

<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. Welcome 2. Updates: <ul style="list-style-type: none"> <li>Legislative Status</li> <li>Other Work Groups</li> </ul> 3. Review Sample Payment Model 4. Reporting	<b>Mtg. Facilitator:</b> Jennifer Herwood <b>Mtg. Recorder:</b> Averiel Hossley <b>Where:</b> Virtual Meeting
	Conference Room: none
	<b>Date:</b> 7/28/23 <b>Time:</b> 1:00-2:00pm

Attendees			
Name	Affiliation	Name	Affiliation
Jessa Barnard	Vermont Medical Society	Rebecca Rivers	Gainwell/Medicaid
Tom Dougherty	Blueprint Program Manager	Chrissie Racicot	Gainwell/Medicaid
Michelle Gilmour	Blueprint Program Manager	Susan Ridzon	Health First
Denise Smith		Lou McLaren	Blue Cross Blue Shield of Vermont
Ryan Torres		Erin Covey	
Elizabeth Hunt		Natalia Neaga	

Non-Workgroup Members			
<b>Dr. John Saroyan</b>	Executive Director, Blueprint for Health	<b>Mara Donohue</b>	Assistant Director Blueprint for Health
Caleb Denton	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

	Agenda Topic	Topic Facilitator	NOTES <i>(notes are provided in italics and blue)</i>	Action Items
I	Welcome	Jennifer Herwood	<p><i>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.</i></p>	
II	Updates: Legislative Status & Other Work Groups		<p><i>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.</i></p>	
III	Review Sample Payment Model		<p><i>EXPANSION PAYMENT MODEL - Money from the Expansion flows from Blueprint out to HSAs then to practices or resources for practices</i></p> <p><i>2023 BLUEPRINT FOR HEALTH 5 STAFFING</i></p> <ul style="list-style-type: none"> <li><i>• A ratio of Medicaid patients to additional staffing will determine how much FTE support the Patient-Centered Medical Home may receive.</i></li> <li><i>• The funding will be used to hire a licensed or unlicensed Psychologist, Social worker, Community Health Worker, or Counselor(s) as a member of the primary care team embedded in the practice.</i></li> <li><i>• Administrative entities may establish memorandum of understandings with independent practices to receive pass through dollars to allow practices to hire for staff</i></li> </ul> <p><i>EXPANDED COMMUNITY HEALTH TEAM PAYMENTS</i></p> <ul style="list-style-type: none"> <li><i>• Initially, plans were to issue payments to administrative entities based on a Per Member Per Month (PMPM) amount.</i></li> <li><i>• The PMPM Payment model resulted in 5 HSAs not earning sufficient funds to pay for the recommended FTEs.</i></li> </ul>	

			<ul style="list-style-type: none"> <li>• Instead, a Staffing Payment model will be adopted in which HSAs receive funds based on the number of recommended FTEs.</li> </ul> <p>EXPANDED COMMUNITY HEALTH TEAM PAYMENTS                  Payments to the administrative entities for hiring of expanded Community Health Teams staff are based on number of practices at each attribution level.</p>	
IV	Reporting		<p>BLUEPRINT PORTAL TRACKING FOR EVALUATION                  By December 15th, 2023 we aim to evaluate and report:</p> <ul style="list-style-type: none"> <li>• # FTEs and staffing types hired with expansion funding</li> <li>• # Unique Patients Served by CHT</li> <li>• Status of practice adoption and implementation</li> </ul>	
V				
VI	Wrap-Up		<p>We will be sharing more details (in draft form) as soon as we can including Expansion Q&amp;A dates for practices and BP Field Staff (PM/QI/CHT leads).</p> <p>The Central Office team and I appreciate your hard work, commitment, patience, perseverance, and excitement for the work ahead.</p>	