

Quality Improvement and Patient Protection

Health Policy Commission

Committee Meeting
February 12, 2014



Agenda

- Approval of the minutes from the December 16, 2013 meeting
- Approval of final proposed regulations for the Office of Patient Protection
- Discussion of the HPC's 2014 behavioral health agenda
- Discussion of QIPP Committee priorities for 2014
- Schedule of next committee meeting (April 9, 2014)

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Vote: Approving minutes

Motion: That the Quality Improvement and Patient Protection Committee hereby approves the minutes of the Committee meeting held on December 16, 2013, as presented.

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958 CMR 3.000: Health Insurance Consumer Protection

- Internal review – consumer grievances of health plan decisions
 - External review – second level of consumer appeals of health plan decisions based on medical necessity decisions
 - Protections for consumers with providers who leave the health plan's network
 - Reporting requirements for insurance carriers
 - Language access
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Parties providing testimony or comments

Hearing, December 16, 2013

- Health Law Advocates
- Massachusetts Association of Behavioral Health Systems
- Massachusetts Association of Health Plans
- McKesson Health Solutions
- National Association of Social Workers, Massachusetts Chapter

Written comments, December 24, 2013

- Aetna
- Blue Cross Blue Shield of Massachusetts
- Health Care For All and Health Law Advocates (jointly with 8 other organizations)
- Health New England
- Massachusetts Association of Behavioral Health Systems
- Massachusetts Association of Health Plans*
- McKesson Health Solutions
- National Association of Social Workers, Massachusetts Chapter
- Pharmaceutical Research and Manufacturers of America

*Received after Dec. 24, 2013, 12:00 pm deadline

Key themes of testimony and comments

Preserve existing consumer protections	<ul style="list-style-type: none">▪ Retain voluntary extensions of time limits for internal review▪ Keep access to voluntary reconsideration for all health plan members, including individual plans
Transparency	<ul style="list-style-type: none">▪ Comments opposed to and in favor of increased access to medical necessity criteria▪ Comments opposed to and in favor of disclosing more information to consumers, including CPT codes
Language access	<ul style="list-style-type: none">▪ Support for providing information in non-English languages▪ Questions regarding the feasibility of potentially providing all documents in every non-English language (“tagging and tracking”)
Clarifications	<ul style="list-style-type: none">▪ Further definitions of some terms▪ Adjustments to reporting requirements▪ Information about treatment options

Proposed amendments to 958 CMR 3.000

Voluntary extension

Proposed amendment

- Keep original language to allow consumers and carriers to voluntarily extend time limits for internal review

Reason for change

- HPC received clarification that the voluntary extensions comply with the ACA

Reconsideration

- Keep original language to allow consumers with individual health plans to seek voluntary reconsideration of carrier decisions

- HPC received clarification that retaining access to reconsideration for all plan members complies with the ACA

Medical necessity criteria

- Provide criteria to consumer along with adverse determination
- Provide criteria upon request to insureds and their providers
- Public access would take effect on July 1, 2014

- State law already requires carriers to provide access to criteria along with adverse determinations
- Federal law requires access for insureds
- Ch. 224 requires access for insureds, providers, others
- Later effective date to allow opportunity for further legislative clarification if needed

Proposed amendments to 958 CMR 3.000

	Proposed amendment	Reasons for change
Language access	<ul style="list-style-type: none">▪ Modified language requirement, consumers may request all subsequent notices about the appeal to be in Spanish▪ Consumers may request translation and interpretation into any language as needed	<ul style="list-style-type: none">▪ HPC considered input from diverse market participants▪ Consistent with MassHealth rules for providing Spanish notices▪ Amended language is ACA-compliant
Transparency	<ul style="list-style-type: none">▪ In a final adverse determination, carriers shall provide clear and detailed information about the denied claim, including the CPT code if applicable	<ul style="list-style-type: none">▪ Further clarification for consumers▪ Clear summary explanation to address concerns about overwhelming consumers with information▪ Additional detailed information, including diagnosis, treatment and denial codes, to help resolve claims
Carrier deadlines	<ul style="list-style-type: none">▪ Adjustment to carrier deadlines for providing information to consumers during expedited grievance▪ Additional time to provide authorization form to consumers	<ul style="list-style-type: none">▪ Changes made in response to comments about workable deadlines for providing information, etc.

Proposed amendments to 958 CMR 3.000

	Proposed amendment	Reasons for change
Reasonably complete medical record	<ul style="list-style-type: none">▪ “Reasonably complete” medical record further defined	<ul style="list-style-type: none">▪ Clarifying that the record must be sufficiently complete so that the carrier can conduct a full and fair review of the grievance
Information about treatment options	<ul style="list-style-type: none">▪ Clarification that carriers may provide information about other treatment options, but are not required to do so	<ul style="list-style-type: none">▪ Change made to clarify the intent of the rule▪ If a carrier opts to provide this information, it must be accurate
Reporting requirements	<ul style="list-style-type: none">▪ Eliminating duplicate reporting requirements▪ In their annual reports to OPP, carriers may certify that the information is being provided to DOI▪ New OPP reporting requirements to take effect for reports due on April 1, 2015 (for 2014 data)	<ul style="list-style-type: none">▪ Administrative simplification▪ Input from carriers about the implementation of new reporting requirements▪ Input from DOI

Other comments received

- Procedural changes (external review fees, conferences, etc.)
 - Substantive changes (expanding or creating new protections for carriers, consumers, providers)
 - Transparency (disclosure of information, reporting)
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Next steps



**Process for
958 CMR
3.000**

- HPC vote on whether to approve proposed Final Regulation
 - If approved, Final Regulation will be filed with Secretary of the Commonwealth
 - Text of Final Regulation to be distributed and posted on HPC website
 - Final Regulation will be published in the Massachusetts Register
 - Final Regulation takes effect when published, unless another effective date is specified within the regulation
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2014 behavioral health agenda


Chapter 224 sets a broad vision for a more affordable, effective and accountable health care system in Massachusetts. The successful integration of behavioral health care is essential for realizing the goals of improving outcomes and containing long-term cost growth.

