

**VT Health Care Innovation Project - Payment Model Design and Implementation Work Group Meeting Agenda**  
**Monday, September 19, 2016 1:00 PM – 3:00 PM.**  
**DVHA Large Conference Room, 312 Hurricane Lane, Williston**  
**Call in option: 1-877-273-4202 Conference Room: 2252454**

Item #	Time Frame	Topic	Presenter	Decision Needed?	Relevant Attachments
1	1:00-1:05	Welcome and Introductions; Approve meeting minutes	Cathy Fulton, Andrew Garland	Y – Approve minutes	Attachment 1: July Meeting Minutes
2	1:05-1:20	Program Updates <ul style="list-style-type: none"> <li>• Y2 SSP Results Timeline</li> <li>• Sustainability Update</li> <li>• ACH Learning Lab</li> </ul>	Alicia Cooper, Pat Jones Georgia Maheras, Heidi Klein	N	
3	1:10-1:40	Simplifying Clinical Quality Measure Collection	Leah Fullem, Heather Skeels	N	
4	1:40-2:50	Medicaid Pathway: Payment Model Update	Georgia Maheras/Selina Hickman, Kara Suter	N	Attachment 4: Medicaid Pathway Presentation
5	2:50-2:55	Public Comment	Cathy Fulton, Andrew Garland	N	
6	2:55-3:00	Next Steps and Action Items	Cathy Fulton, Andrew Garland	N	



Attachment 1 - 7-18-16  
PMDI Meeting Minutes



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

**Pending Work Group Approval**

**Date of meeting:** Monday, July 18, 2016, 1:00-3:00pm, DVHA Large Conference Room, 312 Hurricane Lane, Williston.

Agenda Item	Discussion	Next Steps
<b>1. Welcome and Introductions; Approve Meeting Minutes</b>	<p>Andrew Garland called the meeting to order at 1:04pm. A roll call attendance was taken and a quorum was present.</p> <p>Ed Paquin moved to approve the June 2016 meeting minutes by exception. Susan Aranoff seconded. The minutes were approved with two abstentions (Mike DeTrecco, Jeanne Hutchins).</p>	
<b>2. Program Updates</b>	<p>Alicia Cooper introduced Julie Corwin, a new SIM staff member on the DVHA Payment Reform team who will be supporting this work group as well as the Medicaid Pathway work stream.</p> <p>Sarah Kinsler provided project updates:</p> <ul style="list-style-type: none"> <li>• Our Performance Period 3 budget and activities were approved by our federal partners in late June. Performance Period 3 runs from July 1, 2016-June 30, 2017.</li> <li>• In August, we'll be convening a sub-group of private sector stakeholders to inform our SIM sustainability planning process. This group will pull from all of our SIM work groups and key constituencies. Interested parties should email Sarah (<a href="mailto:sarah.kinsler@vermont.gov">sarah.kinsler@vermont.gov</a>) or Georgia Maheras (<a href="mailto:georgia.maheras@vermont.gov">georgia.maheras@vermont.gov</a>) to volunteer. A contractor, Myers &amp; Stauffer, came on board in July to support our SIM sustainability planning, including convening this sub-group and gathering stakeholder input.</li> </ul>	
<b>3. ACH Peer Learning Lab Presentation</b>	<p>Heidi Klein presented on the Accountable Communities for Health (ACH) Peer Learning Laboratory (Attachment 3).</p> <ul style="list-style-type: none"> <li>• ACHs – expanding our conception of health from individuals and patient panels to entire populations within a geographic area.</li> </ul> <p>The group discussed the following:</p> <ul style="list-style-type: none"> <li>• Maura Graff commented that there is still confusion about the interplay between Unified Community Collaborative and ACHs. Are there plans down the road for the State to offer funds for ACHs to implement initiatives?</li> </ul>	

