

MULTI-PAYER WORKGROUP

July 08, 2015

Meeting Minutes

ATTENDEES:

LOCATION: JRW Building, East Conference Rm, Boise, ID

Members Present:

Denise Chuckovich, Deputy Director, Department of Health and Welfare
Josh Bishop, PacificSource
Melissa Christian, Regence BlueShield
Hilary Klarc, PacificSource
Lisa Hettinger, Idaho Department of Health and Welfare, Division of Medicaid
Marnie Packard, Select Health
Sheila Pugatch, DHW – Medicaid
Greg Sonnenberg, AETNA
Larry Tisdale, Idaho Hospital Association
Sandeep Wadhwa, MD Noridian
Anne Wilde, Employers' Health Coalition of Idaho

Members Absent:

Jeff Crouch – Multi-Payer Workgroup Co-Chairman, Blue Cross of Idaho
Anna Gimble, United Healthcare
Nicole McKay, Office of the Attorney General
David Peterman MD – Multi-Payer Workgroup Co-Chairman, Primary Health Medical Group
Dave Self, St. Luke's Health System
Mary Sheridan, DHW – Rural Health

DHW Staff Present:

Cynthia York, Administrator, Office of Healthcare Policy Initiatives
Heather Clark, PCMH Project Manager, Office of Healthcare Policy Initiatives
Miro Barac, RC Project Manager, Office of Healthcare Policy Initiatives
Ann Watkins, Contracts & Grants Project Manager, Office of Healthcare Policy Initiatives

Office of the Attorney General:

Charina Newell, Deputy Attorney General

Teleconference:

Yvonne Ketchum – Facilitator/SME, Idaho Primary Care Association
Blaine Peterson, St. Alphonsus

Mercer:

Scott Banken, Mercer

Guests:

Todd York, Blue Cross of Idaho
Norm Varin, PacificSource
Kim Barrus, Select Health
Scott Oien, Noridian Healthcare Solutions

1. **Opening Remarks, Introductions, Agenda Review, Approve Minutes – Todd York, Acting Co-Chair:**
 - ◆ Denise Chuckovich moved to approve the May 13, 2015, minutes. Lisa Hettinger seconded the motion, motion carried.

2. **PacificSource Presentation:**
 - ◆ Josh Bishop and Hilary Klarc presented on PacificSource's Value Based Reimbursement Strategy. Highlights from Mr. Bishop and Ms. Klarc's presentation are listed below:
 - Value Based Reimbursement:
 1. Provide enough flexibility in payment models to support the provider's different capabilities and the needs of the community.
 - a. Decrease fee-for-service reimbursement
 - b. Clinical initiative(s) investment
 - c. Incentives based on quality metrics
 - Payment reform – infrastructure includes:
 1. Clinical initiatives
 2. Data and reporting
 3. Provider partnership
 4. Product design
 - Three level based reimbursement.
 - ◆ A list of PacificSource's Community Health Excellence Grants was also distributed to the Workgroup members.
 - ◆ Appendix A

3. **Review payer presentations matrix and summary; determine final draft for the Idaho Healthcare Coalition (IHC):**
 - ◆ Workgroup members discussed the Draft – Multi-payer Workgroup Proposal in conjunction with the Overview of Multi-payer Presentations. Due to specific areas within the scope that may not be applicable to other areas, the Workgroup members concluded that merging the two (2) documents into one (1) would be beneficial.
 - Each payer will submit a new draft with pertinent information from the proposal into the matrix. All drafts need to be emailed to Heather Clark by July 31, 2015.
ClarkH@dhw.idaho.gov

4. **Mercer Introduction – Scott Banken, CPA:**
 - ◆ Scott Banken, CPA, reported that Center for Medicare and Medicaid Innovation (CMMI) requires reports to monitor financial progress for the grant Idaho received. Mercer will be utilizing the financial analysis completed during the State Healthcare Innovation Plan (SHIP) planning phase. Mr. Banken discussed the financial data request needed to start the reporting process. The first step is to rebase the cost-savings assumptions with current data, preferably 2014 data or later for allowed costs. Costs should be aggregated based on the category of service logic provided, but split by the category of aid or contract type listed in row 4 of the Report Template tab.
 - ◆ Data Request (Appendix B) form and Client Confidentiality Agreement (Appendix C) will be distributed electronically to the workgroup members in the coming week. Documentation review should be completed by each payer by August 5th – send questions or concerns directly to Scott Bankin
Data is schedule for submission by September 8th.

5. **Next Steps:**
 - ◆ November 11, 2015, meeting has been rescheduled to November 18, 2015, due to the holiday.

There being no further business Todd York adjourned the meeting at 1:15 p.m.