MINUTES OF THE COMMITTEE MEETING

QUALITY IMPROVEMENT AND PATIENT PROTECTION

Meeting of January 25, 2017

MASSACHUSETTS HEALTH POLICY COMMISSION

QUALITY IMPROVEMENT AND PATIENT PROTECTION
Health Policy Commission
50 Milk Street, 8th Floor
Boston, MA

Docket: Wednesday, January 25, 2017, 10:30 AM

PROCEEDINGS

The Massachusetts Health Policy Commission's (HPC) Quality Improvement & Patient Protection (QIPP) Committee held a meeting on Wednesday, January 25, 2017, at the HPC's offices, 50 Milk Street, 8th Floor, Boston, MA.

Members present included Mr. Martin Cohen (Chair), Dr. Wendy Everett, Dr. Carole Allen, and Undersecretary Alice Moore, designee for Secretary Marylou Sudders, Executive Office of Health and Human Services. Mr. Tim Foley was not present.

The meeting notice and agenda can be found here.
The presentation from the meeting can be found here.

Mr. Cohen called the meeting to order at 10:31 AM and offered a brief introduction.

ITEM 1: Approval of minutes from January 11, 2017

Mr. Cohen asked for a motion to approve the minutes from the January 11, 2017 meeting. Dr. Allen motioned to approve the minutes. Undersecretary Moore seconded. Committee members voted unanimously to approve the minutes, as presented.

Mr. Cohen thanked Dr. Everett for chairing the January 11 meeting in his absence.

ITEM 2: Presentation on updated neonatal abstinence syndrome trends

Mr. Cohen turned the discussion over to Ms. Katherine Record, Deputy Policy Director for Accountable Care, who provided an introduction to the update on trends of neonatal abstinence syndrome (NAS). For more information, see slides 6-10.

Ms. Record turned the discussion over to Ms. Natasha Reese-McLaughlin, Senior Manager for Research and Cost Trends, who presented the update on NAS trends. For more information, see slides 11-14.

Ms. Record provided an overview of the state's plan to address NAS. For more information, see slide 15.

Dr. Everett asked whether the state's NAS taskforce was relying on the HPC to collect data and show year-to-year trends or if other government agencies were also completing this work. Ms. Record clarified that the HPC is contributing data regarding the impact on the

health care system. She stated that other state agencies were providing data on the number of opioid-related visits.

Mr. Cohen asked whether there was any update on the NAS grants the HPC had made. Ms. Record said that the HPC had finished contracting with four of the grantees and that those organizations had begun preparations on their respective interventions.

Mr. David Seltz, Executive Director, said that one of the grantees, Lawrence General Hospital, had received the NAS grant aimed exclusively at hospital care but was providing an in-kind contribution of its own in order to fund a program with full-spectrum care. He added that the HPC was in the process of hiring a consultant to aid in technical assistance with the NAS program to ensure learning and dissemination of best practices.

Dr. Allen asked how the graph on slide 14 would look if it were tracking absolute numbers versus rates. Ms. Reese-McLaughlin replied that the graph on slide 14 was meant to show the impact on the hospitals based upon their obstetric volumes but added that the sites with highest volume were Boston Medical Center (BMC), Berkshire Medical Center, and Charlton Hospital. She pointed out that Charlton fell into the category of both a very high rate and very high absolute number of NAS discharges.

Dr. Everett said that she believed that Charlton was in the Fall River area. She asked for clarification on the location of Morton Hospital. Ms. Coleen Elstermeyer, Deputy Executive Director, clarified that Morton Hospital was located in Taunton.

Dr. Allen clarified that not all CHART hospitals were working on an NAS initiative. Ms. Record agreed, noting that most of the HPC's CHART initiatives were more emergency department based.

Mr. Seltz said that the point of separating the hospitals on slide 14 into CHART and non-CHART groups was to demonstrate that much of the burden for dealing with NAS cases is falling on lower-cost community hospitals and heavily impacting these institutions.

Mr. Cohen thanked Ms. Record and Ms. Reese-McLaughlin for their presentations.

ITEM 3: Office of Patient Protection Annual Report

Mr. Cohen introduced Mr. Steven Belec, Director of the Office of Patient Protection (OPP), to provide an annual report on OPP. For more information, see slides 17-34.

Dr. Allen asked whether "risk bearing provider organizations" included people with Employee Retirement Income Security Act (ERISA) plans. She added that half of the plans in Massachusetts were ERISA plans and may be bearing risk. Ms. Nancy Ryan, Associate Council, replied that ERISA plans were included in the data. Mr. Belec added that Medicaid and MassHealth plans were excluded from that category.

Dr. Allen asked for clarification on the difference between the "Tufts – Public Plans" and "Tufts Health Plan" categories in the graph on slide 30. Mr. Belec explained that "Tufts – Public Plans" came into existence when Tufts Health Plan acquired Network Health. He noted that "Tufts – Public Plans" operates differently than "Tufts Health Plan," including having different provider networks.

