



MASSACHUSETTS
HEALTH POLICY COMMISSION

Quality Improvement and Patient Protection Committee Meeting.

January 11, 2017



AGENDA

- **Call to Order**
- Approval of Minutes from the November 30, 2016 Meeting (VOTE)
- Presentation on Proposed Regulation
- Public Comment
- Schedule of Next Committee Meeting (January 25, 2017)



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VOTE: Approving Minutes

MOTION: That the Committee hereby approves the minutes of the joint QIPP/CDPST meeting held on November 30, 2016, as presented.



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- Call to Order
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 - Final Regulation Governing the Office of Patient Protection (VOTE)
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Background on Final OPP Regulation 958 CMR 3.000

Massachusetts' 2016 opioid law included a provision to add new **carrier reporting requirements detailing aggregate data on claims and claims denials** submitted annually to OPP (*Chapter 52 of the Acts of 2016 & M.G.L. c. 176O, sec. 7*)

- OPP's regulation 958 CMR 3.000, *Health Insurance Consumer Protection*, must be **amended** to incorporate the new statutory requirements

The new reporting requirements:

- **Provide** greater transparency regarding the total “universe” of fully insured claims/requests for services submitted and denied
- **Broaden** the data currently reported to OPP
- **Supplement** information submitted to DOI pursuant to DOI's mental health parity authority
- **Capture** post-service denials and claims regarding treatments/services that do not require prior authorization (e.g., out-of-network provider, service not covered, administrative denials)

Regulatory Development: Key Considerations

- HPC staff have been working closely with the **Division of Insurance** (DOI), given DOI's authority regarding parity certification and the related reporting requirements
- HPC staff are developing a proposed **reporting template** to guide submissions, a draft of which has been shared with carriers; HPC and DOI staff are planning to hold joint meetings with carriers in early 2017 to obtain additional feedback on the reporting template
- The new required information would be **first reported to OPP in 2018** (reporting on 2017 data)

Development of the Regulation



May 18, 2016 – Previewed regulatory revision with the QIPP Committee

June 1, 2016 – Previewed regulatory revision to full Board

November 2, 2016 – QIPP Committee voted to advance proposed regulation

November 9, 2016 – Full Board reviewed and voted to release proposed regulation

Mid-late November 2016 – Draft reporting template shared with carriers for comment

November 30, 2016 – Public hearing on proposed regulation; deadline to submit comments

Public Comments Received

Organization	Comment	HPC Recommendation
Blue Cross Blue Shield (BCBS)	BCBS supports the revised regulation; supports the concurrent submission of new reporting requirements with carrier submission to DOI for mental health parity certification (in July).	No change recommended.
Health Law Advocates (HLA) / Health Care For All (HCFA)	<p>HLA/HCFA supports the new reporting requirements for providing more comprehensive reporting and greater transparency regarding claims and requests for services, with further specificity about reasons for claims denials.</p> <p>Recommended clarifying that the new requirements are submitted to OPP; proposed regulation could be misinterpreted to allow a carrier to submit only to DOI.</p>	Clarified that the new reporting elements are required to be submitted to OPP concurrent with carrier submission to DOI for parity certification.
Massachusetts Association of Health Plans (MAHP)	MAHP expressed concerns about carrier burden and administrative simplification, as the new reporting requirements will constitute a separate report to OPP from that currently submitted to DOI for parity. With respect to any future reports, MAHP requested that OPP work closely with DOI in developing any explanatory materials to avoid possible misinterpretation of the data.	No change recommended. The HPC is directed by statute to collect the new information. OPP will continue to work closely with DOI and carriers to implement in a manner so as to streamline and align reports.

HPC staff recommend two minor clarifications in the final regulation: the first fixes an existing citation error in the regulation, and the second addresses HLA/HCFA's suggestion above.

Next Steps



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November 2, 2016 – QIPP Committee voted to advance proposed regulation

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November 30, 2016 – Public hearing on proposed regulation; deadline to submit comments

January 11, 2017 – QIPP Committee votes to advance final regulation to the Board

January 11, 2017 – Full Board votes to issue final regulation

January 27, 2017 – Anticipated effective date of regulation

Early 2017 – HPC and DOI plan to hold joint meetings with carriers to refine reporting template



Vote: Office of Patient Protection Regulation

Motion: That the Quality Improvement and Patient Protection Committee hereby approves the advancement of the amended FINAL regulation on health insurance consumer protection and recommends that the Commission vote to approve and promulgate 958 CMR 3.000 at its meeting on January 11, 2017.



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