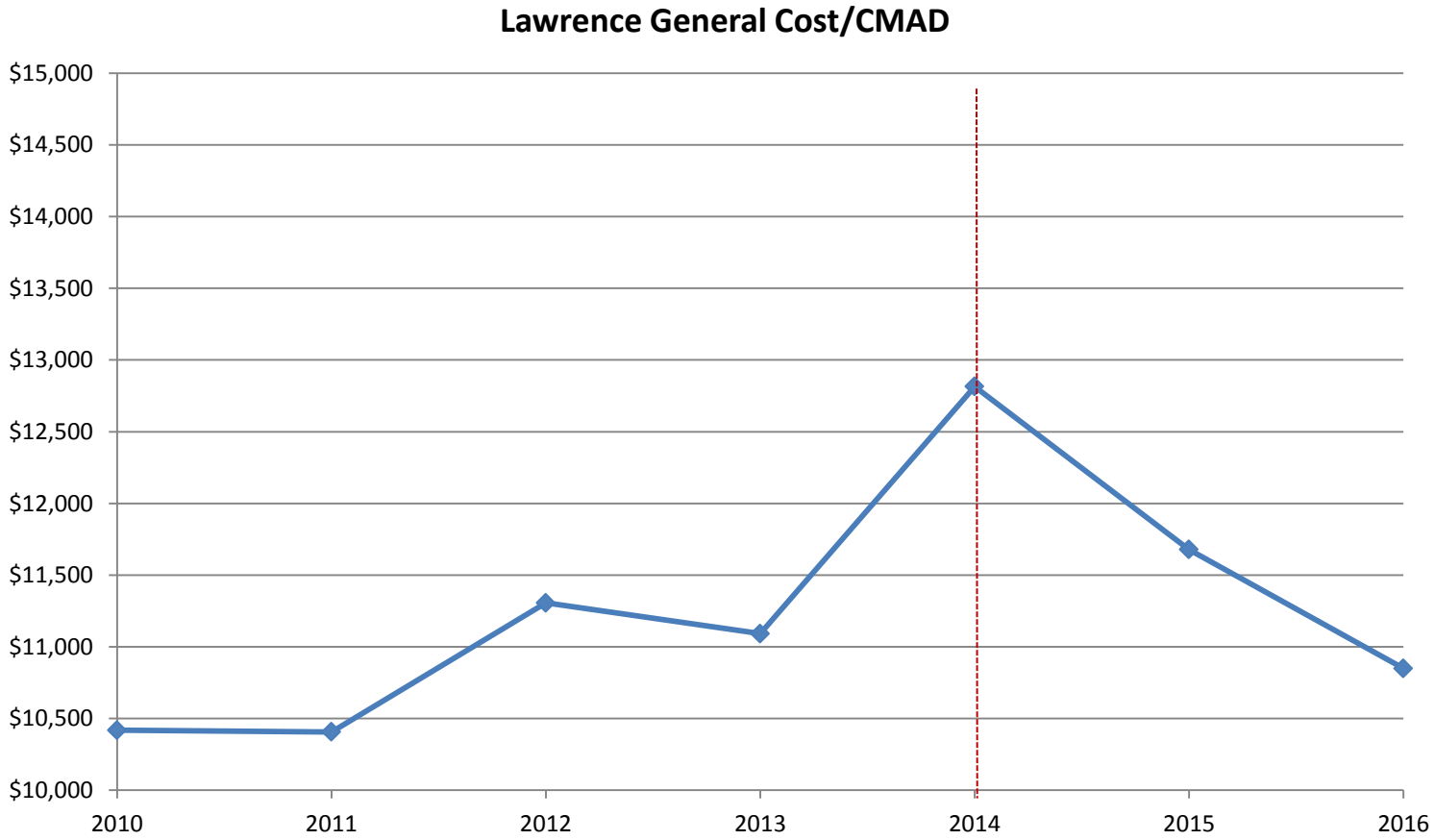
Source: FY2010-16 CHIA Acute Care Hospital Profiles

Lawrence General's net patient service revenue per case mix adjusted discharge has been declining in recent years.



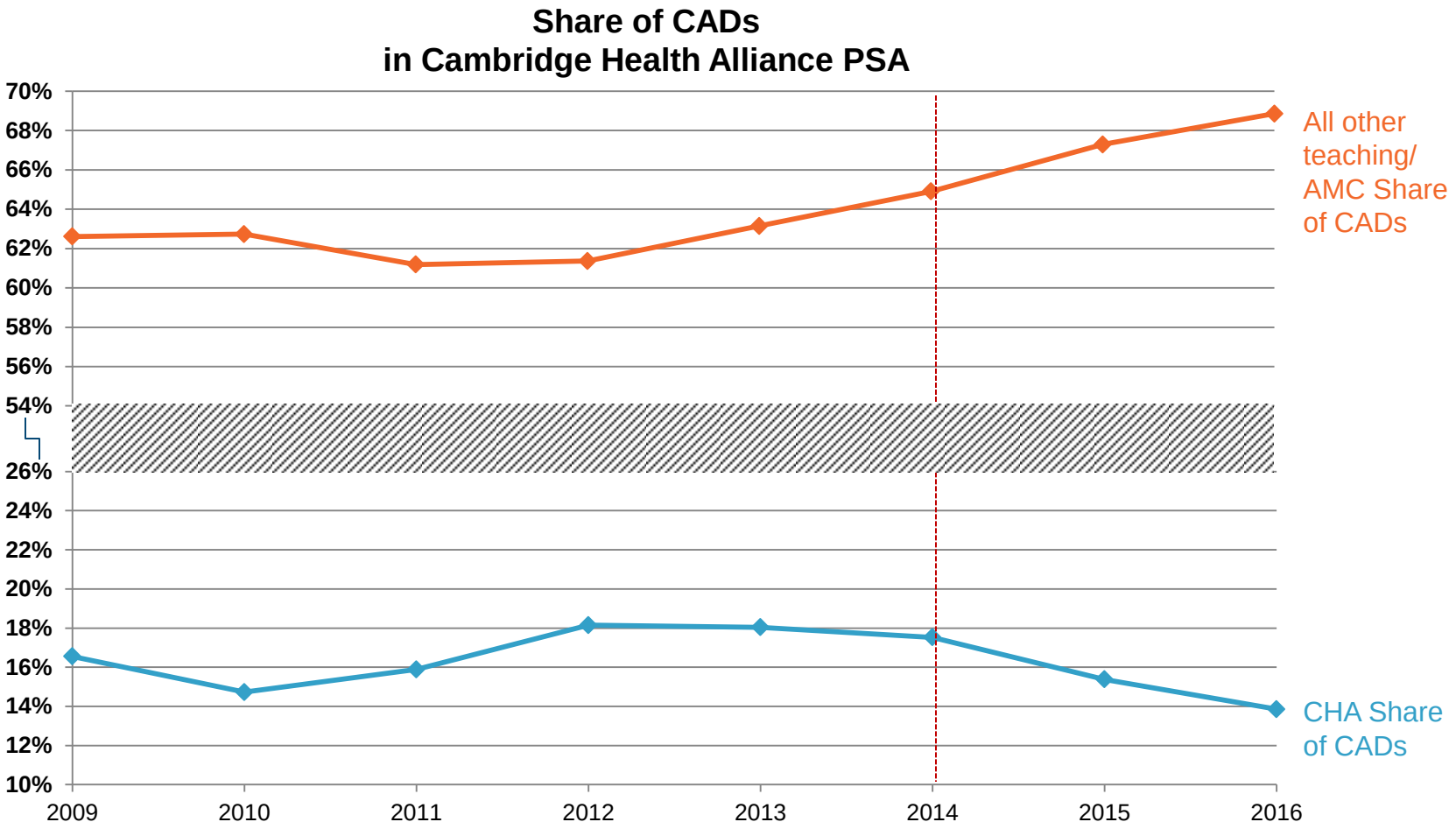
Source: FY2009-16 CHIA Acute Care Hospital Profiles

Lawrence General's inpatient costs per case mix adjusted discharge have also declined in recent years.



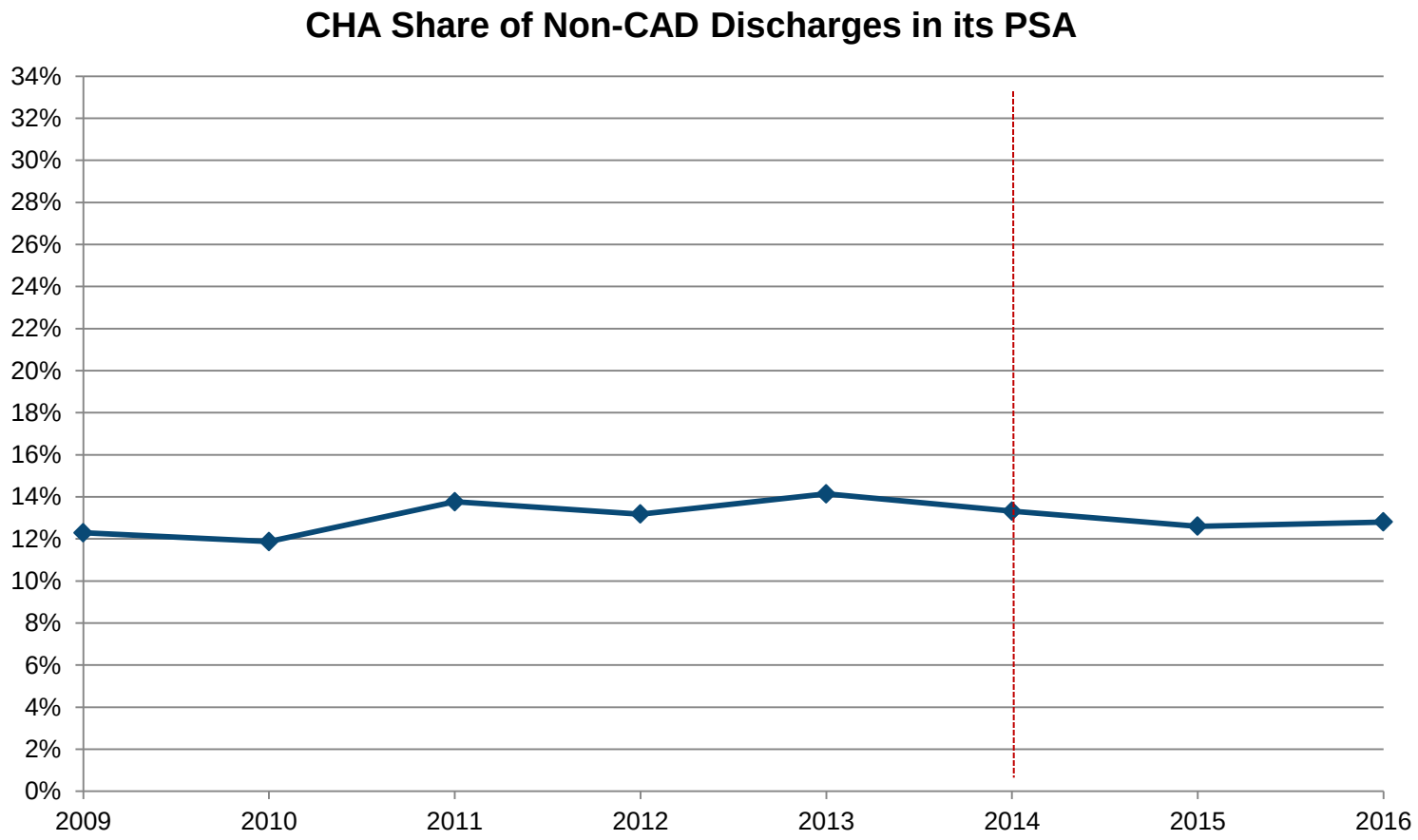
Sources: FY2010-14 CHIA Acute Care Hospital Profiles; data provided by CHIA to the HPC

Cambridge Health Alliance's share of local community-appropriate discharges fell faster than the statewide trend after affiliation with BIDCO.



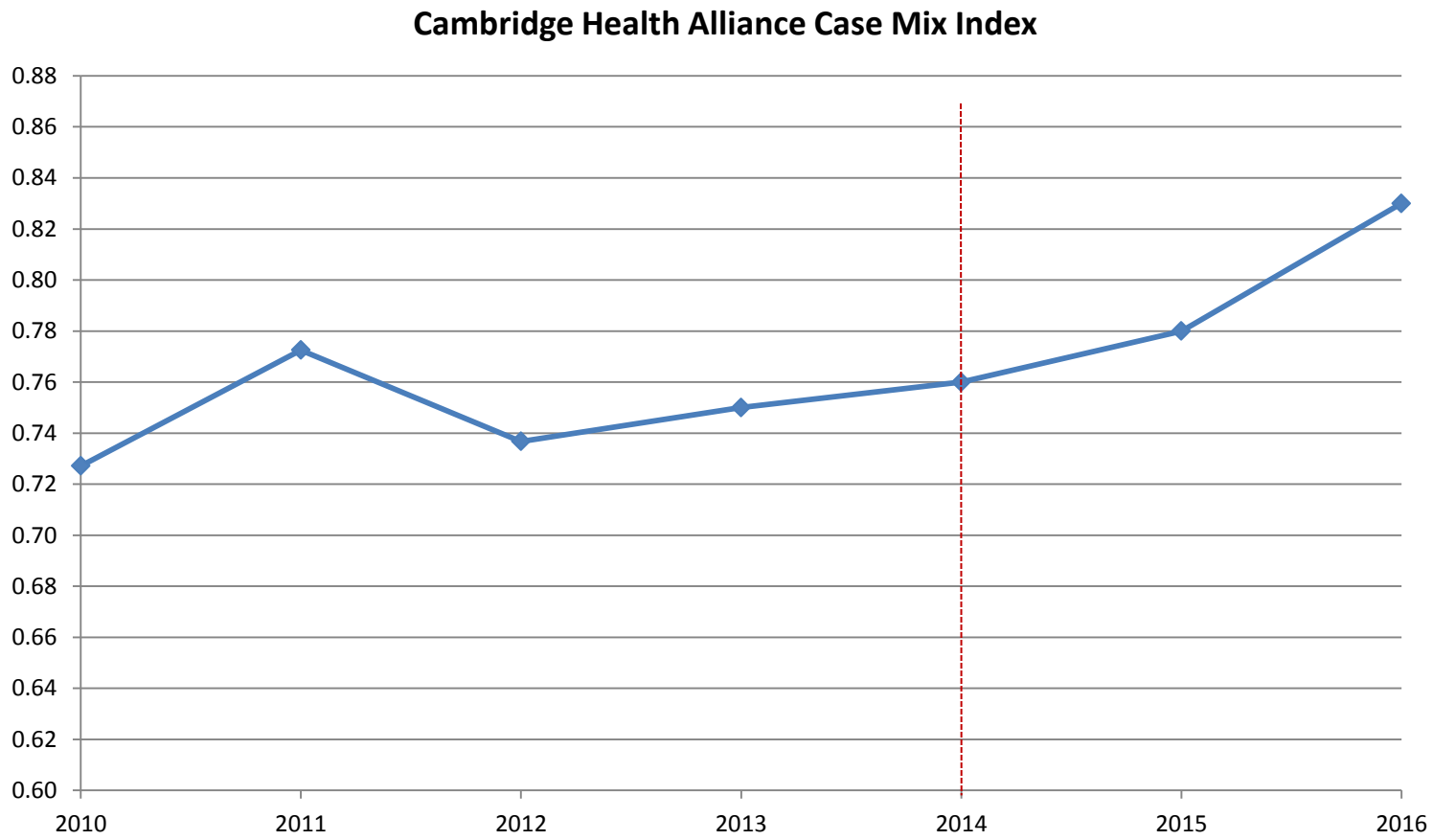
Source: HPC analysis of FY2009-16 CHIA Hospital Discharge Database

Cambridge Health Alliance's share of other local discharges decreased slightly after its affiliation with BIDCO.



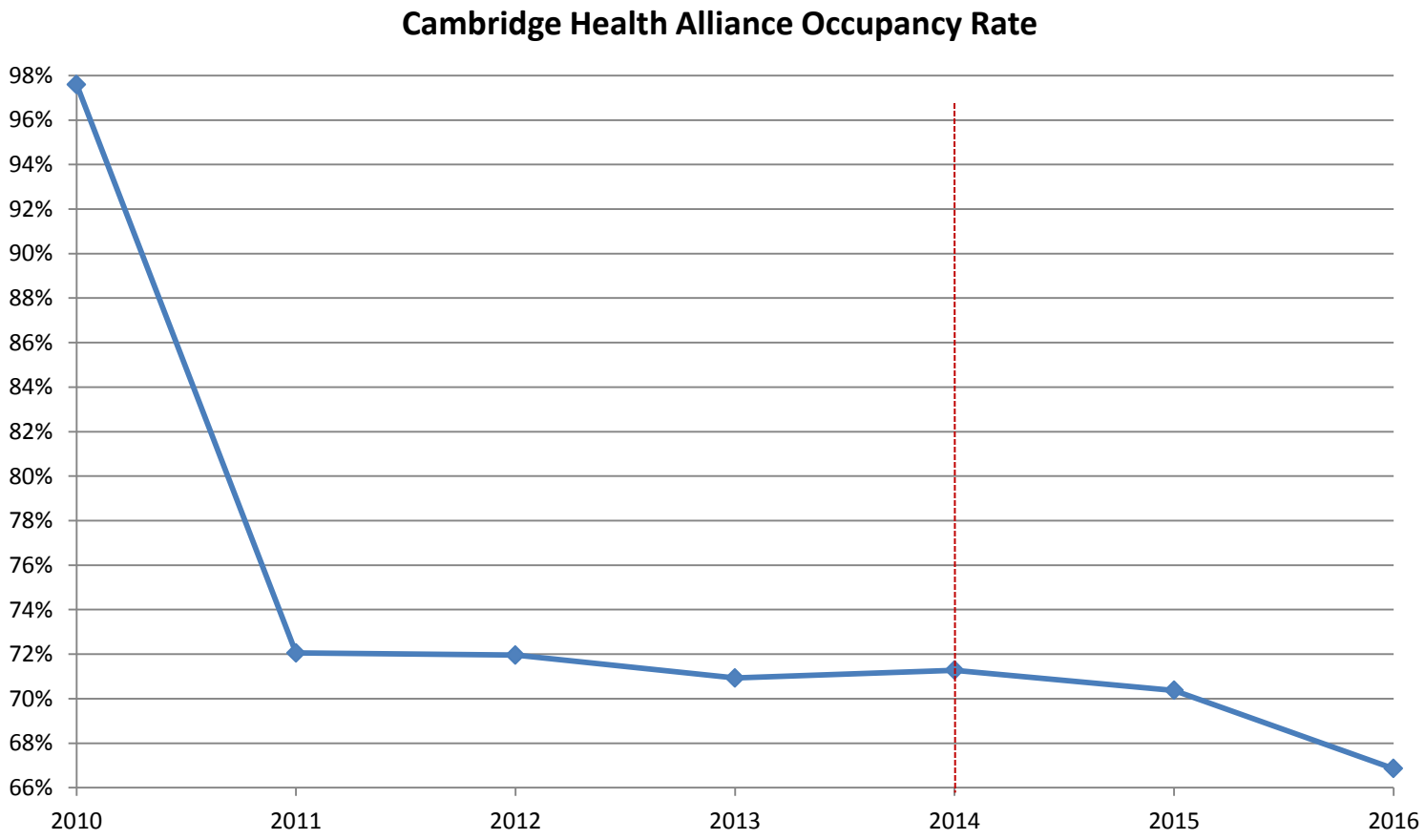
Source: HPC analysis of FY2009-16 CHIA Hospital Discharge Database

Cambridge Health Alliance's case mix index has been increasing.



