COMMONWEALTH OF MASSACHUSETTS
HEALTH POLICY COMMISSION

Quality Improvement and Patient Protection Committee

October 29, 2014

Agenda

- Approval of Minutes from August 13, 2014

- Update on the Office of Patient Protection 2013 Annual Report

- Update from the Department of Public Health on Mandatory Nurse Overtime Reporting

- Update from the Division of Insurance on Mental Health Parity

- Discussion of Behavioral Health Task Force Report and the HPC's Behavioral Health Agenda

- Review of ICU Nurse Staffing Requirements

- Schedule of Next Committee Meeting (December 10, 2014)

- 11:30 AM – 1:00 PM – Listening Session on ICU Nurse Staffing Regulation

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Vote: Approving Minutes

Motion: That the Quality Improvement and Patient Protection Committee hereby approves the minutes of the Committee meeting held on August 13, 2014, as presented.
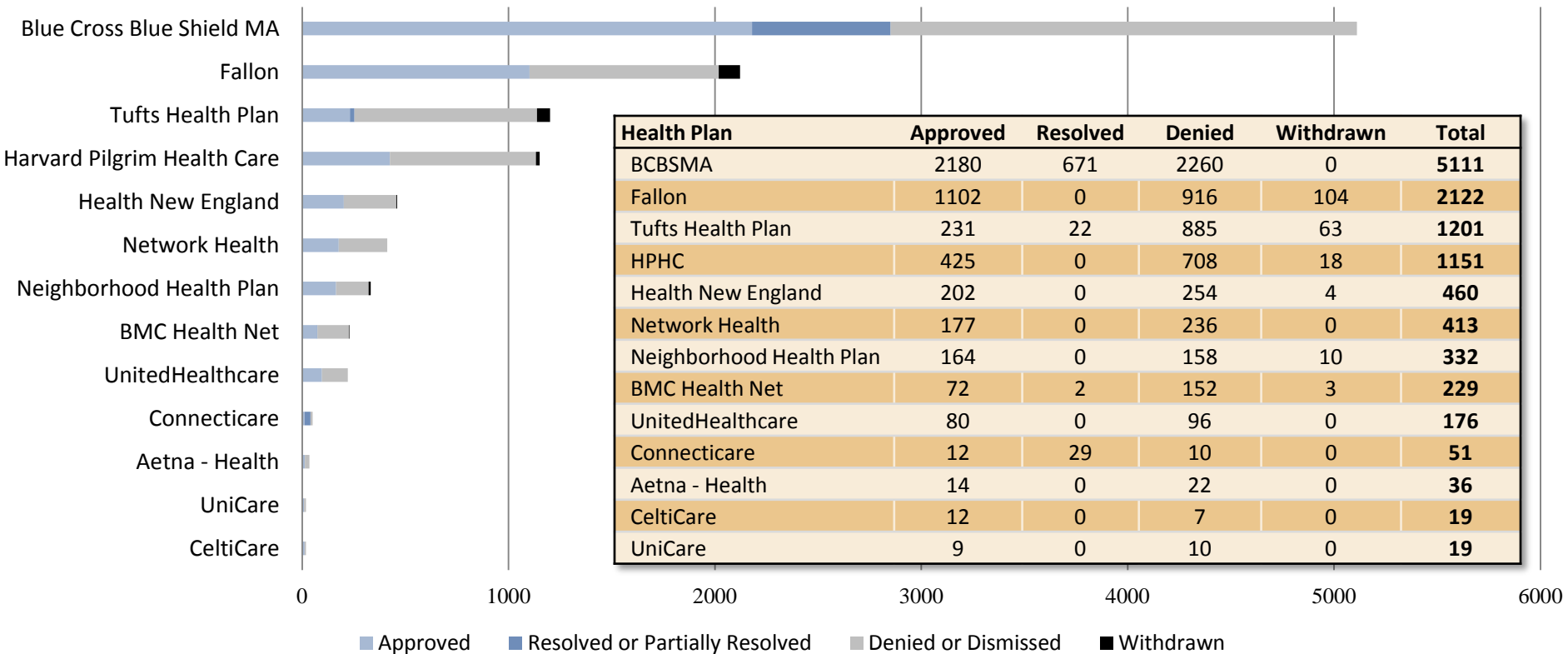
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Internal Reviews by Health Plan, 2013

