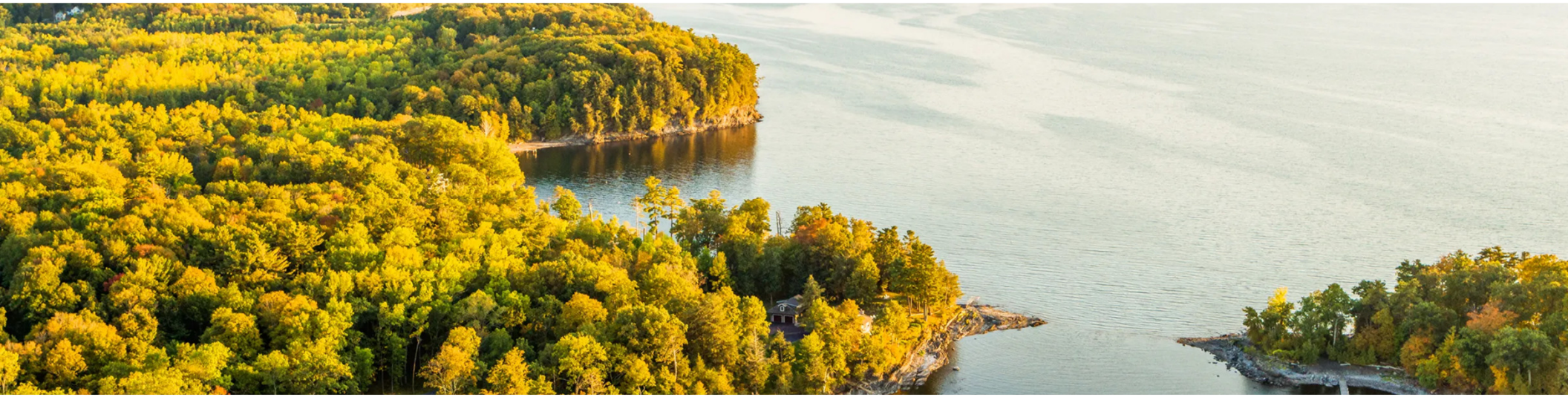
VERMONT

Blueprint for Health

Smart choices. Powerful tools.



EARLY HISTORY OF BLUEPRINT

2006-2008

Blueprint for Health codified into Vermont statute

First pilot site: St. Johnsbury HSA

2010

Vermont is one of the eight states selected for CMS Multi-Payer Advanced Primary Care Practice Demonstration

2011

Act 128 shifts the Blueprint from a pilot to a statewide program

2013

Hub & Spoke program for Opioid Treatment and Office Based Opioid Treatment

RECENT HISTORY OF BLUEPRINT

2017

Pregnancy Intention Initiative (PII), formerly Women's Health Initiative (WHI)

2022

Act 167 Requires recommendation on the amount to increase commercial insurer and Medicaid contributions to Community Health Teams and Quality Improvement Facilitation

2023-2026

Legislature approved funding for Blueprint for a two-year Mental Health Integration (MHI) in Primary Care Pilot. Blueprint extended funding through FY2026

