Taxonomy Commission Legislative Report

Executive Office of Health and Human Services

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TABLE OF CONTENTS

Legislative Mandate **3**

Introduction **4**

Commission Overview **6**

Commission's Recommendations **6**

Recommended Taxonomy of Licensed Behavioral Health Clinician Specialties 6

Recommended Process for Carrier Validation 9

Appendices **10**

A. Taxonomy Commission Members 10

B. Recommended Taxonomy with Potential Search Reference Terms 10

Legislative Mandate

Chapter 208 of the Acts of 2018

An Act for Prevention and Access to Appropriate Care and Treatment of Addiction

SECTION 102. There shall be a commission to 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 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.

The commission shall consist of 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.

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.

Introduction

The Commonwealth of Massachusetts ranks high among states on behavioral health care quality and access measures.[1] The Commonwealth also has among the highest number of primary care physicians (PCPs) and psychiatrists per capita.[2,3,4] However, despite the relatively high number of behavioral health providers on a per capita basis as compared nationally, patients and their families experience significant challenges accessing behavioral health services.[5] One factor inhibiting timely access to behavioral health services is the lack of available and accurate information about providers and specific treatments offered.[6]

There are several factors that contribute to gaps and inaccuracies in information. First, there is a lack of easily identifiable or verifiable sub-specialization among behavioral health professionals. Unlike physicians, who have formally licensed specialties (e.g., dermatologist, cardiologist), most behavioral health providers do not have a professional designation other than their academic degree. In fact, providers with different degrees may all provide the same types of care, resulting in confusion among consumers as to which providers are most appropriate for the care they are seeking. This makes it difficult, for example, for a parent trying to find a provider with appropriate expertise for their child with autism because there is no standard designation for a provider to indicate a specialization in autism spectrum disorder or a focus in children and adolescents.

Second, some providers may believe they are incentivized to indicate as many specialties as possible on carrier credentialing applications in order to increase their likelihood of being accepted into a carrier's network; providers who indicate that they can treat certain individuals, in practice may not. Because the information on provider applications is used to populate a carrier's provider directory, this often results in the carrier's network and provider directory reflecting a greater number of available providers and specialties than are actually available. This practice particularly impacts families who are trying to find care for children and adolescents, and other populations in need of highly specialized treatment.

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[1] Health System Data Center, Explore Regional Performance, "Massachusetts State Health System Ranking," available at http://datacenter.commonwealthfund.org/scorecard/state/23/massachusetts/.

[2] Association of American Medical Colleges, "2017 State Physician Workforce Data Report," November 2017, available at https://members.aamc.org/eweb/upload/2017%20State%20Physician%20Workforce%20Data%20Report.pdf.

[3] American Academy of Child & Adolescent Psychiatry, "Workforce Maps by State," available at www.aacap.org/aacap/Advocacy/Federal_and_State_Initiatives/Workforce_Maps/Home.aspx.

[4] Bureau of Health Workforce, Health Resources and Services Administration, U.S. Department of Health and Human Services, "Designated Health Professional Shortage Areas Statistics: Fourth Quarter of Fiscal Year 2018 Designated HPS A Quarterly Summary," as of September 30, 2018, available at https://ersrs.hrsa.gov/ReportServer?/HGDW_Reports/BCD_HPSA/BCD_HPSA_SCR50_Qtr_Smry_HTML&rc:Toolbar=false.

[5] The State of Mental Health in America 2018, available at http://www.mentalhealthamerica.net/issues/state-mental-health-america-2018

[6] Blue Cross Blue Shield Foundation Massachusetts, "Access to Outpatient Mental Health Services in Massachusetts," October 2017

A 2018 Division of Insurance (DOI) special examination into this issue found that information in carriers' provider directories is often not completely accurate, including for behavioral health providers. The examination found that among 14 health insurance carrier groups, (1) of the sample of behavioral health providers who had not submitted a claim in 2015, 36-71% of provider information was not completely accurate, (2) most behavioral health care clinicians' subspecialties are self-reported and cannot be regularly and independently verified by carriers, and (3) the majority of behavioral health subspecialties are not subject to licensure or certification that would enable a carrier to use a state or national licensing board for validation.[7]

