Vermont Health Care Innovation Project
Steering Committee Meeting Agenda

March 30, 2016, 1:00pm-3:00pm

4th Floor Conference Room, Pavilion Building, 109 State Street, Montpelier

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

Item #	Time Frame	Topic	Presenter	Relevant Attachments	Action?
1	1:00-1:05pm	Welcome and Introductions; Minutes Approval	Steven Costantino & Al Gobeille	Attachment 1: Draft January 27, 2015, Meeting Minutes	Approval of Minutes
2	1:05-1:30pm	Core Team Update • Performance Period 3 Milestones and Ops Plan • Recent Approvals • Budget Update *Public comment*	Lawrence Miller & Georgia Maheras	Attachment 2: Performance Period 3 Milestone Table	
3	1:30-1:50pm	Shared Care Plan and Universal Transfer Protocol Project Update	Georgia Maheras	Attachment 3: Shared Care Plan Solution Proposal	
4	1:50-2:05pm	Core Competency Training Update	Erin Flynn	Attachment 4: Core Competency Training Update	
5	2:05-2:55pm	Medicaid Pathway	Michael Costa and Selina Hickman	Attachment 5: Medicaid Pathway Presentation	
6	2:55-3:00pm	Public Comment, Next Steps, Wrap-Up and Future Meeting Schedule	Steven Costantino & Al Gobeille	Next Meeting: Wednesday, April 27, 2016, 1:00-3:00pm, Montpelier	

Attachment 1: Draft January 27, 2015, Meeting Minutes

Vermont Health Care Innovation Project
Steering Committee Meeting Minutes

Pending Committee Approval

Date of meeting: Wednesday, January 27, 2015, 1:00pm-2:30pm, 4th Floor Conference Room, Pavilion Building, 109 State Street, Montpelier.

Agenda Item	Discussion	Next Steps
1. Welcome and Introductions; Minutes Approval	Steven Costantino called the meeting to order at 1:01pm. A quorum was present. *Minutes Approval:* Ed Paquin moved to approve the December 2, 2015, meeting minutes. Peter Cobb seconded. Ed Paquin amended his motion to approve the minutes with the changes proposed by Mike Hall via email. Steven Costantino recommended rescinding the motion from the December 2 meeting, and proposing and voting on a new motion with the revised language. Dale Hackett moved to rescind the relevant motion from the December 2, 2015, meeting minutes by exception. Peter Cobb seconded Dale's motion. Ed Paquin rescinded his previous motion. Dale Hackett's motion carried. Ed Paquin made a new motion to send the VITL-VCN Gap Remediation and DLTSS Technology Assessment Next Steps to the Core Team with the recommendation they receive first priority for funding with remaining SIM funds, and to send the VITL-ACO Gap Remediation and ACO Informatics Proposals back to the HDI Work Group for further review and prioritization, with a vote by exception. Kim Fitzgerald seconded. • Dale Hackett asked whether the group feels this captured the intent of the December 2 discussion. Ed Paquin believes this is a fair expression of what the Steering Committee voted on. Todd Moore agreed that this was the spirit of the motion as he originally suggested it. John Evans agreed. • Georgia Maheras noted that the Core Team voted to move one of these proposals forward at its last meeting; the other will be discussed on Friday. Al Gobeille commented that these things are already in motion – this discussion is administrative detail. • Mike Hall noted that since most new projects can't have funds until July 2016 due to the delayed start of our Year 3 budget period, this new language would reflect the Steering Committee's recommendation	

Agenda Item	Discussion	Next Steps
	that these projects should continue to be prioritized. Al Gobeille noted that while the Core Team appreciates the Steering Committee's recommendations, the Core Team is not bound by the Steering Committee's recommendations. Ed clarified that he knows this change doesn't have an impact on decisions already made, but believes this better reflects the conversation. A vote in the form of exception was held; the motion carried with five abstentions (Elizabeth Cote, Catherine Fulton, Jackie Majoros, Mary Val Palumbo, and Marlys Waller). Three members recused themselves (Mike Hall, John Evans, and Todd Moore).	
2. Core Team Update *Public Comment*	Georgia Maheras provided a Core Team update. • The Core Team approved DA/SSA Data Quality work at their last meeting; they also approved funding for a piece of technology to normalize how information about labs and immunizations is transmitted. • This Friday, the Core Team will be looking at a proposal around DLTSS Gap Remediation, as well as our Episodes of Care (EOC) milestone, which has been the subject of much discussion. There was no additional comment.	
3. Project Updates	Georgia Maheras provided a series of project updates. • *Work Group Workplans:* Work Group workplans for 2016 are finalized and posted to our website. Workplan activities are built around our CMMI milestones and are limited to the work of the work group (not staff or contractors, in most cases). Most work groups have received a presentation about their workplans and have had an opportunity to discuss the contents. Georgia thanked project staff and co-chairs for moving through this process with us. • *DLTSS Gap Remediation*: This group approved up to $800,000 to improve connectivity for home health agencies (HHAs) and Area Agencies on Aging. Susan Aranoff has been working with agencies and VITL to clarify this proposal. At the Core Team, they will be discussing implementation of VITLAccess within HHAs so HHAs are able to access VHIE records, and building more interfaces from HHAs to the VHIE to allow information to flow from HHAs to the VHIE. Georgia noted the AAAs do not fit within the federal legal framework as a "health care organization" under HIPAA – this requires us to do some legal work, which delays this part of the proposal. Georgia thanked the AAAs for working with us to figure out the best way to do this. o Total request for Friday, 1/29, is $535,000 for VITLAccess and interface work. This will allow over 600 users to access VITLAccess at the end of three phases of work. It will also build 10 different interfaces to the VHIE at 9 HHAs. o Kim Fitzgerald noted that SASH has run into similar issues as the AAAs, and requested SASH be considered in these conversations as well. o Susan Aranoff added that some other VHCIP-supported IT projects could potentially be	

Agenda Item	Discussion	Next Steps
	extended to organizations like AAAs and SASH. • *ACO Informatics Proposal and ACO Gap Remediation:* o ACOs are working on a revision to the Informatics proposal and expects to bring it back to the HDI Work Group in February or March. o VITL is working on a revision to the ACO Gap Remediation proposal and expects to bring it back to the HDI Work Group in February or March. o We will ensure that the new motion language is passed along to the HDI Work Group so they understand the intent of the December 2 conversation.	
4. Health Data Inventory Findings and Recommendations	David Healy of Stone Environmental presented on the Health Data Inventory Project, focusing on key findings and recommendations (Attachment 4). The group discussed the following: • Regarding Stone's finding that State agencies are understaffed to support data system function and maintenance, Al Gobeille provided the example of VHCURES 2.0 – GMCB did not have enough staff to support this project fully, so decided not to pursue it at that time. • Mike Hall commented that pulling in data sets from various parts of government, or from providers, State agencies often provide PDF files which are challenging to work with an analyze. David noted that the Stone team received data in a variety of formats, and one field in the inventory is file type. Mike expressed frustration that data is not more frequently available in more accessible formats. David Healy added that often, PDF reports are often developed at the request of the legislature. He commented that one of the recommendations of this report is to develop tools to make it easier for outside entities to pull data extracts from large databases themselves. He provided the example of VHCURES, to which access is currently tightly controlled. He also noted that data quality is a key piece of VHCURES. • Dale Hackett asked what the advantage would be to connecting with other states to create multi-state databases, noting that each state will have their own goals and uses for data – how can states balance uniformity and diversity? David Healy replied that if databases are developed collaboratively, this balance could be achieved at better cost. Al Gobeille added that there is a national database like VHCURES created by large commercial insurance companies and Medicare, which has allowed for comparisons between VHCURES and national data. He commented that VHCURES becomes more valuable when it's comparable to other states and national trends. Steve Kappel, who was a subcontractor on this project, agreed – as long as we can find shared data structures, we can find efficiency because we've already done some development. However, there are some processes that are localized and unique to the state (for example, how we code Medicaid eligibility). • David Healy commented that there needs to be a chief information person for each department or agency – it's not about the technology, it's about how we're using information. Al Gobeille noted that we just received the draft HIT Plan, and that this report fits well with those recommendations.	

Agenda Item	Discussion	Next Steps
	• Dale Hackett commented that having Vermont-only databases could hinder our ability to perform statistically significant analyses, but wants to be able to do analyses about Vermonters only. Al Gobeille disagreed, and asked what we're trying to do with state data. He noted that the fast pace of technology and change make it hard to imagine what we'll be able to do with data in the future. He agreed that the small size of many Vermont communities, or even the full population of the state, makes it hard to do local analyses. • Jay Batra asked whether Vermont's data systems use predictive analytics like those done by Truven and Optum. Al Gobeille replied that GMCB has done some work with Truven and other organizations like this. Jay added that data storage is different than data management or information management. Al added that security for things like master patient indexes is also a significant challenge, and a very different challenge than performing analytics to answer a question, and likely requires different skills and staff. Jay asked where the management of the system itself should live. Al replied that the data users might be at GMCB, though that might not be the best place for the database to live within state government, and we don't have a good place for it within state government now. • Dale Hackett commented that quantum computing is a great tool for predictive analytics. Al Gobeille noted that the outcome of *Gobeille vs. Liberty Mutual* will be a key factor in thinking about this issue. The Supreme Court will have a decision for this case by June. • Jay Batra noted that the ONC had planned to come up with interoperable EHR (clinical data) standards by 2021, and asked how realistic that is. Georgia Maheras noted that ONC is now talking about 10, 15, and 20 year plans to achieve this goal; we know this is challenging and will take time. John Evans added ONC's 10-year interoperability plan will solve some issues, but is coming too late; in the meantime, some EHR vendors are getting together to create interoperable systems but there are competing efforts that leave out major vendors.	
5. Public Comment, Next Steps, Wrap Up and Future Meeting Schedule	There was no additional public comment. **Next Meeting:** Wednesday, February 24, 2016, 1:00-3:00pm, 4th Floor Conference Room, Pavilion Building, Montpelier.	

VHCIP Steering Committee Member List

Roll Call: 1/27/2016

Dale 1° Peter 2° unanimous to approve language

Ed 1° Kim 2° vote to adopt new language

vote to approve minutes

Member		Member Alternate		Minutes			
First Name	Last Name	First Name	Last Name				Organization
	2		1				
Susan	Aranoff						AHS - DAIL
Rick	Barnett						Vermont Psychological Association
Bob	Bick						DA - HowardCenter for Mental Health
Peter	Cobb						VNAs of Vermont
Steven	Costantino						AHS - DVHA, Commissioner
Elizabeth	Cote				A		Area Health Education Centers Program
Tracy	Dolan	Heidi	Klein				AHS - VDH
Susan	Donegan	David	Martini				AOA - DFR
John	Evans	Kristina	Choquette		Recuse		Vermont Information Technology Leaders
Kim	Fitzgerald						Cathedral Square and SASH Program
Catherine	Fulton				A		Vermont Program for Quality in Health Care
Joyce	Gallimore						Bi-State Primary Care/CHAC
Don	George						Blue Cross Blue Shield of Vermont
Al	Gobeille						GMCB
Bea	Grause						Vermont Association of Hospital and Health Systems
Lynn	Guillett						Dartmouth Hitchcock
Dale	Hackett						None
Mike	Hall	Angela	Smith-Dieng		Recuse		Champlain Valley Area Agency on Aging / COVE
Paul	Harrington						Vermont Medical Society
Debbie	Ingram						Vermont Interfaith Action
Craig	Jones						AHS - DVHA - Blueprint
Trinka	Kerr						VLA/Health Care Advocate Project
Deborah	Lisi-Baker						SOV - Consultant
Jackie	Majoros				A		VLA/LTC Ombudsman Project
Todd	Moore	Vicki	Loner		Recuse		OneCare Vermont

Mary Val	Palumbo ✓				A		University of Vermont
Ed	Paquin ✓						Disability Rights Vermont
Laura	Pelosi						Vermont Health Care Association
Allan	Ramsay						GMCB
Frank	Reed	Jaskanwar	Batra ✓				AHS - DMH
Paul	Reiss						Accountable Care Coalition of the Green Mountains
Simone	Rueschemeyer						Vermont Care Network
Howard	Schapiro						University of Vermont Medical Group Practice
Selina	Hickman ✓	Shawn	Skafelstad				AHS - Central Office
Julie	Tessler	Marlys	Waller ✓	A	A		DA - Vermont Council of Developmental and MH Services
Sharon	Winn						Bi-State Primary Care
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VHCIP Steering Committee Participant List

Attendance: 1/27/2016

C	Chair
IC	Interim Chair
M	Member
MA	Member Alternate
A	Assistant
S	VHCIP Staff/Consultant
X	Interested Party

First Name	Last Name		Organization	Steering Committee
Susan	Aranoff	Phone	AHS - DAIL	S/M
Ena	Backus		GMCB	X
Melissa	Bailey		Vermont Care Network	X
Heidi	Banks		Vermont Information Technology Leaders	X
Rick	Barnett	Phone	Vermont Psychological Association	M
Susan	Barrett		GMCB	X
Jaskanwar	Batra	here	AHS - DMH	MA
Bob	Bick		DA - HowardCenter for Mental Health	M
Martha	Buck		Vermont Association of Hospital and Health Systems	A
Amanda	Ciecior		AHS - DVHA	S
Sarah	Clark		AHS - CO	X
Peter	Cobb	here	VNAs of Vermont	M
Lori	Collins		AHS - DVHA	X
Amy	Coonradt		AHS - DVHA	S
Alicia	Cooper		AHS - DVHA	S
Steven	Costantino	here	AHS - DVHA, Commissioner	C

Elizabeth	Cote	phone	Area Health Education Centers Program	M
Diane	Cummings	here	AHS - Central Office	S
Susan	Devoid		OneCare Vermont	A
Tracy	Dolan	phone	AHS - VDH	M
Richard	Donahey		AHS - Central Office	X
Susan	Donegan		AOA - DFR	M
Gabe	Epstein		AHS - DAIL	S
John	Evans	phone	Vermont Information Technology Leaders	M
Jaime	Fisher		GMCB	A
Kim	Fitzgerald	here	Cathedral Square / SASH	M
Katie	Fitzpatrick		Bi-State Primary Care	A
Erin	Flynn		AHS - DVHA	S
Aaron	French		AHS - DVHA	X
Catherine	Fulton	phone	Vermont Program for Quality in Health Care	M
Joyce	Gallimore		Bi-State Primary Care/CHAC	M
Lucie	Garand		Downs Rachlin Martin PLLC	X
Christine	Geiler		GMCB	S
Don	George		Blue Cross Blue Shield of Vermont	M
Al	Gobeille	here	GMCB	C
Bea	Grause		Vermont Association of Hospital and Health Systems	M
Sarah	Gregorek		AHS - DVHA	A
Lynn	Guillett		Dartmouth Hitchcock	M
Dale	Hackett	here	None	M
Mike	Hall	here	Champlain Valley Area Agency on Aging / COVE	M
Janie	Hall		OneCare Vermont	A
Thomas	Hall		Consumer Representative	X
Bryan	Hallett		GMCB	S
Paul	Harrington		Vermont Medical Society	M
Carrie	Hathaway		AHS - DVHA	X
Diane	Hawkins		AHS - DVHA	X
Karen	Hein			X
Selina	Hickman	phone	AHS - Central Office	M
Debbie	Ingram	here	Vermont Interfaith Action	M
Craig	Jones		AHS - DVHA - Blueprint	M

Kate	Jones		AHS - DVHA	S
Pat	Jones		GMCB	S
Joelle	Judge	here	UMASS	S
Trinka	Kerr		VLA/Health Care Advocate Project	M
Sarah	Kinsler	here	AHS - DVHA	S
Heidi	Klein		AHS - VDH	S/MA
Kelly	Lange		Blue Cross Blue Shield of Vermont	X
Deborah	Lisi-Baker		SOV - Consultant	M
Sam	Liss		Statewide Independent Living Council	X
Vicki	Loner		OneCare Vermont	MA
Robin	Lunge		AOA	X
Carole	Magoffin	here phone	AHS - DVHA	S
Georgia	Maheras		AOA	S
Steven	Maier		AHS - DVHA	S
Jackie	Majoros	phone	VLA/LTC Ombudsman Project	M
Carol	Maloney		AHS	X
David	Martini	here	DFR	MA
Mike	Maslack			X
Alexa	McGrath		Blue Cross Blue Shield of Vermont	A
Darcy	McPherson		AHS - DVHA	X
Marisa	Melamed		AOA	S
~~Jessica~~	~~Mendizabal~~		AHS - DVHA	S
Madeleine	Mongan		Vermont Medical Society	X
Todd	Moore	phone	OneCare Vermont	M
Brian	Otley		Green Mountain Power	X
Dawn	O'Toole		AHS - DCF	X
Mary Val	Palumbo	phone	University of Vermont	M
Ed	Paquin	here	Disability Rights Vermont	M
Annie	Paumgarten	here	GMCB	S
Laura	Pelosi		Vermont Health Care Association	M
Judy	Peterson		Visiting Nurse Association of Chittenden and Grand Isle Counties	M
Luann	Poirer		AHS - DVHA	S
Allan	Ramsay		GMCB	M
Frank	Reed		AHS - DMH	M
Paul	Reiss		Accountable Care Coalition of the Green Mountains	M

