

**MEETING MINUTES:
MARKET OVERSIGHT AND TRANSPARENCY COMMITTEE**

Meeting of October 4, 2023

MASSACHUSETTS HEALTH POLICY COMMISSION

Market Oversight and Transparency Committee
Health Policy Commission
50 Milk Street, 8th Floor.
Boston, MA

Docket: Wednesday, October 4, 2023, 9:30 AM

PROCEEDINGS

The Massachusetts Health Policy Commission's (HPC) Market Oversight and Transparency (MOAT) Committee held a virtual meeting on Wednesday, October 4, 2023, at 9:30 AM.

Members attending remotely included Dr. David Cutler (Chair), Mr. Timothy Foley, Mr. Ron Mastrogiovanni, and Ms. Martha Kwasnik, designee for Secretary Gorzkowicz, Executive Office of Administration and Finance.

Ms. Deborah Devaux (HPC Chair), Mr. Martin Cohen (HPC Vice Chair), Ms. Barbara Blakeney (Chair, Care Delivery Transformation), and Dr. Matilde Castiel were also in attendance, virtually.

The [meeting notice and agenda](#) and the [presentation](#) from the meeting can be found on the [HPC's website](#). A recording of the meeting can be found on the [HPC's YouTube Channel](#).

ITEM 1: Approval of Minutes

Dr. Cutler called for a motion to approve the minutes from the May 10, 2023 meeting. Mr. Mastrogiovanni made the motion to approve, and Ms. Kwasnik seconded. The vote was by roll call. The motion was approved with four votes in the affirmative.

Dr. Cutler turned the presentation over to Mr. David Seltz, Executive Director, who welcomed commissioners and provided a brief overview of the agenda topics.

ITEM 2: Reducing Unnecessary Administrative Complexity

Ms. Kate Scarborough Mills, Senior Director, Market Oversight and Transparency (MOAT) team introduced the presentation and Ms. Kara Vidal, Director of Health System Planning & Performance, MOAT. Ms. Vidal reviewed the presentation topic focused on one of the HPC's 2023 policy recommendations on Reducing Administrative Complexity. Ms. Gina Dello Russo, Senior Associate, MOAT and Mr. Mike Stanek, Associate Director, Health Care Transformation and Innovation (HCTI) team, presented additional information on the policy recommendation and sub-recommendations to reduce administrative complexity. For more information, see slides 6-24.

Ms. Dello Russo provided an overview of the policy sub-recommendation "Automate Prior Authorization." Dr. Cutler asked about the scope and timing of the Center for Medicare and Medicaid Services (CMS) proposed rule, "Advancing Interoperability and Improving Prior Authorization Processes". Ms. Dello-Russo said that the rule had not been finalized yet. She said that the rule is limited to certain public payers and outlines requirements around: 1) information that payers must include when denying a prior authorization request, timeframes in which players must adjudicate requests, and requirements regarding electronic data exchange and data reporting. She said the HPC would provide another update to commissioners once the final rule language is released.

Dr. Cutler asked if the rule needed to be passed before action could be taken. Ms. Vidal said that the rule would not need to be passed first, noting that the New England Healthcare Exchange Network (NEHEN) is moving forward on designing a process with the expectation that it will be backwards compatible with the final rule language, while also working to further address some of the concerns that stakeholders have raised regarding the standards of automation.

Ms. Devaux asked if the rule would apply to both Medicare and Medicaid. Ms. Vidal said that the rule applies to Medicare Advantage, State Medicaid programs, Medicaid Managed Care organizations and certain qualified health plans, noting that it does not apply formally to traditional Medicare, but commitment has been made to study and

figure out if the rule could be adopted in that sector as well. Mr. Seltz commented that many of the Massachusetts health plans are in the Medicare Advantage sector or are Medicaid managed organizations so these payers would be working on this once the CMS rule is passed and extending this work to the commercial business space could be compatible with the work that they would already be doing.

Dr. Cutler said that, based on his understanding, compliance with the rule might be a bigger challenge for smaller payers, like workers compensation programs, which may not be aware of these changes, and which may not have the scale to offset the associated costs.

Ms. Devaux asked if any commercial payers had agreed to work with NEHEN on this process. Ms. Vidal noted that a large portion of these payers are engaged with and already purchase services through NEHEN and this could be another service available for purchase.

Mr. Stanek to provide an overview of the policy sub-recommendation “Mandate Adoption of the Aligned Quality Measure Set”.

Dr. Cutler asked if any of the states mentioned in the presentation require all plans to use a common measure set and use that common measure set electronically. Mr. Stanek said there is not currently a state where using an aligned measure set is required with full electronic reporting. Dr. Cutler asked if that is the direction that states are heading. Mr. Stanek said that the electronic reporting process has some technical barriers that make use of aligned measure sets a slow process but that he foresees Massachusetts and other states heading in that direction.

Mr. Foley asked if there was an assessment or conversation around the costs associated with aligned quality measure sets and reporting, who is responsible for taking on those costs, how such processes impact the workforce, and what approach can be taken that allows all providers and payers to move towards implementing these systems. Mr. Stanek said that concern does come up in workgroups, but this process is largely viewed as the next step in converting to EHRs and the next phase of EHRs will require these new processes. He said that there has been support in federal money for adoption of EHRs and that this process is the incremental next step for that implementation. Ms. Vidal added that the HPC’s prior authorization automation recommendation t calls for financial assistance to smaller providers and payers for which implementing this technology would be a significant financial challenge.

