

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

**August 8, 2016 1:00pm-3:00pm  
4<sup>th</sup> Floor Conference Room, 109 State Street, Montpelier  
Call-In Number: 1-877-273-4202; Passcode: 8155970**

Item #	Time Frame	Topic	Presenter	Relevant Attachments
1	1:00-1:10	Welcome and Chair's Report a. Sustainability Planning b. Welcome new staff	Lawrence Miller	<i>Update.</i>
<b>Core Team Processes and Procedures:</b>				
2	1:10-1:15	Approval of meeting minutes	Lawrence Miller	Attachment 2: June 13, 2016 meeting minutes. <i>Decision needed.</i>
<b>Core Team Updates:</b>				
3	1:15-1:40	Financial Update: Performance Period 2 Carryover	Georgia Maheras and Diane Cummings	Attachment 3: Performance Period 2 Carryover (to be distributed later) <i>Update.</i>
<b>Financial Decisions:</b>				
4	1:40-1:55	Financial Request: a. Burns and Associates – \$20,000	Georgia Maheras	Attachment 4: Financial Request <i>Decision needed</i>
5	1:55-2:05	<i>Public Comment</i>	Lawrence Miller	
6	2:05-2:10	Next Steps, Wrap-Up and Future Meeting Schedule: September 12 <sup>th</sup> , 1:00pm-3:00pm, Pavilion, Montpelier	Lawrence Miller	



Attachment 2: June 13, 2016  
meeting minutes

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

### **Pending Core Team Approval**

**Date of meeting:** Monday, June 13, 2016, 1:00-3:00pm, Ash Conference Room, Waterbury State Office Complex, 280 State Drive, Waterbury.

Agenda Item	Discussion	Next Steps
<b>1. Welcome and Chair's Report</b>	<p>Lawrence Miller called the meeting to order at 1:00pm. A roll-call attendance was taken and a quorum was present.</p> <p><i>Chair's Report:</i> Lawrence Miller provided an update on pending approvals, noting that we started to receive approvals for outstanding Year 2 items last week; we expect approvals for the other half of our Year 2 items and all of Year 3 soon.</p>	
<b>2. Approval of Meeting Minutes</b>	<p>Paul Bengtson moved to approve the April 11 meeting minutes. Steven Costantino seconded. Georgia Maheras noted that the minutes included a note that we were delaying a discussion of quality measures; Pat Jones was on the line to provide an update. A roll call vote was taken and the motion carried unanimously.</p>	
<b>3. Core Team Update: Operational Plan Submission Update – Request for Additional Information</b>	<p>Georgia Maheras provided an update on our Operational Plan submission. Since the April meeting, we have submitted our Year 3 Operational Plan. CMMI made a request for additional information and provided comments on the Operational Plan; we submitted a response to the request for additional information in early June, and at this time, the Operational Plan has been approved by our Project Officer and the rest of the program side of CMMI.</p> <p>Georgia thanked the entire SIM team for support on the Operational Plan submission, especially Sarah Kinsler and Diane Cummings. CMMI has also used some components of our Operational Plan as examples for other States.</p> <p>Georgia walked through Attachment 3, a Performance Period 3 budget update. Most changes were as a result of items initially approved for Performance Period 3 funds, but that were shifted back into Performance Period 2 based on conversations with CMMI about carryover. We worked this out prior to submitting our Operational Plan and budget for Year 3 to simplify the carryover process.</p>	

Agenda Item	Discussion	Next Steps
	<ul style="list-style-type: none"> <li>• Values at the top of slides add up to total Contractual spending for Year 3.</li> <li>• Paul Bengtson asked a question about the VCN Data Warehousing project: VCN selected NORC to build a 42 CFR Part 2-compliant data warehouse; analytics will be a part of this, though that will likely be supported by non-SIM funds.</li> <li>• Sustainability Misc: This item was left vague in advance of carryover approvals. This will be fleshed out more following approval of our carryover request (expected ~August 2016).</li> <li>• Sustainability Plan: The Sustainability Plan section of the Operational Plan mentions sustainability planning activities undergone by project leadership in 2015 and early 2016. This work is discussed in greater depth in the Sustainability Plan section of the Operational Plan. A sustainability planning sub-group will launch in July after our Sustainability Planning contractor begins work – Georgia is happy to share the scope of work for this contract with members. Steve Voigt and Paul Bengtson expressed that they would like to participate in the sustainability planning sub-group.</li> <li>• When will this grant end? This grant will phase down – most activities will end in December 2016; Performance Period 3 will end on June 30, 2017; close-out activities (evaluation, final reporting) will occur through November 30, 2017.</li> <li>• Paul Bengtson suggested we look back at the document we created early in the SIM process to identify what success would look like. He noted that he believes the grant has been very helpful so far, and is interested in thinking about how to continue successful SIM activities.</li> </ul> <p>Georgia noted that we expect a small request for additional information about our budget this week, and we expect to respond to that request by the end of this week and have approvals by the end of the month so that we can start Performance Period 3 without disruption.</p> <p>Pat Jones provided a quality measure update, tabled during the last Core Team meeting.</p> <ul style="list-style-type: none"> <li>• Both ACO SSPs use “gate and ladder” quality methodologies. ACOs must achieve a minimum quality threshold (gate) in order to be eligible to share in savings; higher performance above the gate qualifies ACOs for a greater share of savings (ladder).</li> <li>• Where measures have a national benchmark, that is used to measure ACOs; for measures without national benchmarks, ACOs are compared to past performance.</li> <li>• The issue for commercial SSP: Preventable admissions. Lower rates for this measure are better. The challenge is that the numerator for this measure (patients admitted for avoidable admissions) is so low that it is near 0; it is impossible for ACOs to improve on a measure and receive the maximum score for this measure (3 points). Julia Shaw from the Office of the Health Care Advocate suggested leaving this measure in the payment measure set, but reducing the maximum to 2 points. This would apply to the commercial SSP only, since the Medicaid SSP point system is written into ACO contracts with DVHA. Pat suggested this is a technical change that does not need Core Team action.</li> </ul>	

