

**MINUTES OF THE QUALITY IMPROVEMENT AND  
PATIENT PROTECTION COMMITTEE**

Meeting of February 12, 2014

**MASSACHUSETTS HEALTH POLICY COMMISSION**

**THE QUALITY IMPROVEMENT AND PATIENT PROTECTION COMMITTEE OF  
MASSACHUSETTS HEALTH POLICY COMMISSION**  
Center for Health Information and Analysis, Daley Room  
Two Boylston Street  
Boston, MA 02116

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**Docket: Wednesday, February 12, 2014, 9:30 AM – 11:00 AM**

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**PROCEEDINGS**

The ninth meeting of the Massachusetts Health Policy Commission's Quality Improvement and Patient Protection (QIPP) Committee was held on Wednesday, February 12, 2014 at the Center for Health Information and Analysis located at Two Boylston Street, Boston, MA.

Members present were Ms. Marylou Sudders (Chair), Dr. Wendy Everett, Dr. Carole Allen, and Dr. Ann Hwang, designee for Mr. John Polanowicz, Secretary of Health and Human Services.

Ms. Veronica Turner arrived late to the meeting.

Executive Director, Mr. David Seltz, and the Director of the Office of Patient Protection (OPP), Ms. Jenifer Bosco, also participated in the meeting.

Chair Sudders called the meeting to order at 9:33 AM. She noted that the meeting would focus on the regulations for the Office of Patient Protection and the Commission's behavioral health agenda.

**ITEM 1: Approval of minutes**

Chair Sudders reviewed the minutes and asked for any changes. Seeing none, she asked for a motion to approve the minutes from December 16, 2013. Dr. Allen made the motion and Dr. Everett seconded. Members voted unanimously to approve the minutes.

**ITEM 2: Approval of final proposed regulations for the Office of Patient Protection (OPP)**

Ms. Sudders introduced the proposed regulations for the Office of Patient Protection (OPP). She stated that that Committee would be asked to endorse the proposed regulations at the day's meeting, moving the proposed regulations to the full board on February 19. Ms. Sudders thanked members of the public and stakeholders for their comments throughout the drafting process.

At this point, Ms. Turner arrived at the meeting.

Ms. Sudders introduced Ms. Jenifer Bosco, Director of the Office of Patient Protection. Ms. Bosco reviewed the proposed regulation, 958 CMR 3.000: Health Insurance Consumer Protection.

Ms. Bosco stated that the regulations were amended to comply with the federal Affordable Care Act and to make the regulations more consumer protective. She stated that the HPC received thoughtful and helpful comments from written testimony and the December 16 public hearing.

Ms. Bosco next reviewed the key themes of the testimony and comments: (1) preserving existing consumer protections, (2) transparency, (3) language access, and (4) clarifications.

Ms. Bosco went into detail on the proposed amendments to the regulations stemming from the public comment period. She highlighted changes that were made to voluntary extensions and reconsideration of external reviews to ensure compliance with the Affordable Care Act.

Ms. Bosco next discussed changes made concerning the medical necessity criteria. She stated that the HPC received many comments on this topic. Ms. Bosco stated that the staff researched Chapter 224 to determine how it addresses the medical necessity criteria. Chapter 224 requires access for insureds, providers, and others. The proposed amendment states that the public will have access to medical necessity criteria beginning July 1, 2014. The delayed access date will allow market participants to ask for legislative clarification on the requirements for medical necessity criteria under Chapter 224.

Dr. Everett asked how the legislative clarification process works. Ms. Bosco responded that the Health Policy Commission would not be involved in this process. Dr. Hwang asked for details on the legislative process. Ms. Lois Johnson, General Counsel, responded that the Health Policy Commission is only charged with the provisions of the law. Ms. Sudders noted that the later access date for medical necessity criteria gives market participants the opportunity to ask for clarity.

Ms. Bosco reviewed proposed changes to language access requirements. She noted that the regulations now only require notices about the appeal to be provided in Spanish. The regulation originally called for translation into all languages. This was scaled back for feasibility. Ms. Sudders asked whether other non-English speakers can request forms in their language. Ms. Bosco replied that they can.

Ms. Bosco reviewed additional amendments to the regulation.

Dr. Everett asked about reporting requirements for carriers. She wanted to clarify how the HPC accesses the data provided to the Division of Insurance (DOI). Ms. Bosco responded that the HPC gets data from DOI and receives specific data from the carriers. She stated that the regulation also includes new OPP reporting requirements which will take effect on April 1, 2015.

Ms. Bosco reviewed other comments received on the regulations. She stated that some of the suggestions were outside of the HPC's authority.

Ms. Bosco discussed the next steps for 958 CMR 3.000. She stated that the Commission would vote on the regulation on February 19, 2014. If approved, the regulation would be filed by February 28 and published on March 14.

