

Vermont Health Care Innovation Project
Payment Model Design and Implementation Work Group Meeting Minutes

Pending Work Group Approval

Date of meeting: Monday, March 21, 2016, 1:00-3:00pm, DVHA Large Conference Room, 312 Hurricane Lane, Williston.

Agenda Item	Discussion	Next Steps
1. Welcome and Introductions; Approve Meeting Minutes	<p>Cathy Fulton called the meeting to order at 1:04pm. A roll call attendance was taken and a quorum was present.</p> <p>Susan Aranoff moved to approve the February 2016 meeting minutes by exception. Rick Dooley seconded. The minutes were approved with five abstentions (Abe Berman, Mike Del Trecco, Joe Halco, Loral Ruggles, Julia Shaw).</p>	
2. Program Updates	<p>Heidi Klein provided an update on the Accountable Communities for Health Peer Learning Lab initiative.</p> <ul style="list-style-type: none"> • The State put out a call for Vermont communities interested in participating in a peer learning opportunity to continue to explore the Accountable Communities for Health model. This builds on earlier work by the Prevention Institute to develop this model under the supervision of the Population Health Work Group, as well as the Unified Community Collaboratives and other work ongoing in the state. This initiative is not part of the CMS Accountable Health Communities initiative announced this winter. • 10 communities will participate in the Peer Learning Lab, with varied levels of readiness and existing activity. • A contract to design learning activities and support communities is in process, and hopefully will be executed by next meeting. • Staff are currently working on an analysis of participant applications; when the contractor is hired, they will start with a needs assessments. <p>The group discussed the following:</p> <ul style="list-style-type: none"> • Heidi clarified UCCs are key players in all, though not at the center of all communities' applications. • Heidi noted that dates for learning events are not yet set. • Cathy Fulton noted that this is just a starting place for continued ongoing work. • Key staff working on this initiative have been working closely with staff for the Integrated Communities Care Management Learning Collaborative to ensure coordination and collaboration. The ICCMLC focuses on integrating care for individuals, whereas this initiative focuses on integrating health care systems with an eye 	<p>Staff will distribute a link to the ACH Peer Learning Lab Information Webinar slides.</p>

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	<p>toward prevention and public health. Laural Ruggles noted that in St. Johnsbury, the same organizations are involved in both initiatives, but with different representatives at each – care managers and others who directly care for patients are attending the ICCMLC, whereas CEOs and other high level leaders are participating in the ACH Peer Learning Lab.</p> <ul style="list-style-type: none"> • There is not currently a payment model change associated with this initiative. This is exploratory work, and may produce financing recommendations (contrasted with payment model changes). • Does the ACH model include services and providers outside of the medical system? Yes. Vermont is significantly ahead of many other states in terms of coordination and integration of health care services – this adds community-wide prevention. • Participants noted that Community Health Team funding continues to be separate from Unified Community Collaborative funds. 	
<p>3. OneCare Vermont Red Cap</p>	<p>Miriam Sheehy and Mike DeSarno presented on OneCare Vermont’s REDCap initiative. As part of the SSPs, ACOs are required to collect data on a randomized sample of patients. In 2014, initial attempt at data collection did not go smoothly. In 2015, OneCare used a combination of Excel spreadsheets and a HIPAA-compliant web-based data collection tool, REDCap. Miriam and Mike did a walk through of the REDCap system using example data.</p> <ul style="list-style-type: none"> • Patients are pre-loaded into REDCap, along with basic demographic data and tax ID numbers. • REDCap is a responsive form that reacts to measure exclusions as clinical data is entered. This supports ease of use, data completeness, and integration of this data with a larger dataset. • There is some capacity for transferring XML data from hospitals into the system to avoid manual data entry. OneCare is working with VITL and is hoping to draw clinical data from the VHIE into an analytics system where it would be married to claims data; not yet clear whether or not it would be able to be moved to this system. • Currently, manual data entry is done both by ACO staff and at practices. • Data can be exported in a variety of files to support development of a consolidated dataset. <p>The group discussed the following:</p> <ul style="list-style-type: none"> • UVMMC analytics department built the survey logic in-house. • This software is free for members of the REDCap Consortium; OneCare uses UVMMC’s license. • OneCare had a good experience using this tool in terms of ease and data completeness. Will likely use it again. • OneCare has a meeting with CHAC and Healthfirst to discuss and demonstrate this tool. • OneCare also did a significant amount of work to analyze its process for data abstraction this year, as well as quality improvement systems checks. Data entry is still an error prone area, but drop-downs support higher data quality. • New technologies are getting better at pulling data out of patient records notes for projects like this to reduce the burden on practices and providers. Miriam noted that this is immature technology. Tests at UVMMC have shown this takes as many, if not more, man hours as manual data abstraction. She also noted that OneCare does most data abstraction for practices to ease this burden, but that there is still a burden for OneCare staff to get trained on the practice’s EMR. 	

