MINUTES OF THE QUALITY IMPROVEMENT AND PATIENT PROTECTION COMMITTEE

Meeting of September 22, 2015

MASSACHUSETTS HEALTH POLICY COMMISSION

THE QUALITY IMPROVEMENT AND PATIENT PROTECTION COMMITTEE OF THE MASSACHUSETTS HEALTH POLICY COMMISSION
HEALTH POLICY COMMISSION
50 MILK STREET, 8TH FLOOR
BOSTON, MA 02114

Docket: Tuesday, September 22, 2015 1:00-2:00 PM

PROCEEDINGS

The Massachusetts Health Policy Commission's Quality Improvement and Patient Protection (QIPP) Committee held a meeting on Tuesday, September 22, 2015 at the Health Policy Commission, 50 Milk Street, 8th Floor, Boston, MA 02109.

Committee members present included Mr. Martin Cohen (Chair); Ms. Veronica Turner; Dr. Carole Allen; and Ms. Alice Moore, designee for Ms. Marylou Sudders, Secretary of Health and Human Services.

Dr. Wendy Everett was not present at the meeting.

As the senior most member of the Committee, Dr. Allen called the meeting to order.

Item 1: Approval of Minutes

Dr. Allen asked for any changes to the meeting minutes from July 8, 2015. Seeing none, **Mr. Cohen** made a motion to approve the minutes. **Ms. Turner** seconded the motion. The motion passed with four votes in the affirmative.

Item 2: Appointment of Committee Chair

Dr. Allen explained that Secretary Sudders had been the Chair of the QIPP Committee prior to her appointment. She noted that, since Secretary Sudders' appointment, Dr. Everett has served as Acting Chair of the Committee.

Dr. Allen nominated Mr. Martin Cohen to serve as Chair of the Quality Improvement and Patient Protection Committee. **Ms. Moore** seconded the nomination. The committee voted unanimously to appoint Mr. Cohen Chair of the QIPP committee.

Mr. Cohen said he would be honored to serve.

Item 3: Discussion of Quality Measures Bulletin for Nurse Staffing Ratios

Ms. Lois Johnson, HPC General Counsel, reviewed the HPC's process for created regulations governing nurse staffing in intensive care units. She stated that the HPC's proposed final regulation was approved by the full commission in June 2015.

Ms. Johnson noted that the next step in the process is for the HPC to issue a bulletin with the three to five patient quality measures to be publically reported by the hospitals. She noted that, after extensive stakeholder meetings and feedback, the HPC finalized four of the quality measures in June: Central Line-Associated Blood Stream Infection (CLABSI), Catheter-Associated Urinary Tract Infection (CAUTI), Pressure Ulcer Prevalence (hospital acquired), and patient fall with injury.

Ms. Johnson stated that, under the Nursing and Care Quality Forum (NCQF), all quality measures are maintained by a single organization or entity who acts as a steward. She stated that the steward for Pressure Ulcer Prevalence chose not to continue acting as such, and thus the measure is currently not endorsed by NCQF.

Ms. Johnson stated that all current research indicates that the measure is still a valid, nursing sensitive measure and valuable for reporting on in connection with nurse staffing. She said that hospitals will continue reporting this measure and the measure's description will remain on NCQF's website.

Dr. Allen asked why the measure steward is no longer maintaining stewardship. Ms. Johnson responded that it reported to HPC to be an internal resource issue for the measure steward.

Dr. Allen noted her support for the aforementioned measures for adult patients. She noted, however, that only one quality measures applies to neonates. She asked whether the HPC could create a different subset of quality measures for hospital NICUs and PICUs.

Ms. Johnson responded that the HPC selected quality measures based on research and exhaustive conversations with key stakeholders. She noted that, throughout this process, HPC staff eventually whittled 11 recommendations from various contributors to the four quality measures. She noted that the measures will not be in the regulation, but rather in sub-regulatory guidance to allow for flexibility over time.

Ms. Turner asked whether the HPC would have to hold a public hearing to make adjustments to the quality measures. Ms. Johnson responded in the affirmative.