Simone	Rueschemeyer		Vermont Care Network	M
Jenney	Samuelson		AHS - DVHA - Blueprint	X
Larry	Sandage		AHS - DVHA	S
Suzanne	Santarcangelo		PHPG	X
Howard	Schapiro		University of Vermont Medical Group Practice	M
Julia	Shaw		VLA/Health Care Advocate Project	X
Shawn	Skaflestad		AHS - Central Office	MA
Mary	Skovira		AHS - VDH	A
Richard	Slusky		GMCB	S
Angela	Smith-Dieng		Area Agency on Aging	MA
Holly	Stone		UMASS	S
Beth	Tanzman		AHS - DVHA - Blueprint	X
Julie	Tessler		DA - Vermont Council of Developmental and Mental Health Serv	M
Beth	Waldman		SOV Consultant - Bailit-Health Purchasing	S
Julie	Wasserman		AHS - Central Office	S
~~Spenser~~	~~Weppler~~		GMCB	S
Kendall	West		Bi-State Primary Care Association	X
James	Westrich		AHS - DVHA	S
Bradley	Wilhelm		AHS - DVHA	S
Sharon	Winn		Bi-State Primary Care	M
Cecelia	Wu		AHS - DVHA	S
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Attachment 2: Performance Period 3 Milestone Table

	Focus Area	Performance Period 1 (PP1)[1] Performance Period 1 Milestone	Performance Period 1 (PP1) Current Status and Reporting	Performance Period 1 Carryover (PP1 Carryover) Performance Period 1 Carryover Milestone	Performance Period 1 Carryover (PP1 Carryover) Current Status, Reporting, and Contractors	Performance Period 2 (PP2) Performance Period 2 Milestone	Performance Period 2 (PP2) Current Status, Reporting, and Contractors	Performance Period 3 (PP3) Performance Period 3 Milestone	Metrics	PP1 Carryover and PP2 Contractor Role	Lead Staff	SIM-Funded Staff and Key Personnel
Project Implementation	CMMI-Required Milestone	**Project Implementation:** Project will be implemented statewide.	Achieved: Project is implemented statewide, implementation is ongoing. *Reporting:* Monthly reports to Core Team, quarterly reports to CMMI and Vermont Legislature.	**Project Implementation:** Continue to implement project statewide. Implement all Performance Period 1 Carryover Milestones.	Ongoing. Will be complete by 12/31/15. *Reporting:* Monthly reports to Core Team, quarterly reports to CMMI and Vermont Legislature. *Contractors:* All contractors	**Project Implementation:** Continue to implement project statewide. Implement all Performance Period 2 Milestones by 6/30/16.	Ongoing. Anticipated completion 6/30/16. *Reporting:* Monthly reports to Core Team, quarterly reports to CMMI and Vermont Legislature. *Contractors:* All contractors.	**Project Implementation:** Continue to implement project statewide. Implement all Performance Period 3 Milestones by 6/30/17.	All metrics	All contractors.	Georgia Maheras	All SIM-funded staff and SIM key personnel
Payment Models	CMMI-Required Milestone	N/A	N/A	**Payment Models:** 50% of Vermonters in alternatives to fee-for-service.	Achieved: 55% of Vermonters in alternatives to fee-for-service as of November 2015, based on unduplicated counts. *Contractors:* Bailit Health Purchasing; Burns and Associates	**Payment Models:** 60% of Vermonters in alternatives to fee-for-service by 6/30/16.	In progress: 55% of Vermonters in alternatives to fee-for-service as of November 2015, based on unduplicated counts. *Contractors:* Bailit Health Purchasing; Burns and Associates; Health Management Associates.	**Payment Models:** 80% of Vermonters in alternatives to fee-for-service by 6/30/17.	CORE_Beneficiaries impacted_[VT]_[ACO]_Commercial CORE_Beneficiaries impacted_[VT]_[ACO]_Medicaid CORE_Beneficiaries impacted_[VT]_[ACO]_Medicare CORE_Beneficiaries impacted_[VT]_[APMH/P4P]_Commercial CORE_Beneficiaries impacted_[VT]_[APMH/P4P]_Medicaid CORE_Beneficiaries impacted_[VT]_[APMH/P4P]_Medicare CORE_Beneficiaries impacted_[VT]_[EOC]_Commercial CORE_Beneficiaries impacted_[VT]_[EOC]_Medicaid CORE_Beneficiaries impacted_[VT]_[EOC]_Medicare	Research, Alignment and Design of Payment Models: Burns and Associates (Medicaid); Bailit Health Purchasing (all payers); Health Management Associates (all-payers).	Georgia Maheras	All SIM-funded staff and SIM key personnel
Population Health Plan[2]	CMMI-Required Milestone	N/A	N/A	N/A	N/A	**Population Health Plan:** Finalize Population Health Plan outline by 6/30/16.	In progress: Draft outline developed; RFP for contractor support released. *Reporting:* Monthly status reports. *Contractors:* TBD.	**Population Health Plan:** Finalize Population Health Plan by 6/30/17.	Not reported on quarterly basis, but required reporting element by end of project.	Population Health Plan Development: James Hester.	Heidi Klein	SIM-funded staff: Sarah Kinsler Key personnel: Tracy Dolan, Heidi Klein
Sustainability Plan	CMMI-Required Milestone	N/A	N/A	N/A	N/A	**Sustainability Plan:** Finalize Sustainability Plan outline and procure contractor to support Plan development by 6/30/16.	In progress: Work to refine sustainability strategy is underway; RFP for contractor support to be released in Q1 2016. *Reporting:* Monthly status reports. *Contractors:* TBD.	**Sustainability Plan:** Finalize Sustainability Plan by 6/30/17.	Not reported on quarterly basis, but required reporting element by end of project.	Sustainability Plan Development: TBD.	Georgia Maheras	All SIM-funded staff All SIM Key Personnel
Focus Area: Payment Model Design and Implementation												
ACO Shared Savings Programs (SSPs)	Payment Model Design and Implementation	**ACO Shared Savings Programs (SSPs):** 1. Implement Medicaid and Commercial ACO SSPs by 1/1/14. 2. Develop ACO model standards: Approved ACO model standards. 3. Produce quarterly and year-end reports for ACO program participants and payers: Evaluation plan	1. Achieved: SSPs launched 1/1/2014. 2. Achieved: ACO model standards approved. 3. Achieved: Quarterly and year-end reports produced, and evaluation plan developed. 4. Achieved: 2 Medicaid ACO contracts executed during PP1. 5. Achieved: 3 commercial	**ACO Shared Savings Programs (SSPs):** 1. Continue implementation activities in support of the initial SSP performance period according to the SSP project plan. 2. Modify program standards by 6/30/15 in preparation for subsequent performance	1. In progress: Implementation is ongoing through 12/31/15. 2. Achieved: Program standards modified and contract amendments finalized. 3. Achieved: Final cost and quality calculations for SSP Year 1 completed by 9/15/15.	**ACO Shared Savings Programs (SSPs):** Expand the number of people in the Shared Savings Programs in Performance Period 2 by 6/30/16: Medicaid/commercial program provider participation target: 950. Medicaid/commercial program	In progress. *Reporting:* Reporting to GMCB, and DVHA, measured quarterly. *Contractors:* Bailit Health Purchasing; Burns and Associates; The Lewin Group; Pacific Health Policy Group; Deborah Lisi-Baker; Wakely	**ACO Shared Savings Programs (SSPs):** Expand the number of people in the Shared Savings Programs in Performance Period 3 by 12/31/16: Medicaid/commercial program provider participation target: 960. Medicaid/commercial program	CORE_Beneficiaries impacted_[VT]_[ACO]_Commercial CORE_Beneficiaries impacted_[VT]_[ACO]_Medicaid CORE_Beneficiaries impacted_[VT]_[ACO]_Medicare CORE_Participating Provider_[VT]_[ACO]_Commercial CORE_Participating Provider_[VT]_[ACO]_Medicaid CORE_Participating Provider_[VT]_[ACO]_Medicare	Facilitation: Bailit Health Purchasing; Medicaid: Burns and Associates; Analytics: The Lewin Group; DLTSS/Medicaid: Pacific Health Policy Group; DLTSS: Deborah Lisi-Baker;	TBD – GMCB (Commercial SSP); Amy Coonradt (Medicaid SSP)	SIM-funded staff: Julie Wasserman; Erin Flynn; Amy Coonradt; Susan Aranoff; David Epstein; Amanda Ciecior; James Westrich; Brian Borowski; Carole

[1] Vermont's milestone table organization changed as part of the discussions with CMMI around the Year One Carryover milestones. Milestones were grouped into topic areas matching Vermont's core program areas.

[2] This table includes project areas that were referenced in earlier submissions to CMMI, but which do not have milestones prior to Year Three.

	Focus Area	Performance Period 1 (PP1)[1] Performance Period 1 Milestone	Performance Period 1 (PP1) Current Status and Reporting	Performance Period 1 Carryover (PP1 Carryover) Performance Period 1 Carryover Milestone	Performance Period 1 Carryover (PP1 Carryover) Current Status, Reporting, and Contractors	Performance Period 2 (PP2) Performance Period 2 Milestone	Performance Period 2 (PP2) Current Status, Reporting, and Contractors	Performance Period 3 (PP3) Performance Period 3 Milestone	Metrics	PP1 Carryover and PP2 Contractor Role	Lead Staff	SIM-Funded Staff and Key Personnel
		developed. 4. Execute Medicaid ACO contracts: Number ACO contracts executed (goal = 2). 5. Execute commercial ACO contracts: Number of commercial ACO contracts executed (go7al = 2).	ACO contracts executed during PP1. *Reporting:* Reporting to SIM Work Groups, GMCB, and DVHA, measured quarterly.	periods. Finalize contract amendments for subsequent performance periods. 3. Complete final cost and quality calculations for initial SSP performance period by 9/15/15. 4. Maintain 2 contracts with ACOs Year 1 Medicaid ACO-SSP. 5. Maintain 3 contracts with ACOs Year 1 commercial ACO-SSP. 6. Modify initial quality measures, targets, and benchmarks for Y2 program periods by 6/30/15 (based on stakeholder input and national measure guidelines). 7. Medicaid/commercial program provider participation target: 700 Medicaid/commercial program beneficiary attribution target: 110,000	4. In progress: Medicaid SSP Year 2 contracts will be executed by 12/31/15. 5. In progress: Commercial SSP Year 2 contracts are ongoing through 12/31/15. 6. Achieved: measures, targets, and benchmarks modified for SSP Year 2 based on stakeholder input and national guidelines. 7. Achieved: 947 providers participating and 176,100 beneficiaries attributed as of September 2015. *Reporting:* Reporting to SIM Work Groups, GMCB, and DVHA, measured quarterly. *Contractors:* Bailit Health Purchasing; Burns and Associates; The Lewin Group; Wakely Consulting; Pacific Health Policy Group; Deborah LIsi-Baker; UVM Medical Center/ OneCare Vermont; Bi-State Primary Care Association/ Community Health Accountable Care	beneficiary attribution target: 130,000.	Consulting; Bi-State Primary Care Association/ Community Health Accountable Care (CHAC); UVM Medical Center (UVMMC)/OneCare Vermont; Health*first*.	beneficiary attribution target: 140,000.	CORE_Provider Organizations_[VT]_[ACO]_Commercial CORE_Provider Organizations_[VT]_[ACO]_Medicaid CORE_Provider Organizations_[VT]_[ACO]_Medicare CORE_Payer Participation_[VT] CORE_BMI_[VT]_Commercial CORE_BMI_[VT]_Medicaid CORE_BMI_[VT]_Medicare CORE_Diabetes Care_[VT]_Commercial CORE_Diabetes Care_[VT]_Medicaid CORE_Diabetes Care_[VT]_Medicare CORE_ED Visits_[VT]_Commercial CORE_ED Visits_[VT]_Medicaid CORE_Readmissions_[VT]_Commercial CORE_Readmissions_[VT]_Medicaid CORE_Readmissions_[VT]_Medicare CORE_Tobacco Screening and Cessation_[VT]_Commercial CORE_Tobacco Screening and Cessation_[VT]_Medicaid CORE_Tobacco Screening and Cessation_[VT]_Medicare CAHPS Clinical & Group Surveys_Commercial CAHPS Clinical & Group Surveys_Medicaid CAHPS Clinical & Group Surveys_Medicare	Actuarial: Wakely Consulting. ACO Implementation: Bi-State Primary Care Association/ CHAC, Health*first,* and UVMMC/OneCare Vermont.		Magoffin; Carolynn Hatin Key personnel: Pat Jones
Episodes of Care	Payment Model Design and Implement ation	**Episodes of Care:** At least 3 episodes launched by 10/2014.	Not achieved: This activity delayed for Performance Period 2/CY2016. *Reporting:* Monthly status reports.	**Episodes of Care:** EOC feasibility analyses: 1. Analyze 20 episodes for potential inclusion in Medicaid EOC program by 7/31/15. 2. Develop implementation plan for EOC program by 7/31/15. 3. Convene stakeholder sub-group at least 6 times by 6/30/15.	1. Achieved: 50 episodes analyzed by 7/31/15. 2. Achieved: EOC implementation plan finalized on 11/16/15. 3. Achieved: Sub-group convened 6 times by 6/15/15. *Reporting:* Monthly status reports. *Contractors:* Burns and Associates.	**Episodes of Care:** Research, design, and draft implementation plan for one EOC based off of the IFS program by 6/30/16.	In progress: This milestone was modified by the Core Team in January 2016. Under this reduced scope, work is to support episode design and preparation for implementation is ongoing. *Reporting:* Monthly status reports. *Contractors:* Burns and Associates; Pacific Health Policy Group.	**Episodes of Care:** Implement EOC Payment Model impacting IFS Program's Service by 7/1/17.	CORE_Beneficiaries impacted_[VT]_[EOC]_Commercial CORE_Beneficiaries impacted_[VT]_[EOC]_Medicaid CORE_Beneficiaries impacted_[VT]_[EOC]_Medicare CORE_Participating Providers_[VT]_[EOC]_Medicaid CORE_Provider Organizations_[VT]_[EOC] _Medicaid CORE_Payer Participation_[VT]	Data Analysis and Program Design: Burns and Associates; Pacific Health Policy Group.	Amanda Ciecior	SIM-funded staff: Julie Wasserman; Susan Aranoff; David Epstein; Amanda Ciecior; James Westrich; Brian Borowski; Carole Magoffin Key personnel: Pat Jones
Pay-for-Performance	Payment Model Design and Implement ation	**Pay-for-Performance:** Develop Medicaid value-based purchasing plan addressing pay-for-performance initiatives: Medicaid value-based purchasing plan developed.	1. Not achieved: In PP1, the Vermont Legislature appropriated additional Medicaid funds to support this milestone. Due to budget constraints, this activity was rescinded. 2. Achieved: Vermont began development of value-based purchasing plan.	**Pay-for-Performance:** 1. Design modifications to the Blueprint for Health P4P program – dependent on additional appropriation in state budget. Modification design completed by 7/1/15 based on Legislative appropriation.	1. Achieved: Blueprint for Health P4P modification design completed on 7/1/15. 2. Achieved: Medicaid value-based purchasing case study developed by 6/30/2015. This case study included a rubric for Medicaid value-based purchasing that will be	**Pay-for-Performance:** Roll-out of new P4P investments for Blueprint Community Health Teams (CHTs) by 7/1/15 and enhanced direct payments to Blueprint practices by 1/1/16, according to approved P4P plan (using new funds that were appropriated by the	Achieved: New P4P investments launched on 7/1/15 and 1/1/16, respectively, according to approved P4P plan. *Reporting:* Quarterly reports to CMMI and Vermont Legislature. *Contractors:* N/A	**Pay-for-Performance:** 1. Expand the number of providers and beneficiaries participating in the Blueprint for Health by 6/30/17: Medicaid/ commercial/ Medicare providers participating in P4P program target: 715.	CORE_Beneficiaries impacted_[VT]_[APMH/P4P]_Commercial CORE_Beneficiaries impacted_[VT]_[APMH/P4P]_Medicaid CORE_Beneficiaries impacted_[VT]_[APMH/P4P]_Medicare CORE_Participating Providers_[VT]_[APMH] CORE_Provider Organizations_[VT]_[APMH] CORE_Payer Participation_[VT]	1. Financial Standards: Non-SIM funded. 2. Care Standards: Non-SIM funded. 3. Quality Measures: Non-SIM funded. 4. Analyses for Design and Implementation:	Craig Jones	Key personnel: Craig Jones; Jenney Samuelson

