

Interim Funding for Medicare Contributions to Blueprint for Health Initiatives

Blueprint Health Services Researcher: Addie E. R. Armstrong, PhD

Medicare Payments toward Blueprint for Health

- Medicare currently makes per-member per-month (PMPM) payments toward two Blueprint for Health Initiatives.
- Medicare also currently contributes funds to the SASH program.
- This is allowed by CMS as part of Vermont's current all-payer agreement.
- The agreement ends in December of 2025, which means Medicare will not be able to contribute to these programs until a new agreement begins.

2025 Medicare Funding

Blueprint Patient Centered Medical Home (PCMH) PMPM payments for Medicare members.

- Value-based payments made directly to practices.
- Around \$2.24 per Medicare member per month.
- Payments support practices to achieve NCQA recognition, which involves meeting data and reporting requirements and paying certification fees.
- Medicare represents approximately 25% of the total PCMH payments practices receive for Blueprint participation.
- Total of approximately \$2.6 million.

2025 Medicare Funding

Blueprint Core Community Health Team (CHT) PMPM payments for Medicare members.

- Payments support community health team staffing and are made to administrative entities. CHT staff provide unbillable care, care coordination, and special support to patients.
- Approximately \$2.80 per patient per month in CHT payments.
- Medicare represents about 30% of the Core CHT funding, supporting around 30 full-time equivalent positions.
- Total of approximately \$3.1 million.

2025 Medicare Funding

Support And Services at Home (SASH)

- Total of approximately \$5.1 million.
- Partners with over 70 organizations to provide support to 5,000+ older Vermonters and people with disabilities.
- Blueprint does not administer these funds. SASH is managed by the non-profit Cathedral Square.

Interim Funding for Medicare Payments

- The Governor's proposed budget includes \$10.8 million in Global Commitment funds to provide interim funding for these three initiatives as they will receive no Medicare payments in calendar year 2026.
- This is what some are calling "bridge funding."
- Of the \$10.8 million, \$4.45 million will be paid from the State's General Fund, and the remaining \$5.55 million will be paid from Federal Matching dollars.
- Amounts were estimated based on current year payments as asked by AHS.

Interim Funding Inclusions & Exclusions

- Interim Funding includes only the three items just discussed.
- Interim Funding does not include:
 - Payments for any other Blueprint initiatives, such as Spoke or Mental Health Integration (CHT Expansion)
 - Comprehensive Payment Reform payments
 - ACO population health management payments
 - Support for practices required to participate in MIPS (Medicare Incentive Payment System)

