# COMMONWEALTH OF MASSACHUSETTS HEALTH POLICY COMMISSION

# Office of Patient Protection 2014 Annual Report Chart Book

November 18, 2015

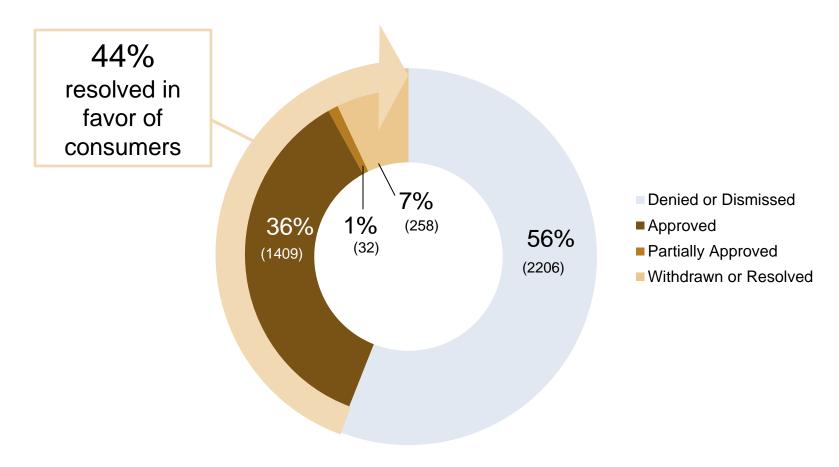


During 2014, insurance companies received 11,366 complaints from members. Of these, 3,906 were member grievances based on adverse determinations, and insurers resolved 44% fully or partially in favor of the member.

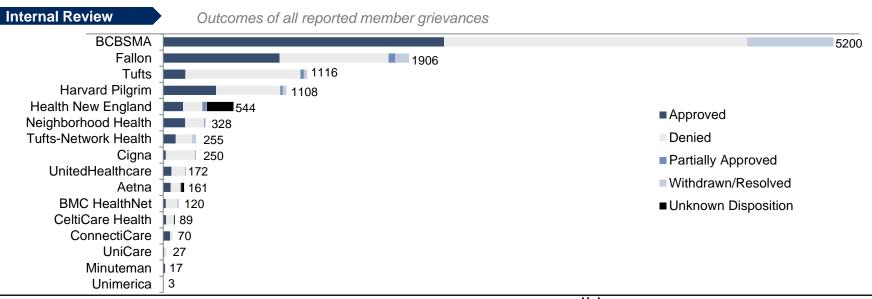
#### **Internal Review**

#### **Adverse Determinations**

Insurance companies reported 3,906 member grievances in 2014, which were internally reviewed by the insurance companies.



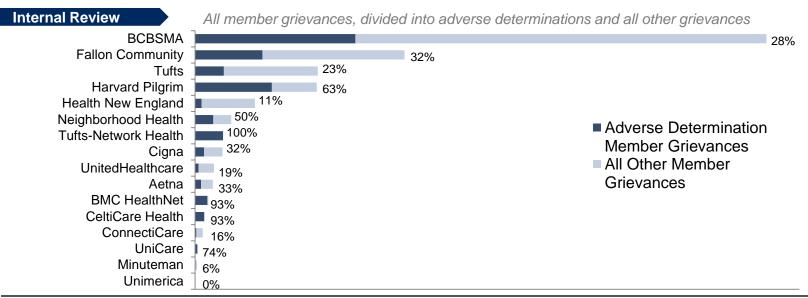
### Details about the 11,366 total complaints or grievances and their resolutions.



Health Plan	Approved	Denied	Partially Approved	Withdrawn/Resolved	Unknown Disposition	Total Filed	Total Enrollment
BCBSMA	2178	2352	N/A	670	0	5200	10,622,379
Fallon	902	845	52	107	0	1,906	1,389,297
Tufts	171	893	27	25	0	1,116	2,910,007
Harvard Pilgrim	467	593	20	28	0	1,108	3,780,024
Health New England	154	148	29	6	207	544	1,040,546
Neighborhood Health	170	145	6	7	0	328	964,151
Tufts-Network Health	97	125	0	33	0	255	2,609
Cigna	20	225	5	0	0	250	
UnitedHealthcare	63	105	3	0	1	172	194,463
Aetna	57	76	5	1	22	161	405,521
BMC HealthNet	20	87	1	12	0	120	5,020
CeltiCare Health	22	58	0	3	6	89	7,379
ConnectiCare	53	16	1	0	0	70	n/a
UniCare	7	20	0	0	0	27	n/a
Minuteman	14	3	0	0	0	17	n/a
Unimerica	1	1	0	1	0	3	n/a
Total	4396	5692	149	893	236	11,366	

Source: CHIA's 2015 Annual Report Databook: Enrollment in the Insurance Market, Commercial Premiums & Member Cost-Sharing, & Commercial Payer Use of Funds

# 34% of the 11,366 total member grievances were in response to adverse determinations (coverage denials based on medical necessity)



