

**Department of Vermont Health Access
Vermont Blueprint for Health**

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Payment Implementation Workgroup Meeting- January 7, 2015

Present: Barre: Mark Young, Bennington: Jennifer Fels, Brattleboro: Wendy Cornwell, Burlington: Penrose Jackson, Deb Andrews, Middlebury: Susan Bruce, Morrisville: Elise McKenna, Newport: Julie Riffon, Randolph: Eric Medved, Mike Landon, Rutland: Sara Narkewicz, Marie Gilman, St. Johnsbury: Laural Ruggles, Upper Valley: Donna Ransmeier, Blue Cross: Carol Cowan, Bob Wheeler, Lyn Trepanier, MVP: Lou McLaren, Cigna: Kevin, Medicaid: Terri Mitchell, Blueprint: Jenny Samuelson, Tim Tremblay, Susan Cartwright

1. MVP offered to increase PMPM payments
 - a. Additional discussion and information needs to be evaluated in regards to other payers. In the October report to the legislature, the Blueprint has recommended a doubling of payments. We estimate that additional guidance should be coming around mid-January.
2. Recertification re: NCQA under 2014 standards. Details are being worked out by a large group of stakeholders.
 - a. Blueprint requirements for NCQA recertification under 2014 standards to be suspended, pending further Blueprint payment changes.
 - b. Recertification under 2014 standards to be discretionary by practice, effective 4/1/2015. Until that time you will need to recertify at the 2011 standards.
 - c. New practices will continue to be required to certify under current NCQA standards.
 - d. New model taking shape and practices continuing to score under 2014 standards will be rewarded financially for that.
 - e. New payment models will most likely be outcomes based.
 - f. A document providing detail of the decision is in process.
 - g. Comments :
 - o 2014 standards are a good stopping point. NCQA got it right with 2014.
 - o The standards reward the right thing.
 - o Is there any consideration being given to practices committing to 2014 would get retroactive payments? No.
 - o Encourage Blueprint to make a decision swiftly.
 - o Issues with scoring were not about NCQA recognition but more the level a practice has to achieve.
 - o Comment- CMCM code might look more attractive with this being so shaky. New policy should actually help that cause per Jenney as the burden of qualifying for NCQA.
3. Practice Rosters - Since we've combined reports the earliest they can be distributed is the 2nd of the month given receipt of NCQA scores and timeline.
 - a. A request was made to move the column for provider name to the start of the worksheet. The intent of the order was to keep consistent with change flags that go from high level changes to lower level changes. In the end the decision was made to make the change.