

**MINUTES OF THE JOINT COMMITTEE MEETING**

**QUALITY IMPROVEMENT AND PATIENT PROTECTION**  
**CARE DELIVERY AND PAYMENT SYSTEM TRANSFORMATION**

**Meeting of June 11, 2014**

**MASSACHUSETTS HEALTH POLICY COMMISSION**

**JOINT COMMITTEE MEETING  
QUALITY IMPROVEMENT AND PATIENT PROTECTION  
CARE DELIVERY AND PAYMENT SYSTEM TRANSFORMATION  
MASSACHUSETTS HEALTH POLICY COMMISSION  
Center for Health Information and Analysis  
Two Boylston Street  
Boston, MA 02116**

---

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

---

**PROCEEDINGS**

The Massachusetts Health Policy Commission's (HPC) Care Delivery and Payment System Transformation (CDPST) Committee and Quality Improvement and Patient Protection (QIPP) Committee held a joint meeting on Wednesday, June 11, 2014 at the Center for Health Information and Analysis (CHIA), Two Boylston Street, Boston, MA.

Members present were Dr. Carole Allen (Chair, CDPST), Ms. Marylou Sudders (Chair, QIPP), and Dr. Ann Hwang, representing Mr. John Polanowicz, Secretary of Health and Human Service.

Ms. Jean Yang, Ms. Veronica Turner, and Dr. Wendy Everett were not present.

Dr. David Cutler arrived late.

Ms. Sudders called the meeting to order at 9:36 AM.

**ITEM 1: Approval of Minutes**

Ms. Sudders asked for approval of the minutes for the April 9, 2014 QIPP meeting. She sought any changes to the minutes. Seeing none, she asked for a motion to accept the minutes. Dr. Allen made the motion and Dr. Hwang seconded. Members voted unanimously to approve the minutes.

Dr. Allen asked for approval of the minutes for the May 12, 2014 CDPST meeting. She sought any changes to the minutes. Seeing none, she asked for a motion to accept the minutes. Dr. Hwang made the motion and Ms. Sudders seconded. Members voted unanimously to approve the minutes.

**ITEM 2: Executive Director Report**

Mr. David Seltz, Executive Director, reviewed the agenda. He stated that the Joint Committee would hear updates on the proposed regulation and Data Submission Manual for the Registration of Provider Organizations (RPO) program as well as two presentations from

state agencies. Mr. Kevin Beagan, Deputy Commissioner, Division of Insurance (DOI), would present on mental health parity and Ms. Madeline Biondolillo, Associate Commissioner, Department of Public Health (DPH), would present on the work of the Health Resource Planning Council.

Mr. Seltz stated that the HPC is utilizing the report of the Behavioral Health Task Force to develop a broad behavioral health agenda, which will aid in meeting the goals of Chapter 224, including improving efficiency, quality, and patient outcomes. Mr. Seltz stated that integrating behavioral health is a challenge that requires coordination across the Commonwealth. He highlighted that the Behavioral Health Task Force report provides a good catalogue for the barriers that exist around behavioral health integration. He stated that the HPC is committed to utilizing the recommendations of the report to establish a "public road map" for all stakeholders to address this important issue. He stated that the HPC can play an active role in supporting and encouraging these efforts.

Mr. Seltz stated that the HPC is implementing its behavioral health agenda through Phase 2 of the Community Hospital Acceleration, Revitalization, and Transformation (CHART) program, the Patient-Centered Medical Home (PCMH) certification program, the agency's research agenda, and the cost and market impact review (CMIR) process.

Mr. Seltz discussed behavioral health integration through the PCMH program. He explained that the program, at its core, is about treating the whole patient and addressing societal issues affecting patient health. He stated that the HPC has examined various national certifications and that there is a lack of behavioral health integration in these programs. He added that the HPC is considering certification criteria that will encourage practices to incorporate primary care and behavioral health moving forward.

Mr. Seltz stated that the Legislature has shown tremendous leadership in thinking about ways to support mental health and substance abuse services. He commended Speaker of the House Robert DeLeo and Senate President Therese Murray for their leadership increasing funding for mental health agencies and programs across the board. He stated that their leadership was crucial in securing up to \$2 million in the FY15 budget for the HPC to work on behavioral health integration. He stated that he would provide further updates on this funding after the budget conference committee report was released from Conference Committee and brought before the Governor for his approval.