This lack of accurate and standardized provider information leaves many consumers and their families not knowing what services are available, or where they can access them. Attempts to use provider directories often result in consumers contacting listed providers who do not actually treat that consumer's particular condition or diagnosis, age, or provide the treatment modality that the consumer is seeking. Although the DOI issued Bulletin 2018-06 to require carriers to assist consumers to locate and obtain appointments with in-network providers[8], directory inaccuracies can lead to delays in treatment, individuals seeking care in the emergency department, or individuals foregoing needed care altogether. A 2017 Blue Cross Blue Shield of Massachusetts Foundation report indicates that this is particularly true for children and adolescents, MassHealth members, and individuals needing specialty treatment, who were shown to experience longer wait times for behavioral health appointments than the general population.[6]

[7] Massachusetts Division of Insurance, "Summary Report: Market Conduct Exam, Reviewing Health Insurance Carriers' Provider Directory Information," June 2018

[8] DOI Bulletin 2018-06, available at https://www.mass.gov/files/documents/2018/10/02/Bulletin%202018-06%20%28Accessing%20Care%29.pdf

Commission Overview

The Taxonomy Commission, established in August 2018 with the enactment of Chapter 208 of the Acts of 2018, was created to address the incongruities and information gaps that exist in the current behavioral health system. The 11-member Commission was charged with: **(1) recommending a taxonomy of licensed behavioral health clinical specialties that may be used by insurance carriers to develop a provider network**; and **(2) recommending a process that may be used by carriers to validate a licensed behavioral health clinician's specialty**. Due to the limited nature of the Commission, the focus was on outpatient service providers as this is the provider group with the greatest ambiguity; however, the recommendations included herein are generalizable to other levels of care.

The Commission was comprised of the Undersecretary of Health and Human Services, who chaired the Commission, First Deputy Commissioner from the DOI and a diverse panel of behavioral health professionals, clinicians, and insurance carrier representatives. See Appendix A for list of commission members.

The Commission met five times from December 2018 through March 2019. All of the Commission's meetings were open to the public and detailed minutes from each meeting, along with copies of all presentations and reading materials publicly considered by the Commission, were made available to the public through a webpage created for the Commission.[9]

Commission's Recommendations

1. Recommended Taxonomy of Licensed Behavioral Health Clinician Specialties

In developing its recommendations for a taxonomy of behavioral health specialties, the Commission considered terms and classifications from existing and well-recognized sources. To formulate the "Treatment Specialty" recommendations list, the Commission reviewed terminology used in the following three sources: (1) the draft Provider Change Form, as currently being developed by the "Massachusetts Collaborative" a voluntary group of providers, carriers, and trade associations, (2) Psychology Today's "Therapist Finder" online tool, and (3) the DSM-V Diagnostic Criteria and Codes. The Commission then deliberated to combine these three sources into a comprehensive, streamlined taxonomy. The Provider Change Form and Psychology Today's "Therapist Finder" online tool were also used to source the "Treatment Modality" portion of the recommended taxonomy.

The Commission recommends the following taxonomy of specialties and treatment modalities, and further recommends that the DOI establish a process for reviewing and updating the taxonomy on an ongoing basis, as necessary.

[9] Commission webpage: https://www.mass.gov/orgs/taxonomy-commission

Treatment Specialty/ Focus Area

- Adjustment disorders
- Adoptee
- Adoptive parents
- Anger
- Anxiety/panic
- Attention deficit hyperactivity disorder (ADHD)
- Autism spectrum disorder
- Bipolar disorder
- Conduct/ oppositional defiant disorders
- Coping with medical illness
- Depressive disorders
- Developmental disorders
- Eating disorders
- Elimination disorders
- Family conflict
- First responder
- Gambling
- Gaming/internet addictions
- Gender identity/ sexual orientation
- Geriatrics
- Grief
- Immigrant/refugee
- Infertility
- Intellectual disability
- Intimate partner violence
- Learning disability
- Military/veterans
- Men's mental health
- Obesity
- Obsessive-compulsive disorder (OCD)
- Pain
- Paraphilic disorders
- Parenting
- Personality disorders
- Phobias
- Post-traumatic stress disorder (PTSD)/ Trauma
- Pregnancy/postpartum
- Psychotic disorders
- Racial/cultural/ethnic/religious/spiritual identity
- Relationships
- Sexual addiction
- Sex therapy
- Sexual trauma
- Sleep disorders
- Somatic disorders
- Substance use disorder, including opioid use disorder
- Substance use disorder, excluding opioid use disorder
- Substance use with co-occurring mental health disorder (dual diagnosis)
- Substance use in families
- Traumatic brain injury (TBI)
- Women's mental health

