

PCMH Payer Subcommittee Meeting
January 8, 2015

Attendees

Dr. Jonathan Griffin, St. Peter's Medical Group

Dr. Monica Berner, BCBS of MT

Peter McGarry, PacificSource

Dr. Jonathan Weisul, Allegiance

Jo Thompson, Montana Medicaid

CSI Staff

Amanda Roccabruna Eby

Cathy Wright

Christina Goe

Prior to the meeting, CSI distributed BCBSMT's proposed method to calculate and report the required utilization metrics for the group to consider. BCBSMT uses the same method for both measures: ER visits and hospitalizations. Patient attribution is based on BCBSMT coverage for one year in individual and small group, fully-insured health plans. The patient-provider relationship is established using 2-year retrospective BCBSMT E&M claims utilization (provider type, volume, and frequency of visits). BCBSMT compares the PCMH attributed population to all their fully-insured membership (individual and small group). If and when self-insured members are added to their PCMH Program, they would be added to both the numerator and the denominator.

Allegiance commented that their data systems cannot do BCBSMT's attribution method. However, they do plan to do the utilization measure calculation method based on per 1,000 visits. Allegiance will attribute members when they initially join their PCMH program, they may update their attribution on an annual or quarterly basis, they haven't decided yet. BCBSMT verifies their attributed members with practices on a monthly basis. Allegiance will not have members attributed until they have a claim at one of their PCMH contracted clinics.

The subcommittee members all agreed that the reporting instructions need to allow for flexibility in the attribution method that payers use. Jo commented that BCBSMT's proposed method would work fine for Medicaid. Peter also saw no conflicts for PacificSource with the proposed method.

Medicaid would not have many members with contiguous coverage for one entire year. Instead, Medicaid may propose a standard of six months of attribution for members to be included in utilization reports, even if it is not contiguous coverage. Since Medicaid did not launch their PCMH program until the end of 2014/beginning of 2015, the 2015 report they submit on March 31, 2015 will just be all Medicaid patients and set a baseline of comparison for future reports. However, it will not include CHIP members, and their PCMH program will not include CHIP.