# Massachusetts Attorney General's Office Health Care Division

HCCA Boston Regional Conference September 6, 2019

Eric Gold Chief, Health Care Division

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# **Health Care Division**

- I. Who We Are
- II. What We Do
  - A. Law Enforcement
  - B. Regulatory Monitoring / Health Policy
  - C. Mediation
  - D. Federal Litigation

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### Who We Are

The Health Care and Fair Competition Bureau (HCFC) of the Office of Massachusetts Attorney General Maura Healey has five divisions:

- Antitrust Division
- False Claims Division
- Health Care Division
- Medicaid Fraud Division
- Non-Profit Organizations/Public Charities Division

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# Who We Are

The Health Care Division

- Division Chief
- Deputy Chief
- Six Assistant Attorneys General
- Mediators
- Legal Analyst
- Health Care Analyst
- Paralegals
- Administrative Assistant

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## Mission

To be at the forefront of health care consumer protection and advocacy.

To promote affordability and accessibility and improve the overall effectiveness of the health care system.

To help consumers understand their health care rights and to mediate consumer disputes with health care payers and providers.

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# Law Enforcement

- Investigating fraud & abuse
  - Pharmaceutical
  - Medical device industries
- Health insurance practices
- Health care delivery systems
- Data security practices / HIPAA Privacy

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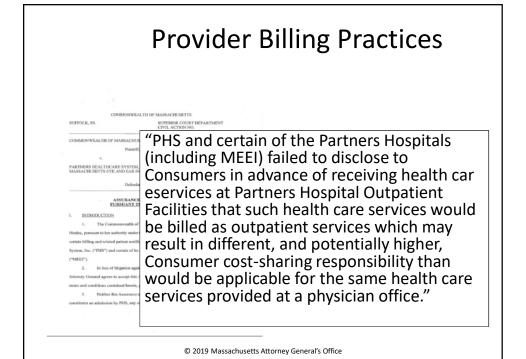
# Law Enforcement

- Consumer Protection Law G.L. c. 93A
- Pre-suit Investigative Authority Section 6
  - Demands for Documents
  - Sworn Testimony
- Suits for injunctive relief, restitution, civil penalties, disgorgement, fees, and costs
  - Section 4
- Resolution
  - Consent Judgment
  - Assurance of Discontinuance Section 5

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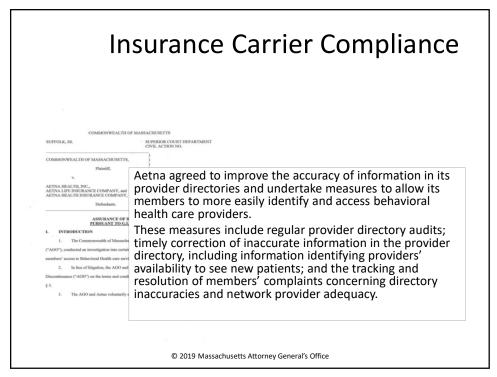
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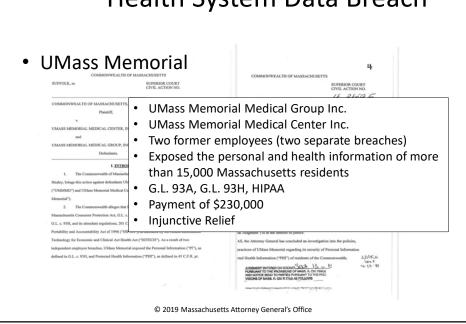
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# Health System Data Breach



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# Progression of Health Care Reform in Massachusetts

YEAR	MASSACHUSETTS HEALTH CARE REFORMS		
1990s	Insurance Market Reforms • Guaranteed Issue • Modified Community Rating • Pre-Existing Condition Limitations		
2006	Expansion of Insurance Coverage		
	Individual Mandate     Employer Responsibility	Medicaid Expansion     Insurance Exchange	
2008	Chapter 305 – Cost Containment Legislation I  • AG Authority to Examine Cost Trends		
2010	Chapter 288 – Cost Containment Legislation II  Transparency Tiered/Limited Network Products Reform of Unfair Contracting Practices		
2012	Chapter 224 – Cost Containment Legislation III  Oversight of Payment Reform & Provider Registration  Benchmark Health Spending to Gross State Product  Price Transparency for Consumers		

