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Combined Meeting of The Blueprint Executive Committee and Blueprint Planning and Evaluation Committee

December 14, 2016

Attendees: P. Clark; C. Elmquist; P. Farnham; K. Fitzgerald; E. Flynn; J. Franz; C. Fulton; P. Jackson; J. Krulewitz; J. Le; M. Mohlman; S. Norris; J. Plavin; J. Samuelson; B. Tanzman;

By phone: J. Dodge; T. Dougherty; J. Fels; S. Gretowski; P. Harrington; P. Jones; K. Lange; P. Launer; S. Narkewicz; L. Ruggles;

The meeting opened at 8:30 a.m.

I. Opening Remarks and Announcements: Beth Tanzman

- Today's agenda and PowerPoint slide deck were distributed prior to this meeting.
- B. Tanzman reminded the committee of its role in providing advice and feedback on any changes to Blueprint payments being proposed. Today's meeting is a continued discussion of November's meeting around two (2) proposed payment changes: the PCMH, CHT and SASH under the All-Payer Model (APM) during the Transition Year (2017) and the Women's Health Initiative (WHI).

II. The All-Payer Model – The Transition Year (2017)

- B. Tanzman discussed the process of the CMMI Single Source funding opportunity. The application is due to CMMI on December 23 with a 60-day period to review, make a decision and release the funding. The application is for a set amount of funding; a total of $9.5 million, $7.5 million for Blueprint and SASH payments and up to $2 million for Accountable Care Organizations (ACO) investments.
- This opportunity requires the Department of Vermont Health Access (DVHA) to receive the Medicare funding and then distribute it. The mechanism is being worked through. We are hoping to use provider agreements for PCMH and CHT payments.
- B. Tanzman reported a fair amount of administration work has gone into this application and Team Blueprint has been working on this. The application spells out who is getting which resources. B. Tanzman gave appreciation to J. Samuelson on pulling the application together and to T. Tremblay and C. Elmquist for working on the payment model portion.

- B. Tanzman reviewed *slide #4, Blueprint & SASH Payment Policy Goals*. The $7.5 million was based on the best information we had at the time of negotiation (the first quarter of 2016). The program has since grown and several more practices have joined. We are facing a dilemma on how to best manage with fixed resources and keep payment levels for practices close to the levels at the end of 2016.
- A question regarding the specifics of how patients are attributed under the 2017 Medicare payments was raised. C. Elmquist responded the patient attribution methodology for 2017 Medicare payments will follow the Medicare Demonstration Project Vermont Beneficiary Assignment Algorithm (found in Appendix 4 on page 42 of this Blueprint Manual link: http://blueprintforhealth.vermont.gov/sites/blueprint/files/BlueprintPDF/BlueprintManualEffective160101_160108a.pdf) as patients attributions were taken from Medicare for August, September, and October 2016 calculation.
- In addition, the manual states that the look back period is the most recent 24 months for which claims are available, for beneficiaries who meet the following criteria on the last day of the look back period:
    - Reside in Vermont;
    - Have both Medicare Parts A & B;
    - Are covered under the traditional Fee-for-Service Program and are not enrolled in a Medicare Advantage or other Medicare health plan; and
    - Medicare is the primary insurer.
- B. Tanzman thanked our partnering hospital, Northeastern Vermont Regional Hospital (NVRH), and Laural Ruggles, Blueprint Program Manager, for acting as fiduciary entity for Medicare payments for CHT and SASH throughout the demonstration. Due to program start-up at the beginning of the demonstration, there are some reserve funds that can be used to address the cash flow problem until Vermont receives the 2017 Medicare payments.
- K. Fitzgerald thanked B. Tanzman, T. Tremblay and C. Elmquist. This process has been stressful and SASH is thankful we have the reserve fund the first year and to be able to continue and operate in 2017.
- P. Jackson questioned does the provider agreements need to be signed by January 1st? B. Tanzman responded no.
- J. Plavin questioned if communication to the practices on the delay of payment has occurred. C. Elmquist responded yes, she has been communicating with all current Blueprint practices who are receiving payments and mentioned payments will be delayed to the second (2nd) quarter. C. Elmquist reported she has not heard much pushback or concerns, just more technical questions.
- J. Peterson questioned what the cash flow impact on a typical practice will be in the first (1st) quarter. C. Elmquist responded it will be an average number of $4,393.

