

**Payment Implementation Work Group Minutes
June 6, 2012**

Attendees: Pam Biron, Scott Frey, Amy James, Carol Cowan, BCBSVT; Kevin Ciechon, CIGNA; Chrissie Racicot, HP-Medicaid; Susan Gretkowski, Lou McLaren, MVP; Allan Ramsay, MD, Green Mountain Care Board; Laura Hubbell, CVMC; Wendy Cornwell, BMH; Penrose Jackson, Fiona Daigle, FAHC; Karla Wilson, Little Rivers Health Centers; Jean Cotner, Michelle Patterson, Porter Hospital; Darcy Bohannon, Community Health Services of Lamoille Valley; Chris Fortin, North Country Hospital; LaRae Francis, Gifford Hospital; Sarah Narkewicz, Marie Gilmond, RRMCM; Candace Collins, NMC; Laural Ruggles, NVRH; Renee Kilroy, NCHC; Nancy Thibodeau, Kaylie Chaffee, Springfield Hospital; Pat Jones, Terri Price, Jenney Samuelson, Blueprint

Topic	Discussion	Follow-up
Welcome & Introductions	Pat welcomed everyone to the meeting. Nancy Thibodeau from Springfield introduced the new project manager, Kaylie Chaffee, who is joining the workgroup.	
Attribution & Payment Questions for Insurers	<p>Insurers provided information on how they approach attribution when providers go on sabbatical, serve in locums tenens capacity, or leave a practice, and when practices merge. Pat reviewed a spreadsheet summarizing the insurer responses. The most extensive discussion occurred around providers serving as locums tenens. Lou McLaren from MVP said that attribution for locums tenens could get tricky if they are used for a long time. Jean Cotner suggested that they should be included. Because of the challenges of recruiting, locums can be used for a long time; practices would not always be able to provide care to their patients without them. These providers go through the insurer credentialing process. Wendy Cornwell indicated that Brattleboro also has used a locum for an extended period of time. The group agreed to include a more in-depth discussion of this topic on a future meeting agenda.</p> <p>When providers leave a practice and begin working at a new practice, the start and end dates on the payment rosters should not be the same – if the dates are the same, it generates error messages in the Medicare provider file. For example, if Dr Smith leaves Practice A on May 31, Dr. Smith’s start date for Practice B needs to be June 1 or later.</p> <p>Pat asked project managers to ensure that practices complete the percent FTE for each provider on the payment rosters. If a provider practices at more than one site, s/he needs to be “anchored” to one practice for some payers. The amount of FTE assists in determining this.</p>	Add agenda item to next meeting to allow for more in-depth discussion on attribution when a provider serves in locum tenens capacity.
Total Unique Patients	The Total Unique Patients reports are intended to capture Vermont residents only. For validation purposes, Project Managers should compare the current quarter’s numbers with the prior quarter’s	Pat will send requests for TUP

<p>Reports for CHT funding</p>	<p>numbers prior to sending the reports to Pat. Pat will do the same thing to see if there are any major changes, and will contact the Project Managers with any questions.</p> <p>Pam Biron from BCBSVT agreed that validation is important. Once the insurer receives the information about CHT funding, they compile it and send it to their Finance Department for payment. The information that is sent to Finance needs to be as accurate as possible.</p> <p>Lou McLaren from MVP noted that she is working with the Accounts Payable Department. It appears that MVP might not require invoices in the future.</p> <p>Pat asked if Project Managers need more time to obtain the Total Unique Patients reports. Laural Ruggles observed that if physicians or other practice staff members are on vacation, the current time frame can be quite tight. Pat will begin sending the request for these reports one month in advance.</p>	<p>reports 1 month in advance.</p>
<p>CMS Update</p>	<p>CMS is in the middle of running attributions for the July-September quarter. Lists of attributed patients, as well as beneficiary utilization reports, are currently being posted on the CMS web portal. There is also the web training and an FAQ document on the website. Practices from other states have found the information to be useful.</p> <p>Pat asked if project managers had experienced or heard of any issues with using the web portal. Laural said that she either couldn't log in or if she could log in, she was getting a "fatal error" message. She has been pasting the error message into an email message and sending it along to the CMS contractor. Wendy from Brattleboro noted that she has been able to view one practice, but not the other. Pat thanked project managers for their patience with the web portal. There have been a few snags with obtaining permissions for practices to view their information, but most practices should be in good shape at this point. Other states that have viewed them are appreciative as it helps them to know what is ahead of them.</p>	<p>Pat will follow up with CMS on remaining web portal access issues.</p>
<p>Next Meeting</p>	<p style="text-align: center;">July 11, 2012 1:00 – 2:00pm Conference call Dial in-1-888-394-8197 PIN: 313409</p>	<p>Agenda item: Attribution for locums tenens providers.</p>