Dr. Allen asked whether the HPC could survey nurses working in the NICU and PICU for suggested quality measures. Ms. Johnson suggested that the HPC conduct research in this area.

Ms. Moore asked whether any of the 11 quality measures originally recommended were neonatal specific. Ms. Johnson responded that they were not. She added that the HPC has worked to identify and select measures that are applicable across different ICU settings.

Mr. Cohen asked whether the HPC will continue monitoring NCQF to see if anyone else serves as measure steward for Pressure Ulcer Prevalence. Ms. Johnson responded in the affirmative.

Ms. Johnson said the HPC plans to coordinate with the Department of Public Health before issuing the quality measures.

Mr. Cohen asked whether the Committee can expect information on potential NICU quality measures at future meetings. Mr. Seltz responded in the affirmative.

Item 4: Discussion of Final Updates to Office of Patient Protection Regulations

Mr. Cohen stated that, at the last meeting of the QIPP Committee, the HPC held a public hearing on proposed changes to regulations governing the Office of Patient Protection. He noted that these are pro forma changes made to align OPP's regulations with the Affordable Care Act and state law.

Ms. Jenifer Bosco, Director of the Office of Patient Protection, reviewed the final recommended changes to the regulations.

Ms. Bosco stated that the changes come in two parts: (1) changes to regulations regarding medical necessity criteria and (2) changes to open enrollment waiver regulations.

Ms. Bosco stated that language in the fiscal year 2015 budget made changes to the state law that provides access to medical necessity criteria. She said that the HPC was proposing changes to OPP's regulations to clarify the rules around access to the non-proprietary and proprietary medical criteria to be consistent with new state law.

Ms. Bosco stated that the updates to the open enrollment waiver regulation are required to conform to Massachusetts law and the Affordable Care Act. She said this update will not significantly change the waiver process.

Ms. Bosco stated that the HPC held a listening session and public comment period on these changes. She said that comments were submitted by advocacy groups, payers, and provider organizations and that many of the comments were supportive of the changes. Ms. Bosco reviewed key comments and the actions taken by the HPC to address them.

Ms. Bosco provided a detailed review of the proposed changes. She highlighted that the HPC updated the timeline in which insurers must provide medical necessity criteria from 30 days to 21 days (some commenters had asked for a reduction to 2 days). She said this change represented a reasonable compromise and would not be expected to hinder regular business.

Ms. Bosco reviewed the timeline for the proposed regulation. She stated that, if the committee votes to advance these regulations, the Board would be asked to vote to approve the updates at its next meeting.

Mr. Cohen said the comments he read have agreed with the HPC recommendations, which is a testament to the HPC's work.

Mr. Cohen then opened to the floor to a motion to vote on the OPP updates. Dr. Allen motioned and Ms. Turner seconded. The motion passed unanimously.

Item 5: Discussion of 2014 Office of Patient Protection External Review Data

Mr. Seltz expressed his pride in the work the Office of Patient Protection has completed since it moved to the HPC from the Department of Public Health in April 2013. He said that the HPC has put in the time and effort into bolstering OPP's data and making it publically available.

Mr. Seltz stated that the 2014 External Review includes new information from the health insurance carriers. He said that, because the information is new, the HPC is presenting it without firm conclusions.

Ms. Bosco briefly discussed the history and responsibilities of OPP. She noted that the reports provided annually by carriers on internal reviews are a window into what the insurance companies are doing with their utilization review process, and the experience of consumers.

Ms. Bosco provided an overview of the internal review process. She said it starts when the consumer receives a denial letter from carrier and requests an internal review from the health plan. She said the carrier has 30 days to respond with a decision to the appeal. At that point, the insurer can reverse, modify, or uphold their original decision. Ms. Bosco said that if the claim is denied based on medical necessity, the consumer may seek an external review through OPP.

Ms. Bosco said that the consumer has four months to submit the external review form. Once submitted, OPP determines whether the claim is eligible for external review. If it is, the file is sent to one of three external review agencies that will review the medical aspects of the claim. The external review agency can uphold, overturn, or partially overturn a claim.

