

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

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Payment Implementation Workgroup Meeting – March 4, 2015

Attendees: Brattleboro: Wendy Cornwell, Bennington: Jennifer Fels, Burlington: Pam Farnham, Deb Andrews, Robin Skiff, Middlebury: Susan Bruce, Morrisville: Elise McKenna, Rutland: Marie Gilmond, St. Albans: Candace Collins, St. Johnsbury: Laural Ruggles, Upper Valley: Donna Ransmeier, Blue Cross: Pam Biron, Gail McKenzie, Teresa Thabault, Robert Wheeler, MVP: Lou McLaren, Medicaid: Terri Mitchell, Cigna: Kevin Ciechon, Blueprint: Jenney Samuelson, Tim Tremblay, Susan Cartwright

1. Cigna – New contact to send invoices to: Lynn Colby. The address remains the same. Kevin Ciechon is still the contact for questions regarding invoices.
2. An overview of the proposed payment reform was distributed and reviewed at the meeting.
  - a. 7/1 changes re: market share based payer contributions based on payer's claims attributed patients.
  - b. 1/1/16- proposal to double average PCMH PPM payments
  - c. 1/1/16- changes to payment formula for Blueprint PCMH PPM payments consistent with the Blueprint-ACO integration plan. Details in polling information document.
  - d. Members of the group are able to provide their feedback via Survey Monkey poll.

## Comments:

- a. BCBS mentioned that they are bound by current contract. In order to increase payments, premiums will increase and BCBS must bring the proposal before the Green Mountain Care Board for approval.
- b. Has the Blueprint done any analysis on the impact these payment changes would have on each community?
- c. The shift in market share will have little or no change in payments. It's to insure that payer's market share is accurate.
- d. Doubling of payments – Currently CHT attribution is based on self-reported numbers. The plan is to use a 1.85 multiplier in order to maintain funding levels as we shift to the payer-attributed patient count and market share with the doubling of payments that will occur in January (if approved by the Legislature).
- e. Will self-insured patients be included? They are using CHT resources but many are not being covered. There will no changes to who is covered.
- f. There were additional questions regarding how insurer attribution would work and questions as to whether the accuracy of the numbers has ever been confirmed.
- g. Confirmation was requested that the proposal is for Non-Medicare payments only. Yes, there will be no increases to the Medicare PMPM payments.

- h. The payment increase e proposal continues to develop and further communications will be communicated.
- i. There was a question whether there is a timeframe to resolve the increased payments from BCBS due to market share shift – Not at this time.