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	<ul style="list-style-type: none"> • There are very few exceptions that allow for skipping a patient and pulling them from the randomized sample. If there is nothing entered, that counts as a fail. Rick Dooley noted that this is an advantage of practices doing their own abstraction – they know where information gets hidden within their EMR. • Dale Hackett suggested working with the AHEC, which has some tools and support to offer in this area. 	
4. Medicaid Pathway	<p>Michael Costa and Selina Hickman provided an update on the Medicaid Pathway project (Attachment 4).</p> <ul style="list-style-type: none"> • Big Goal: Integrated Health System to achieve the Triple Aim. All-Payer Model is only part of this; Medicaid Pathway work is pursuing integrated system for services not subject to financial caps – thinking about what the future looks like for services and providers not included in the first phase of the All-Payer Model (~Medicare A and B services). • All-Payer Model is led by AOA and GMCB. <ul style="list-style-type: none"> ○ “This is an evolution, not a revolution” – building on existing all-payer reforms (i.e., SSPs, Blueprint). ○ Working to agree on a “term sheet” with CMMI now; if agreement is reached, the State will seek to enter into a 5-year agreement later this year. Information on the terms and additional details are available on the GMCB website. ○ This work on payment models will tie to continued work to support practice transformation. • Medicaid Pathway work is led by AHS Central Office. <ul style="list-style-type: none"> ○ Ensuring delivery reform doesn’t stop for providers not included under APM cap. ○ Continuous cycle, similar to Plan-Do-Study-Act. Building on SIM stakeholder engagement process. ○ DVHA has a key role as a payer. The equivalent of Medicare A&B services accounts for ~35% of Medicaid’s payments; the other 65% outside of the APM cap. DMH, DAIL, and VDH ADAP services are a large part of this and will be part of the Medicaid Pathway; in addition, there are some TBD programs and services, including DCF Child Development & Family Service programs and VDH Maternal and Child Health programs. In addition, Integrating Family Services is a model we’ll continue to expand. ○ Mental health and substance abuse services are the starting place for this process – the State is working with providers of these services to answer process questions now. A group of DAs, SSAs, preferred providers are meeting with State staff regularly. There will be an implementation proposal by July 2016, and an operational proposal following that. This will require Legislative action for implementation. The VHCIP DLTSS Work Group has also engaged in this same planning process with support from SIM contractors. Looking to engage with other community providers. ○ Governance: AHS and DVHA are working closely together on this. <p>The group discussed the following:</p> <ul style="list-style-type: none"> • Dale Hackett asked how this will impact the Medicare system. Medicare will continue to be administered by the Federal government. This will change how Medicare pays the ACO. There is no comingling of Medicare and Medicaid funds or population. • Mike Hall asked whether services not initially included in the regulated services cap eventually be brought under the cap. This is a possibility; Selina noted this is part of the Medicaid Pathway idea. Mike Hall suggested 	Slide deck will be distributed.

