

**Vermont Health Care Innovation Project  
Population Health Work Group Meeting Minutes**

**Pending Work Group Approval**

**Date of meeting:** Monday, October 17, 2016, 1:00-3:00pm, 4<sup>th</sup> Floor Conference Room, Pavilion Building, Montpelier.

Agenda Item	Discussion	Next Steps
<b>1. Welcome and Introductions; Approve Meeting Minutes</b>	<p>Andrew Garland called the meeting to order at 1:01pm. A roll call attendance was taken and a quorum was present.</p> <p>Sue Aranoff moved to approve the September 2016 minutes by exception, and Dale Hackett seconded. The minutes were approved with one abstention (Kate Simmons).</p>	
<b>2. Program Update:</b> <ul style="list-style-type: none"> <li>• Brief Sustainability Plan Update</li> <li>• Update on APM</li> </ul>	<p><u>Sustainability Plan Update:</u> Sarah Kinsler delivered an update on the process to create the SIM Sustainability Plan and thanked those who are participating in that stakeholder process. There have been three meetings thus far that have centered on the three focus areas of the SIM project overall (Practice Transformation, Health Data Infrastructure and Payment Model Design and Implementation) and the activities that are occurring within each focus area. A draft plan will be released around November 2, and will be presented at every work group and the Steering Committee in November. A webinar in November will give participants an additional opportunity to offer feedback. The Core Team will receive a recommended plan in December that will be provided to the incoming administration.</p> <p><u>APM Update:</u> Lawrence Miller provided an update on the status of the All-Payer Model (APM). The draft agreement from CMMI has been published and was put out for public comment. The public comment period ended last Thursday, 10/13; the vast majority of comments relate to implementation, and follow up questions have been sent to CMS as a result of that process. The next step will be to receive a draft back from CMS and then the Green Mountain Care Board (GMCB) will need to take a vote. We are moving toward a final draft so that the Board can make a recommendation to the governor. The Global Commitment 1115 Waiver (expires 12/31/2016) is also being renegotiated simultaneously. Lawrence clarified that while the public comment period has ended, GMCB will continue to take comments related to their decision whether to recommend approval or disapproval.</p> <ul style="list-style-type: none"> <li>• Lila Richardson asked if a summary of comments made on the draft agreement will be made public. Ultimately, yes, but it will not be released until a draft has been released by CMS. The Administration has not yet issued any responses to comments.</li> </ul>	