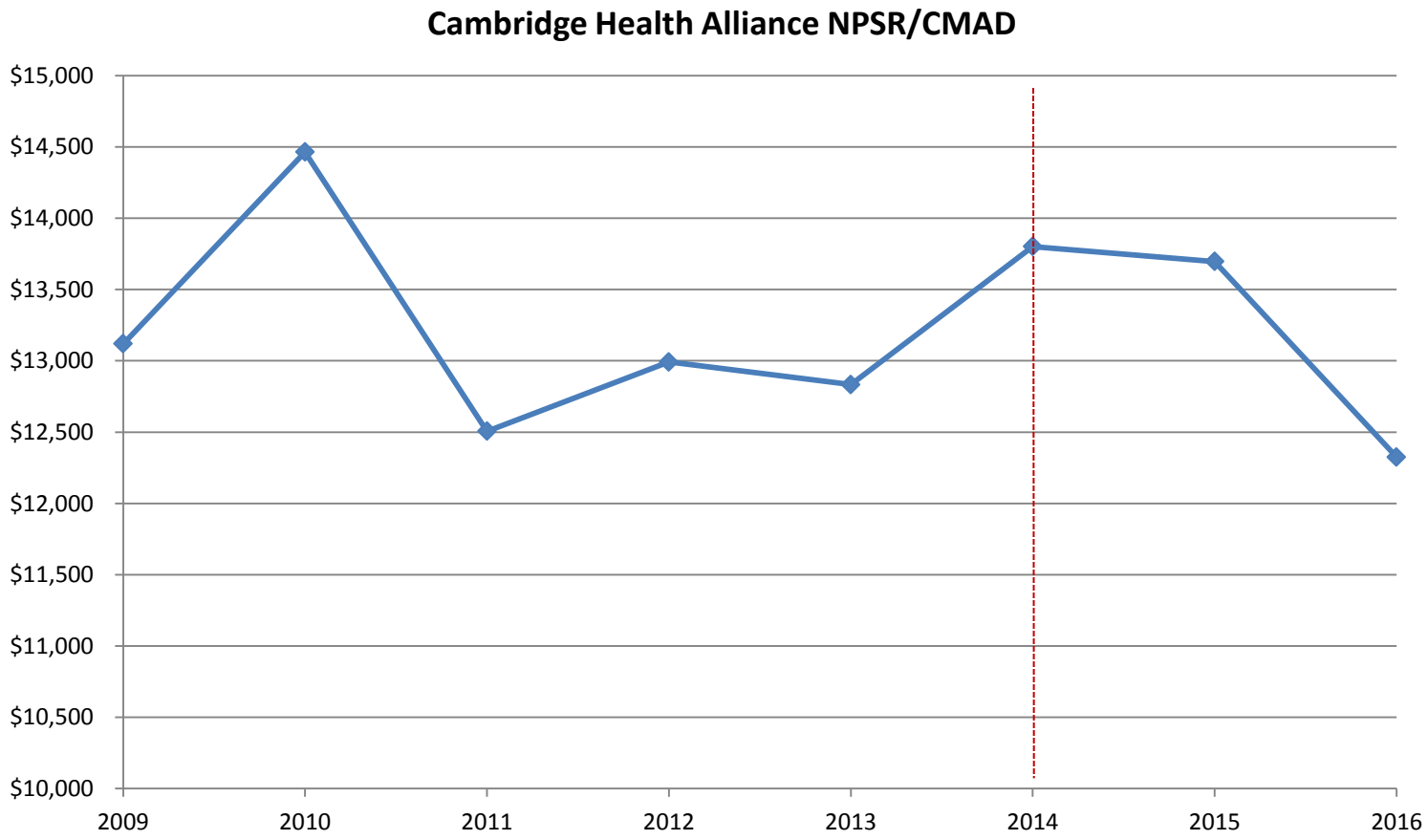
Source: FY2010-16 CHIA Acute Care Hospital Profiles

Cambridge Health Alliance's occupancy rate has declined somewhat.



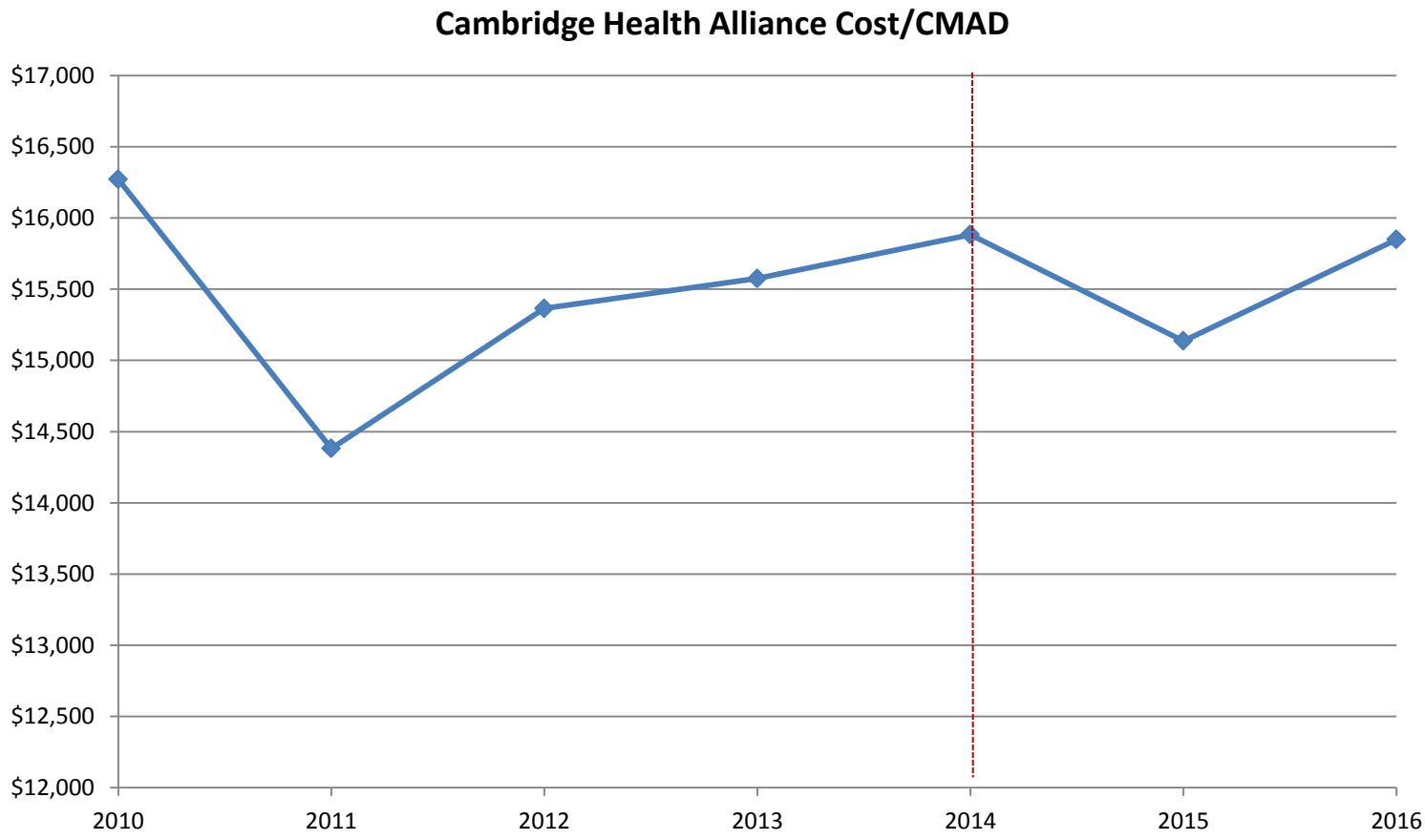
Source: FY2010-16 CHIA Acute Care Hospital Profiles

Cambridge Health Alliance's net patient service revenue per case mix adjusted discharge recently declined.



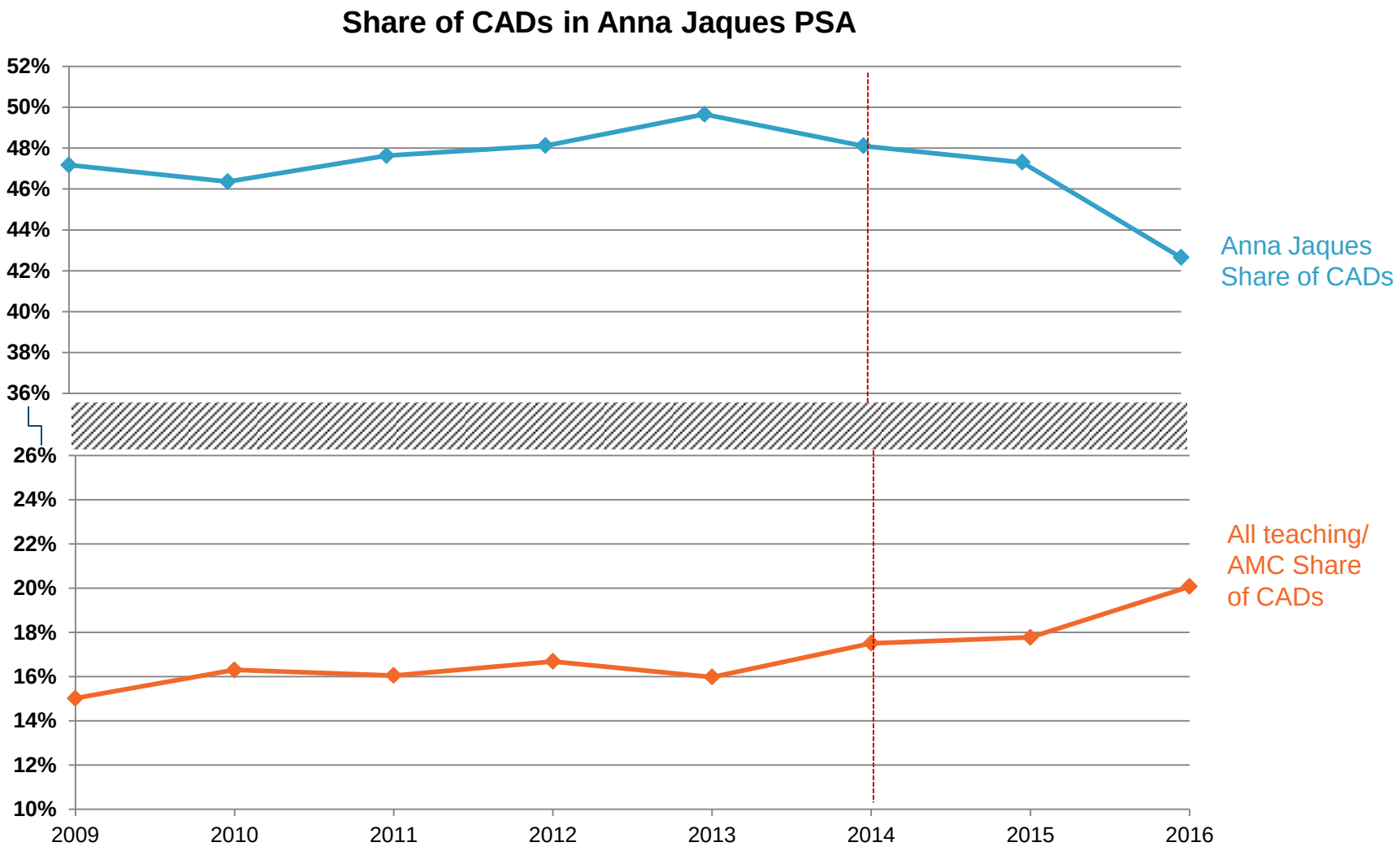
Source: FY2009-16 CHIA Acute Care Hospital Profiles

However, its inpatient costs per case mix adjusted discharge have been relatively stable.



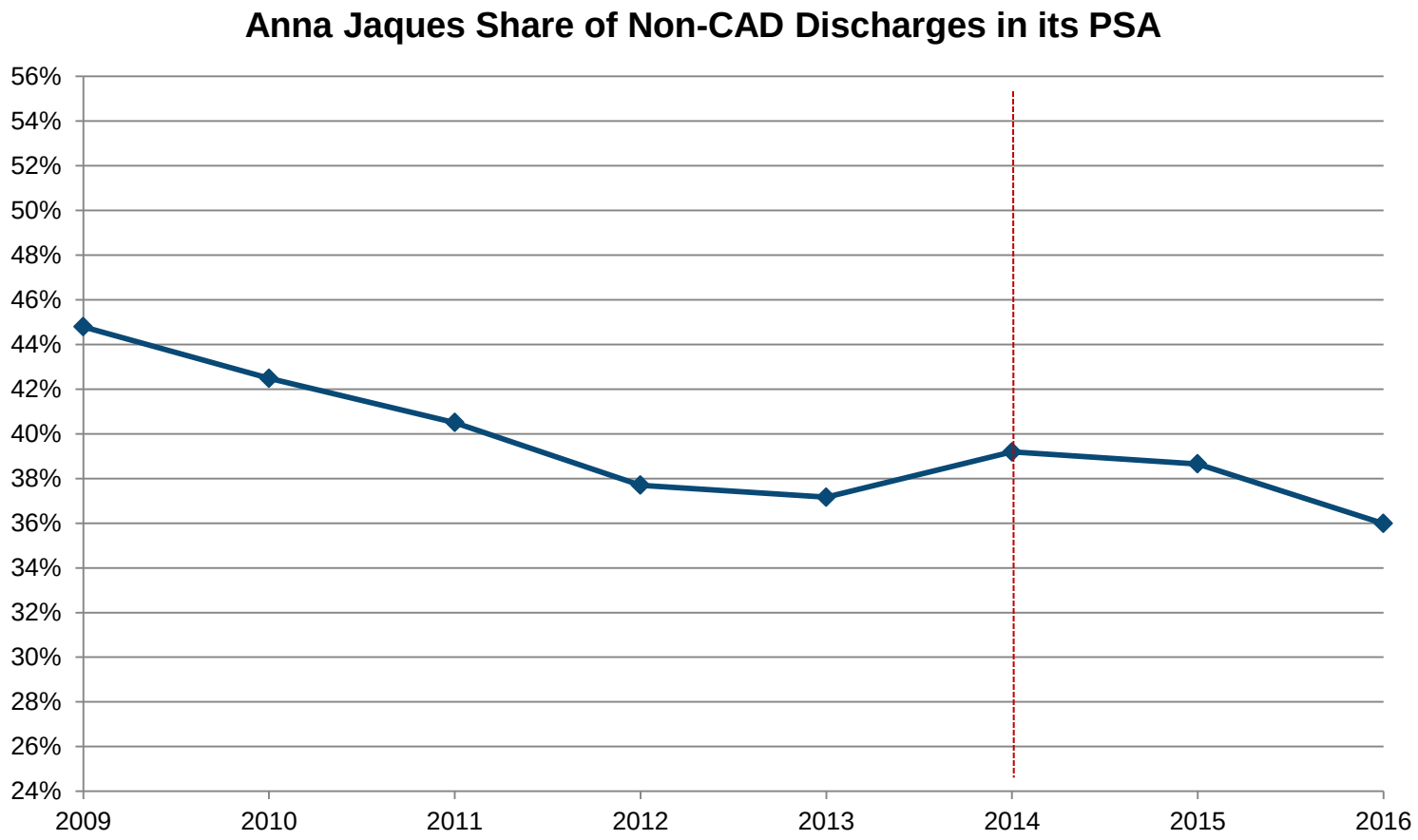
Sources: FY2010-14 CHIA Acute Care Hospital Profiles; data provided by CHIA to the HPC

Anna Jaques' share of local community-appropriate discharges declined faster than the statewide trend after affiliating with BIDCO.



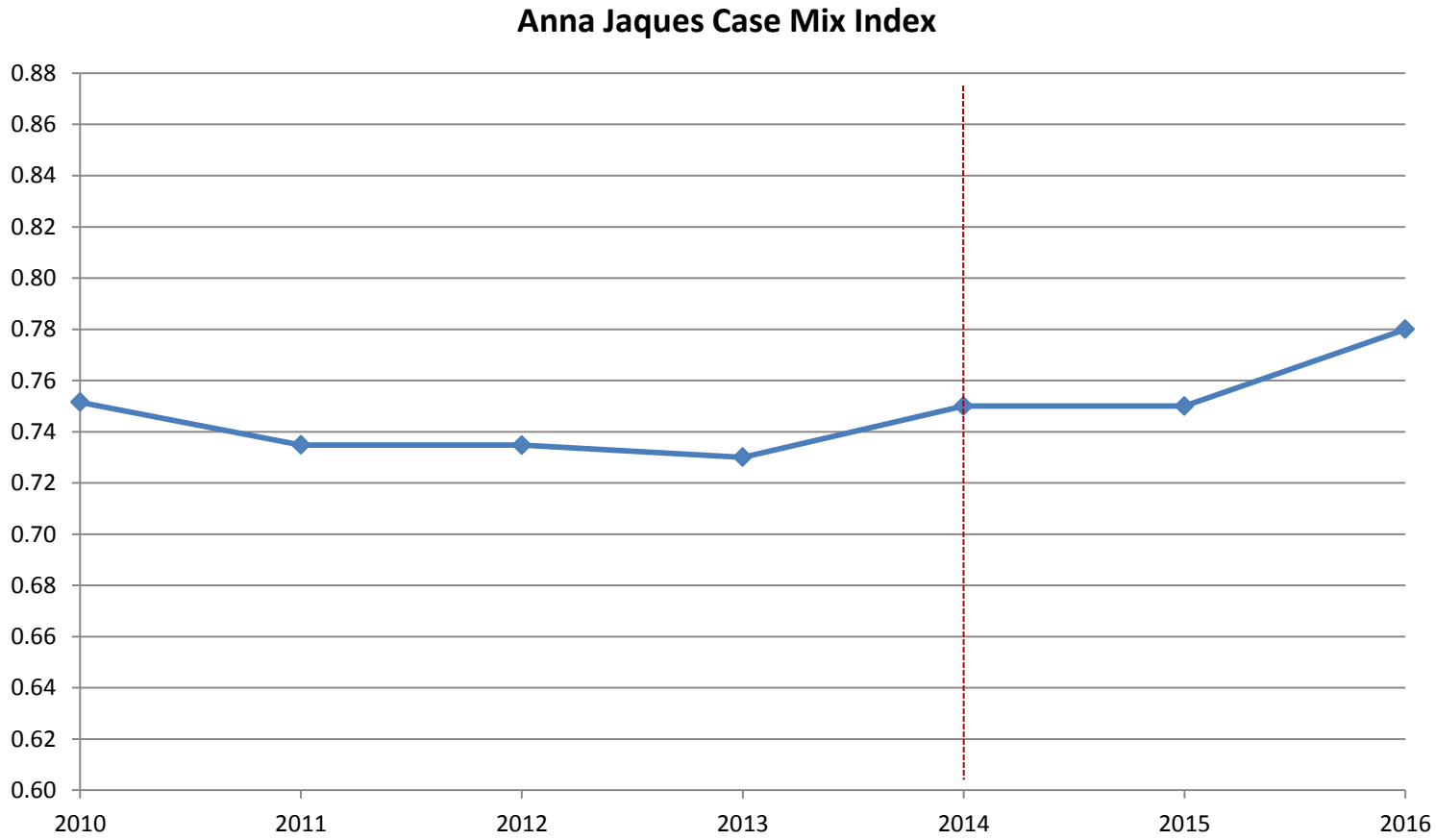
Source: HPC analysis of FY2009-16 CHIA Hospital Discharge Database

Anna Jaques' share of other local discharges also declined after its affiliation with BIDCO.