Mr. Cohen asked if OPP had noticed an uptick in people seeking an enrollment waiver, enrolling in health insurance, getting care, and then canceling the enrollment. He asked whether such trends were tracked. Mr. Belec responded that the HPC would not necessarily be able to track that. He added that the waiver process does not take into account the need for care. He said that individuals applying for a waiver must attest, under the penalty of perjury, that they did not intentionally forego coverage during the enrollment period.

Dr. Allen noted that, based on slide 30, it appeared that three insurers had a disproportionate number of reviews. She asked whether this was because these insurers had more members and whether the OPP was working with these insurers to address this issue. Mr. Belec responded that the numbers on slide 30 were weighted for membership. He added that OPP works closely with the Division of Insurance (DOI) to raise awareness around certain grievance issues.

Mr. Belec noted that DOI and OPP are working to review the various templates that insurers use to advise their members of their right to appeal. He pointed out that companies well below the state average for external reviews may not be doing as thorough a job advising consumers of their right to appeal.

Ms. Ryan added that only 12 percent of customers who receive an adverse determination actually move forward with the appeals process. She noted that although several companies are above the statewide average, that indicates that their members are actually seeking out and taking advantage of the external review process.

Undersecretary Moore asked whether the numbers outlined on slide 30 had stayed steady over time. Mr. Belec said that the identities of the carriers had changed over time. He said that the analysis was first conducted in 2014 and that it was a different subset of carriers in a different order.

Dr. Everett said that the report contained terrific data presented in an orderly way. She noted that the 12,429 complaints outlined on slide 20 was a higher number than in the past. She also noted that, looking at the data on slide 31, the number of external reviews has been falling since 2010. She asked if there was any correlation between the data on these two slides.

Mr. Belec said that it would be difficult to draw a correlation between the slides, especially considering mandated benefits and other changes over time. He added that part of the shift could also be attributed to better reporting by carriers as well as auditing by OPP.

Dr. Everett asked whether OPP had any sense of why 88% of individuals do not appeal a denied claim to OPP. She added that this may be from a lack of awareness of the appeals process.

Mr. Belec said that this was probably an accurate understanding. He suggested that there are also other reasons behind the 88% figure. He said that individuals who had already engaged in the internal grievance process may feel discouraged to begin yet another process through external review. He added that, if a member bears no specific cost sharing on the outcome of the appeal, he or she may not want to pursue the external review.

Mr. Belec added that this was a topic he was very passionate about and said that OPP would continue to look into this population and assist individuals who may not necessarily able to pursue a cumbersome process.

Dr. Everett asked whether there was a percentage of health plans that require a secondary medical exam. Mr. Belec said that this was not the case. Ms. Ryan added that individuals are able to have a claim denied and go through all the levels of appeal based solely on the record.

Mr. Seltz asked Mr. Belec to elaborate on the number of interactions that OPP had with patients over the course of the year.

Mr. Belec said that, in 2015, OPP had fielded between 3,000 and 4,000 calls and emails from patients in Massachusetts. He said that staff helped to direct individuals to the correct agencies. He added that, while the data presented here was interesting, the exciting work happens on a day-to-day basis in the office.

Ms. Ryan added that the OPP is comprised of only three staff.

Noting the chart on slide 31, Dr. Everett said that she found trended data very useful. She said that, in an ideal world, there would be feedback from OPP to health plans to ensure decisions and standards for reviews are more congruent.

Dr. Everett asked whether there was currently a feedback process from OPP to the health plans. Mr. Belec said that this process had led to carriers, over time, shifting some of their medical necessity standards. He added that he also hopes that someday it would be possible to get to the point that all complaints are reviewed at the point of contact.

Dr. Allen asked if there were examples of common external reviews leading to shifts in practices. Mr. Belec responded that these cases could shift yearly and included treatments for things like infertility and Hepatitis C.

Dr. Allen asked if it tended to be newer treatments that were not necessarily common across the board. Mr. Belec said that that was the case.

Undersecretary Moore said that any information on why the number of overturned behavioral health denials is lower would be helpful.

Mr. Cohen asked what a chart like the one on slide 22 would show if it displayed the numbers for behavioral health cases. Mr. Belec said that he would look into it. Mr. Cohen said that it would be interesting to see those charts side-by-side.

Undersecretary Moore added that DOI now has a survey in the field regarding this issue and that its results would be informative.

Mr. Belec said that OPP also had a survey out and that this would be something it would continue to monitor.

Mr. Cohen asked if there were further questions. None were heard.

ITEM 4: Adjournment

Mr. Cohen said that the next scheduled meeting of QIPP Committee was March 15, 2017. Mr. Cohen adjourned the meeting at 11:16AM.