

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

**October 31, 2016 1:30pm-3:00pm**

**4<sup>th</sup> Floor Conference Room, Pavilion Building, 109 State Street, Montpelier**

**Call-In Number: 1-877-273-4202; Passcode: 8155970**

| Item #                                     | Time Frame | Topic  | Presenter                          | Relevant Attachments   |
|--|------------|--|------------------------------------|--|
| 1  | 1:30-1:40  | Welcome and Chair's Report<br><ul style="list-style-type: none"> <li>a. Annual Report Submitted.</li> <li>b. Population Health Plan Update.</li> <li>c. PP2 Carryover approved.</li> </ul> | Lawrence Miller                    | <i>Update.</i>   |
| <b>Core Team Processes and Procedures:</b> |            |  |                                    |  |
| 2  | 1:40-1:45  | Approval of meeting minutes  | Lawrence Miller                    | Attachment 2: September 21, 2016 meeting minutes.<br><i>Decision needed.</i> |
| <b>Core Team Updates:</b>                  |            |  |                                    |  |
| 3  | 1:45-1:55  | Financial Update: Budget to Actuals PP3  | Georgia Maheras and Diane Cummings | Attachment 3: PP3 Budget to Actuals to date.<br><i>Update.</i>               |
| <b>Financial Decisions:</b>                |            |  |                                    |  |
| 4  | 1:55-2:30  | Financial Request:<br><ul style="list-style-type: none"> <li>• PP3 Reallocation</li> </ul><br><i>Public comment</i>  | Georgia Maheras                    | Attachment 4: Financial Request.<br><i>Decision needed</i>                   |

|   |           |   |                 |  |
|---|-----------|---|-----------------|--|
| 5 | 2:30-2:40 | <i>Public Comment</i>   | Lawrence Miller |  |
| 6 | 2:40-2:50 | Next Steps, Wrap-Up and Future Meeting Schedule:<br>November 14, 2016 from 1pm-3pm, location Montpelier | Lawrence Miller |  |

Attachment 2: September 21,  
2016 Meeting Minutes



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

**Pending Core Team Approval**

**Date of meeting:** Wednesday, September 21, 2016, 2:00-3:30pm, 4<sup>th</sup> Floor Conference Room, Pavilion Building, 109 State St., Montpelier.

| Agenda Item                                 | Discussion  | Next Steps |
|---|---|------------|
| <p><b>1. Welcome and Chair's Report</b></p> | <p>Lawrence Miller called the meeting to order at 2:00pm. A roll-call attendance was taken and a quorum was present.</p> <p><i>Chair's Report:</i> Lawrence Miller noted that our Year 2 Carryover Request was submitted; we are awaiting approval from CMMI and hope to receive it relatively soon. Lawrence thanked everyone who contributed to that submission. Sustainability planning has kicked off; two meetings of private-sector stakeholders have occurred so far with great participation. An early draft will be released in early November and will be reviewed by every SIM Work Group in November. A draft for initial Core Team review will be presented in December; it will be finalized by next June to align with the end of the SIM process. Paul Bengtson commented that leadership sustainability will be a critical issue starting in January. Lawrence noted that while Georgia's position is permanent and is funded by SIM through October 2017, most SIM positions are temporary and will end between now and the end of the grant. The Director of Health Care Reform position (Robin Lunge) is also in statute. The Core Team will need to work with the next Governor to communicate what they think are critical activities for sustainability.</p> <p>Lawrence also noted a change in today's agenda: the funding request for Vermont Developmental Disabilities Council is not yet ready and has been withdrawn from today's agenda.</p> <p>Georgia also noted that Holly Stone, a contracted project manager on the SIM project, will be moving into a project management role working on the HIE program at DVHA. She thanked Holly for her work and noted that we look forward to continuing to work with her in her new role!</p> |            |

