

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

**Pending Work Group Approval**

**Date of meeting:** Monday, February 1, 2016, 1:00-3:00pm, 4<sup>th</sup> Floor Conference Room, Pavilion Building, 109 State Street, Montpelier.

Agenda Item	Discussion	Next Steps
<b>1. Welcome and Introductions; Approve Meeting Minutes</b>	<p>Andrew Garland called the meeting to order at 1:02pm. A roll call attendance was taken and a quorum was present.</p> <p>Ed Paquin moved to approve the January 2016 meeting minutes by exception. Rick Dooley seconded. The minutes were approved with no abstentions.</p>	
<b>2. Program Updates</b>	<p>Georgia Maheras provided a series of program updates.</p> <ul style="list-style-type: none"> <li>• The Core Team met twice in January, and approved several health data infrastructure investments over the next five months. They were able to approve these investments due to savings in other areas. See the Core Team materials and minutes for details.</li> <li>• The Core Team also approved a change to the milestone for Episodes of Care for Performance Periods 2 and 3. This comes after a series of conversations with CMMI; they agreed that alignment of any EOC program with other payment models was a high priority, and supported our goal of not launching a new program for only a few months before it would likely need to change for implementation of an All-Payer Model. The new milestone decreases the number of episodes we are pursuing from three (perinatal, neonatal, and repeat emergency depart visits, as well as Integrating Family Services work) to one; future EOC efforts will focus on the Integrating Family Services program, rather than the three episodes this group had focused on in earlier discussions. New milestones:               <ul style="list-style-type: none"> <li>○ <u>Performance Period 2</u>: Research, design, and draft implementation plan for one EOC based off of the IFS program by 6/30/16.</li> <li>○ <u>Performance Period 3</u>: Implement EOC Payment Model impacting IFS Program's Service by 7/1/17.</li> </ul> </li> <li>• Project leadership is beginning work on a draft budget for Performance Period 3. A budget will be proposed to the Core Team later this winter to allow development of our federal budget submission in April 2016. Previous Core Team decisions allocating funds provide a starting place for the budget.</li> </ul>	
<b>3. APM Update</b>	<p>Robin Lunge provided an update on the All-Payer Model.</p>	

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	<ul style="list-style-type: none"> <li>• The Administration sees significant benefit to the state generally and the State through changing the payment system in a way that will support improved quality and reduced cost. Doing this through a provider-led initiative is preferable to doing this through a payer-led initiative.</li> <li>• Some revenue and market segments will continue to fall outside of the waiver due to federal law (ERISA) and other factors. Members commented that providers and services excluded from the waiver are critical players in decreasing costs. Robin clarified that being outside of the financial scope of the waiver is not the same as being outside of system reforms more broadly, and the Administration is working with those providers to develop a “Medicaid pathway” to support reform among these providers and services. Part of the delivery system will remain in the fee-for-service system for now, but it’s important to remember that this is not the only piece of payment and delivery system reform underway. There is a great deal of work within AHS right now for providers who are not participating in ACOs. The Medicaid pathway is for providers who are not included in ACOs or financial caps, and is looking at which payment and delivery system reforms are most appropriate for these provider groups and service types, and avoids bringing provider groups and service types under the waiver’s financial cap where there isn’t readiness. One member also contested the assertion that this is a provider-led initiative, noted that it looks a lot like managed care, and commented that not all providers have been involved in development.</li> <li>• Several documents related to the APM were released last Monday: the term-sheet, an explanatory companion paper, and a one-page summary.</li> <li>• <u>Process for public comment</u>: AoA is accepting public comment in writing for the next 2 weeks – see <a href="http://www.hcr.vermont.gov">http://www.hcr.vermont.gov</a> for instructions on how to submit writing. Interested parties can also submit written comment to GMCB or provide verbal comment at GMCB meetings. GMCB and AoA are sharing all comments with each other, so there is no need to submit written comment to both, though participants are welcome to do that if they prefer. GMCB is holding a series of meetings to gather stakeholder input over the next 2 weeks – there was an all-day hearing on Thursday, as well as a Friday morning stakeholder meeting.</li> <li>• <u>Process between CMMI and Vermont</u>: Vermont submits the term sheet; CMMI will proceed with federal clearance process, which will include various parts of HHS, Secretary Burwell, and the White House. They will come back with questions and comments, followed by another round of negotiations if necessary. <ul style="list-style-type: none"> <li>○ Simultaneously, Vermont will gather public comment and comment from SOV agencies and departments that are interested, which could also be incorporated into a further round of negotiation.</li> </ul> </li> <li>• <u>The waiver and term-sheet</u>: The waiver would be a three-way agreement between AoA, GMCB, and the federal government. GMCB will have a public vote to approve (or not) the term sheet, and public comment will be incorporated into this decision. <ul style="list-style-type: none"> <li>○ The term-sheet is a high-level document which describes the major provisions of the agreement; the real agreement will be a much longer waiver document. This will be written based on the approved term sheet.</li> <li>○ Under the APM, Medicare payments would continue to go from the federal government to providers; for ACO providers (providers participating in the APM), this would be governed by an</li> </ul> </li> </ul>	

