

Members in attendance: Dr. Werner, Dr. Darst, Dr. Carnazzo, Dr. Wergin, Sen. Gloor

Members not in attendance: Dr. Knowles, Dr. Hickey, Dr. Woodruff

DHHS Staff in attendance: Pat Taft, Margaret Brockman, Susie Lyness

### Approval of July 6<sup>th</sup> Meeting Minutes and Approval of Agenda

The meeting convened at 1:20 pm. The agenda and the meeting minutes, with the date changed from July 6, 2010 to June 2, 2010 were approved as written.

### Staff Update

Ms. Taft provided an update on the payment methodology that DHHS is adopting. Once DHHS has a signed agreement the provider will be paid \$2.00 per member/per month for a maximum of six months. Once the Tier One minimum standards have been met it will increase to \$4.00 per member/per month; if the minimum standards have not been met at the end of six months, the PMPM will be suspended until they do. Tier Two advanced standards are not mandatory and there is no time limit for those standards to be met, but if they are reached, there is a 5% enhanced fee-for-service for office visits.

To determine the amount of the PMPM, the Medicaid Management Information System (MMIS) that pays claims, is being programmed with an attribution methodology. The system will look back over 12 months of claims to determine which pilot practice the client has seen the most. If there is a tie, the practice seeing the client the most recently will receive the attribution. This will be reevaluated monthly with a rolling 12 months process (i.e. one month drops off and one is added).

Draft regulations have been developed and are in review before they go through the regulation promulgation process with hopefully a hearing in November.

Two companies sent in proposals for the RFP for practice transformation technical assistance: Qualis Health and TransforMED. TransforMED scored the highest and the contract is now pending for signature with the Department of Administrative Services.

### Blue Cross Blue Shield (BCBS) Update

Dr. David Filipi provided an update on BCBS's medical home activities. Of the 80 providers asked to participate in their approved medical home pilot study, all but one joined. The following cities and practices were named as participants: Legion Eagle One, Nebraska City, Auburn, St. Elizabeth's, West Point, Kearney, Lexington, and Geneva. Dr. Darst's and Dr. Werner's offices were also named as participants. They will be providing financial incentives

for diabetes only, at \$5.00 per person/per month. They have a questionnaire that includes questions on how providers are going to monitor this, and a scorecard for preventive care, colonoscopy, and mammography. They should be seeing results by December or January.

### Pilot Applications of Interest

Dr. Werner recused himself from this discussion and voting and Dr. Darst took over chairman duties due to Dr. Werner's office applying to participate as a provider in the pilot program. Council members previously contacted potential practices to see if they would be interested in being a pilot participant, and Ms. Taft asked for their feedback regarding these phone calls. The overall consensus was that there is a lot of confusion regarding medical home.

Ms. Taft reviewed the eight applicants with the Council: Adolescent & Child Care Specialists, P.C. of North Platte, Community Action Partnership of Western NE Health Center of Gering, Family Medicine Associates of North Platte, Grand Island Clinic, Inc. of Grand Island, Kearney Clinic P.C. of Kearney, Mary Lanning Clinics of Hastings, Plum Creek Medical Group P.C. of Lexington, and Regional West Physicians Clinic of Scottsbluff. Ms. Taft explained that Community Action Partnership of Western NE Health Center of Gering and Regional West Physicians Clinic of Scottsbluff proposed a partnership for the program.

The DHHS review committee recommended the following four applicants, in no particular order: The partnership of Community Action Partnership of Western NE Health Center and Regional West Physicians Clinic; Grand Island Clinic, Inc.; Kearney Clinic P.C.; and Plum Creek Medical Group P.C.

Each Council member ranked the applicants on a scale from one to seven, with one being the highest ranked. The totals were added together and the following applicants were chosen, listed from highest to lowest: Grand Island Clinic, Inc; Plum Creek Medical Group P.C.; Kearney Clinic P.C.; The partnership of Community Action Partnership of Western NE Health Center and Regional West Physicians Clinic.