	Focus Area	Performance Period 1 (PP1)[1] Performance Period 1 Milestone	Performance Period 1 (PP1) Current Status and Reporting	Performance Period 1 Carryover (PP1 Carryover) Performance Period 1 Carryover Milestone	Performance Period 1 Carryover (PP1 Carryover) Current Status, Reporting, and Contractors	Performance Period 2 (PP2) Performance Period 2 Milestone	Performance Period 2 (PP2) Current Status, Reporting, and Contractors	Performance Period 3 (PP3) Performance Period 3 Milestone	Metrics	PP1 Carryover and PP2 Contractor Role	Lead Staff	SIM-Funded Staff and Key Personnel
			Reporting: Monthly status reports.	2. Medicaid value-based purchasing case study developed with Integrating Family Services program completed by 6/30/15.	used for Medicaid-specific reforms moving forward.[3] *Reporting:* Monthly status reports. *Contractors:* N/A	legislature).		Medicaid/ commercial/ Medicare beneficiaries participating in P4P program target: 310,000. 2. P4P incorporated into Sustainability Plan by 6/30/17.		Non-SIM funded. 5. Stakeholder Engagement: Medicaid and commercial: Non-SIM funded.		
Health Home (Hub & Spoke)	Payment Model Design and Implement ation	**Health Home (Hub & Spoke):** Health Homes.	Achieved: Model expanded statewide. *Reporting:* Quarterly reports to CMMI and Vermont Legislature.	**Health Home (Hub & Spoke):** State-wide program implementation: 1. Implement Health Home according to Health Home State Plan Amendment and federal plan for 2015. 2. Report on program participation to CMMI.	1. In progress: Implementation ongoing through 12/31/15. 2. In progress: Reporting ongoing through 12/31/15. *Reporting:* Quarterly reports to CMMI and Vermont Legislature. *Contractors:* N/A	**Health Home (Hub & Spoke):** Reporting on program's transition and progress: Quarterly reporting of program progress to CMMI, VHCIP stakeholders.	Ongoing: Reporting ongoing as required by CMCS and CMMI. *Reporting:* Quarterly reports to CMMI and Vermont Legislature. *Contractors:* N/A	**Health Home (Hub & Spoke):** 1. Expand the number of providers and beneficiaries participating in the Health Home program by 6/30/17: Number of providers participating in Health Home program target: 75 MDs prescribing to >= 10 patients. Number of beneficiaries participating in Health Home program target: 2,900 Hub + 2,300 Spoke = 5,200 total patients. 2. Health Home program incorporated into Sustainability Plan by 6/30/17.	CORE_Provider Organizations_[VT]_[HH] CORE_Participating Providers_[VT]_[HH]	1. Financial Standards: Non-SIM funded. 2. Care Standards: Non-SIM funded. 3. Quality Measures: Non-SIM funded. 4. Analyses for Design and Implementation: Non-SIM funded. 5. Stakeholder Engagement: Non-SIM funded.	Beth Tanzman	Key personnel: Beth Tanzman
Accountable Communities for Health (ACH)	Payment Model Design and Implement ation	N/A	N/A	**Accountable Communities for Health:** Feasibility assessment – research ACH design. 1. Convene stakeholders to discuss ACH concepts at least 3 times to inform report. 2. Produce Accountable Community for Health report by 7/31/15.	1. Achieved: Stakeholders convened 3 times to inform report (April 2014, March 2015, June 2015). 2. Achieved: Report finalized in June 2015. *Reporting:* Monthly status reports. *Contractors:* Prevention Institute; James Hester.	**Accountable Communities for Health:** Feasibility assessment – data analytics: 1. Discussion and planning of investments related to ACH feasibility based on research/report by 11/1/15. 2. Design/creation of ACH learning system for all 14 Vermont Health Service Areas by 1/31/16. 3. Start roll out ACH learning system to at least 3 health service areas by 2/1/16. 4. Research for implementation of a pilot incorporating a payment change (data analysis, financial analysis, stakeholder participation analysis) for at least 1 Vermont region by 2/1/16.	1. Achieved: ACH feasibility discussed in September and October 2015. 2. In progress: Basic design for an ACH peer learning opportunity for interested communities complete; work to refine and plan peer learning activities is ongoing; a contractor to support this work was selected in February 2016. 3. Achieved: Applications from interested communities received in February 2016. 4. In progress: Research with St. Johnsbury community ongoing through 2/1/16. *Reporting:* Monthly status reports. *Contractors:* James Hester; Public Health	**Accountable Communities for Health:** ACH Implementation Plan incorporated into Sustainability Plan by 6/30/17.	CORE_Provider Organizations_[VT]_[ACO]_Commercial CORE_Provider Organizations_[VT]_[ACO]_Medicaid CORE_Provider Organizations_[VT]_[ACO]_Medicare CORE Participating Providers_[VT]_[ACO]_Commercial CORE Participating Providers_[VT]_[ACO]_Medicaid CORE Participating Providers_[VT]_[ACO]_Medicare CORE_Payer Participation_[VT]	Implement ACH Learning Systems: James Hester; Public Health Institute.	Heidi Klein	SIM-funded staff: Sarah Kinsler. Key personnel: Tracy Dolan; Heidi Klein

[3] The remaining Medicaid value-based purchasing (VBP) activities are in the "State Activities to Support Model Design and Implementation – Medicaid" row below as they apply to all payment models in Vermont's SIM Test, not just pay-for-performance.

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							Institute.					
Prospective Payment System – Home Health	Payment Model Design and Implement ation	N/A	N/A	N/A	N/A	**Prospective Payment System – Home Health:** 1. Creation of a project plan and begin Phase 1 activities as required by project plan for PPS-HH by 12/31/15. 2. Design PPS program for home health for launch 7/1/16.	1. Achieved: Project plan created. 2. In progress: PPS design is ongoing through 6/30/16. *Reporting:* Monthly status reports. *Contractors:* N/A	**Prospective Payment System – Home Health:** 1. Implement, monitor and evaluate Medicaid PPS program for home health. Implementation by 7/1/16. 2. Monitoring and evaluation occur monthly through 6/30/17.	CORE_Provider Organizations_[VT]_[ACO]_Commercial CORE_Provider Organizations_[VT]_[ACO]_Medicaid CORE_Provider Organizations_[VT]_[ACO]_Medicare CORE Participating Providers_[VT]_[ACO]_Commercial CORE Participating Providers_[VT]_[ACO]_Medicaid CORE Participating Providers_[VT]_[ACO]_Medicare CORE_Payer Participation_[VT]	1. Implementation analyses – Non-SIM funded.	Aaron French	SIM-funded staff: Alicia Cooper Key personnel: Aaron French; Tom Boyd
Prospective Payment System – Designated Agencies	Payment Model Design and Implement ation	N/A	N/A	N/A	N/A	**Prospective Payment System – Designated Agencies:** Submit planning grant for Certified Community Behavioral Health Clinics to SAMHSA by 8/5/15. If awarded, begin alignment of new opportunity with SIM activities. (Note: No SIM funds used to support this effort.)	Achieved: Planning grant submitted by 8/5/15. Vermont has decided not to pursue this opportunity, and will replace this work with the Medicaid Value-Based Purchasing milestone category (below) in PP3.	N/A	*Activity discontinued; Vermont will replace this activity with the Medicaid Value-Based Purchasing milestone category (below) in PP3.*			
Medicaid Value-Based Purchasing: Mental Health and Substance Abuse (Performance Period 3)	Payment Model Design and Implement ation	N/A	N/A	N/A	N/A	N/A	N/A	**Medicaid Value-Based Purchasing: Mental Health and Substance Abuse:** 1. Based on research and feasibility analysis, design an alternative to fee-for-service, for Medicaid mental health and substance use services by 12/31/16. 2. Develop implementation timeline based on payment model design and operational readiness by 12/31/16.	CORE_Beneficiaries impacted_[VT]_[ACO]_Medicaid CORE_Participating Provider_[VT]_[ACO]_Medicaid CORE_Provider Organizations_[VT]_[ACO]_Medicaid	N/A	Amanda Ciecior and Selina Hickman	SIM-funded staff: Amanda Ciecior Key personnel: Selina Hickman; Nick Nichols; Barbara Cimaglio; Aaron French; Susan Bartlett; Melissa Bailey
All-Payer Model	Payment Model Design and Implement ation	N/A	N/A	N/A	N/A	**All-Payer Model:** 1. Research feasibility, develop analytics, and obtain information to inform decision-making with CMMI. 2. Work with CMMI on mutually-agreed upon timeline for 2016 decision-making by 12/31/15.	1. In progress: Research, analytic development, and information gathering are ongoing to support discussions with CMMI. 2. In Progress: An initial timeline is established with CMMI; timeline will change as negotiations are completed to reflect final term sheet. *Reporting:* Monthly status reports. *Contractors:* Burns and Associates, Health Management Associates.	**All-Payer Model:** 1. If negotiations are successful, assist with implementation as provided for in APM agreement through end of SIM grant. 2. Contribute to analytics related to all-payer model implementation design through end of SIM grant. 3. All-Payer Model incorporated into Sustainability Plan by 6/30/17.	CORE_Provider Organizations_[VT]_[ACO]_Commercial CORE_Provider Organizations_[VT]_[ACO]_Medicaid CORE_Provider Organizations_[VT]_[ACO]_Medicare CORE Participating Providers_[VT]_[ACO]_Commercial CORE Participating Providers_[VT]_[ACO]_Medicaid CORE Participating Providers_[VT]_[ACO]_Medicare CORE_Payer Participation_[VT]	Analyses: Health Management Associates (actuarial, model design); Burns and Associates (Medicaid financial analyses).	Michael Costa and Ena Backus	SIM-funded staff: Michael Costa Key personnel: Ena Backus; Susan Barrett
State Activities to Support Model Design and Implementation - GMCB	Payment Model Design and Implement ation	N/A	N/A	**State Activities to Support Model Design and Implementation – GMCB:** Identify quality measurement alignment opportunities. (in another	Achieved. *Reporting:* Monthly status reports (reported with Blueprint activities).	**State Activities to Support Model Design and Implementation – GMCB:** 1. Research and planning to identify the components necessary for	1. In progress: Research, analytic development, and information gathering are ongoing to support discussions with CMMI. 2. In progress:	N/A (milestones in this category integrated into All-Payer Model milestone for Performance Period 3).	CORE_Beneficiaries impacted_[VT]_[ACO]_Commercial CORE_Beneficiaries impacted_[VT]_[ACO]_Medicaid CORE_Beneficiaries impacted_[VT]_[ACO]_Medicare	Research and Analyses: Health Management Associates (actuarial, model design).	Michael Costa and Ena Backus	SIM-funded staff: Michael Costa Key personnel: Ena Backus;

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				section previously – the quality section): 1. Review new Blueprint (P4P) measures related to new investments by 7/1/15.	*Contractors:* N/A	APM regulatory activities by 6/30/16. 2. Specific regulatory activities and timeline are dependent on discussions with CMMI.	Negotiations are ongoing. *Reporting:* Monthly status reports (reported with All-Payer Model activities). *Contractors:* Health Management Associates.		CORE_Participating Provider_[VT]_[ACO]_Commercial CORE_Participating Provider_[VT]_[ACO]_Medicaid CORE_Participating Provider_[VT]_[ACO]_Medicare CORE_Provider Organizations_[VT]_[ACO]_Commercial CORE_Provider Organizations_[VT]_[ACO]_Medicaid CORE_Provider Organizations_[VT]_[ACO]_Medicare			Susan Barrett
State Activities to Support Model Design and Implementation - Medicaid	Payment Model Design and Implement ation	N/A	N/A	**State Activities to Support Model Design and Implementation – Medicaid:** Pursue state plan amendments and other federal approvals as appropriate for each payment model (SSP SPA); ensure monitoring and compliance activities are performed. Ensure beneficiaries have access to call-center as appropriate. 1. Obtain SSP Year 1 State Plan Amendment by 7/31/15. 2. Procure contractor for SSP monitoring and compliance activities by 4/15/15. 3. Procure contractor for data analytics related to value-based purchasing in Medicaid by 9/30/15. 4. Ensure call center services are operational for Medicaid SSP for SSP Year 2.	1. Achieved: SPA approved in June 2015. 2. Achieved: Contractor procured. 3. Achieved: Contractor procured. 4. Achieved: Call center services operational. *Reporting:* Monthly status reports. *Contractors:* Burns and Associates; Wakely Consulting; Pacific Health Policy Group.	**State Activities to Support Model Design and Implementation – Medicaid:** Pursue state plan amendments and other federal approvals as appropriate for each payment model (SSP SPA, EOC SPA); ensure monitoring and compliance activities are performed. Ensure beneficiaries have access to call-center as appropriate: 1. Ensure appropriate customer service supports are in place for Medicaid SSP program for 2016 by 11/1/15. 2. Obtain SPA for Year 2 of the Medicaid Shared Savings Program by 3/31/15. 3. Create draft SPA documents for Year 1 of the EOC program by 4/1/16. 4. Execute Year 1 and Year 2 commercial and Medicaid monitoring and compliance plans throughout Performance Period 2 according to the predetermined plan. 5. Develop monitoring and compliance plan for Year 1 EOCs by 6/30/16. 6. Design modifications to existing Integrated Family Services (IFS) Program so it can expand to at least one additional community on 7/1/16. 7. Research and design related to Frail Elders (timeline dependent upon federal contract approval) – final recommendations by 6/30/16.	1. Achieved: Maximus contract in place. 2. Achieved: SPA for Year 2 of the Medicaid SSP was approved in September 2015. 3. Revised: SPA is no longer required for revised EOC milestone. 4. Will be achieved by 12/31/15: SSP Year 1 and Year 2 monitoring and compliance plan implementation. 5. In progress: EOC work has been rolled into the Medicaid Pathway work stream. 6. In progress: The IFS delivery and payment model has since been rolled into the Medicaid Pathway work stream which will target providers across the entire state. Contractors are working with SIM staff and stakeholders to create a system ready for implementation on 1/1/17. 7. In progress: project kicked off in November 2015 after federal contract approval was received. *Reporting:* Monthly status report (and embedded in other reports by topic). *Contractors:* Bailit Health Purchasing; Burns and Associates; Pacific Health Policy Group; Maximus; Wakely Consulting; Vermont Medical Society Foundation; Policy Integrity.	**State Activities to Support Model Design and Implementation – Medicaid:** Pursue state plan amendments and other federal approvals as appropriate for each payment model; ensure monitoring and compliance activities are performed: 1. Obtain SPA for Year 3 of the Medicaid Shared Savings Program by 12/31/16. 2. Execute Year 3 commercial and Medicaid monitoring and compliance plans according to the predetermined plan through 6/30/17. 3. Execute Year 1 monitoring and compliance plan for EOC work stream by 6/30/17.	CORE_Beneficiaries impacted_[VT]_[ACO]_Medicaid CORE_Participating Provider_[VT]_[ACO]_Medicaid CORE_Provider Organizations_[VT]_[ACO]_Medicaid 5b. In progress. Episodes have since been rolled into the Medicaid Pathway work stream 6b. In progress. The IFS delivery and payment model has since been rolled into the Medicaid Pathway work stream which will target providers across the entire state. Contractors are working with SIM staff and stakeholders to create a system ready for implementation on 1/1/17	Facilitation: Data Analyses: Burns and Associates; Waiver Analysis/Medicaid Analysis: Pacific Health Policy Group; Customer Service Support: Maximus; Frail Elders: Vermont Medical Society Foundation; Data Analysis: Policy Integrity; Actuarial Services: Wakely Consulting.	Amanda Ciecior (EOC and IFS); Alicia Cooper (SPAs); Susan Aranoff (Frail Elders and Choices for Care); Amanda Ciecior and Susan Aranoff (St. Johnsbury)	SIM-funded staff: Alicia Cooper; Brad Wilhelm; Amy Coonradt; Amanda Ciecior; Luann Poirier; Susan Aranoff Key personnel: Pat Jones; Bard Hill
All Models	Payment Model Design and Implement	**All Models:** 1. Consult with Payment Models and Duals Work Groups on financial model	1. Achieved: ACO model standards developed with work group input. 2. Achieved: Analyses	**All Models:** 1. Consult with stakeholders in all payment models design;	1. Achieved: Stakeholders consulted on payment model design through SIM work group meetings.	N/A (milestones in this category integrated into above categories for PP2).	N/A	N/A (milestones in this category integrated into above categories for PP2).	CORE_Beneficiaries impacted_[VT]_[ACO]_Commercial CORE_Beneficiaries impacted_[VT]_[ACO]_Medicaid	N/A (milestones in this category integrated into above categories	N/A (milestones in this category	N/A (milestones in this category integrated into above

