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February 26, 2014

Dr. Carol Allen, Chair
Care Delivery and Payment System Reform Committee
Health Policy Commission
2 Boylston Street, 6th floor
Boston, MA 02118

RE: 958 CMR 6.00 - Registration of Provider Organizations

Dear Dr. Allen and Members of the Committee:

On behalf of the Conference of Boston Teaching Hospitals and its members, thank you for the opportunity to provide comments on the proposed regulations implementing the provide registration provisions of Ch. 224 of 2012.

The proposed regulations require providers to biennially register with the HPC in order to do business in the Commonwealth. The application process outlined in the proposed regulation requires the submission of a considerable amount of information and significant resources. With our common goals of containing health care costs growth while avoiding unnecessary administrative costs and duplication, our comments focus on three major areas, they are:

1. Limiting information required for registration to that which is required in statute
2. Exploring and exhausting all options for obtaining the requested information from other state agencies
3. Considering other private entities as a more direct and better source of information

Data Submission Manual

We appreciate the time and effort HPC staff has invested in developing the proposed regulations. While the general reporting requirements are outlined in the proposed regulation, the more specific details on the data requirements has not yet been released. The lack of a *Data Submission Manual* makes it impossible to provide fully informed comments on the proposed regulations.

Recommendation: The release of, comment period for, and approval of the *Data Submission Manual* should occur before or simultaneous to final approval of the proposed regulation. The Data Submission Manual should be subject to a vote and recommendation of the Care Delivery and Payment System Reform Committee the of the Committee as well as the full HPC.

6.05 (8) - Information Submitted for Registration

Legislation enacted over the past several years, including Chapter 305 of 2008 and 288 of 2010, have included provisions that require a greater level of reporting from health care providers and carriers to various state agencies. Ch. 224 recognizes this and directs both the HPC and CHIA to enter into interagency agreements where appropriate to avoid duplication of reporting and unnecessary cost to those providing the information.

We believe there are opportunities to explore sharing of already reported data to obtain the information requested in 6.05(8)a. through g., these include:

- All Payer Claims Data base
- Division of Insurance (Risk Bearing Provider Organization, Health Carrier Annual Statutory Filing)
- Board of Registration in Medicine (NPI, location of practice, hospital affiliation etc...)
- Physician licensure information including (which includes NPI, principal place of work)
- Department of Public Health
- Attorney General Community Benefit Reports

6.05 (8) a. - Information Submitted for Registration, Clinical Affiliations

We recognize that the term "clinical affiliation" is defined in Ch. 224 and, as such, the HPC is limited in its ability to provide flexibility. However, the definition is very broad and for many hospitals, particularly academic medical centers, could include hundreds of affiliations. We recommend that the regulations be revised to narrow the scope of those clinical affiliations that must be reported.

Recommendation: The regulation should be revised to provide some floor of materiality to what clinical affiliations must be included in the reporting. We recommend that the threshold used in the interim guidance on notices of material change (the affiliation resulting in an increase of \$10m in patient service revenue) be considered in this case. At a minimum, the requirement for reporting clinical affiliations should be amended to require a list and list and brief description of the type of the affiliation.

6.05 (8) b. - Information Submitted for Registration, Health Care Professionals

This section requires reporting of information on licensed health care professionals including National Provider Identifier and insurer affiliations which is already captured and regularly updated by various health profession licensing entities of state government.

Recommendation: Information regarding health care professionals is bet obtained by licensing state agencies such as the Board of Registration in Medicine, which as information on location of practice, hospital and insurance affiliations as well as provider identification.

6.05(8) f. - Information Submitted for Registration, Revenue by Payer

This section requires applicants to provide information on revenue by payer and payer arrangement (pay for performance, fee for service etc...). We believe that this information may be best collected directly from licensed health insurance carriers in the Commonwealth. Massachusetts has one of the

most highly concentrated health insurance markets in the nation with 79% of the commercial market enrollment in one of three health plansⁱ.

Recommendation: Section (8)(f) should be amended to require information on revenue by payer be provided by licensed carriers in the Commonwealth.

6.05(9)(12) - Information provided to Other Agencies

We believe that every effort should be made to avoid duplication of effort and reporting to multiple state agencies.

Recommendation: Section 6.05(9)(12) should be amended to read:

"Providers may fulfill the requirements of 958 CMR 6.05(8) by providing attestation that they have provided the required information to another state agency. Such attestation shall include a description of the information and date on which it was provided."

6.06 - Noncompliance

The consequences of noncompliance provided for in Ch. 224, in essence inability to do business, is so significant that we believe there should be a form of redress if a provider's application for registration is denied.

Recommendation: Section 6.06 should be amended to include a provision stating determination of noncompliance is eligible to be appealed under the provisions of MGL Ch. 30A.

Thank you for your consideration of our comments and recommendation, know that they are offered in a spirit of cooperation and a commitment to our shared goals. We look forward to continuing to work with the Commission and HPC staff in implementing the provisions of Ch. 224.

Sincerely,

A handwritten signature in black ink that reads "John Erwin". The signature is written in a cursive, flowing style.

John Erwin, Executive Director
Conference of Boston Teaching Hospitals

ⁱ *Annual Report on the Massachusetts Health Care Market*, Center for Health Information and Analysis, September 2013