

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

**June 13, 2016 1:00pm-3:00pm  
Ash Conference Room, Waterbury State Office Complex, 280 State Drive, Waterbury  
Call-In Number: 1-877-273-4202; Passcode: 8155970**

Item #	Time Frame	Topic	Presenter	Relevant Attachments
1	1:00-1:05	Welcome and Chair's Report	Lawrence Miller	<i>Update.</i>
<b>Core Team Processes and Procedures:</b>				
2	1:05-1:10	Approval of meeting minutes	Lawrence Miller	Attachment 2: April 11, 2016 meeting minutes. <i>Decision needed.</i>
<b>Core Team Updates:</b>				
3	1:15-2:00	<ul style="list-style-type: none"> <li>a. Operational Plan Submission Update- Request for Additional Information.</li> <li>b. Pending Federal Requests: <ul style="list-style-type: none"> <li>a. Performance Period 2</li> <li>b. Performance Period 3</li> </ul> </li> </ul>	Lawrence Miller and Georgia Maheras	Attachment 3: Performance Period 3 budget update. <i>Update.</i>
4	2:00-2:10	<i>Public Comment</i>	Lawrence Miller	
5	2:10-2:15	Next Steps, Wrap-Up and Future Meeting Schedule: July 11 <sup>th</sup> , 1:00pm-3:00pm, Pavilion, Montpelier	Lawrence Miller	



Attachment 2: April 11, 2016  
meeting minutes

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

**Pending Core Team Approval**

**Date of meeting:** Monday, April 11, 2016, 1:00-3:00pm, AHS-DVHA Large Conference Room, 312 Hurricane Lane, Williston.

Agenda Item	Discussion	Next Steps
<p><b>1. Welcome and Chair's Report</b></p>	<p>Georgia Maheras called the meeting to order at 1:05. A roll-call attendance was taken and a quorum was present. Lawrence Miller attended the early part of the meeting by phone; Georgia Maheras chaired the meeting until Lawrence's arrival in person at 2:15.</p> <p><i>Chair's Report:</i> Georgia Maheras announced two changes to the agenda: 1) the CHAC reallocation request is added to the agenda and the background information appears in the materials packet but was inadvertently left off the agenda; 2) the Quality Measures update will not occur during this meeting as the information is not ready to be presented.</p> <p>The VHCIP Operations Plan is due for submission to CMMI on May 1, 2016. Core Team members should expect to see the report for their review and approval by April 25<sup>th</sup> with a 3-day requested turnaround. It is approximately 130 pages long and members should anticipate 2-3 hours for their review. The document will incorporate project milestones and budget to be reviewed during this meeting.</p> <p><i>Staff update:</i> Several VHCIP staff are moving on to new positions</p> <ul style="list-style-type: none"> <li>• Mandy Ciecior</li> <li>• Gabe Epstein</li> <li>• Matt Bradstreet</li> </ul> <p>One new person has joined the team</p> <ul style="list-style-type: none"> <li>• Karen Sinor, Grants and Contracts Administrator, DVHA business office</li> </ul>	

Agenda Item	Discussion	Next Steps
	<p><i>CMMI site visit:</i> CMMI will be coming to Vermont for their annual visit, currently slated for May 2-3, 2016. The agenda for their visit is in progress.</p>	
<p><b>2. Approval of Meeting Minutes</b></p>	<p>Paul Bengston moved to approve the previous meeting minutes. Hal Cohen seconded. A roll call vote was taken and the motion carried unanimously.</p>	
<p><b>3. Financial Proposals and Year 3 Budget</b></p>	<p><i>Funding Proposals, Year 2 Actuals and Year 3 Budget</i>  Year 2 Actuals to date were reviewed with the group (Attachment 3a.)</p> <p><i>Financial Requests:</i></p> <p>a. Reallocation: InvestEAP</p> <ul style="list-style-type: none"> <li>a. Project 1: Resilient</li> <li>b. Project 2: Behavioral Health Intervention</li> </ul> <p>The reallocation request is based upon underspending in the projects overall and does not request a timeline change. The request is to reallocate funds to the Other category and to use the funds available under the Contracts category to provide staff with additional training to support the sustainability of the interventions being provided through the projects.</p> <p>Paul Bengston moved to approve this request. Steve Voigt seconded. A roll call vote was take and the motion carried. Monica Hutt abstained from the vote.</p> <p>b. Reallocation: White River Family Practice</p> <p>The request is to reallocate funding between existing line items to support a change in scope, as well as to extend the project timeline to end on November 30, 2016. Jill Blumberg, MD., from White River Family Practice added that the goal of the WRFPP reallocation is meant to speak to sustainability and is based on savings that occurred as a result of the loss of the care coordinator position, due in part to the instability of funding because of the clinician payment issues with CMMI. The care coordinator left employment in February; Paul Bengston asked if the lesser amount of care coordination hours will achieve the results desired. Mark Nunlist, MD., added that they believe that the more capability the office has in care coordination, the more patients they can manage. In acknowledging the decreased availability, they are choosing to find the right mix or to inform the right mix at the practice between office care coordination skills.</p> <p>Steven Costantino moved to approve the request. Steve Voigt seconded. A roll call vote was taken the motion carried unanimously.</p> <p>c. Reallocation: CHAC (sub-grant)</p> <p>Kate Simmons from Bi-State explained the reallocation request. This is not an extension request; CHAC’s year-end budget analysis resulted in a request to reallocate between a few lines to place funding in more appropriate</p>	