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	ation	design: Develop ACO model standards. 2. Consult with Payment Models and Duals Work Groups on definition of analyses. 3. Define analyses: Number of meetings held with payment models and duals Work Groups on the above designs (goal = 2). 4. Procure contractor for internal Medicaid modeling: Contract for Medicaid modeling. 5. Procure contractor for internal Medicaid modeling: Number of analyses performed (goal = 5). 6. Procure contractor for additional data analytics: Contract for data analytics. 7. Define analyses: Number of analyses designed (goal = 5). 8. Procure contractor for additional data analytics: Contract for financial baseline and trend modeling. 9. Perform analyses, procure contractor for financial baseline and trend modeling, and develop model.	defined with work group input. 3. Achieved: 5 meetings held with work groups on this topic. 4. Achieved: Contractor procured. 5. Achieved: 5 analyses performed. 6. Achieved: Contractor procured. 7. Achieved: 5 analyses defined. 8. Achieved: Contractor procured. 9. Achieved: Analyses performed, contractor procured, model developed. *Reporting:* Monthly status reports.	implementation. 2. Consult with stakeholders in any additional design revision or analyses. 3. Maintain contract for ongoing Medicaid modeling. 4. Maintain contract for additional data analytics. 5. Maintain contract for ongoing financial baseline and trend modeling.	2. Achieved: Stakeholders consulted on payment model revision and analyses through SIM work group meetings. 3. In progress: Contract for Medicaid modeling ongoing. 4. In progress: Contract for data analytics ongoing. 5. In progress: Contract for ongoing financial baseline and trend modeling ongoing. *Reporting:* Monthly status reports. *Contractors:* Burns and Associates; Bailit Health Purchasing; Wakely Consulting; The Lewin Group; Policy Integrity; Pacific Health Policy Group; Maximus.				CORE_Beneficiaries impacted_[VT]_[ACO]_Medicare CORE_Participating Provider_[VT]_[ACO]_Commercial CORE_Participating Provider_[VT]_[ACO]_Medicaid CORE_Participating Provider_[VT]_[ACO]_Medicare CORE_Provider Organizations_[VT]_[ACO]_Commercial CORE_Provider Organizations_[VT]_[ACO]_Medicaid CORE_Provider Organizations_[VT]_[ACO]_Medicare	for PP2).	integrated into above categories for PP2 and PP3)	categories for PP2)
All-Models: Quality Measurement	Payment Model Design and Implement ation	**All-Models: Quality Measurement:** 1. Define common sets of performance measures: Convene work group, establish measure criteria, identify potential measures, crosswalk against existing measure sets, evaluate against criteria, identify data sources, determine how each measure will be used, seek input from CMMI and Vermont independent evaluation contractors, finalize measure set, identify benchmarks and performance targets, determine reporting requirements, revisit measure set on regular basis. 2. Ensure provider, consumer and payer buy-in during measure selection: Identification of additional mechanisms for	1. Achieved: Performance measures defined. 2. Achieved: Provider, consumer, and payer buy-in maintained during measure selection. 3. Achieved: Payers aligned across measures, measures approved by payers. 4. Achieved: Target setting process established, along with routine assessment process and analytic framework and reports. *Reporting:* Monthly status reports.	**All-Models: Quality Measurement:** 1. Modify initial quality measures, targets, and benchmarks for subsequent program periods (based on stakeholder input and national measure guidelines). 2. Maintain monthly meeting schedule for multi-stakeholder Quality & Performance Measures Work Group. 3. Identify additional opportunities for measure alignment across programs (e.g. ACO SSPs and Blueprint for Health P4P). 4. Complete final quality calculations for initial SSP performance period and report results. Begin interim analytics for subsequent performance period.	1. Achieved: Initial quality measures modified based on stakeholder input and national measure guidelines. 2. Achieved: QPM Work Group met monthly prior to incorporation into new Payment Model Design and Implementation Work Group in October 2015. 3. In progress: Work to identify additional opportunities for measure alignment with Blueprint will be complete by 12/31/15 as part of new payment (see pay-for-performance row above). 4. Achieved: SSP Year 1 quality calculations finalized; interim analytics for SSP Year 2 begun. *Reporting:* Monthly status reports. *Contractors:* Bailit Health Purchasing; Deborah LIsi-	N/A (milestones in this category integrated into above categories for PP2).	N/A	N/A (milestones in this category integrated into above categories for PP2).	CORE_Beneficiaries impacted_[VT]_[ACO]_Commercial CORE_Beneficiaries impacted_[VT]_[ACO]_Medicaid CORE_Beneficiaries impacted_[VT]_[ACO]_Medicare CORE_Participating Provider_[VT]_[ACO]_Commercial CORE_Participating Provider_[VT]_[ACO]_Medicaid CORE_Participating Provider_[VT]_[ACO]_Medicare CORE_Provider Organizations_[VT]_[ACO]_Commercial CORE_Provider Organizations_[VT]_[ACO]_Medicaid CORE_Provider Organizations_[VT]_[ACO]_Medicare	N/A (milestones in this category integrated into above categories for PP2).	N/A (milestones in this category integrated into above categories for PP2 and PP3)	N/A (milestones in this category integrated into above categories for PP2)

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		obtaining provider and consumer representation, input and buy-in. 3. Ensure payer alignment across endorsed measures: • Process for payer approval. 4. Establish plan for target-setting with schedule for routine assessment: • Establish target-setting process, routine assessment process, and analytic framework and reports.			Baker; Pacific Health Policy Group.							
Focus Area: Practice Transformation												
Learning Collaboratives	Practice Transformation	**Learning Collaboratives:** 1. Provide quality improvement and care transformation support to a variety of stakeholders. 2. Procure learning collaborative and provider technical assistance contractor.	1. Achieved: Quality improvement and care transformation support provided through development of Care Management Learning Collaborative and sub-grant technical assistance. 2. Achieved: Contractor procured. *Reporting:* Monthly status reports.	**Learning Collaboratives:** Launch 1 cohort of Learning Collaboratives to 3-6 communities (communities defined by Vermont's Health Service Areas) by 1/15/15: 1. Convene communities in-person and via webinar alternating format each month for 12 months. 2. Assess impact of Learning Collaborative monthly. 3. Propose expansion of Learning Collaborative as appropriate by 5/31/15.	Achieved: First Learning Collaborative cohort launched to 3 communities. 1. Achieved: Communities convened monthly for in-person or web events monthly for 12 months. 2. Achieved: Impact assessed monthly by community-based learning collaborative leaders and SIM staff. 3. Achieved: Expansion proposed in April 2015. *Reporting:* Monthly status reports. *Contractors:* Nancy Abernathey.	**Learning Collaboratives:** Offer at least two cohorts of Learning Collaboratives to 3-6 communities: 1. Create expansion plan for remaining Vermont HSAs that want to participate in the Learning Collaborative program by 6/15/15. 2. Expand existing Learning Collaborative program to at least 6 additional health service areas by 6/30/16.	Achieved: Learning Collaborative cohorts 2 and 3 launched in 8 communities in September 2015. 1. Achieved: Expansion plan proposed in April 2015. 2. Achieved: Expansion launched to 8 new communities began in September 2015. *Reporting:* Monthly status reports. *Contractors:* Deborah Lisi-Baker; Nancy Abernathey; Vermont Partners for Quality in Health Care; Developmental Disabilities Council; Primary Care Development Corporation.	**Learning Collaboratives:** 1. Target: 500 Vermont providers have completed the Learning Collaborative by 12/31/16. 2. Report on program effectiveness to Steering Committee and Core Team by 12/31/16. 3. Incorporate Learning Collaborative lessons learned into Sustainability Plan by 6/30/17.	CORE_Participating Provider_[VT]_[ACO]_Commercial CORE_Participating Provider_[VT]_[ACO]_Medicaid CORE_Participating Provider_[VT]_[ACO]_Medicare CORE_Provider Organizations_[VT]_[ACO]_Commercial CORE_Provider Organizations_[VT]_[ACO]_Medicaid CORE_Provider Organizations_[VT]_[ACO]_Medicare CORE_Participating Providers_[VT]_[EOC]_Medicaid CORE_Provider Organizations_[VT]_[EOC]_Medicaid CORE_Participating Providers_[VT]_[APMH] CORE_Provider Organizations_[VT]_[APMH]	1. Quality Improvement Facilitation: Nancy Abernathey; Vermont Program for Quality Health Care (VPQHC). 2. Disability Core Competency Research and Implementation: Lisi-Baker; Developmental Disabilities Council. 3. Care Management Core Competency: Primary Care Development Corporation.	Erin Flynn and Pat Jones	SIM-funded staff: Erin Flynn; Jenney Samuelson; Julie Wasserman Key personnel: Pat Jones; Jenney Samuelson
Sub-Grant Program – Sub-Grants	Practice Transformation	**Sub-Grant Program – Sub Grants:** Develop technical assistance program for providers implementing payment reforms.	Achieved: 14 sub-grant awards made to 12 awardees, technical assistance program developed, and technical assistance contractors procured. *Reporting:* Monthly status reports.	**Sub-Grant Program – Sub Grants:** Continue sub-grant program: 1. Convene sub-grantees at least once by 6/30/15. 2. Each quarter, analyze reports filed by sub-grantees using lessons from sub-grantees to inform project decision-making.	Achieved: 1. Achieved: Sub-grantees convened on 5/27/15. 2. Achieved: Sub-grantee quarterly reports reviewed quarterly to gather lessons learned to inform project decision-making. *Reporting:* Monthly status reports. *Contractors:* Sub-Grantees (Vermont Medical Society Foundation; *Healthfirst*; Central Vermont Medical Center Bi-State Primary Care Association/ Community Health Accountable Care; Northwest Medical Center; Northern Vermont Medical Center; White	**Sub-Grant Program – Sub Grants:** Continue sub-grant program: 1. Convene sub-grantees at least once by 6/30/16. 2. Each quarter, analyze reports filed by sub-grantees using lessons from sub-grantees to inform project decision-making.	Ongoing: 1. Not yet started: Plan to convene sub-grantees at least once in Spring 2016. 2. Ongoing: Analysis and incorporation of lessons learned will continue through 6/30/16. *Reporting:* Monthly status reports. *Contractors:* Sub-Grantees (Vermont Medical Society Foundation; Health*first*; Central Vermont Medical Center; Bi-State Primary Care Association/ CHAC; Northwest Medical Center; Northern Vermont Medical Center; White River Family Practice; Vermont Program for Quality in Health Care;	**Sub-Grant Program – Sub Grants:** 1. Provide SIM funds to support sub-grantees through 12/31/16. 2. Convene sub-grantees at least twice by 12/31/16. 3. Each quarter, analyze reports filed by sub-grantees using lessons from sub-grantees to inform project decision-making.	CORE_Participating Provider_[VT]_[ACO]_Commercial CORE_Participating Provider_[VT]_[ACO]_Medicaid CORE_Participating Provider_[VT]_[ACO]_Medicare CORE_Provider Organizations_[VT]_[ACO]_Commercial CORE_Provider Organizations_[VT]_[ACO]_Medicaid CORE_Provider Organizations_[VT]_[ACO]_Medicare CORE_Participating Providers_[VT]_[EOC]_Medicaid CORE_Provider Organizations_[VT]_[EOC]_Medicaid CORE_Participating Providers_[VT]_[APMH] CORE_Provider Organizations_[VT]_[APMH]	Sub-Grantees (Vermont Medical Society Foundation; Health*first*; Central Vermont Medical Center; Bi-State Primary Care Association/ CHAC; Northwest Medical Center; Northern Vermont Medical Center; White River Family Practice; Vermont Program for Quality in Health Care; InvestEAP; Vermont Developmental Disabilities Council; Rutland VNA; Southwest	Joelle Judge and Georgia Maheras	SIM-funded staff: Susan Aranoff; Gabe Epstein; Amy Coonradt Key personnel: Heidi Klein

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					River Family Practice; Vermont Program for Quality in Health Care; InvestEAP; Vermont Developmental Disabilities Council; Rutland VNA; Southwest Medical Center).		InvestEAP; Vermont Developmental Disabilities Council; Rutland VNA; Southwest Medical Center).			Medical Center).		
Sub-Grant Program – Technical Assistance	Practice Transformation	N/A	N/A	**Sub-Grant Program – Technical Assistance:** Provide technical assistance to sub-grantees as requested by sub-grantees: 1. Remind sub-grantees of availability of technical assistance on a monthly basis. 2. Ensure technical assistance contracts have sufficient resources to meet needs of sub-grantees.	Achieved: 1. Achieved: Sub-grantees reminded of technical assistance availability monthly. 2. Achieved: Technical assistance contracts sufficiently resourced to meet sub-grantee TA requests. *Reporting:* Monthly status reports. *Contractors:* Policy Integrity; Wakely Consulting; Truven.	**Sub-Grant Program – Technical Assistance:** Provide technical assistance to sub-grantees as requested by sub-grantees: 1. Remind sub-grantees of availability of technical assistance on a monthly basis. 2. Ensure technical assistance contracts have sufficient resources to meet needs of sub-grantees.	Ongoing: 1. Ongoing: Sub-grantees will be reminded of technical assistance availability monthly through 6/30/16. 2. Ongoing: Technical assistance contracts sufficiently resourced to meet sub-grantee TA requests through 6/30/16. *Reporting:* Monthly status reports. *Contractors:* Policy Integrity; Wakely Consulting.	**Sub-Grant Program – Technical Assistance:** Provide technical assistance to sub-grantees as requested by sub-grantees through 12/31/16: 1. Remind sub-grantees of availability of technical assistance on a monthly basis. 2. Ensure technical assistance contracts have sufficient resources to meet needs of sub-grantees.	CORE_Participating Provider_[VT]_[ACO]_Commercial CORE_Participating Provider_[VT]_[ACO]_Medicaid CORE_Participating Provider_[VT]_[ACO]_Medicare CORE_Provider Organizations_[VT]_[ACO]_Commercial CORE_Provider Organizations_[VT]_[ACO]_Medicaid CORE_Provider Organizations_[VT]_[ACO]_Medicare CORE_Participating Providers_[VT]_[EOC]_Medicaid CORE_Provider Organizations_[VT]_[EOC]_Medicaid CORE_Participating Providers_[VT]_[APMH] CORE_Provider Organizations_[VT]_[APMH]	Sub-Grantee Technical Assistance: Policy Integrity; Wakely Consulting.	Susan Aranoff and Joelle Judge	SIM-funded staff: Susan Aranoff; Julie Wasserman; Gabe Epstein; Amy Coonradt Key personnel: Heidi Klein
Regional Collaborations	Practice Transformation	N/A	N/A	**Regional Collaborations:** Establish regional collaborations in health services areas by beginning to develop a Charter, governing body, and decision-making process: 1. Develop Charter, decision-making process, and participants for 6 HSAs by 11/30/15. 2. Require monthly updates from ACOs/Blueprint for Health.	Achieved: 1. Achieved: Charters, decision-making process, and participants for 6 HSAs developed by 11/30/15. 2. Achieved: Monthly updates from ACOs/Blueprint required. *Reporting:* Monthly status reports. *Contractors:* Bi-State Primary Care Association/ Community Health Accountable Care.	**Regional Collaborations:** Expansion of regional collaborations to all 14 Health Service Areas (HSAs) by 6/30/16. Expansion is complete when all HSAs have a Charter, governing body, and decision-making process.	Ongoing: Regional collaborations active in all HSAs; as of February 2016, 14 of 14 communities had a charter in place and had defined one or more focus area. Work continues to support development of governing body and decision-making process. *Reporting:* Monthly status reports. *Contractors:* Bi-State Primary Care Association/ Community Health Accountable Care (CHAC); UVM Medical Center (UVMMC)/ OneCare Vermont.	**Regional Collaborations:** 1. Support regional collaborations in 14 HSAs by providing sub-grants to ACOs and other technical assistance resources. 2. Develop a transition plan by 4/30/17 to shift all HSAs to non-SIM resources. 3. Incorporate into Sustainability Plan by 6/30/17.	CORE_Participating Provider_[VT]_[ACO]_Commercial CORE_Participating Provider_[VT]_[ACO]_Medicaid CORE_Participating Provider_[VT]_[ACO]_Medicare CORE_Provider Organizations_[VT]_[ACO]_Commercial CORE_Provider Organizations_[VT]_[ACO]_Medicaid CORE_Provider Organizations_[VT]_[ACO]_Medicare CORE_Participating Providers_[VT]_[EOC]_Medicaid CORE_Provider Organizations_[VT]_[EOC]_Medicaid CORE_Participating Providers_[VT]_[APMH] CORE_Provider Organizations_[VT]_[APMH]	ACO Activities: Bi-State Primary Care Association/ CHAC; UVMMC/OneCare Vermont.	Jenney Samuelson	SIM-funded staff: Erin Flynn; Amy Coonradt Key personnel: Pat Jones; Jenney Samuelson
Workforce – Care Management Inventory	Practice Transformation	N/A	N/A	**Care Management Inventory:** Obtain snapshot of current care management activities, staffing, people served, and challenges: 1. Obtain Draft Report by 3/31/15. 2. Present to 2 work groups by 5/31/15. 3. Final Report due by 9/30/15.	Achieved: 1. Achieved: Draft report results presented to CMCM Work Group in February 2015. 2. Achieved: presented to CMCM Work Group and Workforce Work Group. 3. Achieved. *Reporting:* Monthly status reports. *Contractors:* Bailit Health Purchasing.	N/A	N/A	N/A	CORE_Participating Provider_[VT]_[ACO]_Commercial CORE_Participating Provider_[VT]_[ACO]_Medicaid CORE_Participating Provider_[VT]_[ACO]_Medicare CORE_Provider Organizations_[VT]_[ACO]_Commercial CORE_Provider Organizations_[VT]_[ACO]_Medicaid CORE_Provider Organizations_[VT]_[ACO]_Medicare CORE_Participating Providers_[VT]_[EOC]_Medicaid CORE_Provider Organizations_[VT]_[EOC]_Medicaid CORE_Participating Providers_[VT]_[APMH] CORE_Provider Organizations_[VT]_[APMH]	Care Management Inventory: Bailit Health Purchasing.	Pat Jones and Erin Flynn	SIM-funded staff: Erin Flynn Key personnel: Pat Jones
Workforce –	Practice	N/A	N/A	N/A	N/A	**Workforce – Demand**	1. In progress: Contract	**Workforce – Demand**	CORE_Participating	Micro-Simulation	Amy	SIM-funded

