

Department of Vermont Health Access
Vermont Blueprint for Health
312 Hurricane Lane, Suite 201
Williston, VT 05495
www.blueprintforhealth.vt.gov
[phone] 802-654-8925

Payment Implementation Workgroup Meeting – May 6, 2015

Attendees:

Present: Barre: Mark Young , Patrick Clark, Bennington: Jennifer Fels, Burlington: Deb Andrews, Penrose Jackson, Pam Farnham, Middlebury: Susan Bruce, Rutland: Sara Narkewicz, Marie Gilmond, Springfield: Trevor Hanbridge, St. Johnsbury: Laural Ruggles, Upper Valley: Donna Ransmeier, BlueCross: Pam Biron, Carol Cowan, Lyn Trepanier, Lou McLaren, Jose Zerina, Terri Mitchell, Julie Riffon, Gail McKenzie, Candace Collins, Susan Cartwright, Tim Tremblay

1. Monthly Change Reports (Rosters) and NCQA Score Reports
 - a. Distributed on May 1. Correction regarding White River Family Practice (VT164): Received correction VT164 is not owned by Gifford and they are not an FQHC.
2. Medicaid Attribution and Payment Information
 - a. Medicaid Remittance Advice (RA) Statements
 - b. Medicaid is including BP payments but it may not be easy to read. Tim reviewed one with sample PCMH payments. There is a payment entry for the individual breakouts that include, rendering NPI, patient, month of transaction, and the transaction amount. It may be scattered throughout the remittance which may make it difficult to identify. At the end of the remittance there is a separate statement re: earnings page. The earnings page is for non-claim transactions. While it could include adjustments, it's primarily the BP total payment amount.
 - c. Comments/questions:
 - Tim confirmed that reports are sent directly to the practices.
 - Format available – practices can obtain as a pdf through Medicaid portal or electronic format report labeled 835 reports. Perhaps within a practices billing system the BP payments could be identified.
3. Blueprint Payment Reform Proposals Update:
 - a. No updates available. Proposals discussed regarding CHT payment increases effective 7/1/2015 and the PMPM payment changes effective 1/1/2016 are under review, both in the legislature and DVHA.
 - b. The contract that the payers have with the state; quarterly cap and CHT payments is up in a few weeks. Tim's understanding is that we will be allowing contracts to expire and go back to referring to the BP Implementation Manual for payment updates. We distributed drafts of this in an earlier meeting.
 - c. Contracts can be confusing and can be canceled with 30 days' notice which doesn't reflect the statutory nature of the BP program. We will be following the statute that points to a rule, which points to the Blueprint Implementation manual.
 - d. Why is the draft payment reform document sent out earlier no longer available? It was distributed for review at that meeting only. Once the meeting was over and feedback was received, the document was removed.
 - e. The next meeting for the Blueprint Executive Committee Meeting/ Blueprint Expansion, Design and Evaluation Committee is scheduled for 7/15 as they are being moved to every other month. However there will be one in June, or earlier to discuss payment changes.

- f. Payers need to know soon what the changes will be so they can prepare their systems. Final decisions can't be made until we know funding levels from the legislature. The proposal to move to market share will be effective starting July 1, and a doubling of payments as of 1/1/16.

4. New Blueprint Hospital Service Area Profiles Available

- a. Data Period 07/2013-06/2014.

5. http://blueprintforhealth.vermont.gov/reports_and_analytics/hospital_service_area_profiles