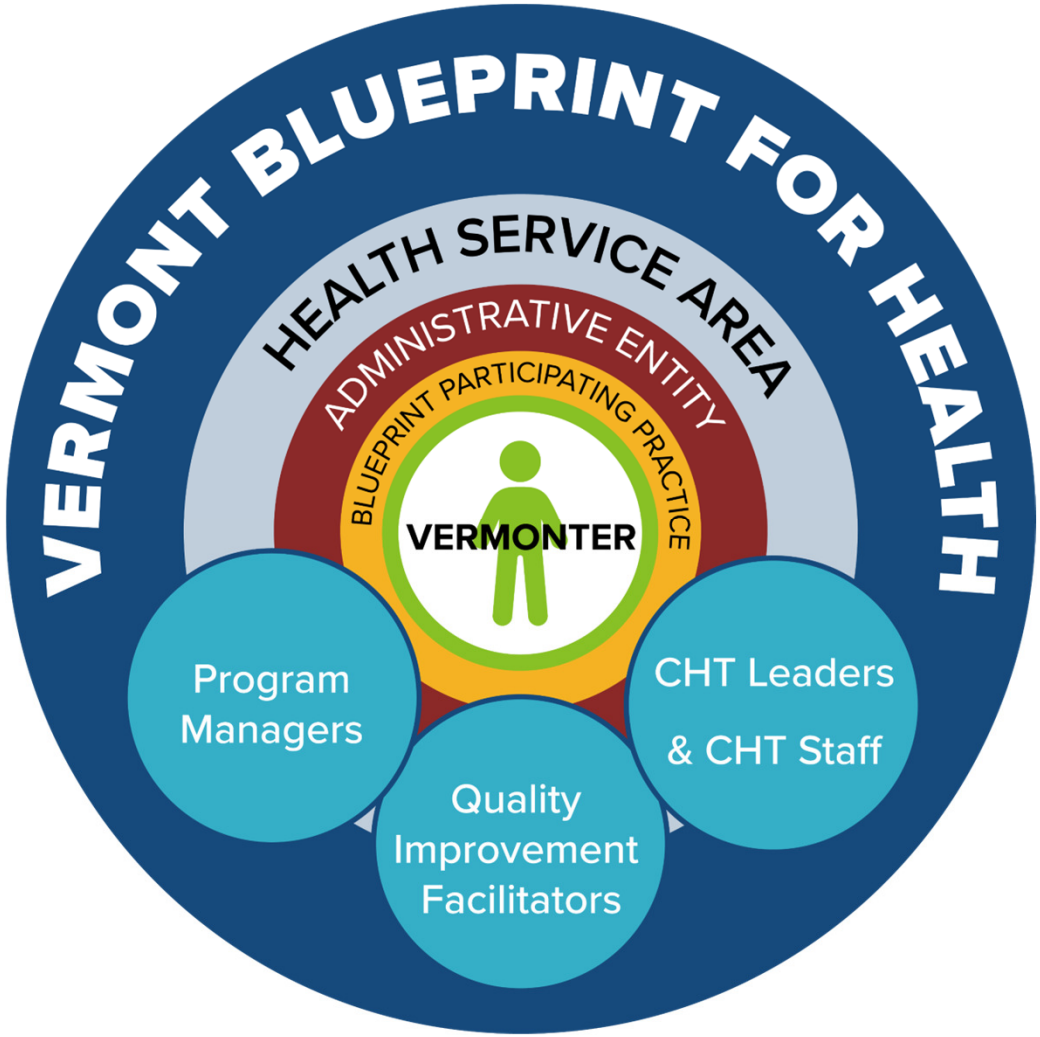
2025

Blueprint and AHS begin Hospital Transformation

The Vermont Steering Committee for Comprehensive Primary Health Care was created

BLUEPRINT SPHERES OF INFLUENCE

- Vermonters engage through Blueprint-participating practices.
- Practices receive support from Blueprint Program Managers, Quality Improvement Facilitators, and Community Health Teams.
- For organizational purposes, Blueprint assigns practices to a Health Service Area where an Administrative Entity helps manage the funding for CHTs, practices, and other support.



124 PATIENT-CENTERED MEDICAL HOMES (PCMHs)

A model of primary care delivery that seeks to provide accessible, comprehensive, whole-person-centered care in a coordinated and team-based fashion.