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Demand Data Collection and Analysis	Transformation					**Data Collection and Analysis:** 1. Execute contract for micro-simulation demand modeling by 1/15/16 (dependent on federal approval). 2. Provide preliminary data as defined by the contract to vendor for use in model by 3/15/16.	for demand modeling approved by CMMI in October. Pending execution. Anticipate execution by Q2 2016. 2. Not yet started: DVHA expects to provide data to demand modeling vendor in Q2 2016. *Reporting:* Monthly status reports; reports from vendor. *Contractors:* IHS.	**Data Collection and Analysis:** Submit Final Demand Projections Report and present findings to Work Force Work Group by 12/31/16.	Provider_[VT]_[ACO]_Commercial CORE_Participating Provider_[VT]_[ACO]_Medicaid CORE_Participating Provider_[VT]_[ACO]_Medicare CORE_Provider Organizations_[VT]_[ACO]_Commercial CORE_Provider Organizations_[VT]_[ACO]_Medicaid CORE_Provider Organizations_[VT]_[ACO]_Medicare CORE_Participating Providers_[VT]_[EOC] _Medicaid CORE_Provider Organizations_[VT]_[EOC] _Medicaid CORE_Participating Providers_[VT]_[APMH] CORE_Provider Organizations_[VT]_[APMH]	Demand Model: IHS.	Coonradt	staff: Amy Coonradt Key personnel: Mat Barewicz
Workforce – Supply Data Collection and Analysis	Practice Transformation	N/A	N/A	**Workforce – Supply Data Collection and Analysis:** Use supply data (licensure and recruitment) to inform workforce planning and updates to Workforce Strategic Plan: 1. Present data to Workforce Work Group at least 3 times by 9/30/15. 2. Publish data reports/analyses on website by 12/31/15. 3. Distribute reports/analyses to project stakeholders by 12/31/15.	1. Achieved. 2. Achieved: Posted on the VDH website. 3. Achieved: Achieved as part of Workforce Work Group presentations. *Reporting:* Monthly status reports. *Contractors:* N/A	**Workforce – Supply Data Collection and Analysis:** Continue to use supply data (licensure and recruitment) to inform workforce planning and updates to Workforce Strategic Plan:[4] 1. Present data to Workforce Work Group at least 4 times between 1/1/15 and 6/30/16. 2. Publish data reports/analyses on website by 12/31/15. 3. Distribute reports/analyses to project stakeholders by 12/31/15.	In progress: VDH presented to Health Care Workforce Work Group in February 2016 and proposed forming a sub-group of the Health Care Workforce Work Group and other key subject matter experts. The subgroup will analyze VDH data and provide this analysis to the broader work group, with the goal of informing work group activities. *Contractors:* N/A (staff only).	**Workforce – Supply Data Collection and Analysis:** Use supply data (licensure and recruitment) to inform workforce planning and updates to Workforce Strategic Plan: 1. Present data to Workforce Work Group at least 3 times by 12/31/16. 2. Publish data reports/analyses on website by 6/30/17. 3. Distribute reports/analyses to project stakeholders by 6/30/17. 4. Incorporate into Sustainability Plan by 6/30/17.	CORE_Participating Provider_[VT]_[ACO]_Commercial CORE_Participating Provider_[VT]_[ACO]_Medicaid CORE_Participating Provider_[VT]_[ACO]_Medicare CORE_Provider Organizations_[VT]_[ACO]_Commercial CORE_Provider Organizations_[VT]_[ACO]_Medicaid CORE_Provider Organizations_[VT]_[ACO]_Medicare CORE_Participating Providers_[VT]_[EOC] _Medicaid CORE_Provider Organizations_[VT]_[EOC] _Medicaid CORE_Participating Providers_[VT]_[APMH] CORE_Provider Organizations_[VT]_[APMH]	*Staff Only.*	Matt Bradstreet	SIM-funded staff: Matt Bradstreet; Amy Coonradt Key personnel: VDH and OPR licensing staff
	Practice Transformation	Vermont Department of Labor to develop a comprehensive review of all such programs offered by each agency/department of state government - due by the end of 2013.	Achieved. *Reporting:* PP1 Annual Report.	N/A	N/A	N/A	N/A	N/A		N/A	N/A	N/A
	Practice Transformation	SIM will expand all existing efforts (Blueprint, VITL, providers, VCCI, SASH, Hub and Spoke).	Achieved. *Reporting:* PP1 Annual Report. These activities are now found in the Payment Model Design and Implementation section above for subsequent project periods.	N/A	N/A	N/A	N/A	N/A		N/A	N/A	N/A
Focus Area: Health Data Infrastructure												
Expand Connectivity to HIE – Gap Analyses	Health Data Infrastructure	**Expand Connectivity to HIE – Gap Analyses:** Perform gap analyses related to quality measures for each payment program, as appropriate; perform	Achieved: Two gap analyses launched in 2014: ACO program and non-MU long-term services and supports providers.	**Expand Connectivity to HIE – Gap Analyses:** Perform gap analyses related to quality measures for each payment program, as appropriate; perform	Achieved: 1. Achieved: DLTSS technical gap *analysis* finalized in October 2015. 2. In progress: bimonthly analyses completed to date; final analysis will be	N/A	N/A	N/A	CORE_Health Info Exchange_[VT]	Perform Gap Analyses: VITL; H.I.S. Professionals.	Georgia Maheras (ACO); Sarah Kinsler (DLTSS)	SIM-funded staff: Georgia Maheras; Sarah Kinsler; Susan Aranoff; Julie Wasserman; David Epstein

[4] This is a new PP2 milestone. Previously, this work was part of the PP1 Carryover, and there is need to provide workforce supply information as part of the new NCE time period of January-June 2016.

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		baseline gap analyses to understand connectivity of non-Meaningful Use (MU) providers.	*Reporting:* Monthly status reports.	baseline gap analyses to understand connectivity of non-Meaningful Use (MU) providers: 1. Complete DLTSS technical gap analysis by 9/30/15. 2. Conduct bimonthly SSP quality measure gap analyses for ACO providers.	complete by 12/31/15. *Reporting:* Monthly status reports. *Contractors:* VITL (Vermont Information Technology Leaders); H.I.S. Professionals.							Key personnel: Larry Sandage
Expand Connectivity to HIE – Gap Remediation	Health Data Infrastructure	N/A	N/A	N/A	N/A	**Expand Connectivity to HIE – Gap Remediation:** Remediate data gaps that support payment model quality measures, as identified in gap analyses: 1. Remediate 50% of data gaps for SSP quality measures by 12/31/15. 2. Develop a remediation plan for gaps identified in LTSS technical gap analysis by 12/31/15.	Achieved: 1. Achieved: Over 50% of gaps remediated. 2. Achieved: Remediation plan developed. *Reporting:* Monthly status reports. *Contractors:* Vermont Information Technology Leaders (VITL); Vermont Care Partners; H.I.S. Professionals; Pacific Health Policy Group.	**Expand Connectivity to HIE – Gap Remediation:** 1. Remediate 65% of ACO SSP measures-related gaps as identified in Fall 2015/Spring 2016 by 6/30/17. 2. Remediate data gaps for LTSS providers according to remediation plan developed in Performance Period 2 by 6/30/17. 3. Incorporate Gap Remediation activities into Sustainability Plan by 6/30/17.	CORE_Health Info Exchange_[VT]	Remediation of Data Gaps – VITL; Vermont Care Partners; H.I.S. Professionals; Pacific Health Policy Group.	Georgia Maheras	SIM-funded staff: Georgia Maheras; Susan Aranoff; Julie Wasserman; David Epstein Key personnel: Larry Sandage
Expand Connectivity to HIE – Data Extracts from HIE	Health Data Infrastructure	N/A	N/A	**Expand Connectivity to HIE – Data Extracts from HIE:** Completed development of ACO Gateways with OneCare Vermont (OCV) by 3/31/15 and Community Health Accountable Care (CHAC) by 12/31/15 to support transmission of data extracts from the HIE.	Delayed: OCV Gateway and CHAC Gateway completed as of December 2015; work on Health*first* Gateway is ongoing. *Reporting:* Monthly status reports. *Contractors:* VITL	N/A	N/A	N/A	CORE_Health Info Exchange_[VT]	ACO Gateway: VITL.	Georgia Maheras	SIM-funded staff: Georgia Maheras Key personnel: Larry Sandage
Expand Connectivity to HIE	Health Data Infrastructure	**Expand Connectivity to HIE:** 1. Begin to incorporate long-term care, mental health, home care and specialist providers into the HIE infrastructure. 2. Number of new interfaces built between provider organizations and HIE (goal = 18 additional hospital interfaces and 75 new interfaces to non-hospital health care organizations to include: at least 10 specialist practices; 4 home health agencies; and 4 designated mental health agencies).	1. Achieved (note some PP1 Carryover). 2. Achieved: 16 hospital interfaces built; 75 new interfaces to non-hospital health care organizations built. *Reporting:* Monthly status reports.	**Expand Connectivity to HIE:** Begin to incorporate long-term care, mental health, home care and specialist providers into the HIE infrastructure and expand provider connection to HIE infrastructure: 1. Number of new interfaces built between provider organizations and HIE: Total goal for Y1 = 20 hospital interfaces and 150 interfaces to non-hospital health care organizations by 12/31/15.	1. Achieved: 20 hospital interfaces and 193 non-hospital interfaces built. *Reporting:* Monthly status reports. *Contractors:* VITL.	N/A	N/A	N/A	CORE_Health Info Exchange_[VT]	Interface Development: VITL.	Georgia Maheras	SIM-funded staff: Georgia Maheras Key personnel: Larry Sandage
Improve Quality of Data Flowing into HIE	Health Data Infrastructure	**Improve Quality of Data Flowing into HIE:** Clinical Data: 1. Medication history and provider portal to query the VHIE by end of 2013.	1. Achieved: 129 queries. 2. Achieved. *Reporting:* Monthly status reports and contractor reports.	**Improve Quality of Data Flowing into HIE:** 1. Data quality initiatives with the DAs/SSAs: Conduct data quality improvement meetings	1. Achieved. 2. In progress: will be achieved by 12/31/15. *Reporting:* Monthly status reports and contractor	**Improve Quality of Data Flowing into HIE:** 1. Implement terminology services tool to normalize data elements within the VHIE by TBD.	1. In progress. 2. In progress: Workflow improvement activities begun. *Reporting:* Monthly status	**Improve Quality of Data Flowing into HIE:** 1. Engage in workflow improvement activities at provider practices to improve the quality of the	CORE_Health Info Exchange_[VT]	Terminology Services: VITL. Workflow Improvement: VITL, Behavioral	Georgia Maheras	Key personnel: Larry Sandage

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		2. State law requires statewide availability of Blueprint program and its IT infrastructure by October 2013.		with the DAs/SSAs to focus on the analysis of the current state assessments for each agency: at least 4 meetings per month with DA/SSA leadership and 6 meetings per month with individual DAs/SSAs to review work flow. 2. Access to medication history to support care: 150 medication queries to the VHIE by Vermont providers by 12/31/15.	reports. *Contractors:* VITL; Behavioral Health Network.	2. Engage in workflow improvement activities at provider practices to improve the quality of the data flowing into the VHIE as identified in gap analyses. Start workflow improvement activities in 30% of ACO attributing practices by 6/30/16.	reports and contractor reports. *Contractors:* VITL; Behavioral Health Network; UVM Medical Center (UVMMC)/ OneCare Vermont; TBD.	data flowing into the VHIE as identified in gap analyses. Start workflow improvement activities in 50% of ACO attributing practices by 7/1/16. Complete workflow improvement by 12/31/16. 2. Engage in workflow improvement activities at designated mental health agencies (DAs) as identified in gap analyses. Start workflow improvement activities in all 16 DAs by 7/1/16 and complete workflow improvement by 12/31/16.		Health Network; UVMMC/OneCare Vermont; TBD.		
Telehealth – Strategic Plan	Health Data Infrastructure	N/A	N/A	N/A	N/A	**Telehealth – Strategic Plan:** Develop telehealth strategic plan by 9/15/15.	Achieved: Telehealth Strategic Plan finalized in September 2015. *Reporting:* Report completed by deadline. *Contractors:* JBS International.	N/A	CORE_Health Info Exchange_[VT]	Telehealth Strategic Plan: JBS International.	Sarah Kinsler	SIM-funded staff: Sarah Kinsler
Telehealth – Implementation	Health Data Infrastructure	N/A	N/A	N/A	N/A	**Telehealth – Implementation:** 1. Release telehealth program RFP by 9/30/15. 2. Award at least one contract to implement the scope of work in the telehealth program RFP by 1/15/16.	1. Achieved: RFP released on 9/18/15. 2. In process. Bidders selected in December 2015; as of February, contract negotiations still underway. *Reporting:* RFP released on time; monthly status reports. *Contractors:* VNA of Chittenden and Grand Isle Counties; Howard Center.	**Telehealth – Implementation:** 1. Continue telehealth pilot implementation through contract end dates. 2. Incorporate Telehealth Program into Sustainability Plan by 6/30/17.	CORE_Health Info Exchange_[VT]	Telehealth Implementation: VNA of Chittenden and Grand Isle Counties; Howard Center.	Jim Westrich	SIM-funded staff: Jim Westrich
EMR Expansion	Health Data Infrastructure	N/A	N/A	N/A	N/A	**EMR Expansion:** 1. Assist in procurement of EMR for non-MU providers: Vermont State Psychiatric Hospital (by 6/30/15) and ARIS (Developmental Disability Agencies) (by 6/30/16). 2. Explore non-EMR solutions for providers without EMRs: develop plan based on LTSS technical gap analysis.	1. In progress: Achieved – State Psychiatric Hospital EMR guidance provided in Jan-Mar 2015. On track – ARIS/ Developmental Disability Agencies procurement will be complete by 6/30/16. 2. Achieved: Remediation plan to support VHIE connection for home health agencies developed and approved; this work will be pursued in PP3 under the Care Management Tools work stream. *Reporting:* Monthly status reports.	N/A	CORE_Health Info Exchange_[VT]	EMR Procurement: ARIS; VITL/Dept of Mental Health. Non-EMR Solutions: ARIS; VITL.	Georgia Maheras	SIM-funded staff: Georgia Maheras Key personnel: Joelle Judge

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							Contractors: ARIS; VITL/Department of Mental Health.					
Data Warehousing	Health Data Infrastructure	N/A	N/A	**Data Warehousing:** Prepare to develop infrastructure to support the transmission, aggregation, and data capability of the DAs and SSAs data into a mental health and substance abuse compliant Data Warehouse: 1. Develop data dictionary by 3/31/15. 2. Release RFP by 4/1/15. 3. Execute contract for Data Warehouse by 10/15/15. 4. Design data warehousing solution so that the solution begins implementation by 12/31/15.	1. Achieved. 2. Achieved. 3. In progress: SOV amended contract with vendor for this work. Contractor will have sub-contract by 11/30/15. 4. Achieved. *Reporting:* Monthly status reports. *Contractors:* Behavioral Health Network.	**Data Warehousing:** 1. Implement Phase 1 of DA/SSA data warehousing solution by 12/31/15 (implementation follows implementation project plan). 2. Procure clinical registry software by 3/31/16. 3. Develop a cohesive strategy for developing data systems to support analytics by 3/31/16.	1. Achieved. 2. Achieved. 3. In progress: Will be completed by 3/31/16. *Reporting:* Monthly status reports. *Contractors:* Behavioral Health Network; Covisint; Stone Environmental.	**Data Warehousing:** 1. Implement Phase 2 of DA/SSA data warehousing solution by 12/31/16. 2. Begin to implement cohesive strategy for developing data systems to support analytics by 12/31/16.	CORE_Health Info Exchange_[VT]	Stakeholder Engagement: Behavioral Health Network. Clinical Registry Procurement: Covisint. Cohesive Strategy Development: Stone Environmental.	Georgia Maheras and Craig Jones	SIM-funded staff: Georgia Maheras Key personnel: Craig Jones; Larry Sandage
Care Management Tools	Health Data Infrastructure	N/A	N/A	**Care Management Tools:** 1. Discovery project to support long- term care, mental health, home care and specialist providers through a Universal Transfer Protocol solution: Report due 4/15/15. 2. Engage in research and discovery to support selection of a vendor for event notification system in Vermont by 10/1/15.	1. Achieved: Report received in February 2015. 2. Achieved: Research and discovery launched in March 2015; vendor selected in September 2015. State, VITL, and vendor currently in contract negotiations. *Reporting:* Monthly status reports. *Contractors:* im21.	**Care Management Tools:** Engage in discovery, design and testing of shared care plan IT solutions, an event notification system, and uniform transfer protocol. Create project plans for each of these projects and implement as appropriate, following SOV procedure for IT development: 1. Event Notification System: Procure solution by 1/15/16 and implement according to project plan for phased roll out. 2. SCÜP (shared care plans and uniform transfer protocol): Create project plan for this project that includes business requirements gathering by 9/30/15; technical requirements by 10/31/15; and final proposal for review by 1/31/16.	1. In progress: Vendor selected. Federal approval received. State contract pending. 2. In progress: Business and technical requirements gathered; final proposal in development for release in March 2016. *Reporting:* Monthly status reports. *Contractors:* PatientPing; Stone Environmental; TBD.	**Care Management Tools:** 1. Event Notification System: Continue implementation of ENS according to contract with vendor through 12/31/16. 2. Shared Care Plan: Recommend revisions to the VHIE consent policy and architecture to better support shared care planning by 6/30/17. 3. Universal Transfer Protocol: Support workflow improvements at provider practices through existing contracts through 12/31/16. 4. Continue implementation of care management solutions, including VITLAccess, supporting Home Health Agencies and Area Agencies on Aging.	CORE_Health Info Exchange_[VT]	Event Notification System: PatientPing. Shared Care Plans and Universal Transfer Protocol – Research: Stone Environmental; Implementation: TBD.	Georgia Maheras (Event Notification System, Shared Care Plans and Universal Transfer Protocol)	SIM-funded staff: Georgia Maheras; Erin Flynn; Susan Aranoff; Gabe Epstein Key personnel: Larry Sandage; Joelle Judge
General Health Data – Data Inventory	Health Data Infrastructure	**General Health Data – Health Data Inventory:** Conduct data inventory.	Achieved: Data inventory launched in December 2014 following contract execution. *Reporting:* Monthly status report.	**General Health Data – Health Data Inventory:** Complete data inventory: 1. Draft analysis of health care data sources that support payment and delivery system reforms by 4/15/15. 2. Final data inventory due by 10/31/15.	Achieved: 1. Achieved: Draft analysis of data sources completed in Spring 2015. 2. Achieved: Data inventory data collection and final report with recommendations completed in December 2015. *Reporting:* Monthly status reports.	N/A	N/A	N/A	CORE_Health Info Exchange_[VT]	Data Inventory: Stone Environmental.	Sarah Kinsler	SIM-funded staff: Sarah Kinsler. Key personnel: Larry Sandage.