Dr. Hwang stated that it was good to see such strong support for behavioral health integration. She stated that there are opportunities to coordinate the PCMH program with the work of other agencies. She said that she was looking forward to future updates and working with the HPC staff on this.

Mr. Seltz stated that having a road map of all the activities happening within state government will be helpful. He noted that if the funding for the HPC for behavioral health integration is included in the final FY15 budget, it will provide a foundation to formulate next steps.

Mr. Seltz provided an update on the status of S. 2133 – *An Act to increase opportunities for long-term substance abuse recovery*, which passed the Senate and is pending before the House of Representatives. He stated that this is a comprehensive bill for long-term substance abuse recovery. He noted that the bill charges the HPC with conducting a joint study with the Center for Health Information and Analysis (CHIA). Under the legislation, CHIA would conduct a review of substance abuse services, an evaluation of the continuum for care and barriers to treatment access. With the report as a foundation, the HPC would further policy recommendations to address the barriers identified by CHIA. He stated that, under the proposal, the HPC would also assume a new role of certifying substance abuse disorder treatment facilities and providers. He stated that the HPC will continue to follow this legislation as it is considered by the House.

Ms. Sudders asked if there was an amendment in the Senate version of the legislation that affected the Office of Patient Protection (OPP). Mr. Seltz responded that an amendment was included in the Senate that seeks to issue a number of directives for OPP, including new reporting requirements. Mr. Seltz stated that the HPC would continue to track this amendment and update commissioners as necessary.

Ms. Sudders stated that she thinks both branches of the Legislature have done well to acknowledge the importance of behavioral health and mental health parity. Dr. Hwang echoed Ms. Sudders' comments and acknowledged the Governor's recent announcement about the recommendations of the Opioid Task Force. Mr. Seltz added that one of the recommendations of that task force is a review of what private insurers should cover when it comes to opiate treatment, and that the HPC will be involved in this effort.

### **ITEM 3: Presentation by the Division of Insurance on Mental Health Parity**

Mr. Kevin P. Beagan, Deputy Commissioner, Division of Insurance (DOI), presented on DOI's ongoing work regarding mental health parity. A full copy of his presentation is available on the HPC's website.

After the presentation, Ms. Sudders stated that she wanted to acknowledge Mr. Beagan's longevity at DOI and continuity in this process and that she looks forward to him returning with further data. She stated that, while the findings are preliminary, she would like to see further data on the overall adequacy of insurance networks and the emergency room experience relative to the appropriate levels of care.

Dr. Allen stated that the absence of adequate access to behavioral health was extremely lacking in the pediatric care setting and that she was glad to hear that DOI is examining this. She noted that any solution must address the intersection of physical health and behavioral health as a means to support the health of the whole patient. Mr. Beagan acknowledged this problem in conjunction with the overall problem of identifying available beds to place patients in, which is an area where DOI will continue to collect data.

Mr. Seltz stated that he thinks that Mr. Beagan highlighted a number of areas where more data and information is necessary. Mr. Beagan stated that DOI would be working with CHIA to continue to enhance the All-Payer Claims Database (APCD).

Mr. Seltz stated that this was a very important initiative undertaken by DOI and the HPC would be eager to partner in this work, as it has already been doing both through its APCD analysis and through updated OPP regulations.

Ms. Sudders opened the floor for public comment. David Opp, Intern, Joint Committee on Public Health, offered comment.

Dr. Allen thanked Mr. Beagan for his presentation and commended the work of DOI on identifying needs and next steps on this important issue.

Seeing no further comments, Ms. Sudders moved to the next agenda item.

#### **ITEM 4: Update on Registration of Provider Organizations Program**

Mr. Seltz introduced Mr. Iyah Romm, Director of System Performance and Strategic Investment, to provide an update on the RPO program.

Mr. Romm stated that he hoped to engage committee members in a robust discussion of the public comment on the regulation for RPO and the accompanying Data Submission Manual (DSM). He stated that the purpose of this presentation is to walk through a series of key themes and policy points regarding the RPO program.

At this point, Dr. David Cutler arrived at the meeting.