Agenda Item	Discussion	Next Steps
	<ul style="list-style-type: none"> <li>Sue Aranoff asked if the Administration and GMCB will provide written responses to comments they have received. Lawrence replied that the Administration has not yet decided whether it will respond to all comments individually or in writing, noting that many comments were verbal. He could not comment on the GMCB process for this.</li> <li>Dale Hackett noted that he has compared the documents for the APM and the Medicaid Pathway side by side to try to understand how they relate. He commented that the Medicaid Pathway must be adequately funded if it will keep pace with the APM and support parity. Lawrence replied that the APM and Global Commitment 1115 waiver work together. For the Medicaid Pathway, the 1115 waiver sets up a framework, and the Medicaid needs funding that matches that framework. Dale commented that the documents indicate that extra waiver funds may be sought. Lawrence clarified that in the 1115 waiver there is financial capacity for these activities (and other AHS activities); the APM includes some one-time funding that will then transition to Medicare-based funding. Year 3 of the APM shows a fully integrated plan that provides the foundation for the negotiations for the next 1115 waiver. He also noted that Vermont needs an 1115 waiver that stands on its own if APM does not proceed or if it fails.</li> </ul>	
<b>3. Year 2 Shared Savings Program Results Overview</b>	<p>Andrew Garland introduced the agenda item and offered thanks Alicia Cooper and Pat Jones, noting their hard work to prepare these materials. He noted that this discussion will be augmented by a webinar on October 28, and that the November PMDI meeting will also reserve time for further discussion on this topic.</p> <p>Pat Jones and Alicia Cooper presented high-level results from Year 2 of Vermont’s Medicaid and Commercial Shared Savings Programs (SSPs) as well as the Medicare Shared Savings Program.</p> <ul style="list-style-type: none"> <li>The Shared Savings Programs (SSPs) are part of a broader context in Vermont and nationally: in 2015, the federal government passed the Medicare Access and Children Health Insurance Program Reauthorization Act (MACRA). MACRA creates 2 tracks for payment reform under Medicare: 1) Merit-Based Incentive Payment System (MIPS) – reimburses providers based on results of quality measures (upside or downside); 2) Advanced Alternative Payment Models – provides financial incentives for providers who chose to participate and disincentives for those who do not. Vermont’s current SSPs do not qualify as Advanced Alternative Payment Models; however, the All-Payer Model would qualify.</li> <li>Cautions in interpreting results: The three ACOs have different populations and different SSP start dates/levels of maturity. In addition, Commercial targets continue to be based on Vermont Health Connect premiums, rather than actual claims experience.</li> <li>Takeaways from the 2015 SSP results: <ul style="list-style-type: none"> <li><u>Medicaid SSP</u>: CHAC earned modest savings; PMPM declined from 2014 to 2015. Overall quality scores improved.</li> <li><u>Commercial SSP</u>: CHAC and OneCare PMPM financial results closer to targets; no change in OneCare’s PMPM from 2014 to 2015; VCP’s farther away from target. Targets still based on premiums in 2015, rather than claims experience. Overall quality scores improved by 5 percentage points for CHAC and 2</li> </ul> </li> </ul>	

Agenda Item	Discussion	Next Steps
	<p>percentage points for OneCare; VCP overall quality score declined by 2 percentage points (still would have qualified VCP for 100% of savings).</p> <p><u>Medicare SSP</u>: CHAC and OneCare aggregate financial results farther away from targets; Medicare doesn't report PMPM results. Quality improved by 7 percentage points for OneCare; 2015 was first reporting year for CHAC; both had quality scores greater than 90%.</p> <ul style="list-style-type: none"> <li>• A few notes regarding Medicaid and Commercial payment measures: <ul style="list-style-type: none"> <li>○ Medicaid and Commercial payment measure set was mostly stable between 2014 and 2015; outcome measures added in 2015</li> <li>○ Multiple years of data for Commercial SSP members resulted in adequate denominators for measures with look-back periods</li> <li>○ Medicaid "Quality Gate" more rigorous in 2015 (35% to 55%)</li> <li>○ Data collection and analysis is challenging, but there continues to be impressive collaboration among ACOs in clinical data collection</li> </ul> </li> <li>• Medicaid SSP Quality Results: Payment Measures – (Slide 36). <ul style="list-style-type: none"> <li><u>Strengths</u>: <ul style="list-style-type: none"> <li>○ 10 of 14 measures of ACO results were above the 50th percentile nationally; 6 of 14 were above the 75th percentile Both ACOs met the quality gate and CHAC will receive shared savings</li> </ul> </li> <li><u>Opportunities</u>: <ul style="list-style-type: none"> <li>○ 4 of 14 measures were below the 50th percentile</li> <li>○ Opportunity to improve Chlamydia Screening measure across both participating ACOs</li> <li>○ Some variation among ACOs</li> </ul> </li> </ul> </li> <li>• Commercial SSP Quality Results: Payment Measures <ul style="list-style-type: none"> <li><u>Strengths</u>: <ul style="list-style-type: none"> <li>○ 16 of 22 measures were above the 50th percentile nationally; 15 of 22 were above the 75th percentile</li> </ul> </li> <li><u>Opportunities</u>: <ul style="list-style-type: none"> <li>○ 6 of 22 measures were below the 50th percentile</li> <li>○ Opportunity to improve Alcohol and Other Drug Dependence Treatment measure across all ACOs</li> <li>○ Even when performance compared to benchmarks is good, potential to improve some rates</li> <li>○ Some variation among ACOs</li> </ul> </li> </ul> </li> </ul> <p>The group discussed the following:</p> <ul style="list-style-type: none"> <li>• Dale Hackett asked, do we look at who is doing the best and see what they're doing that makes them the leader? Pat stated that this is the goal. Additionally, Vermont Department of Health has developed Change Packets for each payment measure and has been working with OneCare Vermont to co-brand these and roll them out to practices. Each of our ACOs are working on these issues with their practices and with each other. Kate Simmons agreed.</li> </ul>	