Agenda Item	Discussion	Next Steps
	<p>ACO participation agreement between CMS and the ACOs and will also be written after agreement on the waiver (similar to the Next Generation ACO model). For providers not participating in ACOs, there would be a different type of agreement as there is now for providers who participate in Medicare fee-for-service. Medicare will stay the same for providers not participating in ACOs.</p> <ul style="list-style-type: none"> <li>○ Estimated start date is still January 2017. Medicare and DVHA operations are gearing up in preparation for this; Robin declined to speak for private payers or ACOs.</li> <li>○ Term sheet outlines some of the waivers included in the APM that are intended to remove recognized barriers within the Medicare program.</li> <li>○ Impact on existing ACO programs: Medicare, Medicaid, and Commercial SSPs are aligned as much as possible/appropriate now. Part of APM planning and implementation will require additional alignment across the new programs.</li> <li>○ Hospital revenue is currently regulated by the GMCB, which includes 60% of physician revenue. The GMCB also regulated commercial insurance rates for all services. This does not include ERISA plans or TRICARE. ERISA plans may voluntarily participate and TRICARE will continue to be excluded by federal law. The State will be reaching out to self-insured employers to encourage them to voluntarily participate in payment reform activities. Some large employers the State is talking with or is planning to talk with are state employees, teachers and hospitals.</li> <li>○ This is not predicated on a single ACO.</li> <li>○ Is this planned to expand to all fully-insured commercial populations? This is a question for GMCB.</li> <li>○ We expect a federal decision within 2 months. If we do not agree on an APM, OneCare has still been accepted to the Medicare Next Generation ACO program, which would start on January 1, 2017.</li> </ul> <ul style="list-style-type: none"> <li>● <u>Term sheet highlights:</u> <ul style="list-style-type: none"> <li>○ Financial Caps: Target of 3.5%, with a cap of 4.3%. This was developed by look at the 15-year state growth average. 4.3% is 1% above economic growth. Medicare target is 0.2% below national trend at the end of the 5-year agreement (2017-2021).</li> <li>○ There are terms that allow either party to withdraw, which will be spelled out in detail.</li> <li>○ Regulated Services: Services to which cap applies. Currently based on SSPs (Medicare = Medicare A&amp;B; Medicaid and Commercial = current SSP scopes). Caps apply to statewide all-payer spending for those services, not to individual providers.</li> <li>○ Rate Setting: Terms allow the GMCB to do all-payer rate setting if the vision isn't successfully keeping costs within targets, including Medicare rate setting for the FFS system based on reference pricing. The GMCB may not use this authority initially, although may use it if trends are not being met after a certain period of time.</li> </ul> </li> <li>● Term sheet will be complemented by GMCB regulatory structure to manage the relationship between State and ACOs. GMCB has regulatory authority beyond what it pursues, and could expand authority to develop a more robust regulatory system to support the APM.</li> <li>● How will the waiver ensure utilization isn't being harmfully limited? Consumer surveys and quality metrics will be a starting place for this, and the Board has kicked off an internal work group process to develop an</li> </ul>	

