

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

**December 9, 2013 1:30-4:00 p.m.
3rd Floor Large Conference Room, DFR, 89 Main Street, Montpelier
Call-In Number: 1-877-273-4202; Passcode: 8155970**

Item #	Time Frame	Topic	Presenter	Relevant Attachments
1	1:00-1:15	Welcome and Chair's Report	Anya Rader Wallack	Attachment 1: Timeline of major Core Team activities and decisions
Core Team Processes and Procedures				
2	1:15-1:20	Approval of meeting minutes	Anya Rader Wallack	Attachment 2a: September 10 th Attachment 2b: October 14 th Attachment 2c: November 18 th
3	1:20-1:50	Continued discussion of decision-making and the relationship between CT and others	Anya Rader Wallack	Attachment 3a: Revised decision-making chart (ppt) Attachment 3b: Memo from A. Gobeille <i>[to be provided later in the week]</i>
4	1:50-2:10	Draft Conflict of Interest Standards	Robin Lunge	Attachment 4a: Draft conflict of Interest Policy Attachment 4b: Conflict of Interest Appendix

Policy recommendations and decisions				
		No policy recommendations or decisions this month		
Spending recommendations and decisions				
5	2:10-2:30	Approval of type 1 spending: 1) Carryforward (\$1,452,102.24) 2) Patient experience survey allocation	Georgia Maheras	Attachment 5a: Updated Memo from G. Maheras Attachment 5b: Type 1/Type 2 Document (excel)
6	2:30-3:15	Discussion and potential decision on Provider Grant Program	Anya Rader Wallack	Attachment 6a: Revised draft criteria from ARW Attachment 6b: Memo from G. Maheras re: Proposed Grant Program Timeline and Process
7	3:15-3:30	Public Comment	Anya Rader Wallack	
8	3:30-3:40	Next Steps, Wrap-Up and Future Meeting Schedule	Anya Rader Wallack	

Partial Timeline of Expected Core Team Decision Points, 2014 -- DRAFT, Subject to Change

Month	Jan	Feb	March	April	May	June	July	Aug	Sept	Oct	Nov	Dec
Expected Core Team Action	Initial discussion of HIE expenditures	Decisions on HIE expenditures; Round 1 decisions on provider grant program	Review of duals/ACO strategic plan for alignment; review of duals demo financial analysis	Review of additional duals program components; recommendation on whether to proceed with demo	Review of strategic plan for alignment of care models	Review of pay-for-performance program parameters		Review of episodes of care program parameters				

SIM Core Team
Meeting Notes for
Tuesday, September 10, 2013

At 8:00 a.m., Chair, Anya Rader Wallack welcomed everyone to the meeting.

Draft memo to SIM Steering Committee Members:

Anya presented her draft memo to the Steering Committee regarding the Medicaid ACO standards, which included an overview of the comments received from Stakeholders and the revised proposals in response to the comments received. The comments revealed:

- There was some confusion about core elements of the standards.
 - Anya provided some clarifying definitions.
- There were concerns about Uncertainty and Risk, and the Total Cost of Care definition
 - Year 1 will be designed to minimize requirements for provider risk bearing.
 - Year 2 would not require but incent additional 10% savings for choosing an optional track.
 - Year 3 would require adoption of the optional track.
 - The optional track would include components to expand the total cost of care definition to include all additional categories of services and demonstrate provider participant agreements for a broader array of providers.
 - ACOs will participate in collaborative learning.
 - ACOs will be asked to do an annual assessment using a validated tool.
 - Participating ACOs will be eligible for “capacity grants”
- There was concern that the proposed standards did not do enough to assure meaningful consumer and provider representation in ACO governance.
 - The ACO Standards Work Group approved a revised proposal, developed with input from Legal Aid, Health Care Ombudsman and OneCare.

The Core Team agreed that the proposals for addressing the concerns of stakeholders will be included in the memo to the Steering Committee.

The SIM Core Team will vote on the revised standards at a subsequent meeting or will be asked for approval via email after the SIM Steering Committee has time to discuss and submit comments.

The goal is to reach agreement on Medicaid ACO standards before the end of September so that the Department of Vermont Health Access (DVHA) can issue an RFP shortly thereafter to prospective Medicaid ACOs.

Adjournment:

At approximately 9:15 a.m., Anya Rader Wallack ended the meeting.

SIM Core Team
Meeting Notes for
Monday, October 14, 2013

At approximately 1:30 p.m., Chair, Anya Rader Wallack welcomed everyone to the meeting.

Chair's Report:

Anya gave a briefing on the CMS "Reverse Site Visit", meeting of SIM testing states in Chicago, Operational Plan follow-up and approval for testing (documents provided), project staff hiring, Medicaid ACO update, Commercial ACO update, and upcoming Project Kick-Off and Steering Committee agendas.

- We had a good show of force at the "reverse site visit", met the project director Karen Murphy.
- There are 6 test states with whom we can collaborate.
- Georgia Maheras has been hired as the Project Director.
- The Medicaid ACO RFP was released.
- Richard gave a briefing on the Commercial ACO which will be presented to the Steering Committee on 10-16-13.
- Evaluation RFP is out to bid again. GMCB declined the Core Team's chosen vendor.

Key Comments/Concerns/Questions:

- What are some of the shared issues amongst the testing states?
 - The need for flexibility in Medicare rules, especially with regard to dual eligibles.
 - Complexities of including various LTSS providers in payment reforms.
 - Need for data.
- How flexible will CMS be?
 - We will need to develop specific requests.
- Were the CMS operational plan questions similar amongst the testing states?
 - Yes, nature of the questions centered on timelines and accountability targets.

Discussion of SIM Funding Allocation Proposal:

Anya explained that the grant application and the approved grant budget identified categories of project spending. Now that Vermont has been approved to move to the "testing" period of the SIM grant there is an urgency for defining the rules and processes for how funding allocation decisions are made and, in particular, to recommend how and when we include SIM stakeholders meaningfully in project spending decisions.

Documents Provided - Flow chart showing how type 1 and type 2 expenditures would gain approval, and spreadsheet that showing a proposed allocation of grant funds based on the distinction between type 1 and type 2 expenditures.