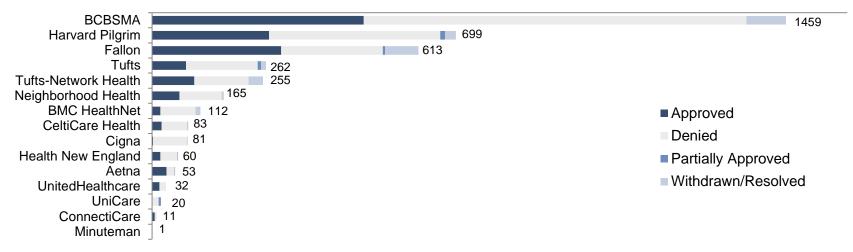
Health Plan	Adverse Determination Member Grievances	All Other Grievances	Total Grievances	Percentage of Adverse Determination  Member Grievances
BCBSMA	1459	3741	5200	28%
Fallon	613	1293	1906	32%
Tufts	262	854	1116	23%
Harvard Pilgrim	699	409	1108	63%
Health New England	60	484	544	11%
Neighborhood Health	165	163	328	50%
Tufts-Network Health	255	0	255	100%
Cigna	81	169	250	32%
UnitedHealthcare	32	140	172	19%
Aetna	53	108	161	33%
BMC HealthNet	112	8	120	93%
CeltiCare Health	83	6	89	93%
ConnectiCare	11	59	70	16%
UniCare	20	7	27	74%
Minuteman	1	16	17	6%
Unimerica	0	3	3	0%
Total	3906	7460	11366	

# For member grievances based on adverse determinations, health plans approved or partially approved services about 44% of the time

#### **Internal Review**

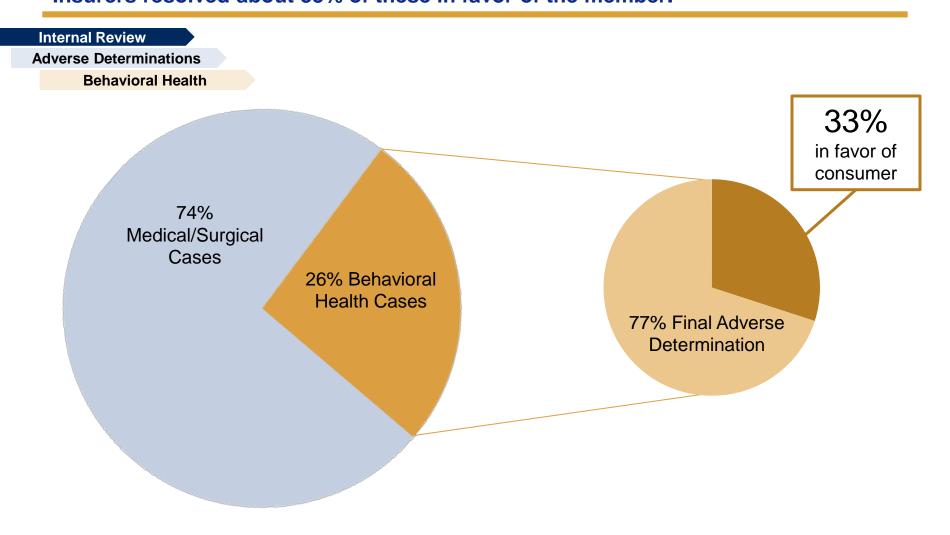
**Adverse Determinations** 

All reported member grievances which resulted from adverse determinations

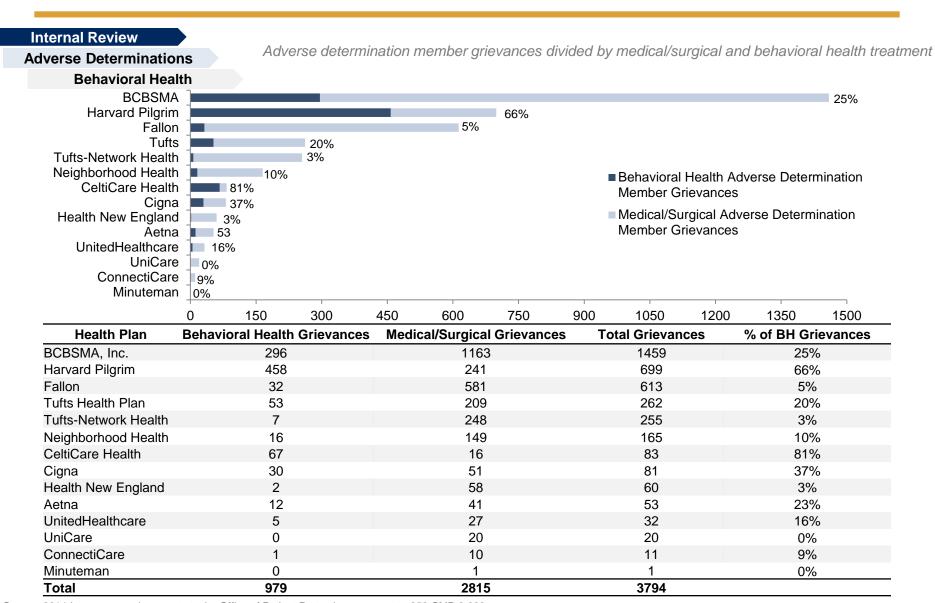


Health Plan	Approved	Partially Approved	Denied	Withdrawn/Resolved	Total
BCBSMA	487	N/A	881	91	1459
Harvard Pilgrim	269	11	394	25	699
Fallon	297	5	234	77	613
Tufts	78	8	165	11	262
Tufts-Network Health	97	0	125	33	255
Neighborhood Health	63	0	97	5	165
BMC HealthNet	19	0	81	11	112
CeltiCare Health	22	0	58	3	83
Cigna	2	1	78	0	81
Health New England	19	1	39	1	60
Aetna	33	1	18	1	53
UnitedHealthcare	17	0	15	0	32
UniCare	0	5	15	0	20
ConnectiCare	6	0	5	0	11
Minuteman	0	0	1	0	1
Total	1409	32	2206	258	3906