III. Women's Health Initiative (WHI) – Jenney Samuelson

- B. Tanzman stated this will be the second (2nd) time we have consulted with the committee around the WHI payments. Currently, this initiative is only supported by Medicaid dollars. Blueprint has been working closely with the program leaders and fiscal leaders for DVHA and Agency of Human Services (AHS) as the development of this initiative is taking place.

- J. Samuelson reviewed *slide #5, Women's Health Initiative Practice PMPM & CHT Payments*. J. Samuelson stated the payments will be paid out quarterly.
- J. Plavin stated the attribution methodology is different from the Blueprint. Is DVHA aware of this? J. Samuelson responded yes, they are aware. They are onboard and we do not expect any challenges. If we do encounter an issue, we have a short term and long term strategy in place.
- K. Lange questioned what Blueprint Manual changes have been incorporated regarding to the WHI. C. Elmquist responded a lot of changes occurred since our last committee meeting. The most recent draft language proposed clearly articulates the three types of WHI payments – the PPPM payment to practices, the WHI CHT PPPM payment, and the one-time capacity payment.
- J. Peterson questioned if there are any communications to the communities and partners around the WHI. J. Samuelson responded communication is being worked on.
- J. Samuelson reported along with this initiative, Medicaid will also be increasing their Add-On payment for post-delivery insertion of LARC.
- J. Samuelson stated in addition to the WHI payments, we need to communicate and spread the word about effective birth control options and will need the committee's help as many of the members are already out connecting with patients and providers. Committee members requested a fact sheet to send out to their network via the newsletter channel or blog post.

With no further time, the meeting adjourned at 09:52 am.

Executive Committee
Planning & Evaluation Committee

December 14, 2016

Discussion & Consultation: New Payments 2017

- PCMH, CHT, & SASH Payments under All Payer Model 2017 Transition Year
- Women's Health Initiative Payments

Blueprint & SASH Payments in 2017

Process

- CMMI Single Source Funding Opportunity
  - Application due December 23
  - Review = 60 Days
  - Detail organizations receiving payments & amounts
  - $7.5M Blueprint Payments
  - Up to $2M ACO investments

- DVHA receives $ - Allocate Via:
  - Provider Agreements for PCMH + CHT
  - Sub recipient Agreement for DRHOs

Blueprint & SASH Payment Policy Goals

- Make 2017 payments for PCMH, CHT, SASH consistent with most recent Medicare attributions (August, September, and October 2016) and most recent PMPM and Payment Value (December 2016)
- Support M'Care Participation in New Blueprint Practices (5 with Medicare attribution)
- Allocate MAPCP CHT & SASH Balance to CHTs & SASH Proportionately as Supplemental Payment (2017 only)
- Protect CHT & SASH from anticipated cash flow gap 1st qtr.

Women's Health Initiative
Practice PMPM & CHT Payments

Practices

- Year 1 - $1.25 PMPM payment for the population of Medicaid-enrolled reproductive-age women (age 15 to 44)
- Year 2 – Up to $1.50
  $1 base and $0.50 performance component)

CHT

- CHT mental health clinicians will be available in practices for brief intervention and follow-up
- $5.42 PMPM

Women's Health Initiative Capacity Payments

Provide an initial one-time capacity payment scaled based on attribution

- Graduated rates based on whether a practice is 340B eligible
- Includes a floor based minimum expectation of LARCs stocked
- Creates a ceiling of 8 of each device for larger practices

340B Eligible Practices	Non-340B Eligible Practices
PMP - $4.42	PMP - $11.87
Floor – $927	Floor – $3,387
Ceiling – $5,163	Ceiling – $16,184