Agenda Item	Discussion	Next Steps
	<ul style="list-style-type: none"> <li>• Paul Bengtson supports this course of action, and commented that he wonders why we measure certain areas rather than others; in particular, why use this measure if the numbers are so small? Pat suggested that this is a very good measure of ambulatory care, and that preventable in-patient utilization is a driver of costs overall; program leaders expected more patients to qualify for this measure.</li> <li>• Al Gobeille asked for more information about the measure. The numerator is patients admitted for avoidable admissions; the denominator is population-based. The measure was selected because it's a good measure of ambulatory care. Pat suggested that the other option would be to drop the measure. Giving this measure a maximum point value of 2 doesn't penalize providers for inability to improve on this measure. Al and Paul expressed support for dropping this measure.</li> <li>• Lawrence asked why the quality team is not recommending we drop this measure. Pat replied that this measure gets at well-coordinated ambulatory care. The ACOs also see work in this area as having great potential to achieve savings, even with small numbers. The ACOs and HCA also expressed that reducing the number of payment measures too much put too much weight on achieving only a few measures. Al noted that ACOs need 15 points to achieve the quality gate whether the total is 26 or 27 points. Pat noted Vermont's small population and small ACOs create particular challenges for this measure, but that the Blueprint also uses this measure, and that a wide group of stakeholders agreed that this is a measure of interest, and that it is a good measure for ACOs to be working on. Paul Bengtson asked whether depression is a condition included in this measure; it is not.</li> <li>• Julie Wasserman suggested that keeping this measure holds ACOs accountable for maintaining current quality levels; Julia Shaw echoed this sentiment. Pat noted that the ACOs and BCBS also agreed with this recommendation.</li> <li>• Pat noted that the Core Team has already reviewed the measure set for Year 3. This will be a part of the sustainability conversation, since the ACO SSP pilot ends this year.</li> </ul> <p>Lawrence noted that the Federal government is thinking about the administration's transition in the next year; we also need to be thinking about the Core Team's transition in the next few months, to ensure that members who will continue on the Core Team will have sufficient support and communication. He invited members to let him know if they have thoughts or needs about how to ensure a smooth transition.</p>	
<b>4. Public Comment</b>	There was no public comment.	
<b>5. Next Steps, Wrap Up and Future Meeting Schedule</b>	<b>Next Meeting:</b> Monday, July 11, 2016, 1:00-3:00pm, 4 <sup>th</sup> Floor Conference Room, Pavilion Building, 109 State Street, Montpelier.	

# List

## Roll Call:

6/13/2016

*Paul 1<sup>o</sup>  
Steven 2<sup>o</sup>  
Motion carried.*

Member		4/11/2016 Minutes		
First Name	Last Name			Organization
Paul	Bengston	✓	✓	Northeastern Vermont Regional Hospital
Hal	Cohen	✓	✓	AHS -CO
Steven	Costantino	✓	✓	AHS - DVHA
Al	Gobeille	✓	✓	GMCB
Monica	Hutt		—	AHS - DAIL
Robin	Lunge	✓	✓	AOA - Director of Health Care Reform
Lawrence	Miller	✓	✓	AOA - Chief of Health Care Reform
Steve	Voigt	✓	— *	ReThink Health

*QV*

*\*Did not vote*

# VHCIP Core Team Participant List

Attendance:

**6/13/2016**

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

First Name	Last Name		Organization
Susan	Aranoff	<i>none</i>	AHS - DAIL
Ena	Backus		GMCB
Susan	Barrett		GMCB
Paul	Bengston	<i>phone</i>	Northeastern Vermont Regional Hospital
Beverly	Boget		VNAs of Vermont
Harry	Chen		AHS - VDH
<del>Amanda</del>	<del>Cicior</del>		AHS - DVHA
Hal	Cohen	<i>phone</i>	AHS-CO
Amy	Coonradt		AHS - DVHA
Alicia	Cooper		AHS - DVHA
Steven	Costantino	<i>none</i>	AHS - DVHA, Commissioner
Mark	Craig		
Diane	Cummings	<i>none</i>	AHS - Central Office
<del>Gabe</del>	<del>Epstein</del>		AHS - DAIL