- Combines preventive care, acute and chronic disease management, and other services *in a single setting*.
- Practices must achieve and sustain recognition as a PCMH from the National Committee on Quality Assurance (NCQA).
- Studies show that NCQA PCMHs demonstrate:
  - Improved clinical outcomes
  - Increased patient engagement in follow-up and treatment
  - Decreased utilization of the emergency department

HEALTH SERVICE AREAS AND ADMINISTRATIVE ENTITIES

A Program Manager for every Health Service Area

BARRE: Central Vermont Medical Center

BENNINGTON: Southern Vermont Medical Center

BRATTLEBORO: Brattleboro Memorial Hospital

BURLINGTON: University Vermont Medical Center

MIDDLEBURY: Porter Medical Center

MORRISVILLE: Copley Hospital

NEWPORT: North Country Hospital

RANDOLPH: Gifford Medical

RUTLAND: Rutland Regional Medical Center

SPRINGFIELD: North Star Health

ST. ALBANS: Northwestern Medical Center

ST. JOHNSBURY: Northern Vermont Regional Hospital

WINDSOR: Mt Ascutney Hospital and Health Center

Administrative Entities receive multi-insurer payments to support hiring of Community Health Teams and must be Centers for Medicare and Medicaid Services (CMS) eligible providers

COMMUNITY HEALTH TEAM

May include

- Nurse care coordinators
- Licensed mental health counselors
- Licensed drug and alcohol counselors
- Licensed clinical social workers
- Community health workers
- Nutritionists and dieticians
- Health educators

Support providers by

- Identifying root causes of health problems
- Addressing and identifying mental health needs
- Screening for social drivers of health
- Providing team-based care

Serve, care for, and connect patients through

- Providing brief interventions
- Supporting management of chronic conditions
- Coordinating care
- Supporting improvements in well-being through team-based care

Services are provided at no cost to patients or providers.

HUB & SPOKE PROGRAM

EST. 2013

HUBS

9 PROGRAM SITES

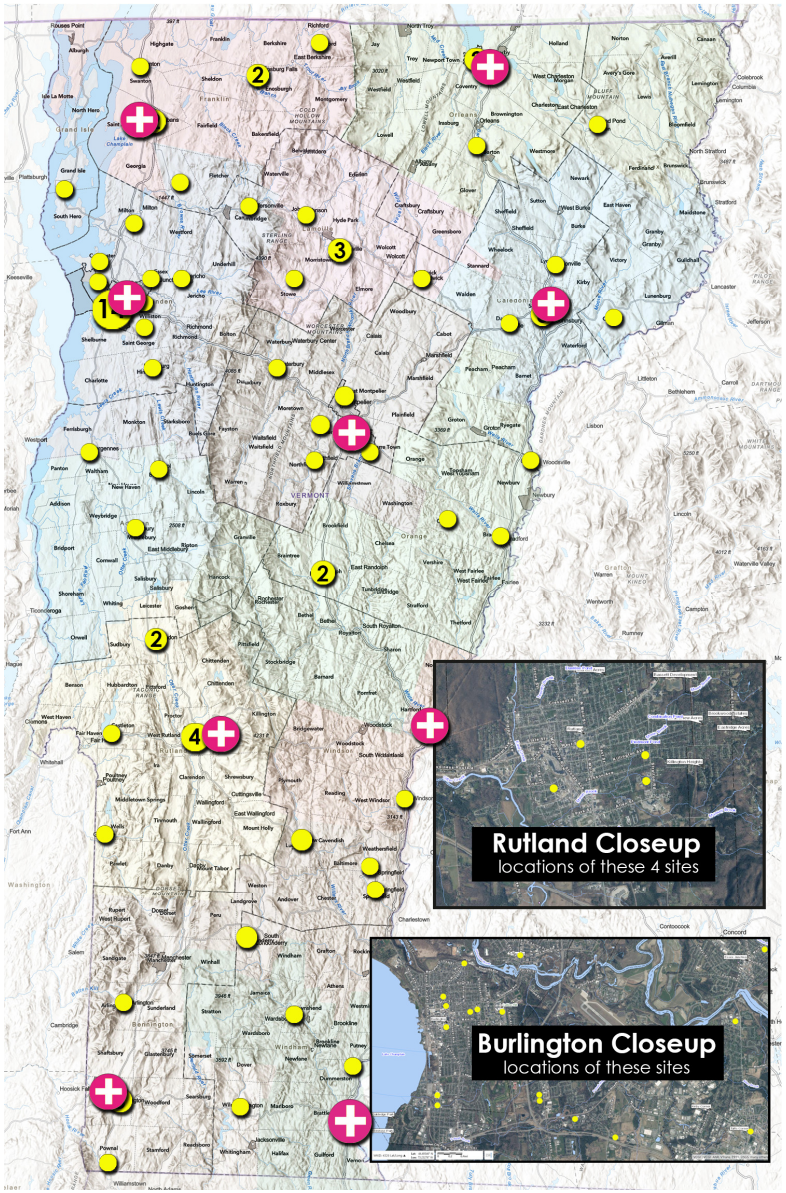
- Enhanced OTPs (Opioid Treatment Programs)
- Dispense Buprenorphine and Vivitrol addition to Methadone
- Augment staffing for health home services (care managers, counselors, nurses, and psychiatry)
- Monthly bundled rate

