

Since the Executive Committee meeting earlier this month, the payment model has shifted from a Per Member Per Month model to a Per Practice Per Month Model. The Per Practice Per Month Model ensures all Health Services Areas have enough expansion dollars to create embedded CHT at step increases based on an amount of attributed Medicaid Members to CHT FTE. When the team looked more closely at the Per Member Per Month model, several HSAs would have come up short on funds if all practices in that HSA chose to participate.

Reminder: The payment model must be posted for a 30-day public comment period. We can share that link when it is up. None of the documents we are or will be sharing can be considered “finalized” or “official” until the month-long wait is complete and approval from the State of Vermont and CMS is received in writing.

Upcoming: We will be sharing more details (in draft form) as soon as we can including Expansion Q&A dates for practices and BP Field Staff (PM/QI/CHT leads).

Gratitude: The Central Office team and I appreciate your hard work, commitment, patience, perseverance, and excitement for the work ahead.