

# VHCIP Core Team Agenda

10.21.14

## **VT Health Care Innovation Project Core Team Meeting Agenda**

October 21, 2014 11:30 pm-2:30pm  
DFR - 3rd Floor Large Conference Room, 89 Main Street, Montpelier  
*Call-In Number: 1-877-273-4202; Passcode: 8155970*

Item #	Time Frame	Topic	Presenter	Relevant Attachments
1	11:30-11:35	Welcome and Chair's Report	Anya Rader Wallack	
<b>Core Team Processes and Procedures</b>				
2	11:35-11:40	Approval of meeting minutes	Anya Rader Wallack	Attachment 2: October 8, 2014 meeting minutes. <i>Decision needed.</i>
<b>Policy Update</b>				
3	11:40-11:50	Update: Medicaid Shared Savings Program Total Cost of Care  <i>Public Comment</i>	Kara Suter	
<b>Financial Update</b>				
4	11:50-12:05	Financial Request:  1. Request to release an RFP for Work Group Support: HIE/HIT Work Group.	Georgia Maheras	Attachment 4a: Financial Memo 10.16.14 Attachment 4b: Budget Table 10.21.14

		2. Request to release an RFP for support for the all-payer waiver.		<i>Decision needed.</i>
<b>Core Team Processes and Procedures</b>				
5	12:05-2:20	Executive Session: Sub-Grant Program	Georgia Maheras	
6	2:20-2:25	<i>Public Comment</i>	Anya Rader Wallack	
7	2:25-2:30	Next Steps, Wrap-Up and Future Meeting Schedule: 11/05: 1:00 pm- 3:30 pm Montpelier	Anya Rader Wallack	



# Attachment 2 - Core Team Minutes

## 10.08.14

**VT Health Care Innovation Project  
Core Team Meeting Minutes**

**Date of meeting:** October 8, 2014 **Location:** DFR 3<sup>rd</sup> Floor Conference Room, 89 Main Street, Montpelier VT

**Members:** Anya Rader Wallack, Chair; Robin Lunge, AOA; Paul Bengtson, NVRH; Al Gobeille, GMCB; Mark Larson, DVHA; Harry Chen, AHS; Steve Voigt.

Agenda Item	Discussion	Next Steps
<b>1. Welcome and Chair's report</b>	Anya Rader Wallack called the meeting to order at 12:30 pm.	
<b>2. Approval of Minutes</b>	Steve moved to approve the September 29 <sup>th</sup> minutes. This was seconded by Al and approved unanimously.	
<b>3. Policy Update</b>	Proposed Year Two Shared Savings Program Quality Measures: Anya Rader Wallack proposed the Core Team approve a set of measures that is a modification of what was proposed by the Quality and Performance Measures Work Group. Paul Bengtson indicated he like the approach outlined in the modified set. Al Gobeille provided additional information that the GMCB received at their Advisory Committee meeting earlier in the day. The GMCB's Advisory Committee noted that measuring patient satisfaction is a challenge and that sometimes measurement incentivizes people to engage in bad practice. Additionally, the GMCB's Advisory Committee emphasized that there is a process improvement component to each measure. Lila Richardson added that the GMCB's Advisory Committee had a high level discussion about measures and that the QPM tried to not include measures that would cause unintended consequences. Harry Chen provided a handout to the Core Team demonstrating Vermont's trends in both diabetes and childhood obesity and requested the Core Team consider including one of those two measures in the payment category. Anya requested that Pat Jones provide more background on these two measures. The Core Team discussed these two measures. The Core Team then solicited public comment on the measure set:	

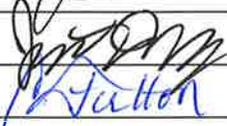
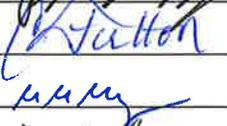
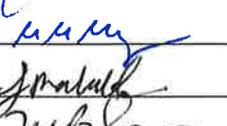
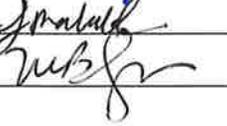
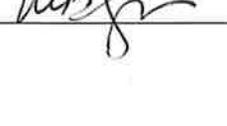
Agenda Item	Discussion	Next Steps
	<p><i>Public Comment:</i> Cathy Fulton commented that there is tremendous opportunity to improve diabetes both as a system and with individuals.</p> <p>Harry Chen moved to approve the measure set provided by Anya in her memo dated 10/3 with the addition of the Diabetes care measure (see table below). Mark Larson seconded this motion. Paul clarified what rebalancing meant. The Core Team approved the measures unanimously.</p> <div data-bbox="409 626 890 1377" style="border: 1px solid black; padding: 5px;"> <p>7 measures:</p> <ul style="list-style-type: none"> <li>• 2 to payment               <ul style="list-style-type: none"> <li>○ ASC admissions</li> <li>○ Diabetes care</li> </ul> </li> <li>• 3 to reporting               <ul style="list-style-type: none"> <li>○ Cervical cancer screening</li> <li>○ Tobacco use</li> <li>○ Dev. Screening in first 3 years</li> </ul> </li> <li>• 2 to M&amp;E:               <ul style="list-style-type: none"> <li>○ Breast cancer screening</li> <li>○ SBIRT</li> </ul> </li> </ul> <hr/> <p>2 measures:</p> <ul style="list-style-type: none"> <li>• 1 to reporting               <ul style="list-style-type: none"> <li>○ DLTSS survey</li> </ul> </li> <li>• 1 to M&amp;E               <ul style="list-style-type: none"> <li>○ DLTSS rebalancing</li> </ul> </li> </ul> </div>	