| Agenda Item                                   | Discussion   | Next Steps |
|---|--|------------|
| <b>2. Approval of Meeting Minutes</b>         | Paul Bengtson moved to approve the August 8 meeting minutes. Al Gobeille seconded. A roll-call vote was taken and the motion carried.  |            |
| <b>3. Financial Update: Budget to Actuals</b> | <p>Georgia Maheras and Diane Cummings provided a financial update (Attachment 3).</p> <ul style="list-style-type: none"> <li>• Performance Period 1 (October 2013-December 2014, plus a 12-month carryover period through December 2015) is completely closed out. Georgia thanked Diane Cummings for her work on this, and noted that only \$303,835.27 was reverted to CMMI. This is a significant accomplishment, as we had previously contemplated reverting nearly \$11 million. <ul style="list-style-type: none"> <li>○ Extensions of Performance Periods and Carryover Periods mean that some performance years are overlapping, but funds still need to be kept segregated.</li> </ul> </li> <li>• Performance Period 2 (January 2015-June 2016, plus a carryover period – not yet approved). A small amount of funds not yet paid are due to Carryover request since Vermont operates on a cash basis. Additional carryover activities will also use Performance Period 2 funds, as previously agreed to with CMMI – these are also included in the Carryover request. The Carryover approval will provide additional time to spend unspent funds and to reallocate across categories. CMMI has indicated they have no questions about the request at this time.</li> <li>• Performance Period 3 (July 2016-June 2017). We have an unobligated balance of just over \$2 million for Performance Period 3. Lawrence noted that this amount is unallocated and can still be spent based on Core Team decisions. Georgia also noted that we have dollars allocated to contracts; where spending is less than expected, these funds can be reallocated to overspending contracts or to other activities within the scope of this performance period. However, State and federal contracting timelines require that we made final decisions about contracts by the end of October so contracts can be signed before January – the Core Team should expect many contract requests in October.</li> </ul> <p>Al Gobeille complimented Georgia, Diane, and the SIM team on handling these approvals, contract requests, and reporting.</p> |            |
| <b>4. Financial Request</b>                   | <p>Georgia Maheras introduced two financial requests (Attachment 4).</p> <p><i>Additional funds for Wakely Actuarial - \$250,000:</i> We have an existing contract with Wakely to provide actuarial activities. In the past, this has included SSP SPAs as well as informing other payment model development. The rationale for the increase is due to work on the All-Payer Model. The reasons for this include the Medicaid Redetermination Process, which required Wakely to redo trend analyses and baseline studies. They have also had to do cost and utilization exhibits, ACO-specific risk scoring, and reviewing studies with the GMCB’s actuary. We have also requested that Wakely travel to Vermont to facilitate conversations with Vermont about these topics, which was not previously included in the budget. Georgia will send additional information about the specifics of this request to Paul Bengtson, as requested.</p>  |            |

| Agenda Item   | Discussion  | Next Steps |
|---|---|------------|
|   | <p>Paul Bengtson moved to approve this item. Steven Costantino seconded. A roll call vote was taken and the motion carried.</p> <p><i>New request for VITL Terminology Services Phase 2 - \$148,400:</i> This work has previously been discussed by the Core Team; the Core Team initially voted to approve Phase 1 only. Phase 1 was implemented in June. Phase 2 proposes to expand on this. OneCare reported that Phase 1, which is for Labs and Medications, has been helpful. The Blueprint also benefits from these standards. The budget for Phase 2 is detailed in the attachment and is allocated between the consultant who performs most of these work and VITL staff time for terminology mapping.</p> <ul style="list-style-type: none"> <li>• Paul asked how long Phase 1 took, and how long Phase 2 was expected to take. Phase 1 was completed in 14 weeks; Phase 2, which is an incremental expansion, would be expected to take through June 2017. Additional expansions on the service and updates could take place as necessary and desired. The subscription fee of \$63,000 is an annual cost.</li> <li>• Lawrence noted that VITL did complete Phase 1 on-time. Was the full scope completed and was the quality of the work as expected? Georgia replied yes on both counts; this is one of the reasons she discussed utility of this work with OneCare.</li> <li>• Paul noted that difficulty of translating between data systems and the ability of data systems to push information that providers need is a challenge in clinical care. Georgia noted that bidirectional need for data feeds is a major challenge, and that in most cases this issue is being dealt with one system at a time. Terminology services cleans data before it goes into the clinical data warehouse at VITL.</li> </ul> <p>Paul Bengtson moved to approve this item. Al Gobeille seconded. A roll call vote was taken and the motion carried.</p> |            |
| <b>5. Public Comment</b>                                  | There was no public comment.  |            |
| <b>6. Next Steps, Wrap Up and Future Meeting Schedule</b> | <b>Next Meeting:</b> Monday, October 10, 2016, 1:00-3:00pm, Montpelier.   |            |