Treatment Modality

- Acceptance/Commitment Therapy (ACT)
- Addiction-focused Therapy
- Applied Behavioral Analysis
- Attachment Therapy
- Behavioral Therapy
- Biofeedback/Neurofeedback
- Cognitive Behavioral Therapy (CBT)
- Couples Therapy
- Dialectical Behavioral Therapy (DBT)
- Electroconvulsive Therapy (ECT)
- Exposure-Response Prevention (ERP)

- Exposure Therapy
- Expressive Therapies
- Eye Movement Desensitization and Reprocessing (EMDR)
- Faith-based Therapy
- Family Therapy
- Forensic Evaluation
- Group Therapy
- Home-based Therapy
- Hypnotherapy
- Medication/ Psychiatric Medication
- Medication for addiction treatment, including opioid use disorder
- Medication for addiction treatment, excluding opioid use disorder
- Parent-Infant Psychotherapy
- Play Therapy
- Psychological/Neuropsychological testing and evaluation
- Psychodynamic Therapy
- Talk Therapy
- Teletherapy
- Transcranial Magnetic Stimulation (TMS)
- Trauma-focused Therapy

Recommended Taxonomy Usage

Recognizing that *how* the recommended taxonomy is used is equally as important as the taxonomy itself, the Commission reached consensus on a set of recommended uses. The recommended uses are reflective of the Commission's primary goal, which is to ensure that timely, accurate information is available to individuals and their families seeking behavioral health care. The proposed uses of the recommended taxonomy also support the goal of improving administrative processes for patients, providers, and carriers. Accordingly, the Commission recommends that the recommend taxonomy be considered for the following uses:

- Standardize language across payers' provider directories (See Appendix B for recommended taxonomy with potential reference terms to be incorporated into provider directory platforms, if search functionality is available); in addition, provider directories should be organized to allow consumers to choose the kind of care they are seeking (e.g., treatment specialty, focus area, treatment modality) followed by an option to choose provider type (e.g., psychiatrist, psychologist, social worker, etc.).
- Standardize provider credentialing applications and change forms.
- Identify areas of practice and treatment modalities for which there are not currently any board certifications or practice standards.
- Reference in applicable DOI regulations, specifically in sections pertaining to provider directories.
- Incorporate into other tools and platforms that assist patients and families identify and access behavioral health services, such as the Network of Care initiative.

2. Recommended Process for Carrier Validation

In considering a process for carrier validation of treatment specialties and focus areas, the Commission examined existing approaches, such as Aperture Credentialing Inc.'s process for external primary-source validation that is currently provided to carriers, through a contract with HealthCare Administrative Solutions, Inc. (HCAS), as well as relevant resources to assist in validation, such as the Center for Health Information Analysis's (CHIA) All-Payer Claims Database (APCD).

Today, most behavioral health specialties are self-reported by providers and unable to be verified by carriers. The Commission's charge highlighted the challenge of validating specialties and treatment modalities that are not formally recognized through licensure or certification. However, keeping the individual patient's experience at the fore, there was consensus that the goal of any recommended validation process should be to ensure that providers are *actually* providing and accepting patients for all specialty services and age groups that they self-report on their application and that therefore appear on a carrier's provider directory, recognizing that validation of many of the specialties/areas of focus and treatment modalities with absolute certainty may not be possible.