- SIM expenditures are sorted into two categories – type 1 and type 2.
- Type 1 expenditures will be reviewed on a "fast track" with only approval of the Core Team.

- Type 2 expenditures will be reviewed by SIM work groups.
- Some expenditures may be subject to review and approval by the State's Health Services Enterprise Executive Committee and possibly other approval processes within the Agency of Human Services.
- All contracts are subject to the state's procurement rules.
- All recommendations arising from SIM work groups, the SIM Steering Committee and the SIM Core Team will be subject to conflict of interest policies to be developed.
- All contracts are subject to approval from CMS.
- GMCB has a draft of the grant program. This will be further developed by the Chair and staff before it is submitted to Core Team and CMS for approval.

Action Items:

1. Approval of funding allocation proposal type 1 and type 2 designations and processes as per memo from Anya Rader Wallack
 - Core team approved
2. Approval of selected type 1 expenditures as per memo from Anya Rader Wallack
 - Core team approved
3. Robin to work on conflict of interest rules.
4. Robin sought approval for funding of half-time staff member to perform duties for the Workforce Committee.
 - Core team approved

Adjournment:

At approximately 3:30 p.m., Anya Rader Wallack ended the meeting.

VT Health Care Innovation Project Core Team Meeting Minutes

November 18, 2013 12:00-2:30 p.m.

AHS Training Room, 208 Hurricane Lane, Williston

Attendees: Anya Rader Wallack, Paul Bengtson, Al Gobeille, Mark Larson, Robin Lunge, Doug Racine, Steve Voigt, Susan Wehry

Others Present and Participating:

Georgia Maheras, Project Director, AOA

Pat Jones, Health Care Project Director, GMCB

Spenser Weppler, Health Care Reform Specialist, GMCB

Kara Suter, Reimbursement Director, DVHA

Agenda Item	Discussion	Next Steps
1	The Chair's report included: an overview of the new agenda format that will be deployed for the Core Team. Additionally, all of the work groups are up and running.	
2	<p>Discussion regarding the decision making process as it relates to the VHCIP, GMCB, AHS and DVHA and the allocation of authority. Al Gobeille reviewed a memo on same. The role of the Core Team will be to resolve inter-agency conflicts and develop consensus recommendations to policy-making agencies, with input from the project participants. Several points were raised in the discussion including:</p> <ul style="list-style-type: none"> • The Core Team has authority over SIM expenditures. • Participants should not seek to go around this process for decisions. • This project is about teamwork and the CT should be a clearinghouse to find synergy rather than silos. • We need more clarity around the distinction between work produced under this project 	Al will bring a revised memo back to the Core Team at the next meeting.

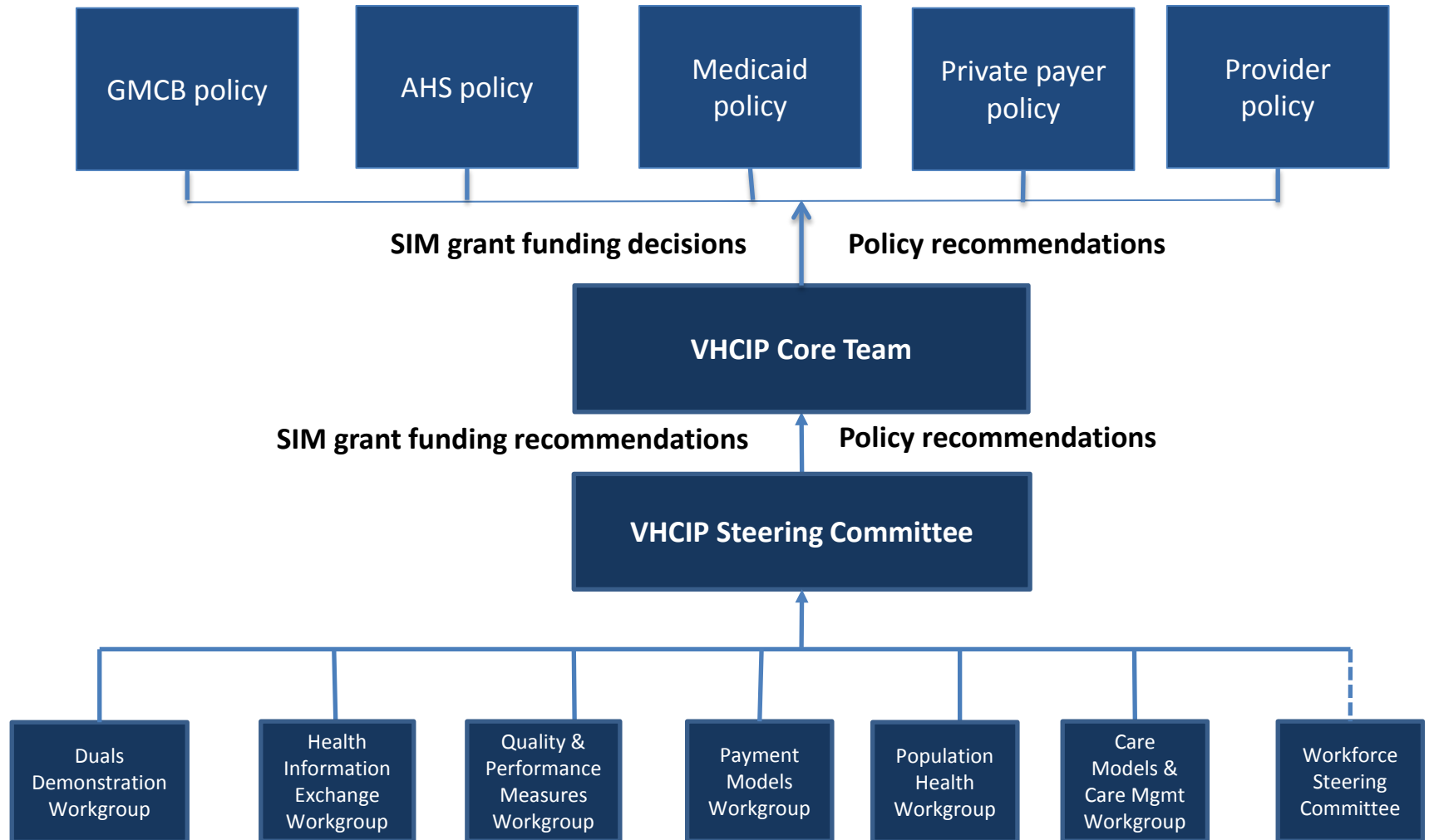
Agenda Item	Discussion	Next Steps
	and the payment reform pilots overseen by the GMCB.	
3	<p>Discussion regarding a stipend to the co-chairs of work groups who are not paid by an employer. DVHA would be responsible for the actual payments to these individuals.</p> <p>Expenses and mileage vs. other funding</p> <p>Need to be careful of introducing bias among other voluntary board members. Topic taken under advisement for further research of payment options.</p> <p>Noted open meeting law and the need for public comment period was reviewed. Advance notice of VHCIP Core Team, Steering Committee and Work Group meetings are posted with the Vermont Dept of Libraries and on the VHCIP Website.</p>	<p>Anya will research the legal parameters and customary practice of state agencies and provide the CT with revised recommendations.</p>
4	<p>Kara gave an update on the Medicaid ACO. The state has received two ACO proposals, which must remain confidential at this time. This is a non-competitive RFP and Vermont may select more than one vendor. DVHA is working with various state agencies to compile questions and comments regarding these proposals. DVHA is responsible for contracting through the standard RFP contract process.</p>	
5	<p>Anya presented a memo and some background materials from Richard Slusky, including memo from Paul Harrington, EVP, VMS, regarding the proposed Commercial ACO program Standards. There may be some impact on the launch of the Commercial ACO program from the delay in Vermont Health Connect. These details are still being worked out with the carriers. There was discussion of the need for ongoing review of ACO governance. The governance will be reviewed annually for both programs.</p>	
	<p>The Core Team approved the Commercial ACO Standards as presented. Motion made by Anya Rader Wallack and seconded by Paul Bengtson. All approved, with one abstention by Al Gobeille.</p>	<p>Forward to GMCB for approval</p>