Mr. Romm reviewed the RPO program development timeline and key principles of the RPO program development, including reducing the administrative burden on providers. He stated that the RPO program is focusing on high priority questions, with the understanding that additional questions may be added subsequent to registration if sufficient information is lacking.

Mr. Romm reviewed the proposed timeline for the release and implementation of the RPO program. He stated that staff anticipates bringing a final proposed regulation to the July 2 board meeting for promulgation. He noted that, following the approval of the regulation, HPC staff will conduct a series of live trainings, webinars, and one-on-one meetings to assist in implementation of the RPO program. He noted that the RPO program is on track to receive initial registration materials in fall 2014.

Mr. Romm highlighted one substantial change to the proposed regulation, noting that the registration process has been divided into two parts. He noted that the focus of today's meeting would be part one, which is intended to capture basic demographic and provider structure information. Mr. Romm noted providers were very supportive of this two-part process.

Dr. Allen stated she appreciated the transparency and public engagement throughout the development of these regulations and all of the HPC's regulations and programs. She added that the goals in all of these initiatives are to minimize burden on organizations while maximizing value of data to the Commonwealth. She thanked staff and stakeholders for engaging in a productive and collaborative process.

Mr. Romm stated that the HPC had received public comment from 19 provider organizations. He introduced Ms. Kara Vidal, Program Manager for System Performance, to review the public comment.

Ms. Vidal stated that the comments can be summarized into three main categories: 1) those that affect the general program and structure; 2) those that affect the regulation; and 3) those that affect the DSM. She stated that a summary of these comments and HPC responses can be found in the day's presentation on the HPC's website.

Ms. Vidal provided a summary of comments on program structure and process. She stated that many of these comments addressed education and training, the timeframe for registration, a contracting threshold, and the need to leverage data to reduce duplication of work.

Ms. Vidal then reviewed comments regarding the DSM. She noted that the HPC staff is excited about providing more information on the DSM this summer through live trainings, webinars, and meetings with provider organizations.

Ms. Vidal summarized the comments proposing the two-part registration process that Mr. Romm had discussed earlier in the meeting. She noted additional comments on the need for an expanded timeline for both parts of the registration. She stated that the regulations were amended to reflect these comments.

Dr. Hwang asked when part two of registration would begin. Ms. Vidal responded that staff proposed opening part one in the fall with a part two launch in early 2015. She stated that this timeline is contingent on IT build out and policy development.

Ms. Vidal further summarized comments on program structure and process. Ms. Vidal reviewed comments on leveraging data from other state agencies. She stated that the HPC continues to engage with stakeholders and other agencies to minimize redundant data collection. She stated that the information requested through the registration fills a gap in the existing landscape.

Dr. Hwang asked if there are opportunities for collaboration between the certification of Risk-Bearing Provider Organizations (RBPO) and the RPO program. Mr. Romm responded that there is an issue of timing with the RPO and RBPO programs, and staff will try to coordinate timing of Part 2 with RBPO, to reduce administrative burden.

Ms. Vidal reviewed additional comments.

She discussed a comment that requested clarification around the term contractual affiliate. She stated that, for the purposes of the regulations, a contracting affiliate refers to the provider on whose behalf the RPO negotiates. She stated that staff recommends changing the term to contracting affiliate in the regulation and DSM for clarity.

Ms. Vidal stated that a second comment asked for clarification on registration thresholds. In the regulation and DSM, if a provider is the contractual affiliate of multiple provider organizations, then all of those provider organizations would have to register and report the affiliation. A comment asked that only one provider organization have to report to reduce duplicative work. Ms. Vidal responded that RPO is intended to capture information about the relationships between the provider and the provider organization so it is important to have each provider organization report on each of its affiliations. The questions have to do more with what services are provided to the contracting affiliate and what payments are exchanged between the provider organization and the provider. For this reason, data will be collected for each provider organization.

Mr. Romm stated that several comments requested that the RPO program include an appeals process through which a provider organization could seek further review by the HPC. Mr. Romm stated that providers and provider organizations can request further review by the HPC on whether the provider organization is required to register and the completeness of the submitted application.

Ms. Susan Flanagan-Cahill, Deputy General Counsel, stated that the HPC is adding language that allows for further review of applications, but that an appeals process is not legally required.