To achieve this goal, the Commission identified not one process, but a series of recommendations, including varying approaches to validation and future opportunities to strengthen these processes:

- Require that all carriers use a universal credentialing platform and a primary-source verification function.
- Recommend that the DOI establish a process to ensure carriers validate that providers listed in their directories are currently treating patients within their indicated specialty areas and age groups (e.g., children, adolescents, geriatrics).
- Require licensing boards to develop standardized elements to be used for primary source verification processes, guidelines, and standards for behavioral health clinicians.
- Update the provider applications and change form to include:
  - Clear language that instructs providers to only check off specialty areas and age groups served if they are currently accepting patients and providing services in that area or age group
  - Clear language that provider specialties are subject to verification and examination.
  - Denotation of specialties that require a special license or certification
- Require carriers to establish a simplified process for providers to regularly review and update their directory profiles and information therein.

Appendices

A. Taxonomy Commission Members

Name	Affiliation
Undersecretary Lauren Peters	Mass. Executive Office of Health and Human Services
First Deputy Commissioner Matthew Veno	Division 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.	Mass. Association of Health Plans
Ken Duckworth, MD	Blue Cross Blue Shield of Mass.

B. Recommended Taxonomy with Potential Search Reference Terms

Treatment Specialty	Potential Search/Reference Term(s)
Adjustment disorders	School issues
Adoptee	
Adoptive parents	
Anger	
Anxiety/panic	
Attention deficit hyperactivity disorder (ADHD)	Attention Deficit Disorder, ADD
Autism spectrum disorder	Asperger's, PDD
Bipolar disorder	Manic-depressive, mania
Conduct/ oppositional defiant disorders	
Coping with medical illness	Bariatric counseling

Depressive disorders	
Developmental disorders	
Eating disorders	Bulimia, anorexia, binge eating
Elimination disorders	
Family conflict	
First responder	
Gambling	
Gaming/internet addictions	
Gender identity/ sexual orientation	
Geriatrics	
Grief	
Immigrant/refugee	
Infertility	
Intellectual disability	
Intimate partner violence	Domestic violence
Learning disability	
Military/veterans	
Men’s mental health	
Obesity	
Obsessive-compulsive disorder (OCD)	Hoarding, skin picking, body dysmorphic disorder, trichotillomania
Pain	
Paraphilic disorders	
Parenting	
Personality disorders	Antisocial personality, borderline personality, narcissistic personality
Phobias	
Post-traumatic stress disorder (PTSD)/ Trauma	

Pregnancy/postpartum	
Psychotic disorders	Schizophrenia spectrum, dissociative disorders
Racial/cultural/ethnic/religious/spiritual identity	
Relationships	Peer relationships, marital and premarital, infidelity, divorce
Sexual addiction	
Sex therapy	Sexual dysfunction
Sexual trauma	
Sleep disorders	
Somatic disorders	Hypochondria, conversion disorder
Substance use disorder, including opioid use disorder	
Substance use disorder, excluding opioid use disorder	
Substance use with co-occurring mental health disorder (dual diagnosis)	
Substance use in families	
Traumatic brain injury (TBI)	Concussion
Women’s mental health	
Treatment Modality	**Potential Search/Reference Term(s)**
Acceptance/Commitment Therapy (ACT)	
Addiction-focused Therapy	
Applied Behavioral Analysis	
Attachment Therapy	
Behavioral Therapy	
Biofeedback/Neurofeedback	
Cognitive Behavioral Therapy (CBT)	Rational Emotive Behavior Therapy (REBT)
Couples Therapy	
Dialectical Behavioral Therapy (DBT)	
Electroconvulsive Therapy (ECT)	

Exposure-Response Prevention (ERP)	
Exposure Therapy	
Expressive Therapies	Art Therapy, Dance/Movement Therapy, Sand Play
Eye Movement Desensitization and Reprocessing (EMDR)	
Faith-based Therapy	
Family Therapy	
Forensic Evaluation	
Group Therapy	
Home-based Therapy	
Hypnotherapy	
Medication/ Psychiatric Medication	
Medication for addiction treatment, including opioid use disorder	
Medication for addiction treatment, excluding opioid use disorder	
Parent-Infant Psychotherapy	
Play Therapy	
Psychological/Neuropsychological testing and evaluation	
Psychodynamic Therapy	
Talk Therapy	
Teletherapy	
Transcranial Magnetic Stimulation (TMS)	
Trauma-focused Therapy	