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	<p>development must happen on a parallel track and eventually merge. Michael Costa added that this is evolving over time and will be ongoing. Discussions with the federal government have always focused on eventual integration; however, the State has been careful to stay away from committing to timelines so that we can ensure readiness before additional services are brought under the cap.</p> <ul style="list-style-type: none"> • Mike Hall asked how the tension between commercial payers, Medicaid, and Medicare – “Medicaid does heavy lifting and Medicare Trust Fund reaps the benefits” – impacts this work, noting that both service/payment reform paths and funding streams need to converge. Non-included services are generally Medicaid-funded and under-resourced, and will need to pull some funds from the regulated services side if they are to be sufficiently resourced and contribute to decreasing costs. Selina noted that this has been part of discussions and negotiations with federal partners. Regulated services are about 7/8ths of Medicare’s spending (all but pharmacy), 2/3 of commercial spending, and 1/3 of Medicaid spending. Aligning across payers is a significant lever, especially for services that overlap. Federal partners are very interested in improving payment parity overall for Medicaid, and in including more services in regulated revenue over time. There is no answer at this point in time. • Mark Burke expressed concerns about APM and Medicaid Pathway because it requires a new method of evaluation. In a non-fee for service system, it’s challenging to assign value to services since payment is no longer linked to each individual service. There is currently no accounting method in hospitals to do this, and this is a critical business capacity. High-level thinking is good, but the ground-level is still to be developed. Selina pointed out that there is work going on at this level – AHS is working with DAs and other providers to streamline measurement to reflect what the State needs to know to pay for services. There is still process needed at the provider level to develop this area. Alicia Cooper added that Medicaid is building on SIM stakeholder work in the early phases of the SSPs to align measures across payers and beneficiary populations – this will be a starting point, though there may be opportunities to collect information in new and different ways and build on quality improvement. • Andrew Garland expressed admiration for Slide 17, Medicaid Pathway Process. He suggested this should be the process for APM as well. One of his concerns with APM as a payer is that we haven’t answered all of these questions yet, as we move quickly toward payment reform. • Andrew Garland noted that there are some things about today’s system that is working, though there are some things that are not. He suggested we take care, move to support transformation, and limit backsliding. • Susan Aranoff commented that whether or not the status quo is working, we don’t yet know that the ACO model is working. She renewed her request to see the results from Year 1 of the Medicaid SSP. • Dale Hackett noted that from a consumer perspective, he is concerned that the APM excludes too many categories – how will we ensure things get better for consumers? Selina noted this is a key issue, but emphasized that the payment side of reforms should not impact consumers – benefits are not changing. 	
5. Public Comment	There was no additional comment.	
6. Next Steps, and Action Items	Next Meeting: Monday, April 18, 2016, 1:00-3:00pm, DVHA Large Conference Room, 312 Hurricane Lane, Williston	

VHCIP Payment Model Design and Implementation Work Group Member List

*Sve 10
Rick 20
mtn approve
minutes by
exception
- carried
5 Absentees*

Monday, March 21, 2016

Member		Member Alternate		Minutes	Organization
First Name	Last Name	First Name	Last Name		
Melissa	Bailey	Shannon	Thompson ✓		AHS - DMH
		Jaskanwar	Batra		AHS - DMH
		Kathleen	Hentcy		AHS - DMH
		Frank	Reed		AHS - DMH
Jill	Berry-Bowen	Stephanie	Breault ✓		Northwestern Medical Center
		Jane	Catton		Northwestern Medical Center
		Diane	Leach		Northwestern Medical Center
		Don	Shook		Northwestern Medical Center
		Lou	Longo		Northwestern Medical Center
Diane	Cummings ✓	Shawn	Skafelstad ✓		AHS - Central Office
Mike	DelTrecco ✓	Jill	Olson	A	Vermont Association of Hospital and Health Systems
Tracy	Dolan	Heidi	Klein ✓		AHS - VDH
		Cindy	Thomas		AHS - VDH
		Julie	Arel		AHS - VDH
Rick	Dooley ✓	Susan	Ridzon		HealthFirst
		Paul	Reiss		HealthFirst
Kim	Fitzgerald	Stefani	Hartsfield ✓		Cathedral Square and SASH Program
		Molly	Dugan		Cathedral Square and SASH Program
Aaron	French	Erin	Carmichael ✓		AHS - DVHA
		Nancy	Hogue		AHS - DVHA
		Megan	Mitchell ✓		AHS - DVHA
Catherine	Fulton ✓				Vermont Program for Quality in Health Care
Peter	Cobb ✓	Beverly	Boget		VNAs of Vermont

