

Workgroup Name: Vermont Blueprint for Health Payment Implementation Workgroup	Workgroup Leader: Jennifer Herwood
Meeting Goals:	Mtg. Facilitator: Jennifer Herwood
<ol style="list-style-type: none"> 1. Rollcall/Introductions 2. CHT Patients and Payments Worksheet <ol style="list-style-type: none"> a. The 2024-Q1 patients and payments spreadsheet were distributed to payers. b. The next one is expected in early April. c. Payers may require an invoice to remit CHT payments. 3. Monthly PCMH Change Report (Rosters) and NCQA Score Reports. 4. Pregnancy Intention Program (PII) Rosters 5. BCBSVT Payment of Spoke Services – Lou McLaren (BCBSVT) 6. Performance Payment Update 7. Blueprint Portal Check-In remind all to update their information in the BP Portal <ol style="list-style-type: none"> a. Closing all Practices and Providers that are no longer active. b. Keeping all information up to date (NPIS etc.) 8. Tracking CHT Patient Counts by Payer <ol style="list-style-type: none"> a. Explore tracking Medicare Advantage Pt Counts 9. Other Agenda Items? 10. The next meeting is scheduled for April 3rd. 	Mtg. Recorder: Nichole Bachand
	Where: Virtual Meeting
	Conference Room: none
	Date: February 7th, 2024
	Time: 1:00 PM – 2:00 PM
Next Meeting is April 3rd, 2024	

Attendees			
Name	Affiliation	Name	Affiliation
Meredith Milligan	Blueprint Physician Clinical Consultant	Thomasena Coates	Blueprint QI Facilitator, Brattleboro, Springfield & Windsor HSA
Denise Smith	Blueprint Program Manager, St. Albans HSA	Carla Renders	MVP
Margaret Haskins	Vermont Medicaid	Lynn Trepanier	BCBSVT
Marcia St. Amour	UVMMS	Elizabeth Tyler	UVMMS
Pamela Biron	BCBSVT	Michelle Martelle	Blueprint QI Facilitator, Barre HSA
Tom Dougherty	Springfield Health	Melanie Sheehan	Mt. Ascutney Hospital & Health Ctr.
Aimil Parmelee	Blueprint QI Facilitator, Randolph HSA	Lou McLaren	BCBSVT
Emmy Wollenburg	Blueprint Program Manager, Middlebury HSA	Rebecca Burns	Blueprint Program Manager, Brattleboro HSA
Diana Gibbs	Blueprint Program Manager, St. Johnsbury HSA	Derek Raynes	OneCare Vermont
Mary Bell	BCBSVT	Constance Gavin	Blueprint CHT & Program Manager, Barre HSA
Oana Louviere	Blueprint QI Facilitator, Morrisville HSA		

Blueprint Central Office Staff			
Dr. John Saroyan	Executive Director, Blueprint for Health	Mara Donohue	Assistant Director Blueprint for Health
Caleb Denton	Data Analytics & Info Administrator Blueprint for Health	Jenn Herwood	Payment Operations Administrator Blueprint for Health
Averiel Hossley	Administrative Assistant Blueprint for Health	Julie Parker	Assistant Director
Addie Armstrong	Data Analytics & Info Administrator Blueprint for Health		

	Agenda Topic	Topic Facilitator	NOTES	Action Items
I	Welcome Back & Introductions	Jenn Herwood		
II	CHT Patients & Payments Worksheet	Jenn Herwood	<ul style="list-style-type: none"> The 2024-Q1 patients and payments spreadsheet were distributed to payers The next one is expected in early April Payers may require an invoice to remit CHT payments 	
III	Monthly PCMH Change Report (Rosters) and NCQA Score Reports	Jenn Herwood	<ul style="list-style-type: none"> One PCMH Closure – Alburg - NOTCH 	
IV	Pregnancy Intention Program (PII) Rosters	Caleb Denton	No Updates	

