



State of Vermont
Agency of Human Services
Office of the Secretary
280 State Drive
Waterbury, VT 05671
www.humanservices.vermont.gov

[phone] 802-241-0440
[fax] 802-241-0450

Jenney Samuelson, *Interim Secretary*
Todd Daloz, *Interim Deputy Secretary*

March 25, 2022

Dear Chair Lippert and Members of the House Committee on Health Care,

Thank you for your invitation to the Blueprint for Health team. Below is a detailed summary of reimbursement dollar amounts in the program.

Blueprint's Patient-Centered Medical Home (PCMH) per-member-per-month (PMPM) payments originally ranged from \$1.20 PMPM to \$2.49 PMPM. Currently, Blueprint PCMH practices are eligible for a \$3.00 PMPM base payment from Commercial insurers and \$4.65 from Medicaid. In addition, practices can receive a performance payment between \$0.00 and \$0.50 PMPM, based on the latest available statewide PCMH performance data. These PCMH payments are in addition to the normal fee-for-service payments that practices receive through claims for standard primary care services. The Blueprint PCMH payments were intended to cover the costs of the primary care practice achieving and maintaining National Committee for Quality Assurance (NCQA) recognition for operating a medical home and providing enhanced primary care services (involving greater levels of preventative care and care coordination), plus provide a small financial incentive for participation.

Blueprint's Women's Health Initiative (WHI) per-member-per-month (PMPM) payments were originally designed to be \$1.25 from Medicaid for a practice's first year of participation, with a reduction to a base PMPM of \$1.00 after the first year with a possible \$0.25 performance payment in addition. This performance payment has not yet been implemented so the rates for all practices have stayed at \$1.25. The PMPM is designed to provide additional funds for implementing the Women's Health Initiative in each practice. Both PCMHs and women's specialty practices are eligible for monthly PMPM payments.

Practices that participate in the Blueprint Spoke program are eligible for Community Health Team (CHT) payments from Medicaid. Spoke payments are based on the average monthly number of unique patients in each Health Service Area (HSA) for whom Medicaid paid a Buprenorphine or Vivitrol pharmacy claim during the most recent three-month period. For every 100 patients the Blueprint provides funding for 1 FTE RN Care Manager (\$85,000) and 1 FTE Clinician Case manager (\$55,000) in addition to fringe benefits (\$49,000) and operating costs (\$7,500). This results in a PMPM of \$163.75. The patient counts for each Health Service Area (HSA) are calculated quarterly and the Blueprint provides Medicaid with that calculation. The Hubs are administered by ADAP, and do not receive any funding from the Blueprint.

The Blueprint for Health historically administered a variety of Self-Management programming. However, as of October 1, 2021, VDH is now providing day-to-day administration of the Self-Management programming while working closely with the Blueprint central office. This fits well with the work on Hypertension and Diabetes Prevention at VDH and streamlines this work with the field. Funding for Self-Management programs flows through an MOU between the Department of Vermont Health Access and the Vermont Department of Health, in the amount of \$664,163 annually. There is no per member per month payment associated with the Self-Management programs.

I hope that you and the committee found this explanation clear and informative. Please do not hesitate to contact me with any other questions.

Sincerely,

A handwritten signature in black ink that reads "John M. Saroyan M.D." in a cursive style.

John M. Saroyan, MD (*hel/his*)

Executive Director

Blueprint for Health

Agency of Human Services

NOB 1 South

280 State Drive

Waterbury, VT 05671-4020