

VT Health Care Innovation Project - Payment Model Design and Implementation Work Group Meeting Agenda
Monday, December 19, 2016 1:00 PM – 3:00 PM
WSOC Elm Conference Room, 280 State Drive, Waterbury
Call in option: 1-877-273-4202 Conference Room: 2252454

Item #	Time Frame	Topic	Presenter	Decision Needed?	Relevant Attachments
1	1:00-1:05	Welcome and Introductions; Approve meeting minutes	Cathy Fulton, Andrew Garland	Y – Approve minutes	Attachment 1: November Meeting Minutes
2	1:05-1:20	Program Updates <ul style="list-style-type: none"> • Population Health Plan • Sustainability Plan 	Georgia Maheras	N	Link to draft Population Health Plan Link to draft Sustainability Plan
3	1:20-2:20	PMDI Closing Session	Cathy Fulton, Andrew Garland, Alicia Cooper	N	Attachment 3a: PMDI Accomplishments Attachment 3b: PMDI Timeline
4	2:20-2:30	On-going Opportunities for Participant Involvement	Georgia Maheras	N	Attachment 4: SIM Work Group Transitions: How to Stay Involved
5	2:30-2:40	Thank You and Public Comment	Cathy Fulton, Andrew Garland	N	

Attachment 1: November Meeting Minutes



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

Pending Work Group Approval

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

Agenda Item	Discussion	Next Steps
1. Welcome and Introductions; Approve Meeting Minutes	Catherine Fulton called the meeting to order at 1:01pm. A roll call attendance was taken and a quorum was present. Dale Hackett moved to approve the October 2016 minutes by exception, and Ed Paquin seconded. The minutes were approved with one abstention (Ed Paquin).	
2. Program Updates	Georgia Maheras provided an update on the Population Health Plan: <ul style="list-style-type: none"> • The Core Team provided initial comments on the Population Health Plan at its 11/14 meeting, and endorsed continued work on the Plan. The Plan will be reviewed by the Core Team again in Spring 2017 and, following Core Team approval, will be submitted to CMMI in June. Please send feedback to Georgia (Georgia.maheras@vermont.gov) or Sarah Kinsler (sarah.kinsler@vermont.gov). 	
3. Sustainability Plan Review and Discussion	Georgia Maheras presented a first draft of the SIM Sustainability Plan (here , summarized in Attachment 3). <ul style="list-style-type: none"> • This is a draft developed based on recommendations of a private-sector stakeholder group which included at least one co-chair from all Work Groups (both Cathy and Andrew participated). • For activities that are proposed to continue, Lead Entity will provide stewardship and ownership. Not sole decision-making organization, but works with Key Partners to make sure work continues. • The Sustainability Plan is due to CMMI on June 30, 2017. It is a required deliverable of the SIM grant. • For more information: Review the full plan, or watch a recorded webinar on this topic. • It is recommended to look at Appendix A in the Sustainability Plan if you are unable to read the whole plan. • Feedback on the Sustainability Plan draft is due by December 14, 2016 to: Georgia.maheras@vermont.gov, 802-505-5137 or sarah.kinsler@vermont.gov, 802-798-2244. <p>Discussion:</p>	