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Member		Member Alternate		Minutes	Organization
First Name	Last Name	First Name	Last Name		
		Michael	Counter		VNA & Hospice of VT & NH
Steve	Gordon	Mark	Burke ✓		Brattleboro Memorial Hospital
Maura	Graff ✓	Heather	Bushey		Planned Parenthood of Northern New England
Dale	Hackett ✓				Consumer Representative
Mike	Hall ✓	Sandy	Conrad		Champlain Valley Area Agency on Aging / COVE
		Angela	Smith-Dieng		V4A
Paul	Harrington ✓				Vermont Medical Society
Karen	Hein				University of Vermont
Bard	Hill ✓	Patricia	Cummings		AHS - DAIL
		Susan	Aranoff ✓		AHS - DAIL
		Gabe	Epstein ✓		AHS - DAIL
Jeanne	Hutchins				UVM Center on Aging
Kelly	Lange	Teresa	Voci ✓		Blue Cross Blue Shield of Vermont
Ted	Mable	Kim	McClellan		DA - Northwest Counseling and Support Services
		Joe	Halco ✓	A	
David	Martini ✓				AOA - DFR
Lou	McLaren ✓				MVP Health Care
MaryKate	Mohlman	Jenney	Samuelson		AHS - DVHA - Blueprint
Ed	Paquin ✓				Disability Rights Vermont
Abe	Berman ✓	Miriam	Sheehey ✓	A	OneCare Vermont

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Member		Member Alternate		Minutes	Organization
First Name	Last Name	First Name	Last Name		
		Vicki	Loner		OneCare Vermont
Laural	Ruggles ✓			14	Northeastern Vermont Regional Hospital
Julia	Shaw ✓	Rachel	Seelig	14	VLA/Health Care Advocate Project
Lila	Richardson ✓	Kaili	Kuiper		VLA/Health Care Advocate Project
Kate	Simmons ✓	Kendall	West		Bi-State Primary Care/CHAC
		Patricia	Launer		Bi-State Primary Care
		Melissa	Miles		Bi-State Primary Care
		Heather	Skeels		Bi-State Primary Care
Richard	Slusky ✓	Pat	Jones		GMCB
Julie	Tessler				VCP - Vermont Council of Developmental and Mental Health Services
		Sandy	McGuire		VCP - Howard Center
		31	43		

Q ✓

VHCIP Payment Model Design and Implementation Work Group

Attendance Sheet

3/21/2016

	First Name	Last Name		Organization	Payment Model Design and Implementation
1	Peter	Albert		Blue Cross Blue Shield of Vermont	X
2	Susan	Aranoff	here	AHS - DAIL	MA
3	Julie	Arel		AHS - VDH	MA
4	Bill	Ashe		Upper Valley Services	X
5	Lori	Augustyniak		Center for Health and Learning	X
6	Debbie	Austin		AHS - DVHA	X
7	Ena	Backus		GMCB	X
8	Melissa	Bailey		Vermont Care Partners	M
9	Michael	Bailit	here	SOV Consultant - Bailit-Health Purchasing	X
10	Susan	Barrett		GMCB	X
11	Jaskanwar	Batra		AHS - DMH	MA
12	Abe	Berman	phone	OneCare Vermont	MA
13	Bob	Bick		DA - HowardCenter for Mental Health	X
14	Mary Alice	Bisbee		Consumer Representative	X
15	Charlie	Biss		AHS - Central Office - IFS / Rep for AHS - DM	X
16	Beverly	Boget		VNAs of Vermont	MA
17	Mary Lou	Bolt		Rutland Regional Medical Center	X
18	Jill Berry	Bowen		Northwestern Medical Center	M
19	Stephanie	Breault	phone	Northwestern Medical Center	MA
20	Martha	Buck		Vermont Association of Hospital and Health	A
21	Mark	Burke		Brattleboro Memorial Hopsital	MA
22	Donna	Burkett		Planned Parenthood of Northern New Engla	X
23	Catherine	Burns		DA - HowardCenter for Mental Health	X
24	Heather	Bushey		Planned Parenthood of Northern New Engla	MA
25	Gisele	Carbonneau		HealthFirst	A
26	Erin	Carmichael	here	AHS - DVHA	MA
27	Jan	Carney		University of Vermont	X
28	Denise	Carpenter		Specialized Community Care	X

