

PCMH Payer Subcommittee Meeting
August 13, 2014

Attendees

Dr. Monica Berner, Blue Cross Blue Shield of Montana

Dr. Jonathan Griffin, Chair, St. Peter's Hospital

Mary Noel, Medicaid

Mary LeMieux, Medicaid

Jo Thompson, Medicaid

Dr. Jonathan Weisul, Allegiance

Todd Lovshin, PacificSource

CSI Staff

Christina Goe

Amanda Eby

Cathy Wright

CSI staff explained New Rule 1 in the draft rule that was drafted based on the standards discussed at the previous meeting. New Rule 1 requires a **letter of intent** from payers who want to participate in the Montana PCMH Program. Payers must describe in their **letter of intent** how they will reimburse practices for enhanced primary care services. The letter should convey the commitment from the payer to provide PCMH reimbursement and enough detail about their payment model for transparency between the payers and providers. Providers on the PCMH Stakeholder Council expressed that the commitment to pay and transparencies regarding payment models were more of a priority than determining a standard payment model.

The letter should be a public statement that the payer wants to be involved. In regard to things about the payment model that the payer does not make public, CSI has a confidentiality process for discussing any trade secrets that may be relayed in the letter. CSI will work on a case-by-case basis with each payer and meet with them individually to discuss the letter content, which meets both the needs of the providers, and the requirements for the commissioner in the PCMH law. Based on the contingency that there will be flexibility for the letters of intent and the CSI will meet with payers individually to develop their letter if needed, there was consensus on New Rule 1.

The group agreed on the timeline of filing the rule in October.

The group agreed on the list of possible types of payment in New Rule 1.

CSI did not include much information in this initial draft of New Rule II on utilization measure reporting because although the council expressed it was a priority for this first payer rule filing, there hadn't been much discussion on it. The group agreed that these are reasonable measures because everyone should be tracking these anyway. The group agreed unanimously to remove hospital re-admissions from the rule because re-hospitalizations are very complicated to determine because every payer that has a different analytic tool will define "readmission" differently. The group discussed tracking length of hospital stay instead but decided against it because it is also as difficult to align as readmissions. Length of stay is also not directly connected to care delivered by a PCMH practice.