

<b>Subcommittee Name: <i>VHIE Claims Pilot Subcommittee</i></b> [Health Information Exchange (HIE) Steering Committee]	<b>Committee Chair:</b> N/A
<b>Meeting Agenda:</b> 1. Review New Use Cases: Medicaid Payment Reform 2. Next Steps	<b>Mtg. Facilitator:</b> Emily Richards <b>Mtg. Recorder:</b> Mahesh ThopaSridharan <b>Where:</b> Virtual Meeting <hr/> Conference Room: none <hr/> <b>Date:</b> April 16, 2021 <b>Time:</b> 2:00pm – 3:00pm
<input type="checkbox"/> <b>May contain Confidential/Exempt information</b>	<b>Teams Meeting Information:</b> +1 802-552-8456,,504634126#

Attendees ( <b>Present Bold</b> )			
Name, Organization	Role	Name	Role
<b>Lisa Schilling</b> , DVHA, AHS	Medicaid Claims and Payer Operations SME	<b>Tim Tremblay</b> , Health Care Reform, AHS	Blueprint for Health SME
Ena Backus, Health Care Reform, AHS	Health Care Reform SME	<b>Katie Muir</b> , OneCare Vermont	ACO SME
<b>Sarah Lindberg</b> , Green Mountain Care Board	Claims Management/All- Payer Claims Database SME; Data Governance SME	<b>Carolyn Stone</b> , VITL	VHIE Technical Operations & Design SME
<b>Mary Kate Mohlman</b> , Health Care Reform, AHS	Health Data Research & Analytics SME; Data Governance SME	Beth Anderson, VITL	VHIE Policy and Governance SME
<b>Erin Flynn</b> , DVHA, AHS	Medicaid Payment Reform SME	<b>Emily Richards</b> , Health Care Reform, AHS	Subcommittee Operational Support

Non-Subcommittee Members ( <b>Present Bold</b> )			
Name, Organization	Role	Name	Role
<b>Mahesh ThopaSridharan</b> , Health Care Reform, AHS	Subcommittee Operational Support	<b>Dan Chavez</b> Health Tech Solutions	HIE Steering Committee Consultant
<b>Varun Manohar</b> ADS	Subcommittee Operational Support		

#	Agenda Topic	Topic Facilitator	NOTES <i>(notes are provided in italics and blue)</i>	Action Items
1.	Meeting Introduction	Emily Richards	<p><i>Introduction from Emily R.</i></p> <ul style="list-style-type: none"> <li>• <b><u>[Slide#2 - Agenda]</u></b> <i>Today we are going to review the use cases developed by Erin F. And Pat J. from the Payment Reform team. And then we will talk about next steps.</i></li> <li>• <b><u>[Slide#3 - Role of Subcommittee Members Re: Use Cases]</u></b> <i>As a reminder - the subcommittee is sort of the brain trust around assessing the VHIE Claims Use Cases, weigh-in, ask questions, identify area of priority, identify areas of overlap and if this augments/makes you think about your use cases differently, let us talk about it.</i></li> <li>• <b><u>[Slide#4 - Use Case Categories Definition]</u></b> <i>This is just a reminder of the taxonomy that we are using, our categorization of the use cases that Mary Kate put together. We are thinking about them in four categories.</i> <ul style="list-style-type: none"> <li>○ <i>Clinical uses Individual</i></li> <li>○ <i>QI/Operational Organization</i></li> <li>○ <i>Evaluation Population health</i></li> <li>○ <i>Reporting Population Health</i></li> </ul> </li> </ul>	
2.	Review New Use Cases: Medicaid Payment Reform	Erin Flynn	<p><i>Over to Erin F. to explain the use cases - <b><u>[Slide#5]</u></b></i></p> <ul style="list-style-type: none"> <li>• <b><u>[Slide#6 - USE CASE: QI/Operations Organization Determine payments made to providers participating in Medicaid value based payment arrangements (Part 1)]</u></b></li> <li>• <i>Overarching description - When we went through the 2nd section of the Taxonomy of Program Operations, we realized, we wanted to kind of flesh that out a little bit and MaryKate helped us. We actually use this data operate 'Alternative payment models' and 'Value based payment models' as a part of the work that we do in DVHA payment reform. So it's not only for like clinical/QI efforts, we need this data in order to do the things that we say we are going to do in paying in a way that is different than fee for service through reconciliation processes or other targets.</i></li> <li>• <i>When we are talking about Claims data, it can be through tracking of overall utilization volume of services utilized throughout the year, and there is a payment model structure that uses that data to impact payments.</i></li> <li>• <i>Another common mechanism that exists in value-based payment models is a performance component -- performance of quality measure that might determine provider payments. So, if the quality measure uses Claims data to calculate the performance on that measure, so that claims data is obviously essential. It can be a bonus type payment or based on the outcomes in calculating those performance measures.</i></li> <li>• <i>In the VMNG program, we got very specific - hypertension, diabetes being in control. And there are a few other examples - whoever participates in the payment reform model, how they perform, how is the potential to impact the payments that providers receive. Those are the main programs we have under operations right now across the AHS (see bottom of slide #6).</i></li> <li>• <i>I think we are taking on more &amp; more programs as the agency shifts towards value based payment model.</i></li> <li>• <i>Emily - Question about the list of programs before we move into the details of the use case - <b>Can you talk about the data that you use to evaluate those programs today?</b></i></li> </ul>	

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3.	Next Steps	Emily Richards	<ul style="list-style-type: none"> <li>• <b><u>[Slide#14 - Use Case Gathering Sessions]</u></b></li> <li>• <i>Representatives from BCBS (commercial payer slides) volunteered to participate in a use case gathering session to consider how a linked clinical and claims data set will aid work on behalf of their members. They will present at the next subcommittee meetings.</i></li> <li>• <i>Emily thanked Erin and everybody else that participated in the meeting.</i></li> </ul>	