	Focus Area	Performance Period 1 (PP1)[1] Performance Period 1 Milestone	Performance Period 1 (PP1) Current Status and Reporting	Performance Period 1 Carryover (PP1 Carryover) Performance Period 1 Carryover Milestone	Performance Period 1 Carryover (PP1 Carryover) Current Status, Reporting, and Contractors	Performance Period 2 (PP2) Performance Period 2 Milestone	Performance Period 2 (PP2) Current Status, Reporting, and Contractors	Performance Period 3 (PP3) Performance Period 3 Milestone	Metrics	PP1 Carryover and PP2 Contractor Role	Lead Staff	SIM-Funded Staff and Key Personnel
					Contractors: Stone Environmental							
General Health Data – HIE Planning	Health Data Infrastructure	**General Health Data – HIE Planning:** Provide input to update of state HIT Plan.	Achieved: Project staff and stakeholders have provided ongoing input into Vermont HIT Plan update since 2014. *Reporting:* Monthly status report.	N/A	N/A	**General Health Data – HIE Planning:** 1. VHCIP will provide comment into the HIT Strategic Plan at least 4 times in 2015. 2. HDI Work Group will identify connectivity targets for 2016-2019 by 6/30/16.	1. Achieved: VHCIP has provided ongoing input into HIT Strategic Plan in 2015. 2. In progress: This work is occurring throughout January-June 2016. *Reporting:* Monthly status reports. *Contractors:* Stone Environmental.	**General Health Data – HIE Planning:** Finalize connectivity targets for 2016-2019 by 12/31/16.	CORE_Health Info Exchange_[VT]	Support HIE Planning: Stone Environmental.	Larry Sandage	Key personnel: Larry Sandage
General Health Data – Expert Support	Health Data Infrastructure	N/A	N/A	N/A	N/A	**General Health Data – Expert Support:** Procure appropriate IT-specific support to further health data initiatives – depending on the design of projects described above, enterprise architects, business analysts, and others will be hired to support appropriate investments.	Ongoing: Vermont is procuring IT-specific support for health data initiatives as necessary and appropriate. *Reporting:* Monthly status reports. *Contractors:* Stone Environmental; H.I.S. Professionals.	**General Health Data – Expert Support:** Procure appropriate IT-specific support to further health data initiatives – depending on the design of projects described above, enterprise architects, business analysts, and others will be hired to support appropriate investments.	CORE_Health Info Exchange_[VT]	Research and Analyses: Stone Environmental. Project Management and Subject Matter Expertise: H.I.S. Professionals.	TBD	Key personnel: TBD; Larry Sandage
	Health Data Infrastructure	VHCURES: 1. Update rule to include VHC information (Fall 2013). 2. Incorporate Medicare data (Fall 2013). 3. Improve data quality procedures (Fall 2014). 4. Improve data access to support analysis (Fall 2014).	1. Not met: SOV is not using these data in VHCURES due to data limitations. This was previously conveyed to CMMI. 2. Achieved. 3. Achieved. 4. Achieved. *Reporting:* 2014 Annual Report and Milestones Met/Not Met response to CMMI in May 2015.	N/A	N/A	N/A	N/A	N/A	CORE_Health Info Exchange_[VT]	N/A	N/A	N/A
	Health Data Infrastructure	Medicaid Data: A combined advanced planning document for the funding to support the TMSIS is completed and submitted to CMS in July 2013.	Achieved. *Reporting:* 2014 Annual Report and Milestones Met/Not Met response to CMMI in May 2015.	N/A	N/A	N/A	N/A	N/A	CORE_Health Info Exchange_[VT]	N/A	N/A	N/A
Focus Area: Evaluation												
Self-Evaluation Plan and Execution	Evaluation	**Self-Evaluation Plan and Execution:** 1. Procure contractor: Hire through GMCB in Sept 2013. 2. Evaluation (external): • Number of meetings held with Quality and Performance Measurement Work Group on evaluation (goal = 2).	1. Achieved: Initial self-evaluation contract (Impaq) executed in September 2014. 2. Achieved: Regular meetings with QPM Work Group and other stakeholders; self-evaluation plan submitted as draft to CMMI in June 2015.	**Self-Evaluation Plan and Execution:** 1. Design Self-Evaluation Plan for submission to CMMI by 6/30/15. a. Elicit stakeholder feedback prior to submission. 2. Once approved by CMMI, engage in Performance Period 1 Carryover activities as	1. Achieved: Draft self-evaluation plan submitted to CMMI in June 2015, incorporating stakeholder feedback. 2. In progress: Plan resubmitted to CMMI on November 11, 2015. *Reporting:* Monthly status reports (contractor weekly reports).	**Self-Evaluation Plan and Execution:** 1. Procure new self-evaluation contractor by 2/28/16 to execute contractor-led self-evaluation plan activities.[5] 2. Continue to execute self-evaluation plan using staff and contractor resources.[6] 3. Streamline reporting	1. In progress: RFP released in November 2015; contract is submitted to CMMI and awaiting approval. 2. Ongoing: Self-evaluation plan execution is ongoing using staff and contractor resources. 3. In progress: This is delayed pending final approval of self-evaluation	**Self-Evaluation Plan and Execution:** Execute Self-Evaluation Plan for 2016 and 2017 according to timeline for Year 3 activities.	All metrics	1. Development of Self-Evaluation Plan: Impaq International. 2. Implementation of Self-Evaluation Plan (Monitoring and Evaluation): The Lewin Group; Burns and Associates. 3. Implementation	Annie Paumgarten	SIM-funded staff: Annie Paumgarten Key personnel: Susan Barrett

[5] Vermont requested modification to this milestone by email, dated 11/23/15.

[6] Vermont's self-evaluation plan relies on numerous staff and contractors, which are described in the Evaluation Remediation Plan submitted on November 25, 2015.

	Focus Area	Performance Period 1 (PP1)[1] Performance Period 1 Milestone	Performance Period 1 (PP1) Current Status and Reporting	Performance Period 1 Carryover (PP1 Carryover) Performance Period 1 Carryover Milestone	Performance Period 1 Carryover (PP1 Carryover) Current Status, Reporting, and Contractors	Performance Period 2 (PP2) Performance Period 2 Milestone	Performance Period 2 (PP2) Current Status, Reporting, and Contractors	Performance Period 3 (PP3) Performance Period 3 Milestone	Metrics	PP1 Carryover and PP2 Contractor Role	Lead Staff	SIM-Funded Staff and Key Personnel
		• Evaluation plan developed. • Baseline data identified.	*Reporting:* Monthly status reports (contractor weekly reports).	identified in the plan.	*Contractors:* Impaq International.	around other evaluation activities within 30 days of CMMI approval of self-evaluation plan.	plan. *Reporting:* Monthly status reports. *Contractors:* Burns and Associates; Impaq International; Onpoint; The Lewin Group; Truven.			of Self-Evaluation Plan (Provider Surveys and Analyses): TBD.		
Surveys	Evaluation	N/A	N/A	**Surveys:** Conduct annual patient experience survey (Performance Period 1 surveys only): 1. Surveys are completed by 6/30/15 for reporting as part of the first performance period for the Medicaid and commercial Shared Savings Programs.	Achieved: Surveys fielded. *Reporting:* Monthly status reports. *Contractors:* Datastat.	**Surveys:** Conduct annual patient experience survey and other surveys as identified in payment model development: Field patient experience surveys to Vermonters participating in the PCMH and Shared Savings programs – phase 1 to determine impact of Performance Period 2 activities by 6/30/16.	In progress: Surveys distributed. Collection of data and reports are not yet complete. They will be complete by 6/30/16. *Reporting:* Monthly status reports (contractor reports). *Contractors:* Datastat.	**Surveys:** Conduct annual patient experience survey and other surveys as identified in payment model development: Field patient experience surveys to Vermonters participating in the PCMH and Shared Savings Programs by 6/30/17.	CAHPS Clinical & Group Surveys_Commercial CAHPS Clinical & Group Surveys_Medicaid CAHPS Clinical & Group Surveys_Medicare CORE_HCAHPS Patient Rating_[VT]	1. Field Patient Experience Survey: Datastat. 2. Develop Survey Report: Datastat.	Pat Jones and Jenney Samuelson	SIM-funded staff: Annie Paumgarten Key personnel: Pat Jones, Jenney Samuelson
Monitoring and Evaluation Activities Within Payment Programs	Evaluation	N/A	N/A	**Monitoring and Evaluation Activities Within Payment Programs:** Conduct analyses as required by payers related to specific payment models. • Number of meetings held with Quality and Performance Measurement Work Group on evaluation (goal = 2 by 6/30/15). • Payer-specific evaluation plan developed for Medicaid Shared Savings Program as part of State Plan Amendment approval. • Baseline data identified for monitoring and evaluation of Medicaid and commercial Shared Savings Programs by 6/30/15.	Achieved: QPM Work Group met monthly prior to consolidation with Payment Model Design and Implementation Work Group in October 2015; payer-specific evaluation plan included in approved SPA; baseline data identified for monitoring and evaluation of SSPs and included in initial analyses. *Reporting:* Monthly status reports. *Contractors:* Burns and Associates; Bailit Health Purchasing; The Lewin Group.	**Monitoring and Evaluation Activities Within Payment Programs:** 1. Conduct analyses of the PCMH program (non-SIM funded) according to program specifications: biannual reporting to providers. 2. Conduct analyses of the commercial and Medicaid Shared Savings Programs according to program specifications: monthly, quarterly reports depending on type.	1. Ongoing: Non-SIM funded analyses of PCMH program are conducted twice annually. 2. Ongoing: Monthly and quarterly SSP reports are ongoing. *Reporting:* Monthly status reports (embedded in SSP reports). *Contractors:* Burns and Associates; The Lewin Group.	**Monitoring and Evaluation Activities Within Payment Programs:** 1. Conduct analyses of the PCMH program (non-SIM funded) according to program specifications (bi-annual reporting to providers). 2. Conduct analyses of the commercial and Medicaid Shared Savings Programs according to program specifications (monthly, quarterly reports depending on report type). 3. Conduct analyses of the EOC program according to program specifications (monthly, quarterly reports depending on report type). 4. Conduct analyses of the PPS – Home Health program according to program specifications (monthly, quarterly reports depending on report type). 4. TBD: APM, Medicaid VBP – Mental Health and Substance Use.	CORE_BMI_[VT]_Commercial CORE_BMI_[VT]_Medicaid CORE_BMI_[VT]_Medicare CORE_Diabetes Care_[VT]_Commercial CORE_Diabetes Care_[VT]_Medicaid CORE_Diabetes Care_[VT]_Medicare CORE_ED Visits_[VT]_Commercial CORE_ED Visits_[VT]_Medicaid CORE_Readmissions_[VT]_Commercial CORE_Readmissions_[VT]_Medicaid CORE_Readmissions_[VT]_Medicare CORE_Tobacco Screening and Cessation_[VT]_Commercial CORE_Tobacco Screening and Cessation_[VT]_Medicaid CORE_Tobacco Screening and Cessation_[VT]_Medicare CAHPS Clinical & Group Surveys_Commercial CAHPS Clinical & Group Surveys_Medicaid CAHPS Clinical & Group Surveys_Medicare	Financial and Quality Analysis for New Programs: The Lewin Group (SSP); Burns and Associates (Medicaid).	TBD – GMCB, and Erin Flynn	SIM-funded staff: Amy Coonradt; James Westrich; Brian Borowski; Carole Magoffin Key personnel: Pat Jones
Focus Area: Program Management and Reporting												
Project Management and Reporting – Project Organization	Project Management and Reporting	**Project Management and Reporting – Project Organization:** 1. Procure contractor: Contract for interagency coordination. 2. Hire contractor: Contract for staff training and development.	1. Achieved: Contractor procured. 2. Achieved: Contractor hired. 3. Achieved: Training and development curriculum developed. 4. Achieved. Plan developed.	**Project Management and Reporting – Project Organization:** 1. Ensure project is organized by procuring sufficient staff and contractor resources on an ongoing basis. 2. Continue interagency	1. Achieved: Staff and contractor resources procured as needed on an ongoing basis. 2. Ongoing: Interagency coordination is ongoing. 3. Ongoing: Staff training and development activity is ongoing through	**Project Management and Reporting – Project Organization:** Ensure project is organized through the following mechanisms: 1. Project Management contract scope of work and tasks performed on-	1. Ongoing: Project Management contract scope of work and tasks performed on time. 2. Achieved: Meetings held, reporting presented and discussed. 3. Achieved: Reports submitted.	**Project Management and Reporting – Project Organization:** Ensure project is organized through the following mechanisms: 1. Project Management contract scope of work and tasks performed on-	All metrics	Project Management: University of Massachusetts.	Georgia Maheras	SIM-funded staff: Georgia Maheras; Christine Geiler; Amanda Ciecior

	Focus Area	Performance Period 1 (PP1)[1] Performance Period 1 Milestone	Performance Period 1 (PP1) Current Status and Reporting	Performance Period 1 Carryover (PP1 Carryover) Performance Period 1 Carryover Milestone	Performance Period 1 Carryover (PP1 Carryover) Current Status, Reporting, and Contractors	Performance Period 2 (PP2) Performance Period 2 Milestone	Performance Period 2 (PP2) Current Status, Reporting, and Contractors	Performance Period 3 (PP3) Performance Period 3 Milestone	Metrics	PP1 Carryover and PP2 Contractor Role	Lead Staff	SIM-Funded Staff and Key Personnel
		3. Develop curriculum: Training and development curriculum developed. 4. Develop interagency and inter-project communication plan: Interagency and inter-project communications plan developed. 5. Implement plan: Results of survey of project participants re: communications.	5. Achieved: Survey deployed; results compiled. *Reporting:* Monthly status reports, monthly staff meetings, monthly Core Team meetings.	coordination across the departments and agencies involved in VHCIP activities. 3. Continue staff training and development- assess quarterly. 4. Continue to deploy training and development curriculum- assess curriculum quarterly. 5. Implement communications plan by 12/31/15.	12/31/15. 4. Ongoing: Staff training and development activity is ongoing through 12/31/15. 5. In progress: Communications plan developed and will be implemented by 12/31/15. *Reporting:* Monthly status reports, monthly staff meetings, monthly Core Team meetings. *Contractors:* The Coaching Center; PDI Creative; University of Massachusetts; Arrowhead Health Analytics; University of Vermont.	time. 2. Monthly staff meetings, co-chair meetings, and Core Team meetings with reporting on budget, milestones, and policy decisions presented and discussed at each meeting. 3. Submit quarterly reports to CMMI and the Vermont Legislature.	*Reporting:* Monthly report to Core Team. *Contractors:* University of Massachusetts.	time. 2. Monthly staff meetings, co-chair meetings, and Core Team meetings with reporting on budget, milestones, and policy decisions presented and discussed at each meeting. 3. Submit quarterly reports to CMMI and the Vermont Legislature. 4. Population Health Plan finalized by 6/30/17. 5. Sustainability Plan finalized by 6/30/17.				
Project Management and Reporting – Communication and Outreach	Project Management and Reporting	**Project Management and Reporting – Communication and Outreach:**Stakeholder engagement: Work groups and more broadly.	Achieved: Robust public and private stakeholder engagement in project activities and decision-making through project work groups, sub-groups, project-specific steering committees, bid review teams, key informant interviews, and more. *Reporting:* Monthly status reports, monthly staff meetings, monthly Core Team meetings.	**Project Management and Reporting – Communication and Outreach:** 1. Engage stakeholders in project focus areas through work groups, Steering Committee, Core Team, Symposia, and other convenings. 2. Target convening 10 Core Team; 5 Steering Committee, and 10 Work Group meetings during this period. 3. Stakeholder engagement plan developed and implemented – revised plan due 8/31/15.	1. Achieved: Robust public and private stakeholder engagement in project focus areas through work groups, Steering Committee, Core Team, Symposia, and other convenings. 2. Achieved. 3. Achieved. *Reporting:* Monthly status reports, monthly staff meetings, monthly Core Team meetings. *Contractors:* PDI Creative; University of Massachusetts.	**Project Management and Reporting – Communication and Outreach:** Engage stakeholders in project focus areas by: 1. Convening 5 Core Team, 5 Steering Committee, and 10 work group public meetings by 6/30/16. 2. Distributing all-participant emails at least once a month. 3. Updating website at least once a week.	1. Achieved: Meetings held in 2015. Additional meetings needed in the NCE period. 2. Achieved: All-participant emails distributed as needed, at least monthly. Additional communications needed in the NCE period. 3. Achieved: Website updated continually, at least weekly. Additional updates needed in the NCE period. *Reporting:* Monthly report to Core Team; quarterly report to CMMI. *Contractors:* University of Massachusetts; PDI Creative.	**Project Management and Reporting – Communication and Outreach:** Engage stakeholders in project focus areas by: 1. Convening 10 Core Team meetings by 6/30/17. 2. Convening 5 Steering Committee public meetings and 20 work group public meetings by 12/31/16. 2. Distributing all-participant emails at least once a month through 12/31/16. 3. Update website at least once a week through 12/31/16, and monthly through 6/30/17.	All metrics	Project Management: University of Massachusetts. Outreach and Engagement: PDI Creative.	Christine Geiler	SIM-funded staff: Christine Geiler; Amanda Ciecior
	Project Management and Reporting	Implement "How's Your Health" Tool by June 2014.	Achieved: Implemented through sub-grant to White River Family Practice Sub-Grant.	N/A	N/A	N/A	N/A	N/A		N/A	N/A	N/A

Attachment 3: Shared Care Plan Solution Proposal

Shared Care Plan Solution Proposal

Georgia Maheras, Esq.
Project Director
VHCIP Steering Committee
March 30, 2016

To Recap

- **Shared Care Plans** are a technical solution to share care plans across a care team.
  - Consent: Must be person-directed and allow for appropriate access across health care and non-health care organizations.
  - Business Requirements: Key features include…
    - Accessibility across the continuum of care
    - Can be integrated into existing workflows and technology
    - Logins are minimized
    - Adaptability

Process to Date

- Discovery including:
  - Dozens of key interviews (providers, IT folks).
  - Business case identification (business and technical requirements gathered).
  - Decision to NOT procure a new solution or do an RFP because there were solutions “in-flight” in 2015.
- What did we learn?
  - At least six solutions in some phase of deployment .
  - There are some major barriers: sign-on fatigue and consent being key.
  - Sustainability of the solution is a real question.