29	Jane	Catton		Northwestern Medical Center	MA
30	Alysia	Chapman		DA - HowardCenter for Mental Health	X
31	Joshua	Cheney		VITL	A
32	Joy	Chilton		Home Health and Hospice	X
33	Amanda	Ciecior	here	AHS - DVHA	S
34	Barbara	Cimaglio		AHS - VDH	X
35	Daljit	Clark		AHS - DVHA	X
36	Sarah	Clark		AHS - CO	X
37	Peter	Cobb	phone	VNAs of Vermont	X
38	Judy	Cohen		University of Vermont	X
39	Lori	Collins		AHS - DVHA	X
40	Connie	Colman		Central Vermont Home Health and Hospice	X
41	Sandy	Conrad		V4A	MA
42	Amy	Coonradt	here	AHS - DVHA	S
43	Alicia	Cooper	here	AHS - DVHA	S
44	Janet	Corrigan		Dartmouth-Hitchcock	X
45	Brian	Costello			X
46	Michael	Counter		VNA & Hospice of VT & NH	M
47	Mark	Craig			X
48	Diane	Cummings	phone	AHS - Central Office	M
49	Patricia	Cummings		AHS - DAIL	MA
50	Michael	Curtis		Washington County Mental Health Services	X
51	Jude	Daye		Blue Cross Blue Shield of Vermont	A
52	Jesse	de la Rosa		Consumer Representative	X
53	Danielle	DeLong		AHS - DVHA	X
54	Mike	DelTrecco	phone	Vermont Association of Hospital and Health	M
55	Yvonne	DePalma		Planned Parenthood of Northern New Engla	X
56	Trey	Dobson		Dartmouth-Hitchcock	X
57	Tracy	Dolan		AHS - VDH	M
58	Michael	Donofrio		GMCB	X
59	Kevin	Donovan		Mt. Ascutney Hospital and Health Center	X
60	Rick	Dooley	here	HealthFirst	M
61	Molly	Dugan		Cathedral Square and SASH Program	MA
62	Lisa	Dulsky Watkins			X
63	Robin	Edelman		AHS - VDH	X
64	Jennifer	Egelhof		AHS - DVHA	MA

65	Suratha	Elango		RWJF - Clinical Scholar	X
66	Gabe	Epstein	phone	AHS - DAIL	S/MA
67	Jamie	Fisher		GMCB	A
68	Klm	Fitzgerald		Cathedral Square and SASH Program	M
69	Katie	Fitzpatrick		Bi-State Primary Care	A
70	Patrick	Flood		CHAC	X
71	Erin	Flynn		AHS - DVHA	S
72	LaRae	Francis		Blue Cross Blue Shield of Vermont	X
73	Judith	Franz		VITL	X
74	Mary	Fredette		The Gathering Place	X
75	Aaron	French		AHS - DVHA	M
76	Catherine	Fulton	here	Vermont Program for Quality in Health Care	C
77	Joyce	Gallimore		Bi-State Primary Care/CHAC	X
78	Lucie	Garand		Downs Rachlin Martin PLLC	X
79	Andrew	Garland	here	MVP Health Care	M
80	Christine	Geiler		GMCB	S
81	Carrie	Germaine		AHS - DVHA	X
82	Al	Gobeille		GMCB	X
83	Steve	Gordon		Brattleboro Memorial Hospital	M
84	Don	Grabowski		The Health Center	X
85	Maura	Graff	here	Planned Parenthood of Northern New England	M
86	Wendy	Grant		Blue Cross Blue Shield of Vermont	A
87	Bea	Grause		Vermont Association of Hospital and Health	MA
88	Lynn	Guillett		Dartmouth Hitchcock	X
89	Dale	Hackett	here	Consumer Representative	M
90	Mike	Hall	here	Champlain Valley Area Agency on Aging / C	M
91	Paul	Harrington	phone	Vermont Medical Society	M
92	Stefani	Hartsfield	here	Cathedral Square	MA
93	Carrie	Hathaway		AHS - DVHA	X
94	Carolynn	Hatin		AHS - Central Office - IFS	S
95	Karen	Hein		University of Vermont	M
96	Kathleen	Hentcy		AHS - DMH	MA
97	Jim	Hester		SOV Consultant	S
98	Selina	Hickman	here	AHS - DVHA	X
99	Bard	Hill	phone	AHS - DAIL	M
100	Con	Hogan		GMCB	X