Agenda Item	Discussion	Next Steps
<b>4. Financial Update</b>	<p>Financial Request:</p> <ol style="list-style-type: none"> <li>1. Stone Environmental, Inc.</li> </ol> <p>Georgia presented a revised financial memo to the Core Team regarding the Stone Environmental, Inc. contract. The Core Team discussed the intent of the website and the cost of sustaining the website. After this discussion, Robin moved to approve this contract for \$120,000. It was seconded by Steve and unanimously approved.</p> <ol style="list-style-type: none"> <li>2. UVM</li> </ol> <p>Georgia presented a revised financial memo to the Core Team regarding the UVM contract and a request to use this contract to pay all speaker costs and hotel costs. The Core Team briefly discussed the conference and Steve moved to approve this contract for \$28,000. It was seconded by Harry and unanimously approved.</p>	
<b>4. Core Team Processes and Procedures</b>	<p>The Core Team entered executive session at 1:30 to discuss the sub-grant program applications as discussing prematurely would disadvantage the applicants and the state engaged in the process. The motion was made by Steve Voigt and seconded by Harry. All approved.</p> <p>The Core Team left executive session at 4:00. The motion was made by Al and seconded by Robin. All approved.</p>	
<b>5. Public Comment</b>	N/A	
<b>6. Next Steps, Wrap up</b>	<b>Next meeting:</b> November 5, 2014, 1:00-3:30pm, DFR 3 <sup>rd</sup> Floor Conference Room, 89 Main St, Montpelier.	

## VHCIP Core Team Attendance List 10-08-14

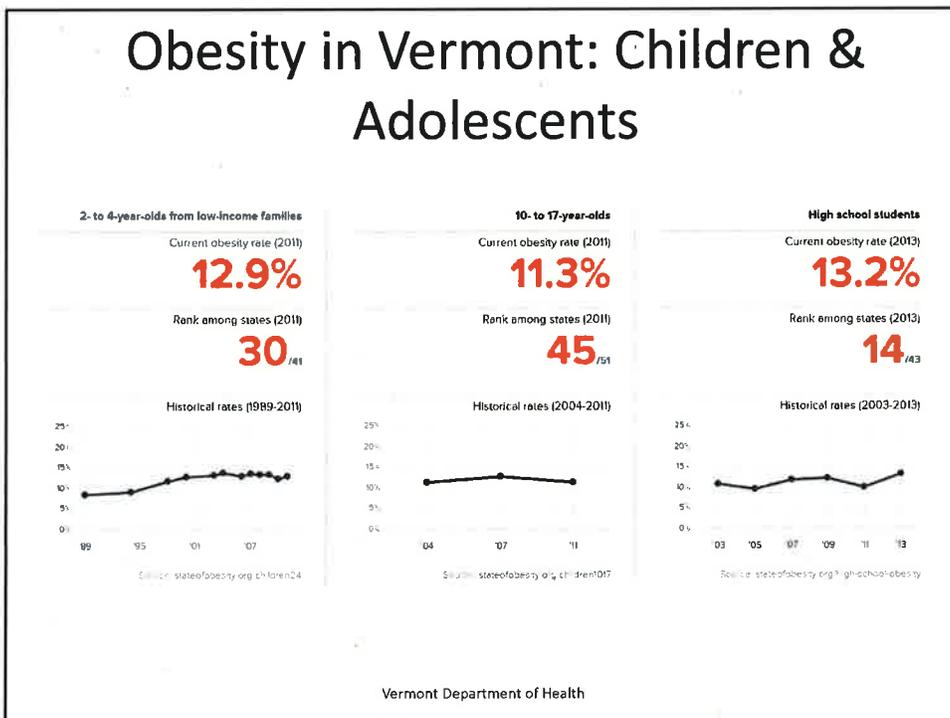
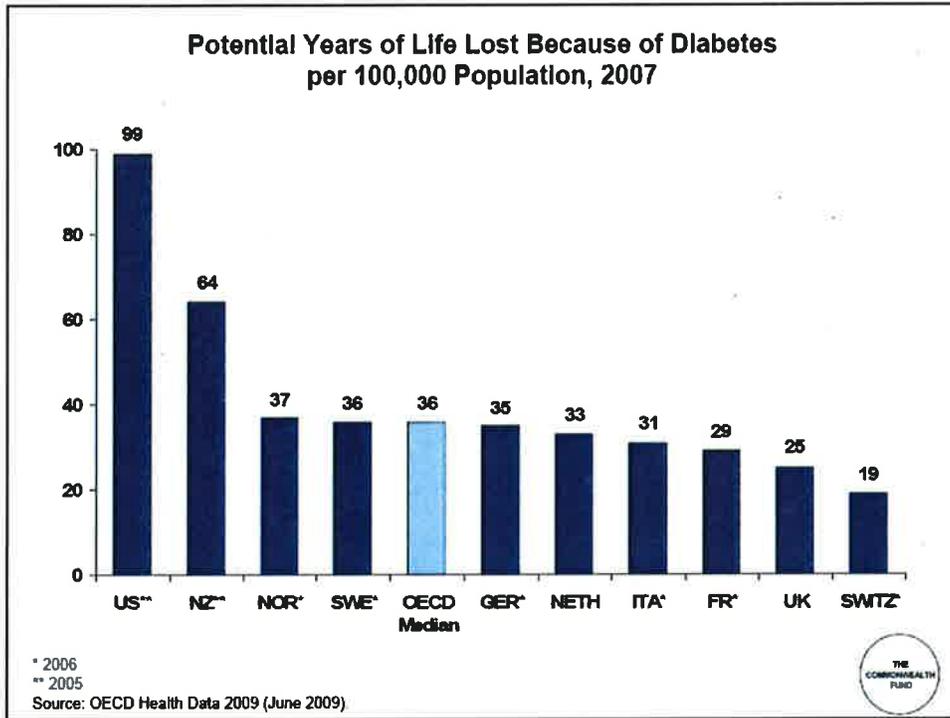
C	Chair
IC	Interim Chair
M	Member
MA	Member Alternate
A	Assistant
S	Staff/Consultant
X	Interested Party