Health Plan	Approved	Resolved	Denied	Withdrawn	Total
BCBSMA	2180	671	2260	0	5111
Fallon	1102	0	916	104	2122
Tufts Health Plan	231	22	885	63	1201
HPHC	425	0	708	18	1151
Health New England	202	0	254	4	460
Network Health	177	0	236	0	413
Neighborhood Health Plan	164	0	158	10	332
BMC Health Net	72	2	152	3	229
UnitedHealthcare	80	0	96	0	176
Connecticare	12	29	10	0	51
Aetna - Health	14	0	22	0	36
CeltiCare	12	0	7	0	19
UniCare	9	0	10	0	19

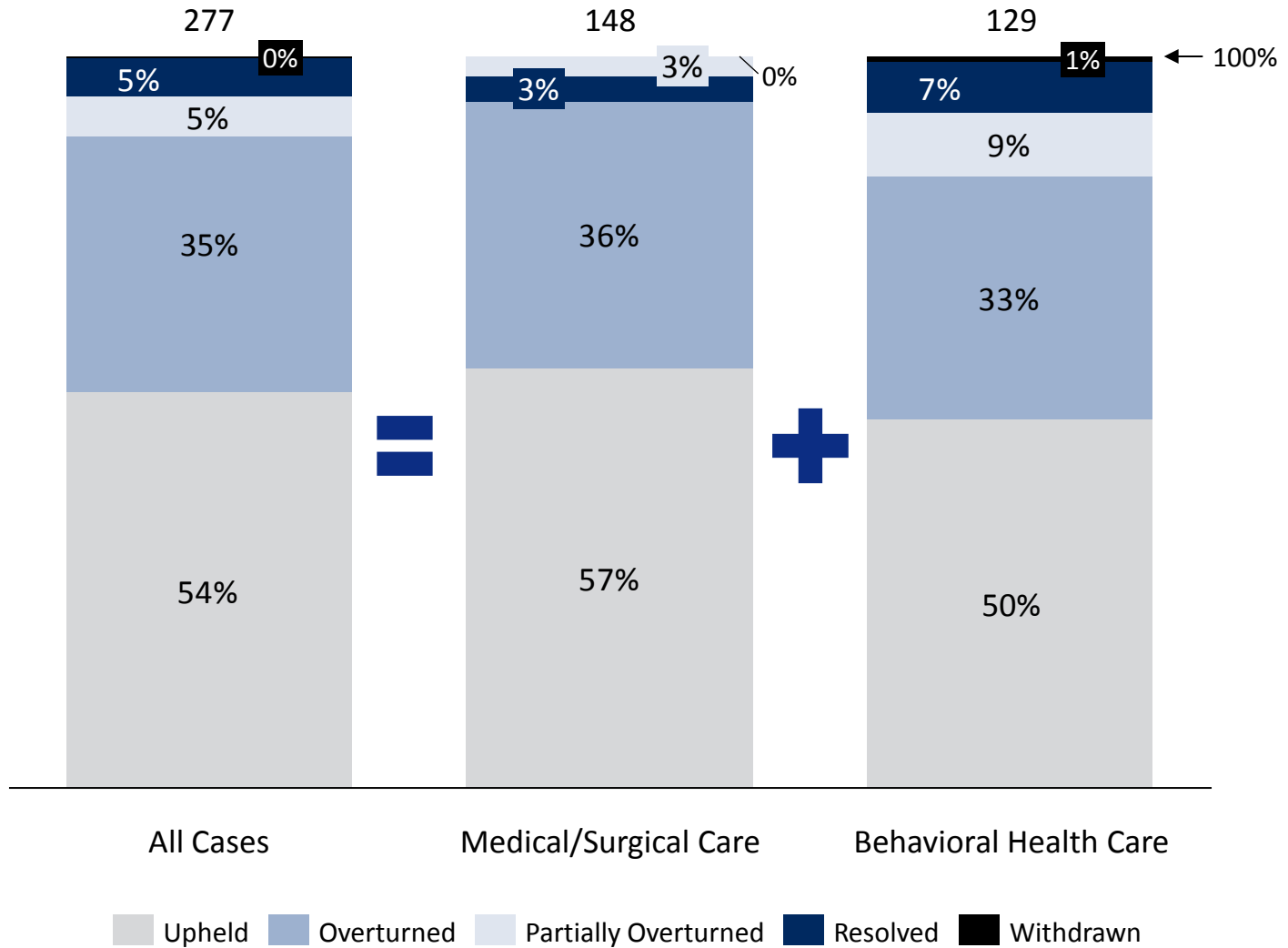Legend: ■ Approved ■ Resolved or Partially Resolved ■ Denied or Dismissed ■ Withdrawn