Agenda Item	Discussion	Next Steps
6	<p>Pat Jones presented a memo and some background materials regarding the proposed Commercial and Medicaid ACO Quality Measures. These are claims based and clinical measures, which the Quality Performance Measures Work Group has identified as improving patient outcomes. The discussion included how these will get at results based accountability and how these process measures can improve patient care. These measures are for the first year of each program and the measures will be reviewed throughout 2014 to determine measures for years two and three. Susan Wehry moved to approve the measure set with the addition of a measure related to alcohol and drug screening. This was seconded and amended by Mark Larson so that the QPM Work Group would be responsible for addressing the issue of screening for substance abuse by identifying an appropriate measure. The final measure should come back to the Core Team if there is an issue in negotiating the specific measure. This motion was approved by all, with Al Gobeille abstaining.</p> <p>The Core Team discussed the Gate and Ladder structure of the two ACO programs. There was an explanation about why specific thresholds were identified and the ways in which Vermont could improve quality of care using this mechanism. Susan Wehry moved to approve the Gate and Ladder structure. This was seconded by Steve Voigt. All approved with Al Gobeille and Doug Racine abstaining.</p> <p>The Core Team discussed the reporting option for the clinical measures that are part of the measure set. This allows an ACO or provider within an ACO to submit a description of a good faith effort in reporting measures that are not easily accessed electronically should the need arise. A motion to approve this was made by Paul Bengtson and seconded by Steve Vought. All approved, with Al Gobeille and Susan Wehry abstaining.</p>	<p>Forward to GMCB for approval</p>

Agenda Item	Discussion	Next Steps
7	<p>Anya reviewed the VHCIP grant decision making description and funding allocation program.</p>	
8	<p>Georgia presented a memo regarding the implementation period carry forward and Type 1 contracting expenditures for approval.</p> <p>The Core Team went into executive session to discuss contractual matters related to Independent Evaluation, Actuarial Services and Medicaid ACO Program Design and Implementation. The motion was made by Al Gobeille and seconded by Mark Larson. Steve Voigt left the Core Team meeting during the executive session.</p> <p>The Core Team came out of executive session and took the following actions:</p> <p>The Core Team approved a support position for the Duals work group. Motion was made by Mark Larson, seconded by Al Gobeille. All approved with Doug Racine abstaining.</p> <p>The Core Team approved a extension of an existing contract for actuarial services for \$25,000 with Wakely Consulting. Motion was made by Mark Larson, seconded by Al Gobeille. All approved with Susan Wehry abstaining.</p> <p>Anya Rader Wallack passed the Chair of the meeting to Robin Lunge for the following item:</p> <p>The Core Team approved a new contract for Independent Evaluation Services for \$1,436,668 with Mathematica Policy Research. Motion made by Mark Larson, seconded by Al Gobeille. Anya Rader Wallack recused herself due to a potential contractual relationship with Mathematica. The relationship is for an unrelated contract for work in another state that is not specific to the contract being approved. All approved, with Susan Wehry abstaining and Anya Rader Wallack recusing herself from the discussion.</p>	<p>Send all contracts to relevant agencies and CMMI for approval.</p>

Agenda Item	Discussion	Next Steps
	<p>Robin Lunge passed the Chair of the meeting to Anya Rader Wallack.</p> <p>The Core Team approved a contract amendment to an existing Burns and Associates contract for work related to Medicaid ACO program design and implementation for \$150,000. Motion was made by Al Gobeille, seconded by Mark Larson. All approved.</p>	
9	<p>Anya asked that the team review the draft criteria for the Grant Program and provide feedback.</p>	<p>Provide feedback directly to Anya on the Grant program; revised criteria and proposed roll-out of program will be discussed at next core team meeting.</p>

Decision-making processes related to the VHCIP



CONFLICT OF INTEREST POLICY

For

VERMONT HEALTH CARE INNOVATION PROJECT (VHCIP) CORE TEAM, STEERING COMMITTEE AND WORK GROUPS

I. PURPOSE

The purpose of this Conflict of Interest Policy is to ensure the independence and impartiality of the VHCIP Governance Structure, including the Core Team, Steering Committee and Work Groups (“the Committee”) when it is contemplating entering into a transaction or arrangement that might benefit the private interest of any Core Team, Steering Committee or work group member. Nothing in this policy shall relieve any person from compliance with additional conflict of interest policies such as the Executive Code of Ethics, state personnel policies, and Agency of Administration bulletins, including but not limited to Bulletin 3.5, Contracting Procedures.