Agenda Item	Discussion	Next Steps
	internal framework to support the APM, including consumer protection as well as rates and other issues.	
<b>4. Frail Elders</b>	<p>Cy Jordan provided an update on the Frail Elders project (Attachment 4).</p> <ul style="list-style-type: none"> <li>• This project has been in development since 2013, coming out of a series of qualitative interviews with inpatient and rural providers.</li> <li>• Target population is not limited to frail elders – frailty has a specific medical definition. Rather, work focuses on high-risk elders.</li> <li>• Qualitative interviews are not limited to clinical needs.</li> </ul> <p>The group discussed the following:</p> <ul style="list-style-type: none"> <li>• This research targets a larger group than dual eligibles. Bard Hill noted that many duals are past frailty or high-risk, but rather, a negative event has already happened.</li> <li>• This work could advise or strengthen our existing work with primary care providers, including the Blueprint for Health.</li> <li>• This research could also be applied to other patient groups with similar needs.</li> <li>• One challenge has been linking qualitative interviews with national claims datasets.</li> </ul>	
<b>5. Financing 101</b>	<p>Bard Hill and Susan Aranoff presented a Financing 101 presentation (Attachment 5) about financing of disability and long-term services and supports (DLTSS) in Vermont.</p> <ul style="list-style-type: none"> <li>• This is an area of cost-shift from commercial payers and Medicare <i>toward</i> Medicaid, since Medicaid pays for services in this category that are not covered by other payers.</li> <li>• There is significant variation in the DLTSS population and in needs and services; person-centeredness is a key concept in care planning and service delivery.</li> <li>• A high percentage of people receiving DLTSS services are dually eligible for Medicare and Medicaid; costs are hard to calculate and manage in part because spending is split across programs.</li> </ul> <p>The group discussed the following:</p> <ul style="list-style-type: none"> <li>• Ed Paquin pointed out that it's not surprising that people who need more care cost more to care for. He noted that many DLTSS services are delivered on a very basic, low-cost level, but volume is high because people need a great deal of care.</li> <li>• Bard noted that Medicaid eligibility for people in need of DLTSS services is a combination of income (including medical spend-down), assets, and disability.</li> <li>• Some disabilities and chronic conditions are preventable through optimal prevention activities, care, and intervention, and investments in these areas could decrease overall costs – but other disabilities and chronic conditions are not avoidable. In both cases, improved coordination and integration will support better outcomes and decreased costs.</li> </ul>	
<b>6. Public Comment</b>	There was no additional comment.	
<b>7. Next Steps, and</b>	<b>Next Meeting:</b> Monday, March 21, 2016, 1:00-3:00pm, DVHA Large Conference Room, 312 Hurricane Lane,	

Agenda Item	Discussion	Next Steps
Action Items	Williston	

# VHCIP Payment Model Design and Implementation Work Group Member List

Monday, February 01, 2016

*1/4/16 Ed 1<sup>o</sup> Rick 2<sup>o</sup> Motion carried unanimously*

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

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

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Monday, February 01, 2016

Member		Member Alternate		Minutes	Organization
First Name	Last Name	First Name	Last Name		
		Vicki	Loner		OneCare Vermont
Laural	Ruggles				Northeastern Vermont Regional Hospital
Julia	Shaw	Rachel	Seelig		VLA/Health Care Advocate Project
Lila	Richardson ✓	Kaili	Kuiper		VLA/Health Care Advocate Project
Kate	Simmons	Kendall	West		Bi-State Primary Care/CHAC
		Patricia	Launer		Bi-State Primary Care
		Melissa	Miles		Bi-State Primary Care
		Heather	Skeels		Bi-State Primary Care
Richard	Slusky	Pat	Jones ✓		GMCB
Julie	Tessler ✓	Sandy	McGuire ✓		VCP - Vermont Council of Developmental and Mental Health Services
					VCP - Howard Center
		31	44		



