



## COMMENTS ON THE PROPOSED AMENDMENTS TO:

### 958 CMR 6.00 Registration of Provider Organizations

### 958 CMR 7.00 Notices of Material Change and Cost and Market Impact Reviews

**MARCH 20, 2026**

The Massachusetts Medical Society is a professional association of over 23,000 physicians, physicians-in-training, and medical students across all clinical disciplines, organizations, and practice settings. The Medical Society is committed to advocating on behalf of patients, to provide them with a health care system that will best suit their needs, and on behalf of physicians, to help them deliver care of the highest quality and greatest value. We appreciate the opportunity to comment on the proposed amendments to 958 CMR 6.00 (Registration of Provider Organizations) and 958 CMR 7.00 (Notices of Material Change and Cost and Market Impact Reviews), implementing An Act Enhancing the Market Review Process (the Act).

MMS shares the Health Policy Commission's (HPC) commitment to promoting transparency, accountability, and a high-value health care system that is accessible and affordable for all patients in the Commonwealth. Our comments are intended to enhance clarity, ensure practical implementation, and support compliance among providers and provider organizations.

### 958 CMR 6.00 Registration of Provider Organizations

#### 6.02 Definitions

Patient Panel. The Medical Society is concerned with the proposed expansion of the patient panel look-back period from three years to five years. This change is not required by the Act and does not align with standard industry practice. Medical practices typically define patient panels using a look-back period of 12 to 24 months to capture active patients receiving ongoing care, consistent with primary care practice standards and most organizations use inactivity thresholds between 12 and 36 months.<sup>123</sup> A five-year look-back risks overstating panel size by including patients no longer actively engaged in care, potentially distorting reporting and regulatory thresholds. The Medical Society recommends maintaining the current three-year look-back period or using a look-back period more consistent with common practice, such as 18–24 months.

---

<sup>1</sup>Defining and measuring primary care panels: a systematic review. *Ann Fam Med*. 2022;20(Suppl 1):2954. [https://www.annfammed.org/content/20/Supplement\\_1/2954](https://www.annfammed.org/content/20/Supplement_1/2954)

<sup>2</sup> Considerations for Patient Panel Size. *Delaware Journal of Public Health*. 2022;8(5):154–157. <https://pmc.ncbi.nlm.nih.gov/articles/PMC9894066/>

<sup>3</sup> Panel size: answers to physicians' frequently asked questions. *Fam Pract Manag*. 2007;14(10):29-32. <https://www.aafp.org/pubs/fpm/issues/2007/1100/p29.html>



## 6.05: Compliance and Penalties

### (1) Failure to Submit an Application for Registration.

The Medical Society applauds HPC's inclusion of a graduated enforcement process with a series of escalating notifications to Providers and Provider Organizations, making them aware of their need to comply. However, the Medical Society believes that the currently proposed two-week response period to an initial notification of non-compliance is too short. For Providers or Provider Organizations that have not previously qualified for reporting under the RPO program and are potentially unaware that they potentially should be registering, two weeks may not be enough time for them to assemble the data and documentation to either confirm their intention to file or submit adequate supporting evidence that they do not meet the criteria. The brevity of the two-week response period also opens up the possibility that the Provider or Provider Organization may not become aware of the notice in a timely manner if the recipient or primary point of contact is out of the office. For these reasons, the **Medical Society recommends the initial notification response period be increased to 4 weeks.**

## 958 CMR 7.00: Notice of Material Change and Cost and Market Impact Reviews

### 7.02 Definitions

Control. The broad definition of "control" could create ambiguity in understanding what would trigger filing requirements. The Medical Society is concerned the current definition may be insufficient to put providers and investors on notice of the need to file a Material Change Notice (MCN) under 958 CMR 7.03(1)(g). We recommend further clarification to ensure entities can reasonably determine when an MCN is required.

Health Care Services. The Medical Society seeks clarification on the inclusion of **pharmacy services** within the definition of "health care services" and whether this change impacts how Net Patient Services Revenue (NPSR) is calculated for purposes of both eligibility to register under the RPO program, and also for other MCN filing thresholds. NPSR is defined as total revenue received in a fiscal year for "patient care". The term "patient care" is not otherwise defined, and it's not clear whether "patient care" is inclusive of "health care services" as amended to thereby include pharmacy services. For many provider organizations, pharmacy revenue is not a direct component of patient care revenue. Including such services in net patient service revenue (NPSR) calculations could artificially inflate thresholds and expand reporting



obligations. Clear guidance is needed on whether and how pharmacy-related revenue should be included.

#### **7.04: Time and Form of Filing a Notice of Material Change; Completed Notice; HPC Review**

##### **(6) Failure to File.**

The Medical Society is concerned about potential penalties for failure to file, including referral to the Attorney General, particularly in cases where respondents have made a good-faith effort to file, but that filing may be deemed incomplete due to ambiguity or differing interpretations. We recommend consideration of an exemption for **good-faith compliance**, especially during initial implementation.

MMS appreciates HPC's thoughtful work to strengthen oversight of the health care market. We respectfully offer these recommendations to improve clarity, promote compliance, and ensure the regulations function as intended without imposing unnecessary burden on providers.

We look forward to continued collaboration and are happy to serve as a resource as HPC finalizes these regulations. If you have any questions, please contact Jeff Perkins, 781-757-5085 or [Jperkins@MMS.org](mailto:Jperkins@MMS.org).