II. DEFINITIONS

1. Interested person: Any member or subcommittee member or other individual in a position to exercise influence over the affairs of the Committee who has a direct or indirect interest, as defined below, is an “interested person.”
2. Interest: A person has an “interest” if the person has, directly or indirectly, through business, investment, or family:
 - a. An ownership or investment interest in any entity with which the Committee has a transaction or arrangement or is negotiating a transaction or arrangement, or
 - b. A compensation or other pecuniary arrangement with the Committee or with any entity or individual with which the Committee has a transaction or arrangement or is negotiating a transaction or arrangement, or
 - c. A potential ownership or investment interest in, or compensation or pecuniary arrangement with any entity or individual with which the Committee is negotiating a transaction or arrangement, or
 - d. Any other relationship that the person determines may compromise his or her ability to render impartial service or advice to the Committee.

Compensation includes direct and indirect remuneration as well as gifts or favors that are substantial in nature.

An interest is not necessarily a conflict of interest and a conflict of interest does not arise where an individual’s interest is no greater than that of other persons generally affected by the outcome of the matter.

III. PROCEDURES

1. Duty to Disclose: Any interested person must disclose the existence of his or her interest to the Committee and shall be given the opportunity to disclose all material facts to the Committee.
2. Duty to Voice Concerns: In the event any member becomes concerned that an interested person has an undisclosed interest or is exerting inappropriate influence related to an interest, this concern shall be raised with the Chair of the Core Team and the VHCIP Project Director.
3. Determining Whether a Conflict of Interest Exists: After disclosure of the interest and all material facts, and after any necessary discussion with the interested person, the Core Team shall determine whether the person has a conflict of interest that requires the interested person to remove him or herself from the matter under consideration. In no event shall an interested person participate in the deliberation and/or determination of any matter in which he or she will receive any compensation from the Committee for employment, professional contract, or otherwise.
4. Restriction on Participation: It shall be the responsibility of the Project Director to instruct an interested person on any restriction on his or her participation in any consideration of the subject matter of the conflict of interest, and it shall be the responsibility of the Project Director and all non-interested members of the Committee to enforce such restrictions.
5. Procedures for Addressing the Conflict of Interest:
 - a. An interested person shall leave any Committee meeting during discussion of, and the vote on, any transaction or arrangement that involves a conflict of interest and shall otherwise not participate in the matter in any way.
 - b. If necessary, the Chair of the Core Team shall appoint a disinterested person or committee to investigate alternatives to the proposed transaction or arrangement.
 - c. After exercising due diligence, including consideration of independent comparability data, valuations, estimates, or appraisals, the Committee shall determine whether the Committee can obtain a more advantageous transaction or arrangement with reasonable effort from a person or entity that would not give rise to a conflict of interest.
 - d. If a more advantageous transaction or arrangement is not reasonably attainable under circumstances that would not give rise to a conflict of interest, the Core Team shall determine by majority vote (or quorum) of all of the disinterested members (regardless of the number present at the meeting): (1) whether the transaction or arrangement is in the public's best interest, (2) whether the transaction or arrangement is fair and reasonable to the Committee, and (3) whether to enter into the transaction or arrangement consistent with such determinations.

6. Records of Proceedings: The minutes of the Committee or affected sub-committee shall contain:
- a. The names of the persons who disclosed or otherwise were found to have an interest in connection with an actual or possible conflict of interest.
 - b. The names of the persons who were present for the discussion and votes relating to the transaction or arrangement, the content of the discussion, including a summary of any alternatives to the proposed transaction or arrangement, and a record of any votes taken in connection with the discussion.
7. Violations of the Conflict of Interest Policy:
- a. If the Committee has reasonable cause to believe that an interested person has failed to disclose actual or possible conflicts of interest, it, through the Co-Chairs, shall inform the Core Team and the Core Team shall afford him or her an opportunity to explain the alleged failure to disclose.
 - b. If, after hearing the response of the person and making such further investigation as may be warranted under the circumstances, the Core Team determines that he or she has in fact failed to disclose an actual or possible conflict of interest, it shall take appropriate action.

IV. ANNUAL STATEMENTS

- a. Each Committee member shall annually sign a statement which affirms that he or she has received a copy of this Conflict of Interest Policy, has read and understands the Policy, and has agreed to comply with the Policy (Attachment A).

V. COMPLIANCE AND PERIODIC REVIEWS:

The Core Team shall make periodic reviews of compliance with this policy.

Adopted by the VHCIP Core Team

Date:

Attachment A:
CONFLICT OF INTEREST POLICY ACKNOWLEDGEMENT

I, _____, a participant in the Vermont Health Care Innovation Project (VHCIP) Grant governance process, acknowledge having received, read, and understood the VHCIP Grant Conflict of Interest Policy dated _____, and agree to adhere to it.

Date: _____ Signature: _____

Name: (print) _____

DRAFT FOR DISCUSSION ONLY

Appendix: Summary of State Conflict of Interest Policies

Bulletin 3.5 – Applies to all state contracts

“Conflict of interest” - a pecuniary interest of an employee, or the appearance thereof, in the award of performance of a contract, or such an interest, known to the employee, by a member of his/her current or former family or household, or a business associate.

B. Conflict of Interest

Employees with a conflict of interest or an appearance thereof are not permitted to control or influence the bidding process and/or the awarding of contracts. The Executive Code of Ethics (Executive Order #3-45) sets standards that should be used as the primary guide. Additionally, every effort should be made to avoid even an appearance of a conflict of interest in the contracting process. (See Section VI.A.3.c for more discussion of this issue).

