

## INTEGRATED HEALTH SERVICES PROGRAM

## AMENDMENT

It is agreed by and between the State of Vermont, Department of Vermont Health Access and the other undersigned parties to the “Vermont Blueprint for Health Integrated Health Services Program Memorandum of Understanding” that this memorandum of understanding on the subject of financially supporting the implementation and statewide expansion of the Blueprint for Health integrated health services program is hereby amended effective October 1, 2012, in accordance with Section 28a.(1) of Act 171 of 2012, as follows:

**1. By deleting, beginning on page 2 of 7, Section I.1. (Providing financial support in monthly payments for Community Health Teams (‘CHTs’) and inserting in lieu thereof the following Section I.1.:**

1. Providing financial support in monthly or quarterly payments for Community Health Teams (‘CHTs’). Table 1 outlines projected CHT patients, staffing and payments. All Payers will share in the cost of the CHTs; BCBSVT, CIGNA, and DVHA will each pay 22.22% of total CHT costs as outlined in Table 1 and MVP will pay 11.12% of total CHT costs as outlined in Table 1 for each Health Service Area (‘HSA’). In addition, Medicare will pay 22.22% of total CHT costs as outlined in Table 1 for each HSA. There will be at least one CHT in each HSA to provide support services for the population of patients receiving their care in Blueprint Advanced Primary Care Practices. As the Blueprint expands to all willing primary care providers and the number of patients increases, the size of the CHT(s) in each HSA will be scaled up or down based on the number of patients in the Blueprint-participating practices that the CHT supports. The number of patients will consist of the number of unique Vermont patients in Blueprint-participating practices with one or more Evaluation & Management coded visits to the practices during the previous 24 months regardless of insurance coverage. In addition, beginning on October 1, 2012, the number of patients will include the number of unique Vermont patients in primary care practices that are scheduled to be scored under NCQA PCMH standards (as described in Section I.2. of this MOU) during the following two quarters. Total payments for all Payers will occur at a rate of \$35,000.00 per year (\$8750.00 per quarter and \$2916.67 per month) per 2,000 patients attributed to Blueprint-participating practices in each HSA (and, beginning October 1, 2012, payers will make advance quarterly or monthly CHT payments for patients in practices scheduled to be scored within the next two quarters). The Blueprint will work with HSA administrative entities to ensure that the advance CHT payments are used to provide core CHT services (in accordance with the CHT plan that has been approved by the Blueprint) to patients in those practices that are scheduled to be scored during the following two quarters.

Payments will be made monthly or quarterly, as determined by the Payer in conjunction with the Blueprint Director, upon receipt of an invoice sent by the CHT administrative entity to each payer on the first of the month (if an invoice is required by the Payer). Invoices will be prospective, reflecting CHT payments for the current month or quarter. Changes in the amount of financial support due to scaling up or down of CHT capacity will be made quarterly; will be reflected in the January, April, July and October invoices (if applicable) and payments; and will not be retroactive. The Blueprint will provide reports to Payers and CHT administrative entities reflecting changes in patient numbers and CHT scaling prior to the first day of each quarter. The information for these reports will be based on data provided by CHT administrative entities to the Blueprint. The

## INTEGRATED HEALTH SERVICES PROGRAM

Blueprint will also provide Payers with a monthly NCQA scoring schedule, and quarterly reports reflecting the number of CHT staff hired and type of CHT services provided in each HSA.

TABLE 1: Projected CHT Patients, Staffing and Payments, July 2011 – June 2013

	Q1	Q2	Q3	Q4	Q5	Q6	Q7	Q8	Total
	Jul-11	Oct-11	Jan-12	Apr-12	Jul-12	Oct-12	Jan-13	Apr-13	24 Months July 2011 - June 2013
Patients	250,081	316,662	360,044	409,422	458,801	508,179	540,418	572,657	N.A.
Core CHT \$	\$1,094,104	\$1,385,396	\$1,575,193	\$1,791,221	\$2,007,254	\$2,223,283	\$2,364,329	\$2,505,374	\$14,946,155
DVHA	\$243,110	\$307,835	\$350,008	\$398,009	\$446,012	\$494,014	\$525,354	\$556,694	\$3,321,036
Medicare	\$243,110	\$307,835	\$350,008	\$398,009	\$446,012	\$494,014	\$525,354	\$556,694	\$3,321,036
BCBSVT	\$243,110	\$307,835	\$350,008	\$398,009	\$446,012	\$494,014	\$525,354	\$556,694	\$3,321,036
CIGNA	\$243,110	\$307,835	\$350,008	\$398,009	\$446,012	\$494,014	\$525,354	\$556,694	\$3,321,036
MVP	\$121,664	\$154,056	\$175,161	\$199,184	\$223,207	\$247,229	\$262,913	\$278,598	\$1,662,012