Agenda Item	Discussion	Next Steps
	<p>lines (namely, salaries.) Steven Costantino moved to approve the reallocation. Steve Voigt seconded. A roll call vote was taken and the motion carried. Paul Bengston abstained from the vote.</p> <p>d. Additional Funds: Burns and Associates \$125,000 Burns and Associates provides Medicaid-specific support. This request is for funding for the January to June 2016 timeframe to support the Medicaid Pathway and All-Payer Model work. When this contract was originally funded, the work in this area had not yet ramped up and the Medicaid Pathway wasn't fully understood.</p> <p>e. Additional Funds: CHAC \$417,069 In July 2015, CHAC funding was approved based on the amount of attributed lives. The final membership numbers for 2016 show increased attributed lives, and thus the additional amount is requested based on the per-member spending amounts. This funding is for the Year 3 budget. Robin Lunge moved to approve both the Burns and Associates and CHAC proposals. Hal Cohen seconded. No comments were received. Both requests were approved: the Burns and Associates request passed unanimously; Paul Bengston abstained in the vote for CHAC.</p> <p>f. New Request: Opiate Alliance \$100,000 The Opiate Alliance is a Chittenden county collaboration designed to meet the needs of treating the opiate addiction problems in that county. The project is meant to ensure there is enough alignment and coordination between participating organizations. Hal Cohen added that this is a model that is similar to the vision project; the focus is on using data to target neighborhoods and specific places in the county. He further noted that this is likely our largest population and has the largest number of problems. Paul Bengston commented that it is akin to the work moving toward an accountable community for health and moved its approval. Steve Voigt seconded. A roll call vote was taken and the motion carried. Hal Cohen and Lawrence Miller abstained from the vote.</p> <p>g. Year 3 Proposed Budget Diane Cummings and Georgia Maheras have been working on this for several weeks. Georgia reviewed the Year 3 budget proposal with the group, and began by noting the assumptions, as follows:</p> <ol style="list-style-type: none"> <li>1. This includes personnel and contractual costs for anticipated 2017 no-cost extension.</li> <li>2. Includes all previously approved contracts and proposed TBDs for certain items still developing.</li> <li>3. Contract items are formatted by focus area.</li> <li>4. Assumes our most recent PP2 reallocation and subsequent carryover requests are approved.</li> </ol> <p>The group discussed the following:</p> <ul style="list-style-type: none"> <li>• The fringe rate is 46% of salary.</li> <li>• The Other category represents facilitation payments, facility fees for the Learning Collaborative, Core Competency trainings and Medicare data going in to VHCURES.</li> </ul>	

Agenda Item	Discussion	Next Steps
	<ul style="list-style-type: none"> <li>• The CAP category represents indirect costs within AHS finance and contracts primarily where those who are part of the contracting process bill against the SIM Project. Paul asked about the interplay between Years 2 and 3.</li> <li>• There is \$1.4M in unallocated funds that represents a handful of contracts being held under the Sustainability line.</li> <li>• Paul Bengston asked for progress reports about how these things move along over time; and how to get a sense of what will be ongoing at the end of the SIM project.</li> <li>• Regarding Sustainability, Georgia noted that CMMI has advised Vermont that Sustainability should represent 20% of the overall Year 3 budget. This budget proposes \$1,431,959.27; however we are requesting that we don't actually approve this amount yet until we have assurances from CMMI that our previously submitted carry over and reallocation requests are approved first. Lawrence noted that we have had a number of twists and turns in our work with CMMI and it is prudent to wait until the federal government approves the pending requests first.</li> </ul> <p>Paul Bengston moved to approve the Year 3 budget. Robin Lunge seconded the motion. A roll call vote was taken and the motion carried unanimously.</p>	
<p><b>4. Performance Period 3 Milestones – Revised</b></p>	<p><i>Performance Period 3 Milestones</i></p> <p>Georgia Maheras presented the revised Performance Period 3 Milestones and noted that the document in the materials packet tracks changes for ease of identifying those milestones that have been changed since this was last reviewed.</p> <p>The group discussed the following:</p> <ul style="list-style-type: none"> <li>• On page 2, Episodes of Care milestone –CMMI recommends that we eliminate the milestone altogether; noting that the work related to IFS is embedded in another milestone.</li> <li>• On page 4, Prospective Payment milestone –there is legislation pending that would delay the implementation of this by one year. If the legislation passes, we would recommend that we eliminate this milestone as well.</li> <li>• On page 4, Medicaid Value-Based Purchasing milestone –the change recommended is to align with the Medicaid Pathway work, and added delineation that acknowledges IFS work within the Value Based Purchasing milestone.</li> <li>• On page 10, Expanded Connectivity and Gap Remediation milestone –note that 62% may look different as we don't want to overstate where are, as the actual percentage is somewhere between 62 and 64%.</li> <li>• Paul Bengston asked how these related to the proposed agenda for the CMMI site visit on May 2 and 3. Lawrence noted that we have not yet received an agenda from our colleagues at CMMI. We look forward to being able to share that information with the Core Team.</li> </ul>	