Agenda Item	Discussion	Next Steps
	<ul style="list-style-type: none"> • Susan Aranoff suggested DAIL could be included as a Lead Entity under the Medicaid Pathway. Georgia acknowledged that she has already received feedback related to the listing of Lead Entities for Departments within the Agency of Human Services, and intends to be more explicit about this in the next revision. • Susan noted that there is no ACO Advisory Board or All Payer Advisory Board. Georgia mentioned that the actual plan explicitly states the critical role of consumers in governance and as Key Partners in all work streams; we will add this to the slides. It may not come through clearly enough in the plan; feedback is appreciated in this area. • Steve Gordon noted that the Vermont Association of Hospitals and Health Systems (VAHHS) is not listed as a Lead Entity or Key Partner. Georgia agreed and said she would add the Vermont Medical Society, VAHHS, and other critical partners in the next revision. • Susan mentioned that she hopes for ongoing evaluation of the financial performance of the interventions, for instance, a way to process and release the results for the 2016 SSP when they're available. Georgia agreed that this is something that can be more specific in the evaluation section. • Maura Graff asked, are the Lead Entities and Key Partners intended to be primarily state-led? Georgia noted that it wasn't intended to be that way but the State acts as a neutral convener. Catherine Fulton added that the State has the authority and capability to have ownership and leadership, but is not the sole decision-maker. • Maura asked where the Unified Community Collaboratives fit into sustainability. Georgia noted the Sustainability Plan aligns with the work streams categories SIM uses for federal reporting; the Community Collaboratives (formerly known as Unified Community Collaboratives) fall under the Regional Collaborations work stream. Maura replied that it is her understanding that Regional Collaborations and Unified Community Collaboratives are not the same in every community. Georgia and Maura will follow-up offline to discuss. • Maura asked about the influence of Federal and State election results. Georgia referred to two articles published this weekend which includes quotes from Lawrence Miller about potential federal election impacts. On the State level, Governor-Elect Scott has indicated cautiously optimistic support for continuing efforts in a collaborative fashion. Some of the specifics will take some time to work through. • Jim Hester asked, are there efforts to estimate the impact of the recommendations of the Sustainability Plan on the State budget? Georgia responded that they are currently working with four different scenarios and continue to have targeted conversations with AHS Central Office, the GMCB, and the Department of Finance and Management, and with each of the different Departments to see what additional needs they have. Refined numbers will be available after these conversations. Jim asked if the final version of that will be included in the document that goes to CMS. Georgia replied that this decision will be up to the Core Team. • Dale Hackett noted that the ongoing evaluation must be integrated and not siloed. Georgia responded that there is intentional design in having either AOA or AHS in certain roles to allow for a central convening function across agencies and programs. For example, state colleges and medical universities are the ones who are churning out the next workforce and should be at the table. 	
4. Year 2 Shared Savings Program Results:	This item, led by Alicia Cooper and Pat Jones, was a continuation of the initial discussion of the Year 2 Shared Savings Program (SSP) results, at the October 16 meeting. The materials presented in this work group and in other settings during	

Agenda Item	Discussion	Next Steps
<p>Continued Discussion</p>	<p>the last month were included again in today’s handout. Representatives from the three ACOs (Kate Simmons from CHAC, Miriam Sheehey from OneCare, and Rick Dooley from Healthfirst) were present to help answer additional questions.</p> <p>Discussion:</p> <ul style="list-style-type: none"> • Dale questioned the meaning from the data and asked if we need 2-3 years to see the impact of the program. Alicia cautioned against drawing too many conclusions after one or two years of program results because it’s difficult to determine what the effect of the program is with relatively little data. • Susan asked for a chart that shows the comparison for patients with eligibility for attribution but not attributed. Susan’s takeaway from Slide 43 is that the graph of the expenditure by non-attributed appears to be the same or similar to attributed people. Alicia acknowledged comparable patterns across the three groups. Susan suggested adding lines to make the chart more readable. • Maura: How many individuals are non-attributed, and why? Alicia Cooper: Attribution occurs based on the member’s primary care relationship. If someone has a relationship with a primary care provider who isn’t participating with the ACO, the member wouldn’t automatically be attributed to an ACO. For the Medicaid program, the first look is at historic utilization which would take precedence over primary care selection. Slide 37 shows how many are not attributed over time. Georgia: For more detail, the Shared Savings Program monthly one-pager includes a snapshot of attribution broken down by Medicaid, Medicare and Commercial and is updated every quarter. Alicia: The attribution methodologies are imperfect but are the best current method to approximate where individuals are receiving the majority of their care. We’ll continue to see refinements in the attribution methodology, particularly as we anticipate moving to a prospective model. Susan: Can individuals opt out of the ACO? Kate Simmons: An individual who opts out is still a part of the ACO but their data will not be shared. It’s the providers who end up participating or not participating, with individuals attributed based on utilization. The ACO is still held accountable. Georgia: Medicare drives how attribution works and has made a plan with MACRA/MIPS where providers need to maintain/improve quality of the population they serve. • Susan Shane attended the National Association of ACOs. There were repeated comments of frustration from ACOs with high quality and low cost who have not achieved shared savings because CMS’s benchmarking methodology. In response, CMS will change benchmarking to represent regional and not national benchmarks in the coming year. • Susan refers to slide 15 and asked for the ACOs to compare themselves to past performance in terms of the increase in difference from target in the years 2014-2015. Miriam knows that OneCare beat the national benchmark for cost of care but is still trying to understand what the change over those years means. Rick Dooley added that preventative care is expensive and can result in savings 10-15 years down the road. Therefore the ACOs are spending more as quality is improving. Susan Shane is also trying to understand the increased spend in the Medicare population. The data on slide 15 does not indicate that this is not a static population. The population in 2015 is different in volume and has shifted in comparison to the population in 2014. • Maura: Will the measures be the same under the Vermont Care Organization SSP? Pat: VCO will not necessarily be a SSP, it will be moving into a population-based model under the APM. CMS has proposed a quality framework; some measures overlap with the current SSP but some are different. 	

