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December 21, 2018

David Seltz
Executive Director
Health Policy Commission
50 Milk Street, 8th Floor
Boston, MA 02109

Re: Proposed Updates - 2019 filing for Massachusetts Registration of Provider Organizations

Dear Mr. Seltz:

On behalf of the Conference of Boston Teaching Hospitals (COBTH and its member hospitals, I offer comments on the proposed updates to the 2019 filing for Massachusetts Registration of Provider Organizations (RPO) published on November 26, 2018. We appreciate the willingness of the HPC staff to take into consideration the viewpoints of providers who are subject to RPO reporting and offer the following comments on the proposed changes.

Facilities File

The proposed change would require reporting entities to provide information on which payers, public and private, pay "facility fees". Facility fees are the contractually negotiated recognition that hospital based facilities are extensions of the hospital with full financial, clinical, and operational integration and warrant a payment structure that is distinct from a physician fee schedule. As contractually negotiated provisions, the public reporting of these agreements by payer is proprietary information. As such, our member hospitals are concerned that public reporting of this confidential and privileged information concerning contractual relationships with payers may impact future negotiations between our members and the payers with which they contract.

Of additional concern to COBTH member hospitals is a lack of standardization in billing procedures and payment contracts varying from contract to contract. Isolating facility fees specifically may prove difficult or impossible for contracts under which a provider is paid global fees/payments, as these fees/payments may contain payments of professional and technical fees, including fees charged to cover operational expenses and enhanced capacities found at satellite clinics or outpatient care sites.

As you are aware, facilities fees were the subject of legislation considered by the Senate and the House in 2018, and will likely be a major focus of health reform efforts in the next legislative session beginning in 2019. We recommend that any reporting on facility fees be held off until the issue is addressed by the legislature.

Provider Roster

For many reporting entities, the provider roster portion of the RPO filing is the most difficult and administratively burdensome of the entire filing. To expand this requirement to include nurse practitioners, physician assistants, certified nurse midwives, certified registered nurse anesthetists, clinical nurse specialists and psychiatric clinical nurse specialists, as well as information about supervision and billing, would involve considerable work and, in our view, provide little value to the public or policy makers.

Particularly for larger health systems, including academic medical centers and large teaching hospitals, accurately populating the RPO Provider Roster has proven onerous, duplicative, and costly owing to the sheer number of advanced practice providers (APPs) spread over numerous facilities and corporate affiliates. Additionally, while providers do typically collect the employee data required to populate the roster, this data is collected across multiple systems and often requires manual aggregation, entailing expansive staff time and administrative cost to comply with the proposed RPO reporting requirements in the prescribed format. Coupled with the time required for this data aggregation, APP rosters are already out of date by the time they are reported, which further limits their value.

Payer Mix File

For many physician practices, the new Payer mix file reporting requirements may prove difficult to meet. Though payer mix data from hospitals has previously been collected by CHIA, physician practices have not previously had to report this data to any state agencies. As a result, many physician practices registration processes and IT systems in place are not currently capturing this data in the form required by the proposed RPO regulations.

To alleviate this issue, we recommend that the payer categories be more strictly defined by the HPC and CHIA to ensure accurate and uniform reporting. Additionally, we recommend that the implementation of these requirements be delayed until at least 2020 to allow physician practices to strengthen their data collection infrastructure and realign their registration processes.

RPO Scope & Timing

Two of the guiding principles of the RPO program are "administrative simplification" and "balancing the importance of collecting data elements with the potential burden to Provider Organizations." Our member organizations have expressed concerns regarding the ever-expanding scope of RPO reporting requirements. COBTH member hospitals are committed to improving the healthcare environment of the Commonwealth, and recognize the need for regulators and legislators to be informed by accurate data in order to do so. However, we would also caution that each expansion of reporting requirements expands the administrative burden shouldered by providers, increasing the monetary and time cost of compliance. New additions of licensed provider groups to the APP Roster in particular will require a great deal of time and effort to collect and report new data. Many providers have expressed concerns with meeting the July RPO reporting deadline under the proposed 2019 updates due to the increased reporting requirements. **We recommend that the proposed 2019 updates be delayed by at least one year to allow providers to make internal adjustments to prepare to meet new reporting standards.**

As you are aware, organizations just recently completed their 2018 RPO filing, the third full filing under the RPO regulations. Given that covered entities now have considerable experience complying with the regulation and the HPC with reviewing and using the data collected, we feel it may be a good time to examine the costs related to the program and how the data has been used. We would be interested in exploring this idea with you and your staff and how best we could achieve our common goals.

Thank you again for the opportunity to provide comments, and I look forward to continuing to work with you and the HPC staff on the RPO program.

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