



June 20, 2019 3:00 pm

Location: 450 W. State St., 7th Floor,
Conference Room 7A

Meeting Minutes:

Member Attendees: Dr. Andrew Baron (Phone), Matt Bell, Kathy Brashear (Phone), Denise Chuckovich, Dr. Ted Epperly, Dr. Mike Hajjar, Lisa Hettinger, Todd York (Proxy for Drew Hobby), Randal Hudspeth (Phone), Yvonne Ketchum-Ward (Phone), Dr. David Pate, Susie Pouliot, Patt Richesin (Phone), Neva Santos, Dillon Liechty (proxy for Christina Thomas, Phone), Larry Tisdale, Dr. Karl Watts, Matt Wimmer.

OHPI Staff: Casey Moyer, Ann Watkins, Kym Schreiber, Meagan Graves

Guests: Jerry Edgington, Director Dave Jeppesen, Mary Reuter, Jenni Gudapati

Status: Draft 06/24/2019

Summary of Motions/Decisions:

Motion:

Lisa Hettinger moved to accept the minutes.
Susie Pouliot seconded the Motion.

Outcome:

Passed

Dr. Karl Watts moved to create a payer/provider workgroup which shall follow the charge and outcomes agreed upon by the HTCI
Dr. Kenny Bramwell seconded the Motion.

Passed

Agenda Topics:

Welcome and Opening Remarks; Roll Call; Introductions; Review of Minutes; Action Items, and Agenda Review- *Dr. Ted Epperly, Co-Chair of the HTCI*

- ◆ Dr. Epperly welcomed everyone to the meeting and took roll call.
- ◆ Dr Epperly opened the meeting by addressing the recently published Commonwealth Fund Scorecard for Idaho. In this report, Idaho ranks 18th in the United States for health system

performance, an impressive number for a state that struggles with workforce, access, and quality outcomes. For more information the full report is available at:

<https://www.commonwealthfund.org/publications/fund-reports/2019/jun/2019-scorecard-state-health-system-performance-deaths-suicide>

Defining Value Based Payments- Director Dave Jeppesen

- ◆ Director Jeppesen started with addressing the successes of SHIP. He specifically identified the Patient Centered Medical Home and the Idaho Health Data Exchange connectivity as accomplishments he hears about frequently when talking with stakeholders.
- ◆ He addressed the importance of the LAN structure recognizing Category 2 payments as well as Categories 3 and 4 payments, most providers are not able to jump into Categories 3 and 4 leaving them with the stepping stone of Category 2. All three of the Categories weigh into the 50% goal he tasked the council with at their first meeting.

Payer Presentations on Value Based Payments- Various Payers

Payers were invited to present addressing the following prompts:

- What is the current percentage of payments made in VB arrangements? Does your organization have a target you are aiming for?
- How are you defining VB arrangements? Using the HCP-LAN framework?
- Is VB arrangements something you are rolling out to all lines of business?
- What is the single biggest challenge you are having moving the needle on this issue?
- ◆ Todd York presented for Blue Cross. They currently have 60% of their payments in VBP and 40% of those are in level three and four, the remaining payments are in level 2. Barrier identified is lack of operational pieces with providers, half of those who are not enrolled in VBP are not ready, unable to be ready, or simply have no way to get into VBP.
- ◆ Matt Bell presented for PacificSource. They currently have 70% of payments in a VB arrangement; 2/3 are in levels 3 and 4, 1/3 in level 2. It was reported that pulling reporting data is a labor-intensive process often requiring manual coding. The identified barrier reported by Pacific Source is misinformation and mistrust of legacy systems.
- ◆ Jerry Edgington presented for Select Health. Jerry reported, of the 110,000 members Select members lives, 86.5% are in level 4 VBP (largely with St. Luke's). The reported challenge is getting members in other areas outside of the Treasure Valley into VBP arrangements given the available networks and systems around the state.
- ◆ Dr. Kenny Bramwell presented on behalf of Regence, he distributed a handout at the meeting. Dr. Bramwell address Regence goal of 35% of all payments in level 2 VBP and 18% to be in level 3 and 4. Currently, Regence has 8.1% of all Idaho payments in level 2 VBP and 7.4% of Idaho payments are in level 3 and 4 VBP. Regence reports that attribution and a sufficient number of members lives is the largest barrier they face in advancing VBP.
- ◆ Matt Wimmer presented for Medicaid. The last reported VBP data for Medicaid indicate 1% of payments were made in level 2. The goal for Medicaid is to achieve 50% of all Medicaid payments in Idaho be VBP in the next three years. A significant number of Medicaid payments are made for people with disabilities for long-term care and supports.

Workgroup Chartering- Casey Moyer

- ◆ The HTCI members agreed to start a Payor Provider Workgroup. Due to time constraints the charter for the workgroup will be started with the OHPI team, Dr. Pate and Dr. Epperly then brought back to the HTCI for approval.
- ◆ The next step is to agree on a charge and measure for the Payor Provider Workgroup to tackle.

Medicaid Expansion Update- *Matt Wimmer*

- ◆ Matt Wimmer updated members on the status of the waivers outlined in Medicaid Expansion legislation. He informed the members of the planned town halls being scheduled prior to the submittal of those waivers.
- ◆ The associations represented on HTCI have requested that Matt communicate the schedule so they can keep their members informed.

Closing- *Dr. Ted Epperly*

- ◆ Dr. Epperly discussed briefly with the group holding an additional meeting in July to continue the progress made so far. The members gave input to the dates they may not be available.
- ◆ They agreed to send out a doodle poll to get a consensus on the best day to hold the meeting in July.

Meeting Adjourned: 5:12 pm