SPOKES

89 PROGRAM SITES

- Enhanced OBOTs (Office Based Opioid Treatment)
- 1 FTE RN and 1 FTE Licensed Addictions/Mental Health Counselor for 100 Medicaid Members provide health home services. (Claims based on Buprenorphine/Vivitrol Medicaid prescriptions)
- Hired and deployed as part of Blueprint CHT though the administrative entity

- Patients move between Hubs and Spokes based on their clinical needs
- Hubs & Spokes provide mutual support in conjunction with PCP
- RAM (Rapid Access to Medication)



2026

SUPPORTING PREGNANCY INTENTION AND HEALTHY FAMILIES

COMPREHENSIVE FAMILY PLANNING COUNSELING

- Increased access to preconception counseling has been shown to improve maternal and infant outcomes. ***One Key Question***
- Increased access to contraceptive counseling has been shown to be an effective intervention for reducing the rate of unintended pregnancies
- Same day access to long-acting reversible contraceptives (LARC) and/or moderate to most effective contraception
- Funded only by Medicaid
- Currently 44 practices
- Ages 15-44 PMPM 1.25 to all practices who attest
- Funding for staffing at specialty Practices

PSYCHOSOCIAL SCREENING, INTERVENTION, AND NAVIGATION TO SERVICES

- Enhanced screening that includes ***Social Drivers of Health***
- Brief intervention and referral/ navigation to treatment and services
- Care coordination agreements with Primary Care/Community Partners

MENTAL HEALTH INTEGRATION INTO PRIMARY CARE PILOT

- In 2023, significant funds were appropriated for a pilot to increase CHT services by embedding mental health providers into primary care.
- The Mental Health Integration initiative focuses on:
  - Adding more support for **Mental Health, Substance Use, and Social Drivers of Health**.
  - Getting that support as close to patients as possible by placing team members **in primary care practices**.
  - Adding **education opportunities** for providers and team members.
  - **Quality improvement** supports to improve screening.

IN THEIR OWN WORDS

"We're not just improving systems—we're building a stronger, more connected future that addresses social drivers of health. Through Blueprint-supported initiatives, [we are] shaping a responsive collaborative system that rises to challenges and **delivers on the promise of a healthier community**."

—Blueprint Program Manager

"Blueprint's Community Health Teams connect people to resources that address the full spectrum of health needs, from housing and food insecurity. Because we're local to the area, we understand the unique challenges Vermonters face in each community and can **tailor our approach** to support them effectively."

—Community Health Team Member

"A family going through a major transition shared how grateful they were to have access to **support during the process—not after**. Without Blueprint's integrated care model, they likely wouldn't have received help at all. Being able to connect with a clinician in the moment, within their trusted medical home, made a meaningful difference. It allowed them to navigate the emotional challenges of change with guidance and reassurance, rather than waiting until things reached a breaking point."