Agenda Item	Discussion	Next Steps
	<ul style="list-style-type: none"> <li>• Susan Shane asked about the impact of 42 CFR Part 2 on alcohol and drug treatment measures. Pat responded that certainly not having access to good data makes it hard to do this kind of analysis, but working across the network there is still the ability to make sure that the initial engagement and follow up treatment occurs. Susan added that the ACOs are not getting any data on this measure, and Pat agreed that yes, it adds to the challenge, but one approach working with providers to make sure that there is initial intervention and follow-up once the diagnosis occurs. Paul Harrington noted that the Substance Abuse and Mental Health Services Administration (SAMHSA) has a draft rule to make the access to this type of information easier.</li> <li>• Paul asked Pat and Alicia for their opinion: have Vermont’s Shared Savings Programs been a success? He noted savings are built into the All-Payer Model agreement, so lack of savings from the SSPs is of concern. Pat responded there have been some savings within the Medicaid program, noting that the movement toward target in the Commercial SSP is encouraging. She also noted that when states try these kinds of reform programs, it can take years for the impact to fully play out.</li> <li>• Sue Aranoff suggested adding percentages (actual vs. goal) to the presentation of the financial results to highlight the percent changes over time.</li> </ul>	
<b>4. Population Health Plan: Review and Discussion</b>	<p>Sarah Kinsler presented the draft Population Health Plan, noting that the draft Plan (summarized in Attachment 4; full draft plan available here: <a href="#">Population Health Plan</a>) is a draft; we hope and expect to have comments and feedback from a broad stakeholder group.</p> <ul style="list-style-type: none"> <li>• This is the culmination of two years of work from the Population Health Work Group. We would like folks to consider the following three questions as they review this document and provide feedback: <ol style="list-style-type: none"> <li>1. From your work group’s point of view, how does this plan advance your work?</li> <li>2. How well do the goals and recommendations of the plan align with yours for moving ahead?</li> <li>3. What else would you want to see to get behind this plan?</li> </ol> </li> </ul> <p>The group discussed the following:</p> <ul style="list-style-type: none"> <li>• Dale Hackett asked if we are thinking about how to keep ourselves healthy, particularly during stressful times. Sarah spoke about the impact of social policy and politics in shaping the environment in which individuals and communities live, work, and play. Karen Hein added that the CDC Social Impact Pyramid also illustrates how other interventions can help with this (such as ‘making health choices the easy choice’). Lawrence Miller also added that there are critical points that address these kinds of concerns with community and large-scale disasters or events that are built into response plans – e.g. the response to Hurricane Irene.</li> <li>• Ed Paquin raised a point of caution, noting that the health system is not necessarily best situated to address all factors that impact health (e.g., clean water). The acute care delivery system is good at what it’s good at, but other parts of our system (e.g., schools) are great contributors to the overall health of our communities. Ed noted that acute care services are critical for many people, including the elderly and people with disabilities, and he is concerned about any plan that would shift resources away from those</li> </ul>	