# VHCIP Core Team Member List

Roll Call: 9/21/2016

1<sup>o</sup> Paul  
2<sup>o</sup> Steven  
passed N/A

1<sup>o</sup> Paul  
2<sup>o</sup> AI  
passed

| Member     |            | 8/8/16<br>Minutes | Financial Proposals |        |      | Organization                           |
|------------|------------|-------------------|---------------------|--------|------|--|
|            |            |                   | Wakely              | VT DDC | VITL |  |
| First Name | Last Name  |                   |                     |        |      |  |
| Paul       | Bengston ✓ | ✓                 | ✓                   |        | ✓    | Northeastern Vermont Regional Hospital |
| Hal        | Cohen      | x                 | x                   |        | x    | AHS - CO                               |
| Steven     | Costantino | x                 | ✓                   |        | ✓    | AHS - DVHA                             |
| Al         | Gobeille ✓ | ✓                 | ✓                   |        | ✓    | GMCB                                   |
| Monica     | Hutt       | x                 | x                   |        | x    | AHS - DAIL                             |
| Robin      | Lunge ✓    | ✓                 | ✓                   |        | ✓    | AOA - Director of Health Care Reform   |
| Lawrence   | Miller ✓   | ✓                 | ✓                   |        | ✓    | AOA - Chief of Health Care Reform      |
| Steve      | Voigt ✓    | ✓                 | ✓                   |        | ✓    | ReThink Health                         |

attending:  
 Julia Shaw  
 Sarah Kinster  
 Giofa Makaras  
 Holly Stone  
 Chissy Geiler

↑ 1<sup>o</sup> Paul  
 2<sup>o</sup> AI  
 passed





# Attachment 3: PP3 Budget to Actuals to date.

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# Budget to Actuals: PP1-PP3