First Name	Last Name		Title	Organization	Core Team
Ena	Backus		Deputy ED	GMCB	X
Susan	Barrett	<i>Susan Barrett</i>	Executive Director	GMCB	X
Anna	Bassford			GMCB	A
Paul	Bengston		CEO	Northeastern Vermont Regional Hospital	M
Beverly	Boget				X
Harry	Chen		Commissioner	AHS - VDH	M
Amanda	Ciecior		Health Policy Analyst	AHS - DVHA	X
Amy	Coonradt		Health Policy Analyst	AHS - DVHA	X
Alicia	Cooper	<i>Alicia Cooper</i>	Quality Oversight Analyst	AHS - DVHA	X
Mark	Craig				X
Diane	Cummings	<i>D Cummings</i>	Financial Manager II	AHS - Central Office	X
Paul	Dupre		Commissioner	AHS - DMH	X
Erin	Flynn		Health Policy Analyst	AHS - DVHA	X
Lucie	Garand		Senior Government Relations Special	Downs Rachlin Martin PLLC	X
Christine	Geiler		Grant Manager & Stakeholder Coord	GMCB	S
Martita	Giard		Director, Accountable Care Networks	OneCare Vermont	X
Al	Gobeille		Chair	GMCB	M
Sarah	Gregorek			AHS - DVHA	A
Thomas	Hall			Consumer Representative	X
Bryan	Hallett	<i>Bryan Hallett</i>			X
Carrie	Hathaway		Financial Director III	AHS - DVHA	X
Kate	Jones			AHS - DVHA	S
Pat	Jones	<i>Pat Jones</i>		GMCB	X
Heidi	Klein			AHS - VDH	X
Kelly	Lange		Director of Provider Contracting	Blue Cross Blue Shield of Vermont	X

Mark	Larson		Commissioner	AHS - DVHA	M
Monica	Light		Director of Health Care Operations, C	AHS - Central Office	X
Robin	Lunge		Director of Health Care Reform	AOA	M
Georgia	Maheras			AOA	S
Steven	Maier		HCR-HIT Integration Manager	AHS - DVHA	X
David	Martini			AOA - DFR	X
Mike	Maslack				X
Kimberly	McNeil		Payment Reform Policy Intern	AHS - DVHA	X
Marisa	Melamed			AOA	A
Lawrence	Miller				X
Meg	O'Donnell			Fletcher Allen Health Care	X
Lisa	Parro			AHS - DAIL	A
Annie	Paumgarten		Eveluation Director	GMCB	X
Luann	Poirer		Administrative Services Manager I	AHS - DVHA	X
Lila	Richardson	RR	Attorney	VLA/Health Care Advocate Project	X
Julia	Shaw		Health Care Policy Analyst	VLA/Health Care Advocate Project	X
Richard	Slusky		Payment Reform Director	GMCB	X
Kara	Suter	AS	Reimbursement Director	AHS - DVHA	X
Carey	Underwood			King Arthur Flour	A
Steve	Voigt				M
Anya	Wallack		Chair	SIM Core Team Chair	C
Julie	Wasserman		VT Dual Eligible Project Director	AHS - Central Office	X
Susan	Wehry		Commissioner	AHS - DAIL	M
Spenser	Weppler			GMCB	X
Kendall	West				X
Katie	Whitney				A
Bradley	Wilhelm		Senior Policy Advisor	AHS - DVHA	X
Jason	Williams		Government Relations Strategist	Fletcher Allen Health Care	X
Cecelia	Wu		Healthcare Project Director	AHS - DVHA	X
JAMES	WESTRICH			AHS - DVHA	S
Cathy	Fulton			VP QHC	
Madeleine	Monahan			VMS	X
Jessica	Mendicabal		contracts Admin	DVHA	XS
Bra	brau s-c			VAHHS	X