Agenda Item	Discussion	Next Steps
	<p>key areas where they are needed and where the actual expertise exists. Karen Hein reminded the group that this is guideline and not meant to be specific – it’s a framework.</p> <ul style="list-style-type: none"> <li>• Jim Hester raised a point that any effort in this area needs a variety of financial vehicles and can’t just rely on financial resources from the acute care setting, for example.</li> <li>• Dale Hackett asked about population health metrics under the APM. The APM contains some Vermont-wide population health targets and this plan proposes that Vermont utilize population health metrics like these in the future. Karen Hein noted that there is a Robert Wood Johnson grant that is currently looking at the statewide budget for health (including health care services expenditures and the components that are being spent on health) and intends to look broader, wider, deeper than just the health care sector. Jim Hester also added that the draft APM agreement proposes three tiers for measures – State-level, attributed lives, and care process measures.</li> <li>• Karen Hein pointed out that there is brand new money available to finance population health activities through Community Development Financial Institutions (CDFIs).</li> <li>• Dale Hackett asked if there is a plan to coordinate across the Population Health Plan, Sustainability Plan, and All-Payer Model planning. Sarah replied that the Population Health Plan is not intended as a detailed workplan, but rather as a roadmap, along with the APM. Karen Hein added that the Accountable Communities for Health work is a key resource that could support detailed workplan development within communities. The Population Health Plan can be a guide for evaluating the models and whether we are aligning ourselves with the various initiatives across the state.</li> <li>• Dale Hackett suggested that this plan document and others should highlight what happens if we do not make recommended investments.</li> </ul> <p>Questions and comments regarding the Population Health Plan may be submitted to Georgia Maheras (<a href="mailto:Georgia.maheras@vermont.gov">Georgia.maheras@vermont.gov</a>), Heidi Klein (<a href="mailto:Heidi.klein@vermont.gov">Heidi.klein@vermont.gov</a>), and/or Sarah Kinsler (<a href="mailto:sarah.kinsler@vermont.gov">sarah.kinsler@vermont.gov</a>) until 10/31. Participants should feel free to provide written or verbal comments – please feel free to call or email and use whatever form you wish to provide comments. A second draft will be created in November and further drafts in Spring for the ultimate due date to CMMI in June 2017.</p>	
<b>5. Public Comment</b>	There was no public comment.	
<b>6. Next Meeting and Next Steps</b>	<b>Next Meeting:</b> Monday, November 21, 2016, 1:00pm-3:00pm, DVHA Large Conference Room, 312 Hurricane Lane, Williston	

# VHCIP Payment Model Design and Implementation Work Group Member List

Monday, October 17, 2016

*5ve A 10* *Date 4/20* *Motion Carried*  
*1 abstention*

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	Devin	Batchelder		Northwestern Medical Center
		Jane	Catton		Northwestern Medical Center
		Diane	Leach		Northwestern Medical Center
		Don	Shook		Northwestern Medical Center
		Lou	Longo		Northwestern Medical Center
		<i>Chris</i>	<i>Hickey</i> ✓		
Diane	Cummings	Shawn	Skafelstad		AHS - Central Office
Mike	DelTrecco				Vermont Association of Hospital and Health Systems
Tracy	Dolan	Heidi	Klein		AHS - VDH
		Cindy	Thomas		AHS - VDH
		Julie	Arel		AHS - VDH
		<i>Nicole</i>	<i>Lucas</i> ✓		
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
Beverly	Boget	Michael	Counter		VNAs of Vermont

