

BCCP Advisory Group Minutes

September 7, 2007

Present: Gail Brownmiller, Pat Crozier, Kelly Jurman, Elizabeth Steiner, Rian Frachele, Maureen Hinman, Lisa Angus, David Fischer, Cheryl Connell, Mary-Kate Brousseau, Emilee Coulter-Thompson, Karol Almroth

Via Phone: Lisa Butler, Tammy Tyler, Megan Troxell, Brenda Wright, Joe Ahlers

I. Introductions:

- Introductions were made.

II. Overview of Transition:

- BCCP is moving to the Office of Family Health.
- There is currently a shortage of staff, including the manager position, which has been posted and will close on September 12. Advisory Group members were invited to participate in interviewing candidates and Elizabeth Steiner indicated interest. It will be important to get the right candidate so if there is not a good candidate the position will be opened again.
- **Advisory Group Purpose:** The BCCP Advisory Group is based on the success of the FPEP workgroup, which Pat and Cheryl participated in. In convening this workgroup, the hope is to give BCCP providers and experts a means of providing input and guidance to the state so that good decisions are made as the program moves forward. The goal is to represent all provider types that work with BCCP and to work very collaboratively and openly.
- **Review of Participants:** The question was posed: “who is missing from the group?” Representation from a clinical perspective comes from the Medical Advisory Council (MAC). Office managers or contracts people would be helpful, and maybe someone representing OCHIN clinics, Legacy, Virginia Garcia, etc.
- **Project Plan Overview:**
 - **Web-based system:** Rian talked about the vision to build a web-based system for enrollment, data collection and billing that every provider could access and that would provide a real-time count of clients. The system would provide a point of data gathering that would be linked with data so a claim could not be submitted without the appropriate data being provided. This would help with orientation because rules could be embedded into it that would prompt users when, for example, a piece of required data was missing.
 - Ahlers has experience building the FPEP system as well as with BCCP in other states.
 - There is some concern about providers who use their own billing systems; there needs to be investigation of provider preferences around linking to the proposed BCCP system.
 - There also needs to be clarification of what exactly is required by CDC and then relevant explanation or training for providers.
 - **Workgroups:** The program would like to have workgroups that can focus on specific functionality in the system and work with Ahlers while the system is being built.

- Lisa Angus provided examples from FPEP, including a copy of the Clinic Visit Record (CVR), some screenshots of the system that was built by Ahlers, and a high level description of the functions that are currently envisioned for the BCCP system.
 - With the CVR, there is a lot of information that is collected and stored. People input the information in different ways, which include the option of submitted via SFTP flat files that are exported from their own systems. There is both billing and service data so FPEP gets both by the time the claim is paid.
 - The screenshots showed an eligibility screen, where you can look at what's happened with a client (eg. Have they been verified?). There was also an example of a reports screen that allows you to build your own reports.
- Rian presented top priorities as Client Eligibility and Enrollment, Data Gathering and Billing and asked for feedback.
 - It was also noted that outreach is important. Rian said that she's hesitant to do outreach until we have a system in place. Once that happens than we will be able to focus and social marketing. Gail said that Susan G. Komen for the Cure (Komen) is also waiting to be able to do outreach activities.
 - Contracting was also mentioned as a priority since it is currently extremely difficult to sign up. See more discussion about that in section III. When asked about enrolling new providers, Rian said that she'd like to focus on making the program run more smoothly before enrolling new providers, unless there was a real need.
 - A question was asked about whether there could be a tickler report on referrals to assist with follow-up. Elizabeth talked about some of the capabilities of EPIC, the EMR system that OHSU uses. It was noted that the program needs to make sure that providers in both large and small environments are able to use the system.
- Joe asked if there is a barrier to implementation of the proposed web system because of providers are already collecting/entering the required data into their own systems. . Elizabeth said that most providers already do some of this with ALERT/IRIS for immunizations and find it to be a quality product, which sets a precedent. Claims are backlogged right now because providers are unaware that billing is linked with data. A web system could help. The relevant HIPAA limitations and cases where State law can trump Federal law need to be researched.,
- Rian opened the floor for people to express any general concerns about or requests for the program.
 - There was a question checking to see if there is still the 60/40 rule from CDC (60% to direct services/maximum 40% for program administration) and the answer was yes.
 - Dave gave an overview of the CDC grant. \$2,750,000 was requested but only \$2, 260,000 awarded, so the state has submitted a revised proposal. There is a new CDC project officer starting today. Funding is based on the prior year's screening numbers which could hurt us next year so we are brainstorming now how to overcome that.