—Clinician

Value-based and Capitated Payments

How Blueprint initiatives are funded

GENERAL FUNDING MECHANISMS & TERMINOLOGY

- A ***value-based payment system*** is a type of payment system that pays for the outcomes of a program, rather than for the number of services performed.
- Most Blueprint initiatives are funded through ***per-member-per-month*** (PMPM) payments made by various insurers/payers.
  - The amount varies based on the program and the quality measures for a given practice.
- This type of payment is called a ***capitated*** payment.
  - Capitated payments are part of value-based payment systems

GENERAL FUNDING MECHANISMS & TERMINOLOGY CONT.

- The number of members a payer makes payments for is determined by that payer's ***attribution*** to a Blueprint practice.
  - Attribution is calculated using a standard algorithm that does the following:
    - Looks at the past two years of insurance claims
    - Counts the number of patients with at least one of a list of specific procedures at a Blueprint provider
    - If a patient has visits with these procedure codes at multiple providers, they will be counted at the most recent provider.
  - Makes sure that only one provider gets paid for each patient.
- A ***performance payment*** is a component of the capitated payment that is based on how well a practice does on certain measures.

BLUEPRINT INITIATIVE PAYERS

Commercial Insurers (Blue Cross Blue Shield of VT, Cigna, MVP)

- Pay into Blueprint PCMH and Core CHT initiatives
- ERISA (self-funded, administrative services only, Medicare Advantage) plans are not all contributing
- Some small insurers also do not contribute

Medicaid

- Pays into Blueprint PCMH, Core CHT
- Only payer for Spoke, PII, and Mental Health Integration initiatives

Medicare only pays in when Vermont is part of a Medicare model.

- Prior to 2026, Medicare participated.
- In 2026, Medicare is not participating; VT is backfilling these payments.

BLUEPRINT PAYMENT METHODOLOGY (THROUGH JUNE 2026)

Payer	PCMH Base Payment PMPM	PCMH Performance Payment PMPM	CHT Core PMPM	Spoke CHT PMPM	PII Practice PMPM	PII CHT PMPM	MHI Per Practice Per Month
Medicare	$0	$0	$0	$0	N/A	N/A	$0
Commercial Insurers	$3.00	$0.00–$0.50	$2.77	$0	$0	$0	$0
Medicaid	$4.65	$0.00–$0.50	$2.77	$163.75	$1.25	$5.42	$0

