

VT Health Care Innovation Project
Payment Models Work Group Meeting Minutes
Pending Work Group Approval
Monday, December 1, 2014 2:00 PM – 4:30 PM.
DVHA Large Conference Room, 312 Hurricane Lane, Williston, VT
Call in option: 1-877-273-4202
Conference Room: 2252454

Item #	Notes	Next Steps
1	Kara Suter called the meeting to order at 2:01pm, announcing that Steve Rauh has resigned his co-chairship, and that Anya Rader-Wallack and Georgia Maheras are recruiting for a replacement. Joelle Judge called the roll. There was not a quorum to approve the minutes of the November meeting.	
2	<p>Kara Suter presented attachment 2. Alicia Cooper summarized the comments received from members of both the PMWG and QPM workgroups regarding the Year 2 Medicaid SSP Gate & Ladder methodology. Discussion in the QPM workgroup on targets and benchmarks for Year 2 Payment measures will continue during their December 22nd meeting. After QPM makes recommendations about targets and benchmarks, a proposal regarding the Year 2 Medicaid SSP Gate & Ladder methodology will be shared with this workgroup, hopefully during the January 16th meeting.</p> <ul style="list-style-type: none"> • Abe Berman had a question about the process. Kara and Alicia clarified that QPM will be focusing on Targets & Benchmarks, while PMWG will be focusing on the Gate & Ladder methodology to link performance on Payment measures to shared savings eligibility. Any recommendations developed by PMWG regarding the Medicaid Gate & Ladder methodology for Year 2 will then be considered by the Steering Committee and Core Team. Once at the Core Team level, any approved Yr 2 changes will be added to the Yr 2 VMSSP contract amendment and be incorporated into current methodology 	
3	<p>Richard Slusky commented that there were discussions with the ACOs and payers, and a recommendation was made that there be no change made in Yr 2 for the Gate & Ladder methodology for the commercial SSP. The gate is already higher for commercial than Medicaid at 55%, and they feel this is still appropriate – especially as there is no data available yet.</p> <ul style="list-style-type: none"> • Julie Wasserman asked about the definition for meaningful improvement. Richard said they have not looked at this yet as it will not be an issue until 2016. • Kara Suter said that comments on this topic are still welcome. Comments may be submitted 	

through the close of business on Monday, December 8th ..

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Kara Suter introduced Chris Tompkins and Cindy Thomas from Brandeis. Suggested reading through the memo on own as presentation today will not hit on all of the specifics the memo does. Chris Tompkins presented on attachment 4B, the following were comments or questions from the presentation and memo:

- Heather Bushey asked what was in a PAC and if there was anything sent out to answer that. Will provide the HCl3 web link to workgroup to look through as each episode is different. Table C provides the PAC for each episode: <http://www.hci3.org/content/ecrs-and-definitions>
- Richard Slusky asked about how to read slide 6. Chris Tompkins responded that variation increases from left to right.
- Kara Suter clarified that pregnancy episode includes both vaginal delivery and delivery by C-section, along with prenatal services during pregnancy (while the vaginal delivery episode and the C-section episode include only the delivery event).
- Richard Slusky asked if any cost for pregnancy included child, or just mother. Kara Suter did not believe a child was included in calculations. Chris Tompkins suggested there might be a child involved with total cost of a pregnancy. Michael Bailit said other states are starting to include the child, but this data does not appear to include the child.
- Bard Hill asked if Richard Slusky felt the child should be included or not – Richard felt it made sense to include a child in the calculation of PAC
- Cecelia Wu asked how hypertension is defined. It is a condition, triggered by a diagnosis, and all relevant services are included for a 12 month period. High variation in hypertension is often associated with other illnesses and health issues that come from this disease and patients are going to vary dramatically. Also important to note this data is not risk adjusted for severity.
- Richard Slusky asked if a patient is diagnosed with hypertension but has a stroke, which one will the patient costs be associated to? Kara Suter responded that the cost would likely be under both episodes. Chris Tompkins further explained that it can be all rolled into hypertension if using the highest level of inclusion.
- Susan Aranoff asked how to count chronic conditions, especially if it started before data was collected? A calendar year is used for EOC purposes.
- Cindy Thomas asked why the scale is different from Commercial and Medicaid. Commercial