**MOTION: Dr. Wergin moved to recommend the top four applicants as finalists to continue in the selection process.** Dr. Carnazzo seconded. Voting yes: Darst, Carnazzo, and Wergin. Voting no: None. Recused: Werner.

Chairman duties were relinquished by Dr. Darst and resumed by Dr. Warner.

### Public Comment

Sen. Gloor asked for the public comment section to be moved forward, as the Pfizer representatives were unable to stay for entire meeting. Two Pfizer representatives were present and expressed their interest in being a partner with the Medical Home project. They want to be proactive by developing resources, education and training. They would like to be part of the solution.

## Medical Home Advanced Standards

Ms. Brockman began the discussion on the draft Tier 2 – Advanced Medical Home Standards. There had not been any changes made to the draft since the last meeting. Dr. Werner asked for clarification on 6.4, care plan versus enhanced care plan. Ms. Brockman indicated that these are determined by clinical guidelines and the advanced care plan involves those listed in 6.4, schools, nursing homes, chronic care and end of life plans. Dr. Werner then asked about 6.5. Practices have to meet these guidelines, to make more money, but how is it determined they are “working towards the use of”? Ms. Brockman indicated that once the minimal goals have been met, improvement would want to be seen. Dr. Carnazzo felt this was pretty gray and subjective to the reviewer. There were also questions about who the evaluator would be and if there would be a physician involved. There was then discussion that once TransformMED was on board they could be involved in the development of the evaluation tools to help with these issues. The only change requested was on 6.4. “Practice team develops enhanced care plans that address and are consistent with school, nursing home, and chronic care and end of life plans for identified high risk patients”. Consistent needs to be replaced with coordinate.

**Motion: Dr. Carnazzo moved to forward the Tier 2 recommendations on for Vivianne Chaumont’s approval with the stipulation that the Council has a chance to review the evaluation tools.** Dr. Darst seconded. Voting yes: Wergin, Darst, Carnazzo, and Werner. Voting no: None.

## Pilot Evaluation Measures

Ms. Leschinsky returned with evaluation measures for formal approval. The first two outcomes, Improve Health Care Access and Improve Health Outcomes for Patients had already been discussed at a previous meeting. Today’s focus was on Contain Costs in the Medical Assistance (Medicaid) Program.

On b) Expenditures for emergency room care, the Council thought that both emergency and non-emergency expenditures should be tracked. There was much discussion on how many people visit the emergency room for non-emergency issues and they should be tracked accordingly.

On c) Number of inpatient hospital admissions for ambulatory care-sensitive conditions (ACSC) the council determined that the following four conditions need to be identified: COPD, pediatric asthma, diabetes, and CHF.

It was suggested that TransformMED has good evaluation tools that could and should be taken advantage of.

**Motion: Dr. Carnazzo motioned to accept the measures as modified with the patient and provider satisfaction tools to be reviewed by the Council.** Dr. Wergin seconded. Voting yes: Darst, Carnazzo, Wergin and Werner. Voting no: None.

### Care Coordinator Requirements

Ms. Taft and Ms. Brockman began the discussion about qualifications for Care Coordinator staffing. Ms. Brockman stated that the review committee felt that the position should have a bachelor's degree in nursing (RN) or an associate's degree with three years experience and manager's experience in public health. Dr. Wergin questioned whether or not the person had to be an RN, and Dr. Werner suggested perhaps a business manager might also be a possibility. Dr. Carnazzo felt that the person needed to have a medical background. Sen. Gloor mentioned that a medical social worker could possibly work. It was agreed upon by all that each practice should have their own coordinator, not a state employee, and that the position should have minimum standards and be a dedicated employee to this position. TransforMED was brought up as a source for a care coordinator description. Ms. Taft suggested that at the next meeting TransforMED could possibly attend and discuss this issue.

### Set Future Meetings

The next meeting is set for October 13<sup>th</sup>. It was decided that TransforMED should be asked to come in and talk about the work they will do and discuss the care coordinator position. Also at this meeting the Council will determine the Chair for the next year. The meetings for the remaining year are scheduled for November 3 and December 1.

Dr. Werner adjourned the meeting at 4:59 p.m.