Agenda Item	Discussion	Next Steps
	<ul style="list-style-type: none"> <li>• Susan Aranoff suggested adding a row about governance to the “Building Blocks” slide.</li> <li>• Paul Harrington asked whether clinical care measures on Slide 11 are different than other measure types listed on this slide, and pointed to legislation during this past legislative session that aimed to simplify measurement.</li> <li>• Dale Hackett commented that there are a lot of pieces to the Regional Collaborations/Unified Community Collaboratives and asked how we know what’s happening on the ground. Heidi replied that in other states exploring ACHs, the approach is generally top-down – other states are dictating what their ACHs look like, their service areas, and their focus areas, whereas in Vermont we’ve given communities a great deal of freedom to design ACHs according to community needs and resources. We have 10 regions participating in the ACH Peer Learning Lab, which generally build on the UCCs and are based on HSAs. Laural Ruggles added that she has presented to her community on ACHs, and has used a slide showing development of integrated health systems along a continuum – she sees ACHs as the next stage on the continuum, past APM and Medicaid Pathway. She will share the slide with Heidi and the rest of the work group.</li> <li>• Dale Hackett asked for more information on what Integrator Organizations could look like (Core Elements slide). In our previous research, Prevention Institute defined Integrator Organization as: “The integrator helps carry the vision of the ACH; build trust among collaborative partners; convene meetings; recruit new partners; shepherd the planning, implementation, and improvement efforts of collaborative work; and build responsibility for many of these elements among collaborative members” (Accountable Communities for Health: Opportunities and Recommendations, July 2015). They are not necessarily doing the work, but they’re providing the forum for collaboration and integration. In states where money passes to ACHs, Integrator Organizations can have a fiduciary role, but this is not something we’ve considered in Vermont. In Vermont, we’re thinking of this like a Backbone Organization (from Collective Impact model).</li> <li>• Dale Hackett asked how we can learn from integration efforts within the education system. He noted that disparities could develop across the State – we need an overlay that will help distribute resources as needed across the state, since not every community/region can be totally self-sufficient.</li> <li>• Jim Hester commented that he sees ability to capture savings for reinvestment as a key component of this model.</li> <li>• Regions: Heidi noted that Springfield may elect not to participate given recent turnover in key leadership. <ul style="list-style-type: none"> <li>○ Dale Hackett commented that Bennington could be a challenging region. Heidi replied that all of the regions have different elements that they’re working on, and that some are further along than others.</li> <li>○ Maura Graff added that the ACH Peer Learning Lab did require regions to apply, and that not all applications were accepted. This could be an issue if financing is assigned to these groups in the future. Heidi concurred and noted that one of the goals over the next few months is to increase community engagement.</li> </ul> </li> <li>• Susan Aranoff asked whether the Peer Learning Lab groups are doing the things necessary to stand up an ACH, or if they’re learning about the steps and developing as a group. Heidi replied that it varies across the communities; some, like St. Johnsbury, are moving ahead quickly while others are still developing. Dale</li> </ul>	