VI.A.3.c. Apparent conflict of interest: If a reasonable person might conclude that a contractor was selected for improper reasons, the supervisor should disclose that fact in writing to the Attorney General and the Secretary and document the reasons why selecting the desired contractor is still in the best interest of the State.

VI.D.2. Waivers

The Secretary may waive provisions of this Bulletin on a case-by-case basis pursuant to a written request from a supervisor. Any such request must describe in detail the basis for the request and the specific component(s) of the contracting process for which the waiver is sought and must be granted prior to the signing of the contract by either the State or the contractor. Copies of all waivers granted by the Secretary, and the request submitted therefore, must be retained in the contract file.

Bulletin 5.0 – Applies to all federal grants

“Conflict of interest” means a pecuniary interest of an employee in the award or performance of the grant, or such an interest, known to the employee, by a member of his/her immediate family or household or a business associate.

VII. Conflict of Interest

Employees with a conflict of interest shall not be permitted to control or influence the award of grants. This applies to members of any boards who are involved in any review or selection process for grants. Additionally, every effort should be made to avoid the “appearance” of a conflict of interest in the granting process. An appearance of a conflict is anything that would lead a reasonable person to question whether this grantee was selected for improper reasons.

Bulletin 5.5 – state funded grants – doesn’t technically apply, but is illustrative

Conflict of Interest: Employees with a conflict of interest shall not be permitted to control or influence the award of grants. This applies to members of any boards who are involved in any review or selection process for grants.

“conflict of interest” means a pecuniary interest of an employee in the award or performance of the grant, or such an interest, known to the employee, by a member of his/her immediate family or household or a business associate. Additionally, every effort should be made to avoid the “appearance” of a conflict of interest in the granting process. An appearance of a conflict is anything that would lead a reasonable person to question whether this grantee was selected for improper reasons.

Waivers: The Secretary may waive provisions of this Bulletin on a case-by-case basis pursuant to a written request from a supervisor. Any such request must describe in detail the basis for the request and the specific component(s) of the granting process for which the waiver is sought and must be granted prior to the signing of the grant agreement by either the state or the grantee. Copies of any and all waivers approved must be included in the grant file.

For Discussion Only

TO: Core Team

FROM: Georgia Maheras

Date: 12/2/13

RE: Implementation Period Carryforward and Type 1 contracting for Approval on December 9th

This memo is an *updated version* of the memo distributed at the November 18, 2013 Core Team Meeting. At that meeting, the Core Team approved three contracts and one element of the Carryforward request: \$25,000-Wakely; \$1,436,668-Mathematica; \$125,000-Burns and Associates; and supporting 1 FTE related to staffing the Duals Work Group.

This memo is a proposal for expending additional SIM funds under the Implementation Period Carryforward (\$1,452,102.24) and Type 1 Contracting (reallocation of Year 1 funds for a patient experience survey).

A summary of each request and a table explaining it in more detail are provided below.

Implementation Period Carryforward:

The VHCIP Implementation Period budget included funding for personnel and one contractual item, project management. *This request is to carryover \$1,562,102.24 from the Implementation Period into Year 1 for Project Management, Stakeholder Engagement, Funding 1 FTE related to Duals and Expansion of the Grant Program.* These funds must be expended in Year 1.

Due to Vermont's statutory structure, we were not able to begin recruitment for SIM positions until May, 2013. While we have engaged in significant recruitment efforts, we have not been able to fill the SIM positions as quickly as we had hoped. The result is that we spent significantly less in personnel in the Implementation Period resulting in vacancy savings. Vermont's expectation is that we will have completed the recruitment process in the first quarter of Year 1. Additionally, we initially anticipated expending \$418,766.76 for a project management contract in the Implementation Period. The procurement process took longer than expected. The result is that we spent less in this area during the Implementation Period. We shifted the work for this contractor to the beginning of Year 1 due to these contracting delays.

We have identified four areas where we would like to apply the carryover funds: project management, stakeholder engagement, expansion of the existing grant program, supporting one additional staff person. The Core Team approved the 1FTE for Duals at its November 18th meeting.

Justification for this request is provided below.

Table 1: Explanation of Proposed Carryforward Allocation

Expenditure Title	Amount	Justification
Project Management	\$775,000 for one year	<p>This item was originally budgeted for the implementation period. Vermont has identified the need for continuing this support through Year 1 of the project.</p> <p>Rationale: Vermont's SIM project cuts across multiple agencies and requires significant stakeholder involvement. We have determined that we need assistance in planning some of this during the implementation period. The contractor performing this work will do the following tasks:</p> <ul style="list-style-type: none"> • Work Plan and Development and Management: Develop and maintain project work plan and timeline, provide cross project monitoring of timelines, deliverables, milestones, risks and status and assure timely task follow-up and project completion. • Project Facilitation and Monitoring Tools: Develop and maintain project tasks and issues list, project communications and status update tools. • Meeting Schedules and Agendas: Develop leadership group and workgroup meeting schedules, agenda and materials to facilitate exchange establishment progress and decision making. • Meeting Summaries: Prepare summary meeting notes including discussion, decisions and next steps to support project leadership, workgroups, and contractors. • Project Website Development and Maintenance: Maintain and further develop project management website and public website. <p>This amount will support project management for one year based on the current contract with UMass Commonwealth Medicine.</p>
Stakeholder Engagement	\$100,000 for one year	<p>Vermont submitted a stakeholder engagement plan in May, 2013. We expanded on that plan in the Operations Plan submitted on August 1, 2013. As we have started fully activating the SIM work Groups, we are pleased to find strong interest in this project. We have several parties who are interested in the work and want to be informed through newsletters, email blasts and other informational conversations. In order to support this work, and ensure the information is understandable by lay people, we are seeking</p>