V	BCBSVT Payment of Spoke Services	Lou McLaren	<p>Background provided regarding spoke services at BCBS:</p> <ul style="list-style-type: none"> When Spoke services became live, Medicaid was paying in, at some point BCBS VT tried to pilot. BCBS was working with three providers, but it fell to the wayside. How can BCBS fix this disconnect? We recognized that the services benefit our members, and the practices don't receive payment for it. There is internal communication at BCBS to expand the Spoke pilot to a full program. All Blueprint Spoke providers will be included. There will be an amendment to all contracts which will clearly delineate the cost share. 	
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<p>V cont.</p>	<p>BCBSVT Payment of Spoke Services Cont.</p>		<p>The way that BCBS proposes to run this</p> <ul style="list-style-type: none"> • Practices will need to file a claim • It will hopefully go live in the next 4-5 months. <p>JP Clarification Question:</p> <ul style="list-style-type: none"> • The prescription has a provider, are you saying the care coordination piece? <p>LM Answer: Yes</p> <ul style="list-style-type: none"> • The wraparound services that they have not paid for will be paid for. <p>Continued:</p> <ul style="list-style-type: none"> • Has the cost share been waived? <p>Answer:</p> <ul style="list-style-type: none"> • For our non-ACA members, they will <p>JP Question:</p> <ul style="list-style-type: none"> • If someone needs assistance, they receive help; our staffing is only based on the staffing numbers based on a Medicaid formula. <p>LM Answer:</p> <ul style="list-style-type: none"> • What was made clear under the pilot is providers welcomed to be paid for the services; is there a disconnect? <p>JP:</p> <ul style="list-style-type: none"> • Yes, if the dollars don't go to hiring more staff, then they are counted, there would need to be a staff expansion; LM is talking about the dollars going to the practices. <p>Cigna does a roster payment.</p> <p>Carla R from MVP: MVP has been doing a PMPM care management fee to spoke practices since 2018, they contracted with one practice; they haven't been approached by other practices; they would entertain it if were approached.</p> <p>DS: The reimbursement they get from Medicaid alone doesn't cover the real salary for a LADC, it's hard to</p>	
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			<p>recruit; once they have met their deductible, BCBS would pay the practice directly, then the practice would move the money to the Spoke team? LM: How you choose to apply that revenue BCBS couldn't say what the practice is doing with that money? LM & JP: Maybe we can pull in the PMs, it must come to us as a claim, hence, it can't go to CHT.</p> <p>MD: I think Tom to clarify in my own brain what you were sharing, the billing is for the billing provider, not for paying the RN or the LADAC, the focus is paying the provider.</p> <p>LM: What has happened is services didn't used to be paid for.</p> <p>JS: Have you considered other use disorders?</p> <p>LM: Estimated cost to us is less than \$1M for OUD wraparound services; we will follow the Blueprint; if I was to do the recap, we have made the commitment; BCBS doesn't own the benefit design of FEP.</p> <p>Dr. Saroyan requested BCBS draft an FAQ.</p> <p>DS: Would BCBS tell us who is accessing services?</p> <p>LM: Do you mean you would get a report for members attributed to the practice or members who are receiving Spoke services?</p> <p>LM: We can tell you how many prescriptions the providers have written but we don't know who receives the Spoke services.</p> <p>DS: Would members be getting a bill for MAT services? How will that be communicated to patients?</p> <p>LM: Yes, it is possible, some members who have qualified health plans or have HDHP, it's possible it would hit the deductible-discussion on how to communicate that with members; we are sensitive to that.</p> <p>MS: When would we know?</p> <p>LM: We would give providers sixty days' notice.</p>	
VI	Performance Payment Update	Jenn Herwood	Informed the group that the performance payment updates will be in the April Rosters (May payment) at the earliest. Practices will get an email in March with information on their updated performance payments.	
VII	Blueprint Portal Check-In	Jenn Herwood	<ul style="list-style-type: none"> • Reminder to update all their information in the BP Portal • Closing all Practices and Providers that are no longer active. • Keeping all information up to date (NPIS etc.) 	

VIII	Tracking CHT Patient Counts by Payer	Jenn Herwood	<p>Explore tracking Medicare Advantage Pt counts.</p> <p>Medicare Advantage field has been added to the BP Portal to track CHT patient counts by payer. We are hoping that HSAs could start tracking this in April for Jan-March patients. Some BP field staff have already entered this, and we have also heard that it is a difficult task for some.</p>	
VIII	Wrap Up	Jenn Herwood	<p>Next Meeting April 3rd, 2024</p>	