

PCMH Payer Subcommittee Meeting
October 15, 2014

Attendees

Dr. Monica Berner, Blue Cross Blue Shield of Montana
Dr. Jonathan Griffin, Chair, St. Peter's Hospital
Jo Thompson, Medicaid
Dr. Jonathan Weisul, Allegiance
Dr. Tom Roberts, MT Health Co-op
Hilary Klark, PacificSource

CSI Staff

Christina Goe
Amanda Eby
Cathy Wright

NEW RULE II MEASURES RELATED TO COST AND MEDICAL USAGE—
UTILIZATION MEASURES

(1) Recognized PCMH payers shall report to the commissioner on the following utilization measures:

- (a) emergency room visits; and
- (b) hospitalization rates.

(2) PCMH payers shall report this information for their entire member population and separately for those members that are attributed to a PCMH. If the payer does not track attribution to a PCMH that payer may report only on its entire member population.

(3) The commissioner shall provide detailed instructions on the agency website regarding the required data reporting on utilization measures by PCMH payers.

(4) The first report is due March 31, 2015 (?) and annually thereafter.

The group agreed with the new highlighted wording added to New Rule II, explaining the patients that payers will report utilization measures on to CSI. Some attendees thought that if the reporting is as general as it could be with some payers reporting only on their entire member population, the data won't actually show that PCMH patients have a decrease in ER visits and hospitalizations. However, BCBS is able to show ROI on their PCMH members because they are showing a difference in trend that is lower utilization over time than their other members.

Jo Thompson gave an update that Medicaid is planning to have contracts signed for their PCMH program before the end of the year.

Dr. Griffin agreed with using a simple methodology to compare PCMH patients to non-PCMH patients will be good enough for the first year of the program. All the payers thought using as simple of methodology as possible would be best.

CSI asked the subcommittee if they still felt comfortable having the detailed reporting instructions as a separate document posted on the CSI website. Some members expressed concerns about the rule not being complete when filed and participants not really knowing what they are agreeing to because of the instructions not being complete when the rule will be filed.

Amanda explained the rule filing process, clarifying that even if the reporting instructions are not complete when CSI files the rule at the end of October, and the subcommittee could plan to complete them by the time the rule is final which isn't until mid-late December. With that clarification, the group felt better about the process.

The group planned to meet twice in November and once in December to develop the detailed reporting instructions for the utilization measures. Since the subcommittee agreed the reporting instructions should be very simple, three more meetings should be enough time.

CSI asked what they could do to help the subcommittee develop the instructions: provide examples of payer reports in other states, provide examples of utilization data from other PCMH programs, consult with experts or other states, or provide example attribution methods. Attendees agreed that since other programs in other states are larger, more mature, and more complex, their examples would not be applicable to the program. The group reiterated the need for simplicity in reporting.

Before the next subcommittee meeting, the payers will consult with their IT staff to determine their reporting capabilities. Each payer will share their perspective on reporting capability at the next meeting and then transition into developing standard reporting instructions for payers in the Montana PCMH Program.

Amanda will email a survey on members' availability and schedule the upcoming meetings.