October 31, 2016

Georgia Maheras, JD

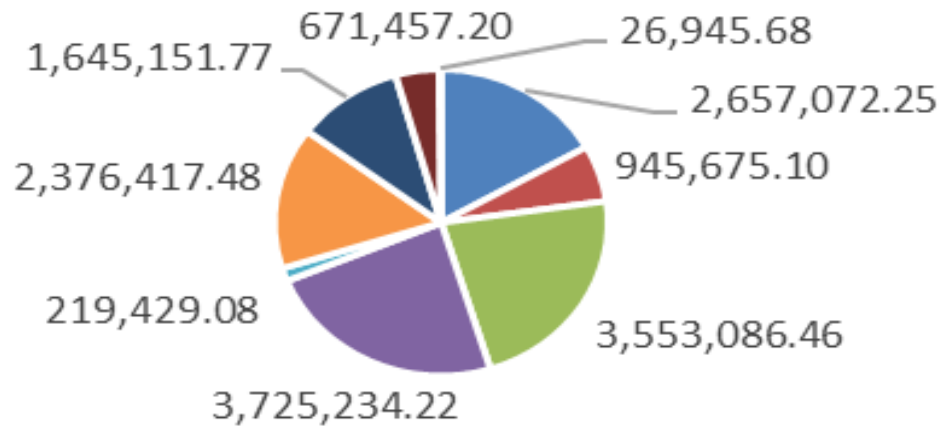
Project Director

# PP1: Actuals (period is closed out)

| Year 1 Budget                               |                         |                         |   |                               |
|---|-------------------------|-------------------------|---|-------------------------------|
| October 1, 2013 - December 31, 2015         |                         |                         |   |                               |
| BUDGET CATEGORY                             | BUDGET-YEAR 1           | FINAL EXPENSES          | CONTRACTUAL OBLIGATIONS (less paid & unpaid invoices) | REMAINING UNOBLIGATED BALANCE |
| Personnel/Benefits                          | \$ 2,657,072.25         | \$ 2,657,072.25         | \$ -  | \$ -                          |
| Operating (includes Indirect)               | \$ 945,675.10           | \$ 945,675.10           | \$ -  | \$ 0.00                       |
| Contractual:                                |                         |                         |   |                               |
| HEALTH DATA INFRASTRUCTURE-TOTAL            | \$ 3,631,455.14         | \$ 3,553,086.46         | \$ 78,368.68  |                               |
| PAYMENT MODELS-TOTAL                        | \$ 3,898,088.35         | \$ 3,725,234.22         | \$ 172,854.13   |                               |
| CARE MODELS-TOTAL                           | \$ 242,754.13           | \$ 219,429.08           | \$ 23,325.05  |                               |
| CARE MODELS-SUB GRANT PROGRAM-TOTAL         | \$ 2,385,707.27         | \$ 2,376,417.48         | \$ 9,289.79   |                               |
| EVALUATION-TOTAL                            | \$ 1,656,538.42         | \$ 1,645,151.77         | \$ 11,386.65  |                               |
| GENERAL-TOTAL                               | \$ 680,068.17           | \$ 671,457.20           | \$ 8,610.97   |                               |
| CMMI Required: Population Health Plan-TOTAL | \$ 26,945.68            | \$ 26,945.68            | \$ -  |                               |
| Contractual Total                           | \$ 12,521,557.16        | \$ 12,217,721.89        | \$ 303,835.27   | \$ 0.00                       |
| <b>TOTAL YEAR 1 BUDGET</b>                  | <b>\$ 16,124,304.51</b> | <b>\$ 15,820,469.24</b> | <b>\$ 303,835.27</b>                                  | <b>\$ 0.00</b>                |

# PP1: All Actuals (period is closed out)

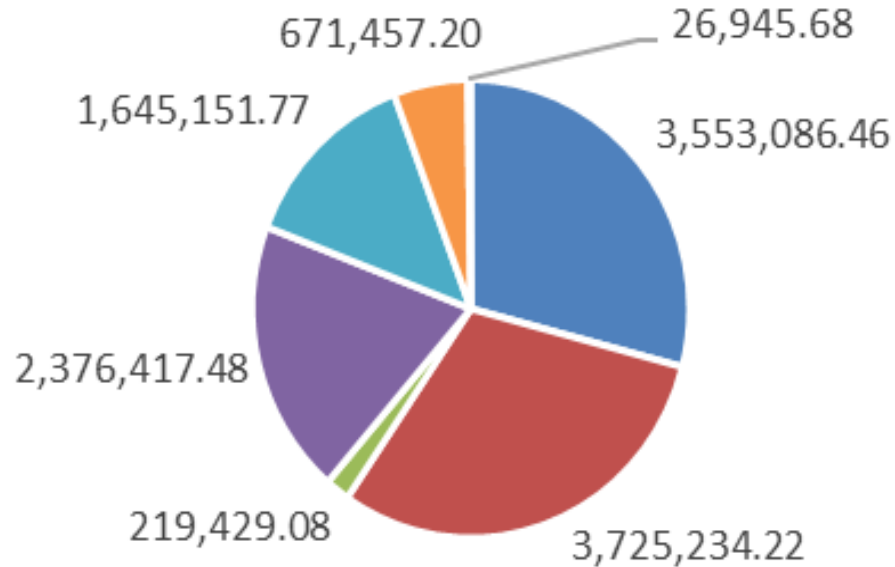
## YEAR 1 FINAL EXPENSES



- Personnel/Benefits
- Operating (includes Indirect)
- HEALTH DATA INFRASTRUCTURE-TOTAL
- PAYMENT MODELS-TOTAL
- CARE MODELS-TOTAL
- CARE MODELS-SUB GRANT PROGRAM-TOTAL
- EVALUATION-TOTAL