Agenda Item	Discussion	Next Steps
	<p>Hackett asked how the Peer Learning Lab is balancing regions’ different learning needs. Heidi replied that the Peer Learning Lab includes both group learning and individual community facilitation. In addition, regions are sharing learning and strengths across the Peer Learning Lab communities (requests and offers).</p> <ul style="list-style-type: none"> <li>• Mike Hall asked where accountability fits into the ACH model without risk-based financing. Heidi and Sarah Kinsler responded that Vermont is at an earlier stage of development here, especially given the context of our other health reform efforts – next steps will be based on lessons learned. Mike replied that we’re at risk of collaboration overload. He worries that existing constructs could smother the development of ACHs as viable structures on their own. He also predicted we may end up with ACHs that don’t have funding but is instead another governance model that coexists uncomfortably with other structures.</li> </ul>	
<p><b>4. Medicaid Pathway Presentation</b></p>	<p><i>All-Payer Model (Michael Costa):</i></p> <ul style="list-style-type: none"> <li>• The All-Payer Model is still in active negotiation between GMCB, and Administration, and federal partners (CMMI). Funding and risk are the two major remaining issues. Negotiation timeline: The federal government has indicated that if we don’t have an agreement by early Fall, negotiations will likely pause and resume in the next State and Federal administrations if interest remains. The State still believes it can reach an agreement in 2016, with 2017 as a planning year and Year 1 starting in 2018.</li> <li>• In the meantime, the State is making progress toward implementing an APM. DVHA released an RFP for a Next Generation-style ACO, and has an apparently successful bidder (OneCare) – negotiations are about to begin. If an agreement is reached, DVHA will pay an all-inclusive population-based payment for attributed lives for a specific set of services. DVHA hopes to wrap up negotiations in September, and then to start a robust readiness review to ensure OneCare is prepared to take responsibility for those covered lives in terms of both care and financial risk.</li> </ul> <p>The group discussed the following:</p> <ul style="list-style-type: none"> <li>• Maura Graff requested additional information about how PMPMs will work with Vermont Care Organization and how that will trickle down to VCO members. Michael replied that PMPMs are developed by actuaries, taking into account special interventions the ACOs will implement; from there, the ACO will need to work with its provider partners to develop a payment model within the ACO. GMCB worked with ACO partners over the past year to develop a framework document that describes some key principles about how financial structure will work. This will be shared with the group following the meeting. Michael noted that not all Vermonters will be in an ACO at the start of the APM; this builds on our current efforts and thinking about risk.</li> <li>• Heidi Klein asked whether we could still have Accountable Communities for Health within an All-Payer Model. Michael replied that integration is part of the goal here, and there are many ways to get there.</li> <li>• Susan Aranoff commented that APM doesn’t impact social determinants. Michael replied that the State is excited to impact social determinants – while Medicare and commercial payers traditionally pay mostly for a set of services that is equivalent to Medicare Part A and B. Medicaid pays for many other services that other payers don’t pay for. Part of the goal is to continue innovation and progress in this set of services, and to connect the APM and other initiatives to work in these areas. He noted that this is provider-led reform.</li> </ul>	

Agenda Item	Discussion	Next Steps
	<ul style="list-style-type: none"> <li>• Nicole Lukas asked how the merger of CHAC and OneCare impacts the APM. Michael clarified that his most recent understanding is that OneCare and CHAC are coming together under the Vermont Care Organization umbrella. Mike Hall further clarified that OneCare will host providers who are ready to take on risk, while CHAC will host providers who are not ready to take on risk. They will later merge into one track. Healthfirst will no longer exist as an ACO – Rick Dooley noted that Healthfirst will continue to exist as an Independent Practice Association though it will end ACO operations. Michael Costa added that the relationship between CHAC and OneCare continues to evolve, and noted that the Federal government has urged Vermont to urge providers to be careful in taking on risk.</li> </ul> <p><i>Medicaid Pathway (Selina Hickman):</i></p> <ul style="list-style-type: none"> <li>• Selina noted that the APM is a helpful foundation for discussing Medicaid Pathway. Medicaid Pathway will wrap around the services covered by APM to impact mental health, substance abuse, developmental services, LTSS, and more, allowing for provider-led flexibility to deliver integrated, patient-centered care.</li> <li>• About a quarter of Medicaid beneficiaries are enrolled in specialized programs, and represent an outsize proportion of spending – many are complex and require services from a variety of programs and sectors.</li> <li>• The Medicaid Pathway has adopted the Vermont Model of Care, which was developed by the SIM DLTSS and Practice Transformation Work Groups.</li> <li>• Key components: <ul style="list-style-type: none"> <li>○ Population-level interventions.</li> <li>○ Value-based purchasing models.</li> <li>○ Quality framework to support payment redesign. This is a critical area, and a group is currently working on quality framework and measures.</li> <li>○ Governance to develop provider structures that can support integrated care models. Currently doing a crosswalk of possible governance models – this is a key area of concern for providers and the State right now, as we seek to prevent development of new siloes.</li> <li>○ State operations and oversight. Many providers currently deal with multiple sets of sometimes ill-aligned State expectations; Medicaid Pathway seeks to simplify and align State processes and oversight to ease the burden on providers.</li> </ul> </li> <li>• How will Medicaid Pathway connect to ACOs? The underlying principle is provider-led reform. The State is looking to providers to help define this connection.</li> </ul> <p>The group discussed the following:</p> <ul style="list-style-type: none"> <li>• Dale Hackett asked for clarity on the timeline to implement the Medicaid Pathway, and noted that there seems to be a lot of uncertainty in this area. Selina replied that a major challenge right now is figuring out how all of our reform efforts will line up. She noted that we are very close to having a draft design that includes the model of care, the included services, and the payment model design, and will be sharing it publicly for community review, validation, and feedback through an information gathering process. She hopes to release something in mid-August for community review. She added that the Medicaid Pathway process is</li> </ul>	