101	Nancy	Hogue		AHS - DVHA	M
102	Jeanne	Hutchins		UVM Center on Aging	M
103	Penrose	Jackson		UVM Medical Center	X
104	Craig	Jones		AHS - DVHA - Blueprint	X
105	Pat	Jones		GMCB	MA
106	Margaret	Joyal		Washington County Mental Health Services	X
107	Joelle	Judge	here	UMASS	S
108	Kevin	Kelley		CHSLV	X
109	Melissa	Kelly		MVP Health Care	X
110	Trinka	Kerr		VLA/Health Care Advocate Project	X
111	Sarah	King		Rutland Area Visiting Nurse Association & H	X
112	Sarah	Kinsler	here	AHS - DVHA	S
113	Heidi	Klein	here	AHS - VDH	MA
114	Tony	Kramer		AHS - DVHA	X
115	Kaili	Kuiper		VLA/Health Care Advocate Project	MA
116	Norma	LaBounty		OneCare Vermont	A
117	Kelly	Lange		Blue Cross Blue Shield of Vermont	M
118	Dion	LaShay		Consumer Representative	X
119	Patricia	Launer		Bi-State Primary Care	MA
120	Diane	Leach		Northwestern Medical Center	MA
121	Mark	Levine		University of Vermont	X
122	Lyne	Limoges		Orleans/Essex VNA and Hospice, Inc.	X
123	Deborah	Lisi-Baker		SOV - Consultant	X
124	Sam	Liss		Statewide Independent Living Council	X
125	Vicki	Loner		OneCare Vermont	MA
126	Lou	Longo		Northwestern Medical Center	MA
127	Nicole	Lukas		AHS - VDH	X
128	Ted	Mable		DA - Northwest Counseling and Support Ser	M
129	Carole	Magoffin	here	AHS - DVHA	S
130	Georgia	Maheras	phone	AOA	S
131	Jackie	Majoros		VLA/LTC Ombudsman Project	X
132	Carol	Maloney		AHS	X
133	Carol	Maroni		Community Health Services of Lamoille Vall	X
134	David	Martini	here	AOA - DFR	M
135	John	Matulis			X
136	James	Mauro		Blue Cross Blue Shield of Vermont	X

137	Lisa	Maynes		Vermont Family Network	X
138	Kim	McClellan		DA - Northwest Counseling and Support Ser	MA
139	Sandy	McGuire		VCP - HowardCenter for Mental Health	M
140	Jill	McKenzie			X
141	Lou	McLaren	here	MVP Health Care	M
142	Darcy	McPherson		AHS - DVHA	X
143	Anneke	Merritt		Northwestern Medical Center	X
144	Melissa	Miles		Bi-State Primary Care	MA
145	Robin	Miller		AHS - VDH	X
146	Megan	Mitchell	here	AHS - DVHA	MA
147	MaryKate	Mohlman		AHS - DVHA - Blueprint	M
148	Madeleine	Mongan		Vermont Medical Society	X
149	Kirsten	Murphy		AHS - Central Office - DDC	X
150	Chuck	Myers		Northeast Family Institute	X
151	Floyd	Nease		AHS - Central Office	X
152	Nick	Nichols		AHS - DMH	X
153	Mike	Nix		Jeffords Institute for Quality, FAHC	X
154	Miki	Olszewski		AHS - DVHA - Blueprint	X
155	Jessica	Oski		Vermont Chiropractic Association	X
156	Ed	Paquin	here	Disability Rights Vermont	M
157	Annie	Paumgarten	here	GMCB	S
158	Laura	Pelosi		Vermont Health Care Association	X
159	Eileen	Peltier		Central Vermont Community Land Trust	X
160	John	Pierce			X
161	Tom	Pitts		Northern Counties Health Care	X
162	Joshua	Plavin		Blue Cross Blue Shield of Vermont	X
163	Luann	Poirer		AHS - DVHA	S
164	Sherry	Pontbriand		NMC	X
165	Alex	Potter		Center for Health and Learning	X
166	Amy	Putnam		DA - Northwest Counseling and Support Ser	MA
167	Betty	Rambur		GMCB	X
168	Allan	Ramsay		GMCB	X
169	Frank	Reed		AHS - DMH	MA
170	Paul	Reiss		HealthFirst/Accountable Care Coalition of t	MA
171	Sarah	Relk			X
172	Virginia	Renfrew		Zatz & Renfrew Consulting	X