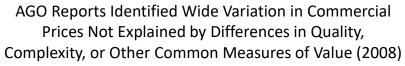
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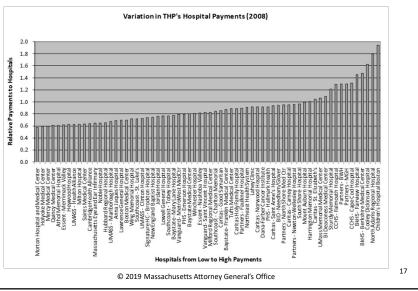
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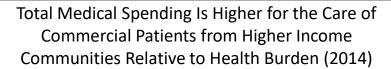
# **AGO Cost Trends Examinations**

- Authority to conduct examinations:
  - G.L. c. 12, § 11N to monitor trends in the health care market.
  - G.L. c. 12C, § 17 to issue subpoenas for documents, interrogatory responses, and testimony under oath related to health care costs and cost trends.
- Findings and reports issued since 2010.
  - March 16, 2010
- Sept. 18, 2015
- June 22, 2011
- Oct. 7, 2016
- April 24, 2013
- Oct. 13, 2016
- June 30, 2015
- Oct. 11, 2018

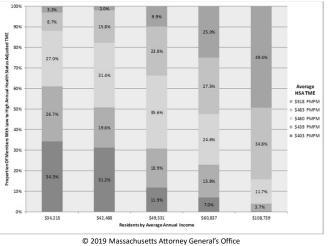
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Distribution of a Major Massachusetts Payer's Members by Income and Health Risk Adjusted Medical Spending (2014)



# Annual Increase in Commercial Drug Spending Net of Rebates (PMPM) 2013-15

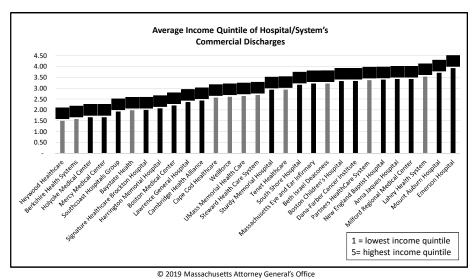
Annual Pharmaceutical Spending Trend (Per Member Per Month) 2013-2015				
Plan	2013-2014 Trend		2014-2015 Trend	
	Pre-Rebate	Net-Rebate	Pre-Rebate	Net-Rebate
Plan 1	14.3%	12.9%	6.5%	4.5%
Plan 2	11.0%	11.7%	14.6%	15.3%
Plan 3	10.2%	9.0%	11.4%	9.3%
Plan 4	21.1%	19.9%	7.7%	3.3%
Plan 5	13.4%	13.1%	10.4%	8.4%
Average	14.6%	13.7%	8.2%	6.1%
Reporting Entity	Pre-Rebate	Net-Rebate	Pre-Rebate	Net-Rebate
HPC ('13-'14) CHIA ('14-'15)	12.5%	N/A	8.5%	N/A
IMS	13.1%	N/A	12.2%	8.5%

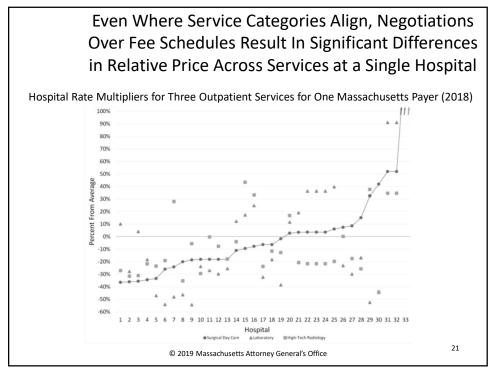
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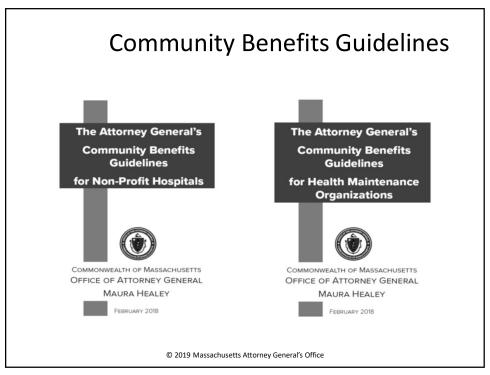
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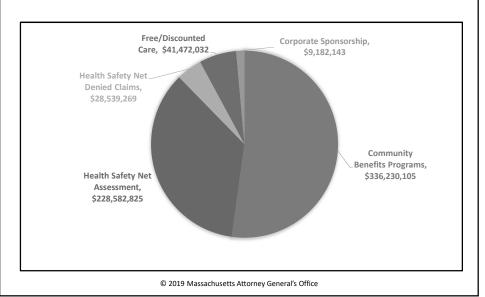
# Among Commercial Discharges, Hospitals Serve Different Proportions of Low-Income Patients (2017)