Agenda Item	Discussion	Next Steps
	<p>very consistent with the DVHA effort to launch a Next Generation-style ACO. DVHA can move forward with this, and providers can move forward with this, without an APM; the same is true for Medicaid Pathway, though it would be enabled by an APM.</p>	
<p><b>5. Public Comment</b></p>	<p>There was no additional comment.</p>	
<p><b>6. Next Steps, and Action Items</b></p>	<p><b>August 2016 meeting is cancelled.</b></p> <p><b>Next Meeting:</b> Monday, September 19, 2016, 1:00-3:00pm, DVHA Large Conference Room, 312 Hurricane Lane, Williston.</p>	



# VHCIP Payment Model Design and Implementation Work Group Member List

*Ed Smezo*

Monday, July 18, 2016

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

# VHCIP Payment Model Design and Implementation Work Group Member List

Monday, July 18, 2016

Member		Member Alternate		Minutes	Organization
First Name	Last Name	First Name	Last Name		
Steve	Gordon	Mark	Burke		Brattleboro Memorial Hospital
Maura	Graff ✓	Heather	Bushey		Planned Parenthood of Northern New England
Dale	Hackett ✓				Consumer Representative
Mike	Hall ✓	Sandy	Conrad		Champlain Valley Area Agency on Aging / COVE
Paul	Harrington ✓				Vermont Medical Society
Karen	Hein				University of Vermont
Bard	Hill	Patricia	Cummings		AHS - DAIL
		Susan	Aranoff ✓		AHS - DAIL
Jeanne	Hutchins ✓			<del>1</del>	UVM Center on Aging
Kelly	Lange ✓	Teresa	Voci		Blue Cross Blue Shield of Vermont
Ted	Mable ✓	Kim	McClellan ✓		DA - Northwest Counseling and Support Services
		Tim	Gallagan		DA - Northwest Counseling and Support Services
David	Martini ✓				AOA - DFR
Chris	Smith				MVP Health Care
MaryKate	Mohlman	Jenney	Samuelson		AHS - DVHA - Blueprint
Ed	Paquin ✓				Disability Rights Vermont
Abe	Berman ✓	Miriam	Sheehey ✓		OneCare Vermont
		Vicki	Loner		OneCare Vermont

# VHCIP Payment Model Design and Implementation Work Group Member List

Monday, July 18, 2016

Member		Member Alternate		Minutes	Organization
First Name	Last Name	First Name	Last Name		
Laural	Ruggles ✓				Northeastern Vermont Regional Hospital
Julia	Shaw ✓	Rachel	Seelig		VLA/Health Care Advocate Project
Lila	Richardson ✓	Kaili	Kuiper		VLA/Health Care Advocate Project
Kate	Simmons	Kendall	West		Bi-State Primary Care/CHAC
		Patricia	Launer		Bi-State Primary Care
		Melissa	Miles		Bi-State Primary Care
		Heather	Skeels		Bi-State Primary Care
Pat	Jones				GMCB
Julie	Tessler ✓	Sandy	McGuire		VCP - Vermont Council of Developmental and Mental Health Services
					VCP - Howard Center
				31	40