Agenda Item	Discussion	Next Steps
	<ul style="list-style-type: none"> Rick: Are the quality measures in the federal contract or are those what the Population Health Committee, Primary Care Sub-committee, and the VCO will work on? Pat: Yes and Yes. The measures in the agreement between CMS and the State are measures that will be applied at either the State level or the ACO level. There's 20 measures in 3 population health areas: reducing prevalence of morbidity from chronic illness, reducing deaths from suicide and drug overdose, and increasing access to primary care. Between the State and the ACO, there will be some kind of a measure framework that will look quite similar to those 20 measures, but is TBD and not part of the agreement. The ACO may decide to work with their provider network on particular measures. The assumption is that all will support those 3 overarching areas. Georgia: As a reminder, Act 113 laid out a regulatory framework that puts the GMCB in charge of keeping this process open and transparent. Pat: The SSP under SIM and DVHA and the GMCB was a 3-year program 2014-2016. In 2017, the three payers could diverge in their approach during that transitional year. It's considered a Year 0 for the APM, which will then take effect in 2018. Susan asked for a status on the DVHA Contract and asked what Medicare will be doing next year. Alicia: Still in the process of negotiating the contract and continuing to look at January 2017 implementation. Kate Simmons: CHAC has done renewal application to extend Medicare SSP into 2017 and 2018, while ramping up the VCO under the All Payer Waiver over the next 5 years. Miriam: OneCare will have a Medicare SSP in 2017. Susan asked for the information on the annual operating budget expense of the Medicare, Medicaid, and Commercial SSP. Georgia: The actual operating expenses resides within each ACO and is not possible to separate by each program. The SIM component has been provided to the Core Team by contract amount. Pat added that Act 113 does have a segmented budget going forward, but that is future and not past. 	
5. Public Comment	There was no additional comment.	
6. Next Steps and Action Items	FINAL PMDI Work Group Meeting: Monday, December 19, 2016, 1:00pm-3:00pm, Elm Conference Room, Waterbury State Office Complex, 280 State Drive, Waterbury	

VHCIP Payment Model Design and Implementation Work Group Member List

Monday, November 21, 2016

Date 10 Ed 20

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
		Chris	Hickey		Northwestern Medical Center
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
		Nicole	Lukas		AHS - VDH
Rick	Dooley ✓	Susan	Ridzon		HealthFirst
		Paul	Reiss		HealthFirst
Kim	Fitzgerald	Stefani	Hartsfield ✓		Cathedral Square and SASH Program
		Molly	Dugan		Cathedral Square and SASH Program
Aaron	French	Erin	Carmichael ✓		AHS - DVHA
		Nancy	Hogue		AHS - DVHA
		Megan	Mitchell		AHS - DVHA
Catherine	Fulton ✓				Vermont Program for Quality in Health Care