**VHCIP Core Team Roll Calls 10-08-14** *minutes measured*  
*minutes @ Steve @ Harry @ Robin @ Steve @ Harry*  
*@ Al @ Mark @ Steve @ Harry*

First Name	Last Name					Organization
Paul	Bengston					Northeastern Vermont Regional Hospital
Harry	Chen	n/h				AHS - VDH
Al	Gobeille					GMCB
Mark	Larson					AHS - DVHA
Robin	Lunge					AOA
Steve	Voigt					<del>King Arthur Flour</del>
Anya	Wallack					SIM Core Team Chair
Susan	Wehry	n/h	n/h	n/h	n/h	AHS - DAIL



# Attachment 4a - VHCIP Finance Memo

To: Core Team

Fr: Georgia Maheras

Date: REVISED 10/16/14

Re: VHCIP Financial Update and Request for Approval of SIM Funding Actions

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I am requesting Core Team approval for two SIM funding actions:

1. Proposal to release an RFP for services in support of the HIE/HIT Work Group. Cost: \$120,000. December 1, 2014-November 30, 2015
2. Proposal to release an RFP for services in support of the all-payer waiver.

**REQUEST #1- Type 2 Proposal to release an RFP for services to support the HIE/HIT Work Group for an amount not to exceed \$120,000:**

I request that we release an RFP to provide support to the HIE/HIT Work Group for Year Two of the project. Up until now, the HIE/HIT Work Group has borrowed contractor support from within DVHA and that contracting mechanism will no longer be available in 2015. This RFP replaces that existing support.

**Proposal Summary:**

Request to release an RFP to support policy development, funding decisions and support the HIE/HIT Work Group in carrying out their Charter and Work Plan. Specifically, the Contractor will perform: research and analysis, document development, meeting facilitation, assist the work group staff in carrying out the work plan approved by the work group, and assist the staff with any sub-groups of work groups.

This contractor will support VHCIP's goals because it provides direct assistance to one of the project's work groups. The hope is to identify a contractor who is familiar with Vermont's health data infrastructure as well as the Vermont Health Care Innovation Project.

**Scope of Work:**

- Provide research to support decisions made by the work group.
- Provide Subject Matter Expertise in the area of Health Information Exchange, Health Information Technology and Health data.
- Provide documents to support decisions made by the work group.
- Provide contract management support for the HIE/HIT Work Group's major funding initiatives including, but not limited to: ACTT Project, Population Health ACO project, and Telemedicine.
- Assist the work group staff in carrying out the work plan approved by the work group.

**Recommendation:** Release an RFP to perform work in support of the HIE/HIT Work Group. The total project cost is TBD, but the HIE/HIT Work Group has \$120,000 available to it within the VHCIP budget. The term is December 1, 2014-November 30, 2015.

**REQUEST #2- Type 1a Proposal to release an RFP for services to support pursuit of an all-payer waiver:**

I request that we release an RFP to provide support to pursue an all-payer waiver.

**Proposal Summary:**

In order to most effectively advance the state's goals and fully implement a regulatory framework that dovetails with our multi-payer payment reform efforts, Vermont should request an all-payer waiver from the Innovation Center, similar to that awarded earlier this year to Maryland. Such a waiver would reinforce Medicare's role as a full participant in Vermont health care reforms and would establish a framework, across all payers and providers, for advancing and appropriately overseeing payment models that are more rational, more fair, more transparent and in support of improved outcomes.

The contractor would assist with the development of a waiver proposal, negotiation of the specific terms and conditions of a waiver with CMS and other relevant federal agencies and, potentially, with analysis of the potential effect of alternative waiver terms and conditions on Vermont. This contract will be held by the GMCB but will be co-managed by the Chair of the GMCB and the Governor's designee for this purpose.

**Scope of Work:**

Contractor will provide specific recommendations on:

- Appropriate parameters for an all-payer waiver, including but not limited to:
  - Provider payment rules;
  - Provider risk-sharing;
  - Organizational or regulatory requirements for providers or payers assuming risk for Medicare cost and service management;
  - Expected limits on health care cost growth;
  - Calculation of budget neutrality;
  - Expected federal and state health care cost savings;
  - Quality measures and benchmarks to be incorporated in a waiver agreement.

**Recommendation:** Release an RFP to perform work in support of an all-payer waiver. The total project cost is TBD. The term is January 1, 2015-December 31, 2015.



