

Taxonomy Commission



**Executive Office of Health & Human Services
Lauren Peters, Undersecretary**

**December 5, 2018
3:00-5:00 pm**

**One Ashburton Place
Boston, Mass.**



Agenda



1. Welcome, Introductions, and Oath
2. Review of Open Meeting Law and Ethics
3. Commission's Charge
4. Timeline Review
5. Overview and Discussion



Commission Members



Lauren Peters (Chair)

Undersecretary, Health & Human Services

Matthew Veno

Commissioner of Insurance

Deirdre Calvert, LICSW

Column Health

Kiame Mahaniah, MD

Lynn Community Health Center

Kate Ginnis, MSW, MPH, MS

Boston Children's Hospital

Scott Weiner, MD, MPH

Brigham and Women's Hospital

Claudia Rodriguez, MD

Brigham and Women's Hospital

Diana Deister, MD

Boston Children's Hospital

Sarah Coughlin, LICSW, LADC-I

National Association of Social Workers

Sarah Chiaramida, Esq.

Massachusetts Association of Health Plans

Ken Duckworth, MD

Blue Cross Blue Shield of Massachusetts



Review of Open Meeting Law



Open Meeting Law -David Giannotti & Lauren Cleary

- Our meetings are subject to the open meeting law
- Each member must **complete the Certificate of Receipt of Open Meeting Law Materials** certifying receipt and understanding of materials
- All of our meetings must be held in public and notice of the meeting and the agenda must be provided to the public at least 48 hours in advance
- Under the OPL, members **cannot communicate with a quorum** (simple majority) of the members regarding topics before this commission (in person or via email) **outside of a public meeting**

For any questions about the Open Meeting Law, contact the **Attorney General's Division of Open Government** at (617) 963-2540 or openmeeting@state.ma.us

Additional information can be found at:

<https://www.mass.gov/the-open-meeting-law>



Commission's Charge



Legal Authority: *Chapter 208, Section 102 of the Acts of 2018*

Purpose: Review evidence-based treatment for individuals with a substance use disorder, mental illness or co-occurring substance use disorder and mental illness. The commission shall **recommend a taxonomy** of licensed behavioral health clinician specialties. Notwithstanding any general or special law to the contrary, the taxonomy of licensed behavioral health clinician specialties may be used by insurance carriers to develop a provider network. The commission shall **recommend a process** that may be used by carriers to validate a licensed behavioral health clinician's specialty.

11 Members:

the secretary of health and human services or a designee, who shall serve as chair;
the commissioner of insurance or a designee; and

9 persons to be appointed by the secretary of health and human services,

- 1 of whom shall have expertise in the treatment of individuals with a substance use disorder,
- 1 of whom shall have expertise in the treatment of adults with a mental illness,
- 1 of whom shall have expertise in children's behavioral health,
- 1 of whom shall be an emergency medicine expert with expertise in the treatment of addiction,
- 1 of whom shall be a hospital medicine expert with expertise in the treatment of addiction,
- 1 of whom shall be a licensed behavioral health clinician,
- 1 of whom shall be a representative of the National Association of Social Workers, Inc.,
- 1 of whom shall be a representative of the Massachusetts Association of Health Plans, Inc., and
- 1 of whom shall be a representative of Blue Cross Blue Shield of Massachusetts, Inc.

The secretary may appoint additional members who shall have expertise to aid the commission in producing its recommendations.

Reporting: The commission shall file a report of its findings and recommendations, together with drafts of legislation necessary to carry those recommendations into effect, with the clerks of the senate and the house of representatives not later than 180 days after the effective date of this act.