# VHCIP Payment Model Design and Implementation Work Group Member List

Monday, October 17, 2016

Member		Member Alternate		Minutes	Organization
First Name	Last Name	First Name	Last Name		
Bonnie	McKellar	Mark	Burke		Brattleboro Memorial Hospital
		Steve	Gordon		Brattleboro Memorial Hospital
Maura	Graff ✓	Heather	Bushey		Planned Parenthood of Northern New England
Dale	Hackett ✓				Consumer Representative
Mike	Hall	<del>Sandy</del>	<del>Conrad</del>		Champlain Valley Area Agency on Aging / COVE
Paul	Harrington ✓				Vermont Medical Society
Karen	Hein ✓				University of Vermont
Bard	Hill	Patricia	Cummings ✓		AHS - DAIL
		Susan	Aranoff ✓		AHS - DAIL
Jeanne	Hutchins ✓				UVM Center on Aging
<del>Kelly</del>	<del>Lange</del>	Teresa	Voci		Blue Cross Blue Shield of Vermont
Ted	Mable	Kim	McClellan		DA - Northwest Counseling and Support Services
		Tim	Gallagan		DA - Northwest Counseling and Support Services
David	Martini ✓				AOA - DFR
Chris	Smith ✓				MVP Health Care
MaryKate	Mohlman ✓	Jenney	Samuelson		AHS - DVHA - Blueprint
Ed	Paquin ✓				Disability Rights Vermont
Abe	Berman	Miriam	Sheehy		OneCare Vermont
		Vicki	Loner		OneCare Vermont



# VHCIP Payment Model Design and Implementation Work Group Member List

Monday, October 17, 2016

Member		Member Alternate		Minutes	Organization
First Name	Last Name	First Name	Last Name		
		Leah	Fullem		OneCare Vermont
		Sam	Bary ✓		
Laural	Ruggles				Northeastern Vermont Regional Hospital
Julia	Shaw ✓				VLA/Health Care Advocate Project
Lila	Richardson ✓	Kaili	Kuiper		VLA/Health Care Advocate Project
Kate	Simmons ✓	Kendall	West ✓	A(kate)	Bi-State Primary Care/CHAC
		Patricia	Launer ✓		Bi-State Primary Care
		Heather	Skeels		Bi-State Primary Care
Pat	Jones ✓	Kate	O'Neill		GMCB
Julie	Tessler				VCP - Vermont Council of Developmental and Mental Health Services
		Sandy	McGuire ✓		VCP - Howard Center
				31	40

Q ✓



# VHCIP Payment Model Design and Implementation Work Group

## Attendance Sheet

10/17/2016

	First Name	Last Name		Organization	Payment Model Design and Implementation
1	Peter	Albert		Blue Cross Blue Shield of Vermont	X
2	Susan	Aranoff	<i>None</i>	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		SOV Consultant - Bailit-Health Purchasing	X
10	Susan	Barrett		GMCB	X
11	Sara	Barry	<i>None</i>	OneCare Vermont	X
12	Devin	Batchelder		Northwestern Medical Center	MA
13	Jaskanwar	Batra		AHS - DMH	MA
14	Abe	Berman		OneCare Vermont	MA
15	Bob	Bick		DA - HowardCenter for Mental Health	X
16	Charlie	Biss		AHS - Central Office - IFS / Rep for AHS - DM	X
17	Beverly	Boget	<i>None</i>	VNAs of Vermont	MA
18	Mary Lou	Bolt		Rutland Regional Medical Center	X
19	Jill Berry	Bowen		Northwestern Medical Center	M
20	Stephanie	Breault		Northwestern Medical Center	MA
21	Martha	Buck		Vermont Association of Hospital and Health	A
22	Mark	Burke		Brattleboro Memorial Hospital	MA
23	Donna	Burkett		Planned Parenthood of Northern New Engla	X
24	Heather	Bushey		Planned Parenthood of Northern New Engla	MA
25	Gisele	Carbonneau		HealthFirst	A
26	Erin	Carmichael	<i>None</i>	AHS - DVHA	MA
27	Denise	Carpenter		Specialized Community Care	X
28	Jane	Catton		Northwestern Medical Center	MA