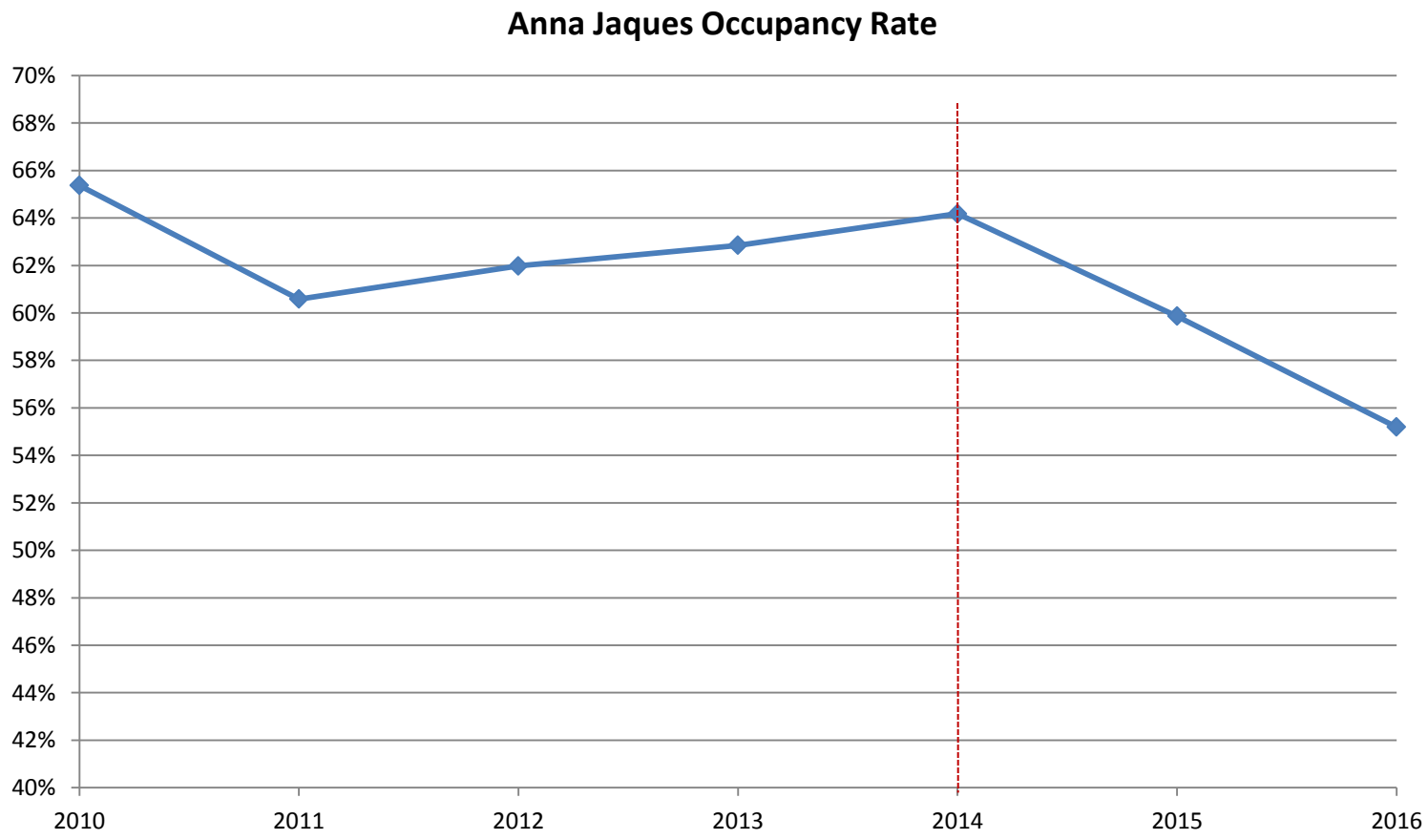
Source: HPC analysis of FY2009-16 CHIA Hospital Discharge Database

Anna Jaques' case mix index has gone up slightly.



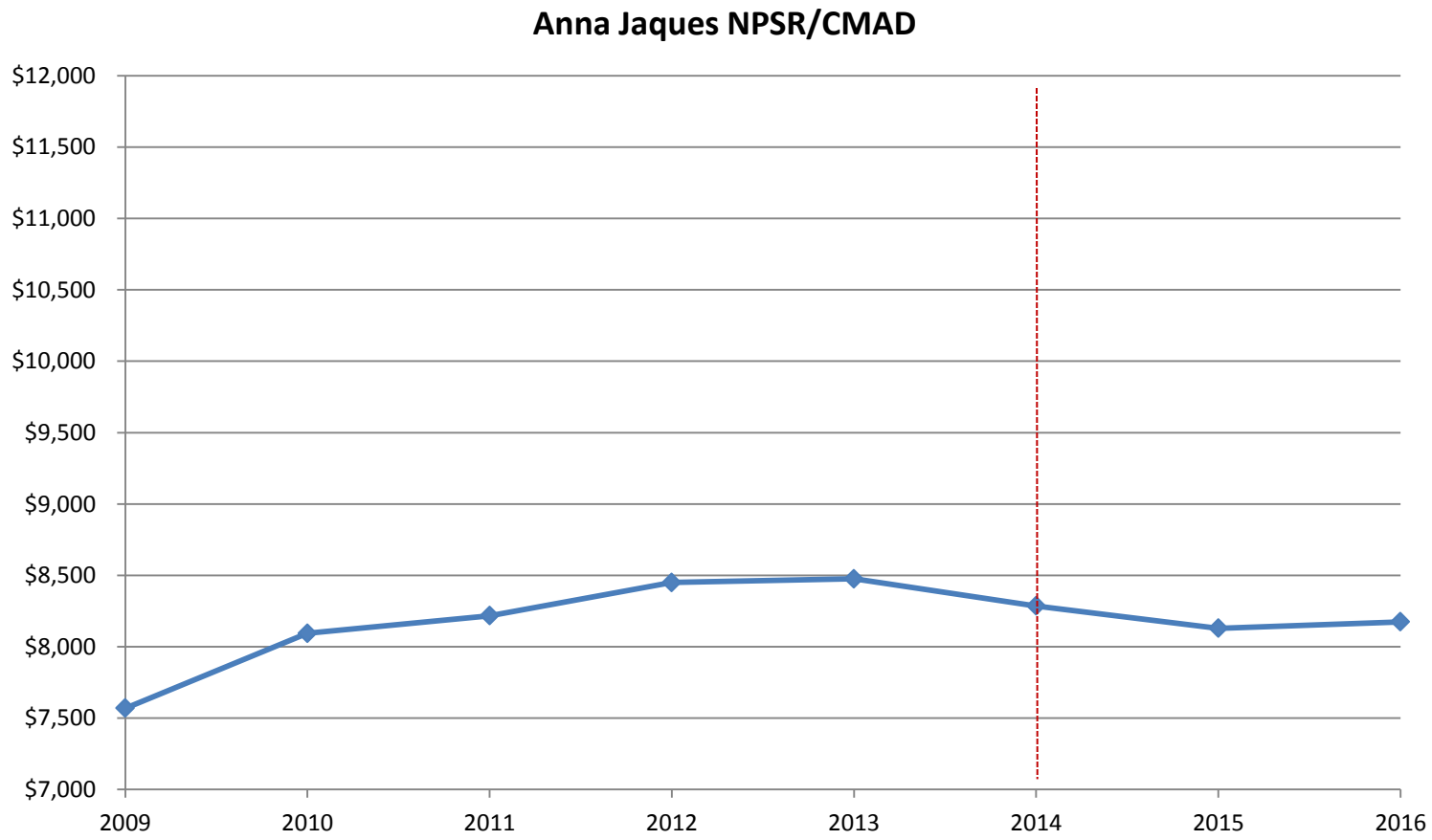
Source: FY2010-16 CHIA Acute Care Hospital Profiles

Anna Jaques' occupancy rate has been dropping.



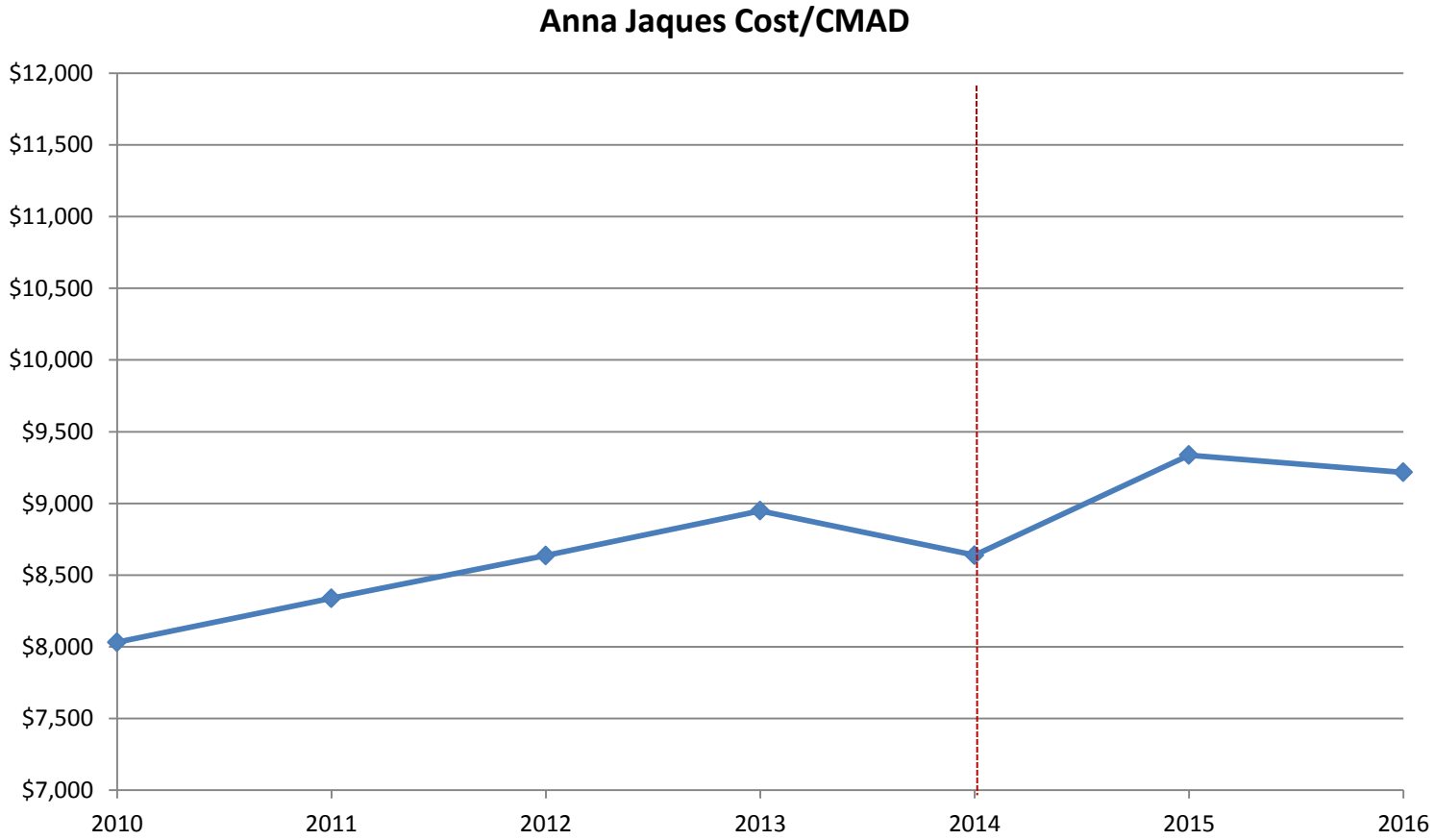
Source: FY2010-16 CHIA Acute Care Hospital Profiles

Its net patient service revenue per case mix adjusted discharge has been relatively stable.



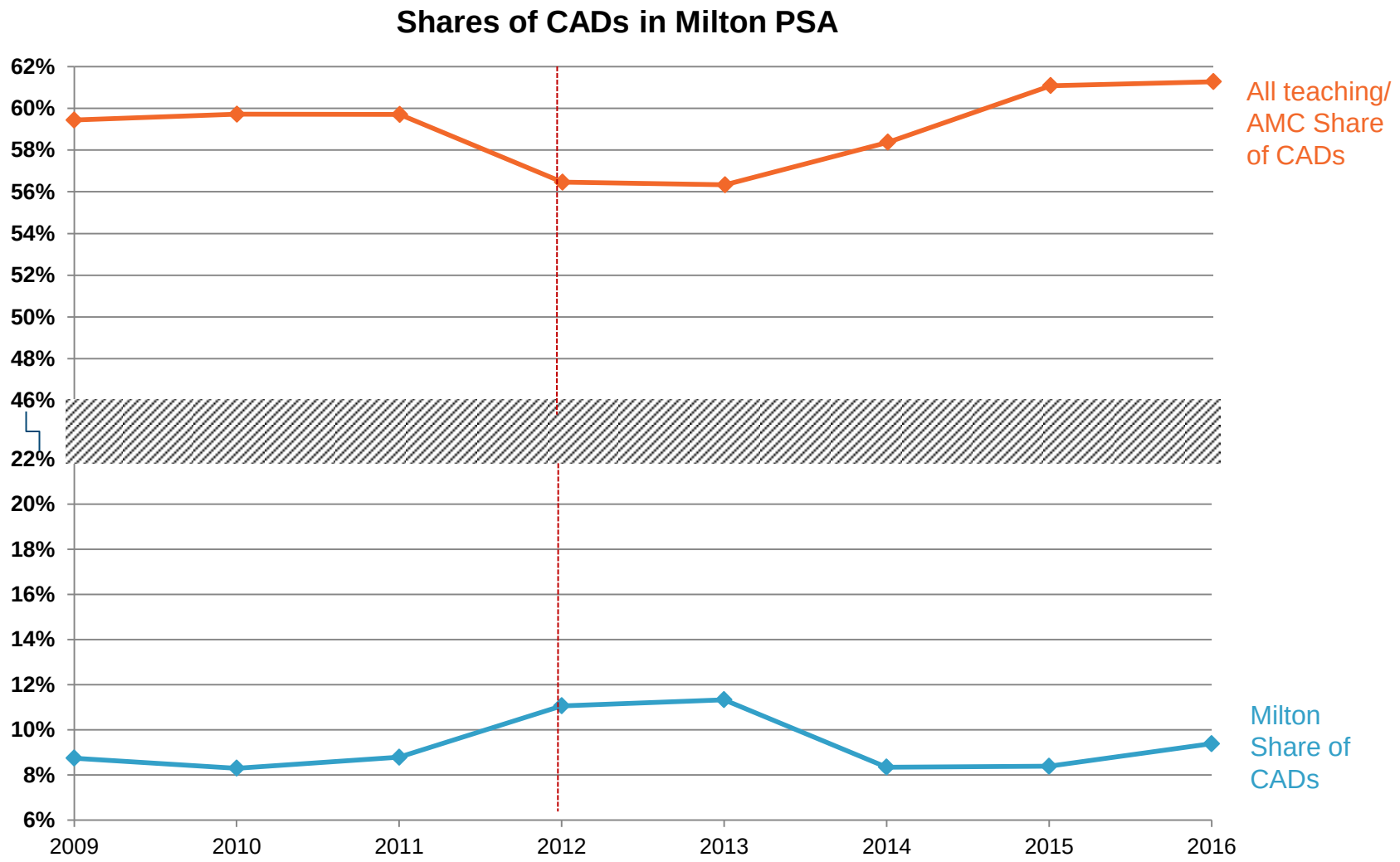
Source: FY2009-16 CHIA Acute Care Hospital Profiles

While its inpatient costs per case mix adjusted discharged have increased slightly.



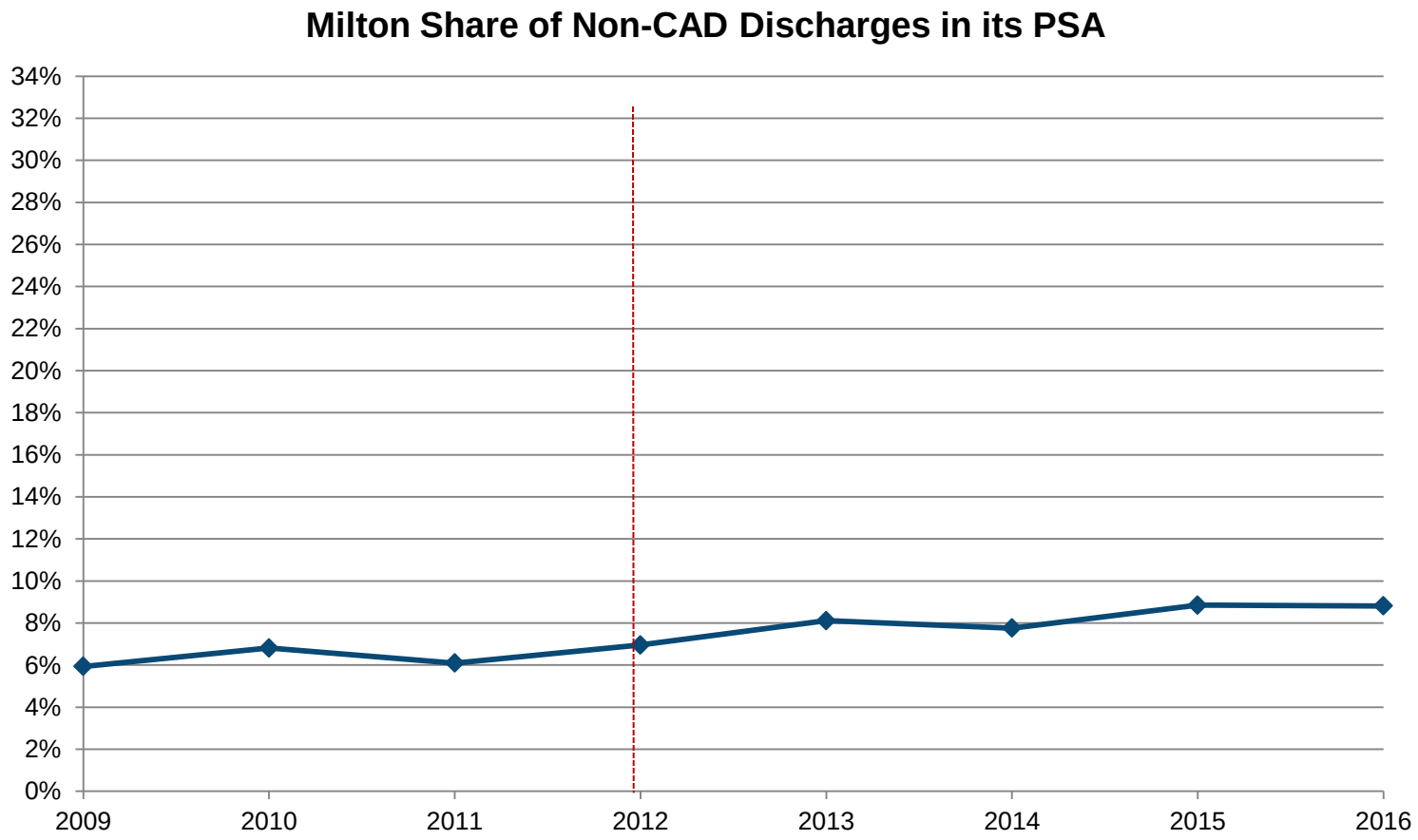
Sources: FY2010-14 CHIA Acute Care Hospital Profiles; data provided by CHIA to the HPC

In contrast, BID-Milton did not generally lose shares of community-appropriate discharges after acquisition by BIDMC, though teaching hospitals and AMCs saw a larger share



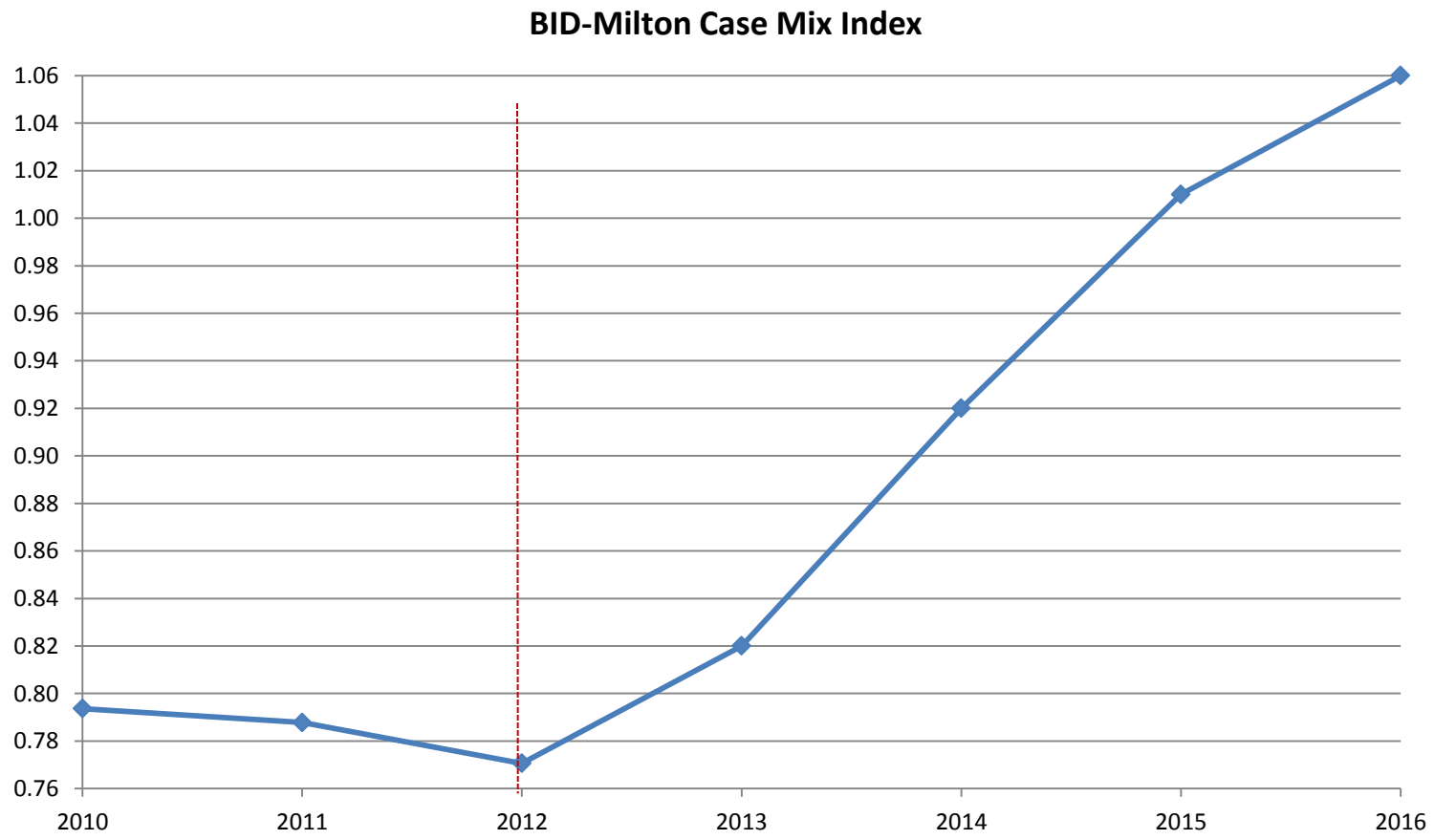
Source: HPC analysis of FY2009-16 CHIA Hospital Discharge Database

BID-Milton's share of other local discharges increased slightly after acquisition by BIDMC.



