

<b>Workgroup Name:</b> Vermont Blueprint for Health Workgroup for Payment for Expansion of Community Health Teams	<b>Workgroup Leader:</b> Jennifer Herwood
<b>Meeting Goals:</b> 1. Introductions and Roles 2. Review of Workgroup Objectives a. Scope/Proposal plan 3. Review of Deliverables and Timelines a. Payment Methodology b. Reporting and Tracking c. Timelines 4. Group input/Discussion	<b>Mtg. Facilitator:</b> Jennifer Herwood <b>Mtg. Recorder:</b> Averiel Hossley <b>Where:</b> Virtual Meeting
	Conference Room: none
	<b>Date:</b> 4-26-2023 <b>Time:</b> 1:00pm-2:00pm

Attendees			
Name	Affiliation	Name	Affiliation
Jessa Barnard	Vermont Medical Society		
Tom Dougherty	Blueprint Program Manager		
Michelle Gilmour	Blueprint Program Manager	Susan Rizdon	Health First
Denise Smith	Blueprint Program Manager		
Amy Johnson	DULCE	Angela Comeau	Vermont Health Access
Elizabeth Hunt	Timberlane Pediatrics, DULCE, OCV	Michelle Farnsworth	Blueprint Program Manager
Hannah Ancel	Blueprint Program Manager	Pat Jones	Interim Director of Healthcare Reform
Ryan Torres	QI Facilitator	Laura Wreschnig	Health Services Research

Non-Workgroup Members			
<b>Dr. John Saroyan</b>	Executive Director, Blueprint for Health	<b>Mara Donohue</b>	Assistant Director Blueprint for Health
<b>Caleb Denton</b>	Data Analytics and Info Administrator Blueprint for Health	<b>Erin Just</b>	Quality Improvement Facilitator Coordinator
<b>Averiel Hossley</b>	Administrative Assistant Blueprint for Health	<b>Julie Parker</b>	Assistant Director Blueprint for Health

I.	Introduction and Roles
II.	Review of Workgroup Objectives
III.	Review of Deliverables and Timelines
IV.	Group Input/Discussion

	Agenda Topic	Topic Facilitator	NOTES (notes are provided in italics and blue)	Action Items
I	Welcome & Introductions	Jennifer Herwood	<i>Jennifer Herwood - Group Leader</i> <i>Amy Johnson - Director of Parent Child Center, NCSS - DULCE Lead</i> <i>Angela Comeau - Vermont Health Access</i> <i>Denise Smith - PM, St. Albans</i> <i>Caleb Denton - Data Analyst</i> <i>Mara Donohue - AD</i> <i>Elizabeth Hunt - Pediatrician at Timberlane, DULCE at 2/3 offices, OCV Quality Improvement Committee</i> <i>Michelle Farnsworth - PM, Burlington HSA</i> <i>Michelle Gilmour - PM, Barre HSA</i> <i>Hannah Ancel - PM</i> <i>Pat Jones - Interim Director Health Reform</i> <i>Julie Parker - AD,</i> <i>Ryan Torres - Quality Improvement Facilitator</i> <i>John Saroyan -</i> <i>Susan Rizdon - Executive Director of Health First</i> <i>Tom Dougherty - PM, Springfield</i> <i>Laura Wreschnig - Health Services Researcher</i> <i>Averiel Hossley - Administrative Assistant for BP</i>	
II	Review of Workgroup Objectives		<i>Jenn Herwood gives a presentation introducing the Payment Workgroup, its scope, aims, and collaborations. A Full copy of the presentation is available under Action Items.</i>	<a href="https://blueprintforhealth.vermont.gov/sites/bfh/files/document_library/PaymentWorkgroupS1.pdf">https://blueprintforhealth.vermont.gov/sites/bfh/files/document_library/PaymentWorkgroupS1.pdf</a> Full Presentation available here.
III	Review of Deliverables and Timeline		<i>We are often asked to provide data on diet and nutrition, could you explain how the portal works now? Would there be manual entry points for data?</i>  <ul style="list-style-type: none"> <li>- <i>The data will be managed by the Program Manager.</i></li> </ul> <i>This Blueprint Expansion is provided through Medicaid,</i>	

			<p>currently.</p> <p><i>Question on Process: Will there be proposals for all our agenda items from other groups for our review before the next meetings?</i></p> <ul style="list-style-type: none"> <li>- <i>Yes, there will be deliverables available for our review.</i></li> <li>- <i>This group will be a discussion on the payment model based on the work provided by the other Workgroups.</i></li> <li>- <i>The central office team and internal Medicaid resources are the current team working on the possibilities for dollar flows, following federal and state requirements, and providing that solution to this group for their valuable input.</i></li> </ul>	
IV	Group Input/ Discussion		<p><i>Would the goal be expanding existing PCMHs or adding new ones?</i></p> <ul style="list-style-type: none"> <li>- <i>Program managers are already making connections with outside PCMHs, as a separate focus to this expansion. This expansion proposal aims to expand the ability of CHT and QI facilitation to address the current unmet needs of our existing teams.</i></li> </ul> <p><i>In terms of Deliverables: Wages across the state vary, and taking FTE wage accountability into the plan would be a consideration, as it would not be as equitable in that regard. Depending on the role, their pay varies and their scope of patients they see is also different. Expanding knowledge of existing resources could close gaps in variants.</i></p> <p><i>What guidance from Central office would be valuable to practices and Program Managers?</i></p> <ul style="list-style-type: none"> <li>- <i>We have a resource that could be billing for services, and making sure we are not providing free services that cost us money.</i></li> <li>- <i>A description of qualifications for staff requirements would be helpful, as it informs the funding, allowing for variants but setting the bar.</i></li> <li>- <i>Qualifications, expected pay ranges reflective of reality.</i></li> <li>-</li> </ul> <p><i>This is an opportunity to take the leap, there needs to be</i></p>	

			<p><i>enough to meet the needs for everyone who works in the medical home, access is critical. Encounter-based healthcare after the delivery of the service, having that reimbursed by admins; it's a challenge. Ensuring that everyone is financially supported and viable.</i></p> <ul style="list-style-type: none"> <li>- <i>The overhead cost of housing an individual in practices and other expenses are lines of questioning previously uncaptured.</i></li> </ul> <p><i>What would be the reimbursement rates if I were to bill a HSA provider? Comparing the revenue between practices. Payment codes, anticipated reimbursement rate of a provider in that practice.</i></p> <p><i>Starting January 2024, the rules and billing requirements are opening for more opportunities for revenue.</i></p> <p><i>Chronic Care Management, and that scope of work and flexibility in that role is a valuable consideration when calculating billable costs.</i></p> <ul style="list-style-type: none"> <li>- <i>A payment model that is guided by aims and flexibility, something neither overly complex or too specific is a goal.</i></li> </ul> <p><i>Guiding standards and requirements with flexibility and realistic perspectives. Valuing the individuals that support their communities, the people who produce incredible results and have high job satisfaction.</i></p>	
--	--	--	--	--