

Vermont Blueprint for Health  
Payment Implementation Workgroup Minutes  
January 8, 2013  
Conference Call

**Present:** Carol Cowan, Scott Frey, Lynn Trepanier, Robert Wheeler, MD, and Pam Biron, BCBSVT; Kevin Ciechon and Ann Collins, Cigna; Jackie Graham, Medicaid-HP; Pat Jones, Jenney Samuelson and Nick Lovejoy, Blueprint; Alan Ramsay, MD, Green Mountain Care Board; Mark Young, Barre; Dana Noble, Bennington; Wendy Cornwell, Brattleboro; Fiona Daigle, Roberta Gilmour, Beth Steckel and Rita Pellerin, Burlington; Barbara Liberty and Michelle Patterson, Middlebury; David Brace and Elise McKenna, Morrisville; Julie Riffon, Newport; LaRae Francis, Randolph; Sarah Narkewicz and Marie Gilmond, Rutland; Candace Collins, St. Albans; Loral Ruggles, St. Johnsbury; Kaylie Chaffee and Pat Knapp, Springfield; Gail MacKenzie, Windsor

**Updates** – Blueprint sent CHT patients and payments reports for the January – March 2013 quarter to insurers and project managers. CMS may have a delay in January payments as a result of federal budget negotiations. Pat may ask project managers to reach out to practices that haven't assigned a back-up user for the CMS web portal, or that haven't used the web portal.

**Cigna Update** – Kevin Ciechon reported on progress on Cigna's new PPPM payment process. The next PPPM payment will use the same process that Cigna has used in the past (claims payment for each attributed member, EOBs generated). Instead of the payment covering July – December 2012, it will cover July 2012 – March 2013. The payment will occur in January, so January – March will be prospective payments. Beginning in April 2013, Cigna is changing to a quarterly lump-sum payment that will take the form of an electronic funds transfer (EFT) directly into the practice's bank account, so there will be no checks or no EOBs generated.

About half of the Blueprint practices have not established EFT capability with Cigna, which is a prerequisite for the new work flow. Practices are not required to receive all claims payments from Cigna via EFT in order to receive the Blueprint PPPM payments via EFT, but they do need to have EFT capability. Kevin has worked with Cigna provider relations to collect information from the practices so that PPPM payments can be sent by EFT. Cigna has conducted outreach calls to practices not on EFT, but some practices have not yet responded for the request for information. Kevin will send a list of those not responding to the project managers for outreach. The information needs to be provided to Cigna by January 25<sup>th</sup> in order to receive the April payments.

The April – June 2013 PPPM payments will probably be made in April, subsequent quarterly payments will probably be made in the middle of each quarter. Cigna will send detail at the practice/subgroup level; Kevin will check to see if the detail will be emailed or mailed to the practices.

Cigna still requires an invoice for quarterly CHT payments.

### **Attribution for Naturopathic Practices**

At the last meeting the group decided that the same attribution process should be used for naturopaths as other primary care practices (i.e. – patient attributed to practice that saw the patient the most frequently, and if a tie, patient is attributed to the practice that saw the patient most recently). For CHT patient counts, naturopathic practices will use the same total unique patients algorithm as other practices. The attribution algorithms will be updated to include naturopaths. The first naturopathic practice is being scored on 4/1/2013.

### **Welcome Letter for New Practices**

No edits were recommended; insurers provided additional contact information. The work group discussed options for distributing the letter and supporting materials. The consensus was to have project managers send the letter. The letter is intended to serve as a tool for project managers to use to introduce new practices to the Blueprint payment reforms; it can be sent to practices that are contemplating participation. Pat will update supporting materials, take any final comments until Friday, January 11, and then send the materials to project managers for dissemination.

### **Payment Reporting**

BCBSVT would like to send attribution lists quarterly instead of monthly; MVP and BCBSVT observed that some practices aren't using the attribution lists. In Bennington, Dana asked the practices about their preferred frequency. There was not agreement among the practices – 5 wanted monthly, 3 would be OK with quarterly, 1 said to discontinue sending the lists and 1 did not respond. We may need to survey a broader number of practices. Pat will develop a draft survey for the group to review.

### **Blueprint Web Portal**

The Blueprint has plans to collect practice payment roster information in a web-based format; this would allow practices to directly enter the information. Rules for data entry (number of digits, drop down menus, etc.) will be established to ensure accuracy. In the short term, the Blueprint will continue to use the excel spreadsheets. Once testing is complete and there is confirmation that the web portal works well, practices will be trained to directly enter the data. The Blueprint will then be able to generate rosters for insurers from the web portal.

### **Insurer Payment Data Collection**

Going forward, PPPM payment information will be collected quarterly from insurers; the Blueprint is developing a format for insurer review and comment.