

Board of Managers

Ms. Ruyle presented the following providers for approval as Board/Committee members:

- Dr. Georgia Rees-Luis (OIMA – Gastro) to the Board of Managers to fill Dr. Wyman's seat
- Dr. Allen Geltzer (OIMA – FM/IM) to the Quality Committee as an additional member

Dr. Rees-Luis was introduced and gave a short introduction.

On motion made and seconded, the Managing Board unanimously approved (without abstentions) the foregoing appoints to the Board and Quality Committee.

Dr. Geltzer will join the Quality Committee at its meeting tomorrow evening.

Medical Director Update:

Dr. Paul Buehrens provided an update as follows:

Regarding the referral process for the HCA contract, there is a specific process and paperwork if a Participating Provider needs to refer outside of network. This process does not apply to a referral in the network. Thank you to Dr. Egnal for his recruiting efforts in the Bellevue area. The Wellcentive roll-out to Totem Lake Family Medicine has gone very well. Received additional ideas from their staff.

Quality Committee

Ms. Rutherford provided an update as follows:

Contract	Updates
EvergreenHealth First Choice (6,600 Members)	Continuing to make improvements on top 3 initiatives: <ul style="list-style-type: none"> ▪ Breast Cancer Screening ▪ Colorectal Cancer Screening ▪ Diabetes: Nephropathy Screening/Management Will have performance updates for these measures in December.
Cigna CAC (7,126 Members)	Quarterly JOC occurred 11/11: <ul style="list-style-type: none"> ▪ We met goals for total medical cost compared to market performance. ▪ Care coordination fee will increase to \$3.98. ▪ Current quality index is 1.02, but Cigna acknowledged that Breast Cancer Screening is not included. Cigna agreed to re-analyze our quality data with Breast Cancer Screening included to see if this bumps our quality index up from 1.02. ▪ Diabetic eye exam pilot occurring this week.
Aetna TCQ (8,804 Members)	Cost: <ul style="list-style-type: none"> ▪ In latest 8/31/2015 report, PMPM is \$38.18 over target. ▪ High spend areas are pharmacy, behavioral health and substance use Forming subgroups to begin working on: <ul style="list-style-type: none"> ▪ Pharmacy utilization ▪ Behavioral health and substance use options/resources Quality measures/care gap closure: <ul style="list-style-type: none"> ▪ Practices making excellent progress on care gap lists. ▪ Waiting for Q2 2015 quality performance data. ▪ Next meeting scheduled for 12/14/2015.
Regence ActiveCare (205 Members)	Open enrollment started 11/1.
Premiera Personal Care (TBD)	Open enrollment started 11/1: <ul style="list-style-type: none"> ▪ 20 members currently enrolled.
Uniform	Open enrollment started 11/1 and ends 11/30:

**Medical Plan
(UMP) Plus
(TBD)**

- PSHVN is represented at numerous benefit fairs being organized now.
 - So far, 767 members have enrolled in the PSHVN network.
- 11/2 deadline was met for:
- Test file with:
 - Sample quality metric performance (aggregated by VM).
 - EHP reported NTSV C-Section rate for calendar year 2014 at 0.0%.
 - Sample CG-CAHPS member experience metrics.
 - Sample Access and Timeliness metrics.
 - Sampling plans for CG-CAHPS and Access and Timeliness reporting were submitted to the Health Care.
 - Quality improvement work group for Obstetrics is meeting on 11/19 to establish goals for 2016.

Palliative Care Metrics:

We have providers in Palliative Medicine who only see patients in the inpatient setting, and as a result, their data are not coming up for the pain assessment measure (PQRS 131) due to the CPT codes for these inpatient encounters being currently out of scope for the denominator criteria (which is focused on encounters performed in ambulatory settings).