# PP1: Contract Actuals (period is closed out)

## YEAR 1 CONTRACTUAL



■ HEALTH DATA INFRASTRUCTURE-TOTAL

■ PAYMENT MODELS-TOTAL

■ CARE MODELS-TOTAL

■ CARE MODELS-SUB GRANT PROGRAM-TOTAL

■ EVALUATION-TOTAL

■ GENERAL-TOTAL

■ CMMI Required: Population Health Plan-TOTAL

# PP2: Budget to Actuals

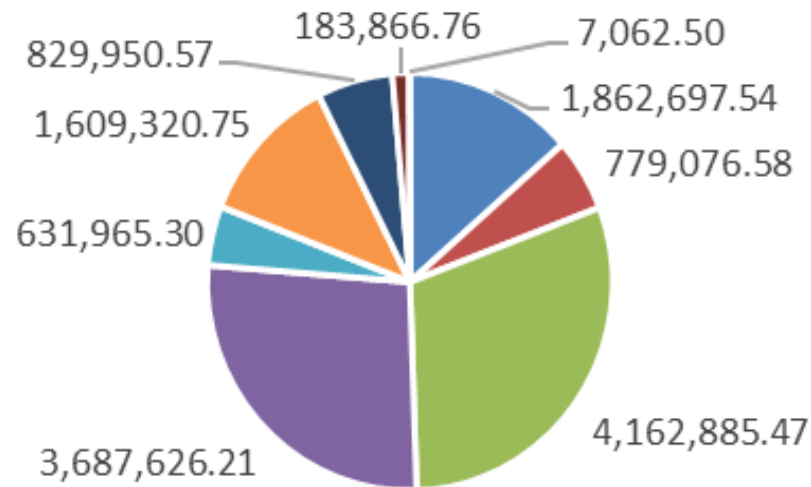
## Year 2 Budget -CMS/CMMI Approved

January 1, 2015 - June 30, 2017

| BUDGET CATEGORY                             | BUDGET-YEAR 2           | ACTUALS and Unpaid Contract Invoices to 09/30/16 | CONTRACTUAL OBLIGATIONS (less paid & unpaid invoices) | REMAINING UNOBLIGATED BALANCE |
|---|-------------------------|--|---|-------------------------------|
| Personnel/Benefits                          | \$ 1,942,124.00         | \$ 1,862,697.54                                  |   | \$ 79,426.46                  |
| Operating (includes Indirect)               | \$ 1,111,089.22         | \$ 779,076.58                                    |   | \$ 332,012.64                 |
| Contractual:                                |                         |  |   |                               |
| HEALTH DATA INFRASTRUCTURE-TOTAL            | \$ 5,141,124.17         | \$ 4,162,885.47                                  | \$ 978,238.70   |                               |
| PAYMENT MODELS-TOTAL                        | \$ 4,685,828.73         | \$ 3,687,626.21                                  | \$ 998,202.52   |                               |
| CARE MODELS-TOTAL                           | \$ 1,228,366.77         | \$ 631,965.30                                    | \$ 596,401.47   |                               |
| CARE MODELS-SUB GRANT PROGRAM-TOTAL         | \$ 2,308,169.66         | \$ 1,609,320.75                                  | \$ 698,848.91   |                               |
| EVALUATION-TOTAL                            | \$ 839,424.11           | \$ 829,950.57                                    | \$ 9,473.54   |                               |
| GENERAL-TOTAL                               | \$ 183,866.76           | \$ 183,866.76                                    | \$ -  |                               |
| CMMI Required: Population Health Plan-TOTAL | \$ 7,062.50             | \$ 7,062.50                                      | \$ -  |                               |
| Contractual Total                           | \$ 14,393,842.69        | \$ 11,112,677.55                                 | \$ 3,281,165.14                                       | \$ -                          |
| <b>TOTAL YEAR 2 BUDGET</b>                  | <b>\$ 17,447,055.91</b> | <b>\$ 13,754,451.67</b>                          | <b>\$ 3,281,165.14</b>                                | <b>\$ 411,439.10</b>          |

# PP2: All Budget to Actuals

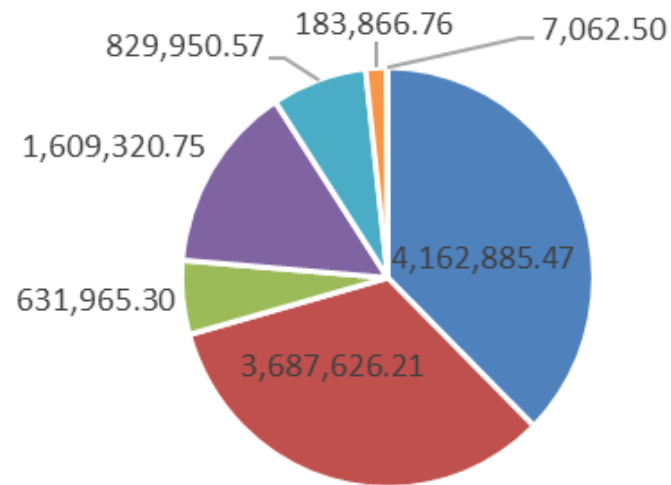
YEAR 2 Expenses to 09/30/2016



- Personnel/Benefits
- HEALTH DATA INFRASTRUCTURE-TOTAL
- CARE MODELS-TOTAL
- EVALUATION-TOTAL
- CMMI Required: Population Health Plan-TOTAL
- Operating (includes Indirect)
- PAYMENT MODELS-TOTAL
- CARE MODELS-SUB GRANT PROGRAM-TOTAL
- GENERAL-TOTAL