- Kelly expressed concern that going to the centralized model could sever relationships that were built. It is crucial to maintain relationships with the community and local providers, especially because of the damage that has been done over the past few years. The BCCP team needs an army of people to go out and connect with previous BCCP partners. There are people around the state with a passion for the program who might be willing to help. It was suggested that a survey could be done to get people to help.
- It was also suggested that the state admit that poor decisions were made so that people can move forward. Rian and Dave are developing a communication to send out statewide about the transition. They hope to help people understand the strength of BCCP being managed by an office that is used to providing direct services and billing. They also are clear that there will be no surprises--even if there's bad news it will be shared.
- Is the 40 and under plus treatment program still a part of BCCP? Yes, Komen has funded a full-time position for symptomatic women under 40, filled by Mary Kate Brousseau. The Komen money is combined with BCCP money so providers don't need to know or track the difference between Komen and BCCP anymore. It will look the same.
- Is the enrollment incentive of \$25 still there? Currently it's still there, but as the program moves forward it will be hard to manage while keeping administrative costs under 40%.
- Case management also needs to be considered when moving forward. Currently it's unclear what CDC expects and what the provider will need to be doing. There used to be program elements around women that were lost to follow-up and providers were often cited for that. Everything needs to be defined in a transparent way in the OARs, with flowcharts and training tools.

III. Immediate Needs/Short Term Goals

- **Staffing:** There are currently 3 staff and several temps. Positions are being restructured and possibly can be streamlined once the proposed web system is in place.
- **Backlog of Claims:** Currently there are 4500 unpaid claims and 2500/mo incoming. In most cases, the claim is unpaid because data is missing but the provider doesn't know this and so keeps resending it. An informational sheet with checkboxes is being created to show what data's missing. This will be sent in an email to the group for feedback. The sheet will be applied to all applicable incoming claims and then the backlog will be tackled as well. An online tutorial could also be created to help people.
 - Kelly noted that the problem with sending the bill back is that it will go to the billing department and not to the provider where the data resides. She suggested making contact with each provider and explaining that someone will need to be in charge of figuring out what data is needed. Rian said that a provider database is being created so that we know who the contact is for each piece, and that we will ask for a key contact. Kelly and Pat suggested that someone from Linn County, and maybe other former Local Providers help find out who contacts are. Also, after the Race for the

Cure, Komen could have some of their volunteers making phone calls to get contact info.

- **Contracts and OARs:** The current system of contracting is extremely inefficient and difficult. The contract is around 40 pages. For FPEP there is a template agreement that is around 6 pages long. BCCP would like to create a similar template. It would bind providers to program OARs, which need to be written. It won't need to be renewed and will be in effect until terminated in writing. It is unclear how long it will take to get the rules written and promulgated; the goal is January but there are many steps involved. In the meantime, BCCP is reluctant to contract with anyone new. The thought is that if the program functions better, more providers will want to come on, so current focus is on program functions. BCCP also wants to focus on providers that will spend time on large numbers of clients (unless they're rural), and who will accept new clients.
- **Provider Communication:** Addressed above.

IV. Defining the Advisory Group

- **Grouping of Issues:** The group referred to a list of issues created by CLHO and discussed how to group them into workgroup topics. Three workgroups will be formed to work with Ahlers to create the BCCP system. They will focus on:
 - 1) Client Eligibility and Enrollment
 - 2) Clinical Data Capture and Quality Assurance Functions
 - 3) Provider Billing/Payment Functions
- **Working Groups:** The advisory group was asked to send names of potential workgroup participants by **9/12/07** to Maureen Hinman [maureen.c.hinman@state.or.us]. The groups will need to meet weekly for the first 3-4 weeks to get Ahlers started and then frequently for about 6-9 months. They will help come up with what the system needs to do and then also help to test it.

V. Wrap Up

- **Next Meeting:** The next meeting is scheduled for Tuesday 10/2/07 from 10am-12pm, and 10/23 from 10am-12pm.