173	Lila	Richardson	phone	VLA/Health Care Advocate Project	M
174	Susan	Ridzon		HealthFirst	MA
175	Carley	Riley			X
176	Laurie	Riley-Hayes		OneCare Vermont	A
177	Brita	Roy			X
178	Laural	Ruggles	phone	Northeastern Vermont Regional Hospital	M
179	Jenney	Samuelson		AHS - DVHA - Blueprint	MA
180	Howard	Schapiro		University of Vermont Medical Group Pract	X
181	seashre@msn	seashre@msn.com		House Health Committee	X
182	Rachel	Seelig		VLA/Senior Citizens Law Project	MA
183	Susan	Shane		OneCare Vermont	X
184	Julia	Shaw	phone	VLA/Health Care Advocate Project	M
185	Melanie	Sheehan		Mt. Ascutney Hospital and Health Center	X
186	Miriam	Sheehey	here	OneCare Vermont	MA
187	Don	Shook		Northwestern Medical Center	MA
188	Kate	Simmons	phone	Bi-State Primary Care/CHAC	M
189	Colleen	Sinon		Northeastern Vermont Regional Hospital	X
190	Shawn	Skafelstad	phone	AHS - Central Office	MA
191	Heather	Skeels		Bi-State Primary Care	MA
192	Richard	Slusky	here	GMCB	M
193	Chris	Smith		MVP Health Care	X
194	Angela	Smith-Dieng		V4A	MA
195	Jeremy	Ste. Marie		Vermont Chiropractic Association	X
196	Holly	Stone		UMASS	S
197	Jennifer	Stratton		Lamoille County Mental Health Services	X
198	Beth	Tanzman		AHS - DVHA - Blueprint	X
199	JoEllen	Tarallo-Falk		Center for Health and Learning	X
200	Julie	Tessler		VCP - Vermont Council of Developmental a	M
201	Cindy	Thomas		AHS - VDH	MA
202	Shannon	Thompson	phone	AHS - DMH	MA
203	Bob	Thorn		DA - Counseling Services of Addison County	X
204	Win	Turner			X
205	Karen	Vastine		AHS-DCF	X
206	Teresa	Voci		Blue Cross Blue Shield of Vermont	MA
207	Nathaniel	Waite		VDH	X
208	Beth	Waldman		SOV Consultant - Bailit-Health Purchasing	X

209	Marlys	Waller		DA - Vermont Council of Developmental an	X
210	Nancy	Warner		COVE	X
211	Julie	Wasserman	here	AHS - Central Office	S
212	Monica	Weeber		AHS - DOC	X
213	Kendall	West		Bi-State Primary Care/CHAC	MA
214	James	Westrich	here	AHS - DVHA	S
215	Robert	Wheeler		Blue Cross Blue Shield of Vermont	X
216	Jason	Williams		UVM Medical Center	X
217	Sharon	Winn		Bi-State Primary Care	X
218	Stephanie	Winters		Vermont Medical Society	X
219	Hillary	Wolfley			X
220	Mary	Woodruff			X
221	Erin	Zink		MVP Health Care	X
222	Marie	Zura		DA - HowardCenter for Mental Health	X
					222

Mike DeSarno - One Care VT
Michael Costa - AOA