# VHCIP Payment Model Design and Implementation Work Group

## Attendance Sheet

2/1/2016

	First Name	Last Name		Organization	Payment Model Design and Implementation
1	Peter	Albert		Blue Cross Blue Shield of Vermont	X
2	Susan	Aranoff	none	AHS - DAIL	MA
3	Julie	Arel	none	AHS - VDH	MA
4	Bill	Ashe		Upper Valley Services	X
5	Lori	Augustyniak		Center for Health and Learning	X
6	Debbie	Austin		AHS - DVHA	X
7	Ena	Backus		GMCB	X
8	Melissa	Bailey		Vermont Care Partners	M
9	Michael	Bailit	phone	SOV Consultant - Bailit-Health Purchasing	X
10	Susan	Barrett		GMCB	X
11	Jaskanwar	Batra		AHS - DMH	MA
12	Abe	Berman	phone	OneCare Vermont	MA
13	Bob	Bick		DA - HowardCenter for Mental Health	X
14	Mary Alice	Bisbee		Consumer Representative	X
15	Charlie	Biss		AHS - Central Office - IFS / Rep for AHS - DMH	X
16	Beverly	Boget		VNAs of Vermont	MA
17	Mary Lou	Bolt		Rutland Regional Medical Center	X
18	Jill Berry	Bowen		Northwestern Medical Center	M
19	Stephanie	Breault	phone	Northwestern Medical Center	MA
20	Martha	Buck		Vermont Association of Hospital and Health	A
21	Mark	Burke	none	Brattleboro Memorial Hospital	MA
22	Donna	Burkett		Planned Parenthood of Northern New England	X
23	Catherine	Burns		DA - HowardCenter for Mental Health	X
24	Heather	Bushey		Planned Parenthood of Northern New England	MA
25	Gisele	Carbonneau		HealthFirst	A
26	Erin	Carmichael	none	AHS - DVHA	MA
27	Jan	Carney		University of Vermont	X
28	Denise	Carpenter		Specialized Community Care	X

29	Jane	Catton		Northwestern Medical Center	MA
30	Alysia	Chapman		DA - HowardCenter for Mental Health	X
31	Joshua	Cheney		VITL	A
32	Joy	Chilton		Home Health and Hospice	X
33	Amanda	Ciecior		AHS - DVHA	S
34	Barbara	Cimaglio		AHS - VDH	X
35	Daljit	Clark		AHS - DVHA	X
36	Sarah	Clark		AHS - CO	X
37	Peter	Cobb	None	VNAs of Vermont	X
38	Judy	Cohen		University of Vermont	X
39	Lori	Collins		AHS - DVHA	X
40	Connie	Colman		Central Vermont Home Health and Hospice	X
41	Sandy	Conrad		V4A	MA
42	Amy	Coonradt		AHS - DVHA	S
43	Alicia	Cooper	None	AHS - DVHA	S
44	Janet	Corrigan		Dartmouth-Hitchcock	X
45	Brian	Costello			X
46	Michael	Counter		VNA & Hospice of VT & NH	M
47	Mark	Craig			X
48	Diane	Cummings	None	AHS - Central Office	M
49	Patricia	Cummings		AHS - DAIL	MA
50	Michael	Curtis		Washington County Mental Health Services	X
51	Jude	Daye		Blue Cross Blue Shield of Vermont	A
52	Jesse	de la Rosa		Consumer Representative	X
53	Danielle	DeLong		AHS - DVHA	X
54	Mike	DelTrecco		Vermont Association of Hospital and Health	M
55	Yvonne	DePalma		Planned Parenthood of Northern New Engla	X
56	Trey	Dobson		Dartmouth-Hitchcock	X
57	Tracy	Dolan		AHS - VDH	M
58	Michael	Donofrio		GMCB	X
59	Kevin	Donovan		Mt. Ascutney Hospital and Health Center	X
60	Rick	Dooley	None	HealthFirst	M
61	Molly	Dugan		Cathedral Square and SASH Program	MA
62	Lisa	Dulsky Watkins			X
63	Robin	Edelman		AHS - VDH	X
64	Jennifer	Egelhof		AHS - DVHA	MA