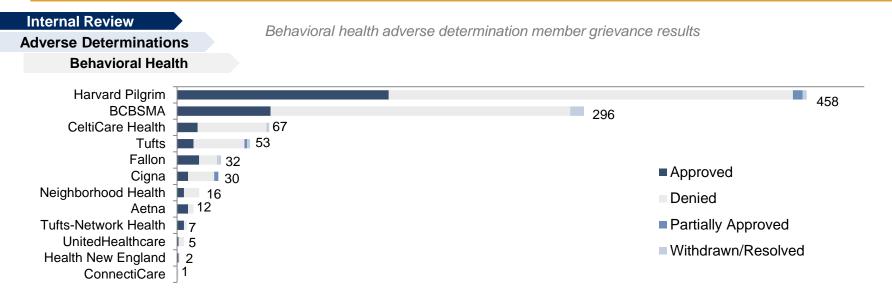
Of the 3,906 grievances based on adverse determinations, insurers reported that about 26% of requests for internal review involved behavioral health services. Insurers resolved about 33% of these in favor of the member.



#### Details about internal reviews for behavioral health services.



# While about 56% of all member grievances were upheld, at least 67% of behavioral health member grievances were upheld.

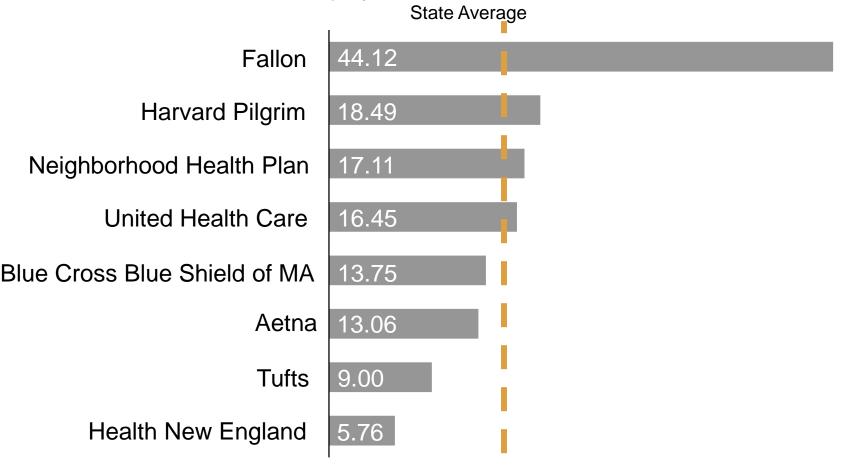


Health Plan	Approved	Partially Approved	Denied	Withdrawn/Resolved	Total Behavioral Health Grievances
Harvard Pilgrim	154	7	294	3	458
BCBSMA	68	N/A	218	10	296
CeltiCare Health	15	0	50	2	67
Tufts	12	2	37	2	53
Fallon	16	0	13	3	32
Cigna	8	3	19	0	30
Neighborhood Health	5	0	11	0	16
Aetna	8	0	4	0	12
Tufts-Network Health	5	0	2	0	7
UnitedHealthcare	1	0	4	0	5
Health New England	1	0	1	0	2
ConnectiCare	0	0	1	0	1
Total	293	12	654	20	979

When weighted for the number of members in each plan, some insurers reported higher proportions of internal reviews (grievances resulting from adverse determinations) during 2014, for insurers with more than 10,000 fully insured members.



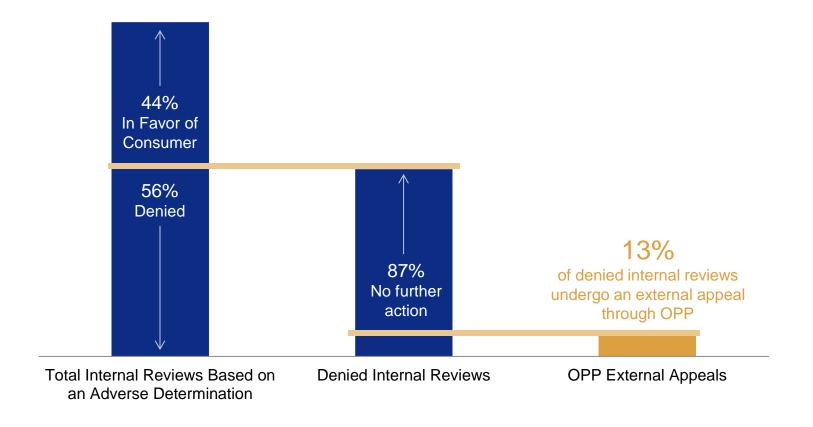
Number of internal reviews per 100,000 member months reported by insurance company, weighted by reported member months by insurance company



# Of those receiving adverse determinations during 2014, 13% of members with internal reviews that were denied or partially denied then pursued external appeals through OPP.