# PP2: Contracts Budget to Actuals

YEAR 2 CONTRACTUAL (to 9/30/16)



- HEALTH DATA INFRASTRUCTURE-TOTAL
- CARE MODELS-TOTAL
- EVALUATION-TOTAL
- CMMI Required: Population Health Plan-TOTAL
- PAYMENT MODELS-TOTAL
- CARE MODELS-SUB GRANT PROGRAM-TOTAL
- GENERAL-TOTAL

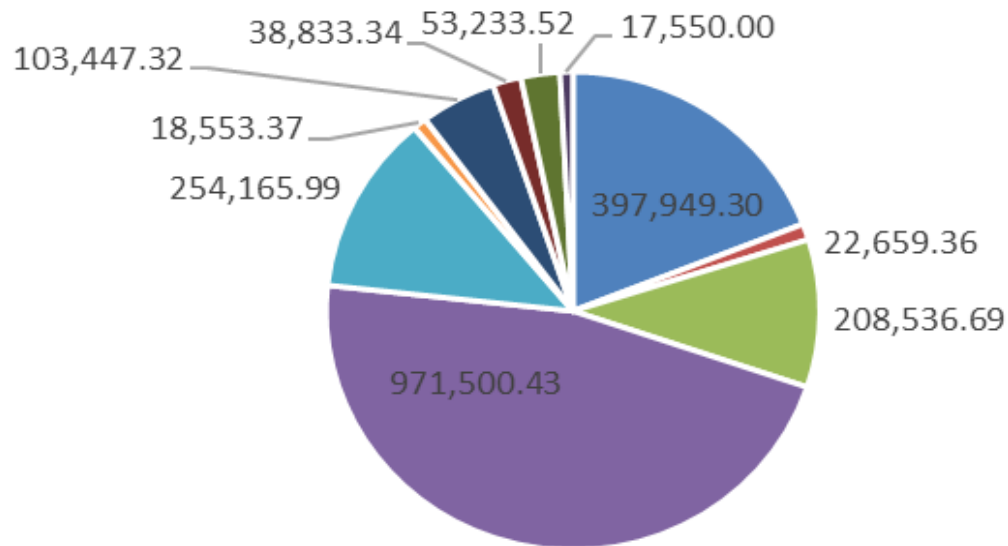


# PP3: Budget to Actuals

| Year 3 Budget - CMS/CMMI Approved            |                         |  |   |                               |
|--|-------------------------|--|---|-------------------------------|
| July 1, 2016 - June 30, 2017                 |                         |  |   |                               |
| BUDGET CATEGORY                              | BUDGET-YEAR 3           | ACTUALS and Unpaid Contract Invoices to 09/30/16 | CONTRACTUAL OBLIGATIONS (less paid & unpaid invoices) | REMAINING UNOBLIGATED BALANCE |
| Personnel/Benefits                           | \$ 1,552,759.00         | \$ 397,949.30                                    |   | \$ 1,154,809.70               |
| Operating (includes Indirect*except 9/30/16) | \$ 659,604.57           | \$ 22,659.36                                     |   | \$ 636,945.21                 |
| Contractual:                                 |                         |  |   |                               |
| HEALTH DATA INFRASTRUCTURE-TOTAL             | \$ 2,117,124.00         | \$ 208,536.69                                    | \$ 1,908,587.31                                       |                               |
| PAYMENT MODELS-TOTAL                         | \$ 2,980,439.05         | \$ 971,500.43                                    | \$ 2,008,938.62                                       |                               |
| CARE MODELS-TOTAL                            | \$ 593,503.60           | \$ 254,165.99                                    | \$ 339,337.61   |                               |
| CARE MODELS-SUB GRANT PROGRAM-TOTAL          | \$ 47,238.00            | \$ 18,553.37                                     | \$ 28,684.63  |                               |
| EVALUATION-TOTAL                             | \$ 1,450,543.71         | \$ 103,447.32                                    | \$ 1,347,096.39                                       |                               |
| GENERAL-TOTAL                                | \$ 281,851.00           | \$ 53,233.52                                     | \$ 228,617.48   |                               |
| SUSTAINABILITY-TOTAL                         | \$ 1,715,056.65         | \$ 38,833.34                                     | \$ 1,676,223.31                                       |                               |
| CMMI Required: Population Health Plan-TOTAL  | \$ 40,000.00            | \$ 17,550.00                                     | \$ 22,450.00  |                               |
| Contractual Total                            | \$ 9,225,756.01         | \$ 1,665,820.65                                  | \$ 7,559,935.36                                       | \$ -                          |
| <b>TOTAL YEAR 3 BUDGET</b>                   | <b>\$ 11,438,119.58</b> | <b>\$ 2,086,429.31</b>                           | <b>\$ 7,559,935.36</b>                                | <b>\$ 1,791,754.91</b>        |