Dr. Allen asked to whom the regulation would apply. Ms. Bosco responded that it would apply to all fully insured members of Massachusetts health plans. Ms. Sudders noted that this constitutes around 45% of the insured population.

Ms. Sudders thanked staff for their work in processing the proposed regulation.

Ms. Sudders asked for a vote to endorse the proposed regulation. Dr. Everett made the motion for the vote, Dr. Allen seconded. The Committee voted unanimously to endorse 958 CMR 3.000.

### **ITEM 3: Discussion of the HPC's 2014 Behavioral Health Agenda**

Ms. Sudders introduced Mr. David Seltz, Executive Director, to review the 2014 behavioral health agenda. He stated that one of the roles of the Health Policy Commission is to monitor behavioral health and parity in Massachusetts. He noted that the day's meeting would be a first step in formalizing the HPC's behavioral health agenda.

Mr. Seltz reviewed the barriers to behavioral health integration identified by the Behavioral Health Task Force. He stated that the HPC has the ability to address some of the barriers more than others.

Mr. Seltz noted that the day's goal is to show Committee members how the HPC's current work can integrate behavioral health. HPC staff reviewed, in turn, the integration of behavioral health into the development of accountable care models, CHART Investment Program, research and analysis agenda, and health planning support activities.

Dr. Patricia Boyce, Policy Director for Care Delivery and Quality Improvement, noted that behavioral health is a core attribute of the patient-centered medical home certification program.

Ms. Margaret Senese, Program Manager for the CHART Investment Program, stated that the integration of behavioral health is a key goal of the program. She noted that many Phase 1 grant proposals focused on the integration of behavioral health - with projects ranging from medication management clinics to behavioral health clinics in schools. Ms. Senese stated that there would be further behavioral health work in Phase 2 of the CHART Investment Program.

Ms. Sudders asked for the timeline on learning from Phase 1 of the CHART Investment Program. Ms. Senese replied that evaluation would take place during the summer. Mr. Seltz

noted that the grants are over a six month period, and the HPC expects interim information after three months.

Mr. Seltz reviewed the ways in which the HPC could integrate behavioral health into its research agenda. He commented on the utility of the All-Payer Claims Database (APCD) in assessing behavioral health in Massachusetts. He further stated that the 2013 cost trends report included an analysis on patients with complex needs. The report found cost savings if both behavioral and physical health were treated.

Dr. Everett asked when the Medicaid data would be available in the APCD. Dr. Hwang responded that there are other MassHealth data sources available, not just the APCD.

Ms. Sudders asked if the APCD contains standalone claims data. Mr. Seltz responded that it does, so long as the data is claims based.

Mr. Romm presented on the integration of behavioral health into the HPC's health planning activities. He noted that a primary initiative of the Health Planning Council is behavioral health. Moreover, he stated that behavioral health providers will be included in phase one of the Registration of Provider Organization program.

Finally, Mr. Seltz highlighted the important role of the QIPP Committee as a public forum for policy discussion on the integration of behavioral health. He noted that the HPC is aligning its efforts with other state bodies working on behavioral health.

Mr. Seltz reviewed the next steps in setting priorities for the 2014 behavioral health agenda.

Dr. Allen stated that she was impressed by the broad agenda reviewed by staff. She noted that she looked forward to working jointly with other Committees on these issues. She also stated that the HPC should focus on preventions as well as the treatment of behavioral health, stating that interventions do not have to be expensive to be effective.

Ms. Sudders asked for any additional comments on the integration of behavioral health. Seeing none, she moved to the next agenda item.

#### **ITEM 4: Discussion of QIPP Committee Priorities for 2014**

Dr. Everett noted that she saw the priorities of the QIPP Committee as twofold: (1) understanding the capacity to meet behavioral health needs in Massachusetts and (2) figuring out how to create incentives for meeting the needs of and integrating behavioral health. She noted that all agenda items for QIPP during 2014 should be geared towards one of these goals.

Dr. Hwang responded that the Health Planning Council is working hard to understand the capacity to meet behavioral health needs in the state.

Ms. Sudders asked for any additional comments, seeing none, she asked for comments from the public.

**ITEM 5: Public Comment**

Gloria Craiven, a representative from Fresenius; Judith Steinberg, a representative from the University of Massachusetts Medical School; and Scott Hartman, a representative from Lahey Health provided comments on the integration of behavioral health.

**ITEM 6: Adjournment**

Dr. Allen stated that the next QIPP meeting (April 9, 2014) would include a joint meeting with the Care Delivery and Payment System Transformation Committee.

Chair Sudders thanked everyone for coming and adjourned the meeting at 10:47 AM.