State Innovation Model

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		<p>contract support. The contractor will work with the Project Management team, Project Director and Core Team Chair to ensure we provide clear, understandable information to all SIM stakeholders. The state would need to go through the procurement process for these services.</p> <p>Examples of work include: maximizing the website, developing newsletters and other outreach tools.</p>
Support 1 FTE related to Duals- Approved on 11/18/13	\$110,000 (est. salary and fringe for one year)	<p>Vermont’s SIM project is a combination of the SIM testing project and Duals project. As described in the Operational Plan, this is to ensure alignment between these two programs at the state level and ensure that Vermonters receive the quality health care they need. One of the reasons that Vermont needs to ensure specific alignment of these two programs is because some Duals are currently attributing to MSSP ACOs. Vermont’s providers are eager to participate in reforms and one of the goals of the SIM/Duals integration is to make sure all providers can participate to the greatest extent possible without conflicts or concerns. The State has identified the need for additional staffing support of this work in Year 1. Our expected budget in Year 1 is \$110,000 based on staff currently working at the Agency of Human Services on Duals.</p>
Expansion of grant program to Vermont providers	\$577,102.24 for one year	<p>This adds funding to the existing capacity grant program being developed. There is strong interest in this program and the need is likely to exceed the budgeted amount.</p> <p>In developing the SIM application, the State of Vermont received numerous requests from providers and associations representing providers to provide them with grants and support to develop models and innovate. These requests demonstrate that there is significant interest among Vermont’s providers to test alternative payment mechanisms and innovative care models/interventions. The State has determined that a competitive grant process will serve to maximize success of these providers and foster innovation.</p>

Type 1 Contracting:

1. Patient Experience Survey: \$300,000 to support Type 1b Quality and Performance Measures Work Group

CMMI requires all testing states to engage in evaluation of the models being tested. These evaluations must consider cost, quality and patient experience. The evaluation work that will be performed relies on data provided to an independent evaluator by the Vermont. These data are provided through claims, clinical records and surveys. Staff has identified a gap in these data around patient experience surveys.

This request is to ask to reallocate funding in the Year 1 budget to support fielding a patient experience survey.

Background:

In the Project Narrative of its SIM Model Testing Application, Vermont identified the need for additional Patient Experience Surveys to evaluate the impact of proposed reforms. The value of patient experience measurement is reinforced in the Driver Diagram and Operational Plan. In particular, the application notes the importance of “Expansion of patient experience survey capacity including intensified sampling of targeted populations and additional content for specific health services to determine the impact of specific interventions on patient experience, as well as patient experience in settings outside the ACP [advanced primary care practices] setting (e.g. mental health, substance use, specialty care, social services, long term services and supports, home health, public health and community prevention programs).” (p. 33)

The Patient Experience Survey Subgroup of the ACO Measures Workgroup researched what surveys were in use and determined the best way to maximize resources would be to build on an existing survey. The recommendation of that group is to build on the CAHPS survey that has recently been fielded by the Blueprint for Health. Specifically, three additional questions would be asked that relate to specialty care services. These three questions, in combination with the existing questions, would provide sufficient information around patient experience. There are several benefits to this proposal: 1. Providers are familiar with the survey having fielded it for several years through the Blueprint for Health; 2. It relies on national CAHPS measures so Vermont can benchmark against other states and national numbers.

VHCIP Funding Allocation Plan

		Implementatio n (March-Oct 2013)	Year 1	Year 2	Year 3	Total grant period	
Type 1a	Type 1A						
<i>Proposed type 1 without base work group or agency/dept support (subject to Core Team approval)</i>	<i>Proposed Type 1 without base work group or agency/dept support (subject to Core Team approval)</i>						<i>Items in red are pending Core Team approval.</i>
	Personnel, fringe, travel, equipment, supplies, other, overhead	\$ 107,898	\$ 3,412,103	\$ 3,412,103	\$ 3,412,103	\$ 10,344,207	Includes new .5FTE in AOA for work force
	Duals personnel and fringe		\$ 110,000			\$ 110,000	Year 1 paid out of Carryover
	Project management	\$ 30,000	<i>\$ 775,000</i>	\$ 700,000	\$ 670,000	\$ 2,175,000	<i>Year 1 paid out of Carryover</i>
	Evaluation		\$ 1,000,000	\$ 1,000,000	\$ 1,000,000	\$ 3,000,000	
	Outreach and Engagement		<i>\$ 100,000</i>			<i>\$ 100,000</i>	<i>Year 1 paid out of Carryover</i>
	Interagency coordination		\$ 110,000	\$ 110,000	\$ 110,000	\$ 330,000	
	Staff training and Change management		\$ 100,000	\$ 100,000	\$ 100,000	\$ 300,000	Support Conferences and Educational Opportunities
	VITL Contract		\$ 1,177,846			\$ 1,177,846	
	Grant program		<i>\$ 1,510,435</i>	\$ 933,333	\$ 933,334	\$ 3,377,102	Allow workgroups to recommend or suggest criteria they think is important for allocation of money. <i>Additional \$577,102.24 paid out of Carryover from Implementation Period.</i>
	Subtotal	\$ 137,898	\$ 8,295,384	\$ 6,255,436	\$ 6,225,437	\$ 20,914,155	

VHCIP Funding Allocation Plan

Type 1b	Type 1 B	Year 1	Year 2	Year 3	Grant Total	
<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)					
	Payment Models					
	Bailit/Murray	\$ -	\$ 200,000	\$ 200,000	\$ 400,000	To develop EOC program and P4P programs
	Burns and Associates or other vendor	\$ 200,000	\$ 200,000	\$ -	\$ 400,000	To develop EOC program and P4P programs
					\$ -	
	Measures				\$ -	
	Bailit/Murray	\$ -	\$ 200,000	\$ 200,000	\$ 400,000	
	<i>Patient Experience Survey</i>	<i>\$ 300,000</i>			<i>\$ 300,000</i>	<i>Paid for with funds previously allocated to Project Management for Year 1 only. There is an existing survey being fielded by the Blueprint.</i>
					\$ -	
	HIT/HIE	\$ 150,000	\$ 150,000	\$ 150,000	\$ 450,000	No contractor identified
					\$ -	
	Population Health	\$ 100,000	\$ 100,000	\$ 100,000	\$ 300,000	No contractor identified
					\$ -	
	Workforce	\$ 43,000	\$ 43,000	\$ 43,000	\$ 129,000	No contractor identified
					\$ -	
	Care Models	\$ 250,000	\$ 250,000	\$ 250,000	\$ 750,000	No contractor identified
					\$ -	
	Duals				\$ -	
	Hogan/Besio/Wakely	\$ 250,000	\$ 250,000	\$ 250,000	\$ 750,000	
	Sub Total	\$ 1,293,000	\$ 1,393,000	\$ 1,193,000	\$ 3,879,000	