Q ✓

# VHCIP Payment Model Design and Implementation Work Group

## Attendance Sheet

7/18/2016

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

Julie Corwin - DVHA

29	Jane	Catton		Northwestern Medical Center	MA
30	Alysia	Chapman		DA - HowardCenter for Mental Health	X
31	Joshua	Cheney		VITL	A
32	Joy	Chilton		Home Health and Hospice	X
33	Barbara	Cimaglio		AHS - VDH	X
34	Daljit	Clark		AHS - DVHA	X
35	Sarah	Clark		AHS - CO	X
#REF!	Judy	Cohen		University of Vermont	X
#REF!	Lori	Collins		AHS - DVHA	X
#REF!	Connie	Colman		Central Vermont Home Health and Hospice	X
#REF!	Sandy	Conrad		V4A	MA
#REF!	Amy	Coonradt	here	AHS - DVHA	S
#REF!	Alicia	Cooper	here	AHS - DVHA	S
#REF!	Janet	Corrigan		Dartmouth-Hitchcock	X
#REF!	Brian	Costello			X
#REF!	Michael	Counter		VNA & Hospice of VT & NH	M
#REF!	Mark	Craig			X
#REF!	Diane	Cummings	phone	AHS - Central Office	M
#REF!	Patricia	Cummings		AHS - DAIL	MA
#REF!	Michael	Curtis		Washington County Mental Health Services	X
#REF!	Jude	Daye		Blue Cross Blue Shield of Vermont	A
#REF!	Jesse	de la Rosa		Consumer Representative	X
#REF!	Danielle	DeLong		AHS - DVHA	X
#REF!	Mike	DeTrecco	phone	Vermont Association of Hospital and Health	M
#REF!	Yvonne	DePalma		Planned Parenthood of Northern New Engl	X
#REF!	Trey	Dobson		Dartmouth-Hitchcock	X
#REF!	Tracy	Dolan		AHS - VDH	M
#REF!	Rick	Dooley	here	HealthFirst	M
#REF!	Molly	Dugan		Cathedral Square and SASH Program	MA
#REF!	Lisa	Dulsky Watkins			X
#REF!	Robin	Edelman		AHS - VDH	X
#REF!	Jennifer	Egelhof		AHS - DVHA	MA
#REF!	Suratha	Elango		RWJF - Clinical Scholar	X
#REF!	Jamie	Fisher		GMCB	A
#REF!	Klm	Fitzgerald		Cathedral Square and SASH Program	M
#REF!	Katie	Fitzpatrick		Bi-State Primary Care	A

#REF!	Erin	Flynn	here	AHS - DVHA	S
#REF!	LaRae	Francis		Blue Cross Blue Shield of Vermont	X
#REF!	Judith	Franz		VITL	X
#REF!	Mary	Fredette		The Gathering Place	X
#REF!	Aaron	French		AHS - DVHA	M
#REF!	Catherine	Fulton	phone / here	Vermont Program for Quality in Health Care	CC
#REF!	Lucie	Garand		Downs Rachlin Martin PLLC	X
#REF!	Andrew	Garland	here	BCBSVT	CC
#REF!	Christine	Geiler		GMCB	S
#REF!	Carrie	Germaine		AHS - DVHA	X
#REF!	Al	Gobeille		GMCB	X
#REF!	Steve	Gordon		Brattleboro Memorial Hospital	M
#REF!	Don	Grabowski		The Health Center	X
#REF!	Maura	Graff	here	Planned Parenthood of Northern New England	M
#REF!	Wendy	Grant		Blue Cross Blue Shield of Vermont	A
#REF!	Lynn	Guillett		Dartmouth Hitchcock	X
#REF!	Dale	Hackett	phone	Consumer Representative	M
#REF!	Mike	Hall	here	Champlain Valley Area Agency on Aging / C	M
#REF!	Catherine	Hamilton		Blue Cross Blue Shield of Vermont	X
#REF!	Paul	Harrington	phone	Vermont Medical Society	M
#REF!	Stefani	Hartsfield		Cathedral Square	MA
#REF!	Carrie	Hathaway		AHS - DVHA	X
#REF!	Carolynn	Hatin		AHS - Central Office - IFS	S
#REF!	Karen	Hein		University of Vermont	M
#REF!	Kathleen	Hentcy		AHS - DMH	MA
#REF!	Jim	Hester	phone	SOV Consultant	S
#REF!	Selina	Hickman	phone	AHS - DVHA	X
#REF!	Bard	Hill		AHS - DAIL	M
#REF!	Con	Hogan		GMCB	X
#REF!	Nancy	Hogue		AHS - DVHA	M
#REF!	Jeanne	Hutchins	here	UVM Center on Aging	M
#REF!	Penrose	Jackson		UVM Medical Center	X
#REF!	Craig	Jones		AHS - DVHA - Blueprint	X
#REF!	Pat	Jones		GMCB	MA
#REF!	Margaret	Joyal		Washington County Mental Health Services	X
#REF!	Joelle	Judge	here	UMASS	S