These providers are performing the work we need - sending in the applicable CPT II quality codes for both of their quality measures (PQRS 47 – Advance Care Plan is the other) - but because their work is not being counted, I have proposed that we match the CPT criteria in both measure denominators so that these include all of the additional encounter types for which the Palliative Medicine providers are billing. The specific CPT codes that we are looking to add are below, organized by measure:

PQRS 47 – Advance Care Plan:

- 99356, 99357, 99354, 99355, 99201, 99211, 99354, 99355

PQRS 131 – Pain Assessment and Follow-Up:

- 99221, 99222, 99223, 99231, 99232, 99233, 99356, 99357, 99354, 99355, 99211, 99354, 99355

Please let us know if you agree with this proposal.

Payer Committee

Mr. Martin provided a Payer Committee update as follows:

Funds Distribution Policy - 2015

- Monique Ruyle reviewed the revisions to the policy based on comments at the last BOM meeting

Aetna TC&Q Report

- Gregg Aoyama reviewed the 8/31/2015 reporting package (emailed out earlier to the group); explained how the reports have been late in coming from Aetna; and that there haven't been the quarterly joint operating meetings as have been had with Cigna, though now they are being scheduled.
- Attributed membership continues to grow and is now at 8,613
- PMPM spend is \$38.18 over baseline period or 112%; majority of it is under pharmacy at \$17.98 PMPM
- The current care management fee of \$2.25 will have to be paid back if savings to support it are not generated by year-end
- Group talked about how best to use the reports, especially the ones on high-risk patients and the frequent ED patients
- It was noted that mental health and substance abuse were leading diagnosis
- Ms. Ruyle will convene work groups to address behavioral health needs and pharmacy

Cigna CAC

- Mr. Aoyama reviewed the last reports from 7/2/15 – Trend Summary Report and Quality Reporting Summary; another set of reports is expected at the 11/11 joint operating committee meeting
- The next report is expected to include, or be an indicator of, the first contract year settlement
- As of 7/5, the financial performance has been strong, running at 95% of market and 2.2% below prior period
- Other clinical and financial metrics are strong, leading to possible savings that could drive the future care management fee

from \$1.50 to \$4.11

- Key focus in last portion of contract year has been on improving the quality score from 1.02 to 1.04 to indicate a 4+% improvement

UMP Plus (PEBB)

- Open enrollment began 11/1 and continues through the month of November
- Conversion of UMP from the “classic” plan to “plus” is expected from a 30% premium reduction, lower deductibles (half), no pharmacy deductible and no cost primary care visits
- Mr. Aoyama distributed a detailed benefit comparison chart titled: How UMP Plus Compares to UMP Classic
- Mr. Aoyama shared some preliminary Milliman reports that HCA is planning to utilize to track performance
- Mr. Aoyama also shared the reporting calendar and emphasized the initial data lag expected; he will send out the document to the group as it was not in the packet.

Premiera PersonalCare (ACO Contract)

- Mr. Aoyama shared the minutes from the 9/25 implementation meeting since the ones from the last meeting on 10/29 have not been released.
- Lots of work underway to address: webpage promotion, member onboarding, referral process, member rosters, data needs, etc.
- Due to the go-live of 1/1/16 approaching quickly the implementation meetings have move from monthly to every other week

First Choice/EH plan

- Mr. Aoyama reviewed the financial status as of 6/30/15 but warned that the data is far from complete.
- The current period is generating a surplus of \$17.39 PMPM that would equate to approximately \$1.3M in total savings
- Mr. Martin shared the tough budget plan for 2016 and the inherent risk to EH of a large payout.
- The group approved a cap on the total payout for 2015 be \$800K should savings be achieved that are equal or in excess of \$1.6M. This is more than double the payout from 2014.

Proposal on Passing through Case Management Fee

- Ms. Ruyle reviewed the document titled “2016 Independent Primary Care Provider Quarterly Care Management Proposal”

EvergreenHealth Negotiations with United Healthcare

- Mr. Aoyama gave a brief synopsis of the tough contract negotiation underway with UHC and the potential for a termination to take effect on 1/1/16
- Kay Taylor joined the group to talk about the communication plan underway

If you would like a copy of the full minutes, please reply to this email with the request.