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Member		Member Alternate		Minutes	Organization
First Name	Last Name	First Name	Last Name		
Beverly	Boget	Michael	Counter		VNAs of Vermont
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	Sandy	Conrad		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
Kelly	Lange	Teresa	Voci		Blue Cross Blue Shield of Vermont
		Josh	Plavin ✓		
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 ✓			11	Disability Rights Vermont
Abe	Berman	Miriam	Sheehey ✓		OneCare Vermont

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Member		Member Alternate		Minutes	Organization
First Name	Last Name	First Name	Last Name		
		Vicki	Loner		OneCare Vermont
		Leah	Fuller		OneCare Vermont
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		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		41		

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VHCIP Payment Model Design and Implementation Work Group

Attendance Sheet

11/21/2016

	First Name	Last Name		Organization	Payment Model Design and Implementation
1	Peter	Albert		Blue Cross Blue Shield of Vermont	X
2	Susan	Aranoff	here	AHS - DAIL	MA
3	Julie	Arel		AHS - VDHA	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		OneCare Vermont	X
12	Devin	Batchelder	none	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 - DMH	X
17	Beverly	Boget		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 England	X
24	Heather	Bushey		Planned Parenthood of Northern New England	MA
25	Erin	Carmichael	here	AHS - DVHA	MA
26	Denise	Carpenter		Specialized Community Care	X
27	Jane	Catton		Northwestern Medical Center	MA
28	Alysia	Chapman		DA - HowardCenter for Mental Health	X

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

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

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

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

173	Cindy	Thomas		AHS - VDH	MA
174	Shannon	Thompson		AHS - DMH	MA
175	Bob	Thorn		DA - Counseling Services of Addison County	X
176	Win	Turner			X
177	Karen	Vastine		AHS-DCF	X
178	Teresa	Voci		Blue Cross Blue Shield of Vermont	MA
179	Nathaniel	Waite		VDH	X
180	Beth	Waldman		SOV Consultant - Bailit-Health Purchasing	X
181	Marlys	Waller		DA - Vermont Council of Developmental an	X
182	Nancy	Warner		COVE	X
183	Julie	Wasserman	here	AHS - Central Office	S
184	Kendall	West		Bi-State Primary Care/CHAC	MA
185	James	Westrich	here	AHS - DVHA	S
186	Jason	Williams		UVM Medical Center	X
187	Sharon	Winn		Bi-State Primary Care	X
188	Stephanie	Winters		Vermont Medical Society	X
189	Hillary	Wolfley		Vermont Program for Quality in Health Care	X
190	Erin	Zink		MVP Health Care	X
191	Marie	Zura		DA - HowardCenter for Mental Health	X
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Alicia Jansen Meyers & Stauffer (sustainability)

Attachment 3a: PMDI Accomplishments

**VHCIP Payment Model and Design Implementation Work Group: Final Meeting
December 19, 2016**

At a Glance: Major Accomplishments by Project

Accountable Care Organization Shared Savings Program (ACO SSP)

- January 2014: Medicaid and commercial SSPs launched
- October 2015: Results of the SSP Year 1 were presented to the GMCB and VHCIP stakeholders
- October 2016: Results of SSP Year 2 results were presented to VHCIP stakeholders at work group meetings and webinars

Accountable Communities for Health (ACH)

- February 2016: 10 communities selected to participate

All-Payer Model (APM)

- October 2016: APM agreement signed

Episodes of Care (EOCs)

- January 2015: Sub-group launched
- August 2015: Three EOCs tentatively selected for July 2016 implementation
- April 2016: Following discussions with CMMI, VT elected to discontinue its work to develop an EOC

Health Home (Hub and Spoke)

