



February 4, 2014

Madeleine Biondolillo, MD
Associate Commissioner
MA Department of Public Health
250 Washington Street
Boston, MA 02108

Re: Behavioral Health Planning RFI

Dear Associate Commissioner Biondolillo:

On behalf of the Massachusetts Association of Health Plans (MAHP), I am pleased to submit MAHP's responses to the Health Planning Council's Behavioral Health Request for Information. We appreciate the opportunity to provide you with our feedback on the work of the Council.

Pursuant to the instructions contained in the RFI, we have provided our answers to applicable questions below.

How do you anticipate health resource planning for Behavioral Health to help you in your work? How do you expect to use the information resulting from the effort?

MAHP and our member health plans have been strong supporters of the mission of the Health Planning Council and for its inclusion in Chapter 224 of the Acts of 2012. MAHP supported the creation of the Health Planning Council as a critical tool for strengthening the state's Determination of Need program (DoN) and as a mechanism to support the work of the Health Policy Commission as it reviews material changes to the health care market. With access to necessary behavioral health services emerging as a critical issue, the work of the Health Planning Commission will be vital to informing the conversation.

The DoN Program serves an important role in containing health care costs while improving the efficiency of delivering health care throughout the Commonwealth by ensuring that proposed new expansions or new technologies are filling a real community or delivery system need and are not duplicative of existing services or unnecessarily costly. The supply of health care resources, such as hospital beds and specialist physicians, drives demand for and utilization of those services. Increased supply drives up health care costs, often without any corresponding added value to patients.

Additionally, expansion efforts by academic medical centers into suburban communities have had the effect of increasing prices and directing volume away from community hospitals, which studies have shown offer comparable if not superior care in a more cost effective setting. With the transition and consolidation of providers that are occurring in the marketplace, it is more important than ever to ensure that we have a complete understanding of the needs of the health care delivery system in order to make policy decisions going forward.

The implementation of a statewide planning initiative is an important component in truly assessing need and limiting duplicative services. Projects to expand services and technologies do not exist in a vacuum, and it is only through an extensive regional or statewide analysis that their potential impact will truly be known. It is important to ensure that any new project does not adversely affect demand by unnecessarily duplicating services that are already provided. This can be avoided by ensuring that approval is given only when projects are reviewed in the context of their effect on the statewide health care system, including the overall need for any additional services, technologies or structural expansions.

A comprehensive statewide planning program will also help identify true community needs. We believe that this process will be helpful in evaluating the current supply and potential deficiency of behavioral health beds across the continuum and will better inform the work of the Health Policy Commission in evaluating proposed mergers, acquisitions, and other market changes. As the market transitions as part of payment reform, facilities will be closing, consolidating and reorganizing. As this occurs, the state has an important role in ensuring that new facilities and services are meeting the needs of the communities served. We therefore support the focus for the first year's analysis on behavioral health beds.

The availability of behavioral health beds in the Commonwealth has been an area of increased focus, particularly as it relates to long wait times for obtaining services and "boarding" in emergency rooms. We believe that this process will help in gaining a better understanding of the causes of back-logs and identify areas of the delivery system where increases in capacity are needed.

Are there specific services within Mental Health & Substance Abuse that you would like to see studied, and were not already included in the list of services on page 6? Please describe with as much specificity as possible. Please indicate how they can be addressed through health resource planning.

We believe that the list of behavioral health services is comprehensive and representative of necessary behavioral health services. One item on the list that MAHP would prioritize is evaluating the availability and distribution of community-based services. Such services are critical in achieving our goals of transitioning members away from use of the emergency room for behavioral health services when community supports are available and reducing wait times to improve access to necessary services. Additionally, we would support the Commission evaluating the capacity of behavioral health beds for children as well as for specialty services, such as patients in crisis with co-morbidities.

Obtaining capacity, workload/volume, and demand data for outpatient & community mental health & substance abuse services is a challenge. Do you have ideas for data sources or suggestions for collecting data now or in the future? Are there specific “data gaps” that you feel are important for future data collection?

Data collection and transparency will be important components of the Council’s work going forward. MAHP supports a robust, data-driven process as the Council’s deliverables will help inform the key policy decisions for a number of state agencies. We also support utilizing existing data sources where possible to minimize administrative costs.

One possible data transparency program that the Council may want to consider is the Health Policy Commission’s Provider Registration program. The Provider Registration program provides an opportunity to gain a better understanding of the composition, structure and relationships among and within Massachusetts health care providers. The program also monitors and maps clinical affiliations, capacity, and market share, and monitors changes over time. While the specific data elements are still under development and will be published in a data submission manual, the regulations set forth the basic components of the data collection. Below is the information that the Health Policy Commission’s regulations will require as part of its reporting process:

- **Ownership, Governance and Operational Structure:** Information about the ownership, governance, and operational structure of the Provider Organization, including, but not limited to organizational charts, narrative descriptions of the type and kind of relationship with Corporate or Contractual Affiliates, information on the characteristics of relationships with Clinical Affiliates and the role of Community Advisory Boards, and information on incentive structures and compensation models, including Funds Flow within the Provider Organization.
- **Ownership, Governance and Operational Structure: Funds Flow:** Information about the ownership, governance, and operational structure of the Provider Organization, including, but not limited to organizational charts, narrative descriptions of the type and kind of relationship with Corporate or Contractual Affiliates, information on the characteristics of relationships with Clinical Affiliates and the role of Community Advisory Boards, and information on incentive structures and compensation models, including Funds Flow within the Provider Organization.
- **Details on Health Care Professionals:** The number of Health Care Professional Full-time Equivalents by license type, specialty, each Health Care Professional’s name, address of principal location of work, National Provider Identification Number, and similar identifying information, and whether the Health Care Professional is employed by or affiliated with the Provider Organization and the nature of that relationship, including whether provisions exist in physician participation or employment agreements such as referral requirements.
- **Details on Facilities:** The name and address of facilities licensed by the Department of Public Health or the Department of Mental Health that are owned or controlled by the Provider Organization or by a Contractual or Corporate Affiliate, including by license number, license type, and capacity in each Major Service Category.
- **Details on Utilization and Capacity:** Information on utilization by Major Service Category as specified in the Data Submission Manual.

- **Details on Revenue:** Total revenue by payer under pay for performance arrangements, risk contracts, and other fee for service arrangements as specified in the Data Submission Manual.

The Center for Health Information Analysis (CHIA) will be including relevant information as part of its hospital profiles report. Such information will include the number of inpatient beds and types (including psych beds). Additionally, the Health Planning Council should utilize information from the All-Payer Claims Data Base to examine trends in utilization and costs.

The Health Planning Council should work with both the Health Policy Commission and CHIA as they develop the types of services categories as part of the data submission manual that will be part of the registration process and with CHIA to ensure that relevant information on utilization, revenues and expenses for behavioral health services are included in future iterations of their hospital cost reports.

Finally, as the Health Planning Council considers potential data sources, we strongly encourage you to first make use of existing data sources to minimize the administrative burden related to duplicate reporting. For instance, health plans currently report behavioral health utilization data to the Division of Insurance. In the event that the Health Planning Commission elects to utilize the APCD for data and would like to add new information to what is collected today, the Commission should work with CHIA and the health plans to ensure that any new information that the Council would like add to the APCD is incorporated into future data submissions, and allow for sufficient time for health plans to update their systems.

We thank you for the opportunity to provide comments. If you or your staff have any questions or require any additional information, please don't hesitate to contact me.

Sincerely,



Sarah Gordon Chiaramida
Vice President of Legal Affairs
Massachusetts Association of Health Plans