**Taxonomy Commission**

Meeting Minutes

March 20, 2019

11:00 am-1:00 pm

Date of meeting: Wednesday, March 20, 2019

Start time: 11:11 am

End time: 11:50 am

Location: Michael Matta Conference Room, 11th Floor, One Ashburton Place, Boston, MA 02108

Members present:

* Lauren Peters – Executive Office of Health and Human Services (Chair)
* Matthew Veno -- Division of Insurance
* Kate Ginnis, MSW, MPH, MS -- Boston Children’s Hospital
* Sarah Coughlin, LICSW, LADC-I -- National Association of Social Workers
* Scott Weiner, MD, MPH -- Brigham and Women’s Hospital
* Ken Duckworth, MD -- Blue Cross Blue Shield of Mass.
* Sarah Chiaramida, Esq. -- Mass. Association of Health Plans
* Deirdre Calvert, LICSW -- Column Health

Members calling in:

* Diana Deister, MD -- Boston Children’s Hospital
* Kiame Mahaniah, MD -- Lynn Community Health Center
* Claudia Rodriguez, MD -- Brigham and Women’s Hospital

**Proceedings**

Undersecretary Peters called the meeting to order at 11:11am.

Undersecretary Peters thanked all Commission members for their feedback on the drafted final report. She established the goal of the meeting: to review the report and provide any needed clarifications, to be captured in meeting minutes which will be submitted along with the report.

Ken Duckworth arrived at 11:13 am.

**Vote:** The Undersecretary introduced a motion to approve the March 1st minutes, which was seconded and unanimously approved by roll call.

Undersecretary Peters pointed out a change that had been made on page 9 to a single phrase (changing a reference from CAQH to be to HCAS).

She then opened the discussion to review the entire report, reminding members that all meeting minutes will be appended to the report and included in the formal record of the Commission.

First Deputy Commissioner Veno commented on the recommendation that the DOI review the taxonomy on an ongoing basis. He noted that MAHP (Massachusetts Association of Health Plans) “also wanted to have some analysis done about how providers are actually engaging in the process.” He explained that while not referenced directly in this report, as the DOI updates the taxonomy, they would like to have a “broader dialogue” about how the process is running; “Is it being used in the way we’d expect and are recommending?”

Ms. Chiaramida agreed that as the list is continuously reviewed, it is important to make sure that how it is being used is appropriate. She expressed the importance of continuing to look into whether additional primary source certifications are being established, and how that impacts providers’ self-identification processes.

The Commission continued to review the draft report. Ms. Ginnis explained her desire to include language around “levels of care” within the taxonomy. She also explained that while the Commission did not deliberate on this topic, she feels it is important for provider directories to first offer options for consumers to select the area of modality of care they are seeking, before selecting provider type. Ms. Chiaramida expressed that this issue is a separate question, outside of the Commission’s charge. She also emphasized the need to balance streamlining processes on the consumer end with making these changes expeditiously: “We want to make sure we get this first part done correctly and in a timely manner.”

Undersecretary Peters suggested that the Commission turn its attention to reviewing the recommended process for carrier validation. She summarized that rather than one singular process, the output of the report is a variety of approaches that are not mutually exclusive, and that different players in the system can take to ensure that “we meet our ultimate goal of accurate information being available to patients and their families at the time that they are looking for it.”

Ms. Chiaramida noted that one of the goals of a provider directory is to have one-stop shopping for providers to enter their information. She noted that one concern of MAHP was that the report provides the appropriate context around the relationships that carriers have with HCAS and CAQH, that these are contracted relationships: “They are vendors, so those are the organizations we’ve contracted with to provide those services. So while there is a goal of having one platform or process, we want to make sure that we don’t put forth recommendations that down the line may favor one vendor over another. We want to be clear that right now, these are our vendors, but we may explore others in the future.” She also wanted to clarify that the report does not intend to say that whatever platform is chosen must use their in-house primary source verification function. The Commission deliberated on the language of the report, and agreed to change it to reflect this clarification.

Undersecretary Peters informed the Commission that the Mass. Medical Society had sent a letter on the morning of the meeting with comments on the report. Dr. Weiner read excerpts from the letter and summarized their concerns. The Commission discussed these concerns; Undersecretary Peters noted that the Commission’s priority was to not recommend any process that would create any further barriers to behavioral health services, and to ensure that the information that was made available was accurate, rather than imposing limitations on what providers can or cannot provide. She reported that she would contact the Society to discuss their concerns.

The Commission continued to review the report. Ms. Ginnis noted that the phrase “parent-infant dyad psychotherapy” should instead read “parent-infant psychotherapy.” The Commission deliberated and agreed to this change. Ms. Ginnis also wanted to note that the Appendix, where potential reference terms are listed is “far from an exhaustive list of reference terms.”

Undersecretary Peters offered the correction of changing First Deputy Commissioner Matthew Veno’s title throughout the report to add the word “First.”

**Vote:** Ms. Ginnis introduced a motion to approve the final report, with all agreed upon amendments, which was seconded and unanimously approved by roll call.

Undersecretary Peters thanked the Commission for their work and offered to keep members updated about the progress of the recommendations.

**Vote:** The Undersecretary introduced a motion for the meeting to adjourn, which was seconded and unanimously approved by roll call. The meeting adjourned at 11:50am.