Agenda Item	Discussion	Next Steps
	<ul style="list-style-type: none"> <li>• Paul Bengston also referenced the work around moving Medicaid payment models over to value based payment models, and that he is interested in the capacity and computer system that will make all of this work efficiently and effectively.</li> <li>• Lawrence Miller added that it will likely be a while before we find a comfort level with these changes, and many of the drivers of payment reform, within the OAG and Office of the Actuary who are equally uncomfortable with the process and we will likely see a parallel system for some time as we grow used to the new models.</li> <li>• Dale Hackett asked about the appearance of a black box at AHS and DVHA when thinking about the Medicaid Pathway. Steven Costantino noted that we will have to retro-fit the organization to a new delivery model, at the same time continuing a significant fee for service model. How do we retrofit the organization to oversee new contracts and different payment models? This work will be ongoing.</li> </ul>	
<b>5. Public Comment</b>	There was no public comment.	
<b>6. Next Steps, Wrap Up and Future Meeting Schedule</b>	<p><b>Next meeting:</b> June 13, 2016<sup>h</sup> in Waterbury.</p> <p><i>Stay tuned</i> – this meeting may move due to the ending (or perhaps not) of the legislative session.</p> <p>We can arrange a tour of the facility for those who have not yet seen it.</p>	



# VHCIP Core Team Member List

Roll Call:

4/11/2016

Member		3/14/2016 Minutes	Funding Proposals					Year 3 Budget	
			InvestEAP: Reallocation	WRFP: No Cost Ext	CHAC: reallocation	Burns: Add'l Funds	CHAC: Add'l Funds		Opiate Alliance: New
First Name	Last Name								
Paul	Bengston	✓	✓	✓	A	✓	A	✓	✓
Hal	Cohen	✓	✓	✓	✓	✓	✓	A	✓
Steven	Costantino	✓	✓	✓	✓	✓	✓	✓	✓
Al	Gobeille	X	—	—	—	—	—	—	
Monica	Hutt	X	A	✓	✓	✓	✓	✓	✓
Robin	Lunge	✓	✓	✓	✓	✓	✓	—	✓
Lawrence	Miller	✓	✓	✓	✓	✓	✓	A	✓
Steve	Voigt	✓	✓	✓	✓	✓	✓	✓	✓

1<sup>o</sup> Paul  
2<sup>o</sup> Hal

1<sup>o</sup> Paul  
2<sup>o</sup> Steve

1<sup>o</sup> Steve  
2<sup>o</sup> Steve

1<sup>o</sup> Steve  
2<sup>o</sup> Steve

1<sup>o</sup> Robin  
2<sup>o</sup> Hal

1<sup>o</sup> Paul  
2<sup>o</sup> Steve

1<sup>o</sup> Paul  
2<sup>o</sup> Robin

	Meeting Name:	VHCIP Core Team Meeting	
	Date of Meeting:	April 11, 2016	
	First Name	Last Name	
1	Susan	Aranoff	
2	Ena	Backus	
3	Susan	Barrett	
4	Paul	Bengston	there
5	Beverly	Boget	
6	Harry	Chen	
7	Hal	Cohen	phone
8	Amy	Coonradt	here
9	Alicia	Cooper	here
10	Steven	Costantino	phone
11	Mark	Craig	
12	Diane	Cummings	here
13	Gabe	Epstein	
14	Jamie	Fisher	
15	Erin	Flynn	
16	Joyce	Gallimore	
17	Lucie	Garand	
18	Christine	Geiler	
19	Martita	Giard	
20	Al	Gobeille	
21	Thomas	Hall	
22	Carrie	Hathaway	
23	Carolynn	Hatin	
24	Selina	Hickman	

