

PCMH Payer Subcommittee Meeting  
June 24, 2015

Attendees

**Mary LeMieux**, Montana Medicaid  
**Kelley Gobbs**, Montana Medicaid  
**Patty Estes**, BCBS of MT  
**Dr. Jonathan Weisul**, Allegiance  
**Maddie Tormey**, New West Health Services  
**Dr. Doug Carr**, New West Health Services  
**Lara Salazar**, MPCA  
**Kristin Geonatti**, Mathematica  
**Nancy McCall**, Mathematica

CSI Staff

Amanda Roccabruna Eby  
Christina Goe

CSI staff began the meeting by having Mathematica staff, Kristin Geonatti and Nancy McCall, explain all of the information on the utilization measures that was presented at the May 20<sup>th</sup> council meeting. There were two slides showing how the payors varied in types of reporting for ER visits, observation bed stays, and hospitalizations and there were two slides on recommendations for the next reporting cycle.

Kristin emphasized that there was a lot of variation in how information was submitted and recommended considering the most important elements of measures and how to get them more similar. For example: two payors submitted the number of ER visits that lead to a hospitalization separately from the number of ER visits that did not lead to a hospitalization; one payor submitted all ER visits as a single rate; and the last payor only reported ER visits that did not lead to a hospitalization. There was also variation in whether multiple visits in one day were reported separately or as one visit and variation in how observation bed stays were reported. There was also much variation in the types of facilities that were included in the hospitalization data. Half of the payors reported hospitalizations as separate admissions if there was a change in facility or transfer and the other half reported hospitalizations as a single admission for a continuous inpatient episode.

Kristin then went through her recommendations for utilization measure reporting, focusing on ER visits first. Measure reporting should link directly to what PCMHs can get movement on, especially with the Prevention Quality Indicators recommended by AHRQ. She recommended collapsing multiple ER visits on the same day into one because they represent the same utilization reason and the same continuum of care. Allegiance argued that multiple visits should be counted separately because if a company is using the measures as cost indicators, each visit has a separate cost incurred. Mathematica maintained that there is a difference between utilization and the expenditures associated with it, they are separate variables.

The subcommittee then discussed hospitalization reporting and Kristin Geonatti gave her recommendations. The first priority should be moving towards consistency in the type of facilities included in reporting. She recommended rolling transfers into one episode of care rather than counting separately, to capture the full cost of care. She also recommended reporting Observation Bed Stays as a separate category, as an outpatient type of care. Kristin also recommended only reporting Final Action

Claims to avoid double counting and attain consistency in the types of claims being reported. She recommended excluding newborn and delivery from the hospitalization count and tracking utilization based on ambulatory care sensitive conditions.

Amanda then went back through each of Mathematica's recommendations and asked each payer to weigh in on their capability to meet the recommendation. BCBS has the ability to modify their reporting and Medicaid said that it would also be easy for them to change how they reported. However, they both requested more discussion on data use specifics and codes. BCBS and Medicaid both report multiple ER visits as a single event, this would be very difficult for Allegiance to do. Mathematica said the count should be based on a calendar day from twelve o'clock am to twelve o'clock pm. BCBS and Medicaid both use the calendar day.

In regard to ER visit disposition, Allegiance reported all ER visits as one number, they need more definition to separate out those that did or didn't lead to hospitalization. BCBS reported ER visits as one number but could separate them out. Medicaid was not sure how they reported. BCBS and Medicaid both could report Observation Bed Stays, Allegiance needs more definition on the measure.

In regard to hospitalizations, BCBS and Medicaid both could remove newborn and delivery from their count as Mathematica recommended. Allegiance was not sure. BCBS, Medicaid, and Allegiance all agreed to remove Rehab, LTC, Swing bed, and Skilled Nursing Facilities. The payors were not sure if they could all roll separate admissions or facility transfers into one inpatient episode. Mathematica recommended that if they could not achieve consistency on this, that the difference be noted with data.

In preparation for the next meeting, payors were asked to email Mathematica how they are currently defining Observation Bed Stays and review the [AHRQ Prevention Quality Indicators Technical Specifications](#), and email Amanda which ones they were interested in discussing for the next reporting cycle. Mathematica would prepare more information on Observation Bed Stays based on payor responses, for consideration at the next meeting.