

PCMH Payer Subcommittee Meeting  
September 10, 2015

Attendees

**Dr. Monica Berner**, BCBS of MT  
**Dr. Jonathan Weisul**, Allegiance  
**Mary Le Mieux**, Montana Medicaid  
**Anna Buckner**, Montana Medicaid  
**Kelley Gobbs**, Montana Medicaid  
**Justin Murgel**, PacificSource

CSI Staff

Amanda Roccabruna Eby  
Christina Goe  
Catherine Wright

Amanda reviewed the agenda.

First, the swing-bed designation definition was discussed. Amanda reviewed the ARM (Administrative Rules of Montana) definition and asked for input from the subcommittee on how best to include this information in the guidance. Each payor offered their current practices and preferences for data reporting. It was decided to specifically reference the swing bed code #s which Dr. Berner will email to Amanda and to include the ARM definition since it references the federal definition and is all inclusive.

The group then went through the new guidance, section-by-section, beginning with the Measure Definition section. The first measure, for Emergency Room Visits, was quickly reviewed and accepted by the subcommittee, however Allegiance is still opposed to “collapsing multiple ER visits on same day into same episode of care” but will follow along due to the group consensus.

The second measure, Hospitalizations, required more discussion. The following edits were suggested:

1. Include all acute facilities. **(Yes- ok)**
2. EXCLUDE the following ~~non-acute~~ facilities: **skilled nursing facilities (SNF) or swing bed designations, long-term care hospitals, medical and surgical rehabilitation hospitals, non-acute mental health, such as residential mental health treatment facilities, and birthing centers.**
3. Include hospitalizations that occur outside of Montana. **(Yes- ok)**
4. Combine multiple components of care during a continuous episode into a single admission count as long as they are all inpatient care, (for example, transfers across acute care settings). **(Yes-ok)**
5. REMOVE newborn and delivery hospitalizations from the hospitalization rate. **(Yes- ok)**

The Method for Measuring the Required Utilization Measures section was reviewed and approved as is.

The Reporting Instructions section was reviewed and approved as is.

Finally, regarding the Recommended Attribution Method, the payors agreed to submit their own attribution methods for CSI approval. They are not interested in considering a standard attribution

method because it is more important for the payors to be in agreement with their PCMHs on how they are attributing patients than it is for the payors to use a standard attribution method.

Amanda will incorporate the committee's comments and edits into a revised Payor Guidance for review by the Council at the September meeting and a final vote at the October meeting.