External Review
Adverse Determinations

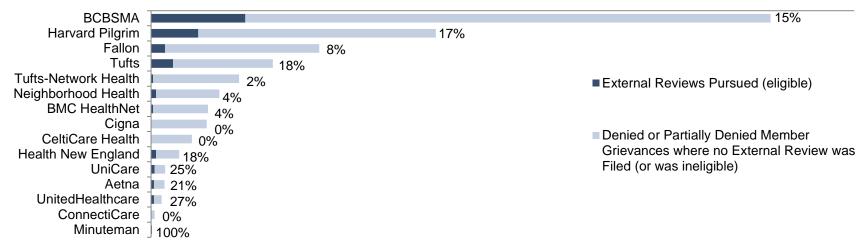
The proportion of members who were denied or partially denied during the internal review process and who filed eligible external review requests with OPP



# Details about internal review results and members who pursued external review (13% of members who were denied or partially denied in the member grievance process pursued external appeals through OPP).

#### **External Review**

The proportion of members who were denied or partially denied in their member grievance who pursued external reviews

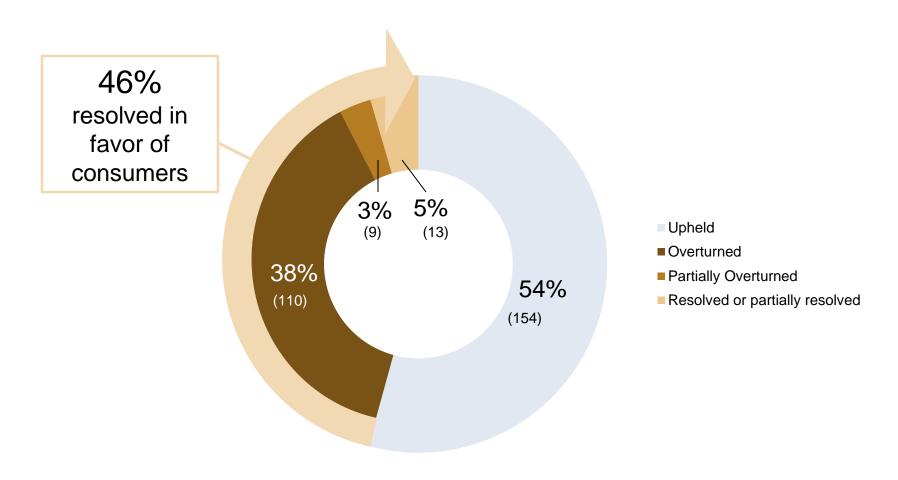


Health Plan	Denied or Partially Denied Member Grievances	External Reviews Pursued (eligible)	Percentage of Denied Grievances Seeking External Review
BCBSMA	881	134	15%
Harvard Pilgrim	405	67	17%
Fallon	239	20	8%
Tufts	173	31	18%
Tufts-Network Health	125	3	2%
Neighborhood Health	97	7	4%
BMC HealthNet	81	3	4%
Cigna	79	0	0%
CeltiCare Health	58	0	0%
Health New England	40	7	18%
UniCare	20	5	25%
Aetna	19	4	21%
UnitedHealthcare	15	4	27%
ConnectiCare	5	0	0%
Minuteman	1	1	100%
Total	2238	286	13%

# OPP received 286 eligible requests for external review during 2014. Similar to past years, nearly half were decided in favor of the patient.

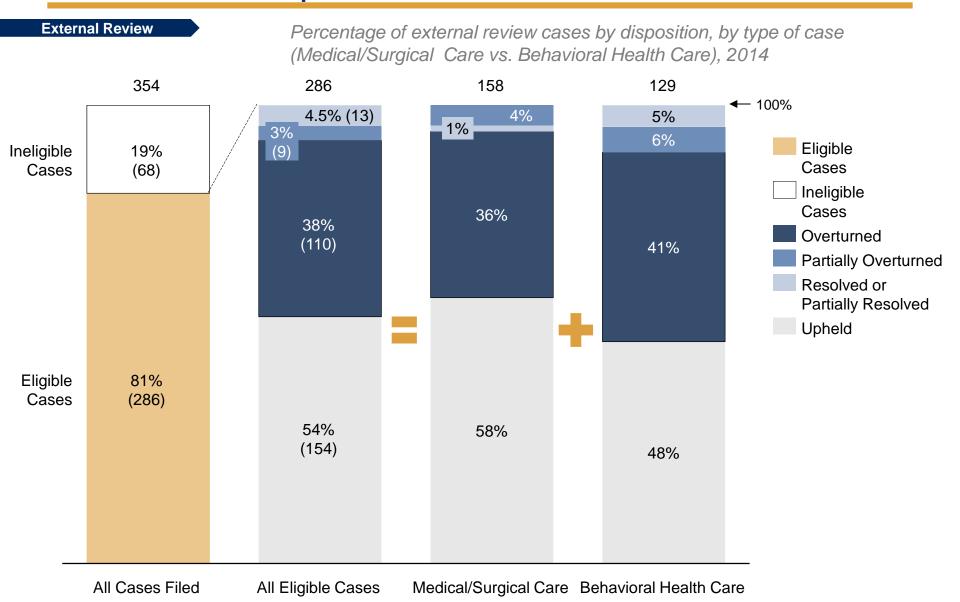
#### **External Review**

Percentage of external review cases by outcome, 2014



During 2014, OPP received 354 external review requests.

