

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

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Payment Implementation Workgroup Meeting- June 3, 2015

Present: Barre: Patrick Clark, Bennington: Jennifer Fels, Brattleboro: Wendy, Middlebury: Susan Bruce, Morrisville, Elise McKenna, Newport: Julie Riffon Randolph, Rutland Marie Gilmond, Springfield, St. Albans, St. Johnsbury, L Laurel Ruggles, Upper Valley: Donna Ransmeier, Windsor: Gail McKenzie, Theresa Tabor, Burlington: Pam Farnham, Penrose Jackson
Blue Cross Blue Shield: Carol Cowan, Cigna: Kevin Ciechon, Medicaid: Terri Mitchell, Blueprint: Susan Cartwright, Tim Tremblay, Jenney Samuelson, Mary Kate Mohlman

1. Monthly Change Reports (Rosters) and NCQA Score Reports
 - a. North Country Hospital practice changes.
 - i. Family Practice of Newport and Community Medical Associates have merged and are now North Country Primary Care of Newport
 - ii. The Barton Clinic and The Orleans Clinic have merged and are now North Country Primary Care Barton Orleans
 - iii. Newport Pediatric and Adolescent Medicine is now North Country Pediatrics
 - iv. The detailed changes regarding new NPI numbers, addresses, and provider updates can be found on the Blueprint Roster distributed 6/1/2015
2. Blueprint Payment Reform Proposals Update and Discussion
 - i. Two revised Blueprint Implementation Manuals have been posted on the Blueprint website (http://blueprintforhealth.vermont.gov/implementation_materials). One reflects CHT payment changes effective 7/1/2015 and the second is for PMPM payment changes effective 1/1/2016.
 - ii. Craig Jones, Blueprint Director distributed cost estimates (annualized) to payers based on market share. Insurers should use these numbers when doing budgets for the rate setting process.
3. Summary and comments re: 6/3 Combined Mtg. Blueprint Executive Committee Meeting/ Blueprint Expansion, Design and Evaluation summary:
 - i. A request to reexamine the option of increased PMPM effective 7/1/15 versus the proposed 1/1/2016 timeframe. If this option were adopted it would only be for Medicaid as it's the only budget that's been finalized. It was noted that ramifications of this action could diminish future funding as it would result in a lower PCMH PMPM rate .
 - ii. The question was raised as to whether there was any SIM money to increase the funding. Preliminary information indicates there are no SIM funds available for this purpose.
 - iii. A question was raised as to whether it is possible for hospitals to bear some of the cost for CHT funding out of increases in PCMH payments to the practices which they own.
 - iv. It was good to hear support from for CHT Teams – Medicare's annual report also stated the critical importance of CHT's.

These recommendations will be reviewed and any changes will be communicated.