# PP3: All Budget to Actuals

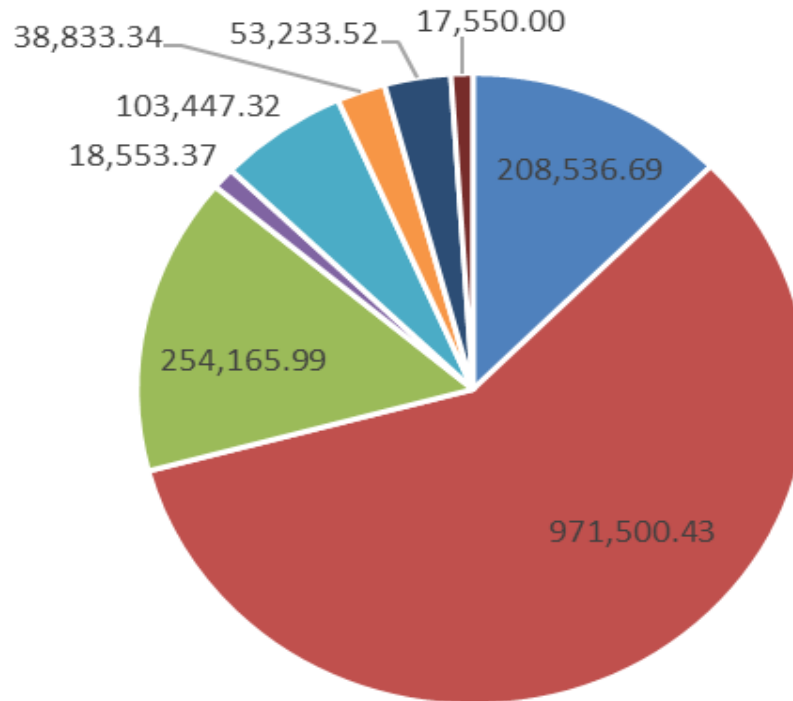
YEAR 3 Expenses to 09/30/2016



- Personnel/Benefits
- HEALTH DATA INFRASTRUCTURE-TOTAL
- CARE MODELS-TOTAL
- EVALUATION-TOTAL
- GENERAL-TOTAL
- Operating (includes Indirect)
- PAYMENT MODELS-TOTAL
- CARE MODELS-SUB GRANT PROGRAM-TOTAL
- SUSTAINABILITY-TOTAL
- CMMI Required: Population Health Plan-TOTAL

# PP3: Contracts Budget to Actuals

YEAR 3 CONTRACTUAL (to 9/30/16)



- HEALTH DATA INFRASTRUCTURE-TOTAL
- CARE MODELS-TOTAL
- EVALUATION-TOTAL
- GENERAL-TOTAL
- PAYMENT MODELS-TOTAL
- CARE MODELS-SUB GRANT PROGRAM-TOTAL
- SUSTAINABILITY-TOTAL
- CMMI Required: Population Health Plan-TOTAL



# Attachment 4: Financial Request.

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# Financial Proposals: Budget Reallocation for Y3

October 10, 2016

Georgia Maheras, JD

Project Director

# Goal and Assumptions

*Goal:* Approval of Year 3 Budget Reallocation for submission to CMMI/OAGM by beginning of November(to ensure timely execution of contracts).