Of the 286 eligible cases, OPP received 158 requests for medical/surgical treatment and 129 requests for behavioral health treatment.

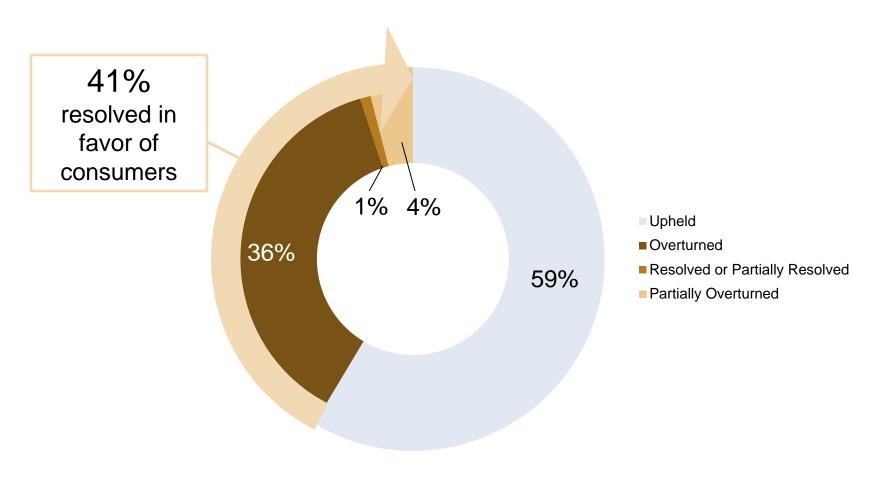


# 41% of the medical/surgical treatment requests were resolved fully or partially in favor of the patient.

**External Review** 

Medical/Surgical

Outcomes of eligible external reviews for medical/surgical service requests in 2014

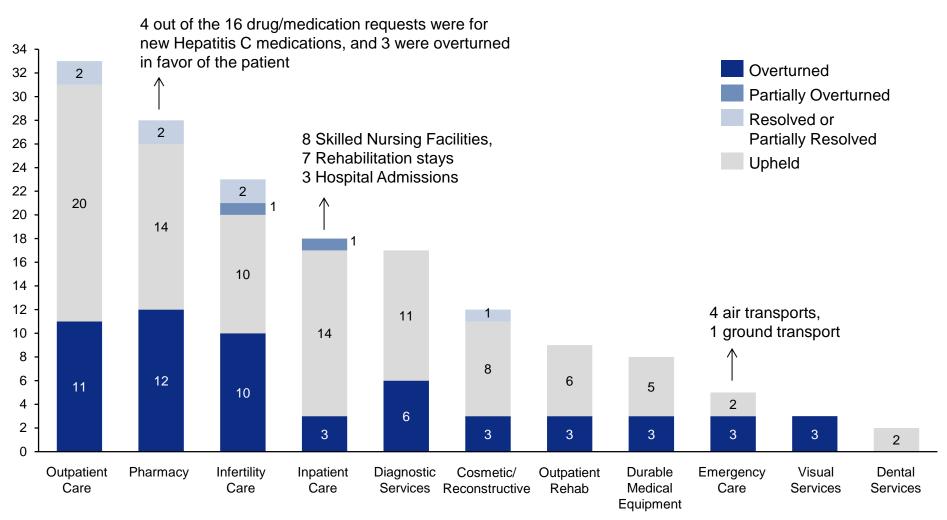


Outcomes of eligible external reviews for medical/surgical service requests in 2014.

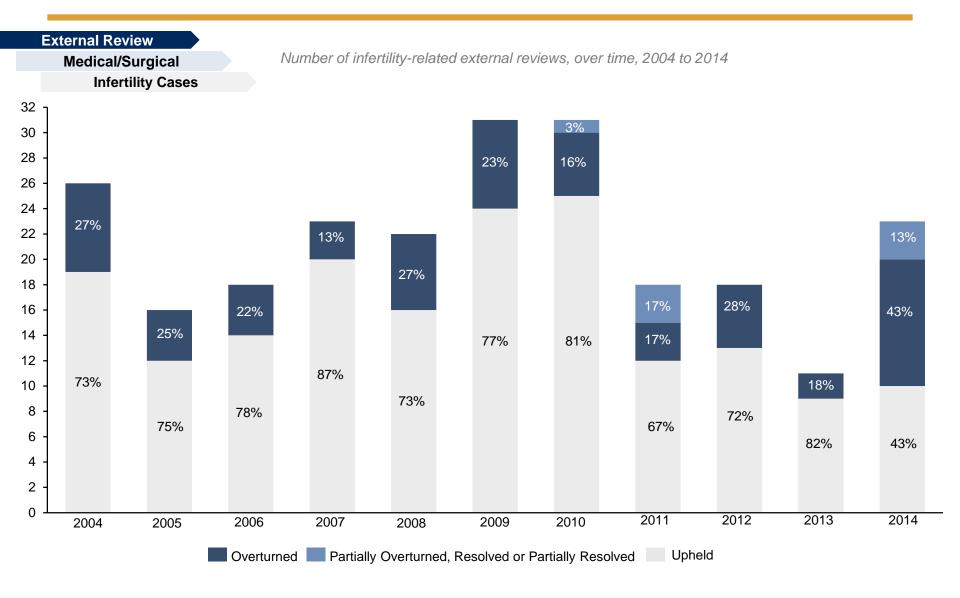
# In 2014, patients filed requests for external review for the following types of medical or surgical treatment.



