

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

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Payment Implementation Workgroup Meeting – February 4, 2015

Attendees: Bennington: Jennifer Fels Burlington: Pam Farnham, Deb Andrews, Middlebury: Alexander Jasinowski, Susan Bruce, Morrisville: Elise McKenna Randolph: Mike Landon, Eric Medved, Rutland: Sarah Narkewicz, Marie Gilmond, St. Albans: Candace Collins, St. Johnsbury: Laural Ruggles, Upper Valley: Donna Ransmeier, Blue Cross: Pam Biron, Scott Frey, Lyn Trepanier, MVP: Lou McLaren, Carla Renders, Newport: Julie Riffon: Barre: Mark Young Blueprint: Miki Hazard, Jenney Samuelson, Tim Tremblay, Susan Cartwright

1. Blueprint Roster and scoring updates:
 - a. Franklin County Pediatrics score and payment amount - The new VCHIP score will not be used. Per Blueprint policy, their old NCQA score will be used until their new NCQA score is received.
2. Payment Reform:
 - a. A request was made to distribute a policy for practices that decide to let their score lapse based on proposed payment reform. This is currently being discussed.
 - b. Are any practices that are due to score in April or May pulling out of NCQA scoring due to proposed payment reform? Per Jenney, some practices are delaying their NCQA score date but not pulling out completely.
3. Feedback on proposals on future NCQA 2014 requirements:
 - a. The proposal for a pass/fail score will in some cases may go against an insurer's current policy based on their scoring requirements.
 - b. It was mentioned that level one as the bar seems low. The feedback was that the most important parts are covered in the level 1 must pass elements. Practices often felt the higher level work was not as meaningful and measurable as Level 1. Where the payments used to be tied to the single NCQA score it's now expanded.
 - c. How detailed are the requirements in terms of quality measures, and will practices be able to choose the measures or will they be mandated. At this point the measures would be specified statewide.
 - d. Jenney confirmed that currently there are further requirements for increased payment that includes a quality measure, in a more pay for performance.
 - e. Blueprint is currently working with the 3 ACO Provider network to determine:
 - o What metrics in quality measure, benchmarks or quartiles
 - o Scale for each of them – not decided at this time.
 - o A more formal communication is in process.
4. BP guidelines were reviewed for the Medicare Chronic Care Management code:
 - a. Project Managers responsibility is to get the information in the hands of practices, not to explain it or guide them.

- b. There is not a deadline for practices to decide.
- c. Insurers voiced concerned that if a practice is withdrawing from Blueprint in order to use the CCM code, how long will they have to pay the practice? The current policy remains in place.