# Attachment 4b - Revised Project Budget

10.21.14

VHCIP Funding Allocation Plan

	as of 8.7.14	Contracts Executed (or committed by Core Team)	Implementation (March-Oct 2013)	Year 1 (10/1/13-12/31/14)	Year 2 (1/1/15-12/31/15)	Year 3 (1/1/16-12/31/16)	Year 4 (1/1/17-9/30/17)	Total grant period	Category Total	Agency	Approved Budget Narrative Category	
<b>Type 1a</b>	Type 1A											
<i>Proposed type 1 without base work group or agency/dept support</i>	<i>Proposed Type 1 without base work group or agency/dept support (subject to Core Team approval)</i>											Green indicates the money has been committed through hiring or contracts. Blue indicates the money has been approved for spending, but the contract is pending. Highlight indicates contract is pending at the Core Team.
	Personnel, fringe, travel, equipment, supplies, other, overhead		\$ 119,615	\$ 2,835,875	\$ 3,299,871.00	\$ 3,368,455.00	621,361.00	\$ 10,245,177	\$10,245,177.00	GMCB, AHS, AOA, DVHA, VDH	Personnel; Fringe; etc...	
	Project management	Total for this category							\$ 630,000.00			
		Remainder available							0			
		UMASS Commonwealth Med.	\$ -	\$ 300,000	\$ 230,000.00	\$ 100,000.00	-	\$ 630,000		AOA	Project Management	Adjusted to accurately reflect Y1 spending
	Evaluation	Total for this category							\$ 2,000,000.00			
		Remainder available			\$ 67,001.00	\$ 66,667.00	66,667.00	\$ 200,335	\$ 200,335.00	GMCB	Evaluation	
		Impaq International	\$ -	\$ 194,558	\$ 583,675.14	\$ 583,675.00	437,756.36	\$ 1,799,665		GMCB	Evaluation	
	Outreach and Engagement	Total for this category							\$ 300,000.00			
		Remainder available		\$ 15,000	\$ 135,000.00	\$ 150,000.00	-	\$ 300,000	\$ 300,000.00		Outreach and Engagement	
		RFP pending								DVHA	Outreach and Engagement	
	Interagency coordination	Total for this category							\$ 320,000.00			
		Remainder available			\$ 30,988.00	\$ 97,000.00	82,012.00	\$ 210,000	\$ 210,000.00	AOA	Interagency Coordination	
		Arrowhealth Health Analytics		\$ 40,000	\$ 70,000.00					AOA	Interagency Coordination	
	Staff training and Change management	Total for this category							\$ 55,000.00			
		Remainder available			\$ 20,000.00	\$ 20,000.00		\$ 40,000		DVHA	Staff Training and Change Management	
		Coaching Center of Vermont		\$ 15,000				\$ 15,000		DVHA	Staff Training and Change Management	
	Technology and Infrastructure	Total for this category							\$ 1,177,846.00			
		Remainder available							0			

VHCIP Funding Allocation Plan

		VITL		\$ 431,500	\$ 400,000.00			\$ 831,500		DVHA	Expanded Connectivity to the HIE	there will be carryover here. Not sure of exact amount. 400k is estimate by GJM
		VITL		\$ 346,346				\$ 346,346		DVHA	Practice Transformation	there will be carryover here. Not sure of exact amount. 400k is estimate by GJM
	Grant program	Total for this category							\$ 5,295,102.00			
		Remainder available		\$ 126,878	\$ 1,459,112.00	\$ 1,459,112.00	-	\$ 3,045,102	\$ 3,045,102.00			
		7 Awardees		\$ 560,000	\$ 1,130,000.00	\$ 560,000.00	-	\$ 2,250,000		DVHA	TA to providers implementing payment reforms	
	Grant program- Technical Assistance	Total for this category							\$ 500,000.00			
		Remainder available							0			
		Policy Integrity		\$ 20,000	\$ 40,000.00	\$ 40,000.00	-	\$ 100,000		DVHA	TA to providers implementing payment reforms	
		Wakely		\$ 20,000	\$ 40,000.00	\$ 40,000.00	-	\$ 100,000		DVHA	TA to providers implementing payment reforms	
		Truven		\$ 20,000	\$ 40,000.00	\$ 40,000.00	-	\$ 100,000		DVHA	TA to providers implementing payment reforms	
		VPQHC		\$ 20,000	\$ 40,000.00	\$ 40,000.00	-	\$ 100,000		DVHA	TA to providers implementing payment reforms	
		Bailit		\$ 20,000	\$ 40,000.00	\$ 40,000.00	-	\$ 100,000		DVHA	TA to providers implementing payment reforms	
	Chart Review	Total for this category							\$ 395,000.00			
		Remainder available							0			
		Healthfirst		\$ 9,167	\$ 45,833.00	\$ -	-	\$ 55,000		DVHA	Model Testing: Quality Measurement	Adjusted to accurately reflect Y1 spending
		CHAC		\$ 32,500	\$ 162,500.00	\$ -	-	\$ 195,000		DVHA	Model Testing: Quality Measurement	Adjusted to accurately reflect Y1 spending
		OCV		\$ 25,000	\$ 125,000.00	\$ -	-	\$ 150,000		DVHA	Model Testing: Quality Measurement	Adjusted to accurately reflect Y1 spending