	<p>payments vary in cost, whereas Medicaid has a set cost – makes sense for a difference in scale.</p> <ul style="list-style-type: none"> • Cindy Thomas asked about identifying absolute dollars – this would have to be pulled from the tableau files or is found in data book previously distributed. 	
5	<p>Kara Suter presented on attachment 5, and suggested the formation of an EOC sub-group to continue this work in more detail. The following were comments or questions on the presentation.</p> <ul style="list-style-type: none"> • Chris Tompkins clarified that HCl3 data does have risk adjustment model in place if chosen • Richard Slusky commented that most interest will likely come from the providers, they will want to more fully understand the potential of this information and have detail for specific episodes. This sub-group will be led by staff to drill down on existing questions with sub-group members. Staff will start analytic work, with RFP to continue and expand on work done by sub-group. Much of the specific information on episodes is in the Tableau files that the staff has access to. • Bard Hill asked if Medicare will also be included in this advancement of work, as it might be beneficial to have the full spectrum of patients to analyze. Kara Suter replied that this level of detail is something that the sub-group will work on, and make recommendations on – possibly down to payer level. • Purpose of Episodes in going forward? Kara Suter responded that this will most likely inform peer to peer learning and care delivery transformation instead of a new payment model construct at this time. • Comments and recommendations to Amanda.ciecior@state.vt.us by December 15 	
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7	<p>January’s meeting will approve previous two months of PMWG meeting minutes.</p>	<p>Next Meeting: Friday, January 16, 2015 DVHA Large Conference Rm 312 Hurricane Lane, Williston</p>

VHCIP PM Work Group Participant List

Attendance:

12/1/2014

C	Chair
IC	Interim Chair
M	Member
MA	Member Alternate
A	Assistant
S	Staff/Consultant
X	Interested Party

First Name	Last Name		Organization	Pymt Models
April	Allen		AHS - DCF	X
Susan	Aranoff	x	AHS-DAIL	X
Carmone	Austin		MVP Health Care	M
Ena	Backus		GMCB	X
Melissa	Bailey		VT care partners / VT care network	X
Michael	Bailit		SOV Consultant - Bailit-Health Purchasing	X
Susan	Barrett		GMCB	X
Anna	Bassford		GMCB	A
Abe	Berman	Phone	OneCare Vermont	X
Susan	Besio		SOV Consultant - Pacific Health Policy Group	X
Martha	Buck		Vermont Association of Hospital and Health Systems	A
Heather	Bushey	v None	Planned Parenthood of Northern New England	M
Gisele	Carbonneau		HealthFirst	A
Amanda	Ciecior		AHS - DVHA	S
Lori	Collins		AHS - DVHA	X
Amy	Coonrad		AHS - DVHA	X
Alicia	Cooper		AHS - DVHA	S
Michael	Counter		Visiting Nurse Association & Hospice of VT & NH	X
Diane	Cummings	v ✓	AHS - Central Office	M
Michael	Curtis	✓	Washington County Mental Health Services Inc.	M
Danielle	DeLong		AHS - DVHA	X

Mike	DelTrecco	<i>None</i>	Vermont Association of Hospital and Health Systems	M
Michael	Donofrio		GMCB	X
Kathleen	Fish		MVP Health Care	X
Katie	Fitzpatrick		Bi-State Primary Care	A
Erin	Flynn	<i>[Signature]</i>	AHS - DVHA	S
Catherine	Fulton	<i>[Signature]</i>	Vermont Program for Quality in Health Care	M
Joyce	Gallimore	<i>[Signature]</i>	Bi-State Primary Care/CHAC	MA/M
Lucie	Garand		Downs Rachlin Martin PLLC	X
Andrew	Garland		MVP Health Care	X
Christine	Geiler		GMCB	S
Don	George		Blue Cross Blue Shield of Vermont	C
Carrie	Germaine		AHS - DVHA	X
Jim	Giffin		AHS - Central Office	X
Al	Gobeille		GMCB	X
Bea	Grause		Vermont Association of Hospital and Health Systems	MA
Lynn	Guillett		Dartmouth Hitchcock	M
Mike	Hall		Champlain Valley Area Agency on Aging	M
Heidi	Hall		AHS - DMH	M
Janie	Hall		OneCare Vermont	A
Thomas	Hall		Consumer Representative	M
Bryan	Hallett		GMCB	X
Paul	Harrington		Vermont Medical Society	M
Carrie	Hathaway		AHS - DVHA	X
Carolynn	Hatin		AHS - Central Office - IFS	X
Erik	Hemmett		Vermont Chiropractic Association	X
Selina	Hickman		AHS - DVHA	X
Bard	Hill	<i>[Signature]</i>	AHS - DAIL	M
Churchill	Hindes		OneCare Vermont	X
Con	Hogan		GMCB	X
Nancy	Hogue		AHS - DVHA	X