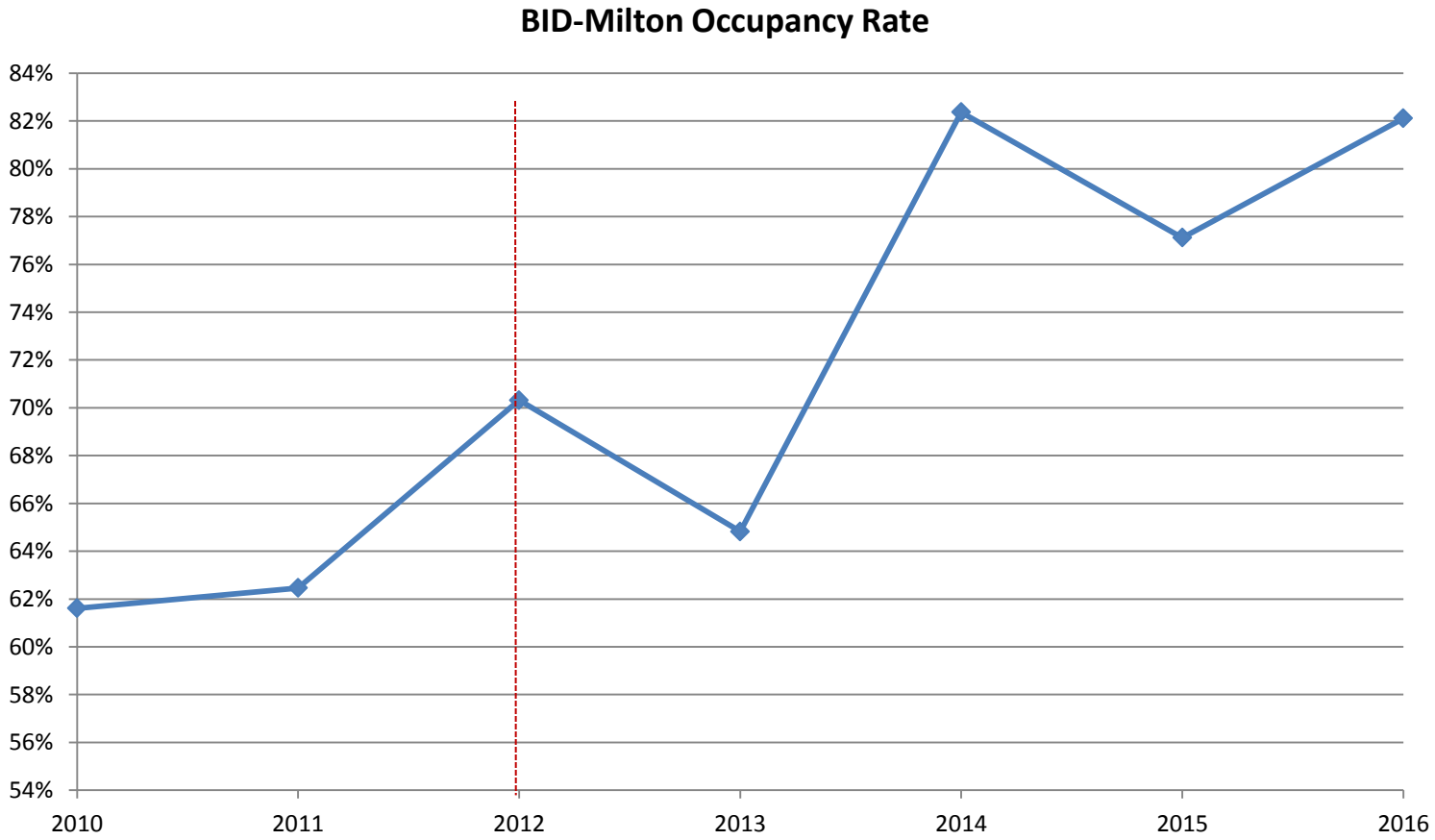
Source: HPC analysis of FY2009-16 CHIA Hospital Discharge Database

BID-Milton's case mix index has also increased substantially.



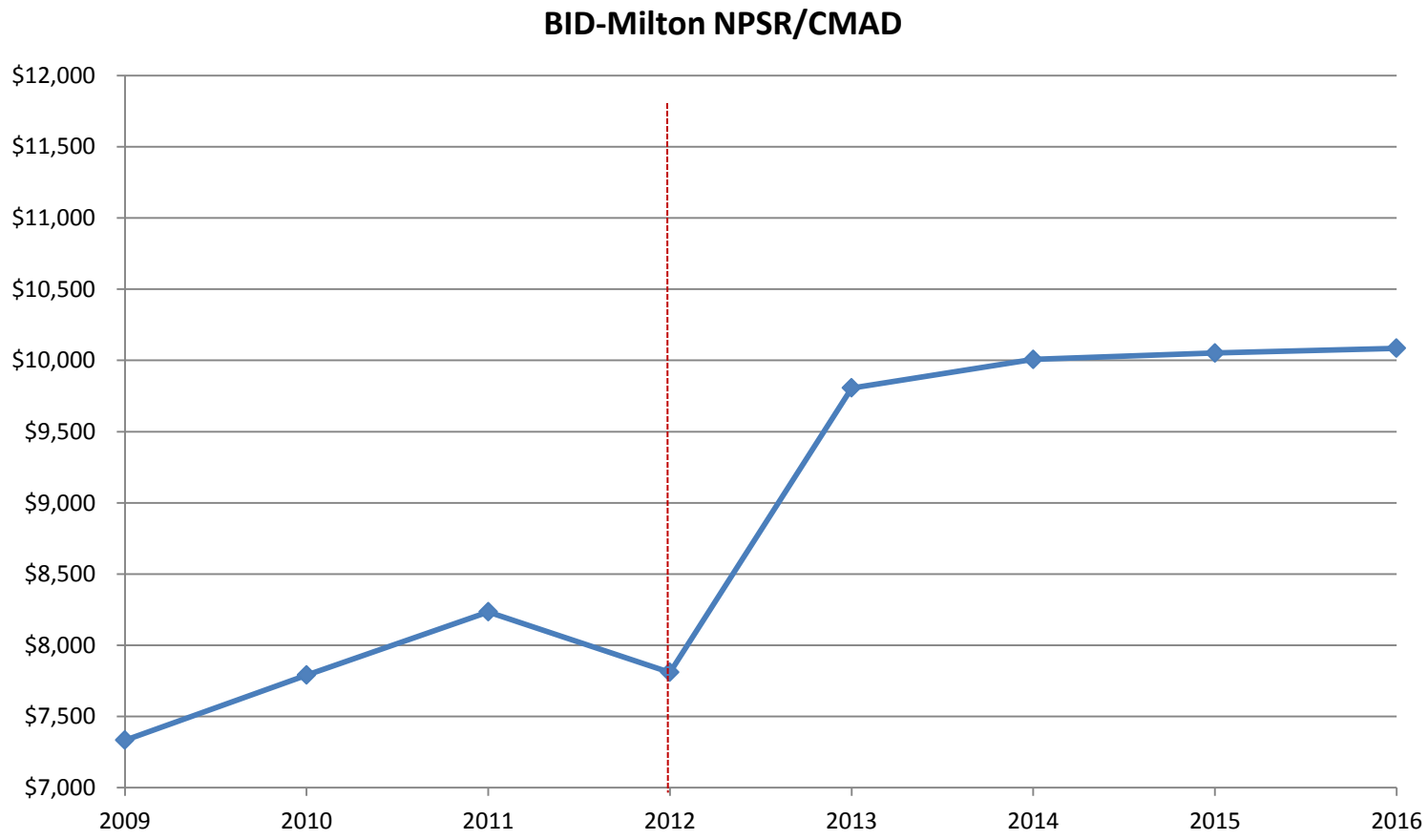
Source: FY2010-16 CHIA Acute Care Hospital Profiles

As has its occupancy rate.



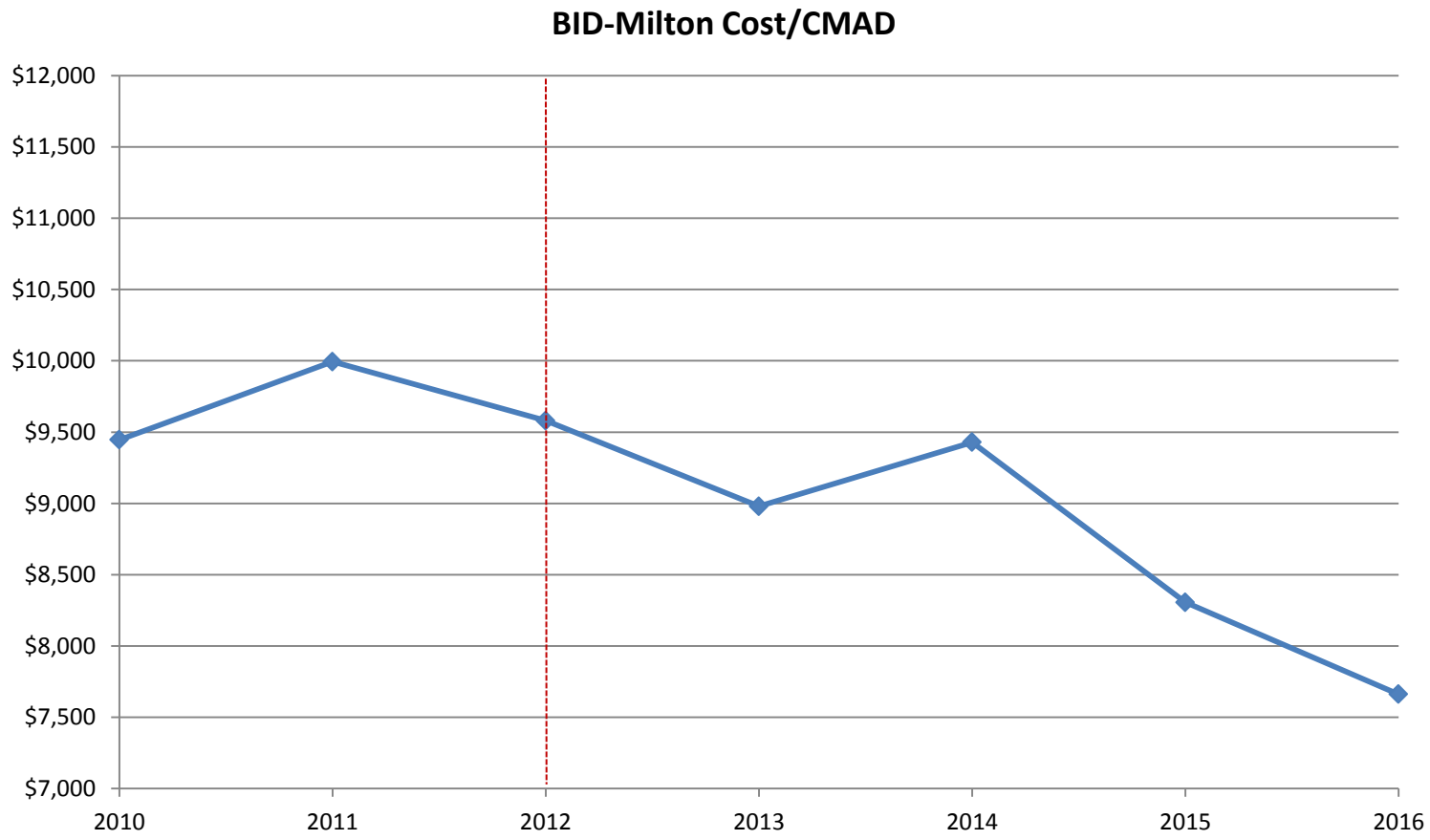
Source: FY2010-16 CHIA Acute Care Hospital Profiles

BID-Milton's net patient service revenue per case mix adjusted discharge jumped up after acquisition, but then has remained relatively stable.



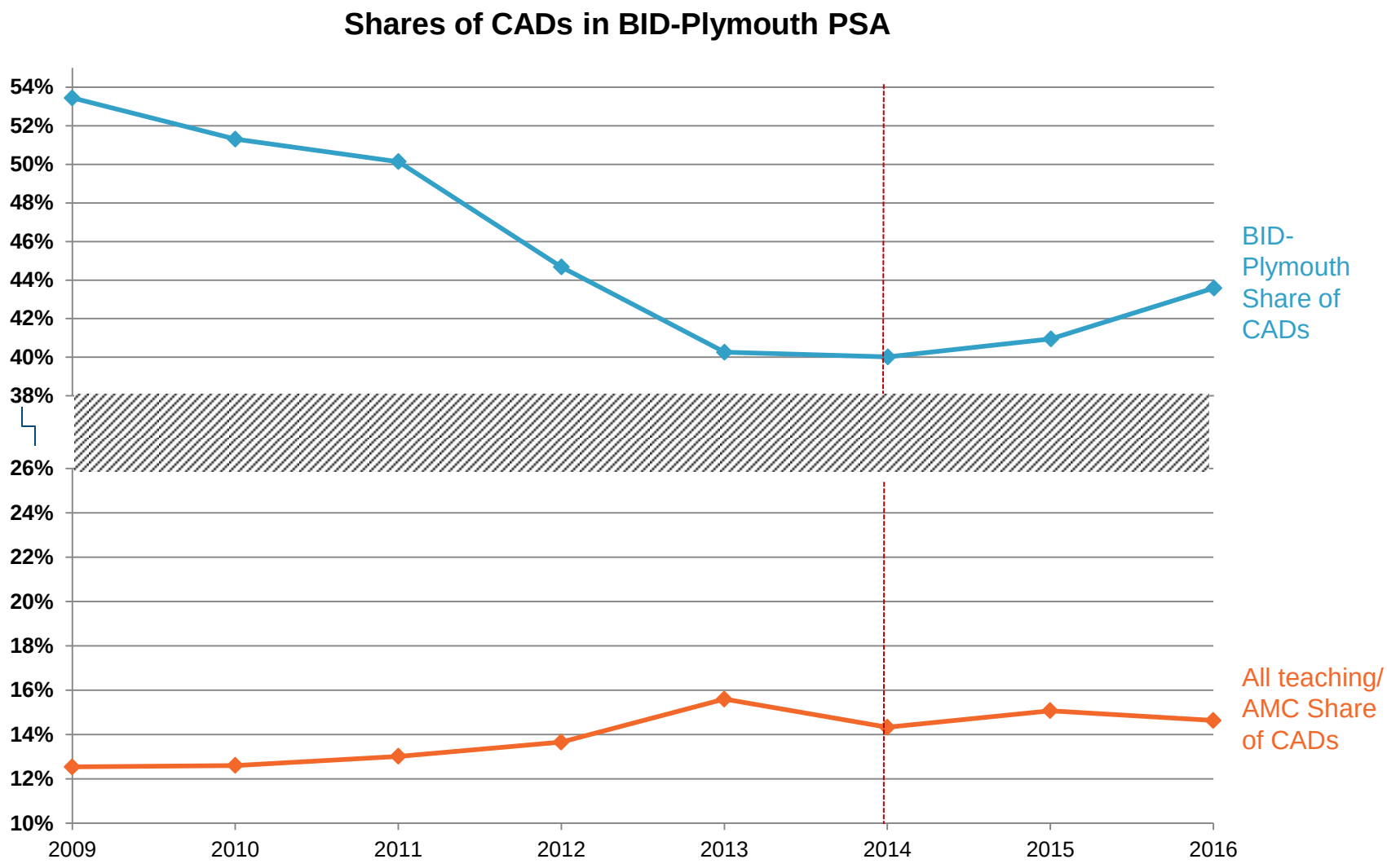
Source: FY2009-16 CHIA Acute Care Hospital Profiles

Simultaneously, its inpatient costs per case mix adjusted discharge have dropped.



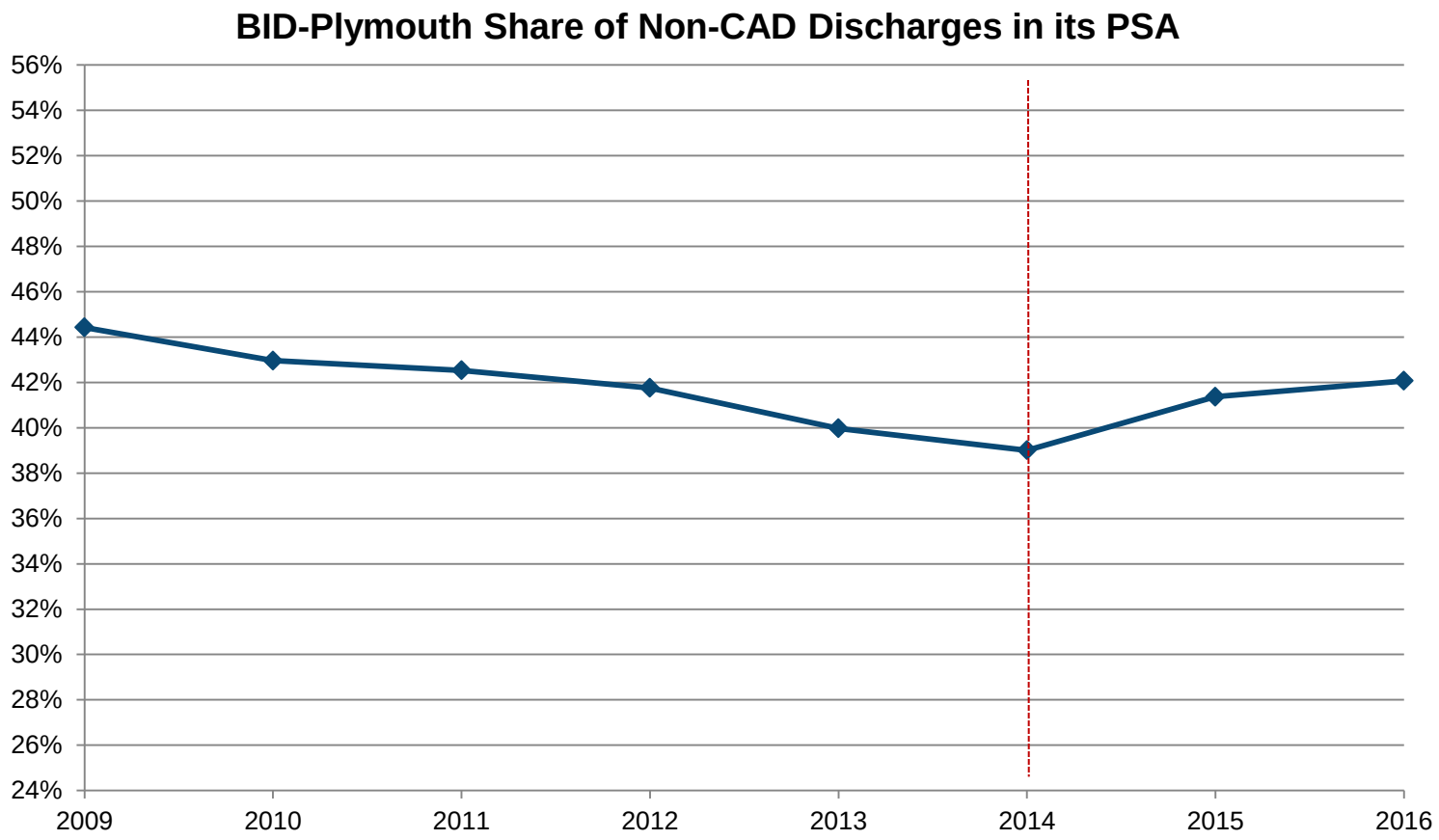
Sources: FY2010-14 CHIA Acute Care Hospital Profiles; data provided by CHIA to the HPC

BID-Plymouth's shares of local community-appropriate discharges also began to rebound after acquisition by BIDMC.