Total Number of Internal Reviews Filed: 11,334

*All data in this Chart Book are for health plans subject to M.G.L. c. 176O

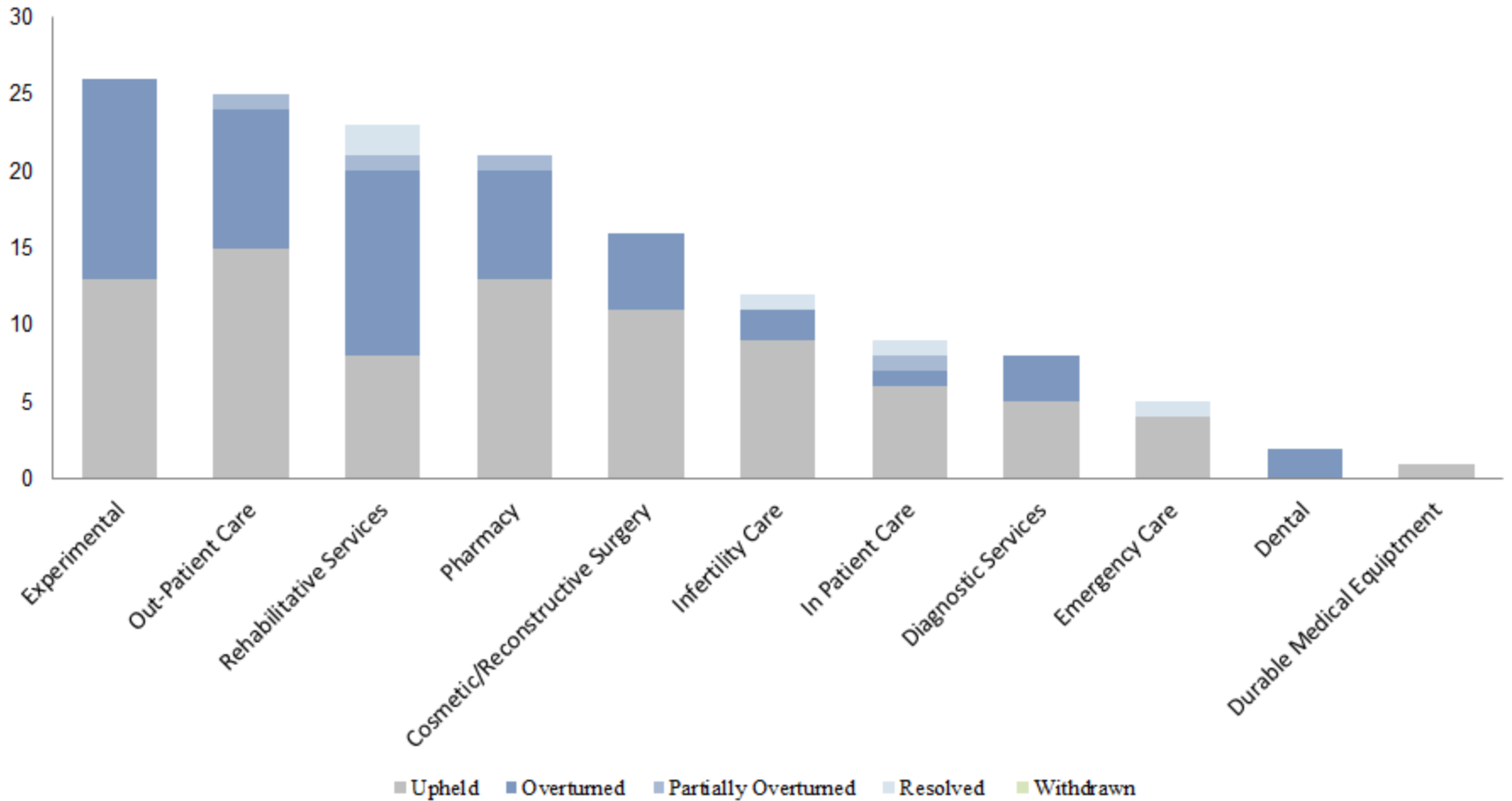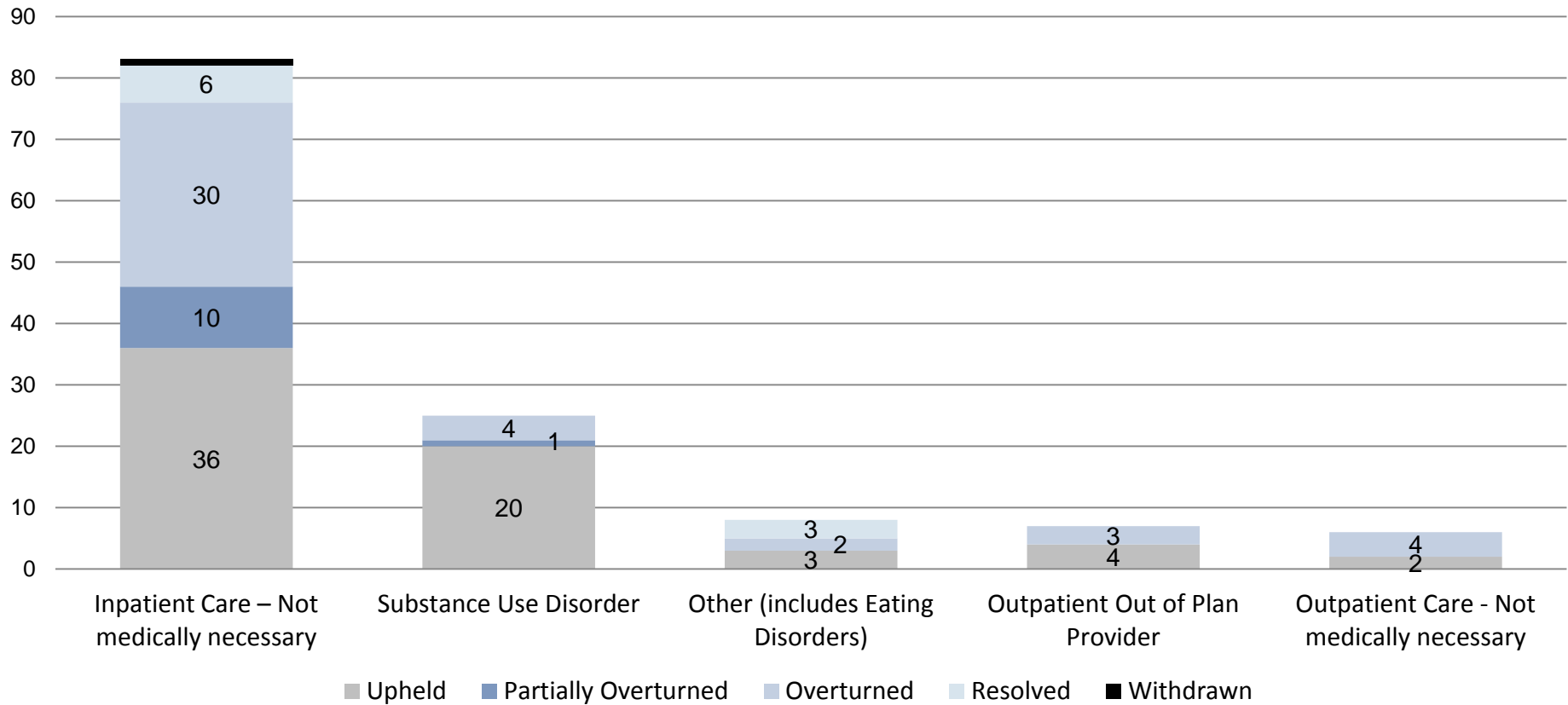# Eligible External Reviews and Outcomes, 2013

Stacked bar chart:

All Cases (277)
- Withdrawn: 0%
- Resolved: 5%
- Partially Overturned: 5%
- Overturned: 35%
- Upheld: 54%