#REF!	Kevin	Kelley		CHSLV	X
#REF!	Melissa	Kelly		MVP Health Care	X
#REF!	<del>Trinka</del>	<del>Kerr</del>		VLA/Health Care Advocate Project	X
#REF!	Sara	King		Rutland Area Visiting Nurse Association & H	X
#REF!	Sarah	Kinsler	here	AHS - DVHA	S
#REF!	Heidi	Klein	here	AHS - VDH	MA
#REF!	Tony	Kramer		AHS - DVHA	X
#REF!	Peter	Kriff		PDI Creative	X
#REF!	Kaili	Kuiper		VLA/Health Care Advocate Project	MA
#REF!	Norma	LaBounty		OneCare Vermont	A
#REF!	Kelly	Lange	phone	Blue Cross Blue Shield of Vermont	M
#REF!	Dion	LaShay		Consumer Representative	X
#REF!	Patricia	Launer		Bi-State Primary Care	MA
#REF!	Diane	Leach		Northwestern Medical Center	MA
#REF!	Mark	Levine		University of Vermont	X
#REF!	Lyne	Limoges		Orleans/Essex VNA and Hospice, Inc.	X
#REF!	Deborah	Lisi-Baker		SOV - Consultant	X
#REF!	Sam	Liss		Statewide Independent Living Council	X
#REF!	Vicki	Loner		OneCare Vermont	MA
#REF!	Lou	Longo		Northwestern Medical Center	MA
#REF!	Nicole	Lukas	here	AHS - VDH	X
#REF!	Ted	Mable	phone	DA - Northwest Counseling and Support Ser	M
#REF!	Carole	Magoffin	here	AHS - DVHA	S
#REF!	Georgia	Maheras		AOA	S
#REF!	<del>Jackie</del>	<del>Majoros</del>		VLA/LTC Ombudsman Project	X
#REF!	David	Martini	nee	AOA - DFR	M
#REF!	James	Mauro		Blue Cross Blue Shield of Vermont	X
#REF!	Lisa	Maynes		Vermont Family Network	X
#REF!	Kim	McClellan	phone	DA - Northwest Counseling and Support Ser	MA
#REF!	Sandy	McGuire		VCP - HowardCenter for Mental Health	M
#REF!	Jill	McKenzie			X
#REF!	Darcy	McPherson		AHS - DVHA	X
#REF!	Anneke	Merritt		Northwestern Medical Center	X
#REF!	Melissa	Miles		Bi-State Primary Care	MA
#REF!	Robin	Miller		AHS - VDH	X
#REF!	Megan	Mitchell	here	AHS - DVHA	MA

#REF!	MaryKate	Mohlman		AHS - DVHA - Blueprint	M
#REF!	Kirsten	Murphy		AHS - Central Office - DDC	X
#REF!	Chuck	Myers		Northeast Family Institute	X
#REF!	Floyd	Nease		AHS - Central Office	X
#REF!	Nick	Nichols		AHS - DMH	X
#REF!	Mike	Nix	phone	Jeffords Institute for Quality, FAHC	X
	Jill	Olson		Vermont Association of Hospital and Health	MA
#REF!	Miki	Olszewski		AHS - DVHA - Blueprint	X
#REF!	Jessica	Oski		Vermont Chiropractic Association	X
#REF!	Ed	Paquin	here	Disability Rights Vermont	M
#REF!	Eileen	Peltier		Central Vermont Community Land Trust	X
#REF!	John	Pierce			X
#REF!	Tom	Pitts	here	Northern Counties Health Care	X
#REF!	Joshua	Plavin		Blue Cross Blue Shield of Vermont	X
#REF!	Luann	Poirer		AHS - DVHA	S
#REF!	Sherry	Pontbriand		NMC	X
#REF!	Alex	Potter		Center for Health and Learning	X
#REF!	Betty	Rambur		GMCB	X
#REF!	Allan	Ramsay		GMCB	X
#REF!	Frank	Reed		AHS - DMH	MA
#REF!	Paul	Reiss		HealthFirst/Accountable Care Coalition of t	MA
#REF!	Sarah	Relk			X
#REF!	Virginia	Renfrew		Zatz & Renfrew Consulting	X
#REF!	Lila	Richardson	phone	VLA/Health Care Advocate Project	M
#REF!	Susan	Ridzon		HealthFirst	MA
#REF!	Carley	Riley			X
#REF!	Laurie	Riley-Hayes		OneCare Vermont	A
#REF!	Brita	Roy			X
#REF!	Laural	Ruggles	phone	Northeastern Vermont Regional Hospital	M
#REF!	Jenney	Samuelson		AHS - DVHA - Blueprint	MA
#REF!	Howard	Schapiro		University of Vermont Medical Group Pract	X
#REF!	seashre@msn	seashre@msn.com		House Health Committee	X
#REF!	Rachel	Seelig		VLA/Senior Citizens Law Project	MA
#REF!	Susan	Shane		OneCare Vermont	X
#REF!	Julia	Shaw	here	VLA/Health Care Advocate Project	M
#REF!	Melanie	Sheehan		Mt. Ascutney Hospital and Health Center	X

