

MULTI-PAYER WORKGROUP

January 14, 2015

Meeting Notes

ATTENDEES:

LOCATION: 450 W State Street, 10th Floor, Boise, ID

Members Present:

Jill Alessi, Pacific Source
Jamie Berger, Noridian
Melissa Christian, Regence BlueShield
Jeff Crouch – Multi-Payer Workgroup Co-Chairman, Blue Cross of Idaho
Lisa Hettinger, Idaho Department of Health and Welfare
Yvonne Ketchum – Facilitator/SME, Idaho Primary Care Association
Marnie Packard, Select Health
David Peterman – Multi-Payer Workgroup Co-Chairman, Primary Health Medical Group
Greg Sonnenberg, AETNA
Hilary Clark, Pacific Source

Members Absent:

Blaine Peterson, St. Alphonsus Regional Medical Center
Dave Self, St. Lukes Health System
Larry Tisdale, Idaho Hospital Association
Robert Turner, United Health Care

DHW Staff Present:

Denise Chuckovich, Deputy Director, Idaho Department of Health and Welfare
Cynthia York, Administrator, Staff to the workgroup, Idaho Department of Health and Welfare
Carla Cerchione, Project Manager, Staff to the workgroup, Idaho Department of Health and Welfare

Teleconference:

No teleconference attendees

Guests

Becki Wallace, Blue Cross of Idaho
Todd York, Blue Cross of Idaho
Dick Schultz, Noridian
Sandeep Wadhwa, Noridian

- ❖ **Opening remarks, Introductions, Agenda review, Approve minutes – Jeff Crouch, Dr. Dave Peterman**
 - Dr. Peterman and Jeff Crouch welcomed everyone.
 - Members provided brief introductions. Guests in attendance included Becki Wallace and Todd York from Blue Cross of Idaho and Dick Schultz and Dr. Sandeep Wadhwa from Noridian.
 - Notes of the 11/12/2014 meeting were accepted as prepared.
- ❖ **Review Charter and Draft Work Plan – Jeff Crouch, Dr. Dave Peterman, Yvonne Ketchum**
 - The Charter was approved at the last meeting. Peg Dougherty, Attorney General, suggested this addition.

“The Department of Health and Welfare, an agency of the State of Idaho, actively supervises and oversees the activities of the Idaho Healthcare Coalition (IHC), established by Executive Order No. 2014-02. The IHC acknowledges the flaws of the current competitive market fee-for-service model of reimbursement and the need to shift to a reimbursement system that promotes and rewards quality.”

MOTION: Lisa Hettinger moved to approve the charter with the addition of the language provide by Peg Dougherty, the motion was seconded by Yvonne Ketchum and passed unanimously.

- The milestones and schedules piece was moved out of the Charter and presented as a work plan. Yvonne Ketchum worked with Cynthia York to refine the Milestones and Schedules. Cynthia will reach out to Dr. Baron and invite him to the February 11th meeting. Please review the Quality Measures document and bring your questions for Dr. Baron.
- ❖ **Review list of Medicaid Health Home and IMHC Pilot Practices, Review grant incentive funding for PCP participation in PCMH – Cynthia York, Denise Chuckovich**
 - Cynthia York reviewed the list of Medicaid Health Home and IMHC Pilot Practices. Some of the clinics listed have withdrawn and for others the NCQA information may not be current, however it does provide an avenue to begin identifying which primary care practices may be interested in transforming to patient centered medical homes. These are not necessarily the first 55 clinics for the SHIP. DHW does not want to limit the first year to 55 practices but would like to work with all clinics that meet established criteria for participation.
 - The PCMH Practice Transformation Incentives were reviewed. These incentives will only be available through participation in the SHIP. Ship incentives will not be available until February 1, 2016 but payers can begin value based payments prior to that. The question was raised if a clinic is a level 3 today, will they be eligible for \$10,000 in incentives. The question will need to be posed to the IHC. The total incentive dollars are \$2,730,000. It is up to the IHC to determine how the funds should be distributed.
- ❖ **Medicare – Care Management – Jami Berger, Noridian**
 - Jamie Berger provided a presentation clarifying the billing requirements for new CPT code 99490 with the following description:

Chronic care management services, at least 20 minutes of clinical staff time directed by a physician or other qualified health care professional, per calendar month, with the following required elements: multiple (two or more) chronic conditions expected to last at least 12 months, or until the death of the patient; chronic conditions place the patient at significant risk of death, acute exacerbation/decompensation, or functional decline; comprehensive care plan established, implemented, revised, or monitored.
 - It very positive that Medicare is beginning to pay for value. This a move towards healthcare professionals working to the top of their license.
- ❖ **Next Steps, February Meeting, Expectations of Workgroup – Jeff Crouch, Dr. Dave Peterman**
 - Extend invitation to Dr. Baron to attend February meeting and lead a conversation around quality.
 - The payers will bring a list of quality metrics for discussion.
 - The workgroup will begin discussions around attribution at the March meeting.

With no further business to come before the board, Chairman Crouch adjourned the meeting at 1:15p.m. without objection.