

Enhanced Reimbursement	Medicaid	CIGNA	MVP	BCBSVT (as of 05.04.2011)	Medicare
PPPM Payment Schedule	Monthly (there is a one month lag, e.g. – for PCMH effective date of January 1, first payments will be made in February). Cannot pay for partial month (e.g. – if insurers get scoring information with effective date of May 15, payment will start June 1 and be paid in July).	Every 6 months (May and November)	Monthly (there is a one month lag; e.g. -- for PCMH effective date of January 1, first payments will be made in February). Cannot pay for partial month (e.g. – if insurers get scoring information with effective date of May 15, payment will start June 1 and be paid in July).	Monthly. Payments will be generated on a monthly basis (there is a one month lag, i.e - for PCMH effective date of January 1, first payments will be made in February).	Monthly- for the current month. Payments for July 2011- Sept 2011 will be processed in October retroactively. Thereafter payments will be monthly. Service date will be 1st of the month.
PPPM Payment Method	Payment included in Direct Deposit/Check with their claims payments. Participant list included in the RA data.	Electronic, has been paid through hospital billing cycles	Check with secure e-mail of participants	<ul style="list-style-type: none"> EFT w/Secure e-Mail of Attribution Rpt (active members) OR Check w/Secure e-Mail of Attribution Rpt (active members) <i>Please note: EFT is the BCBSVT preferred payment method.</i>	Same as any other Medicare payment. May be electronic or paper.
PPPM Paid To	Practice	Practice	Practice	<ul style="list-style-type: none"> Independent/Group Practice: Payment sent directly to Practice Hospital Owned Practices: Payment sent directly to the Hospital 	Practice. To Tax ID and Group NPI provided on provider file.
Attribution Method	Paid Claims: Patients seen in the last 12 months with an E&M code and/or immunization claim. Part-year residents: Patients stay on roster if they have had a claims at a Blueprint practice during the past 12 months.	Paid Claims: Patients seen in the last 24 months (revolving?) with an E&M code or flu shot. Part-year residents: patients stay on roster unless they see another provider in Vermont who is not in a Blueprint practice.	<p>HMO members - Member selection of a PCP. Attribution is to the PCPs only, as non-physicians cannot be selected as PCPs. Members can see the midlevel providers, but the attribution is to the physicians only. Part-year residents: Patients stay on the roster if they don't change their PCP selection.</p> <p>PPO/EPO/Indemnity members - The look back period is a rolling 12 months and looks at paid claims in that time period. All CPT codes are included in the look back period. Attribution can be to a physician, PA, or NP. Part-year residents: Patients removed from roster if they see a PCP in another state or a PCP who isn't part of a Blueprint practice.</p>	<p>BCBSVT Managed Care Membership: Managed Care members are required to select a PCP.</p> <p>Network Primary Care Physician (PCP) selected to manage the member's care upon enrollment or upon filing of a Primary Care Physician change with BCBSVT.</p> <p>BCBSVT Non-Managed Membership:</p> <ul style="list-style-type: none"> The criteria consider professional claims for E&M services that are rendered in a physician's office or an outpatient facility by a physician with a PCP/Mid-Level (NPs/PAs) specialty for visits in the 24 months prior to the end of the reporting period. Our methodology prioritizes a member's providers using these criteria in this order: <ol style="list-style-type: none"> Only primary care physician seen Most frequently seen primary care physician by visits Most primary care services provided Most recently seen Greatest total payments There is the potential that not all members will be assigned to a PCP. <p><i>For example, if a member had no claims the member would have no primary care office visits and therefore, no PCP.</i></p> <p>-----</p> <p>Notes:</p> <ul style="list-style-type: none"> Part-year residents (Snow-birds): Attribution methodology is as outlined above. Age Restriction: There is no age restriction within the BCBSVT attribution algorithm. 	see attached.
Generation of Patient Lists	First patient list run when first payment issued; once per month, with one month lag.	Patient lists generated just prior to making PPPM payments; every six months.	Generated during first week of each month and typically available to be e-mailed by the second week of the month..	<p>Initial Membership Attribution Snap-Shot Report (for new practices enrolling in the Blueprint):</p> <ul style="list-style-type: none"> When physician roster is received from Blueprint, BCBSVT completes a full demographic reconciliation against our system. If demographics don't align BCBSVT's Provider Relations staff work directly with practices and/or project managers to address differences. The reconciliation process can take approximately 2 – 3 weeks to complete. Once roster reconciliation is complete BCBSVT generates the initial membership attribution snap-shot report. This can take approximately 2 – 3 weeks to produce. <p>Monthly Membership Attribution Report (for "active" Blueprint practices): BCBSVT generates and provides monthly membership attribution reports. These are distributed with the monthly payment .</p>	CMS will run quarterly and provide to practices and states. Method of distribution not yet determined and will require individual data use agreements with all practices. We will do a test run in the summer and respond to all questions/concerns, but no formal reconciliation process is anticipated on an ongoing basis. Questions about patients assigned/not assigned can be submitted to CMS for research. On an ongoing basis, assignment will be quarterly and completed in the month prior to the beginning of the quarter. Assignment for community health teams will be a summary of the assignment lists for their associated practices.
Community Health Team	Medicaid	CIGNA	MVP	BCBSVT (as of 05.04.2011)	Medicare
Payment Schedule	Quarterly	Quarterly	Quarterly with an invoice.	<ul style="list-style-type: none"> BCBSVT administers CHT funding/payments via a monthly PMPM based on practice site membership (there is a one month lag, i.e - for CHT effective date of January 1, first payments will be made in February). Payment for the CHT is sent directly to the Administrative Entity. If Administrative Entity is the Hospital and the hospital has hospital-owned PCMH practices in the Blueprint, both payments are sent directly to the Hospital. Both payments are clearly delineated by a fund type (BP = PCMH and CT = CHT). <p><i>Please note: No invoice is required.</i></p>	same as practice
Payment Method	Check	Check	Check	<ul style="list-style-type: none"> EFT w/Secure e-mail of Summary Attribution Rpt w/active membership totals by practice. <p><i>Please note: No membership detail is provided.</i></p>	Like a Medicare claim to Part B number provided
Paid to:	Administrative entity	Administrative entity	Administrative entity	Administrative Entity	Entity on provider file and Part B number provided
Invoice sent to:	Lisa Dulsky Watkins Department of Vermont Health Access 312 Hurricane Lane Williston, VT 05495	CIGNA HealthCare ATTN: Don Curry 2 College Park Drive Hookset, NH 03106	Lou McLaren Contracts Manager MVP Health Care 66 Knight Lane, Suite 10 Williston, VT 05495	Not Applicable	Not Applicable

Contacts	Medicaid	CIGNA	MVP	BCBSVT (as of 05.04.11) <i>Please note: When sending an e-Mail question please direct it to both, Scott & Carol -- and CC: Amy & Pam.</i>	Medicare
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