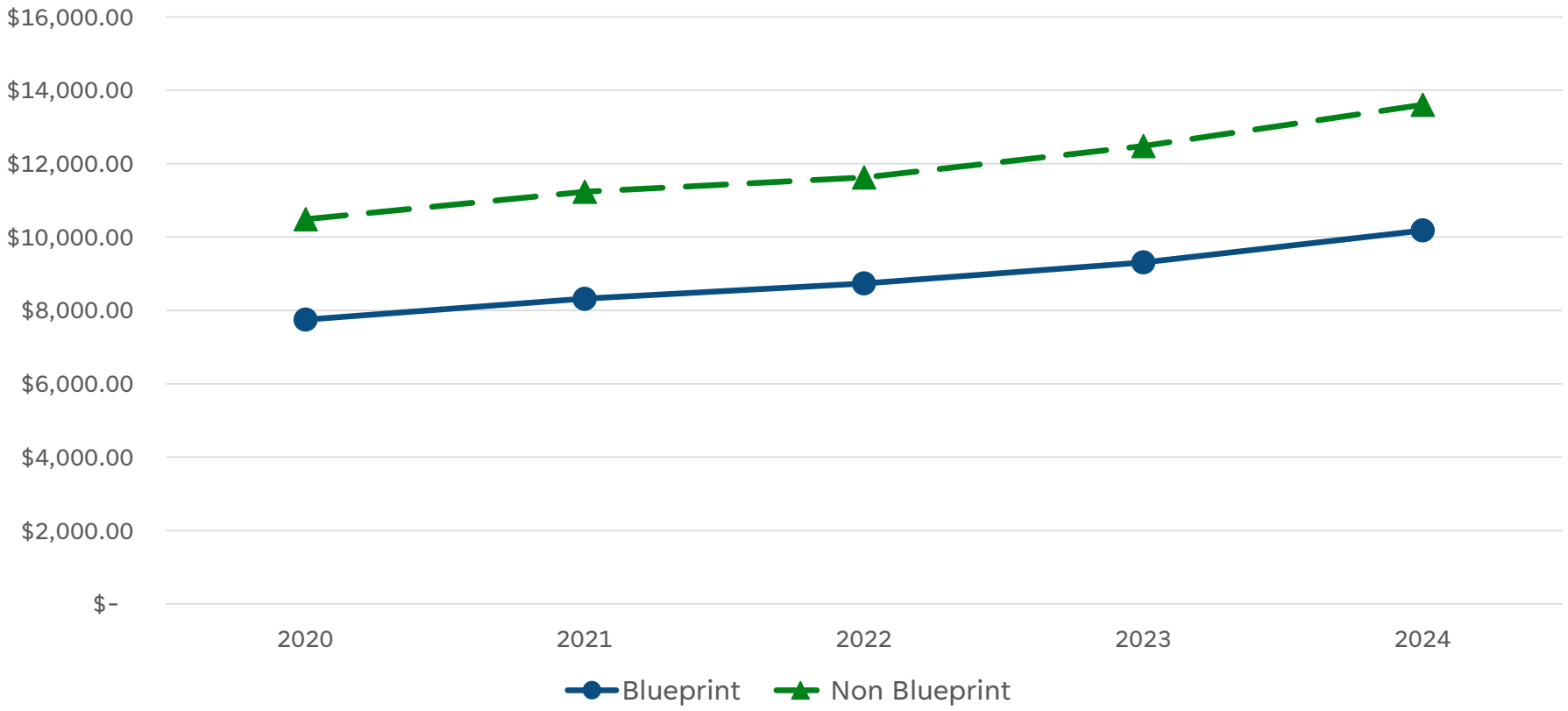
Example: If a practice has 1,500 attributed patients; they would receive payments of about $4,500-$5000/month ($54,000-$60,000/year) depending on their mix of patients and their performance. The CHT would be funded at about $50,000/year to support that practice.

Approximately 75% of Blueprint practices (~100) are at least this size; about 20% are at least double this size.