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

65	Erin	Flynn	here	AHS - DVHA	S
66	Judith	Franz		VITL	X
67	Mary	Fredette		The Gathering Place	X
68	Aaron	French		AHS - DVHA	M
69	Catherine	Fulton	here	Vermont Program for Quality in Health Care	CC
70	Lucie	Garand		Downs Rachlin Martin PLLC	X
71	Andrew	Garland	here	BCBSVT	CC
72	Christine	Geiler	here	GMCB	S
73	Carrie	Germaine		AHS - DVHA	X
74	Al	Gobeille		GMCB	X
75	Steve	Gordon		Brattleboro Memorial Hospital	M
76	Don	Grabowski		The Health Center	X
77	Maura	Graff		Planned Parenthood of Northern New England	M
78	Wendy	Grant		Blue Cross Blue Shield of Vermont	A
79	Lynn	Guillett		Dartmouth Hitchcock	X
80	Dale	Hackett	here	Consumer Representative	M
81	Mike	Hall		Champlain Valley Area Agency on Aging / C	M
82	Catherine	Hamilton		Blue Cross Blue Shield of Vermont	X
83	Paul	Harrington	here	Vermont Medical Society	M
84	Stefani	Hartsfield	phone	Cathedral Square	MA
85	Carrie	Hathaway		AHS - DVHA	X
86	Karen	Hein	phone	University of Vermont	M
87	Kathleen	Hentcy		AHS - DMH	MA
88	Jim	Hester	phone	SOV Consultant	S
89	Selina	Hickman		AHS - DVHA	X
90	Bard	Hill		AHS - DAIL	M
91	Con	Hogan		GMCB	X
92	Nancy	Hogue		AHS - DVHA	M
93	Jeanne	Hutchins	phone	UVM Center on Aging	M
94	Penrose	Jackson		UVM Medical Center	X
95	Craig	Jones		AHS - DVHA - Blueprint	X
96	Pat	Jones	here	GMCB	MA
97	Margaret	Joyal		Washington County Mental Health Services	X
98	Joelle	Judge	here	UMASS	S
99	Kevin	Kelley		CHSLV	X
100	Melissa	Kelly		MVP Health Care	X

101	Sarah	Kinsler	here	AHS - DVHA	S
102	Heidi	Klein		AHS - VDH	MA
103	Tony	Kramer		AHS - DVHA	X
104	Kaili	Kuiper		VLA/Health Care Advocate Project	MA
105	Norma	LaBounty		OneCare Vermont	A
106	Kelly	Lange		Blue Cross Blue Shield of Vermont	M
107	Dion	LaShay		Consumer Representative	X
108	Patricia	Launer	phone	Bi-State Primary Care	MA
109	Diane	Leach		Northwestern Medical Center	MA
110	Mark	Levine		University of Vermont	X
111	Lyne	Limoges		Orleans/Essex VNA and Hospice, Inc.	X
112	Deborah	Lisi-Baker		SOV - Consultant	X
113	Sam	Liss		Statewide Independent Living Council	X
114	Vicki	Loner		OneCare Vermont	MA
115	Lou	Longo		Northwestern Medical Center	MA
116	Nicole	Lukas	here	AHS - VDH	X
117	Ted	Mable		DA - Northwest Counseling and Support Ser	M
118	Carole	Magoffin	phone	AHS - DVHA	S
119	Georgia	Maheras		AOA	S
120	David	Martini	here	AOA - DFR	M
121	James	Mauro		Blue Cross Blue Shield of Vermont	X
122	Lisa	Maynes		Vermont Family Network	X
123	Kim	McClellan		DA - Northwest Counseling and Support Ser	MA
124	Sandy	McGuire	phone	VCP - HowardCenter for Mental Health	M
125	Bonnie	McKellar		Brattleboro Memorial Hopsital	M
126	Jill	McKenzie			X
127	Darcy	McPherson		AHS - DVHA	X
128	Anneke	Merritt		Northwestern Medical Center	X
129	Robin	Miller		AHS - VDH	X
130	Megan	Mitchell	phone	AHS - DVHA	MA
131	MaryKate	Mohlman	here	AHS - DVHA - Blueprint	M
132	Kirsten	Murphy		AHS - Central Office - DDC	X
133	Chuck	Myers		Northeast Family Institute	X
134	Floyd	Nease		AHS - Central Office	X
135	Nick	Nichols		AHS - DMH	X
136	Mike	Nix		Jeffords Institute for Quality, FAHC	X

