

**Wednesday, April 18, 2018**

<b>PCAG Member Attendees</b>	Allan Ramsay, <i>Deborah Wachtel</i> , Fay Homan, <i>Michelle Wade</i> , Paul Reiss, Robert Penney, <i>Sharon Fine</i> , Tim Tanner, <i>Valerie Rooney</i>
<b>GMCB Attendees</b>	Michele Lawrence, Pat Jones, Ena Backus, Melissa Miles, Susan Barrett
<b>Other Attendees</b>	Dr. Norm Ward, OneCare Vermont
* <i>italics</i> denote phone participation	

## 1. Welcome &amp; Introductions

## 2. Legislative Update

- a. Susan updated the group on the continuation of PCAG. The GMCB has decided to make the PCAG a Technical Advisory Group (TAG) to the Board – this requires no legislative change. The group will continue in its current role until the Act 113 Sec. 10 legislative sunset on June 30, 2018. As of July 1, the group will exist in the form of a TAG.

Group members expressed interest in developing by laws and/or rules for participation in the group, additions to the current membership and timing/format of the new process. A generous portion of our May meeting will be devoted to exploring these options.

Susan reviewed H.912 requiring a primary care provider on the Board. This goes into effect when the next Board Members' term expires if they do not wish to renew (Dr. Holmes' six-year term ends in September 2020).

- b. **Action Items:** Group members to send thoughts on rules/regulations for new format, Michele will compile a list for our May meeting.

## 3. Primary Care Definition &amp; Discussion

- a. Michele and Ena walked through the ACO claims-based version of primary care spend, noting that there are two other versions the GMCB will be looking at in addition. The ACO investments piece is a matter of assessing spend year over year through budgetary and approval processes in place at the Board. There was discussion around the choice to include naturopathic providers citing that many who visit naturopaths also have another primary care provider. There were two questions from the group that Michele followed-up to separately. First, there was a question regarding NP/PA working in settings other than primary care. It was confirmed that the GMCB staff can identify those who work outside of a primary care practice as these are dependent on taxonomy. Second, a question around a Medicare-specific code, G0463. This code was implemented by Medicare for the sake of administrative simplicity. The code replaces codes 99201-99205 and 99211-99215, as those are no longer reimbursable by

Medicare. These 99 codes are still included in the code set we looked at during the meeting as other payers still use these for claims purposes.

- b. **Action Items:** Group to reach out to Michele with any additional questions/comments regarding proposed code set and taxonomy.