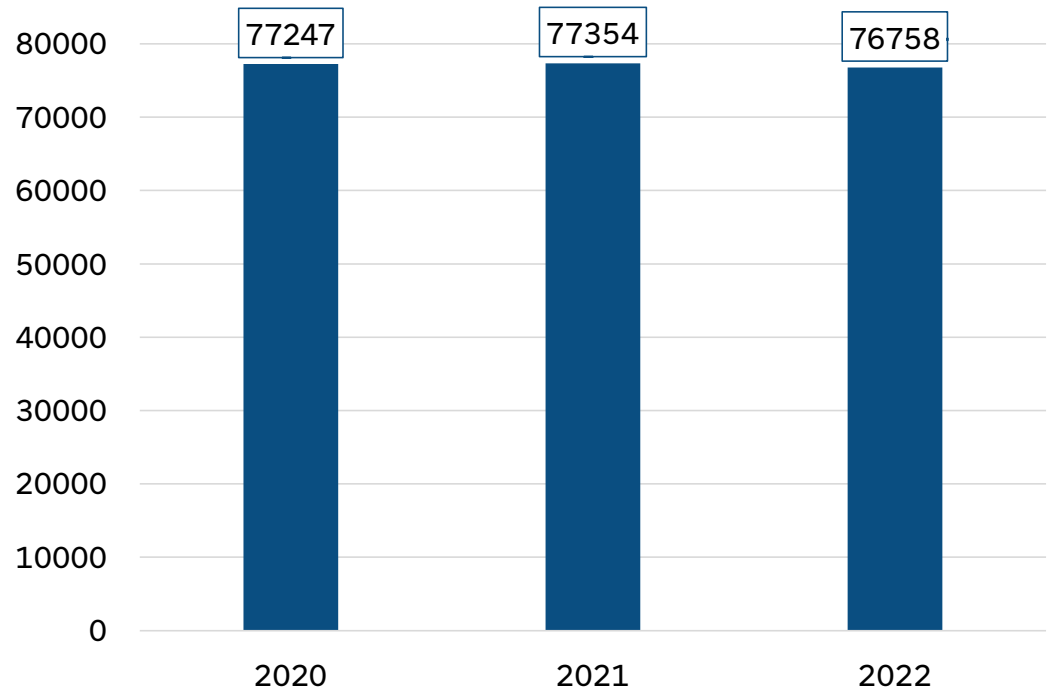
OneCare Vermont (OCV) Services Ending

- Medicare related Blueprint payments are administered through OneCare Vermont, but Blueprint does not cover everything done by OCV.
- Medicare related supports not currently offered by other groups include:
 - Population health management payments
 - Administration of Medicare PCMH and Core CHT payments
 - Data analytics & quality improvement offerings
 - Support for participating in Medicare Merit-based Incentive Payment System (MIPS)
 - The current Medicare agreement exempted Vermont practices from MIPS.
 - Practices over a certain size must participate in MIPS starting in 2026.
- There may be additional supports ending.

Interim Funding Impact – PCMHs

- About 60% of Medicare patients with primary care attribution reported in Vermont Health Care Uniform Reporting and Evaluation System are attributed to a Blueprint PCMH.

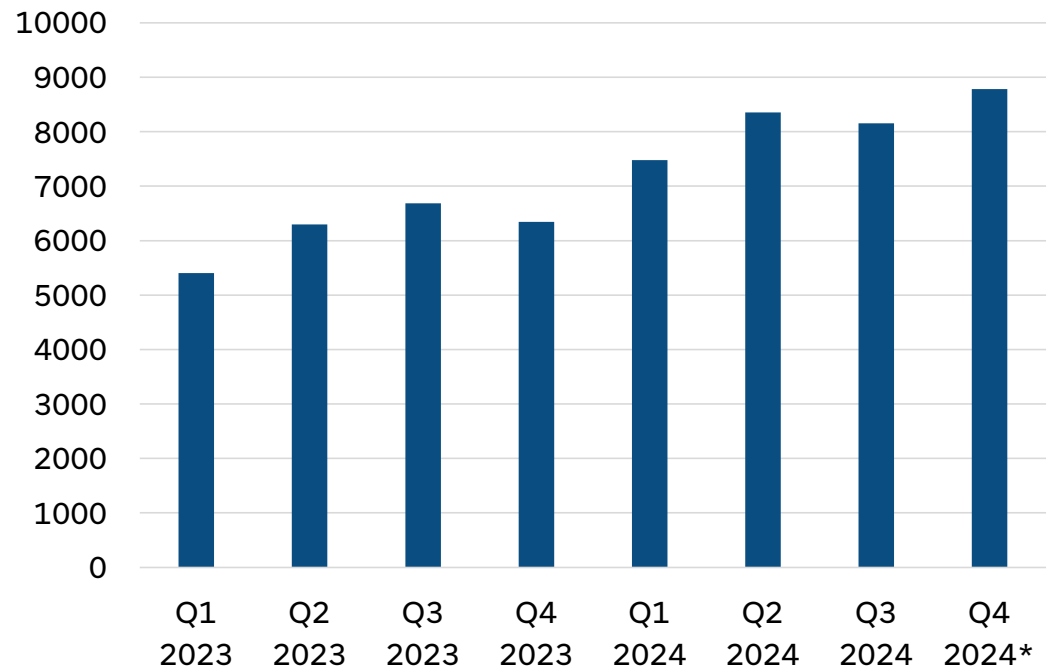
Blueprint PCMH Attributed Medicare Patients



Interim Funding Impact – CHTs

- About 29% of patients seen by Blueprint Community Health Teams have some form of Medicare.
- Based on an average encounter rate of 3 per quarter, CHTs have 18,000 to 25,000 encounters with Medicare patients each quarter.

Unique Medicare Patients served by Blueprint CHTs per Quarter





Thank You!

Blueprint for Health Central Office

**JOHN M.
SAROYAN, MD**
Executive Director

**MARA
KRAUSE
DONOHUE**
Assistant Director

**JULIE
PARKER**
Assistant Director

**KARA
HOOPER**
Project Administrator

ERIN JUST
Quality Improvement
Coordinator

**ADDIE
ARMSTRONG, PhD**
Health Services
Researcher

**JENNIFER
HERWOOD**
Payment Operations
Administrator

**CALEB
DENTON**
Data Analytics and Info
Administrator