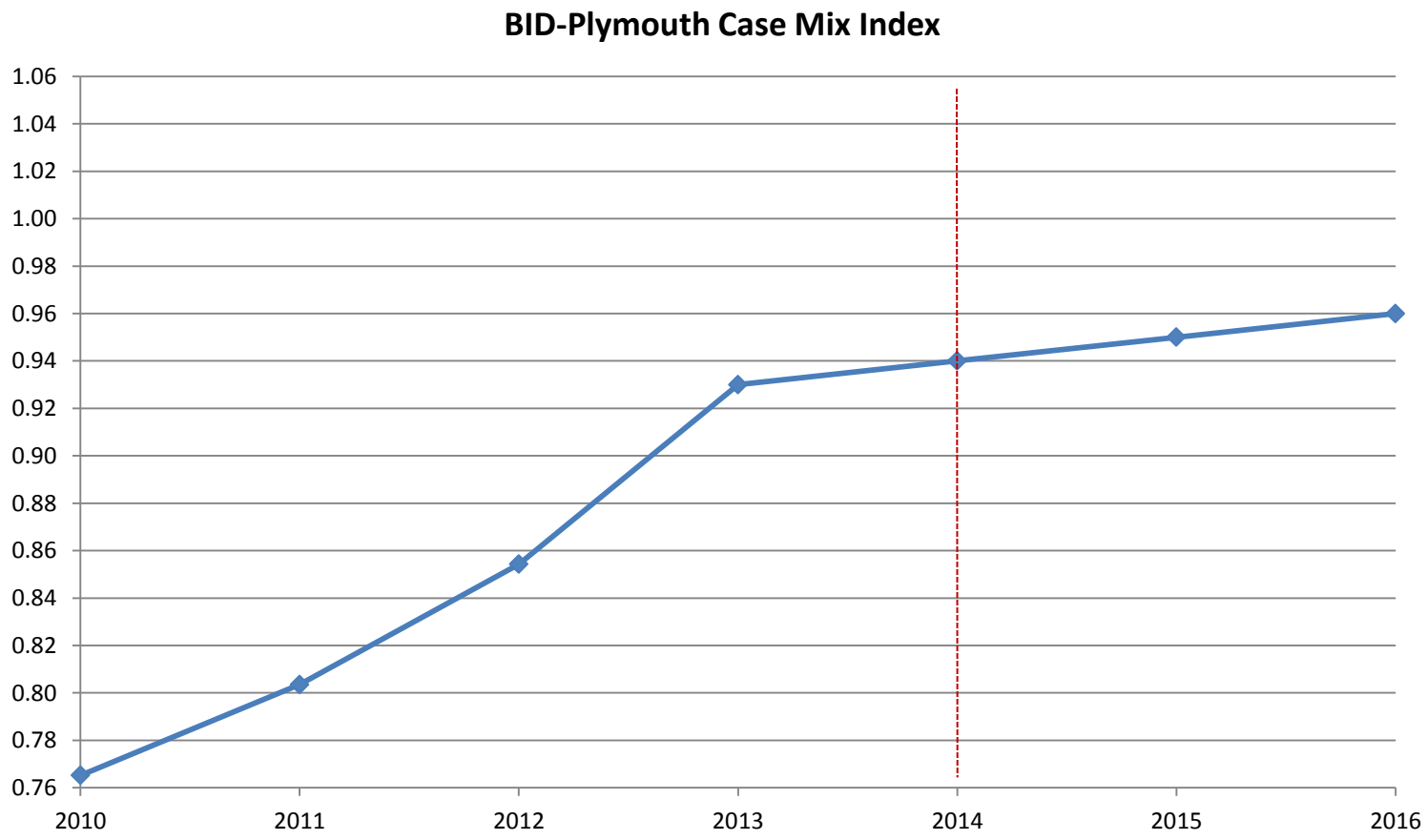
Source: HPC analysis of FY2009-16 CHIA Hospital Discharge Database

BID-Plymouth's share of other local discharges also began to rebound after acquisition by BIDMC.



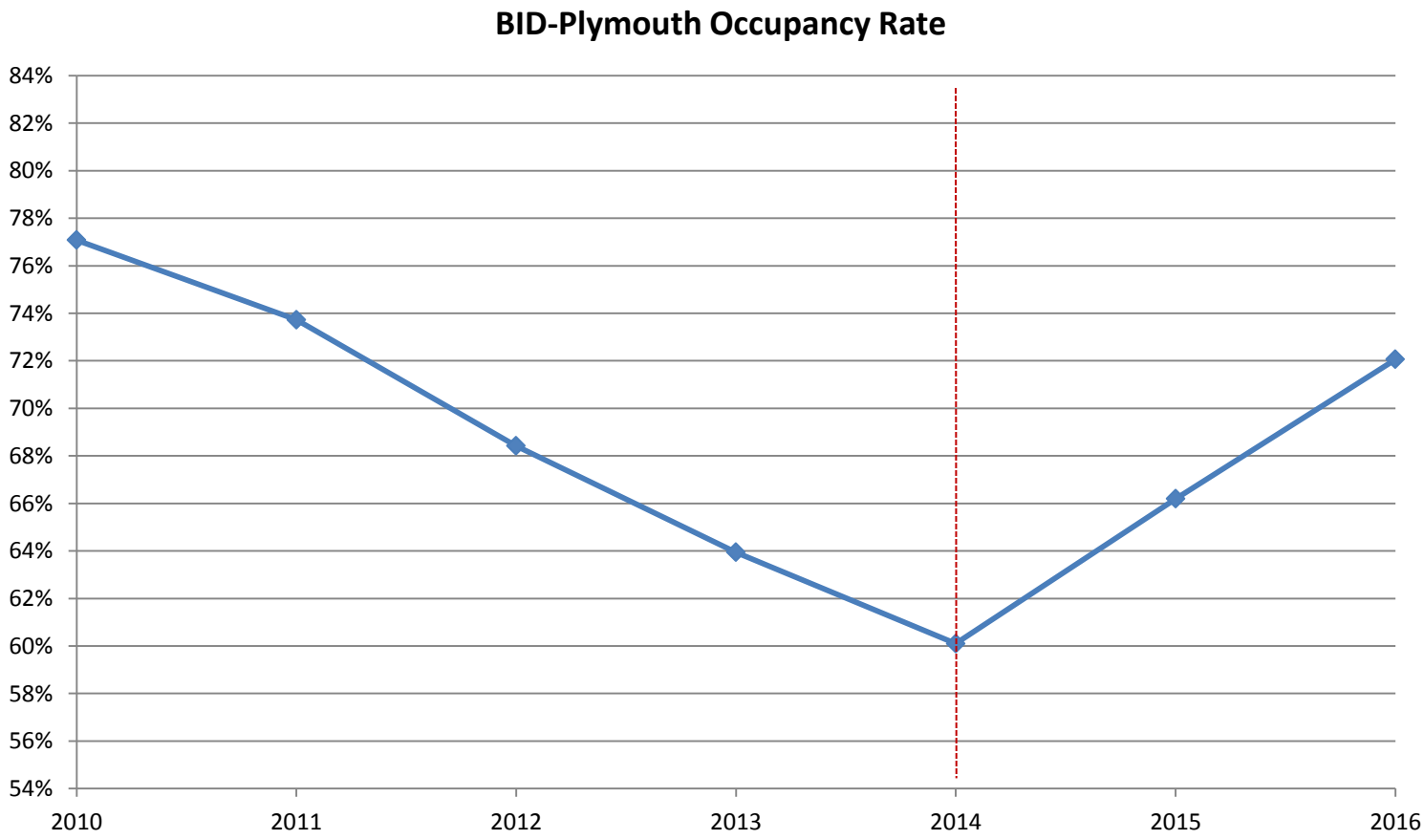
Source: HPC analysis of FY2009-16 CHIA Hospital Discharge Database

BID-Plymouth's case mix index has increased slightly.



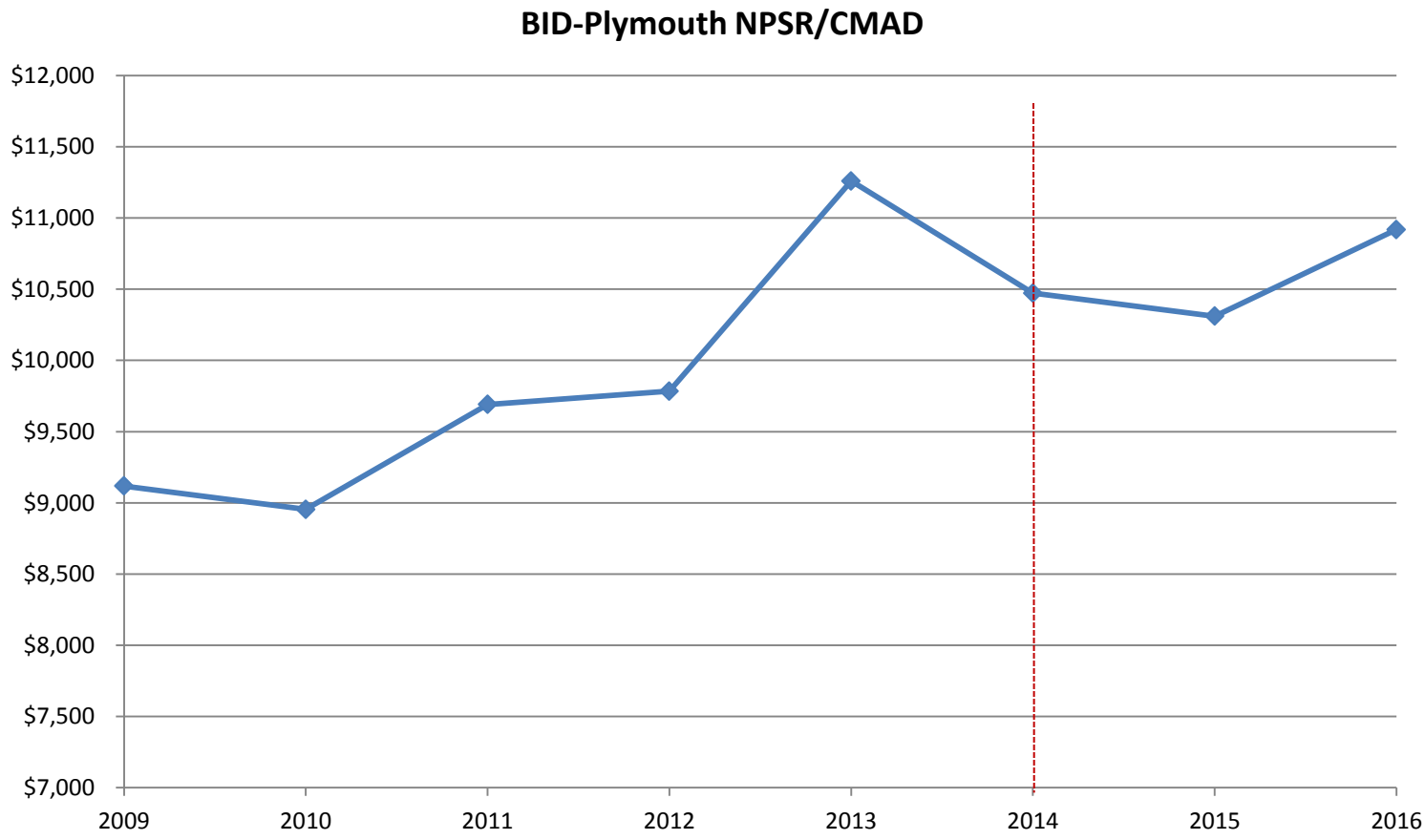
Source: FY2010-16 CHIA Acute Care Hospital Profiles

And its occupancy rate has increased.



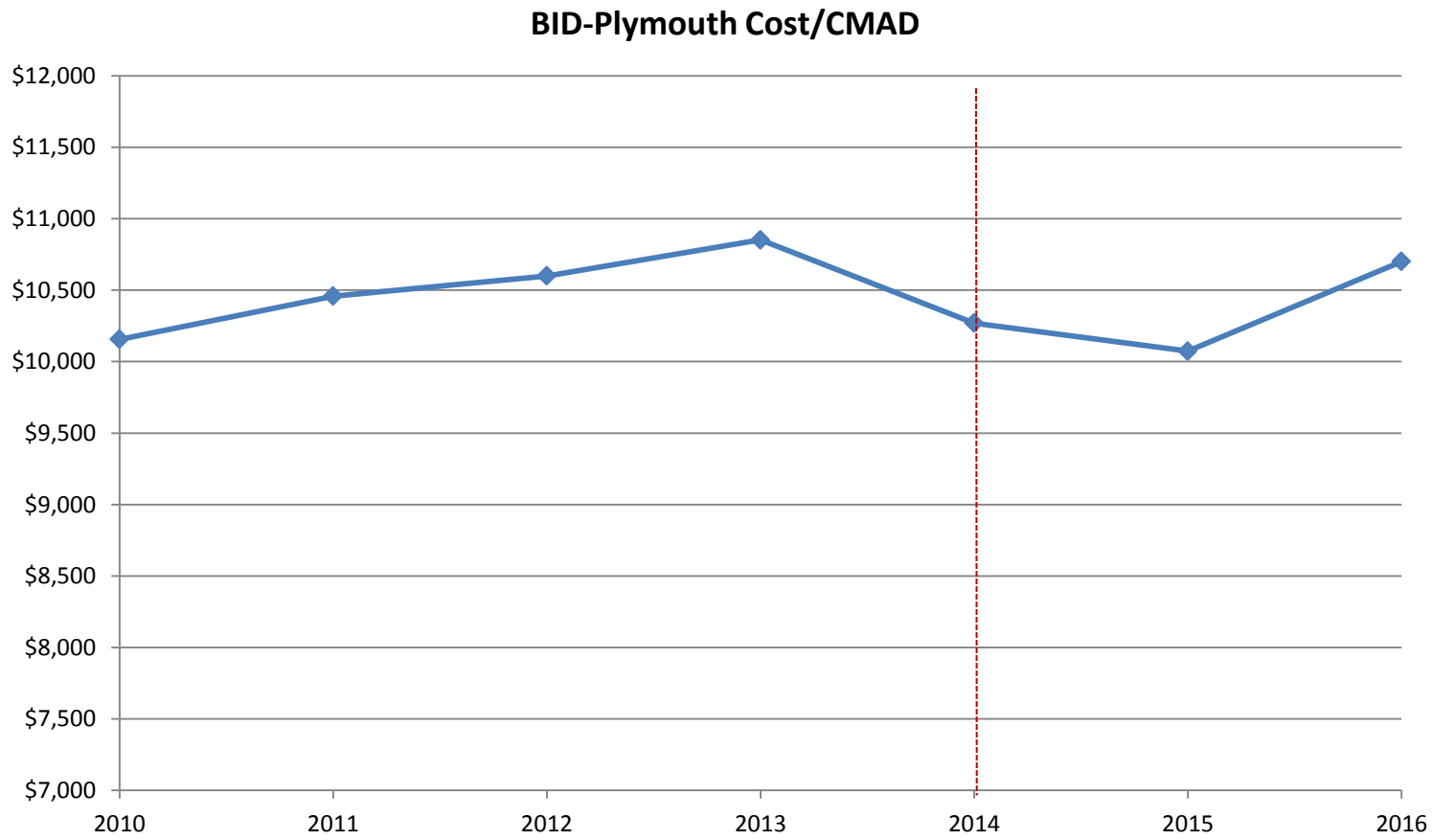
Source: FY2010-16 CHIA Acute Care Hospital Profiles

BID-Plymouth's net patient service revenue per case mix adjusted discharge increased slightly in the most recent year.



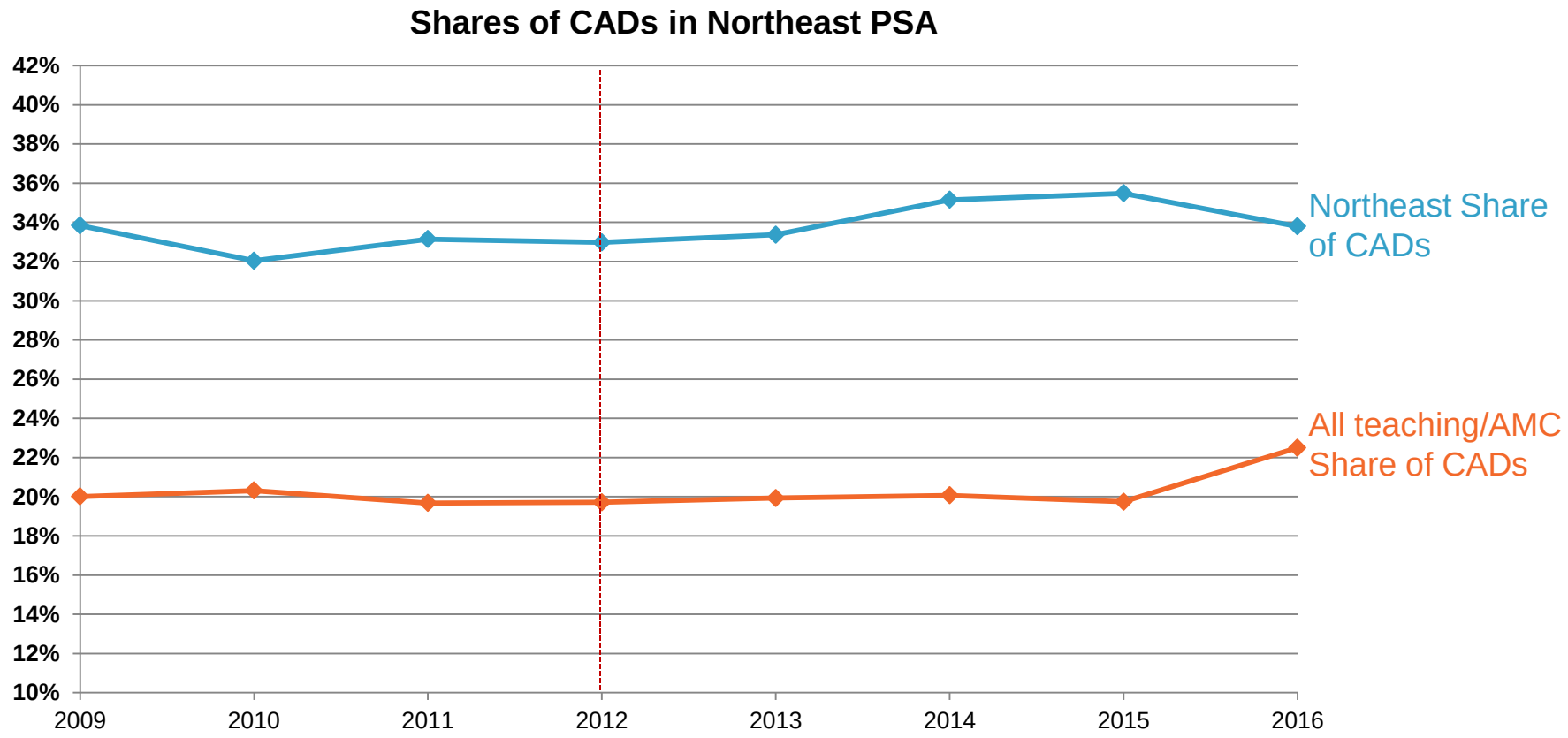
Source: FY2009-16 CHIA Acute Care Hospital Profiles

As did its inpatient costs per case mix adjusted discharge.



