

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

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Blueprint Payment Implementation Workgroup

Conference Call

Cancelled: Wednesday, July 8, 2015; 1:00 - 2:00 pm

Makeup: Thursday, July 15, 2015; 12:00 - 1:00 pm

Present: Bennington Jennifer Fels, Rutland: Marie Gilmond, Burlington: Allison Oskar, Windsor:

Gail McKenzie, Middlebury: Susan Bruce

Blue Cross – Pam Biron

Blueprint - Tim Tremblay, Susan Cartwright

1. CHT Patients and Payments Worksheet

- Distributed to insurers on June 26 and to CHTs on June 30.
- First CHT payments based on insurer patient attributions and market share. For most HSAs, funding stayed roughly the same given the adjustment factor. For those that saw a reduction, factors such as duplicate patient counts that existed in the previous attribution method, were eliminated in the insurer patient attribution methodology. It should stabilize over the coming quarters, especially with full payer participation.

2. Monthly Change Reports (Rosters) and NCQA Score Reports

- Distributed on July 6.
- Medicaid (alone) paying PCMHs \$3.00 PPPM, effective July 1, 2015.

On January 1st Rosters will be synchronized when all insurers will be paying the \$3.00 PPPM rate. As of 1/1/2016 a .50 (PPPM) Health Service Area performance measures will be available to practices. The additional funds will be based on both a (.25 PPPM) quality and (.25 PPPM) utilization performance components

3. Medicaid PCMH PPPM overpayments for June 2015- In addition to the normal PCMH payments, Medicaid included an additional \$3.00 PPPM for June that resulted in an over payment of almost double. One method of determining overpayments is to combine the correct PPPM payment amount, with the \$3.00, and calculate the proportion/percentage that the \$3.00 is of the total payment amount.

An email notification of the error was sent to practices and project managers. Medicaid will be recouping the overpayment and practices are encouraged to review their remittance reports closely. According to Medicaid they will either 1) perform the recoupments this week or 2) wait until the next Blueprint cycle and recoup then. Susan Bruce noted that practices indicated it would be most helpful to have the recoupment in the same month. Tim will let Medicaid know.

4. Susan Bruce requested clarification on the recent communication from Blue Cross regarding the Blueprint retroactive PCMH payments dating back to January 14.
Pam Biron from Blue Cross explained that they were contacted by practices who felt their attribution numbers were not correct. Once reviewed, Blue Cross re-ran the attribution and as a result some practices were owed additional funds. Practices with questions on the amount received should contact their Blue Cross payer representative for more details.