# Breakdown of 2016 Hospital Community Benefits Spending



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# **Principles for Updated Guidelines**

- 1. Better Align Reporting Requirements
- 2. Improve Community Engagement
- 3. Increase Transparency
- 4. Facilitate Investment in Common Priorities (e.g., social determinants, statewide public health issues)
- Encourage Regional Collaboration and Learning

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# Mediation

- Source of Complaints
  - Health Care Helpline (888-830-6277)
    - 200-300 calls monthly
  - Written Complaints
    - 100+ monthly
    - · Website, e-mail, US mail
  - In Person Consult
- Result
  - Mediation
  - Educating Consumers
  - Referral

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# Mediation

- Voluntary Telephone Mediation
  - Patient
  - Provider
  - Insurance Company
- Financial Disputes
  - Billing
    - Hospital, Physician, Laboratory, Behavioral Health, Dental, Ambulance, Pharmacy
  - Claim Denials
  - Denial of access to care
  - Collections

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# Protecting Massachusetts Health Care Markets Commonwealth v. United States HHS

# United States Court of Appeals For the First Circuit 100. 18-1514 COMMONDEALTR OF MASSACHUSETTS, Flanksteff, Appeallant, WILTED STATES DEMANDMENT OF MASSACHUSETTS, Flanksteff, Appeallant, The Commonwealth's substantive challenges to the Departments' federal regulations are not moot. Its procedural challenge to the IFRs, however, has been mooted by the Defendants, A APPEAL FROM THE UNITED FOR THE STREAM OF MASSACHUSETTS, FINALLY, APPEAL FROM THE UNITED TO THE STREAM OF MASSACHUSETTS, TO THE STREAM OF M

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# Protecting Massachusetts Health Care Markets Texas v. United States (Fifth Circuit)

No. 19-10011
IN THE UNITED STATES COURT OF APPEALS FOR THE FIFTH CIRCUIT
STATE OF TEXAS, STATE OF WISCONSIN: STATE OF GARDANA, STATE OF ARIZONA, STATE OF FLORIDA, STATE OF GEORGIA, STATE OF GARDANA, STATE OF CONTROL OF STATE OF GEORGIA, STATE OF WISSISSUPP, U. out disough Coverne Pail Brown: STATE OF MISSONIER, U. out disough Coverne Pail Brown: STATE OF SOUTH CAROLINA, STATE OF WISSING STATE OF ARKANSAS, NIELL FULLEY, JOHN NANTZ.
Plaintiffs - Appellees
v.
UNITED STATES OF AMERICA: UNITED STATES DEPARTMENT OF HEALTH & HUMAN SERVICES. ALEX AZAR, IL SECRETARY, U.S. DEPARTMENT OF HEALTH AND HUMAN SERVICES. UNITED STATES DEPARTMENT OF INTERNAL REVENUE: CHARLES P. RETTIG, in his Official Capacity as Commissioner of Internal Revenue,
Defendants - Appellants
STATE OF CALIFORNIA, STATE OF CONNECTICUT. DISTRICT OF COLLEMBA, STATE OF DELAWARE STATE OF BRIDGE OF HAWAIL STATE OF RIGHT OF HAWAIL STATE OF RENTUCKY, STATE OF MASSAGRUSETTS. STATE OF NEW YORK, STATE OF MOST OF RIGHT OF NEW HERSEY. STATE OF NEW YORK, STATE OF NOW HE AROLLINA. STATE OF PREGONA. STATE OF PROBLEMAND, STATE OF WERDINA. STATE OF WASHINGTON. STATE OF MINNESOTA
Intervenor Defendants - Appellants
On Appeal from the United States District Court for the Northern District of Texas No. 4.18-cv-167-O Hon. Reed O'Connor, Judge
STATE DEFENDANTS' OPENING BRIEF
Counsel listed on the inside cover

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# Protecting Massachusetts Health Care Markets New York v. Department of Labor (D. C. Cir.)

NOTED STATES DEPORTED TO COLUMNA

STATE OF NEW YORK, et al.

Platiently.

CNE Action No. 18-11/1/UBB)

The Final Rule is clearly an end-run around the ACA....

But equally important for the analysis that follows, the Final Rule does violence to ERISA. The Final Rule scraps ERISA's careful statutory scheme and its focus on employee benefit plans arising from employment relationships. It purports to extend ERISA to cover what are essentially commercial insurance transactions between unrelated parties. In short, the Final Rule exceeds the statutory authority delegated by Congress in ERISA."

Labour of the Child of the States white ERISA to cover what are essentially commercial insurance transactions between unrelated parties. In short, the Final Rule exceeds the statutory authority delegated by Congress in ERISA."

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# Questions

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