Sources: FY2010-14 CHIA Acute Care Hospital Profiles; data provided by CHIA to the HPC

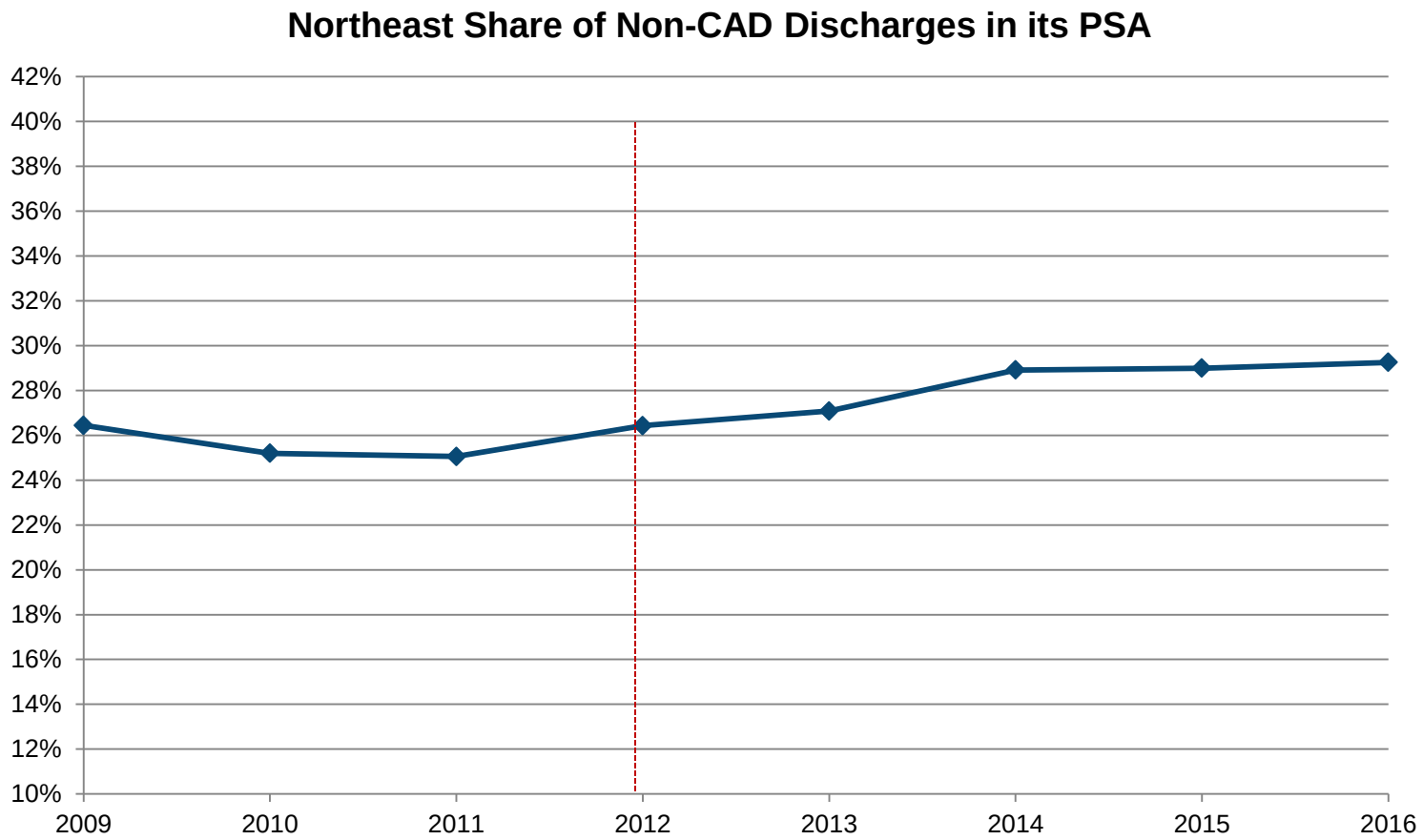
Northeast Hospital did not experience the same decline in its share of community-appropriate discharges as other hospitals after acquisition by Lahey.



- The share of community-appropriate discharges at Northeast Hospital (Beverly Hospital and Addison-Gilbert) has **slightly increased** following acquisition by Lahey.
- Until 2016, the share of community-appropriate discharges at teaching hospitals and AMCs was also relatively stable.

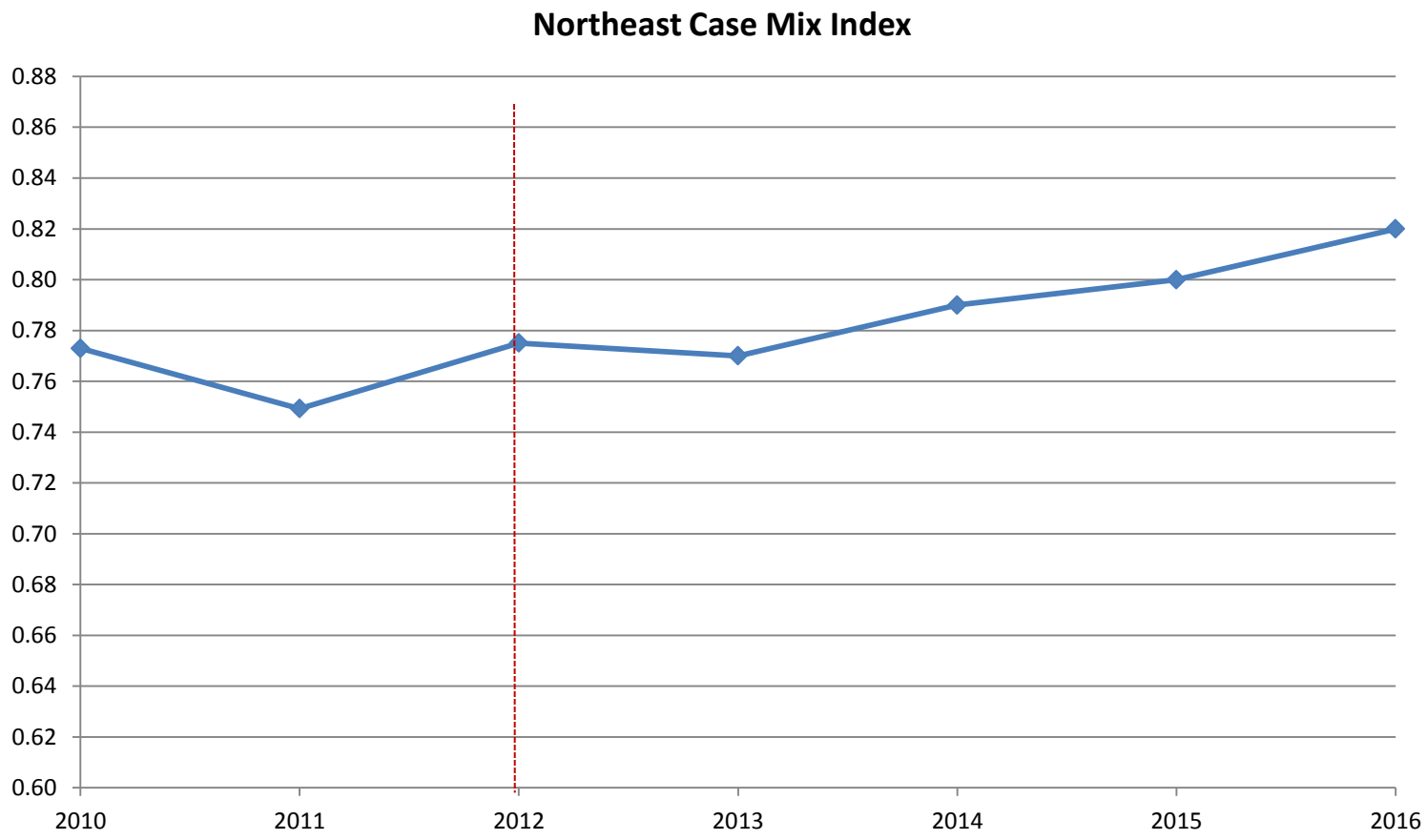
Source: HPC analysis of FY2009-16 CHIA Hospital Discharge Database

Northeast Hospital also experienced a higher share of other local discharges after its affiliation with Lahey.



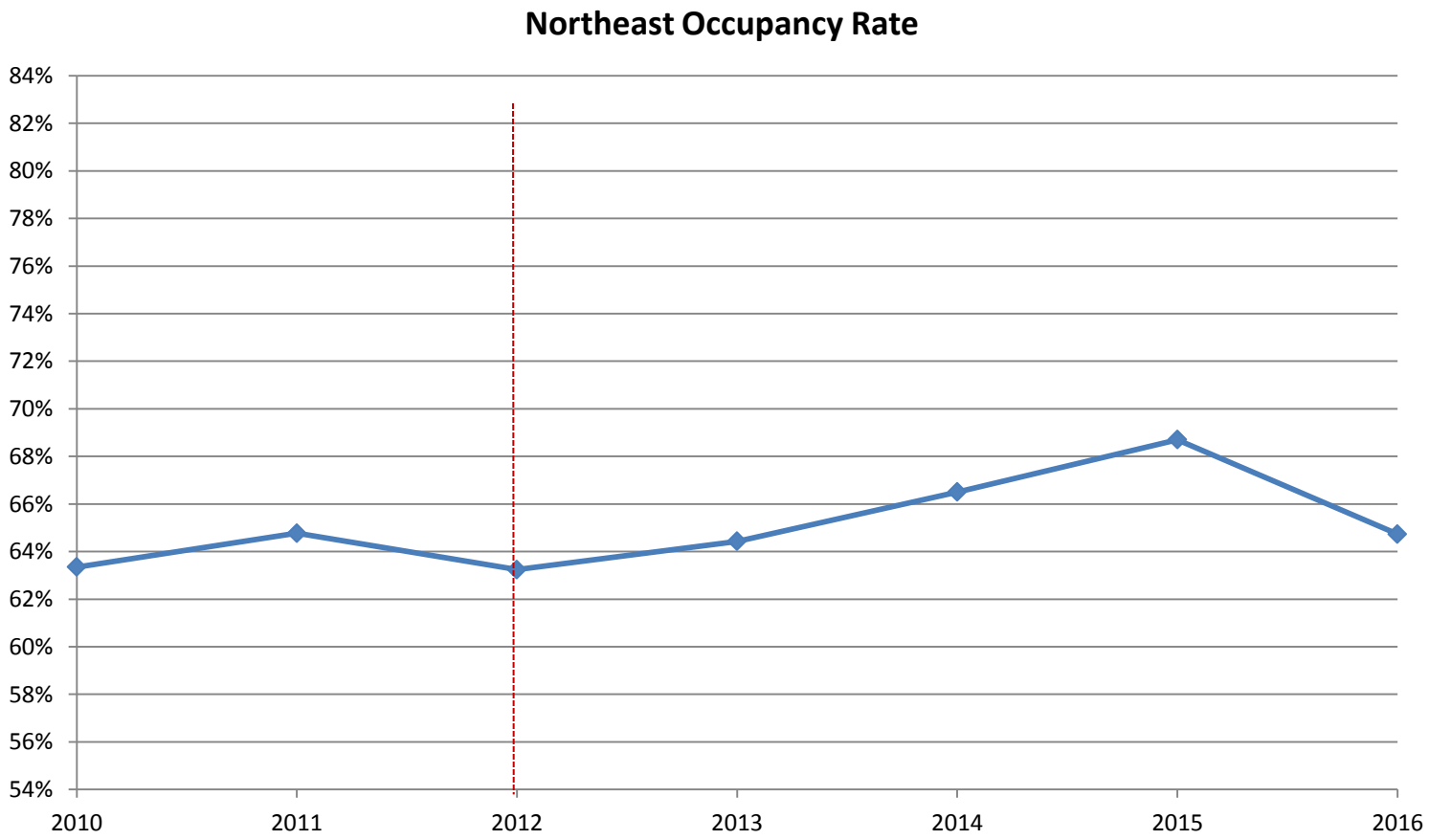
Source: HPC analysis of FY2009-16 CHIA Hospital Discharge Database

Its case mix index has somewhat increased.



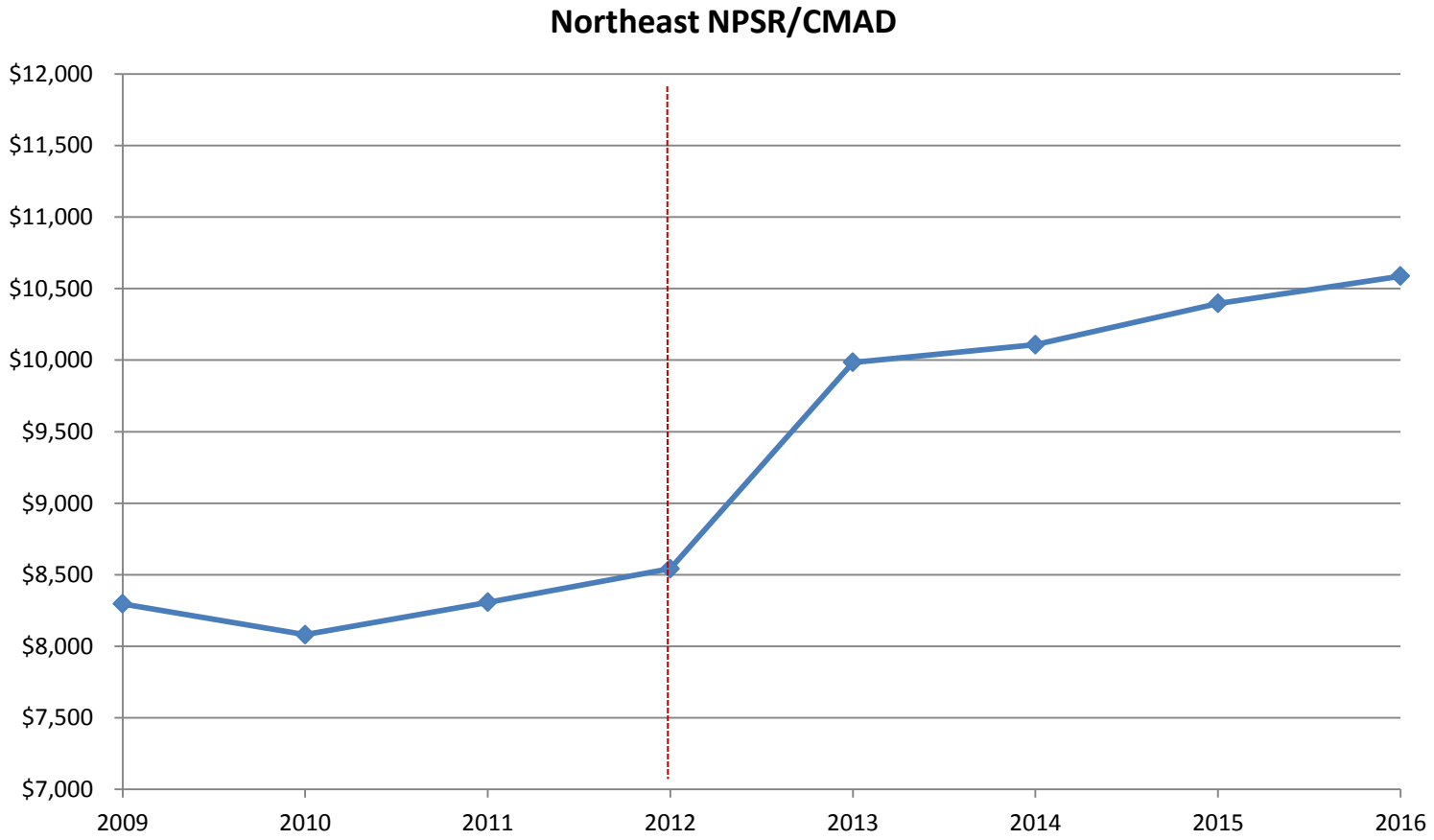
Source: FY2010-16 CHIA Acute Care Hospital Profiles

And its occupancy rate has been relatively stable.



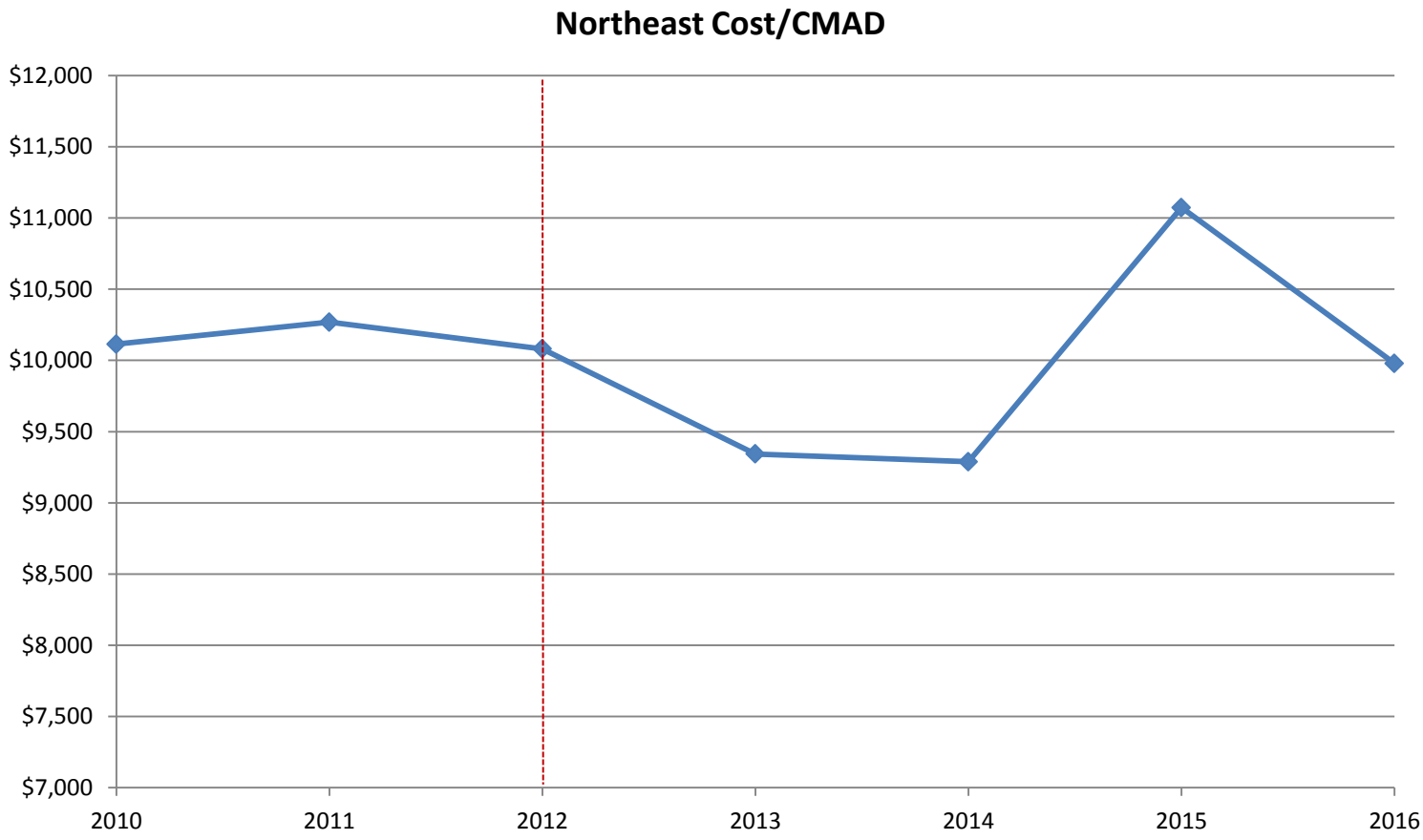
Source: FY2010-16 CHIA Acute Care Hospital Profiles

Northeast's net patient service revenue per case mix adjusted discharge increased substantially after acquisition, but has been growing more slowly in recent years.