- January 2013: Hub and Spoke implementation begins
- As of September 2016: 5,800 impacted lives and 160 participating providers

Pay-for-Performance (Blueprint for Health)

- 2011: CHT implemented across the State
- As of June 2016: the program has recruited 729 providers across 128 participating practices and 313,991 impacted lives

Prospective Payment System – Home Health

- May 2015: Enabling legislation passed in VT's legislature
- April 2016: Effort was suspended in response due to the Legislature's consideration in delay at the request of home health providers

Medicaid Pathway – Long-Term Services and Supports/Choices for Care (LTSS/CFC)

- January 2016: Proposed St. Johnsbury project plan presented to VHCIP leadership and stakeholders
- March 2016: St. Johnsbury pilot completed research and feasibility analyses

Medicaid Pathway – Mental Health/Substance Abuse

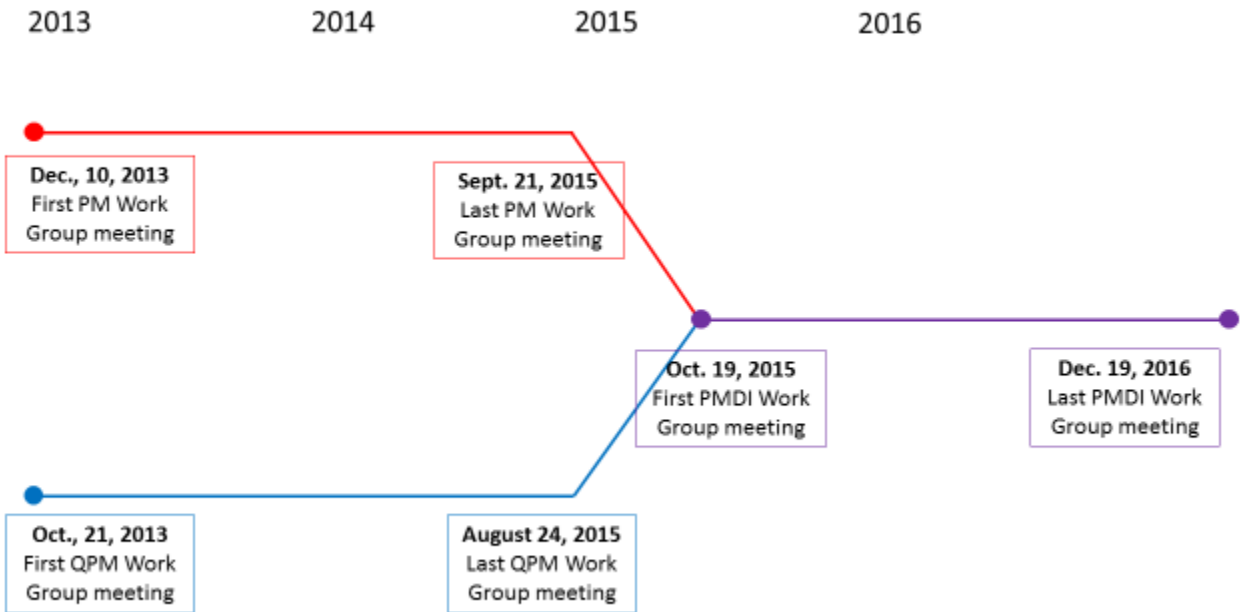
- December 2015: Implementation plan for presentation and approval by AHS leadership
- September 2016: Information Gathering Process released

State Activities to Support Model Design and Implementation – Medicaid

- June 2014: Call center established for Medicaid beneficiaries
- July 2015: Permissions and protocols established for data-sharing with ACOs
- June 2015: VT received State Plan Amendment approval from CMS for Year 1 SSP
- September 2015: VT received State Plan Amendment approval from CMS for Year 2 SSP
- June 2016: VT received State Plan Amendment approval from CMS for Year 3 SSP

VHCIP Payment Model and Design Implementation Work Group: Final Meeting
December 19, 2016

