

## **Blueprint for Health Payment Implementation Work Group Meeting**

**October 8, 2012, 1:00 to 3:00 PM**

**Large Conference Room, DVHA, 312 Hurricane Lane, Williston, VT**

**Present:** Scott Frey and Pam Biron, BCBSVT; Kevin Ciechon and Marcie Hawkins, Cigna HealthCare; Chrissie Racicot and Jackie Graham, HP/Medicaid; Lou McLaren, MVP Health Care; Monika Moran, Barre HSA; Dana Noble, Bennington HSA; Beth Steckel, Rita Pellerin, Burlington HSA; Karla Wilson, Upper Valley HSA; Michelle Patterson, Middlebury HSA; David Brace, Morrisville HSA; Julie Riffon, Newport HSA; LaRae Francis, Randolph HSA; Sarah Narkewicz, Rutland HSA; Candace Collins, St. Albans HSA; Loral Ruggles, St. Johnsbury HSA; Kaylie Chaffee, Springfield HSA; Jill Lord and Gail McKenzie, Windsor HSA; Pat Jones and Beth Tanzman, Blueprint

### **Goals of meeting:**

- Identify practice information needs, and what currently occurs for practice orientation.
- Identify potential mechanisms for training (e.g. - webinar, training manual, in-person visits, BCBSVT provider portal)
- Identify roles of Blueprint staff, insurer staff, project managers, others (including practice staff).
- Outline content for training (e.g. - common elements across payers, payer-specific elements, tools such as payment methodology grid, other)

### **Need for Blueprint payment implementation training for practices:**

- Practices want to know what to expect in terms of payment amounts, information needs, timing of payments, and payment mechanisms.
- Proactive communication strategy, rather than always reacting to ad-hoc questions.
- Want to establish lines of communication between practices, Blueprint staff and insurers who have expertise in payment implementation – takes project managers out of the middle for more detailed questions.

### **Practice information needs**

- Practices have questions about timing (start date and frequency), amounts, attribution lists (timeframe, exclusions), how funding is received, self-funded accounts, importance of keeping rosters up to date, PPPM amounts, add-on and rescore payment change timing, CHT mechanism vs. PPPM mechanism, degree that they are involved in providing information. There was a suggestion to split the CHT information on the Blueprint's payment methodology grid from the PPPM information to reduce confusion for practice (since they don't receive the CHT payments).

### **Description of project manager and insurer practice orientation activities:**

- Dana Noble reported that she sends payment implementation documents to practices, fields questions, and refers questions to payers. She does not think that practices review the attribution lists because it takes too much time. She finds the payers very responsive.

- Candace Collins noted that there is often about a 3 month lag between when practices are recognized and when the questions start coming. She indicated that the Medicaid RA can be challenging because it doesn't include patient names.
- Beth Steckel provides practices with an upfront overview of the process, links to materials, and references. She also fields questions and refers them to payers and the Blueprint as needed. She noted that each clinic is unique and that the optimal timing for education is different for everyone. It was mentioned that because facilitators are in the clinics, they might be able to identify when the timing would be good for educating practices on payment implementation.
- Laural Ruggles said that she handles the RAs as they come in from the payers, and fields questions from practices.
- Michelle Patterson reported that she finds it challenging for practices when all payments are aggregated under the parent organization, although it helps when it is possible to sort by NPI.
- Rita Pellerin agreed that NPI-level detail helps.
- Sarah Narkewicz has worked with the Rutland area FQHC organization to explain payment implementation, and is now working with the first independent practice in her area. She has provided resources and had Pat visit the practices to explain the details of payment.
- There was brief discussion regarding Medicaid RAs, adding up MVP payments, and the timing of Cigna payments. Kevin noted that Cigna's payment PPPM methods are changing in 2013. Chrissie described the possibility and limitations of changing the Medicaid RAs.
- BCBSVT provides practices with FAQs (including information from the payment methodology grid, and inclusions and exclusions in the attribution processes), changes to payment processes, links to Blueprint resources, differences in paying by check or electronic funds transfer, snapshot attribution reports, and other resources. The BCBSVT provider rep contacts the practice if there are issues with the roster.
- Cigna and MVP also reach out to practices; the Medicaid provider manual includes Blueprint payment information. Lou asked whether practices should get an attribution summary only, with patient lists provided on request.

#### **Training mechanisms:**

- Ideas included developing quarterly or monthly webinars for new and existing practices, a resource guide, a training manual, payer portals for providers, on-line tutorials, links to examples of payer reports and RAs with reason codes for payments, and communications providing updates. Webinars would be good for an overview, but a welcome package in conjunction with webinars, rosters and other data collection tools, and a quarterly communication reminding practices of the need for updating practice demographics and rosters could be helpful.

#### **Discussion of Roles in Payment Implementation:**

- Blueprint staff – overview of payment reforms, financial management issues, develop e-mail/welcome package one month in advance that project managers can forward to practices.

- Insurer staff contacts for practices – Lou for MVP, provider reps and Pam if needed for BCBSVT, Jackie for Medicaid/HP, Kevin and Marcie for Cigna.
- Project managers can identify practice staff for payment implementation and education, serve as a resource for practices, and participate in webinars.
- Practice staff can serve as resource, and participate in webinars

**Content for webinars or other training mechanisms:**

- General overview of Blueprint
- Payment reforms
- Timing of payments
- How are payments received
- Distribution of panel lists
- Tools/job aids
- Payer-specific information
- Time for questions
- Payer contacts
- Project manager contacts
- One hour or less; noontime; record and post on website.