John	Evans		VITL
Jaime	Fisher		GMCB
Erin	Flynn		AHS - DVHA
Joyce	Gallimore		Bi-State Primary Care
Lucie	Garand		Downs Rachlin Martin PLLC
Christine	Geiler		GMCB
Martita	Giard		OneCare Vermont
Al	Gobeille	<i>None</i>	GMCB
<del>Bea</del>	<del>Grause</del>		Vermont Association of Hospital and Health Systems
Sarah	Gregorek		AHS - DVHA
Mike	Hall		V4A
Carrie	Hathaway		AHS - DVHA
Selina	Hickman		AHS - Central Office
Monica	Hutt		AHS - DAIL
Kate	Jones		AHS - DVHA
Pat	Jones	<i>None</i>	GMCB
Joelle	Judge	<i>None</i>	UMASS
Sarah	Kinsler	<i>None</i>	AHS - DVHA
Heidi	Klein		AHS - VDH
Leah	Korce	<i>None</i>	AHS - DVHA
Kelly	Lange		Blue Cross Blue Shield of Vermont
Robin	Lunge	<i>None</i>	AOA
Carole	Magoffin		AHS - DVHA
Georgia	Maheras	<i>None</i>	AOA
<del>Steven</del>	<del>Maier</del>		AHS - DVHA
Lawrence	Miller	<i>None</i>	AOA - Chief of Health Care Reform
Meg	O'Donnell		UVM Medical Center
Annie	Paumgarten		GMCB
Luann	Poirer		AHS - DVHA
Frank	Reed		AHS - DMH
Lila	Richardson	<i>None</i>	VLA/Health Care Advocate Project
Larry	Sandage		AHS - DVHA
Suzanne	Santarcangelo		PHPG

Julia	Shaw	<i>None</i>	VLA/Health Care Advocate Project
Kate	Simmons		Bi-State Primary Care
Richard	Slusky		GMCB
Carey	Underwood		
Steve	Voigt	<i>None</i>	ReThink Health
Julie	Wasserman	<i>None</i>	AHS - Central Office
Kendall	West		Bi-State Primary Care
James	Westrich		AHS - DVHA
Katie	Whitney		AHS - Central Office
<del>Bradley</del>	<del>Wilhelm</del>		AHS - DVHA
Jason	Williams		UVM Medical Center
Sharon	Winn		Bi-State Primary Care

<del>Kathy</del>	<del>Arabia</del>		Southwestern Vermont Medical Center
<del>Billie Lynn</del>	<del>Allard</del>		Southwestern Vermont Medical Center
<del>Dorey</del>	<del>Demers</del>		Northwestern Medical Center/RiseVT
<del>Cy</del>	<del>Jordan</del>		Vermont Medical Society
<del>Holly</del>	<del>Lane</del>		Healthfirst, Inc.

*Holly Stone - here*

*Karen Smor - here*

# Attachment 4: Financial Request

---

# Financial Proposal

August 8, 2016

Georgia Maheras, JD

Project Director

# AGENDA

---

- Additional Funds: Burns and Associates \$30,000

## Additional Request: Burns and Associates

- **Background:** Existing contract to support Medicaid-specific reforms.
- **Rationale:** Increased work related to all-payer model and Medicaid Pathway.
- **Amount requested:** \$30,000
- **Budget Line Item:** Technical Assistance to Providers Implementing Payment Reform; All-Payer Model

# Attachment 3

---

# Performance Period 2 Carryover

August 8, 2016

Georgia Maheras, JD

Project Director



# Total Budget: \$17,367,942.67

Category	PP2 Budgeted Amount	PP2 Expenses PAID through 6/30	PP2 Unliquidated Obligations	PP2 Carryover
Personnel	1,326,754	1,246,500.07		80,253.93
Fringe Benefits	615,370	531,448.31		83,921.69
Travel	43,022.77	32,830.12		10,192.65
Equipment	10,675.79	10,675.79		0
Supplies	4,004.30	3,063.97		940.33
Other	221,957.92	161,723.63		60,234.29
CAP	532,943.34	532,943.34		0
Contractor	14,613,214.55	7,734,391.68	2,241,658.50	4,637,164.37
<b>Total:</b>	<b>17,367,942.67</b>	<b>10,253,576.91</b>	<b>2,241,658.50</b>	<b>4,872,707.26</b>

## Carryover Detail:

- There are three categories:
  - Unliquidated Obligations: \$2,241,658.50
  - Estimated additional expenses through 6/30/16:  
~\$650,000
  - Funds to support PP2 work: ~\$4,000,000

# Continued Carryover Detail

- Funds to support PP2 work:
  - Telehealth Contracts (2)
  - HP modifications for Medicaid population-based payment
  - Provider Sub-Grant Program
  - Health Management Associates
  - PatientPing