Possible Solutions to Address Barriers

- Policy/Tech solutions:
  - VHIE Consent Policy Review/Revision
- Technology Solutions:
  - MMISCare
  - Care Navigator
  - Others: Windsor, Newport, Bennington, VCHIP, and likely more

VHIE Consent Policy Review/Revision

- **State and VITL are currently reviewing the VHIE consent policy and considering revisions.**
  - This is an area of ongoing work:
    - New SAMHSA proposed rule and State discussions.
    - Building on previous work funded through the State's HIE Implementation Advanced Planning Document (IAPD), which drew on HITECH funds.
  - State and VITL will continue to collaborate in this area, with work to continue through SFY17.
    - Funding: Non-SIM federal funds, possibly SIM funding.
    - Stay tuned for future updates!

Staff Recommendation

- Proposal:
  - Do not pursue technology at this time; focus on consent and remaining HDI initiatives (including those that are approved already).

Discussion

Attachment 4: Core Competency Training Update

Core Competency Training for Front Line Care Coordination Staff

Steering Committee Update
March 30th, 2016

Vermont Health Care Innovation Project

Background:

- Participants in the Integrated Communities Care Management Learning Collaborative (ICCMLC) expressed the need for training on key core competencies related to delivering person-directed care coordination as part of an integrated care team.

- DLTSS work group members identified the need for training on key core competencies highlighted in the "Disability Awareness Briefs" http://healthcareinnovation.vermont.gov/node/863

- Care Models and Care Management Work Group Members, DLTSS Work Group Members, and ICCMLC participants provided input on desired training curriculum, which was incorporated into a Training RFP.

Background (cont'd):

- After a competitive bidding process, two apparently successful awardees have been selected and contract negotiation is nearing completion.

- Two organizations will deliver a comprehensive training series:
  - **Primary Care Development Corporation** (http://www.pcdc.org/), is a nonprofit organization dedicated to expanding and transforming primary care in underserved communities. PCDC will provide training on core competencies related to care coordination and care management.

  - **The Vermont Developmental Disabilities Council** (http://www.ddc.vermont.gov/) is a state-wide board that works to increase public awareness about critical issues affecting people with developmental disabilities and their families. VTDDC and its partners, including Green Mountain Self Advocates, Vermont Family Network, and Vermont Federation of Families for Children's Mental Health, will provide training on core competencies related to working with individuals with DLTSS needs.

Overview of Training Opportunities:

- **34** separate training events to be offered between March and December 2016 as part of a robust training curriculum.
- **240** training spots available for a 6 day core training series on care coordination and disability awareness offered in three training locations (Burlington, Waterbury/Montpelier, and Brattleboro) beginning on March 29th – 31st.
- Additional training opportunities for a smaller subset of participants include: Advanced Care Coordination Training, Care Coordination for Managers and Supervisors Training, and Train-the-Trainer Training.
- *Interest has been strong!* All training sites are currently at maximum capacity, including the addition of a second training section in Burlington.

Care Coordination Fundamentals Training for Front-Line Care Managers
In-Person Training #1

AGENDA

8:30 AM - 9:00 AM	Registration
9:00 AM - 9:15 AM	Welcome and Opening Remarks
9:15 AM - 10:30 AM	Roles and responsibilities of staff who provide care coordination
10:30 AM - 10:45 AM	Mid-Morning Break
10:45 AM - 11:45 PM	How care coordination is related to patient navigation
11:45 PM - 1:00 PM	Lunch
1:00 PM – 2:30 PM	Typical care coordination services
2:30 PM – 2:45 PM	Mid-Afternoon Break
2:45 PM – 4:00 PM	Qualities and skills needed by staff members providing care coordination
4:00 PM – 4:15 PM	Closing Remarks and Preview of Next Session

Vermont Health Care Innovation Project Core Competency Training Series
2016 Schedule of Training Events

Training Event	Tentative Date & Location	Tentative Curriculum Modules
6 Day "Core" Training Series ***(Participants are strongly encouraged to attend all 6 days of core training)***		
Day 1: Introductory Care Coordination Training, Part 1	**3/29/2016:** Burlington, Main Street Landing **3/30/2016:** Waterbury, State Office Complex **3/31/2016:** Brattleboro, Elks Lodge	• Roles and responsibilities of staff who provide care coordination • How care coordination is related to patient navigation • Typical care coordination services • Qualities and skills needed by staff members providing care coordination
Day 2: Disability Awareness Training, Part 1	**4/22/2016:** Brattleboro, TBD **4/25/2016:** Montpelier, Capitol Plaza Hotel **4/26/2016:** Burlington, Main Street Landing	• Introduction to disability awareness • Disability and wellness • Person Centered Care
Day 3: Introductory Care Coordination Training, Part 2	**5/17/2016**: Montpelier, Capitol Plaza Hotel **5/18/2016:** Burlington, Main Street Landing **5/19/2016:** Brattleboro, TBD	• Communication skills • Bias, culture and values • Accessing community and social supports • Transitions of care, home visits, and supporting care givers
Day 4: Disability Awareness Training, Part 2	**6/17/2016:** Burlington, Main Street Landing **6/22/2016**: Waterbury, State Office Complex **6/23/2016:** Brattleboro, TBD	• Universal design/accessibility • Communication and interaction • Tools for improved communication • Cultural competence • Facilitating inclusive and accessible training

Vermont Health Care Innovation Project Core Competency Training Series
2016 Schedule of Training Events (cont'd)

Day 5: Introductory Care Coordination Training, Part 3	**7/19/2016:** Burlington, Main Street Landing **7/20/2016:** Montpelier, Capitol Plaza Hotel **7/21/2016:** Brattleboro, TBD	• Development and implementation of care plans • Motivational Interviewing • Health coaching • Professional boundaries
Day 6: Disability Awareness Training, Part 3	**9/14/2016:** Montpelier, Capitol Plaza Hotel **9/16/2016:** Burlington, Main Street Landing **9/28/2016:** Brattleboro, TBD	• Transition from pediatric to adult care • Sexuality and reproductive health • Trauma-informed care
Webinar Series (5 one-hour webinars will offer supplemental content to 6-day core training series)	**Webinar 1:** April, date TBD **Webinar 2:** June, date TBD **Webinar 3:** August, date TBD **Webinar 4:** October, date TBD **Webinar 5:** December, date TBD	• Using data to identify people needing services • Principles of person centeredness • Care coordination by phone • Coordinating care for patients with specific chronic conditions such as DM, HTN, heart disease, asthma, and HIV and mental illnesses • Navigating the insurance system • Risk stratifying patient panels
Burlington "Section 2" **(In response to a greater than anticipated level of interest at the Burlington training site, a second section of 60 participants was added.)**	**Day 1**: April 27th , 2016 **Day 2:** June 16th , 2016 **Day 3**: August 17th, 2016 **Day 4:** August 18th , 2016 **Day 5:** August 19th , 2016 Day 6: September 27th , 2016	**A note about the Burlington Training Section 2 schedule:** Due to trainer availability, Section 2 training content is not offered in the same order as the Section 1 content. Training days 3, 4 and 5 correspond with Introductory Care Coordination training and will be offered on three consecutive days in August. Training days 1, 2 and 6 correspond with Disability Awareness training and will be offered in April, June, and September.

Vermont Health Care Innovation Project Core Competency Training Series
2016 Schedule of Training Events (cont'd)

Supplemental Training Opportunities		
Advanced Care Coordination Training	**9/20-9/21/2016:** Montpelier, Capitol Plaza Hotel	• Impact of adverse childhood events, mental illness, an addiction disorders on health status • Screening for substance abuse and domestic violence • Crisis management and suicide prevention • Coordinating care for patients with mental health conditions • Coordinating care for homeless patients • Care management for elderly patients • Palliative care and end of life care
Care Coordination for Managers & Supervisors	**10/27/2016:** Montpelier, Capitol Plaza Hotel	• Handling large case loads • Risk stratification • Supervision of staff • Setting up training systems • Working effectively with leadership and physicians • Identifying and serving as a lead care coordinator
Train the Trainer Training Workshop	**11/15-11/16/2016:** Montpelier, Capitol Plaza Hotel	• Preparing to facilitate group care management/coordination training • Framing topics to clarify roles of front line care managers • Best practices for facilitating group discussions and activities • Facilitating discussions about controversial or challenging topics • Managing conflict and multiple opinions among participants • Facilitating role play activities for motivational interviewing, health coaching, and communication skills

Questions?

- Please contact Holly Stone at holly.stone@partner.Vermont.gov with any follow up questions, and be sure to check out the VHCIP Core Competency Training Website for evolving information on this series including agendas, trainer bios, and schedules: http://healthcareinnovation.vermont.gov/node/884

Attachment 5: Medicaid Pathway Presentation

INTEGRATED HEALTH SYSTEM UPDATE
ALL PAYER MODEL & MEDICAID PATHWAY

VHCIP STEERING COMMITTEE

MARCH 30, 2016

VERMONT
HEALTH CARE REFORM

Medicaid Pathway: Payment and Delivery System Reform Continuous Cycle

Key questions for today?

1. What is the all payer model?
2. What is the Medicaid Pathway?
3. How does the State pivot from idea to action?
   a) Project plan
   b) Stakeholder engagement
4. How do we know if this is working for SOV? Providers?
5. What are we missing?

One Goal, Two Projects

Big Goal:

Integrated health system able to achieve the triple aim

- ✓ Improve patient experience of care
- ✓ Improving the health of populations
- ✓ Reduce per capita cost

Implementing Next Generation ACO Type Capitated Payment Model:
Way to pursue goal of integrated system for certain services and providers.

Implementation led by DVHA with support from others.

Medicaid Pathway:

Task of pursuing goal of integrated system for services not subject to financial caps of all-payer model.

AHS led project that interacts with ongoing AHS reform efforts and SIM.

CRITICAL TAKE-AWAY: Implementation of a Medicaid Next-Gen ACO that provides a sub-set of Medicaid services and is subject to financial caps is only one piece of the all-payer model and envisioned delivery system reforms.

All-Payer Model

- An **all-payer model** is an agreement between the State and the Center for Medicare and Medicaid Services (CMS) that allows Vermont to explore new ways of financing and delivering health care.

- The all-payer model enables the three main payers of health care in Vermont – **Medicaid, Medicare, and commercial insurance, to pay for health care differently** than through fee-for-service reimbursement.

Why Pay Differently Than Fee-for-Service?

- Health care cost growth is not sustainable.
- Health care needs have evolved since the fee-for-service system was established more than fifty years ago.
  - More people are living today with multiple chronic conditions.
  - CDC reports that treating chronic conditions accounts for 86% of our health care costs.
- Fee-for-service reimbursement is a barrier for providers trying to coordinate patient care and to promote health.
  - Care coordination and health promotion activities are not rewarded by fee-for-service compensation structure.

How Do We Pay Differently in APM?

- The federal government has created programs that encourage the use of **Accountable Care Organizations** (ACOs).

- The federal **Next Generation ACO program** allows ACOs to be paid an all-inclusive population-based payment for each Medicare beneficiary attributed to the ACO. CMS will allow ACOs some flexibility in certain payment rules in exchange for accepting this new type of payment.

- Health care providers' participation in ACOs is voluntary; the ACO must be attractive to providers and offer an alternative health care delivery model that is appealing enough to join.

Goals of a Transformative All-Payer Model

- Improve experience of care for patients
- Improve access to primary, preventive services
- Reward high value care
- Construct a highly integrated system
- Empower provider-led health care delivery change
- Control the rate of growth in total health care expenditures
- Align measures of health care quality and efficiency across health care system

Can We Get There?

- Vermont has all-payer reforms in place today
  - Shared Savings Program (SSP) for Accountable Care Organizations (ACOs)
    - Medicare offers a SSP for ACOs
    - Commercial SSP Standards
    - Medicaid SSP Standards
  - The Blueprint for Health
    - Medicare participates through a demonstration waiver
    - Commercial participation
    - Medicaid participation
- Fee-For-Service is still the underlying payment mechanism in these models

Vermont's Proposed Term Sheet

- The term sheet includes all of the basic legal, policy, and enforcement provisions that would be in a Model Agreement.
- In some cases, terms refer to appendices which will have greater technical detail or to processes that will occur during 2016.

	Term
1.	Legal Authority
2.	Performance Period
3.	Medicare Beneficiary Protections
4.	Medicare Basic Payment Waivers
5.	Medicare Innovation Waivers
6.	Infrastructure Payment Waivers
7.	Fraud and Abuse Waivers
8.	Request for Additional Waivers
9.	Revocation of Waivers
10.	All-Payer Rate Setting System
11.	Provider Participation in Alternative Payment
12.	Regulated Services
13.	Financial Targets
14.	Quality Monitoring and Reporting
15.	Data Sharing
16.	All Payer Model Evaluation
17.	Modification
18.	Termination and Corrective Action Triggers

Steps Toward an APM

- Develop All-Payer Model and Financial Targets
- Create Standards for Accountable Care Organization Program
- Exercise GMCB Rate and Regulatory Authority
- Attain Quality Improvement and Cost Control

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Next Steps

- Assess and Evaluate All-Payer Model Proposal
  - Taking all points of view into consideration, the Green Mountain Care Board and the Agency of Administration must independently assess the potential of the all-payer model to build a system that offers the right incentives and rewards providers for delivering on the promise of integrated, coordinated, high quality care.

- Based on evaluation of term sheet,
  - Continue negotiations with CMS on All-Payer Model
  - If Vermont decides the final agreement is not better than today's system, it can end the negotiation with CMS.
  - Similarly, if CMS is not satisfied that the overall proposal meets its policy and financial goals, it can decline to enter into the agreement.

Medicaid Pathway

What is it?

- It refers to several critical ideas:
  - There is payment and delivery system reform that must happen alongside the all-payer model (APM) regulated revenue/cap conversation.
  - There is a process for Medicaid providers to engage in with the State alongside the APM regulated revenue/cap conversation.
  - This process is led by AHS-Central Office in partnership with the Agency of Administration and includes Medicaid service providers who provide services that are not included in the initial APM implementation, such as LTSS, Mental Health, substance abuse services and others.
  - The Medicaid Pathway advances payment and delivery system reform for services not subject to the additional caps and regulation required by the APM. The goal is alignment of payment and delivery principles that support a more integrated system of care.