VHCIP Funding Allocation Plan

Type 1c	Type 1 C	Year 1	Year 2	Year 3	Grant Total	
<i>Proposed type 1 related to base agency/dept support (subject to Core Team approval)</i>	Proposed Type 1 related to base agency/dept support (subject to Core Team approval)					
	GMCB/DVHA					
	ACO Analytics Contractors	\$ 400,000	\$ 400,000	\$ 200,000	\$ 1,000,000	This contractor would support the development of spending targets, whether an ACO met those targets and how potential savings are distributed
					\$ -	
	GMCB				\$ -	
	Model testing support	\$ 125,000	\$ 125,000	\$ 125,000	\$ 375,000	Support GMCB analytics related to payment model development
					\$ -	
	DVHA				\$ -	
	Modifications to MMIS, etc...	\$ 350,000	\$ 150,000	\$ -	\$ 500,000	Resources to support updates to adjudication or analytic systems and processes like MMIS.
	Broad dissemination of programmatic information to providers and consumers	\$ 100,000	\$ 100,000	\$ 100,000	\$ 300,000	Communications to providers and consumers regarding program/billing changes.
	Analytics support to implement models	\$ 250,000	\$ 50,000	\$ 50,000	\$ 350,000	
	Technical support of web-based participation and attestation under the P4P program	\$ 125,000	\$ 100,000	\$ 25,000	\$ 250,000	Aimed to reduce administrative burden to implement and improve participation in P4P programs
	Analytic support	\$ 100,000	\$ 100,000	\$ 100,000	\$ 300,000	Support Medicaid analytics related to payment model development
	Sub-Total	\$ 1,450,000	\$ 1,025,000	\$ 600,000	\$ 3,075,000	

VHCIP Funding Allocation Plan

Type 2	Type 2		Year 1	Year 2	Year 3	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)						
	HIT/HIE						
	Practice Transformation Teams		\$ 440,321	\$ 856,666	\$ 856,667	\$ 2,153,654	
	Clinical Registry		\$ 466,666	\$ 466,666	\$ 466,667	\$ 1,399,999	
	Integrated Platform		\$ 666,666	\$ 666,666	\$ 666,667	\$ 1,999,999	
	Expanded Connectivity between SOV and providers		\$ 833,333	\$ 833,333	\$ 833,334	\$ 2,500,000	
	Telemedicine		\$ 416,666	\$ 416,666	\$ 416,667	\$ 1,249,999	
	Expanded Connectivity HIE		\$ 346,346	\$ 661,077	\$ 661,077	\$ 1,668,500	
						\$ -	
	Workforce					\$ -	
	Surveys		\$ 80,000	\$ 80,000	\$ -	\$ 160,000	
	Data analysis		\$ -	\$ 150,000	\$ 150,000	\$ 300,000	
	System-wide analysis		\$ 546,666	\$ 546,666	\$ 546,667	\$ 1,639,999	
						\$ -	
						\$ -	
	Care Models					\$ -	
	Service delivery for LTSS, MH, SA, Children		\$ 533,333	\$ 533,333	\$ 533,334	\$ 1,600,000	
	Learning Collaboratives		\$ 500,000	\$ 325,000	\$ 325,000	\$ 1,150,000	This item could support outreach and mailings associated with notification and education on new care delivery and payment reform models.
	Analysis of how to incorporate LTSS, MH/SA		\$ 100,000	\$ 100,000	\$ 100,000	\$ 300,000	This includes technology support to Medicaid Home Health Initiatives including Hub and Spoke.
	Practice Facilitators		\$ 170,000	\$ 170,000	\$ 170,000	\$ 510,000	
	Integration of MH/SA		\$ 50,000	\$ 50,000	\$ 50,000	\$ 150,000	
						\$ -	
	Sub-Total		\$ 5,149,997	\$ 5,856,073	\$ 5,776,080	\$ 16,782,150	

VHCIP Funding Allocation Plan

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VHCIP Funding Allocation Plan

Type 1a	\$	20,914,155	Type 1 A				
Type 1b	\$	3,879,000	Type 1 B				
Type 1c	\$	3,075,000	Type 1 C				
Type 2	\$	16,782,150	Type 2				
Unallocated (Year 1)	\$	358,865	Balance Avail.				
Grant Total	\$	45,009,170	Grant Total				

Vermont Health Care Innovation Project Provider Grants Program

Background

The State Innovation Model (SIM) grant was awarded to Vermont by the federal Centers for Medicare and Medicaid Innovation (CMMI). The grant provides funding and other resources to support health care payment and delivery system reforms aimed at improving care, improving the health of the population, and reducing per capita health care costs, by 2017. To maximize the impact of non-governmental provider involvement in this health care reform effort, Vermont identified funding within its SIM grant to directly support providers engaged in payment and delivery system transformation. The State has determined that a competitive grant process will foster innovation and promote success among those providers eager to engage in reforms. Grants will fund data analysis, facilitation, quality improvement, evaluation, and project development. Applicants can seek technical assistance support as well as direct funding. The total amount available for direct funding is \$3,377,102.

Vermont will establish a Provider Grants Program (PGP) to fulfill the intent of this grant provision. Below are proposals for:

- The general areas of provider activity eligible for support;
- Grant submission requirements;
- The criteria to be used to evaluate requests for support; and
- The technical assistance resources that might be available to grantees, in addition to SIM funds.