Mike Nix



#REF!	Miriam	Sheehey	phone	OneCare Vermont	MA
#REF!	Don	Shook		Northwestern Medical Center	MA
#REF!	Kate	Simmons		Bi-State Primary Care/CHAC	M
#REF!	Colleen	Sinon		Northeastern Vermont Regional Hospital	X
#REF!	Shawn	Skafelstad	here	AHS - Central Office	MA
#REF!	Heather	Skeels		Bi-State Primary Care	MA
#REF!	Chris	Smith		MVP Health Care	X
#REF!	Angela	Smith-Dieng		AHS - DAIL	X
#REF!	Jeremy	Ste. Marie		Vermont Chiropractic Association	X
#REF!	Jennifer	Stratton		Lamoille County Mental Health Services	X
#REF!	Beth	Tanzman		AHS - DVHA - Blueprint	X
#REF!	JoEllen	Tarallo-Falk		Center for Health and Learning	X
#REF!	Julie	Tessler	here	VCP - Vermont Council of Developmental an	M
#REF!	Cindy	Thomas		AHS - VDH	MA
#REF!	Shannon	Thompson	here	AHS - DMH	MA
#REF!	Bob	Thorn		DA - Counseling Services of Addison County	X
#REF!	Win	Turner			X
#REF!	Karen	Vastine		AHS-DCF	X
#REF!	Teresa	Voci		Blue Cross Blue Shield of Vermont	MA
#REF!	Nathaniel	Waite		VDH	X
#REF!	Beth	Waldman		SOV Consultant - Bailit-Health Purchasing	X
#REF!	Marlys	Waller		DA - Vermont Council of Developmental an	X
#REF!	Nancy	Warner		COVE	X
#REF!	Julie	Wasserman		AHS - Central Office	S
#REF!	Monica	Weeber		AHS - DOC	X
#REF!	Kendall	West		Bi-State Primary Care/CHAC	MA
#REF!	James	Westrich	here	AHS - DVHA	S
#REF!	Robert	Wheeler		Blue Cross Blue Shield of Vermont	X
#REF!	Jason	Williams		UVM Medical Center	X
#REF!	Sharon	Winn		Bi-State Primary Care	X
#REF!	Stephanie	Winters		Vermont Medical Society	X
#REF!	Hillary	Wolfley		VPAHC	X
#REF!	Mary	Woodruff			X
#REF!	Erin	Zink		MVP Health Care	X
#REF!	Marie	Zura		DA - HowardCenter for Mental Health	X
					207



# Attachment 4: Medicaid Pathway Presentation

# MEDICAID PATHWAY: PAYMENT MODEL DISCUSSION

SEPTEMBER 19, 2016

FOR DISCUSSION PURPOSES

# Big Goal: Integrated health system able to achieve the triple aim

## Implement Next Generation-type ACO:

- Requires all-inclusive population based payment model.
- Way to pursue goal of integrated system for certain services and providers.
- Implementation led by DVHA with support from others.