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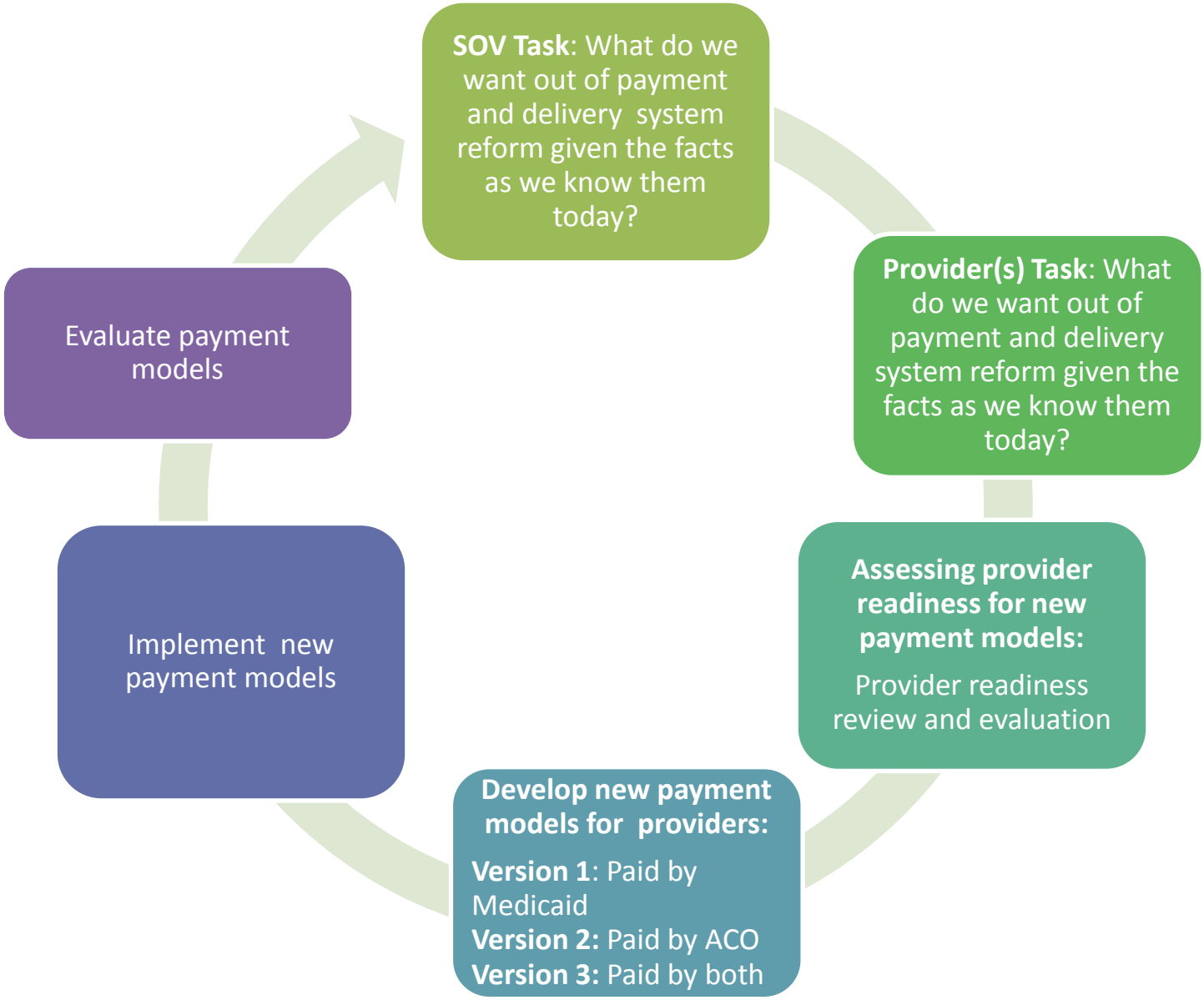
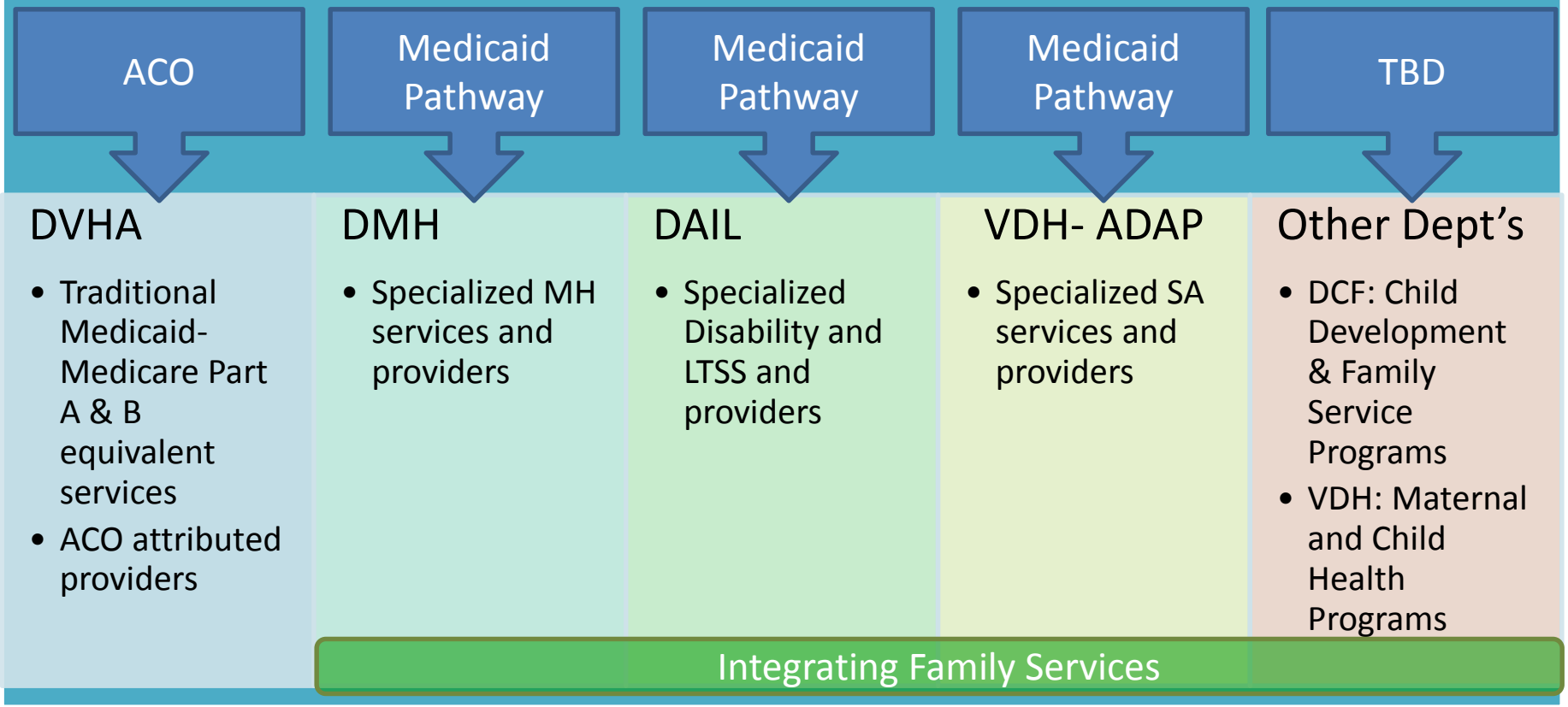
Medicaid Pathway: Payment and Delivery System Reform Continuous Cycle

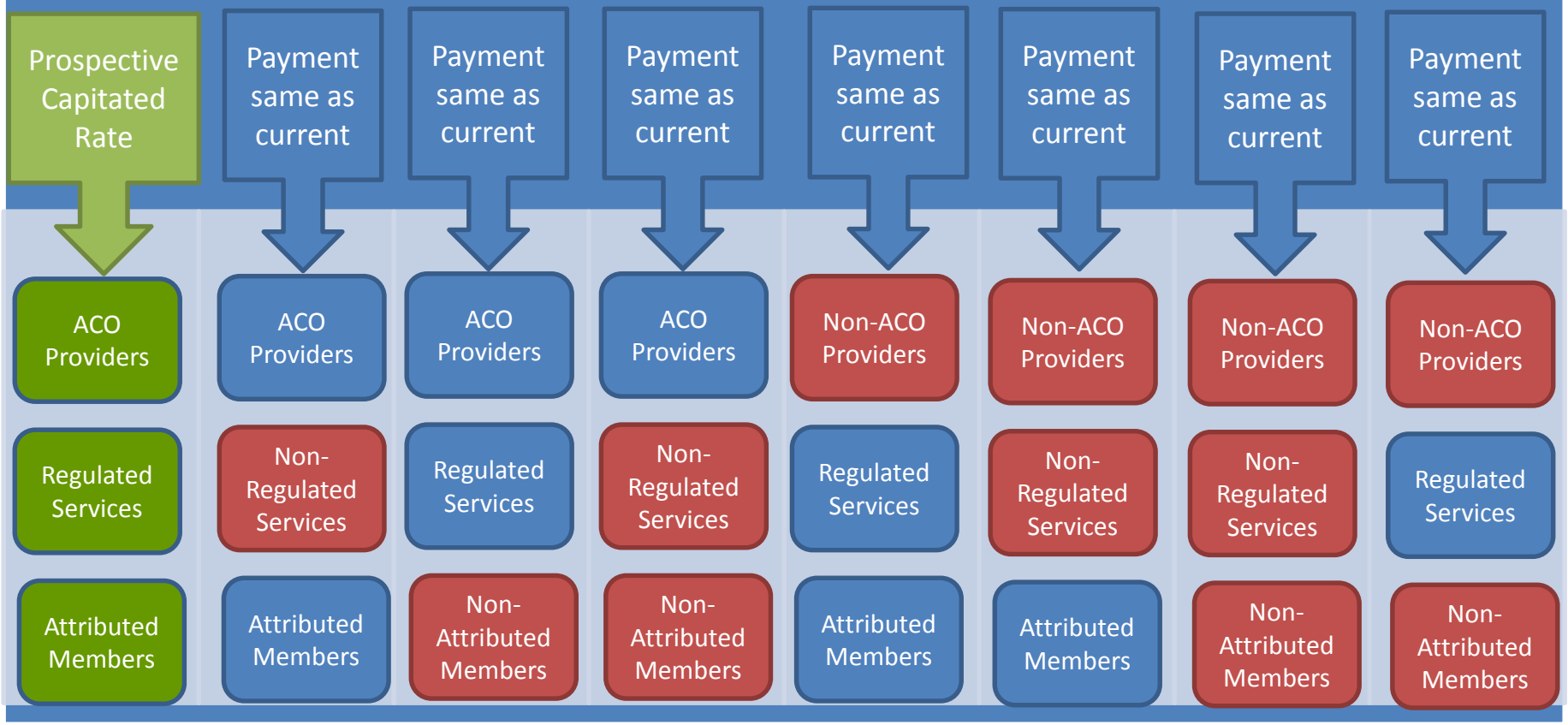


Current Medicaid APM payment reform efforts



DVHA and the Medicaid Pathway

DVHA is implementing a new payment model that impacts some, but not all, providers, services and members.



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Medicaid Pathway Principles and Goals

Ensure Access to Care for Consumers with Special Health Needs

- Access to Care includes availability of high quality services as well as the sustainability of specialized providers
- Ensure the State's most vulnerable populations have access to comprehensive care

Promote Person and/or Family Centered Care

- Person and/or Family Centered includes supporting a full continuum of traditional and non-traditional Medicaid services based on individual and/or family treatment needs and choices
- Service delivery should be coordinated across all systems of care (physical, behavioral and mental health and long term services and supports)

Ensure Quality and Promote Positive Health Outcomes

- Quality Indicators should utilize a broad measures that include structure, process and experience of care measures
- Positive Health Outcomes include measures of independence (e.g., employment and living situation) as well as traditional health scores (e.g., assessment of functioning and condition specific indicators)

Ensure the Appropriate Allocation of Resources and Manage Costs

- Financial responsibility, provider oversight and policy need to be aligned to mitigate the potential for unintended consequences of decisions in one area made in isolation of other factors

Create a Structural Framework to Support the Integration of Services

- Any proposed change should be goal directed and promote meaningful improvement
- Departmental structures must support accountability and efficiency of operations at both the State and provider level
- Short and long term goals aligned with current Health Care Reform effort

Medicaid Pathway Process

Delivery System Transformation (Model of Care)

- What will providers be doing differently?
- What is the scope of the transformation?
- How will transformation support integration?

Payment Model Reform (Reimbursement Method, Rate Setting)

- What is the best reimbursement method to support the Model of Care (e.g. fee for service, case rate, episode of care, capitated, global payment)?
- Rate setting to support the model of care, control State cost and support beneficiary access to care
- Incentives to support the practice transformation

Quality Framework (including Data Collection, Storage and Reporting)

- What quality measures will mitigate any risk inherent in preferred reimbursement model (e.g. support accountability and program integrity); allow the State to assess provider transformation (e.g. structure and process); and assure beneficiaries needs are met?

Outcomes

- Is anyone better off?

Readiness, Resources and Technical Assistance

Who is on the Medicaid Pathway?

Group 1: Under the SIM demonstration Providers of MH and SA are working with State reps to answer the MP process questions. This group started meeting 11/2015 and aims to have an implementation proposal by 7/2016.

ENTER

Group 2: The DLTSS Work Group under SIM has also started to engage in a similar planning process.

Group 3: AHS needs to engage with other community providers in a planning process to determine how and when other services and providers will enter the Medicaid Pathway process.

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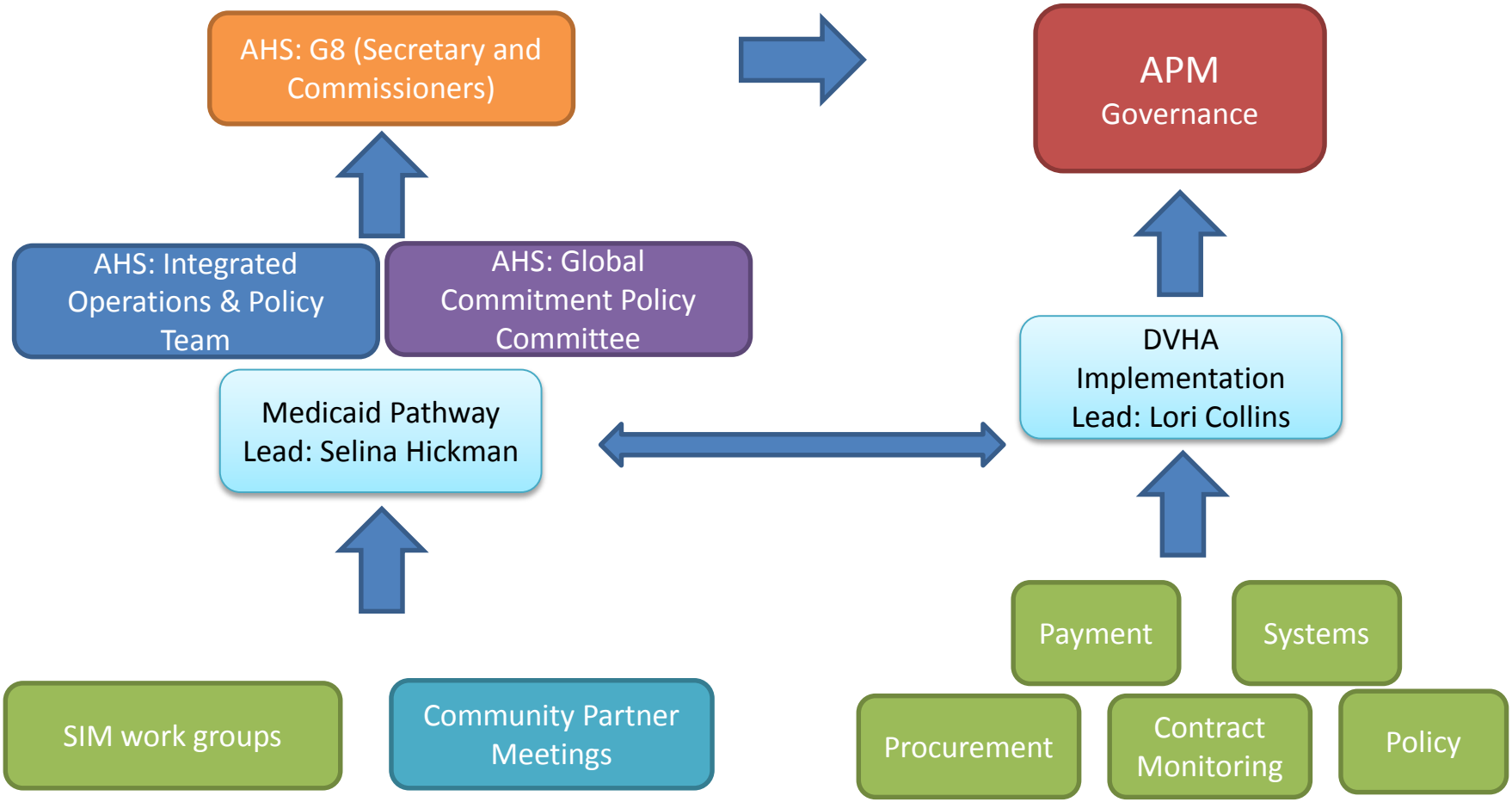
Medicaid Pathway DRAFT Governance



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Resource Slide: Key Terms and Concepts

- **All-payer model: catch all term to describe (1) an agreement with CMS that waives federal laws so that (2) Medicare will pay a capitated payment to an ACO for hospital and physician services in exchange for (3) a State commitment to meet financial targets and quality goals. The State would then (4) align commercial insurers and Medicaid to pay the ACO the same way as Medicare.**
- **Next Generation: a Medicare ACO program that offers several waivers and four payment models, including a capitated payment. Next Generation provides the programmatic base for the all-payer model.**
- **Regulated revenue: the covered services and revenue within the all-payer model and subject to the financial and quality targets.**
- **Medicare infrastructure waivers: a fancy way of saying that we are asking Medicare to (1) keep making Blueprint payments, (2) expand SASH, and (3) invest in Hub and Spoke.**
- **All-payer financial targets: Limitation on spending for services and spending inside the all-payer model. The target is 3.5% and ceiling 4.3%. These numbers are limits, not guaranteed annual revenue increases to providers participating in the model. The State proposed a floor as well, a minimum rate of Medicare growth. This protects the State against unexpectedly low Medicare growth.**
- **Medicaid Pathway: a process through which AHS advances payment and delivery system reform outside of the additional caps and regulation required by the APM. The goal is alignment of payment and delivery principles that support a more integrated system of care**

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