## *Assumptions:*

- *Includes all previously approved contracts and adjusts for spending trends. Reviewed invoices for January-September 2016 to see spending trends by category/project area.*
- *PP2 Carryover approved (another submission pending).*
- *Includes anticipated need for post-June 2017 no cost extension.*
- *Review of Steering Cmte recommendations for expenditures.*

## Total Budget: \$11,438,119.58

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- Personnel: \$1,060,990
- Fringe: \$491,769
- Travel: \$32,987.50
- Equipment: \$14,608.76
- Other: \$177,572.50
- Supplies: \$10,040
- CAP: \$424,395.81
- Contracts: \$9,225,756.01



# Project Management: \$243,000

## Evaluation: \$758,571.54

### ■ Project Management:

- UMass: \$243,000 (*request to extend to 6/30/17 from 3/31/17; reduction*)

### ■ Evaluation:

- Self-Evaluation Plan:
  - JSI: \$644,522; additional \$200,000 earmarked for learning dissemination/data visualization, but not in previous budget requests.
- Surveys:
  - Datastat: \$114,049.54 (reduction)
- Monitoring and Evaluation Activities:
  - Lewin, Burns, and Bailit (part of the Payment Models estimates)

# Practice Transformation: \$3,085,396.15

- Learning Collaboratives:
  - Abernathey: \$19,000 (same)
  - VPQHC: \$62,198.60 (same)
  - Core Competency:
    - DDC: \$114,412.50 (increase of 50,097.50 (partially due to PP2 change and partially due to program challenge))
    - PCDC: \$202,990 (same)
  - Accountable Communities for Health: \$160,000 (same)
- Regional Collaborations:
  - BiState/CHAC: \$861,225.05 (reduction of 100,000; no-cost extension to 6/30/17)
  - OneCare: \$1,045,570 (same)
- Practice Transformation:
  - DA/SSA (Medicaid Pathway): \$400,000 (same)
- Sub-Grant TA:
  - Policy Integrity: \$25,000 (reduction)
- Workforce Demand Model:
  - IHSGlobal: \$195,000 (no cost extension to 3/1/17 requested)

# Health Data Infrastructure: \$1,908,524

- Home Health Agency Project:
  - VITL: \$618,000
    - *No cost extension request through 6/30/17.*
- Designated Agency Data Quality:
  - VITL: \$75,000 (same)
- ACO Gateway Support:
  - VITL: \$269,370 (same)
- Work Group Support:
  - Stone: \$93,000 (reduction)
- Data Warehousing:
  - BHN/VCN: \$626,754 (same)
  - H.I.S.: \$8,000 (same)
- Opiate Alliance: \$70,000 (same)
- Terminology Services Phase 2:
  - VITL: \$148,400 (same)

# Payment Model Design and Implementation:

## \$1,504,786.45

- Several contractors provide support across Payment Models:
  - Bailit Health Purchasing, Inc.: \$244,920 (*no cost extension to 6/30/17*)
  - Burns and Associates: \$280,000 (**reduction** - previous approved increased no longer needed; *no cost extension to 6/30/17*)
  - Pacific Health Policy Group: \$180,000 (*no cost extension to 6/30/17*)
  - DLB: \$16,000 (same)
  - Maximus: \$200 (same)
  - Friedman: \$5,000 (same)
- ACO SSPs:
  - Lewin: \$778,666.45 (same)

# Sustainability and Population Health Plan:

- Sustainability Plan:
  - Myers & Stauffer: \$200,000 (same)
- Population Health Plan:
  - VT Public Health Assn: 30,000 (same)
  - Hester: \$5,000 (reduction)

Amount remaining in sustainability:  
**\$1,460,477.87**

# For Discussion:

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- Self-Evaluation Plan:  
JSI: \$644,522; additional \$200,000 earmarked for learning dissemination/data visualization, but not in previous budget requests.
- Terminology Services Phase 2:  
VITL: \$148,400
- Friedman: \$5,000 new request for additional resources.

# Sustainability: PROPOSED NEW EXPENDITURES

- Propose to expend \$1.2million on APM-related contract with VCO.
- Propose to retain the remainder in reserve for a future date.