=

Medical/Surgical Care (148)
- Withdrawn: 0%
- Partially Overturned: 3%
- Resolved: 3%
- Overturned: 36%
- Upheld: 57%

+

Behavioral Health Care (129) — 100%
- Withdrawn: 1%
- Resolved: 7%
- Partially Overturned: 9%
- Overturned: 33%
- Upheld: 50%

Legend: Upheld | Overturned | Partially Overturned | Resolved | Withdrawn

Eligible Medical/Surgical External Reviews, 2013

Source: 2013 Office of Patient Protection external review data

Eligible Behavioral Health Reviews, 2013

Legend: Upheld, Partially Overturned, Overturned, Resolved, Withdrawn

Values shown in chart:
- Inpatient Care – Not medically necessary: Upheld 36, Partially Overturned 10, Overturned 30, Resolved 6
- Substance Use Disorder: Upheld 20, Partially Overturned 1, Overturned 4
- Other (includes Eating Disorders): Upheld 3, Overturned 2, Resolved 3
- Outpatient Out of Plan Provider: Upheld 4, Resolved 3
- Outpatient Care - Not medically necessary: Upheld 2, Resolved 4

Source: 2013 Office of Patient Protection external review data

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Behavioral Health Task Force Report background

Behavioral Health Integration Task Force

Chapter 224 established a "special task force to examine behavioral, substance use disorder, and mental health treatment, service delivery, integration of behavioral health with primary care, and behavioral , substance use disorder and mental health reimbursements systems". This 19-member Behavioral Health Integration Task Force issued its report of findings and recommendations in July 2013 to the Legislature and the Health Policy Commission. The 29 recommendations were organized by the following broad topics:

Clinical models of integration
Reimbursement
Privacy
Education and Training
Workforce Development
Other

Task Force Report and the HPC

The Task Force Report continues to inform the work of the Health Policy Commission in promoting behavioral health integration throughout our varied responsibilities. As we look forward to 2015, the QIPP Committee will continue to play a leadership role in developing and implementing a policy agenda consistent with key recommendations of the Behavioral Health Integration Task Force.

HPC will focus on select recommendations from BH Taskforce report (1/2)

BHTF Recommendations	HPC Next steps

Clinical Models of Integration

- **(1)** Move toward new and emerging models of integration, utilizing evidence-based effectiveness while recognizing diversity in model-type and the needs of individuals with lived experience

- Incorporate new & emerging models of integration into PCMH and ACO certification criteria
- Support widespread adoption of new & emerging models of integration across the care continuum through BH & CHART investments
- Evaluate new and emerging models of integration upon inclusion in certification and investment programs

Reimbursement

- **(4)** BH services should be included in APMs

- **(6)** APMs must include quality and financial measures of BHI. DMH, DPH and HPC should develop recommendations on a uniform set of measures

- **(12)** Organizations that are responsible for integrated BH services should be held accountable for quality and outcome measures that are caseload sensitive.

- BH services to be included in model payment designs for PCMHs and ACOs
- HPC to work with other agencies and SQAC to identify a uniform set of outcome measures
- HPC to test outcome measures in investment programs
- HPC to work with key stakeholders to assess feasibility of risk / health status adjustment for behavioral health conditions

HPC will focus on select recommendations from BH Taskforce report (2/2)

BHTF Recommendations	HPC Next steps

Parity

- **(5)** Insurance carriers must comply with MA parity laws, including payment for neuropsychological assessment as a medical benefit

- **(8)** Medical necessity criteria should be transparent and expanded

- Ongoing role of QIPP in convening and monitoring of parity implementation
- Promote enhanced transparency of medical necessity criteria through OPP;
- Research and make recommendations on other legislative and regulatory changes regarding availability of data to support parity enforcement

Other

- **(27)** HPC to monitor implementation of BHTF recommendations

- **(28)** There should be further study of whether a BH Carve-Out model continues to be appropriate and is able to deliver integrated care

- Ongoing role for QIPP Committee and HPC to monitor BH trends and develop relevant policy recommendations, with focus on:
  - Integration (clinical and payment)
  - Outcomes measurement
  - Data/transparency
  - Parity

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Nurse Staffing Law (Ch. 155 of the Acts of 2014)