Key Dates

- Next meeting –early January (date TBD)
 - Scheduling preferences?
- **February 9th, 2019 – Report due to Legislature**



Problem Statement



- The Healthcare Provider Taxonomy Code Set is a hierarchical system that consists of codes, descriptions, and definitions used to categorize type, classification, and/or specialization of providers
- The CMS National Plan and Provider Enumeration System (NPPES) administers National Provider Identifiers (NPIs) to clinicians
 - **The NPPES does not validate codes against the clinicians' credentials; it only validates that such a code exists**
- Taxonomy codes are sometimes submitted by providers to carriers for billing purposes, and are self-reported
- **MA carriers are not required to collect taxonomy codes from providers**



Problem Statement (cont'd)



- There are persistent problems with the accuracy and specificity of carriers' provider network information
 - E.g. Providers may be listed in a directory as providing subspecialty care, when they do not
- Providers report a wide range of specialty training, but individuals, parents, and stakeholders report that **it is challenging to make a timely connection to providers who fit individual client needs**
 - **The broad nature of licensing designations make it difficult to identify providers with specific training or expertise**

Sources: Massachusetts Division of Insurance, "Summary Report: Market Conduct Exam, Reviewing Health Insurance Carriers' Provider Directory Information," June 2018; Blue Cross Blue Shield of Massachusetts, "Access to Outpatient Mental Health Services in Massachusetts," October 2017



Commission Deliverables



Report to Legislature on following:

1. **Recommend a taxonomy of licensed behavioral health clinician specialties**, that may be used by insurance carriers to develop a provider network (Part I)
2. **Recommend a process** that may be used by carriers to **validate** a licensed behavioral health clinician's specialty (Part II)
3. **Findings from review of evidence based treatment**



Ongoing Related Work



- DOI Market Conduct Exam Reviewing Health Insurance Carriers' Provider Directory Information
- MAMH Network of Care Initiative
- CAQH (Council for Affordable Quality Healthcare)



Part I Discussion: Existing Code Review



Provider	Taxonomy Code
Assistant Behavior Analyst	106E00000X
Behavior Analyst	103K00000X
Behavior Technician	106S00000X
Clinical Neuropsychologist	103G00000X
	<i>Clinical</i> 103GC0700X
Counselor	101Y00000X
	<i>Addiction (Substance Use Disorder)</i> 101YA0400X
	<i>Mental Health</i> 101YM0800X
	<i>Pastoral</i> 101YP1600X
	<i>Licensed Associate Professional (LAPC)/ Licensed Professional Clinical (LPCC)</i> 101YP2500X
	<i>School</i> 101YS0200X
	<i>Marriage & Family Therapist</i> 106H00000X
	<i>Poetry Therapist</i> 102X00000X
	<i>Psychoanalyst</i> 102L00000X
Psychologist	103T00000X
	<i>Addiction (Substance Use Disorder)</i> 103TA0400X
	<i>Adult Development & Aging</i> 103TA0700X
	<i>Clinical</i> 103TC0700X
	<i>Clinical Child & Adolescent</i> 103TC2200X
	<i>Cognitive & Behavioral</i> 103TB0200X
	<i>Counseling</i> 103TC1900X
	<i>Educational</i> 103TE1000X
	<i>Exercise & Sports</i> 103TE1100X
	<i>Family</i> 103TF0000X
	<i>Forensic</i> 103TF0200X
	<i>Group Psychotherapy</i> 103TP2701X
	<i>Health</i> 103TH0004X
	<i>Health Service</i> 103TH0100X
	<i>Men & Masculinity</i> 103TM1700X
	<i>Mental Retardation & Developmental Disabilities</i> 103TM1800X
	<i>Prescribing (Medical)</i> 103TP0016X
	<i>Psychoanalysis</i> 103TP0814X
	<i>Psychotherapy</i> 103TP2700X
	<i>Rehabilitation</i> 103TR0400X
	<i>School</i> 103TS0200X
	<i>Women</i> 103TW0100X
Social Worker	104I00000X
	<i>Clinical</i> 104IC0700X
	<i>School</i> 104IS0200X

- Are these codes relevant and/or reflective of current practice?
- Are they comprehensive?
- What categories and/or specialties are missing?
- Should the commission use this as a framework?
- Are there other model codes to consider?

Source: Washington Publishing Company, Health Care Provider Taxonomy Code Set