Craig	Jones	✓	AHS - DVHA - Blueprint	MA
Pat	Jones		GMCB	MA
Joelle	Judge		UMASS	S
Kevin	Kelley		CHSLV	X
Melissa	Kelly		MVP Health Care	X
Sarah	King		Rutland Area Visiting Nurse Association & Hospice	M
Kelly	Lange	✓	Blue Cross Blue Shield of Vermont	M
Georgia	Maheras	✓	AOA	S
Mike	Maslack			X
John	Matulis			X
James	Mauro		Blue Cross Blue Shield of Vermont	MA
Alexa	McGrath		Blue Cross Blue Shield of Vermont	A
Sandy	McGuire	<i>Phone</i>	HowardCenter for Mental Health	M
Todd	Moore		OneCare Vermont	M
Jessica	Oski		Vermont Chiropractic Association	MA
Annie	Paumgarten	<i>Anne Paumgarten</i>	GMCB	X
Tom	Pitts		Northern Counties Health Care	M
Luann	Poirer	<i>Luann Poirer</i>	AHS - DVHA	X
Paul	Reiss		Accountable Care Coalition of the Green Mountains	M
Lila	Richardson	<i>Phone</i>	VLA/Health Care Advocate Project	M
Howard	Schapiro		University of Vermont Medical Group Practice	M
Ken	Schatz		AHS - DCF	X
Rachel	Seelig	✓	VLA/Senior Citizens Law Project	MA
Julia	Shaw	✓	VLA/Health Care Advocate Project	M
Tom	Simpatico		AHS - DVHA	X
Ted	Sirota		Northwestern Medical Center	M
Richard	Slusky		GMCB	S/M
Jeremy	Ste. Marie		Vermont Chiropractic Association	M
Kara	Suter	<i>KSF</i>	AHS - DVHA	S/M
Beth	Tanzman		AHS - DVHA - Blueprint	X

Anya	Wallack		SIM Core Team Chair	X
Marlys	Waller	<i>12/1/2011</i>	Vermont Council of Developmental and Mental Health Services	X
Julie	Wasserman	<i>W</i>	AHS - Central Office	X
Spenser	Weppler	<i>SW</i>	GMCB	S
Kendall	West			X
Bradley	Wilhelm		AHS - DVHA	X
Sharon	Winn		Bi-State Primary Care	M
Cecelia	Wu	<i>[Signature]</i>	AHS - DVHA	X
Erin	Zink		MVP Health Care	X
Marie	Zura		HowardCenter for Mental Health	MA
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James Westrich *[Signature]* AHS-DVHA X
Sean Skafelstad ✓
Chris Tompkins ✓ AHS Branders

VHCIP PM Work Group Member List

Roll Call: 12/1/2014

** Did not have a quorum = no vote*

Member		Member Alternate		Minutes		Organization
First Name	Last Name	First Name	Last Name			
Carmone	Austin					MVP Health Care
Heather	Bushey ✓					Planned Parenthood of Northern New England
Diane	Cummings ✓					AHS - Central Office
Michael	Curtis					Washington County Mental Health Services Inc.
Mike	DeTrecco ✓	Bea	Grause			Vermont Association of Hospital and Health Systems
Catherine	Fulton ✓					Vermont Program for Quality in Health Care
Joyce	Gallimore ✓					CHAC
Lynn	Guillett					Dartmouth Hitchcock
Heidi	Hall					AHS - DMH
Mike	Hall					Champlain Valley Area Agency on Aging
Thomas	Hall					Consumer Representative
Paul	Harrington					Vermont Medical Society
Bard	Hill ✓					AHS - DAIL
Sarah	King					Rutland Area Visiting Nurse Association & Hospice
Kelly	Lange	James	Mauro			Blue Cross Blue Shield of Vermont
Sandy	McGuire ✓	Marie	Zura			HowardCenter for Mental Health

Todd	Moore				OneCare Vermont
Tom	Pitts				Northern Counties Health Care
Paul	Reiss				Accountable Care Coalition of the Green Mountains
Lila	Richardson ✓	Rachel	Seelig		VLA/Health Care Advocate Project
Howard	Schapiro ✓				University of Vermont Medical Group Practice
Julia	Shaw ✓				VLA/Health Care Advocate Project
Ted	Sirota				Northwestern Medical Center
Richard	Slusky ✓	Pat	Jones ✓		GMCB
Jeremy	Ste. Marie	Jessica	Oski		Vermont Chiropractic Association
Kara	Suter ✓	Craig	Jones		AHS - DVHA
Sharon	Winn	Joyce	Gallimore		Bi-State Primary Care
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