VHCIP Funding Allocation Plan

	ACO Proposal: Analytics	Total for this category							\$ 3,135,000.00			
		Remainder available							0			
		CHAC		\$ 90,000	\$ 443,400.00	\$ -	-	\$ 533,400		DVHA	Advanced Analytics: 50%; TA Practice Transformation: 50%	Adjusted to accurately reflect Y1 spending
		OCV		\$ 250,000	\$ 2,368,200.00	\$ -	-	\$ 2,618,200		DVHA	Advanced Analytics: 50%; TA Practice Transformation: 50%	Adjusted to accurately reflect Y1 spending
	Advanced Analytics: Financial	Total for this category							\$ 600,000.00	DVHA	Advanced Analytics: Financial and Other Modeling	
		Remainder available		\$ 20,000	\$ 100,000.00	\$ 280,000.00		\$ 400,000	\$ 400,000.00	DVHA	Advanced Analytics: Financial and Other Modeling	
		Wakely Actuarial		\$ 30,000	\$ 150,000.00	\$ 20,000.00		\$ 200,000		DVHA	Advanced Analytics: Financial and Other Modeling	
	Advanced Analytics: Policy and modeling	Total for this category							\$ 440,003.00	DVHA	Advanced Analytics: Financial and Other Modeling	
		RFP for all-payer waiver support			\$ 220,002.00	\$ 220,001.00		\$ 440,003	\$ 440,003.00	DVHA	Advanced Analytics	Pending approval at 10.21.14 CT Meeting
	Subtotal								\$25,093,128.00			
<b>Type 1b</b>	<b>Type 1 B</b>											
<i>Proposed type 1 related to base work group support (subject to Core Team approval)</i>	Proposed Type 1 related to base work group support (subject to Core Team approval)											
	<b>Payment Models WG</b>	Total for this category							\$ 800,000.00		Advanced Analytics	
		Remainder Available			\$ 137,500.00	\$ 137,500.00	-	\$ 275,000	\$ 275,000	DVHA	Advanced Analytics	
		Bailit		\$ 80,000	\$ 160,000.00	\$ 160,000.00	-	\$ 400,000		DVHA	Advanced Analytics	
		Burns and Associates		\$ 125,000	\$ -	\$ -	-	\$ 125,000		DVHA	Advanced Analytics	
								\$ -				
	<b>Quality Perf Measures WG</b>	Total for this category						\$ -	\$ 400,000.00			
		Remainder Available							0			

VHCIP Funding Allocation Plan

		Bailit		\$ 80,000	\$ 160,000.00	\$ 160,000.00	-	\$ 400,000		DVHA	Model Testing: Quality Measures	
	<b>HIT/HIE WG</b>	Total for this category							\$ 240,000.00	DVHA	Advanced Analytics	
		Remainder Available		\$ 20,000	\$ 100,000.00	\$ -	-	\$ 120,000	\$ 120,000.00	DVHA	Advanced Analytics	request pending at 10.21.14 Core Team meeting
		Stone Environmental		\$ 20,000	\$ 100,000.00			\$ 120,000		DVHA	Advanced Analytics	
	<b>Population Health WG</b>	Total for this category							\$ 298,000.00	DVHA	Advanced Analytics	
		Remainder Available			\$ 100,000.00	\$ 100,000.00		\$ 200,000	\$ 200,000.00	DVHA		
		Hester		\$ 21,000	\$ 7,000.00	\$ -	-	\$ 28,000		DVHA	Advanced Analytics	
		AHC RFP		\$ 10,000	\$ 55,000.00	\$ -	-	\$ 65,000		DVHA	Advanced Analytics	Adjusted to accurately reflect Y1 spending
								\$ -				
	<b>Workforce</b>	Total for this category							\$ 86,000.00	DVHA	Workforce: System- wide capacity	
		Remainder Available		\$ -	\$ 15,000.00	\$ 43,000.00	-	\$ 58,000	\$ 58,000.00	DVHA	Workforce: System- wide capacity	
		UVM		\$ 28,000				\$ 28,000		DVHA	Workforce: System- wide capacity	
								\$ -				
	<b>Care Models</b>	Total for this category							\$ 150,000.00	DVHA	Advanced Analytics	
		Remainder Available			\$ 100,000.00	\$ 50,000.00	-	\$ 150,000	\$ 150,000.00	DVHA	Advanced Analytics	
								\$ -				
	<b>DLTSS</b>	Total for this category							\$ 680,000.00	DVHA	Advanced Analytics	
		Remainder Available				\$ 84,800.00		\$ 84,800	\$ 84,800.00		Advanced Analytics	
		Bailit		\$ 79,146	\$ 105,527.00	\$ 105,527.00	-	\$ 290,200		DVHA	Advanced Analytics	
		PHPG		\$ 90,000	\$ -	\$ -	-	\$ 90,000		DVHA	Advanced Analytics	
		WG Support RFP		\$ 36,000	\$ 179,000.00		-	\$ 215,000		DVHA	Advanced Analytics	
	<b>Sub Total</b>								\$ 2,654,000.00			