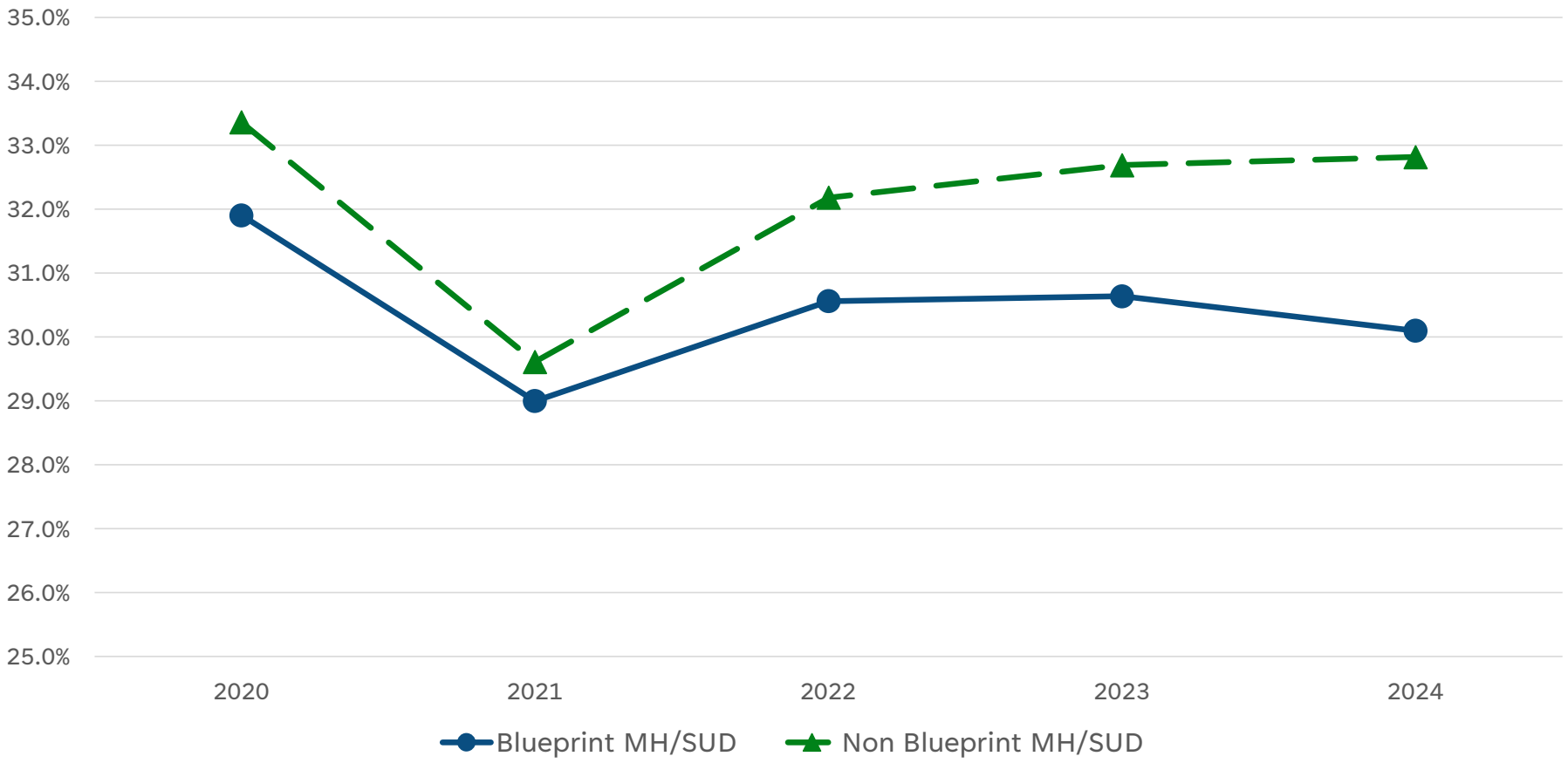
Impact

What does the Blueprint achieve?