The Health Policy Commission, through its various policy Committees, should work to ensure that behavioral health issues are appropriately considered and addressed in the spectrum of initiatives led by the Commission.

2014 behavioral health agenda

Despite a history of progressive state policies and a commitment by many health care providers and payers, there are a number of persistent barriers to behavioral health integration in Massachusetts. As identified by the Behavioral Health Task Force these barriers include, but are not limited to:

- 1 Reimbursement issues, including lack of equity, restrictive billing policies, and non-aligned payment systems;
- 2 Regulations that are based on historically separate systems of physical health and behavioral health;
- 3 Difficulty accessing behavioral health treatment;
- 4 The need for significant training and education of both primary care and behavioral health providers;
- 5 Lack of interoperability and connection of the behavioral health system to electronic health records; and,
- 6 Privacy and data-sharing concerns.



For discussion:
How can the HPC work to address these barriers in 2014?

2014 behavioral health agenda

HPC Initiative: Promoting clinical models of integration through enhanced care delivery standards and accountable care models

- Through the continued development and implementation of a patient-centered medical home (PCMH) and ACO certification programs, the HPC intends to encourage and support providers to integrate behavioral health.
- **Planned HPC activities for 2014 include:** the development of behavioral health (BH) criteria and standards to be included in the PCMH program (joint effort of the CDPSR and QIPP committees); the development of evaluation and measurement metrics for BH in the PCMH setting; and the engagement of payers on payment support for BH services. Focus will shift to developing the ACO certification program in Q3 and Q4 of 2014.

2014 behavioral health agenda

HPC Initiative: Promoting clinical integration through investment

- One of the stated goals of the CHART investment program is to advance the integration of behavioral health and physical health services within communities across the Commonwealth. In Phase One of the investment program, the HPC received many applications from hospitals and their community-based partners to fund initiatives to identify high-need BH and chronic disease patients and provide enhanced care management to this population.
- **Planned HPC activities for 2014 include:** providing CHART awardees a number of capacity-building opportunities through training, leadership assessment, and technical assistance; overseeing and evaluating Phase One projects, including the dissemination of lessons learned and best practices; developing and implementing the Phase Two CHART investment opportunity in which we plan to provide significant, strategic investments in targeted areas of HPC focus.

2014 behavioral health agenda

HPC Initiative: Research, evaluation, and analysis

- As part of its annual cost trends work, the HPC will continue to conduct focused research and analysis on mental health and substance abuse spending and trends using the APCD and other available data sources.
- In addition, for patients in fully-insured commercial health plans, the Office of Patient Protection continues to collect and report data regarding behavioral health and substance abuse disorder-related external reviews. New regulations under consideration by the HPC will provide new information on internal grievances.
- **Planned HPC activities for 2014 include:** extend analysis of high-need patients to the MassHealth population; coordinate with the work of the Public Payer Commission as it pertains to behavioral health; other on-going research and analysis in areas of interest to the Commission Board; and monitor research of others in this area.

HPC Initiative: Health planning support

- The Health Planning Council was established by Chapter 224 to assess the capacity and demand of certain health care resources in Massachusetts and make recommendations for the appropriate supply and distribution of those resources. The Council is chaired by Commissioner Polanowicz and the Executive Director of the HPC is an ex-officio member to this Council. This year the Council has decided to focus on behavioral health resources as its first area of inventory assessment and planning. Due to the relevance of this work to the HPC's mission, the HPC is contributing resources to support the Council in the form of dedicated staff.
- **Planned HPC activities for 2014 include:** on-going participation of the HPC ED in council activities; collaboration between the Council and the HPC's QIPP Committee to develop key questions and an analytic approach; HPC staff providing in-kind support to the Council.

2014 behavioral health agenda

HPC Initiative: Providing a public forum for policy discussions

- The HPC plays a prominent public role in discussing and developing health care policy for Massachusetts. Through QIPP Committee, the HPC can provide a forum for discussion of barriers to and opportunities for behavioral health integration. These discussions may lead to additional recommendations to improve and advance integration.
- In addition, the QIPP Committee can provide a forum to review ongoing efforts to promote behavioral health integration.
- **Planned HPC activities for 2014 include:** Focused discussions and deliberations by the QIPP committee and other stakeholders and experts as appropriate on the challenges and opportunities for behavioral health integration; receive periodic updates on the progress of the HPC and by other state agencies in implementing key Chapter 224 strategies for advancing integration (i.e. the DOI/AGO on parity issues, DMH, and the Public Payer Reimbursement Commission.)

2014 behavioral health agenda – next steps

Next steps: What are the priorities for the QIPP Committee for 2014?

- **Upcoming activities for QIPP include:** Joint meeting of QIPP and CDPSR to: 1.) consider behavioral health criteria and standards to be included in the PCMH certification program, and 2.) receive an update from MassHealth on the integration of behavioral health in the PCPR program
- Invite representatives of the Health Planning Council to provide an update and discuss opportunities for aligned work in 2014
- Invite representatives of the Division of Insurance to provide an update on the parity regulations mandated by c. 224.

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Contact information

For more information about the Health Policy Commission and the Office of Patient Protection:

- Visit us: <http://www.mass.gov/hpc>
- Follow us: @[Mass_HPC](#)
- E-mail us: HPC-OPP@state.ma.us or HPC-Info@state.ma.us