

## **Multi-payer patient-centered medical home stakeholder group**

Senator Mike Gloor

Meeting date: Thursday June 4, 2015, 1:30 to 3:30 p.m.

Meeting place: Nebraska Association of County Officials Board Room, 1335 H Street, Lincoln, Nebraska

### **Persons in attendance**

Senator Mike Gloor, Senator Sue Crawford; Dr. Bob Rauner, SEPA\NAFP; Clint Williams, BC/BS; Mike Horn, United Health Care; Steve Lazoritz, Arbor Heath; Jolene Huneke, SERPA-ACO; Dale Michels, MD; Clint Williams and Brad Hove, BC/BS; Ken Shaffer Uninet; Marcus Chaffee, HCAN; Bryson Bartels, DHHS; Dave Snow, Magellan Complete Care; Carol La Croix, Aetna; Ann Adler, Arbor, Will Moliter, Arbor; Karma Boll, Aetna; Chris Stark, Aetna; Eric Gerrard, public health providers. Mike Romano, Nebraska Health Network; Elizabeth Hurst, NHA; Christine Moran, NSND; Pat Lopez, Public Health Association; John Wendling, Magellan; Calder Lynch, Nebraska Medicaid; Margaret Buck, Staff Senator Gloor; Roger Keetle, Staff Senator Stinner; Bryson Bartels, DHHS; Margaret Brockman, Office of Rural Health; Tina Morlan, AHP; Bruce Reiker, NHA; Gina Ragland, Nebraska Medical Association;

By Conference call: Mark Bowen, UNMC; Dr. Tony Sun, United Healthcare; and Dr. Deb Esser, BC/BS

### **Minutes of the meeting**

- A. Welcome: Senator Gloor welcomed the attendees who then introduced themselves.
- B. Anti-trust statement: Senator Gloor presented the antitrust statement to set the rules for the discussion.
- C. Comments from Calder Lynch, Medicaid and LTC Director: Director Lynch was hired in March and comes from the State of Louisiana. He served as Chief of Staff and has six years of experience in implementing a managed care program. He is in the process of hiring a new Medical Director and has a goal to improve data collection for decision making. The Department is working on a new RFP for Nebraska's Medicaid Managed Care program that will seek to integrate behavioral health services into physical health services.

Question and answers: After two failed attempts to update the Medicaid Management Information System the Department, at the encouragement of CMS is breaking apart the systems to update the system. Since the Department has contracted with managed care companies they will not be directly paying providers, so the system needs have changed. The Department is looking to contract out the data systems to provide control and analytic information. The Director was disappointed that so many providers are still using paper claims which slows down Medicaid's information systems for feedback.

- D. Discussion:

1. Issues: Participation agreement ends/renews in 6 months. Does it need to be updated?

Discussion: Senator Gloor expressed the positions that:

- A formal agreement is not necessary because market forces were moving health care services into PCMHs.
- The main need for government involvement is to provide some antitrust protection for stakeholders to participate in activities to make the various programs uniform or consistent, except as it relates to pricing. The key elements appear to be 1. Care coordination, 2. Disease registries, and 3. encounter data from the insurance carriers. The addition of behavioral health services to physical health services means that care coordinators must coordinate both types of care.
- The current Legislative resolution would provide the necessary antitrust protection as long as pricing information was not a topic of discussion. Discussion of the “home” for the PCMH functions can continue over the next year. The “home” could be in government, in a non-profit corporation or at the University.

It was a consensus that:

- The stakeholders should continue to meet.
- Consistency and standards are necessary to improve participation and efficiency.
- Updating of the current standards is needed.
- Measurement of the growth number of PCMH clinics is no longer necessary.
- The current feedback or encounter systems used by Arbor and BC/BS are improving but lack lab and x-ray information to get a full picture.
- Quality data must be provided to physicians on a timely basis for behavior modification and quality improvement.
- The stakeholders should continue to work together on a voluntary basis.
- Claims data from a central source would be beneficial. A study conducted by the Legislature of the issues can be found on the Legislature’s and the Department of Insurance’s web sites. The study concludes the issues require more study.

Senator Gloor’s staff, Margaret Buck, ask for volunteers to serve on the subcommittees that will update the standards. Director Lynch expressed the desire to appoint the new Medical Director of Medicaid and will ask for the appropriate person to be a participant. Margaret Buck will serve as staff.

Members of the committee are:

1. Dr. Bob Rauner, SERPA
2. Margaret Brockman, Office of Rural Health
3. Dr. Deb Esser, BC/BS
4. Dr. Ken Shaffer, UniNet; and
5. Dr. Steve Lazoritz, Arbor Health Plan.

E. Information Exchange: Senator Gloor’s staff, Margaret Buck, reported that as a part of the Milbank Learning Collaborative for States with Multi-payer PCMH efforts, we will be given the opportunity to review and comment on recommendations that will go to CMS for further implementation of

programs such as the Medicare Demonstration Project and the Chronic Care Initiatives into traditional Medicare and Medicaid. She also highlighted several articles of interest she had available for meeting participants.

F. The next meeting will be set after polling the stakeholders for a date in September where the revised standards can be discussed. Another meeting in December will be scheduled to continue with the revised agreement.