Timeline



Payment Models Work Group Charter (Retired)

The Green Mountain Care Board in conjunction with the Department of Vermont Health Access formed a work group to focus on the development of regulatory standards to govern the operation of Accountable Care Organizations (ACOs) in the state of Vermont. The intent of the work group was to expand ACO programs beyond the Medicare Shared Savings Program into the Commercial and Medicaid markets in Vermont. The work group is charged with aligning standards across payers, wherever possible. Participants in this group include commercial payers and Medicaid, providers, FQHCs, consumer advocates, home health and hospice, and participants representing Health Information Exchange and health care quality activities. This group is expanding under SIM to encompass all payment models.

This group will build on the work of the ACO standards work group to date and:

- Continued to develop and recommend standards for the commercial shared savings ACO (SSP-ACO) model;
- Developed and recommended standards for the Medicaid SSP-ACO model;
- Developed and recommended standards for both commercial and Medicaid episode of care models;
- Developed and recommended standards for Medicaid pay-for-performance models;
- Reviewed the work of the duals demonstration work group on payment models for dual eligible; and
- Recommended mechanisms for assuring consistency and coordination across all payment models.

Deliverables

1. Governance structure
2. Financial stability
3. Financial alignment
4. Primary care capacity
5. Care management capacity and functionality
6. Waste elimination and cost reduction strategy implementation
7. Health behavior change capacity
8. Services for which the ACO is responsible
9. Integration of primary care and behavioral health
10. Long term care integration
11. Blueprint support (how the blueprint integrates with ACOs standards)
12. Patient attribution
13. Risk adjusted payment
14. Trend Rate
15. Consumer protections

Not discussed in the previous discussions but potential topics for future discussion:

16. Standards for Quality
17. Standards for Access
18. Patient engagement, centeredness and diversity
19. Public reporting of performance

Quality and Performance Measures Work Group Charter (Retired)

The Green Mountain Care Board in conjunction with the Department of Vermont Health Access formed a work group that focuses on the development of quality and performance measures to reflect the performance of ACOs relative to state objectives for ACOs operating in the commercial and Medicaid markets. This work group is tasked with identifying

quality and performance measures to be used for monitoring, reporting, and payment purposes. Participants in this group include commercial payers and Medicaid, providers, FQHCs, consumer advocates, home health and hospice, Department of Mental Health, Department of Disabilities, Aging, and Independent Living, and participants representing Health Information Exchange and health care quality activities. Like the Payment Model Standards Workgroup, this workgroup is expanding its tasks under the SIM Project to move beyond ACOs to other payment models. The Quality and Performance Measures (QPM) work group worked to build on the work of the ACO Quality and Performance Measures Work Group, and recommended standardized measures used to:

- Evaluate the performance of Vermont’s payment reform models relative to state objectives;
- Qualify and modify shared savings, episodes of care, pay for performance, and health home payments; and
- Communicate performance to consumers through public reporting.

The overarching goal of quality and performance measurement was to focus health care reform and quality improvement efforts to control growth in health care costs, improve health care, and improve the health of Vermont’s population.

Deliverables

- Recommendations on consolidated and standardized sets of all-payer quality and performance measures to be used to indicate improvements in performance;
- Monitor adherence to quality standards; and
- Qualify and modify payments to providers or provider organizations.

When possible, the focus was on nationally accepted measures that could be benchmarked. As needed, the work group made recommendations regarding data resources for proposed measures, troubleshooting measurement barriers, and supporting measurement issue resolution.

