



May 25, 2018

David Seltz, Executive Director
Health Policy Commission
50 Milk Street, 8th Floor
Boston, MA 02109

re: Comments on Proposed Regulation for 958 CMR 11.00 – *Internal Appeals Process and External Review Process for Risk-bearing Provider Organizations (RBPO) and Accountable Care Organizations (ACO)*

Dear Executive Director Seltz:

On behalf of the Massachusetts Association of Health Plans (MAHP), which represents 16 health plans that provide coverage to approximately 2.6 million Massachusetts residents, I am writing to provide comments on the proposed regulation regarding Internal Appeals Process and External Review Process for Risk-bearing Provider Organizations and Accountable Care Organizations. We appreciate the Health Policy Commission engaging with stakeholders to seek input in developing standards for the internal appeals and external review process for ACOs and RBPOs.

As we have stated in the past, we believe the RBPO/ACO appeals process must differentiate between clinical appeals and coverage appeals to avoid duplication of health plan and ACO functions, and to alleviate the potential for consumer confusion. MAHP is supportive of the proposed regulations, which include provisions intended to distinguish the appeals process between provider organizations and health plans. Specifically, we believe the draft language in 958 CMR 11.03 (1) and (2) reflects the directive set out in the statute and Interim Guidelines (*Health Policy Commission Bulletin HPC-OPP-2016-01*) which makes clear that, “The RBPO shall provide patients with an opportunity to make a complaint about referral restrictions or other potential limitations of care, such as denials or restrictions on referrals to providers not affiliated with the RBPO; denials or restrictions on type or intensity of treatment or services; and denials or restrictions on timely access to treatment or services.” Furthermore, 958 CMR 11.15 (1) (b) authorizes the Office of Patient Protection to screen all requests for external review to determine whether they involve an issue within the purview of the patient’s health plan. In light of these provisions, we believe that these regulations distinguish between the clinical and coverage appeals processes for providers and carriers to avoid duplication of health plan and provider organization functions. We hope that these provisions are kept in the final regulations.

We appreciate the opportunity to offer comments as the Health Policy Commission considers the internal appeals process and external review process for Risk-bearing Provider Organizations and

Accountable Care Organizations. Please feel free to contact me directly should you have any questions or need additional information on our comments.

Sincerely,

Norman J. Han
Director of Health Care Policy and Research
Massachusetts Association of Health Plans (MAHP)

cc:

Stuart Altman, Ph.D., Chairman, Health Policy Commission
Wendy Everett, Sc.D., President of NEHI, Vice Chair, Health Policy Commission
Michael J. Heffernan, Secretary, Executive Office for Administration and Finance
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