General areas of activity eligible for support

PGP grants will support provider-level activities that are consistent with overall intent of the SIM project, in two broad categories:

1. Activities that directly enhance provider capacity to test one or more of the three alternative payment models approved in Vermont's SIM grant application:
 - a. Shared Savings Accountable Care Organization (ACO) models;
 - b. Episode-Based or Bundled payment models; and
 - c. Pay-for-Performance models.
2. Infrastructure development that is consistent with development of a statewide high-performing health care system, including:
 - a. Development and implementation of innovative technology that supports advances in sharing clinical or other critical service information across types of provider organizations;
 - b. Development and implementation of innovative systems for sharing clinical or other core services across types of provider organizations;

- c. Development of management systems to track costs and/or quality across types of providers in innovative ways.

Preference will be given to applications that demonstrate:

- Support from and equitable involvement of multiple provider organization types that can demonstrate the grant will enhance integration across the organizations;
- A scope of impact that spans multiple sectors of the continuum of health care service delivery (for example, prevention, primary care, specialty care, mental health and long term services and supports);
- Innovation, as shown by evidence that the intervention proposed represents best practices in the field;
- Leverage and/or adapt technology, tools, or models tested in other States to meet the needs of Vermont's health system
- Consistency with the Green Mountain Care Board's specifications for Payment and Delivery System Reform pilots.

Grant submission requirements

Applicants will be expected to provide the following in support of their application:

- A clear description of the activities for which they are requesting funding or technical assistance;
- A clear description of alternative funding sources sought and rationale for requesting SIM;
- A budget for the proposed project, consistent with specified budget formats;
- A description of technical assistance services sought;
- A description of any available matching support, whether financial or in-kind;
- A description of the project's potential return-on-investment in terms of cost savings and quality improvement, and plans for measuring both;
- A description of how the project will avoid duplication where similar innovations are currently underway;
- A summary of the evidence base for the proposed activities;
- A project plan, staffing structure, deliverables description, and timeline for completion of the proposed activities;
- An executed Memorandum of Understanding or other demonstration of support from partner providers, if applicable;
- A project management plan, with implementation timelines and milestones.

Grant review criteria

Grants will be evaluated based on the following criteria:

- Consistency with overall SIM project activities;
- Meaningful involvement of and support from multiple provider organizations and/or provider types;
- Avoidance of duplication where similar innovations are currently underway;
- Demonstration of lead organization's commitment to the SIM project activities as evidenced by degree of matching support and participation in ongoing SIM activities;
- Quality, clarity and soundness of the project description, project budget, project plan and timeline;
- The evidence base for the proposed activity;
- The overall cost and expected return-on-investment of the proposed activity.

State resources available to grantees

Projects supported by the Provider Grants Program may be provided the following supports, to the extent that a need has been clearly established in the grant application:

- Supervision to ensure compliance with federal antitrust provisions;
- Assistance in aligning with other testing models in the state;
- Assistance with appropriately attributing outcomes and savings to testing models;
- Overall monitoring of health care quality and access;
- Funding for specific activities;
- Technical Assistance:
 - Meeting facilitation
 - Stakeholder engagement
 - Data analysis
 - Financial modeling
 - Professional learning opportunities

State Innovation Model

109 State Street
Montpelier, VT 05609
www.gmcboard.vermont.gov/sim_grant

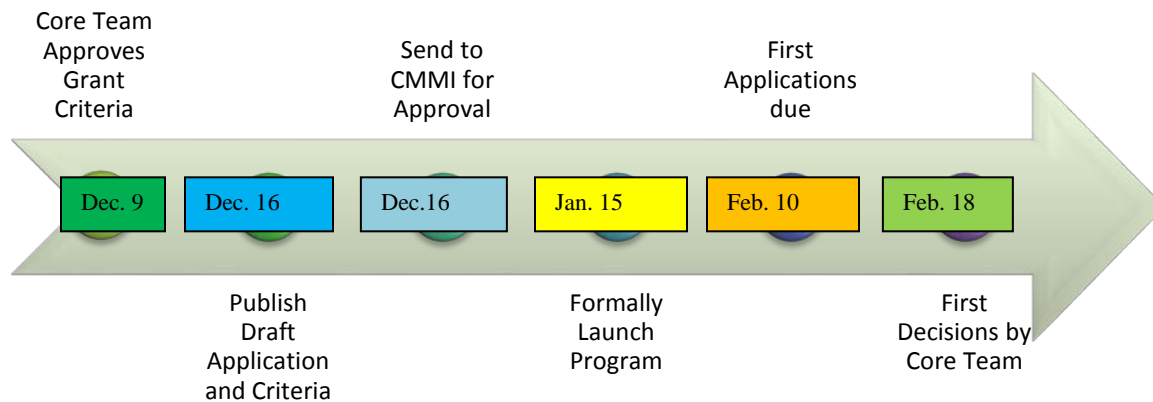
To: Anya Rader Wallack
Fr: Georgia Maheras
Date: December 2, 2013
Re: Proposed VCHIP Grant Program Roll-Out Process and Timeline

This memo discusses the roll-out process, timeline and proposed application related to the VCHIP Provider Grant Program.

Process:

- Step 1. Core Team approval of the Grant Program criteria.
- Step 2. VHCIP Staff develop Grant Program application.
- Step 3. Grant Program criteria and application are sent to CMMI for approval.
- Step 4 (simultaneous with CMMI review). Grant Program criteria and application are made available to potential applicants with the caveat that the program is pending CMMI approval.
- Step 5. First round grant applications accepted. DVHA is the agency responsible for the operational act of grant application receipt and distribution of funds. DVHA will receive applications then the VHCIP Project Director will work with staff to assemble application packets with executive summaries.
- Step 6. Core team review of applications and selection of grantees.
- Step 7. Second round grant applications solicited and accepted.
- Step 8. Core team review of second round grant applications and selection of grantees.

Proposed first round timeline:



Application Components:

Applicants will be provided with an application form that includes the following information (list is not final):

- Programmatic Request: This is the project plan
 - Description of the project being funded
 - Total population to be affected by the project
 - Summary of the evidence to support the project
 - Description of the payers and providers involved in the project
 - Cost and quality measures
 - Explanation of how the project addresses the grant program criteria
- Financial Request:
 - Amount of request and project budget
 - Description of any matching support, either in-kind or financial
- Letters of support and Memoranda of Understanding supporting the project plan
- Project timeline