Payments related to the initiation of a new CHT will begin on the first day of the month after (or on which) Payers receive information from the Blueprint indicating that practices have received their scores from the Vermont Child Health Improvement Program (“VCHIP”) and/or achieved National Committee for Quality Assurance (“NCQA”) recognition and the CHT begins clinical operations. The amount of the payments will be based on the number of patients in Blueprint-participating practices, and, beginning on October 1, 2012, payers will make advance quarterly CHT payments for patients in practices scheduled to be scored within the next two quarters. For payers making quarterly CHT payments, payment amounts will be pro-rated if a CHT begins clinical operations after the start of the quarter. Changes in payments related to scaling up or down of CHT capacity will begin on the first day of the quarter after (or on which) the number of patients in Blueprint-participating practices changes. Beginning on October 1, 2012, payers will make advance quarterly CHT payments for patients in practices scheduled to be scored within the next two quarters.

CHTs under the same administrative entity within an HSA that are geographically dispersed throughout the HSA or otherwise segmented will be treated as a single CHT for payment purposes, regardless of the CHT’s capacity and the number of patients in Blueprint-participating practices. If there is more than one administrative entity in the HSA, the CHTs for each administrative entity will be treated as individual CHTs for payment purposes. In the event that there is more than one administrative entity, each practice in the HSA will be assigned to one CHT and one administrative entity; a practice will not be split between administrative entities and CHTs.

Beginning on October 1, 2012, if a practice that is scheduled to be scored does not achieve NCQA recognition as scheduled (due to either a postponement of the scoring date or failure to achieve recognition), the practice and the Blueprint Associate Director will develop an action plan with a clear timeline for achieving subsequent recognition.

The action plan must have the following 3 components:

1. Identification of the reason(s) for the practice not achieving NCQA PPC-PCMH recognition,

**INTEGRATED HEALTH SERVICES PROGRAM**

- 2. A clear plan for targeted improvement with identification of parties responsible for the steps to take, and
- 3. A clear timeline for targeted improvement.

The action plan will be developed within 30 days of receipt of the initial score from VCHIP or NCQA in the event of a failure to achieve recognition, or within 15 days of the decision to postpone the scoring date. If it is not developed within 30 or 15 days, CHT payments for that practice’s patients will end on the last day of the quarter in which the 30 day or 15 day time frame ends. If an action plan is developed, the additional CHT payments related to that practice’s patients will decline by 25% for each quarter after the quarter in which the 30 day time frame ends, until recognition is achieved.

This amendment consists of 4 pages. Except as modified by this amendment, all provisions of the Vermont Blueprint for Health Integrated Health Services Program Memorandum of Understanding dated July 1, 2011 shall remain unchanged and in full force and effect.

**Print Name:** \_\_\_\_\_

**Title:** \_\_\_\_\_

**Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Authorized Agent of the Blueprint for Health**

**Print Name:** \_\_\_\_\_

**Title:** \_\_\_\_\_

**Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Commissioner or Designee, Department of Vermont Health Access**

**Print Name:** \_\_\_\_\_

**Title:** \_\_\_\_\_

**Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Authorized Agent of Blue Cross Blue Shield of Vermont**

**Print Name:** \_\_\_\_\_

**Title:** \_\_\_\_\_

**Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Authorized Agent of Cigna Health Insurance**

**MEMORANDUM OF UNDERSTANDING  
INTEGRATED HEALTH SERVICES PROGRAM**

**Print Name:** \_\_\_\_\_

**Title:** \_\_\_\_\_

**Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Authorized Agent of MVP Health Care**