Ms. Vidal reviewed comments asking for clarification on the terms 'providers' and 'provider organizations'. She stated that the draft regulation includes both terms, with the distinction that provider organizations negotiate contracts, whereas providers do not. She stated that the requirement to register is only for provider organizations and that they are required to report on their affiliates. She added that M.G.L. c. 6D, § 12 (the enforcement provision) uses the term provider and provider organization. Staff will recommend removing reference to providers in certain provisions of the regulation to minimize confusion.

Dr. Hwang asked if staff was suggesting that the regulation would be changed to apply only to provider organizations. Mr. Romm responded that that is correct. In the regulation, a provider that is not engaging in contracting is not subject to this regulation. He noted, however, that the provider organization that is contracting on their behalf is required to register on their behalf.

Ms. Vidal noted additional comments asking for clarification on certain terms in the regulation. She added that staff suggests adding clarification of the following terms: contract, represent in contracting, or negotiate contracts.

Ms. Vidal then discussed comments on the DSM. She stated that there were three main comment areas: 1) clinical affiliates; 2) FTEs and physician rosters; 3) inclusion of additional provider types, and 4) element specific comments.

Ms. Vidal stated the comments asked for the HPC to set an NPSR threshold for clinical affiliates that need to be reported. She noted that the current DSM sets two thresholds: a) at least one partner has to be an acute care hospital and b) the affiliation has to have been established in a contract. She stated that, based on the nature of clinical affiliations, setting an NPSR threshold is not appropriate, but setting the acute care hospital and establishing contract threshold will limit those that have to be reported in the first year.

Ms. Vidal then moved to discuss full time equivalents (FTEs) and physician rosters. She stated that the draft DSM requested FTEs by facilities, broken down by PCPs, specialists, nursing staff, and administrative staff. She noted that, to reduce administrative burden, the HPC is considering replacing those FTE calculations with physician rosters, which would include physician name, PCP status, specialty, and primary and secondary site of care. She stated that staff has had the opportunity to speak with a number of provider organizations about this change and they have responded positively.

Dr. Hwang asked if the team would make parallel changes for non-physician providers. Mr. Romm responded that the language is deliberate and that staff has heard consistently from providers that items like credentialing files and physician rosters would be straightforward to generate.

Mr. Cutler stated that an alternative would be to allow providers to submit whatever they have easiest to provide, such as a simple FTE calculation. Mr. Romm stated that staff wants to be able to compare like information across providers. Dr. Hwang suggested considering alternatives for collecting this information. Mr. Romm stated that, to the extent possible, the HPC will obtain information from existing sources, such as the APCD.

Ms. Vidal reviewed additional comment on the inclusion of additional providers in year one. She stated that the HPC received feedback that it should not limit Part One required registrants to hospitals, physicians based organizations and behavioral health providers, but rather should also consider including non-physician medical providers, as they have significant impact on care delivery and possibilities for cost containment. She stated that an understanding of how non-physician medical practitioners figure in to the system would be valuable. She noted that the regulation permits any organization to register voluntarily, so entities that are eager to join the RPO process are welcome to do so.

Mr. Romm reviewed element specific comments. He stated that the HPC will continue to review comments received. He noted that some of these comments are beyond the HPC RPO scope.

Dr. Allen opened for public comment. No comment was provided.

Dr. Hwang stated that the principles of the RPO timeline are extremely important. She noted that a confluence of regulations upon providers and a narrowly focused process



would ensure the quality of the data and a continued partnership for data collection over time.

Dr. Allen stated that she hoped to bring the regulation and DSM to the full board on July 2 for approval and asked for committee endorsement.

Ms. Sudders asked for additional time to review the draft regulation. The committee discussed adding an additional meeting of CDPST prior to the board meeting on July 2.

#### **ITEM 5: Presentation by the Department of Public Health on Health Resource Planning**

Mr. Seltz introduced Dr. Madeline Biondolilo, Associate Commissioner, DPH, to present on the behavioral health work of the Health Planning Council. A full copy of this presentation can be found on the HPC's website.

#### **ITEM 6: Schedule of Next Meetings (August 13)**

Seeing no further comment, Dr. Allen moved to adjourn the listening session at 12:10 PM.