VHCIP Funding Allocation Plan

Type 1c	Type 1 C		Impl. Period	Year 1	Year 2	Year 3	Year 4	Grant Total				
<i>Proposed type 1 related to base agency/dept support</i>	Proposed Type 1 related to base agency/dept support											
	<b>GMCB</b>	Total for this category							<b>\$ 2,575,000.00</b>	<b>GMCB</b>	<b>Advanced Analytics</b>	
		Remainder Available			\$ 250,000.00	\$ 125,000.00	-	\$ 375,000	\$ 375,000.00	<b>GMCB</b>	<b>Advanced Analytics</b>	
		Lewin		\$ 289,474	\$ 694,737.00	\$ 694,736.00	521,053.00	\$ 2,200,000		<b>GMCB</b>	<b>Advanced Analytics</b>	
	<b>DVHA</b>	Total for this category							<b>\$ 1,425,000.00</b>	<b>DVHA</b>	<b>Advanced Analytics</b>	MMIS modifications, dissemination of info to providers, analytics, tech support
		Remainder Available		\$ -	\$ 631,090.00	\$ 631,090.00	-	\$ 1,262,180	\$ 1,262,180.00	<b>DVHA</b>	<b>Advanced Analytics</b>	
		PHPG-VBP		\$ 28,910	\$ 28,910.00	\$ -	-	\$ 57,820		<b>DVHA</b>	<b>Advanced Analytics</b>	
		Burns and Associates		\$ 50,000				\$ 50,000		<b>DVHA</b>	<b>Advanced Analytics</b>	Adjusted to accurately reflect Y1 spending
		DLB		\$ 35,000	\$ 20,000.00	\$ -	-	\$ 55,000		<b>DVHA</b>	<b>Advanced Analytics</b>	Adjusted to accurately reflect Y1 spending
	<b>Sub-Total</b>								<b>\$ 4,000,000.00</b>			

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Type 2	Type 2	Impl. Period	Year 1	Year 2	Year 3	Year 4	Grant Total				
Total proposed type 2 (subject to staff planning, work group/steering committee review and Core Team approval)	Total proposed Type 2 (subject to staff planning, work group/steering committee review and Core Team approval)										
	<b>HIT/HIE</b>	Total for this category									
		Total Remainder Available					\$ 4,526,031	\$ 4,526,031.00			
		VITL: ACO Gateway Population Health Proposal	\$ 440,321	\$ -	\$ -	\$ -	\$ 440,321		DVHA	T&I: Practice Transformation	
		VITL: ACO Gateway Population Health Proposal	\$ 833,333	\$ 833,333.00	\$ -	\$ -	\$ 1,666,666		DVHA	T&I: Expanded Connectivity btw SOV and ACOs/Providers	
		VITL: ACO Gateway Population Health Proposal	\$ 346,346	\$ 570,465.00	\$ -	\$ -	\$ 916,811		DVHA	T&I: Expanded Connectivity of HIE Infrastructure	
		<i>Subtotal: ACO Gateway Population Health Proposal</i>	\$ 1,620,000	\$ 1,403,798.00	\$ -	\$ -	\$ 3,023,798				
		VITL: ACTT Proposal	\$ 30,308	\$ 181,846.00	\$ 141,537.00	\$ -	\$ 353,691		DVHA	T&I: Practice Transformation	
		BHN: ACTT Proposal	\$ 100,141	\$ 235,538.00	\$ 135,398.00	\$ -	\$ 471,077		DVHA	T&I: Practice Transformation	
		ARIS: ACTT Proposal	\$ -	\$ 275,000.00	\$ -	\$ -	\$ 275,000		DVHA	T&I: Expanded Connectivity of HIE Infrastructure	Adjusted to accurately reflect Y1 spending
		im21: ACTT Proposal	\$ 96,000	\$ 64,000.00			\$ 160,000		DVHA	Technology and Infrastructure: Analysis of how to incorporate LTSS, MH/SA	Adjusted to accurately reflect Y1 spending

