

Technical Advisory Workgroup
October 30, 2013 Meeting Notes

Attending

	Cynthia Ackerman (AllCare)	x	Ray Woodmansee (PacificSource)
	Scott Munson (Cascade)	x	Jeanette Simms (PacificSource)
x	Angela Leach (Cascade)		Sarah Kingston (PacificSource)
x	Amit Shah (CareOregon)	x	Maggie Rollins (Primary Health of Josephine)
x	Hanten Day (Eastern OR)		Sharon Merfeld (Primary Health of Josephine)
x	Resa Bradeen (FamilyCare)	x	Frank Wu (Trillium)
	Maureen Gaine (FamilyCare)		Lucy Zimmerelli (Trillium)
x	Daniel Dean (Health Share)	x	Christine Seals (Umpqua)
	Helen Bellanca (Health Share)	x	John Sevier (WOAH)
	Ellen Altman (IHN)	x	Sabrina Pfiffer (IHN)
	Tony Stuckart (Samaritan)	x	Greg Fraser (WVCH)
	Jim Rickards (Yamhill)	x	Cindi McElhanev (Quality Corp)
x	Ken House (Mosaic Medical)		Chantel Pelton (Quality Corp)
	Lisa Bui (Clackamas County)	x	Sara Hallvik (Acumentra)
	Coco Yackley (Columbia Gorge Health Council)		Jody Carson (Acumentra)

OHA Staff: Lori Coyner, Jon Collins, Sarah Bartelmann, Stefanie Murray, Angela Kimball.

Review Metrics & Scoring Committee Decisions from October 11th

TAG provided recommendations to the Metrics & Scoring Committee on the measurement period for three measures:

- **Mental and physical health assessments for children in DHS custody:** The CCO incentive measure will now measure from October 1 – December 31, 2013, to reflect when OHA began notifying CCOs of children in custody.

OHA is continuing to work with DHS on providing more robust notification to CCOs. OHA will continue to provide the weekly notification files until a longer term solution is in place.

OHA will calculate performance and provide CCOs with their 2013 rates in April. April will not necessarily capture all the claims through February for this measure – the Committee did consider this and adopted the measurement period anyway.

CCOs are having challenges working with case workers / field offices. Ask OHA to work with DHS to send something out to make sure field offices are aware of the measure / this work, and that it is okay to share information with the CCOs.

OHA will share the running list of variables that CCOs have requested be included in the notification feed with TAG to create agreement.

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- **Follow up care for children prescribed ADHD medications:** The CCO incentive measure will now deviate from HEDIS specifications. The Index Prescription Start Date will be set as CY 2013 for the initiation rate. This is a onetime change for 2013.

For 2014, revert back to the HEDIS specifications with the standard start date. People with current IPSDs are the ones who will count toward C&M in 2014.

Will the Continuation & Maintenance rate be added back to the measure at any point? Unknown – the Metrics & Scoring Committee is meeting in November and December to identify the metrics for 2014. Cannot be sure if C&M will be incentivized, but OHA will continue to report it out.

Can OHA provide a list of qualifying patients with IPSD? Yes – in the November progress report.

- **Timeliness of prenatal care:** the Committee agreed to change the measurement period for 2013 and move it forward so it more adequately represented prenatal care that occurred in 2013. The CCO incentive measure will be based on live deliveries between Sept 6, 2013 – February 2014, reflecting prenatal care provided between Jan – Aug 2013.

OHA will be providing some type of progress report for CCOs, but not sure what makes the most sense yet. OHA will come up with a proposal for a data pull / reconciliation process and send information to TAG.

Some patients fall off at the end of the month and are not eligible for the measure because of how Medicaid coverage treats post-partum. These patients are excluded from the measure, resulting in smaller denominators. Is there any way this can be addressed / included in the measure?

How can we make this monitoring / reporting more actionable? The measure as currently adopted is not actionable.

Concerns that the measure based on administrative data is still not accurate – it underreports and misrepresents the care a CCO is actually providing. Ultimately the end user doesn't care about an administrative rate versus a hybrid rate – just think the doctor isn't providing good care.

Questions for CCOs / TAG from the Metrics & Scoring Committee

The Metrics & Scoring Committee identified several questions for CCOs – they have requested feedback from the TAG. Feedback is not limited to CCOs, or to one response per CCO. Community partners, different perspectives, etc... are all welcome to submit

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feedback. Feedback can be provided to Sarah, to Lori, via Innovator Agent, or online survey.

Main topics include:

- Are CCOs ready / interested in adopting hybrid measure specifications? Do CCOs have the ability to collect and report clinical data to augment claims for measures such as colorectal cancer screening, timeliness of prenatal care, and adolescent well care visits?
- Would CCOs like to keep the early elective delivery measure methodology the same for 2014 (i.e., collect rates from hospitals to construct weighted averages)? The Perinatal Collaborative registry is not ready for 2014 measurement, and the hospital association is unable to provide data directly to OHA due to their data use agreements with hospitals.
- Should the SBIRT measure remain the same or incorporate additional changes for 2014?
- Is the benchmark of 90 percent for the mental and physical health assessment for children in DHS custody measure appropriate? Should it be modified?

The Committee is also open to other comments / feedback, which can be provided online or directly to Lori, Sarah, or Innovator Agents.

Technology Plan / CMS Update

OHA does not yet have final approval from CMS on our technology plan and proof of concept data proposal; however, CMS understands why we want to have a phased in approach and supports developing electronic reporting capabilities. We anticipate CMS will agree to this proposal, although CMS is pushing us to adopt pay for performance in year two rather than waiting until year three to phase in.

Feedback on the draft technology plan guidance document:

- Concerns related to the depression screening measure – what specific assessments and related codes are part of that measure?
- Concerns related to “out of the box” reporting for certified EHR vendors. Requiring CCOs to report on subpopulations (i.e., Medicaid) will require custom builds for most EHRs. If not requiring CCOs to break out populations, data submission becomes an issue as the state is not entitled to clinical level data for the entire population a CCO serves.
- Need to be more flexible in the first year, since we do not know what EHR is capable of and how much customization is necessary.

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- OHA plans to issue an addendum or another guidance document that clarifies depression screening / EHR-based measurement.

CCOs can submit additional feedback on the draft technology plan to Sarah by COB Tuesday.

If CMS does not approve the technology plan proposal, is there a plan B? No. Aside from the final negotiation on year two pay for performance, OHA assumes CMS will approve the proposed approach.

Next Meeting

The next meeting will be in early December. Sarah will send out a poll for meeting availability.