

Enhanced Reimbursement (PPPM Payments)	Medicaid	CIGNA	MVP	BCBSVT (01.30.13)	Medicare
<b>PPPM Payment Method</b>	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. Patient list sent separately via secure e-mail.	<ul style="list-style-type: none"> <li>EFT w/Secure e-Mail of Attribution Report (active members) <b>OR</b></li> <li>Check w/Secure e-Mail of Attribution Report (active members)</li> </ul> <p><b>Please Note:</b> EFT is the BCBSVT preferred payment method.</p>	Same as any other Medicare payment. May be electronic or paper.
<b>PPPM Payment Schedule</b>	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 (July and January); planning to change to quarterly in April 2013.	Quarterly; payment will be sent by the 15th of the second month of the quarter (February 15th, May 15th, August 15th, and November 15th).	Monthly; payments will be generated on a monthly basis (there is a one month lag, e.g. – for PCMH effective date of January 1, first payments will be made in February).	Monthly- for the current month. Service date will be 1st of the month.
<b>PPPM Paid To</b>	Practice	Practice	Practice	<ul style="list-style-type: none"> <li><b>Independent/Group Practice:</b> Payment sent directly to Practice</li> <li><b>Hospital Owned Practices:</b> Payment sent directly to the Hospital.</li> </ul> <p><b>BCBSVT Managed Care Membership:</b>            Managed Care members are required to select a Network Primary Care Physician (PCP). Members are attributed to the PCP selected to manage their care upon enrollment, or to the PCP selected when filing a PCP change with BCBSVT.</p> <p><b>BCBSVT Non-Managed Membership:</b></p> <ul style="list-style-type: none"> <li>The criteria consider professional claims for select E&amp;M services (see attached list of codes) 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.</li> <li>Our methodology prioritizes a member's providers using these criteria in this order:               <ol style="list-style-type: none"> <li>1. Only primary care physician seen</li> <li>2. Most frequently seen primary care physician by visits</li> <li>3. Most primary care services provided</li> <li>4. Most recently seen</li> <li>5. Greatest total payments</li> </ol> </li> <li>There is the potential that not all members will be assigned to a PCP. For example, if a member had no claims the member would have no primary care office visits and therefore, no PCP.</li> </ul> <p>Notes:            • <b>Part-year residents (Snow-birds):</b> Attribution methodology is as outlined above.            • <b>Age Restriction:</b> There is no age restriction within the BCBSVT attribution algorithm.</p>	Practice. To Tax ID and Group NPI provided on provider file.
<b>Attribution Method (to determine for which patients PPPM payment is to be made)</b>	Paid Claims: Patients seen in the last 24 months with identified E&M codes (see attached list of codes): Patients stay on roster if they have had one or more claims at a Blueprint practice during the past 24 months.	Paid Claims: Patients seen in the last 24 months with identified E&M codes (see attached list of codes). Part-year residents: patients stay on roster unless they see another provider in Vermont who is not in a Blueprint practice.	<p><b>HMO members</b> - Member selection of a PCP. Attribution is to physician 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 roster unless they change their PCP selection.</p> <p><b>PPO/EPO/Indemnity members</b> - Patients seen in the last 24 months with identified E&amp;M codes (see attached list of codes). Attribution can be to a physician, PA, or NP. Part-year residents: Patients stay on roster unless they see a PCP in another state or a PCP who isn't part of a Blueprint practice.</p>	<p><b>BCBSVT Managed Care Membership:</b>            Managed Care members are required to select a Network Primary Care Physician (PCP). Members are attributed to the PCP selected to manage their care upon enrollment, or to the PCP selected when filing a PCP change with BCBSVT.</p> <p><b>BCBSVT Non-Managed Membership:</b></p> <ul style="list-style-type: none"> <li>The criteria consider professional claims for select E&amp;M services (see attached list of codes) 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.</li> <li>Our methodology prioritizes a member's providers using these criteria in this order:               <ol style="list-style-type: none"> <li>1. Only primary care physician seen</li> <li>2. Most frequently seen primary care physician by visits</li> <li>3. Most primary care services provided</li> <li>4. Most recently seen</li> <li>5. Greatest total payments</li> </ol> </li> <li>There is the potential that not all members will be assigned to a PCP. For example, if a member had no claims the member would have no primary care office visits and therefore, no PCP.</li> </ul> <p>Notes:            • <b>Part-year residents (Snow-birds):</b> Attribution methodology is as outlined above.            • <b>Age Restriction:</b> There is no age restriction within the BCBSVT attribution algorithm.</p>	Patients seen in the last 24 months with CMS-identified E&M codes.
<b>Attribution Schedule</b>	Monthly.	Every 6 months; planning to change to quarterly in April 2013.	Quarterly; attribution will be run prior to the 15th of the second month in the quarter.	Monthly.	Quarterly.
<b>Generation of Attribution Patient Lists</b>	First patient list run when first payment issued; thereafter, patient lists are generated once per month, with one month lag. Patient lists are embedded within the remittance payment for the PMPM payments; the list of patients is not separately generated.	Patient lists are generated every six months, just prior to making PPPM payments. Lists of patients and provider groups are e-mailed to Blueprint project managers. Will change to quarterly in April 2013.	Patient lists are generated quarterly, prior to the 15th of the second month of the quarter and prior to quarterly PPPM payments being sent. The lists are sent to the practices via secure email.	<p>Patient lists are generated monthly.</p> <p><b>Initial Membership Attribution Snap-Shot Report (for new practices enrolling in the Blueprint):</b></p> <ul style="list-style-type: none"> <li>When physician roster is received from Blueprint, BCBSVT completes a full demographic reconciliation against our system.</li> <li>If demographics don't align, BCBSVT's Provider Relations staff work directly with practices and/or project managers to address differences.</li> <li>The reconciliation process can take approximately 2 – 3 weeks to complete.</li> <li>Once roster reconciliation is complete, BCBSVT generates the initial membership attribution snap-shot report. This can take approximately 2 – 3 weeks to produce.</li> </ul> <p><b>Monthly Membership Attribution Report (for "active" Blueprint practices):</b> BCBSVT generates and provides monthly membership attribution reports. These are distributed with the monthly payment .</p>	CMS will run attribution patient lists quarterly; they will be completed in the month prior to the beginning of the quarter. CMS will provide the lists to the practices via a secure web portal if the practices have signed individual data use agreements with CMS and business associate agreements with the state. CMS will respond to 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. Assignment for community health team payments will be a summary of the assignment lists for the CHTs' associated practices.
<b>Contacts</b>	<b>Medicaid</b>	<b>CIGNA</b>	<b>MVP</b>	<b>BCBSVT (01.30.2013)</b>  <b>Please Note: When sending an e-mail inquiry please direct it to both Scott &amp; Carol -- and CC: Lynn &amp; Pam.</b>	<b>Medicare</b>
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