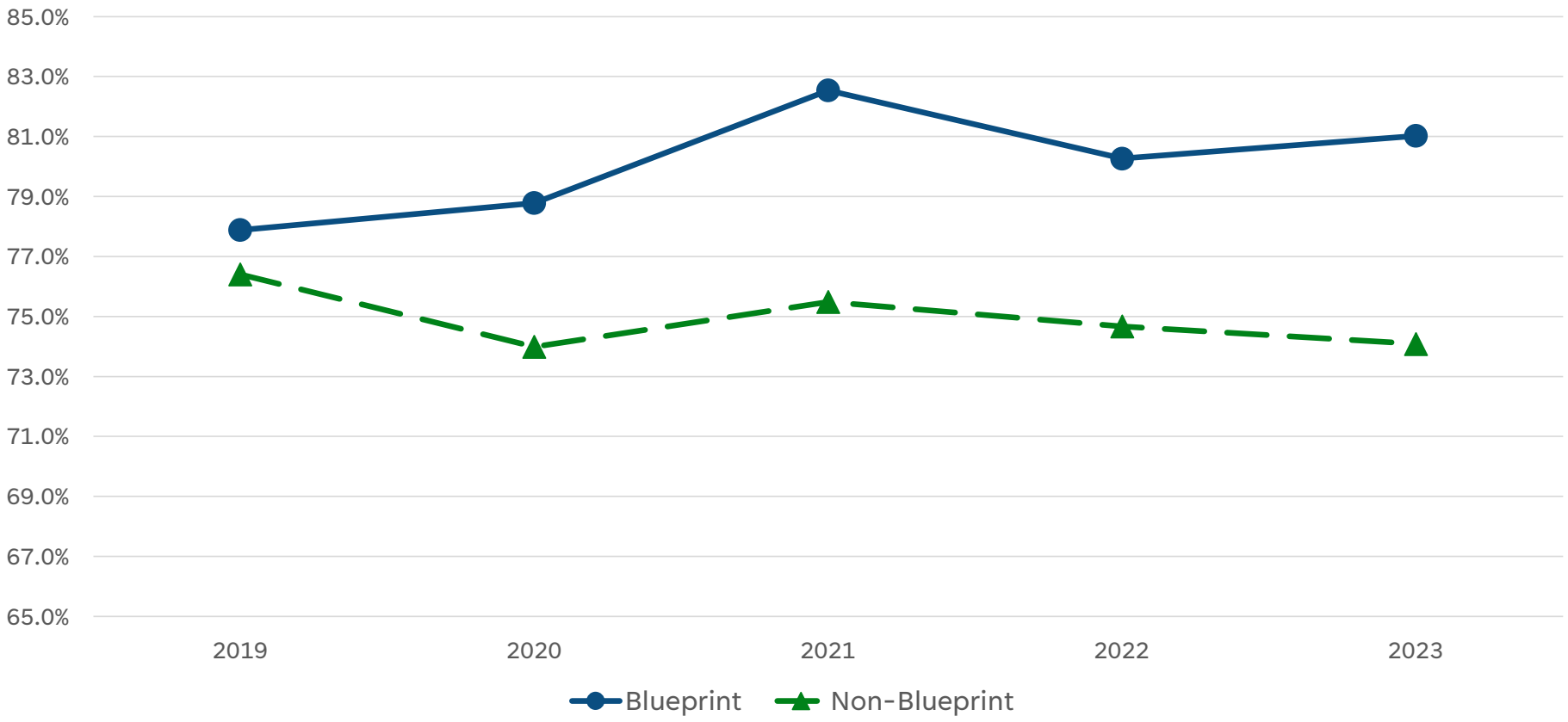
Total Per-Member Per-Year Allowed Amounts for Blueprint & non-Blueprint Attributed Members



Proportion of Members with MH/SUD Needs with ED Visits



30-Day % with Follow-Up after ED Visit for Mental Illness (HEDIS FUM)



BLUEPRINT PROVIDERS SAY....

"I need the [Blueprint] Community Health Team. **They are the most important people in the building**."

—Primary Care Provider

QUESTIONS?

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THANK YOU

RESOURCES

Blueprint for Health Manual and Implementation
https://blueprintforhealth.vermont.gov/implementation-materials

Blueprint Website
https://blueprintforhealth.vermont.gov/

Expansion Attestation
https://blueprintforhealth.vermont.gov/sites/bfh/files/doc_library/BPCHT_Expansion_Attestation_Fillable%20-%20Julie%20and%20Mara.pdf

Expansion Proposal Report and Workgroups
https://blueprintforhealth.vermont.gov/expansion-proposal-workgroups

RESEARCH AND EVALUATION

Community Profiles
https://blueprintforhealth.vermont.gov/community-health-profiles

PII Evaluation
https://blueprintforhealth.vermont.gov/womens-health-initiative-profiles

H&S/MAT Evaluation/Profiles
https://blueprintforhealth.vermont.gov/hub-and-spoke-profiles
https://blueprintforhealth.vermont.gov/reports-and-articles/journal-articles

Annual Report
https://blueprintforhealth.vermont.gov/annual-reports