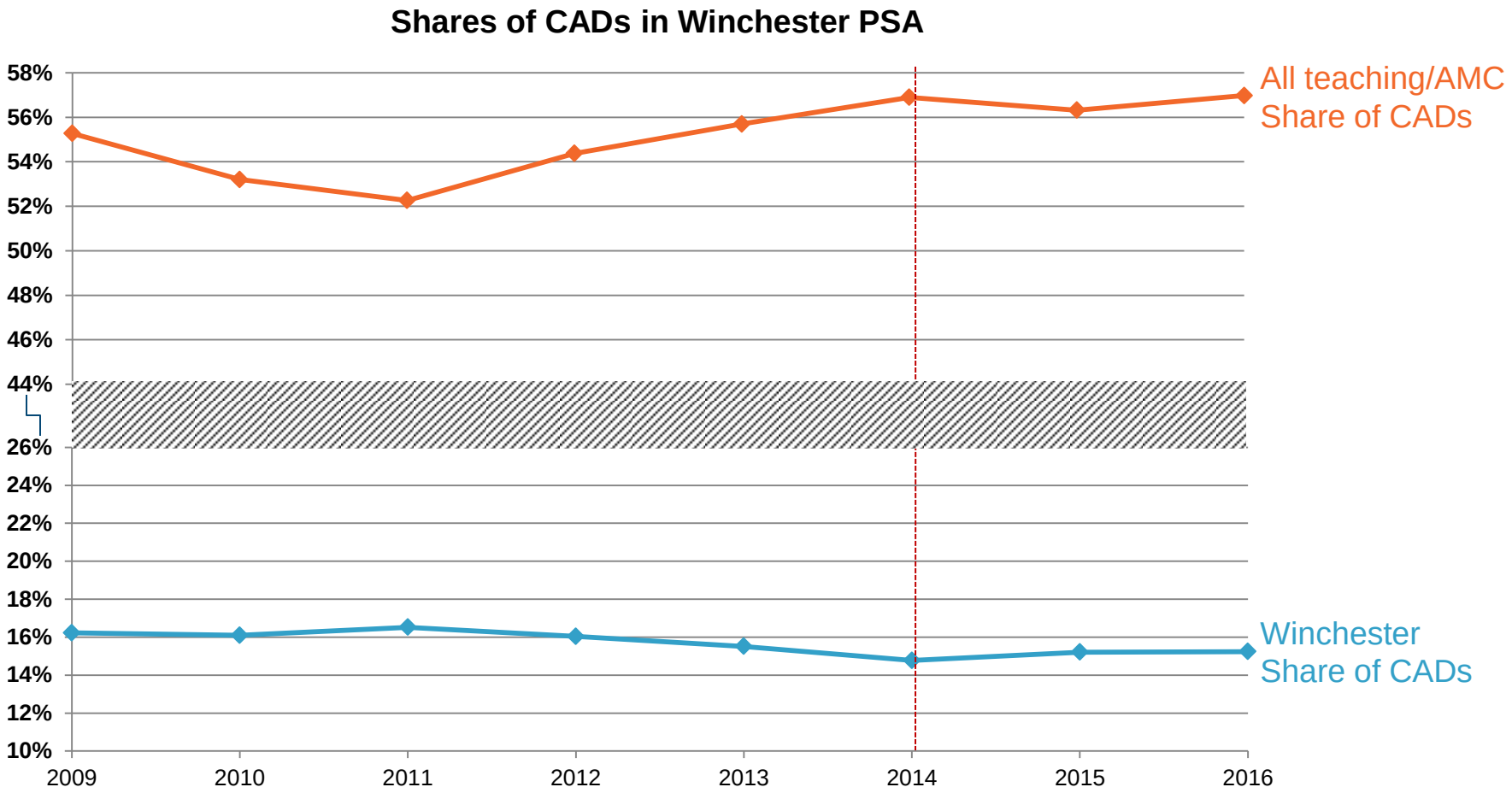
Source: FY2009-16 CHIA Acute Care Hospital Profiles

And its inpatient costs per case mix adjusted discharge appear to have remained within the same general range in recent years.



Sources: FY2010-14 CHIA Acute Care Hospital Profiles; data provided by CHIA to the HPC

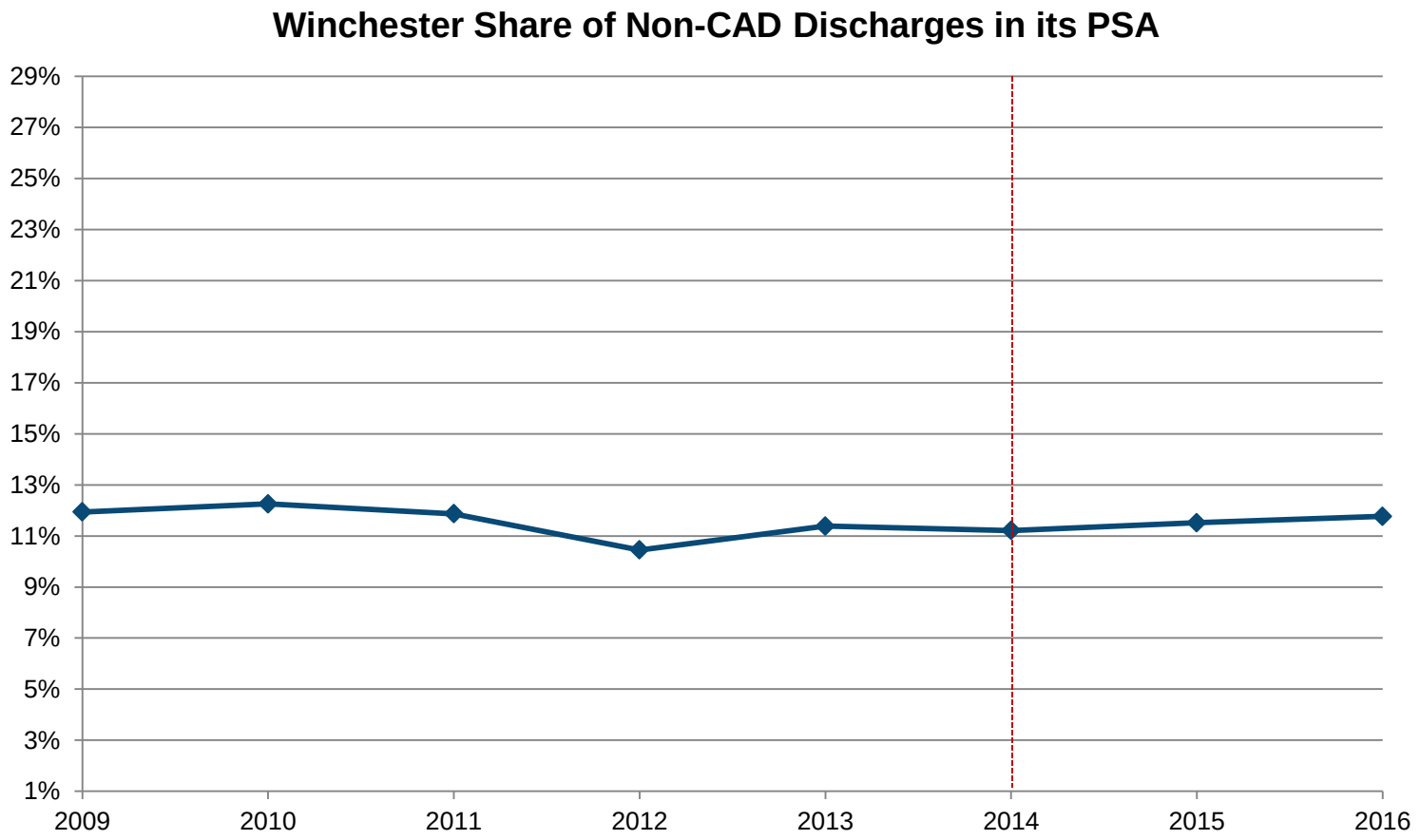
Similarly, Winchester Hospital did not have a decline in its share of community-appropriate discharges after it was acquired by Lahey.



- Winchester Hospital's share of community-appropriate discharges was decreasing before its acquisition by Lahey, but its share appears to have now stabilized and slightly increased.
- While AMCs and teaching hospitals gained a slightly larger share of CADs in this service area following Winchester's acquisition, it has also been slower than the statewide trend.

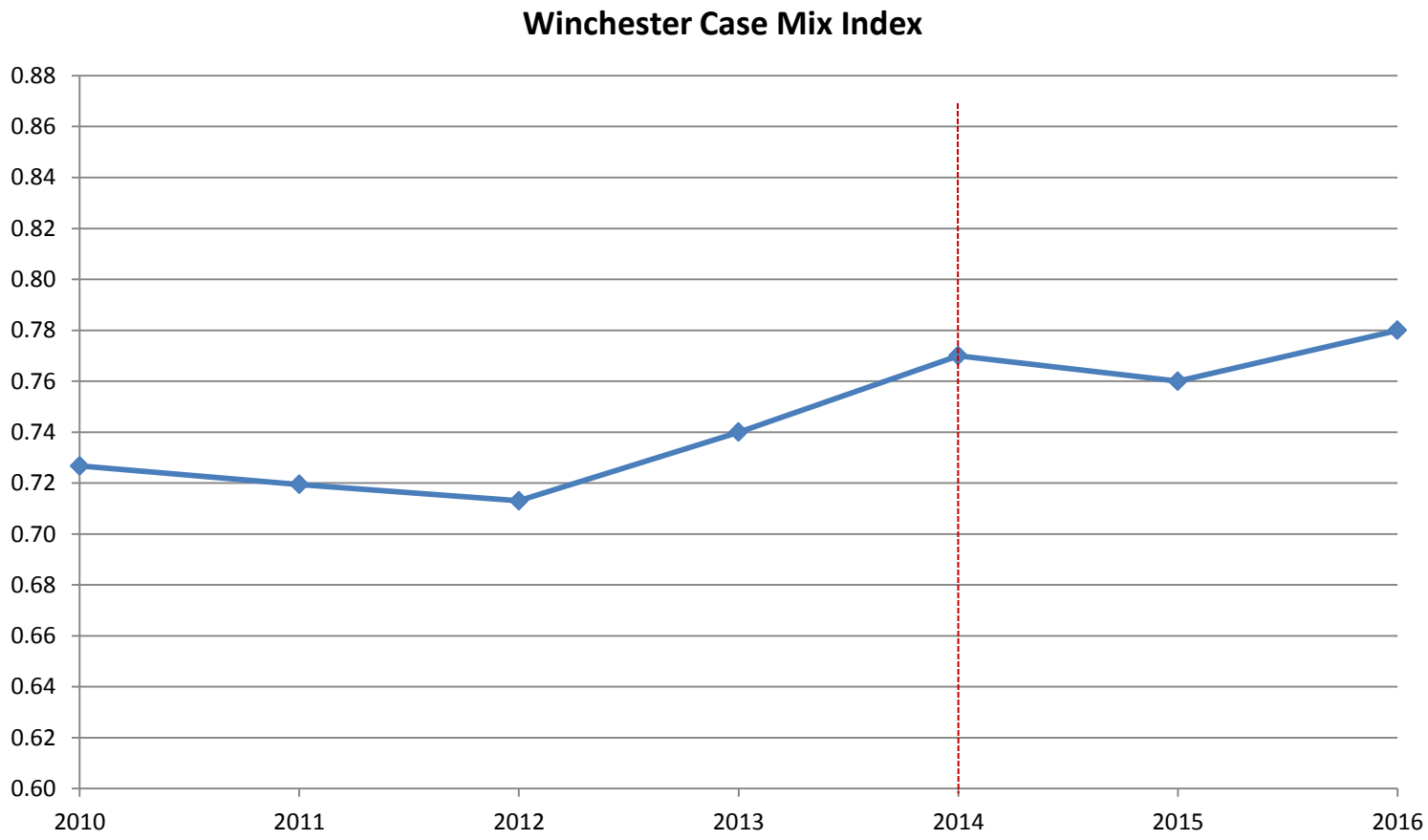
Source: HPC analysis of FY2009-16 CHIA Hospital Discharge Database

Winchester had a similarly slight increase in other local discharges after its affiliation with Lahey.



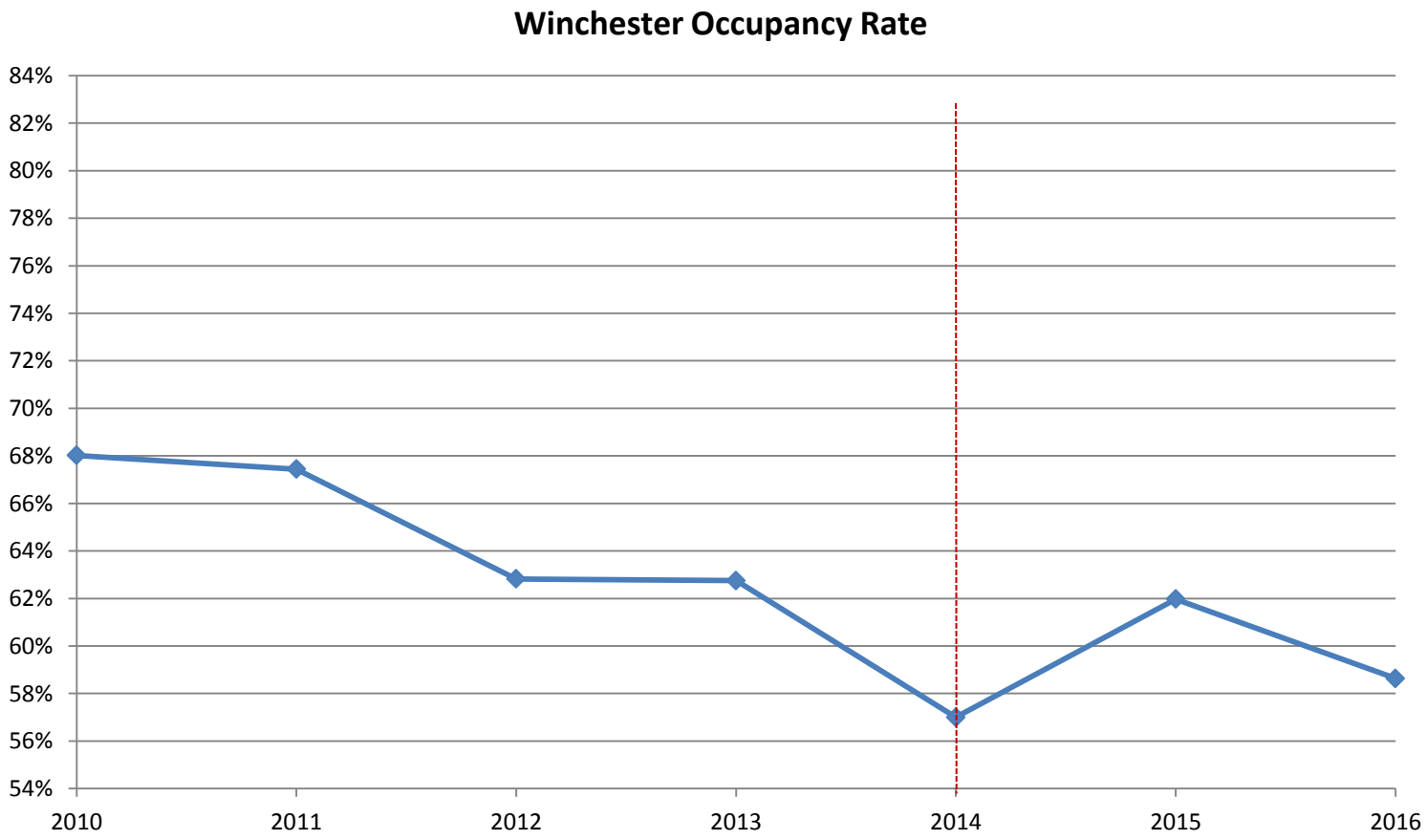
Source: HPC analysis of FY2009-16 CHIA Hospital Discharge Database

Its case mix index has remained relatively stable.



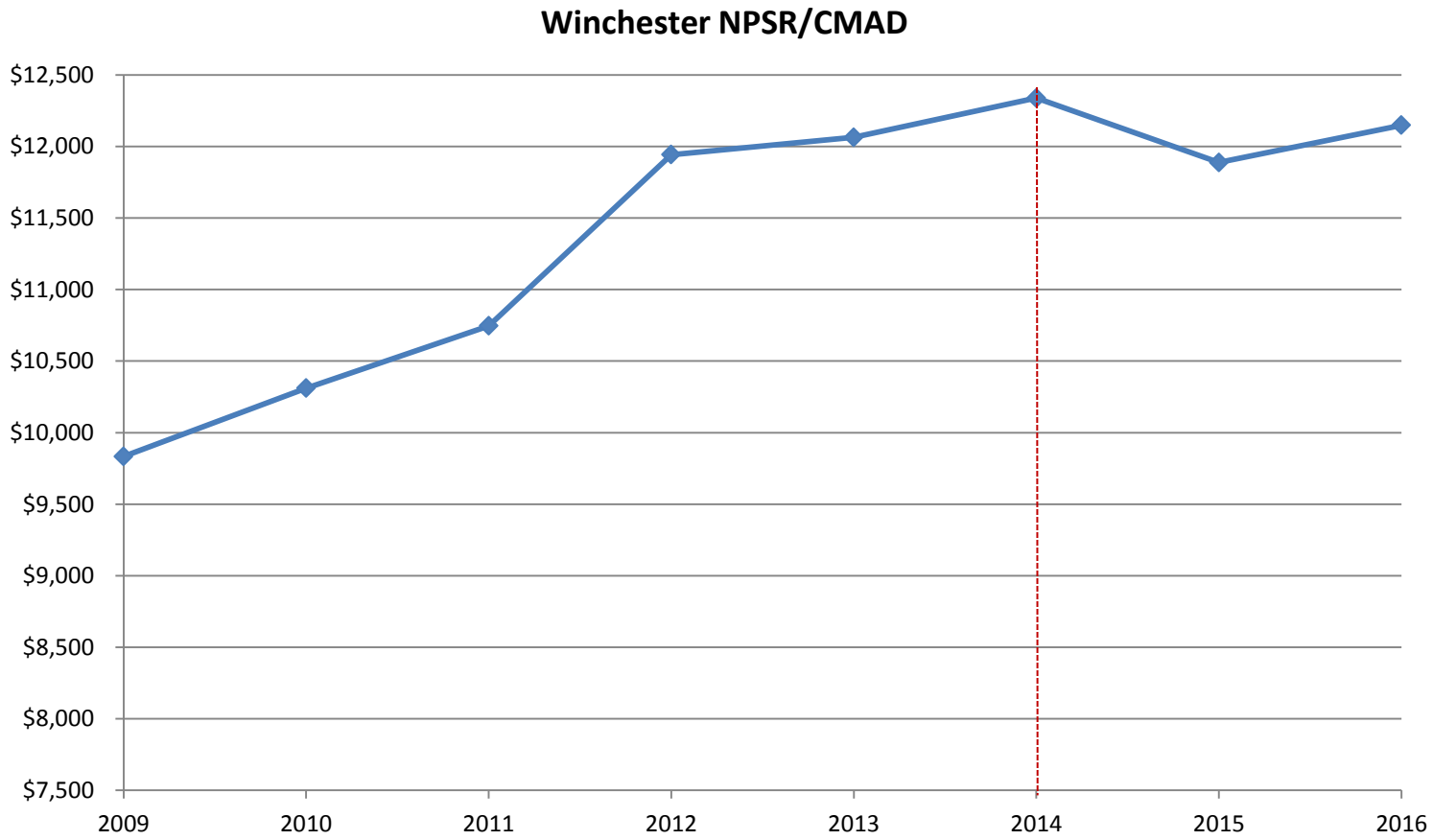
Source: FY2010-16 CHIA Acute Care Hospital Profiles

As has its occupancy rate.