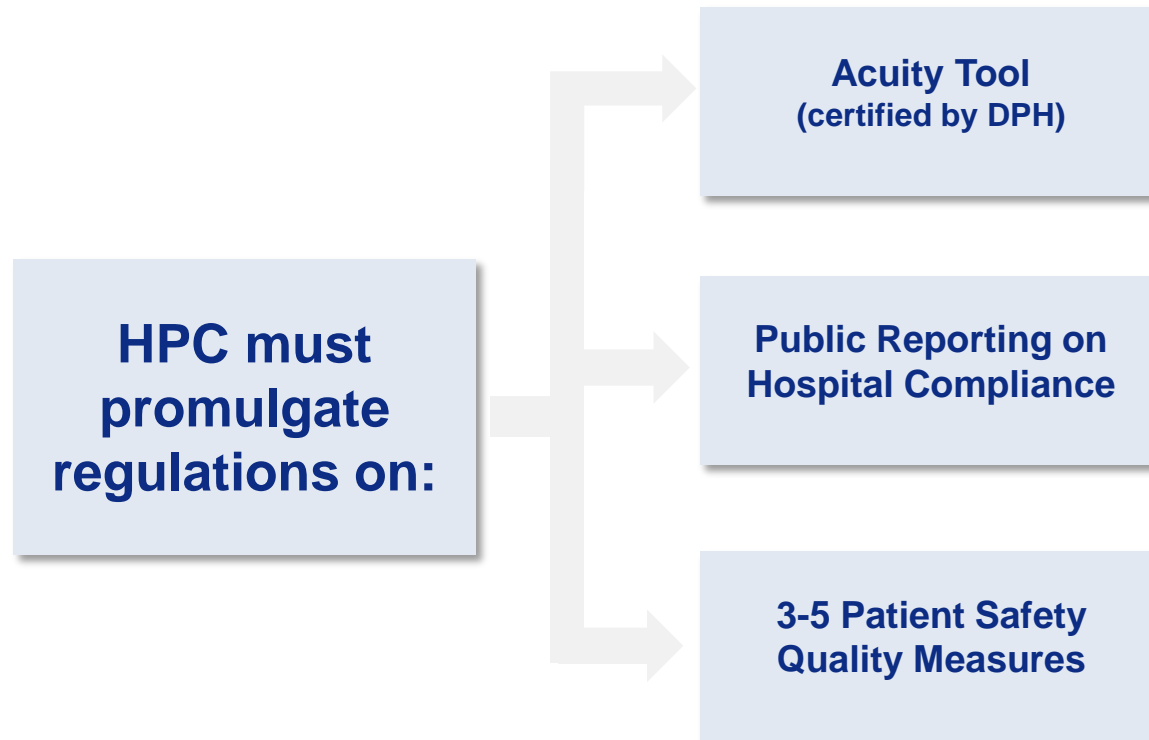|	
Law	*An Act relative to patient limits in all hospital intensive care units* (Chapter 155 of the Acts of 2014) signed June 30, 2014, with effective date of September 28, 2014
Overview	Establishes Nurse: Patient staffing ratio of 1:1 or 1:2 in hospital ICUs depending on stability of the patient as assessed by: (a) "acuity tool" developed or chosen by hospital; and (b) staff nurses; and (c) nurse manager (or nurse manager's designee) to resolve disagreement
HPC's Role	The HPC is charged with promulgating regulations including: (a) Formulation of the acuity tool (to be certified by DPH) (b) Method of public reporting of hospital compliance (c) Identification of 3-5 related patient safety quality indicators to be measured and publicly reported by hospitals

Nurse Staffing Law (Ch. 155 of the Acts of 2014)

HPC Process

- Background Research & Analysis
  - Acuity tools
  - Reporting methodologies
  - Quality measures

- Stakeholder meetings and listening session

- Regulatory Process
  - Draft regulations
  - Public comment period and hearings

Nurse Staffing Law (Ch. 155 of the Acts of 2014): Listening Session

HPC must promulgate regulations on:

- **Acuity Tool** (certified by DPH)
- **Public Reporting on Hospital Compliance**
- **3-5 Patient Safety Quality Measures**

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Contact Information

For more information about the Health Policy Commission:

Visit us: http://www.mass.gov/hpc

Follow us: @Mass_HPC

E-mail us: HPC-Info@state.ma.us