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

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

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

173	Allan	Ramsay		GMCB	X
174	Frank	Reed		AHS - DMH	MA
175	Paul	Reiss		HealthFirst/Accountable Care Coalition of t	MA
176	Sarah	Relk			X
177	Virginia	Renfrew		Zatz & Renfrew Consulting	X
178	Lila	Richardson	<i>None</i>	VLA/Health Care Advocate Project	M
179	Susan	Ridzon		HealthFirst	MA
180	Carley	Riley			X
181	Laurie	Riley-Hayes		OneCare Vermont	A
182	Brita	Roy			X
183	Laural	Ruggles		Northeastern Vermont Regional Hospital	M
184	Jenney	Samuelson		AHS - DVHA - Blueprint	MA
185	Howard	Schapiro		University of Vermont Medical Group Pract	X
186	seashre@msn	seashre@msn.com		House Health Committee	X
187	Rachel	Seelig		VLA/Senior Citizens Law Project	MA
188	Susan	Shane		OneCare Vermont	X
189	Julia	Shaw		VLA/Health Care Advocate Project	M
190	Melanie	Sheehan		Mt. Ascutney Hospital and Health Center	X
191	Miriam	Sheehey		OneCare Vermont	MA
192	Don	Shook		Northwestern Medical Center	MA
193	Kate	Simmons		Bi-State Primary Care/CHAC	M
194	Colleen	Sinon		Northeastern Vermont Regional Hospital	X
195	Shawn	Skafelstad		AHS - Central Office	MA
196	Heather	Skeels		Bi-State Primary Care	MA
197	Richard	Slusky		GMCB	M
198	Chris	Smith		MVP Health Care	X
199	Angela	Smith-Dieng		V4A	MA
200	Jeremy	Ste. Marie		Vermont Chiropractic Association	X
201	Jennifer	Stratton		Lamoille County Mental Health Services	X
202	Beth	Tanzman		AHS - DVHA - Blueprint	X
203	JoEllen	Tarallo-Falk		Center for Health and Learning	X
204	Julie	Tessler	<i>None</i>	VCP - Vermont Council of Developmental ar	M
205	Cindy	Thomas		AHS - VDH	MA
206	Shannon	Thompson		AHS - DMH	MA
207	Bob	Thorn		DA - Counseling Services of Addison County	X
208	Win	Turner			X

209	Karen	Vastine		AHS-DCF	X
210	Teresa	Voci	<i>None</i>	Blue Cross Blue Shield of Vermont	MA
211	Nathaniel	Waite		VDH	X
212	Beth	Waldman		SOV Consultant - Bailit-Health Purchasing	X
213	Marlys	Waller		DA - Vermont Council of Developmental an	X
214	Nancy	Warner		COVE	X
215	Julie	Wasserman	<i>None</i>	AHS - Central Office	S
216	Monica	Weeber		AHS - DOC	X
217	Kendall	West		Bi-State Primary Care/CHAC	MA
218	James	Westrich	<i>None</i>	AHS - DVHA	S
219	Robert	Wheeler		Blue Cross Blue Shield of Vermont	X
220	Bradley	Wilhelm		AHS - DVHA	S
221	Jason	Williams		UVM Medical Center	X
222	Sharon	Winn		Bi-State Primary Care	X
223	Stephanie	Winters		Vermont Medical Society	X
224	Hillary	Wolfley			X
225	Mary	Woodruff			X
226	Cecelia	Wu		AHS - DVHA	S
227	Erin	Zink		MVP Health Care	X
228	Marie	Zura		DA - HowardCenter for Mental Health	X
					<b>228</b>

*Holly Stone*  
*Cy Jordan*  
*Brian Costello*  
*Randy Messier*  
*Josh Flavin*