Proportion of eligible external reviews in Medical/Surgical Care by category of treatment (2014)



# The number of external reviews for infertility cases rose somewhat in 2014 compared to recent years.

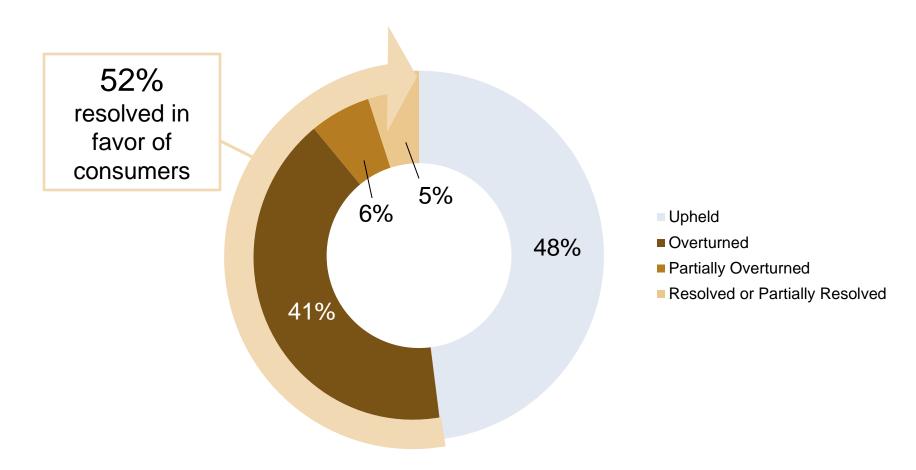


# 52% of eligible external review cases for behavioral health treatment were decided fully or partly in favor of the patient, a slight increase from 2013.

**External Review** 

**Behavioral Health** 

Eligible external reviews related to behavioral health treatment by outcome, 2014



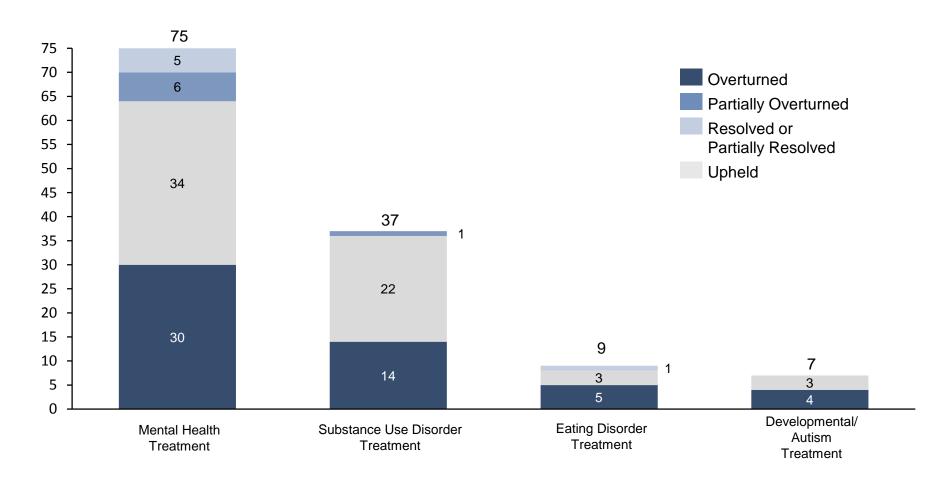
Eligible external reviews related to behavioral health treatment by outcome, 2014

# OPP categorizes mental health, substance use disorder, eating disorder, and development/autism treatment as behavioral health services.

