

PCMH Payer Subcommittee Meeting
October 15, 2015

Attendees

Dr. Monica Berner, BCBS of MT
Erwin Austria, BCBS of MT
Dr. Jonathan Weisul, Allegiance
Mary Le Mieux, Montana Medicaid
Anna Buckner, Montana Medicaid
Peter McGarry, PacificSource
Nancy McCall, Mathematica
Kristin Geonatti, Mathematica

CSI Staff

Amanda Roccabruna Eby
Christina Goe
Catherine Wright

Prior to the meeting, consultants at Mathematica had reviewed the draft Utilization Measure Guidance and provided feedback to CSI by redlining comments on their memo of recommendations on the previous year's guidance. Track changes pointed out which recommendations they made had been used in the new year's guidance and which things still needed further clarification. Kristin Geonatti led the discussion by going through each of their comments.

Starting with hospital facility types, Kristin recommended that regarding the swing-bed designation coding, each payor should document in their data report how they are identifying and excluding swing-bed facilities. Payors commented that some of them use the Medicare definition for distinguishing these facilities or they use the third digit of the Medicare provider ID number. Some of them could also use claims codes for distinguishing. Dr Weisul commented that the swing-bed designation is about licensing of a facility, and not a specific type of patient utilization. Nancy McCall agreed and commented that the important thing with this facility is that payors don't count the second admission or second stay in the bed as an additional utilization count in their rate, because it is the same continuum of care. All the payors agreed that they are already excluding this type of facility by way of excluding the skilled nursing facilities (SNFs) because they are defined and coded the same way by Medicare and federal and state rules. Based on this agreement, no further clarification on the facility type needs to be added to the current guidance.

The next comment from Mathematica was on observation bed stays. Amanda prefaced the discussion by saying that CSI understands the agreement of the payor not to further consider observation bed stays because an additional measure would not be added this year. Rather than adding it as another measure, CSI posed Mathematica's recommendation to add a clarification in the measure definitions of the guidance for payors to indicate whether or not they included or excluded observation bed stays from ER visits. BCBS can verify that they are excluded from ER and hospitalization rates. PacificSource needs to check with their data staff on how they currently identify the stays but thought excluding them should be feasible. Allegiance is currently going through a national data software upgrade and needs to investigate whether or not they are included in ER visits, but they will verify. Medicaid verified that these stays are coded differently and definitely excluded from ER visits and hospitalizations.

Kristin explained Mathematica's comment on case mix adjustment, recommending that if it is not included at this time, then that should be noted with the rates. The payors commented that there is no way to account for changes over time and different insurers have different risk scoring methodology that would not be compatible with each other. Since this is too big of a challenge for the payors, then CSI will plan on always noting with the payors' rates that they are not case mix adjusted. This is especially important considering the new Medicaid Expansion population that will be entering the market soon. However, the highest risk patient and American Indians will go onto traditional Medicaid, not the TPA expansion Medicaid, because they have to have no cost-sharing.

Two additions were made to the guidance. The following line was added to the list of bullets under Emergency Room Visits in the Measure Definitions section: "Indicate whether observation bed stays are included or excluded in the rate." The following note was added below the Measure Definitions section: "Please indicate if you defined the above measures differently in any way, and if you were unable to exclude any of the facilities indicated above.

CSI would then include an explanation of any variances from the definitions that the payors indicate with the rates when they report the rates out.

Dr. Weisul moved and Erwin seconded a motion to approve the guidance as amended for recommendation to the council. The motion passed unanimously.