Payment Models and Design Implementation Work Group Charter

Formed in October 2015, the Payment Models and Design Implementation Work Group builds on the work and membership of the former Payment Models, Care Models and Care Management, and Quality Performance Measures Work Groups, as well as integrating members of the Population Health and DLTSS Work Groups. In Performance Period 3, the group will:

- Continue to monitor and make recommendations related to the commercial and Medicaid shared savings ACO (SSP ACO) model;
- Monitor activities related to Accountable Communities for Health and identify lessons learned based on this work;
- Review, develop, and recommend standards for Medicaid Value-Based Purchasing models;
- Assist with All-Payer Model implementation as appropriate; and
- Monitor implementation of Pay-for-Performance investments, Health Home (Hub & Spoke) program, and ensure these activities are included in Vermont’s SIM Sustainability Plan as appropriate.

The group will continue to discuss mechanisms for assuring consistency and coordination across all payment models, including standardization of quality measures.

Attachment 3b: PMDI Timeline

**PMDI Work Groups Timelines
December 19, 2016**

	2013			2014										2015								
	10/21	11/5	12/18	1/13	2/10	3/24	4/18	5/29	6/23	7/29	8/25	9/22	10/27	11/24	12/22	2/23	3/16	4/13	5/18	6/22	8/24	
Quality & Performance Measures	Year 1 Commercial & Medicaid ACO SSP Measures: Process and criteria for measure selection; consideration of recommended measures, use of measures, Gate & Ladder methodology development					Year 2 Commercial & Medicaid ACO SSP Measures: Process and criteria for measure selection and/or modification; consideration of recommended measures, use of measures, Gate & Ladder methodology development										Year 3 Commercial & Medicaid ACO SSP Measures: Process and criteria for measure selection and/or modification; consideration of recommended measures, use of measures, Gate & Ladder methodology development						
	Reporting measures: Criteria for attaining full payment			Reporting measures: sample size considerations and sample generation processes		Review of Y1 pending measures						Status update on clinical measure gap analysis (VITL-ACO collaboration)				CMS decision on sample size for clinical measures update		Status of Y1 ACO SSP Data Collection	Review reporting templates to be used for Y1 SSP results		VT ACO Experience with Y1 Clinical Data Collection	
	Measures for SIM Driver Diagram	Core Team recommendations for Substance Abuse screening measure			VDH Presentation: Measures & Data							Presentation on SBIRT			ACO Improvement efforts related to Medicare & VT Commercial/Medicaid SSP Measures			Blueprint: Incorporation of ACO SSP Measures into practice & HSA Quality profiles		Use of performance measures in Blueprint-ACO UCCs	Summary of report: <i>Vital Signs: Core Metrics for Health & Health Care Progress</i>	Presentation on All Payer Model
	Development and Approval of Measure Modification Standard				Process for GMCB review and approval of measures							Review EOC under consideration by PMWG; identify criteria for episode-specific measure selection	Review of data submission & analytics timeline for Y1 SSP Measures					GMCB Year 3 measure change hiatus				
	Development and Approval of Work Group Charter & Work Plan												Review and revision of work plan				Review of work plan updates					

	2013		2014								2015								
	12/10	1/6	2/3	3/3	5/12	6/2	7/7	8/4	9/16	10/6	11/3	12/1	1/16	2/23	3/16	4/20	6/22	8/24	9/21
Payment Models	Episodes of Care: Analytics, program design, case studies, model criteria											EOC analysis & next steps	EOC Subgroup updates and presentations			BPCI Presentation			
									Medicaid SSP Year 2 TCOC Expansion discussion						Medicaid SSP Year 3 TCOC Expansion discussion		Medicaid SSP Year 3 TCOC Expansion discussion		Medicaid SSP Year 3 TCOC Expansion discussion
									Review ACO SSP Quality Measure recommended changes for Y2		Commercial & Medicaid SSP Y2 Gate & Ladder							QPM Recommendations for Y3 Commercial & Medicaid SSP measure changes	Commercial & Medicaid SSP Y1 final calculation update
		ACO SSP Updates				Presentation: <i>Medical Homes, Community Health Teams & Networks</i> (Blueprint)							Blueprint presentation: Community Oriented Health Systems	Proposed changes to Blueprint methodology					
	Development and Approval of Work Group Charter & Work Plan					Review draft survey: Assessment of Priorities & Opportunities in VT	Review of Payment Models Integration Goals		Frail Elders presentation and planning						Review 2015 work plan	CMS Next Gen ACO Model presentation			APM progress report summary