#### **External Review**

#### **Behavioral Health**

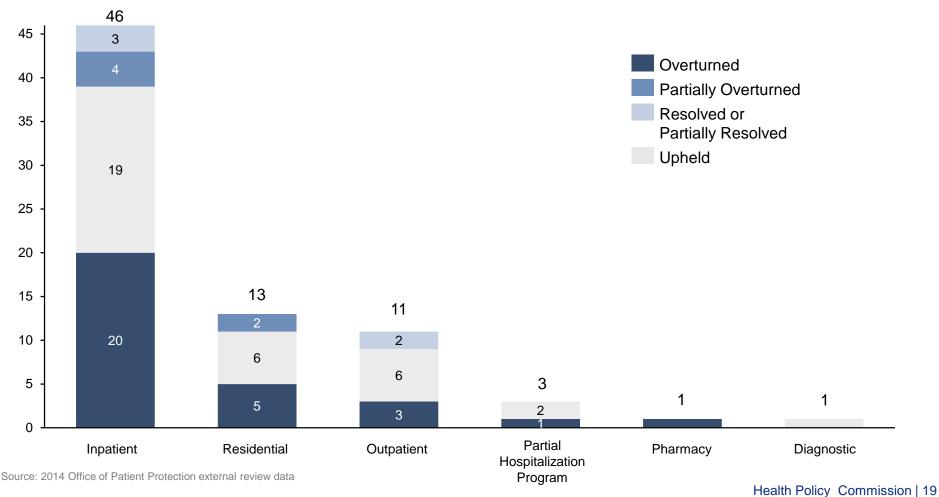
Eligible external reviews related to behavioral health treatment by outcome and type of case, 2014



# Within the category of behavioral health external review requests, OPP handled the following types of requests for mental health treatments.

#### **External Review**

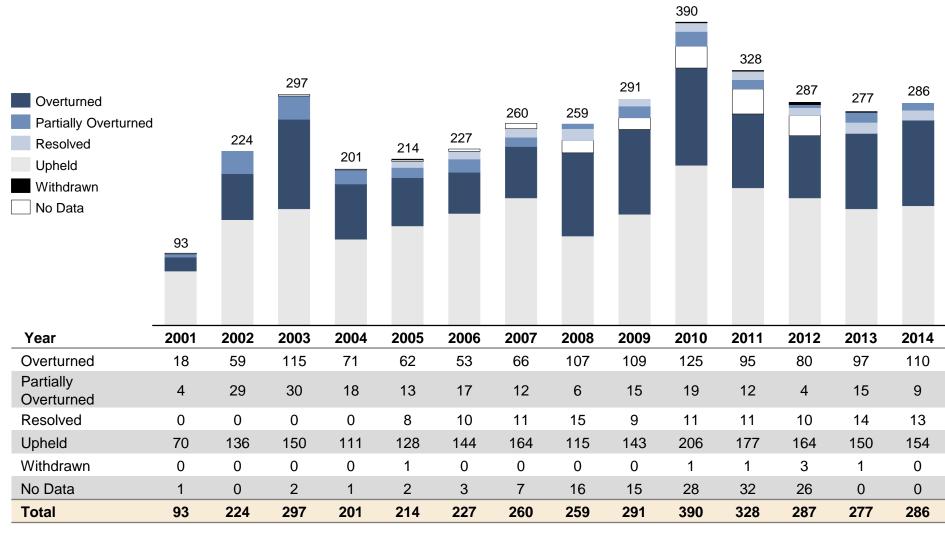
**Behavioral Health Mental Health**  Eligible external reviews related to mental health treatment by outcome and type of service requested, 2014



# The number of external review cases has varied, but the proportion of cases resolved in favor of the patient has remained relatively constant.

#### **External Review**

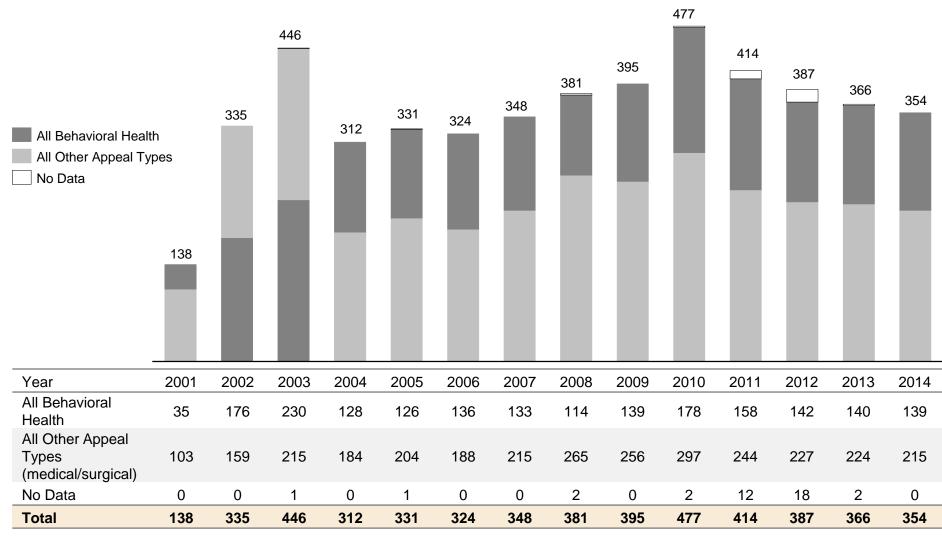
Number of eligible external review cases over time, by disposition, 2001 to 2014



# Comparison of the number of medical/surgical external review requests to the behavioral health external review requests from 2001 to 2014