25	Monica	Hutt	None
26	Kate	Jones	
27	Pat	Jones	
28	Joelle	Judge	here
29	Sarah	Kinsler	
30	Heidi	Klein	
31	Leah	Korce	here
32	Norma	LaBounty	
33	Andrew	Laing	
34	Kelly	Lange	
35	Robin	Lunge	None
36	Carole	Magoffin	
37	Georgia	Maheras	here
38	Lawrence	Miller	None
39	Meg	O'Donnell	here
40	Annie	Paumgarten	here
41	Anne	Petrow	
42	Dawn	Philibert	
43	Luann	Poirer	<del>None</del> here
44	Frank	Reed	
45	Lila	Richardson	
46	Larry	Sandage	
47	Suzanne	Santarcangelo	
48	Julia	Shaw	
49	Kate	Simmons	None
50	Richard	Slusky	here
51	Holly	Stone	here

52	Steve	Voigt	phone
53	Julie	Wasserman	here
54	Kendall	West	
55	James	Westrich	
56	Katie	Whitney	
57	Bradley	Wilhelm	
58	Jason	Williams	
59	Nicole	Wilson	
60	Sharon	Winn	
61	David	Yacovone	

Dale Hackett - here

Jill Blumberg }  
 Mark Nuntlist } WRFV  
 Joanne Arney }

# Attachment 3: Performance Period 3 budget update

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# Performance Period 3 Budget Update

June 13, 2016

Georgia Maheras, JD

Project Director

# Assumptions

## *Assumptions:*

1. This includes personnel and contractual costs for anticipated 2017 no-cost extension.
2. Includes all previously approved contracts and proposes TBDs for certain items still developing.
3. Contract items are formatted by focus area.
4. Assumes our most recent PP2 reallocation and subsequent carryover are approved.

# Total Budget: \$11,437,714.50

Category	Amount
Personnel	\$ 1,060,990.00
Fringe Benefits	\$ 491,769.00
Travel	\$ 32,987.50
Equipment	\$ 14,608.75
Supplies	\$ 10,040.00
Other	\$ 177,572.50
CAP	\$ 424,395.81
Contractor	\$ 9,225,350.93
<b>Total:</b>	<b>\$ 11,437,714.50</b>



# Project Management: \$281,851

## Evaluation: \$561,639.26

- Project Management:

- UMass: \$281,851

- Evaluation:

- Self-Evaluation Plan:

- JSI: \$444,522\*

- Surveys:

- Datastat: \$117,117.26\*

- Monitoring and Evaluation Activities:

- Lewin, Burns, and Bailit (part of the Payment Models estimates)

\*Lower than Core Team approvals because actuals are lower.

# Practice Transformation: \$3,165,299.10

- Learning Collaboratives:
  - Abernathey: \$19,000\*
  - VPQHC: \$62,198.60\*\*
  - Core Competency:
    - DDC: \$94,315.50
    - PCDC: \$202,990\*\*
  - Accountable Communities for Health: \$160,000
- Regional Collaborations:
  - BiState/CHAC: \$961,225.05\*\*
  - OneCare: \$1,045,570\*\*
- Practice Transformation:
  - DA/SSA (Medicaid Pathway): \$400,000
- Sub-Grant TA:
  - Policy Integrity: \$25,000
- Workforce Demand Model:
  - IHSGlobal: \$195,000

\*Lower than Core Team approval because actuals are lower.

\*\*Higher than Core Team PP3 approval (funds shift from PP2 approvals)

# Health Data Infrastructure: \$1,787,124

- Home Health Agency Project:
  - VITL: \$618,000
- Designated Agency Data Quality:
  - VITL: \$75,000
- ACO Gateway Support:
  - VITL: \$269,370
- Work Group Support:
  - Stone: \$120,000
- Data Warehousing:
  - BHN/VCN: \$626,754\*
  - H.I.S.: \$8,000
- Opiate Alliance: \$70,000

\*Higher than Core Team PP3 approval (funds shift from PP2 approvals)

# Payment Model Design and Implementation:

## \$1,644,786.45

- Several contractors provide support across Payment Models:
  - Bailit Health Purchasing, Inc.: \$244,920
  - Burns and Associates: \$350,000\*
  - Pacific Health Policy Group: \$180,000
  - DLB: \$16,000
  - Wakely: \$70,000
  - Maximus: \$200
  - Friedman: \$5,000
- ACO SSPs:
  - Lewin: \$778,666.45\*\*

\*Lower than Core Team approval because actuals are lower.

\*\*Higher than Core Team PP3 approval (funds shift from PP2 approvals)

# Sustainability and Population Health Plan: \$1,854,651.57

- Sustainability Plan:
  - RFP: \$100,000
- Population Health Plan:
  - RFP: \$30,000\*
  - Hester: \$10,000
- Sustainability Misc. (should be 20%): \$1,714,651.57

\*Lower than Core Team approval because actuals are lower.