Mr. Seltz asked Ms. Vidal if during the work done with NEHI there was reflection on the workforce, including with regard to training and technical assistance. Ms. Vidal said that there was discussion around ensuring the technology could be implemented at different points in workflows for flexibility purposes, so in the case of prior authorization, it could be done by the physician ordering a procedure or it could also be rerouted to back-end processes, but that training staff was not thoroughly discussed.

Dr. Cutler suggested raising this issue with the HPC Advisory Council to gauge if members have any major objectives to these process changes. Mr. Seltz agreed to do so.

Ms. Vidal provided an overview of the final policy sub-recommendation “Require Greater Standardization in Payer Processes.” Dr. Cutler commented on how the approaches to achieving greater standardization outlined in the presentation could be applied in various sectors of healthcare like billing and other administrative tasks that should be streamlined.

Mr. Foley said that within the example areas of administrative complexity he thinks of jobs, hospitals, and health centers across the Commonwealth and how the HPC is engaging with the front-line workers to solicit their ideas and suggestions. He expressed his concern for various health care workers and patients that may be impacted by AI or other efforts to reduce administrative complexity. Ms. Vidal said that the next steps for this process include further stakeholder engagement and should include the engagement noted by Mr. Foley. Dr. Cutler agreed and added that transition is always difficult, and that valuable talent is being wasted on work that is not adequately serving patients, so finding a middle ground in this area is important.

Ms. Blakeney agreed with Mr. Foley’s points and said that when the HPC seeks engagement and feedback from stakeholders, we tend to seek feedback from organizations and stakeholder groups represented on the Advisory

Council. She said that the HPC should consider finding a different way to seek input and discuss these changes with the health care workers actually doing this work and who would have to implement these changes.

Dr. Cutler shared some findings from his work on categorizing administrative spending in health care. He said that he feels the Commonwealth has focused a reasonable amount on prior authorization and that the MOAT committee should continue to move forward with these ideas but that there needs to be a greater focus on streamlining the billing and transactions side of prior authorization by creating a more standardized way of handling billing.

Ms. Devaux said that one of the areas of prior authorization that would be helpful to get feedback from is the health plans and providers engaged in reducing administrative complexity and if they believe that this is as far as the Commonwealth can get through voluntary standardization efforts. She said that the next step that may need to be taken is requiring standardization since it's hard to achieve the desired results on a voluntary basis. Dr. Cutler agreed that the voluntary movement has been slower than expected and that it's the smaller pieces that are the key issue. Mr. Mastrogiovanni said that he wonders how motivated the larger players in these areas are to make these necessary changes to improved standardization and reduce administrative complexity. Dr. Cutler said that automation of various services seems to fall lower on the priority list for payers and providers, so the issue remains unresolved each year.

Ms. Kwasnik said that she acknowledges the challenges that organizations face, especially regarding the workforce, but there are tradeoffs of priorities for these organizations. Ms. Vidal said that it would be worthwhile to consult with various stakeholders on their top priorities are for their organizations in the administrative spending space. Dr. Cutler identified areas where administrative spending could be reduced and potential savings in this sector of healthcare. Mr. Cohen said that the problem in this area is the industry that supports the payers and providers because of the current systems they use, and adaptation of those systems would be expensive. He said that discussing this with more payers and providers would be beneficial in knowing what they are working on and seeing what problems they face and the opportunities to fix them.

ITEM 3: Research Presentation (DataPoints Issue #25): Shifts in Flu Vaccine Administration Sites in Massachusetts)

Mr. Seltz introduced the HPC's DataPoints series and the presentation of [DataPoints Issue #25 Not Throwing Away My Shot: Shifts in Where People Get Flu Vaccines in Massachusetts](#). Ms. Diana Vascones, Manager, Research and Cost Trends (RCT) team, provided an overview of the background, research methods and findings regarding the shifts in flu vaccine administration sites in Massachusetts. For more information, see slides 26-33.

Dr. Castiel asked if there was any data on the race and ethnicity of who is getting the flu vaccines. Ms. Vascones said that since the source of the HPC's data is the All-Payer Claims Database (APCD) there is not reliable race and ethnicity information within that dataset but the HPC should consider including data from external sources that have been able to look at those trends. Mr. Seltz noted that the HPC may need to reach out to the Department of Public Health, who may have that information more readily available. He also said that he was both surprised and not surprised at the increase in vaccine administration in pharmacies. Ms. Sara Sadownik, Deputy Director, RCT, said that these findings are a strong testimony to the impact that policies can have on access to vaccines, noting that in pre-pandemic years the minimum age for flu vaccination in a pharmacy was nine years old, the minimum age shifted to three years old during the pandemic, and is raised to five years old now.

ITEM 4: Schedule of Upcoming Meetings

Mr. Seltz provided an overview of the upcoming public meetings for the remainder of the 2023 calendar year. For more information, see slide 36.

ITEM 5: ADJOURNMENT

Dr. Cutler thanked the commissioners and adjourned the meeting at 10:55AM.