During 2014, Ms. Bosco said that insurance companies reported over 11,366 complaints from fully insured Massachusetts members. She said that 3,906 of those complaints underwent an internal review process since they were member grievances based on medical necessity. Of the 3,906 complaints, 44% were resolved in favor of the member.

Ms. Bosco said that 2014 was the first time that the carriers indicated which complaints were related to behavioral health. She said that 26% of the 3,906 complaints were behavioral health related. Of the behavioral health cases, 33% were settled in favor of the member.

Mr. Cohen asked whether these numbers have been consistent over the years. Ms. Bosco responded that the HPC completed a similar analysis only in 2013. She said that the 2013 numbers were similar to those from 2014.

Mr. Seltz stated his surprise that only one-third of the behavioral health internal review cases were resolved in favor of the consumer.

Ms. Bosco stated that 13% of members with denied internal reviews appealed to the Office of Patient Protection for an external review. She thought this was encouraging because members of the public are aware of their rights and exercising them.

Ms. Bosco said that OPP received 286 eligible requests for external review in 2014. She said 68 cases were deemed ineligible for external review because the plan was out-of-state or self-insured plan. Ms. Bosco reported that nearly half of the cases (46%) were resolved in favor of the consumer. She said of the eligible cases, 158 were related to medical/surgical care and 129 were related to behavioral health care.

Ms. Bosco said that 41% of the medical/surgical treatment requests were resolved in favor of the consumer. She said that this statistic is similar to past years. She said out-patient care accounted for a plurality of these external reviews.

Mr. Cohen asked if residential care was included in the medical/surgical category. Ms. Bosco responded that it is not at this point. She said that OPP tried to refine the categories in 2014 and that the office is continuing to determine the best way to present this information.

Ms. Bosco said that 52% of eligible external review behavioral health cases were resolved in favor of the consumer. She said this number is slightly higher than 2013.

Dr. Allen asked if any organization is collecting similar data for the self-insured plans. Ms. Bosco responded that the Department of Labor is starting to consider how they could collect such data. Ms. Bosco said that self-insured and fully-insured have similar appeals rights under ACA.

Ms. Bosco presented the breakdown of behavioral health and medical/surgical appeals from 2001 to 2014. She noted that the overall number of appeals has increased over this period, with the most reviews in 2002, 2003, and 2010.

Mr. Cohen asked why these years experienced a higher volume of reviews. Mr. Seltz hypothesized that the increase in 2010 could be related to the recession and people's willingness to participate in the appeals process. He said the HPC has been educating providers on the functions of OPP so they can act as an advocate for their patients.

Ms. Bosco stated that insurance companies are required to put OPP's helpline number on denial notices. She stated that OPP works to direct all calls to individuals and organizations who can address them.

Ms. Moore asked how OPP will use the behavioral health data moving forward. Mr. Seltz responded that the HPC will continue to collect data that will add to that conversation. Ms. Bosco described OPP responsibilities to grant enrollment waivers for people who are seeking health insurance outside of the designated period. She said that OPP received 316 waiver requests in 2014 with 279 (88%) of them being approved.

Mr. Cohen asked why waivers are denied. Ms. Bosco responded that individuals seeking a waiver need to provide proof that they tried to enroll, but were denied. She said they also need to explain why they did not buy insurance during one of the applicable enrollment periods.

Ms. Bosco said the OPP receives about 172 phone calls and emails a month with questions on health insurance. She said most of these calls and emails are answered by the OPP Program Assistant, Eric Rollins. Ms. Bosco discussed OPP's increased call volume in early 2015. She noted that, in March 2015, OPP received approximately 600 additional calls due to issues with the Health Connector, but these problems have diminished over the past months.

Ms. Moore asked if there has been increased communication between the HPC and the Health Connector with open enrollment approaching. Ms. Bosco responded that she has weekly phone calls with the Health Connector's escalation team.

Item 6: Schedule of Next Meeting

Mr. Cohen said that the next meeting is scheduled for Thursday, November 12, 2015 at 11:00 AM.

Item 7: Adjournment

Mr. Cohen adjourned the meeting at 1:57 PM.