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		Data Repository: ACTT Proposal (pending)			\$ 346,139.00	\$ 346,139.00	-	692,278		DVHA	T&I: Enhancements or development of clinical registry and other centralized reporting systems.	
		Stipends: ACTT Proposal (pending)		\$ 10,000	\$ 20,000.00			\$ 30,000		DVHA	Pending CMMI review.	Will be deleted in subsequent versions. CMMI rejected proposal.
		Bailit: ACTT Proposal		\$ 13,357	\$ 26,715.00	\$ -	-	\$ 40,072		DVHA	Technology and Infrastructure: Analysis of how to incorporate LTSS, MH/SA	
		HIS: ACTT Proposal		\$ 40,000	\$ 60,000.00	\$ 20,000.00	-	\$ 120,000		DVHA	T&I: Practice Transformation	
		HIS: ACTT Proposal		\$ 20,000	\$ 100,000.00	\$ 80,000.00	-	\$ 200,000		DVHA	T&I: Expanded Connectivity of HIE Infrastructure	
		HIS: ACTT Proposal		\$ 34,282	\$ 102,846.00	\$ 68,563.00		\$ 205,691		DVHA	T&I: Enhancements or development of clinical registry and other centralized reporting systems.	
		HIS: ACTT Proposal		\$ 20,718	\$ 62,155.00	\$ 41,436.00	-	\$ 124,309		DVHA	T&I: Expanded Connectivity btw SOV and ACOs/Providers	
		<i>Subtotal: ACTT Proposal</i>						\$ 2,662,118				
		Remainder Available: Analysis of how to incorporate LTSS, MH/SA			\$ 49,964.00	\$ 49,964.00	-	\$ 99,928			Technology and Infrastructure: Analysis of how to incorporate LTSS, MH/SA	
		Remainder Available: Practice Transformation			\$ 50,533.00	\$ 50,532.00	-	\$ 101,065			T&I: Practice Transformation	
		Total for this category: Telemedicine			\$ 625,000.00	\$ 625,000.00	-	\$ 1,250,000.00			T&I: Telemedicine	
		Telehealth Planning RFP			\$ 120,000.00			\$ 120,000		DVHA	T&I: Telemedicine	

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		Remainder Available: Telehealth			505,000.00	625,000.00		1,130,000.00			T&I: Telemedicine	
		Remainder Available: Expanded connectivity of HIE infrastructure			\$ 788,345.00	\$ 788,344.00	-	\$ 1,576,689.00			T&I: Expanded Connectivity of HIE Infrastructure	
		Remainder Available: Integrated platform and reporting system			\$ 500,000.00	\$ 500,000.00	-	\$ 1,000,000.00			T&I: Integrated Platform and Reporting System	
		Remainder Available: Expanded connectivity between SOV data sources and ACOs/providers			\$ 98,159.00	\$ 98,159.00	-	\$ 196,318			T&I: Expanded Connectivity btw SOV and ACOs/Providers	
		Remainder Available: Enhancements or development of clinical registry and other centralized reporting systems.			\$ 151,016.00	\$ 151,016.00	-	\$ 302,031			T&I: Enhancements or development of clinical registry and other centralized reporting systems.	
								\$ -				
	<b>Workforce</b>	Total for this category							\$ 644,999.00		Workforce Assessment: System-wide capacity	
		Total Remainder Available				\$ 294,999.00		\$ 294,999	\$ 294,999.00		Workforce Assessment: System-wide capacity	
		Remainder Available: System-wide analysis		\$ -		\$ 294,999.00	-	\$ 294,999		DVHA	Workforce Assessment: System-wide capacity	
		System-wide analysis			\$ 350,000.00	0		\$ 350,000.00		DVHA	Workforce Assessment: System-wide capacity	
	<b>CMCM</b>	Total for this category							\$ 2,200,000.00			
		Total Remainder Available			\$ 810,000.00	\$ 1,040,000.00	-	\$ 1,850,000	\$ 1,850,000.00			

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		Remainder Available: Service delivery for LTSS, MH, SA, Children			\$ 700,000.00	\$ 700,000.00		\$ 1,400,000		DVHA	Model Testing: Service Delivery to support engancement and maintenance of best practice as payment models evolve	Coordinate with DLTSS
		Remainder Available: Learning Collaboratives			\$ 85,000.00	\$ 265,000.00		\$ 350,000		DVHA	TA: Learning Collaboratives	Note: mistake in previous versions. Correct amounts are reflected here.
		Learning Collaboratives RFP		\$ 60,000	\$ 240,000.00			\$ 300,000		DVHA	TA: Learning Collaboratives	Note: mistake in previous versions. Correct amounts are reflected here.
		Remainder Available: Integration of MH/SA		\$ -	\$ 75,000.00	\$ 75,000.00		\$ 150,000		DVHA	Model Testing: integration of MH/SA	Coordinate with DLTSS
	<b>QPM</b>	Total for this category						\$ 205,000.00		DVHA	Model Testing: Quality Measures	
		Total Remainder Available			\$ 14,541.00	\$ 14,541.00		\$ 29,082	\$ 29,082.00	DVHA		
		Datastat (Patient Exp Survey)		\$ 58,639	\$ 58,639.00	\$ 58,639.00	-	\$ 175,918		DVHA	Model Testing: Quality Measures	
	<b>Sub-Total</b>							\$ 13,261,946				

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<b>Type 1a</b>	\$	25,093,128										
<b>Type 1b</b>	\$	2,654,000										
<b>Type 1c</b>	\$	4,000,000										
<b>Type 2</b>	\$	13,261,946										
<b>Unallocated</b>	\$	-										
<b>Grant Total</b>	\$	45,009,074										