

PCMH Legislative Work Group
April 14, 2016

Attendees

Dr. Rob Stenger, Partnership Health Center
Dr. Janice Gomersall, Community Physicians Group
Carla Cobb, RiverStone Health
Bill Warden, Hospital Lobbyist
Dr. Jonathan Weisul, Allegiance Benefit Plan Management
Erwin Austria, Blue Cross Blue Shield of Montana
Dr. Jonathan Griffin, Blue Cross Blue Shield of Montana

CSI Staff

Christina Goe
Amanda Roccabruna Eby
Cathy Wright

Christina Goe began the meeting by explaining that legislation to remove the sunset provision from the PCMH law is part of the Commissioner's legislative agenda for 2017. She explained that as an agency bill it would get introduced early in the session and is guaranteed a hearing. In case there is an issue with the agency bill list because of the election of a new commissioner, there should be a backup plan to have a legislative sponsor for this bill. The group was in agreement that the legislation should be an agency bill, if possible, but they will also discuss potential legislators that could sponsor this legislation if the new commissioner does not.

CSI asked the stakeholders if they had other things in mind they wanted in the legislation besides removing the sunset. Christina iterated that sometimes, the simpler legislation is, the easier it is to pass. Also, any funding requests for the program will also make the bill more difficult to get through the legislature. Bill Warden recommended that people look at the existing law and ensure it reflects the program as it stands now and where the council wants the program to go to see if they want any other changes or small tweaks made to it. Dr. Weisul asked CSI to send the original PCMH bill as it was introduced in 2013, to the group before their next meeting.

An attendee asked why the law was still needed if anti-trust protection has already been established. Christina explained that continuous, on-going government oversight is required for anti-trust protection. If the sunset is not removed, the entire program would be disbanded. Amanda explained the main reasons stakeholders wanted the original legislation: anti-trust protection for providers and multi-payor and multi-provider involvement, standards for consistency and alignment for all participants, a state-wide definition, and an established program to produce evidence and outcomes on healthcare delivery reform that will be provided to the public and decision makers like the Governor and the legislature. Also, this outcome information will encourage other payers and providers to participate and/or expand their participation.

While there are many innovative health care delivery reform projects going on around the state, this is the only program established in state law, with statutory authority. Dr. Stenger commented that without the program the day-to-day functions of PCMH providers may not change much, nothing would move forward as far as payment, provider coordination, or IT assistance. CSI agreed and added that the program is a great foundation for future work in our state. Dr. Weisul commented that many other

activities in the state may influence the PCMH program such as the work of the Governor's Healthcare Innovation Council, Medicare value-based payments, and the new CMS Comprehensive Primary Care Initiative. He asked CSI to recruit Medicaid and public health staff to participate in the working group.

The group was in consensus that the legislation should be a CSI agency bill. The group will continue to discuss additional, if any, changes to the program that could be considered for the legislation. Dr. Gomersall asked for future discussions regarding the Commissioner requesting money for data or a FTE for the program in the agency budget. The group scheduled their next meeting for **Thursday, May 12th at 12:00 pm.**