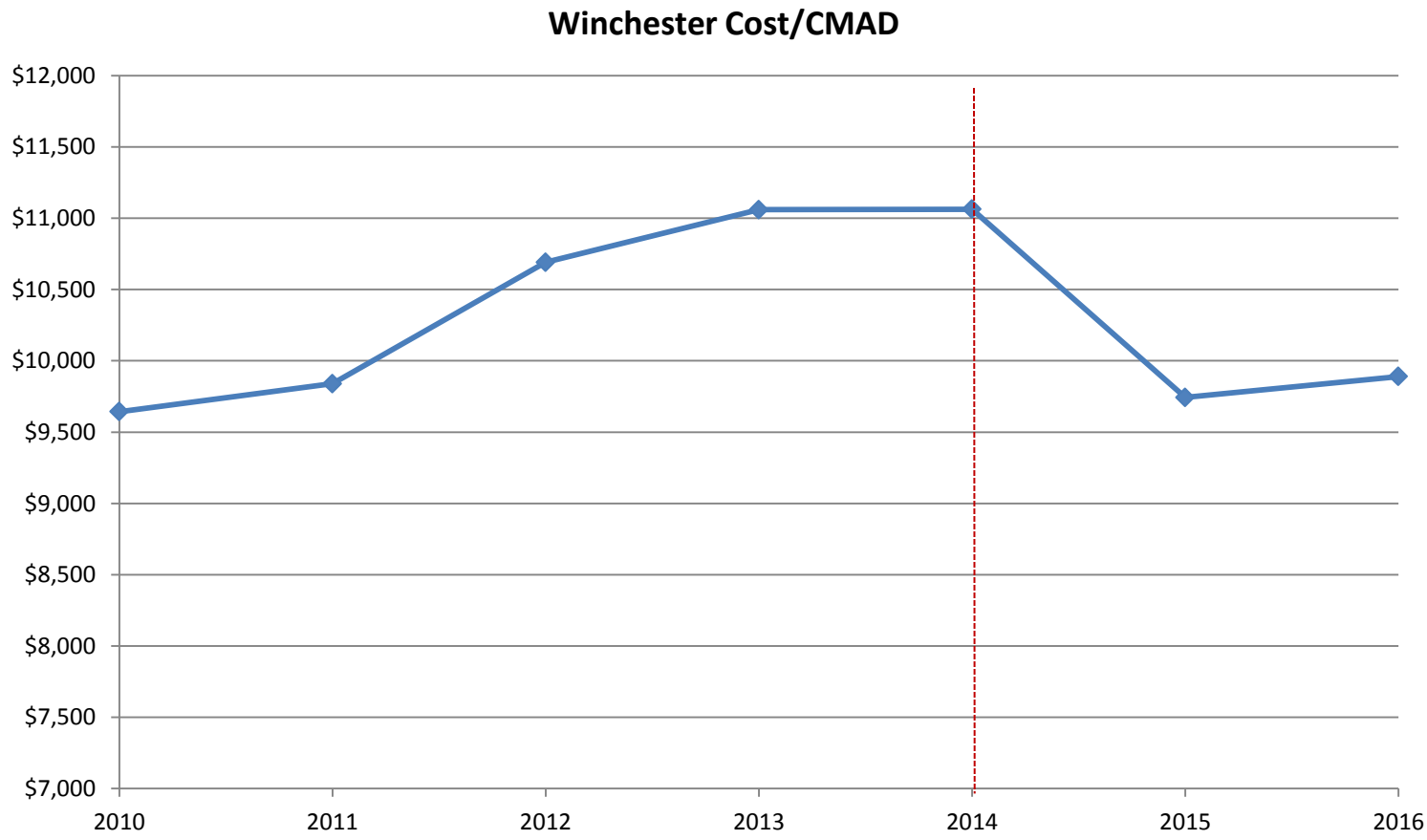
Source: FY2010-16 CHIA Acute Care Hospital Profiles

Winchester's net patient service revenue per case mix adjusted discharge appears to have leveled.



Source: FY2009-16 CHIA Acute Care Hospital Profiles

While its inpatient costs per case mix adjusted discharge have dropped.



Sources: FY2010-14 CHIA Acute Care Hospital Profiles; data provided by CHIA to the HPC

MASSACHUSETTS
HEALTH POLICY COMMISSION

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- Call to Order
- Committee Chair Appointment
- Approval of Minutes
- Review of Past Transactions
- **2017 Health Care Cost Trends Report**
  - Provider Organization Performance Variation Presentation in Tableau
- 2018 Data Submission for the Registration of Provider Organizations
- Update on Reporting Out-of-State Transactions
- Schedule of Next Meeting (June 13, 2018)

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Provider Organization Performance Variation

- The 2017 Cost Trends Report includes a chapter discussing variation across provider organizations in Massachusetts
  - The chapter includes highlights and key findings comparing patient characteristics, spending, and utilization across the 14 largest provider organizations in Massachusetts, and by organization type

- The HPC will release the data online via our DataPoints series, featuring interactive visualizations with Tableau (www.mass.gov/HPC under Research and Publications)

- Today we will preview the first series of exhibits in Tableau
  - Patient demographics (age, gender, region of residence, income of zip code)
  - Patient health characteristics (risk score, chronic diseases)
  - Patient insurance details (plan type, insurer)
  - Patient spending (total, by category, cost-sharing)

Data

- 2015 Massachusetts All Payer Claims Database
  - Massachusetts residents only
  - 1.36 million adult patients (ages 18+) are attributed to one of the 14 largest provider organizations in Massachusetts via their PCPs.
  - Patients covered by the three largest commercial payers: Blue Cross Blue Shield of Massachusetts, Harvard Pilgrim Health Care, and Tufts Health Plan

- All spending figures are risk-adjusted
  - Johns Hopkins ACG risk adjuster software applied to individual claims data

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Overview of the MA-RPO Program

Overview

The MA-RPO Program, a joint responsibility of the HPC and CHIA, is a **first-in-the-nation** initiative for collecting public, standardized information on Massachusetts' largest health care providers annually. Data were first collected in 2015 and included information on Provider Organizations' corporate structure, contracting and clinical relationships, lists of owned facilities, and rosters of physicians.

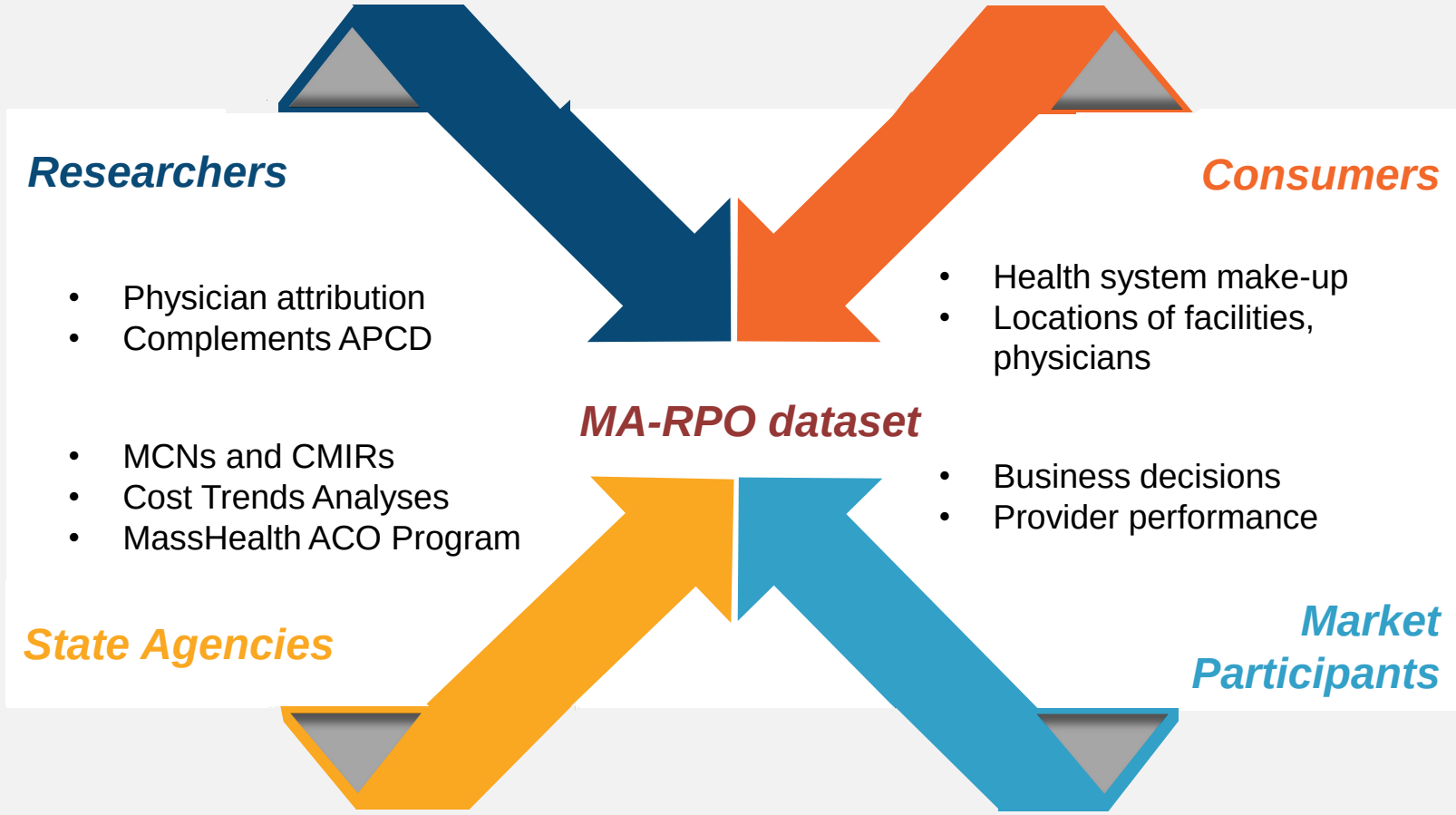
2017 Filing

The 2017 filing, **submitted in October**, collected additional information on Provider Organizations' financials, contracting practices, and APM revenue. Program staff continue to review submission and anticipate releasing the final 2017 dataset in the coming months.

Program Value

The MA-RPO Program contributes to a foundation of information needed to support **health care system transparency and improvement.** This regularly reported information on the health care delivery system supports many functions including: care delivery innovation, evaluation of market changes, health resource planning, and tracking and analyzing system-wide and provider-specific trends.

The MA-RPO dataset provides value to a wide variety of end users



Data are available on the MA-RPO Program website.

HPC

2018 Filing

The MA-RPO Program issued proposed updates for public comment in October 2017. For the 2018 filing, proposed updated reporting requirements were in two areas:

Facility Fees	Proposed enhancing an existing data element to better capture information about facility fees paid to the Provider Organization
Advanced Practice Providers	Proposed requiring the reporting of Nurse Practitioners (NP), Physician Assistants (PA), and Certified Nurse Midwives (CNM) in the Provider Roster

Public Comment

The MA-RPO Program received written comments from **9 organizations** during the comment period. Program staff would like to extend sincere thanks to the individuals and organizations that have provided feedback and insight on the proposed requirements.

Beth Israel Deaconess | CARE ORGANIZATION

Atrius Health

Baystate Health

Massachusetts Coalition of Nurse Practitioners

Partners HealthCare

MHA Massachusetts Health & Hospital Association

MHQP Massachusetts Health Quality Partners
trusted information. quality insights.

Boston Children's Hospital
Until every child is well™

COBTH Conference of Boston Teaching Hospitals

Summary of Comments and Recommendations

Organizations noted the following in their comments:

- Adding new data elements is particularly burdensome this year due to MassHealth ACO implementation, which is a priority for many organizations
- There is pending state legislation related to facility fees and NP scope of practice that may impact what the MA-RPO program proposed to collect
- Preference for a summer submission deadline rather than a fall submission deadline

A key value of the MA-RPO Program is to balance registrant reporting burden with the utility of the dataset to end users.

Based on the comments received, and based on discussions with data end users, program staff recommends no additions to the Facilities file or Physician Roster for the 2018 filing and recommends a summer submission deadline.

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Out-of-State Reporting - Background

Background

- In reviewing 2015 Initial Registration materials, the HPC determined that **limited reporting** was appropriate for certain large, national Provider Organizations primarily operating outside of Massachusetts (e.g., Tenet Healthcare Corporation, Trinity Health)

- At the time, Provider Organizations generally fell into two categories – **MA-based systems and large, national systems**. The MA-RPO Program created the limited reporting requirements to solely apply to systems operating largely outside of MA.

Changing MA Market

- Since Initial Registration, there have been **out-of-state acquisitions** by MA-based systems and these systems have been looking for guidance on what to report regarding their out-of-state entities.

Partners HealthCare System – Wentworth-Douglass Health System

Steward Health Care System – IASIS Healthcare Corporation

HPC

Out-of-State Reporting – Update

Proposal for 2018 Filing

- Apply the same reporting requirements to all Provider Organizations, regardless of whether organizations are MA-based or based primarily outside of MA. Specifically:
  - Detailed, uniform reporting for entities located in or providing services to Massachusetts entities
  - Qualitative description of out-of-state Facilities and physicians

HPC

Impact on MA-RPO Data

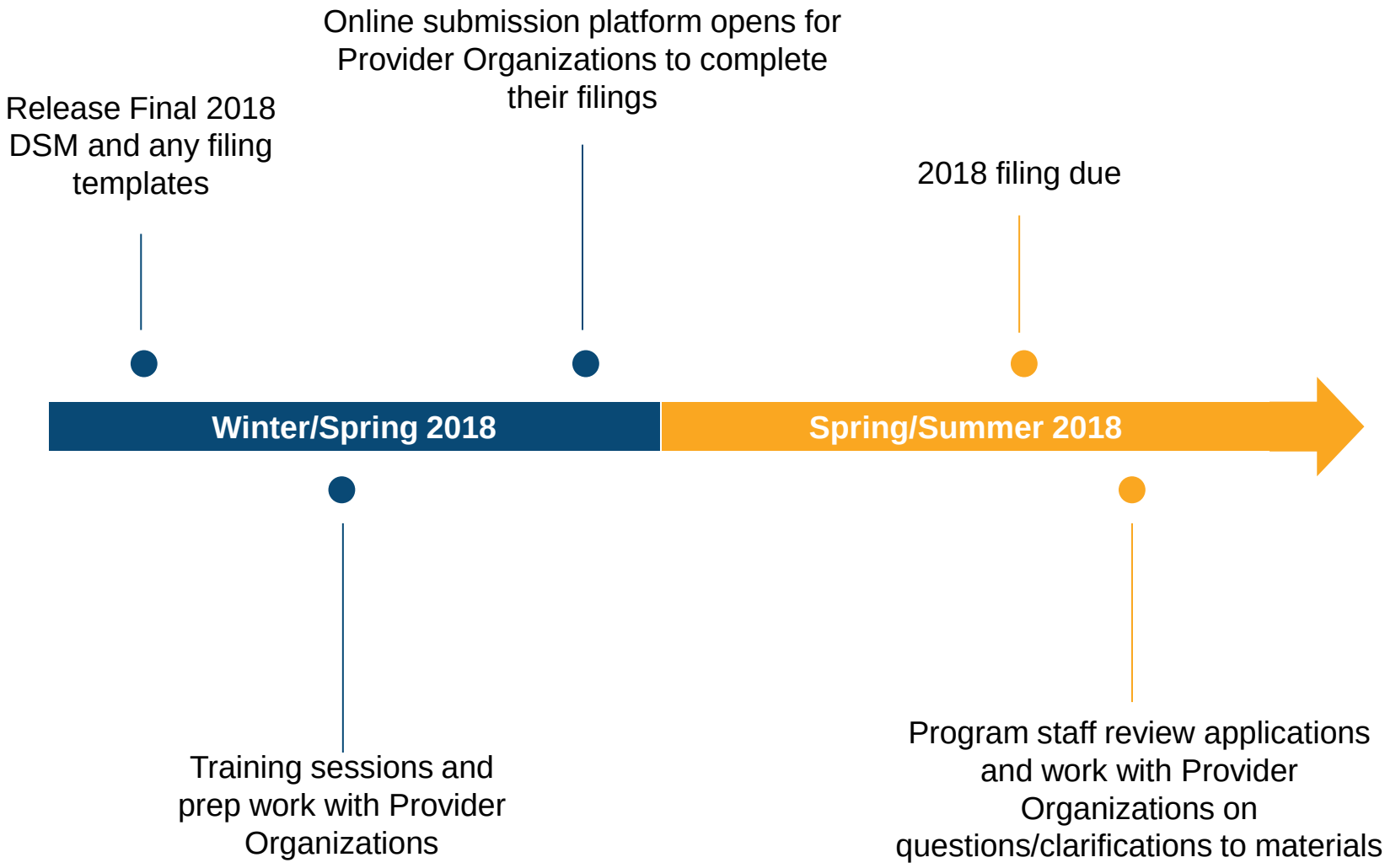
Very little data currently reported into the program would be lost. For instance:

- There were no out-of-state Facilities reported by MA-based systems in 2015
- Of the over 22,000 physicians in the Physician Roster, approximately 250 may not be required to be reported in the future.

Timing and Resources

- The MA-RPO program anticipates that the 2018 filing will be due in the **Summer of 2018**
- Data submitted in 2017 will be **prepopulated** in the online submission platform
- As in years past, staff will offer:
  - **Group training sessions** held throughout the state
  - **One-on-one meetings** with individual Provider Organizations
  - **Frequently Asked Questions** and additional guidance throughout the filing process

Anticipated 2018 Timeline



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HPC Review of Out-of-State Transactions

- The HPC's review of proposed Material Changes focuses on the potential cost, quality, and access impacts in Massachusetts of new provider alignments or affiliations.
- In most cases, Material Changes involve transactions between Massachusetts entities, but in some cases transactions that include entities outside of the Commonwealth qualify as a Material Change.
- The HPC issued a **Frequently Asked Questions (FAQ)** document in July 2015 asking organizations to contact us with any inquiries about whether a transaction involving an out-of-state entity would require the filing of a Material Change Notice (MCN).
- Since then, the HPC has received a number of such inquiries and is planning to issue guidance clarifying when out-of-state transactions would require the filing of an MCN.

HPC Review of Out-of-State Transactions: Hospital System

- The HPC's definition of Material Change includes a **merger with or acquisition of or by a hospital system**, including an out-of-state hospital system.

- The HPC interprets the term "**hospital system**" in the context of transactions involving an out-of-state entity to mean:

  - **Two or more hospitals** under common ownership or control, or
  - **A hospital and at least one other entity providing Health Care Services** (e.g., physician group, outpatient clinic, home health service) that operate under common ownership or control

HPC Review of Out-of-State Transactions: Filing Requirements

- Given that the HPC's MCN reviews are focused on potential impacts *in Massachusetts*, staff recommend limiting out-of-state transactions for which the HPC requires the filing of an MCN at this time to those most likely to have an impact in this state.
  - These would include acquisitions of **hospital systems located in New England* or New York** by Massachusetts Providers or Provider Organizations.
  - Acquisitions of **Massachusetts Providers or Provider Organizations** by out-of-state hospital systems would always require an MCN, regardless of where the out-of-state hospital system is located.
- The HPC expects to issue guidance to clarify these filing requirements.
- As always, if an organization is unsure whether a transaction qualifies as a Material Change that requires them to file an MCN, the HPC encourages the organization to contact HPC staff.

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* New England includes Connecticut, Maine, New Hampshire, Rhode Island, and Vermont, in addition to Massachusetts.

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Meetings and Contact Information

Board Meetings

Tuesday, March 13, 2018
Wednesday, April 25, 2018
Wednesday, July 18, 2018
Wednesday, September 12, 2018
Thursday, December 13, 2018

Committee Meetings

Wednesday, June 13, 2018
Wednesday, October 3, 2018
Wednesday, November 28, 2018

Contact Us

Mass.Gov/HPC

@Mass_HPC

HPC-Info@state.ma.us

HPC

Appendix

Summary of Comments and Recommendations

Additionally, program staff recommends the following changes to the requirements:

- Minor technical edits to improve clarity in the Corporate Affiliations file and Physician Roster
- Removing the Statement of Cash Flows from the Financial Statements file
- Updated guidance on the requirements for reporting out-of-state entities

Proposed Reporting Requirements for MA-Based Systems

File	Proposed Update
Corporate Affiliations	Each corporate affiliate that is (1) physically located in MA or that is incorporated or doing business in MA, or (2) provides certain services (e.g., legal, financial, etc.) to a corporate affiliate located in MA, (3) all entities that own or control a reportable corporate affiliate that are not otherwise reported pursuant to these guidelines (e.g., holding companies)
Contracting Affiliations	Each contracting affiliate that has at least one Facility or site located within MA
Contracting Entity	Contracting Entities that establish contracts on behalf of Facilities located in MA and/or physicians practicing in MA
Facilities	Each licensed Facility that is physically located in MA

Proposed Reporting Requirements for MA-Based Systems

File	Proposed Update
Physician Roster	Physicians with a site of practice in MA and physicians that have an active MA license.
Clinical Affiliations	Each clinical affiliate of Corporately Affiliated Acute Hospitals that are located in MA.
Financial Statements	Completed for (1) the Provider Organization regarding the financial performance of the corporate system and (2) any reportable physician practice.
APM and Other Revenue	Completed for any reportable contracting organizations and physician practices
Qualitative Description	A brief, qualitative description of out-of-state Facilities and physicians.

HPC