#### **External Review**

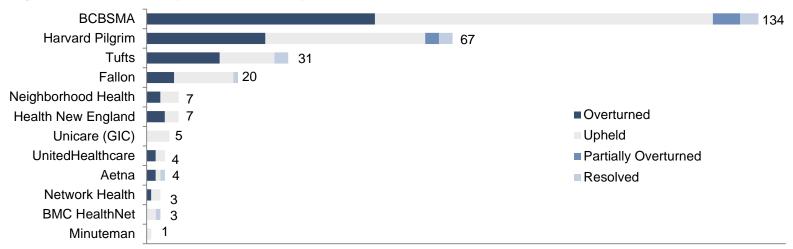
Number of all external review requests (ineligible and eligible) over time, by type of service, 2001 to 2014



## External review outcomes by health plan

#### **External Review**

Eligible external reviews by health plan and by outcome



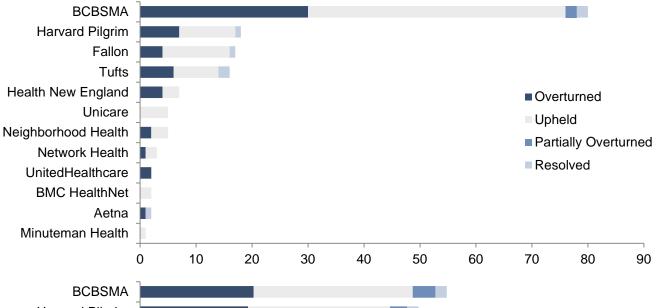
Health Plan	Overturned	Upheld	<b>Partially Overturned</b>	Resolved	Total
BCBSMA	50	74	6	4	134
Harvard Pilgrim	26	35	3	3	67
Tufts	16	12	0	3	31
Fallon	6	13	0	1	20
Health New England	4	3	0	0	7
Neighborhood Health	3	4	0	0	7
Unicare (GIC)	0	5	0	0	5
Aetna	2	1	0	1	4
UnitedHealthcare	2	2	0	0	4
BMC HealthNet	0	2	0	1	3
Network Health	1	2	0	0	3
Minuteman	0	1	0	0	1
Total	110	154	9	13	286

#### External review results by category and by health plan and by outcome

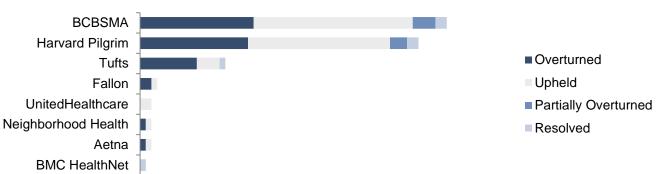
#### **External Review**

Comparison of numbers and results of external reviews (not adjusted for plan membership)

Eligible medical/surgical external review outcomes by health plan



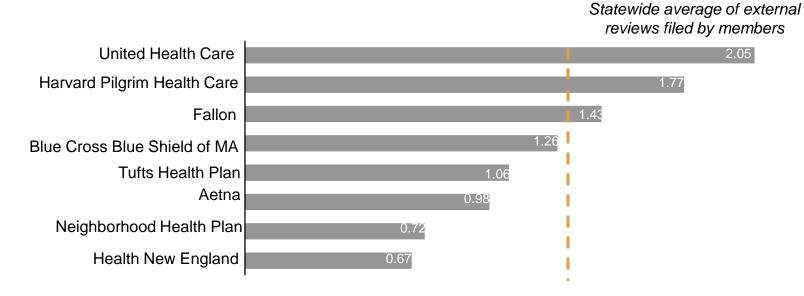
Eligible behavioral health external review outcomes by health plan



#### Members of certain health plans sought a higher than average number of external reviews

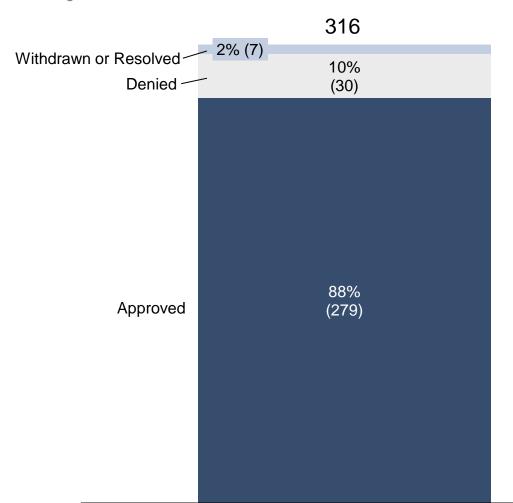
#### **External Review**

Number of external reviews (2014) per 100,000 member months weighted by reported number of member months



#### Outcomes of 2014 open enrollment waiver applications

During 2014, most applicants had a valid reason for missing their enrollment window. Others were given waivers to expedite the process of obtaining health insurance even when their situation did not require an OPP waiver, to help consumers who attempted to enroll through the Health Connector.



Year	Total Waiver Applications
2011	276
2012	576
2013	416
2014	316

OPP was given the statutory authority to issue enrollment waivers beginning in 2011. The numbers of applications and the numbers of waivers approved have fluctuated for a variety of reasons (e.g. length of open enrollment periods, changes to state and federal enrollment laws).

# OPP Hotline: During 2014, OPP answered an average of 172 calls and emails per month, with an increase in calls in September and October for open enrollment waivers.

July 2014 through December 2014 phone calls and emails to OPP by topic