	2015			2016								
	10/15	11/16	12/14	1/4	2/1	3/21	5/16	6/20	7/18	9/19	10/17	11/21
Payment Model & Design Implementation	Y1 SSP Results	Medicaid EOC Proposal	Medicaid Expenditure Analysis	PMDI 2015 year in review: SSPs, EOCs, ACH, Medicaid Pathway	Financing DLTS in VT	Medicaid Pathway Q&A	Y1 SSP Analyses	VT Collaborative Care presentation	SIM Sustainability planning	Simplifying Clinical Quality Measure Collection	Y2 SSP Results and Discussion	
	Removal of Commercial SSP Y3 downside risk	Community Collaboratives presentation		Population Health Financing	Frail Elders Project Update	OneCare REDCap presentation		Frail Elders Project Update				
					APM Update	ACH Peer Learning Lab		ACH Peer Learning Lab		Medicaid Pathway payment model update	Population Health Plan review	Sustainability Plan, 1 st draft review & discussion

Attachment 4: SIM Work Group Transitions – How to Stay Involved

SIM Work Group Transitions: How to Stay Involved

December 1, 2016

Purpose: *The purpose of this document is to provide information to individuals who have served on SIM Work Groups regarding new and existing opportunities to stay involved in Vermont health care reform work.*

Email distribution lists: Various State entities involved in health care reform maintain email distribution lists that provide information about Vermont's health care reform activities. Please contact the individuals below if you would like to be added to the distribution lists:

Email distribution list	Contact person
Agency of Human Services Global Commitment	Ashley Berliner ¹
Green Mountain Care Board	Jaime Fisher
Department of Disabilities, Aging, and Independent Living	Bard Hill

Websites: In addition to these email distribution lists, State Agencies and Departments maintain websites that provide information about health care reform and other activities:

- *Agency of Administration Office of Health Care Reform:* hcr.vermont.gov
- *Agency of Human Services:* humanservices.vermont.gov
- *AHS-Department of Disabilities, Aging, and Independent Living:* <http://dail.vermont.gov/>
- *AHS-Department of Health:* healthvermont.gov
- *AHS-Department of Vermont Health Access:* dvha.vermont.gov
- *Green Mountain Care Board:* gmcboard.vermont.gov

Advisory Boards and Committees: Some Agencies, Departments, and Divisions regularly consult stakeholders through formal Advisory Boards or other bodies. In many cases, members are appointed by the Governor following an application process. Below are a some examples of the boards and committees that may be of interest:

- *Agency of Human Services:* See <http://humanservices.vermont.gov/boards-committees>. Includes Human Services Board, Children and Family Council for Prevention Programs, Developmental Disabilities Council, Vermont Council on Homelessness, Institutional Review Board, and the Tobacco Evaluation and Review Board.
- *AHS-Department of Disabilities, Aging, and Independent Living:* See <http://dail.vermont.gov/dail-boards>. Includes DAIL Advisory Board, the Developmental Services State Program Standing Committee, the Governor's Commission on Alzheimer's Disease and Related Disorders, and numerous Division Advisory Boards and Committees.
- *AHS-Department of Vermont Health Access:* See <http://dvha.vermont.gov/advisory-boards>. Includes Medicaid and Exchange Advisory Board, Clinical Utilization Review, Drug Utilization Review Board, and multiple committees related to the Blueprint for Health.
- *Green Mountain Care Board:* See <http://gmcboard.vermont.gov/board/advisory-committee>. Includes GMCB Advisory Committee.

In addition to these groups, AHS' Medicaid Pathway process currently convenes two stakeholder groups. For more information about these groups, please contact Julie Corwin.

¹ All individuals listed use the State of Vermont email convention: `firstname.lastname@vermont.gov`.