137	Miki	Olszewski		AHS - DVHA - Blueprint	X
138	Jessica	Oski		Vermont Chiropractic Association	X
139	Ed	Paquin	here	Disability Rights Vermont	M
140	Eileen	Peltier		Central Vermont Community Land Trust	X
141	Tom	Pitts		Northern Counties Health Care	X
142	Joshua	Plavin		Blue Cross Blue Shield of Vermont	X
143	Luann	Poirer		AHS - DVHA	S
144	Sherry	Pontbriand		NMC	X
145	Alex	Potter		Center for Health and Learning	X
146	Betty	Rambur		GMCB	X
147	Allan	Ramsay		GMCB	X
148	Frank	Reed		AHS - DMH	MA
149	Paul	Reiss		HealthFirst/Accountable Care Coalition of t	MA
150	Sarah	Relk			X
151	Virginia	Renfrew		Zatz & Renfrew Consulting	X
152	Lila	Richardson	here	VLA/Health Care Advocate Project	M
153	Susan	Ridzon		HealthFirst	MA
154	Carley	Riley			X
155	Laurie	Riley-Hayes		OneCare Vermont	A
156	Brita	Roy			X
157	Laural	Ruggles		Northeastern Vermont Regional Hospital	M
158	Jenney	Samuelson		AHS - DVHA - Blueprint	MA
159	Howard	Schapiro		University of Vermont Medical Group Pract	X
160	seashre@msn	seashre@msn.com		House Health Committee	X
161	Rachel	Seelig		VLA/Senior Citizens Law Project	MA
162	Susan	Shane	phone	OneCare Vermont	X
163	Julia	Shaw	phone	VLA/Health Care Advocate Project	M
164	Melanie	Sheehan		Mt. Ascutney Hospital and Health Center	X
165	Miriam	Sheehey		OneCare Vermont	MA
166	Don	Shook		Northwestern Medical Center	MA
167	Kate	Simmons	here	Bi-State Primary Care/CHAC	M
168	Colleen	Sinon		Northeastern Vermont Regional Hospital	X
169	Shawn	Skafelstad	phone	AHS - Central Office	MA
170	Heather	Skeels		Bi-State Primary Care	MA
171	Chris	Smith	phone	MVP Health Care	X
172	Jeremy	Ste. Marie		Vermont Chiropractic Association	X



173	Jennifer	Stratton		Lamoille County Mental Health Services	X
174	Kara	Suter		Burns and Associates	X
175	Beth	Tanzman		AHS - DVHA - Blueprint	X
176	JoEllen	Tarallo-Falk		Center for Health and Learning	X
177	Julie	Tessler		VCP - Vermont Council of Developmental an	M
178	Cindy	Thomas		AHS - VDH	MA
179	Shannon	Thompson		AHS - DMH	MA
180	Bob	Thorn		DA - Counseling Services of Addison County	X
181	Win	Turner			X
182	Karen	Vastine		AHS-DCF	X
183	Teresa	Voci		Blue Cross Blue Shield of Vermont	MA
184	Nathaniel	Waite		VDH	X
185	Beth	Waldman		SOV Consultant - Bailit-Health Purchasing	X
186	Marlys	Waller		DA - Vermont Council of Developmental an	X
187	Nancy	Warner		COVE	X
188	Julie	Wasserman	<i>here</i>	AHS - Central Office	S
189	Kendall	West	<i>here</i>	Bi-State Primary Care/CHAC	MA
190	James	Westrich	<i>here</i>	AHS - DVHA	S
191	Jason	Williams		UVM Medical Center	X
192	Sharon	Winn		Bi-State Primary Care	X
193	Stephanie	Winters		Vermont Medical Society	X
194	Hillary	Wolfley		Vermont Program for Quality in Health Care	X
195	Erin	Zink		MVP Health Care	X
196	Marie	Zura		DA - HowardCenter for Mental Health	X
					<b>196</b>