## Medicaid Pathway:

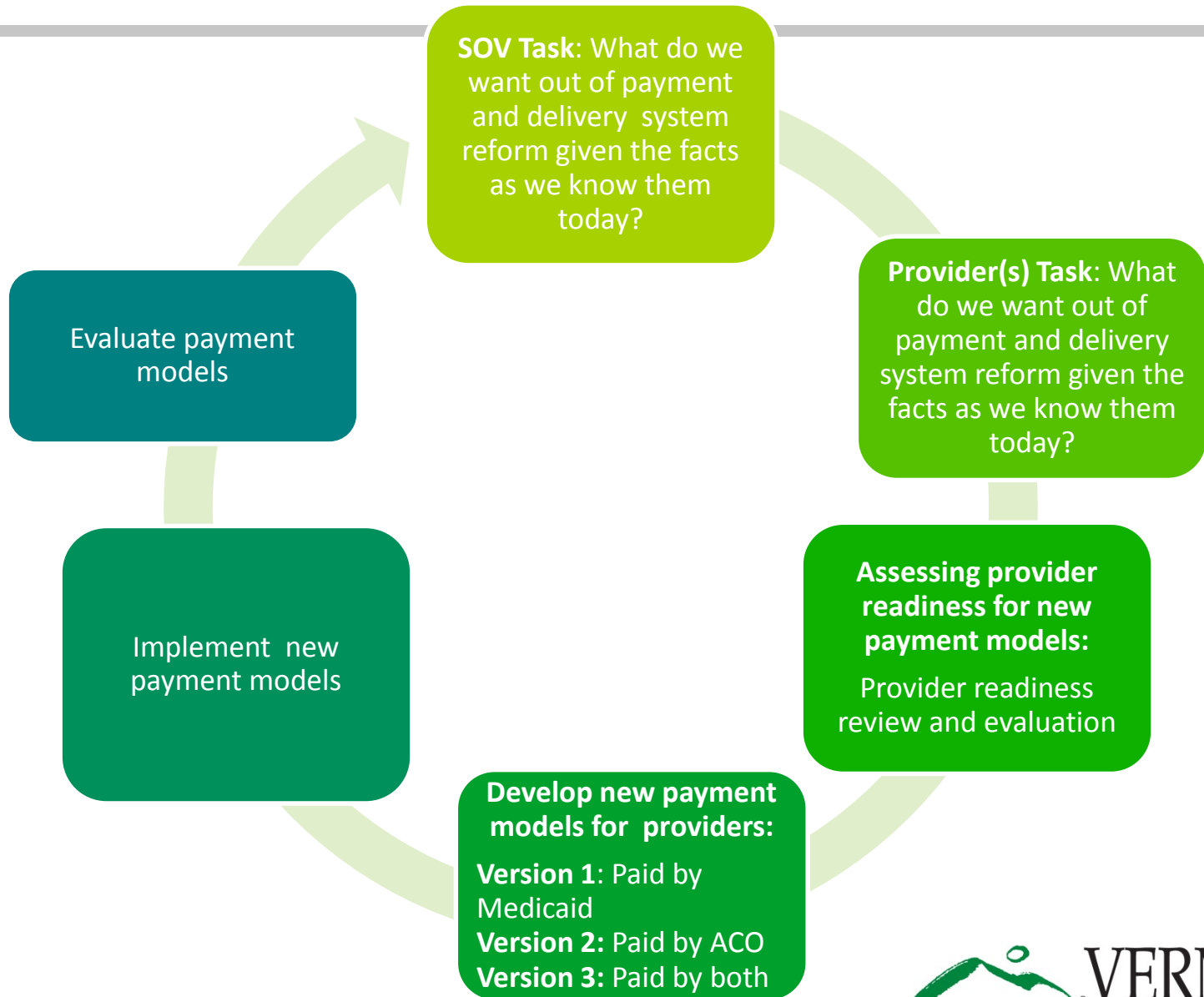
- Task of pursuing goal of integrated system for services outside of financial caps of all-payer model.
- AHS led project that interacts with ongoing AHS reform efforts and SIM.

# 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.

# Medicaid Pathway: Payment and Delivery System Reform Continuous Cycle



# 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.



# A New Payment System Should Promote Value for Money

**“The ultimate objective of any payment reform is to motivate behavioral change that leads to lower costs, better care coordination, and better quality.**

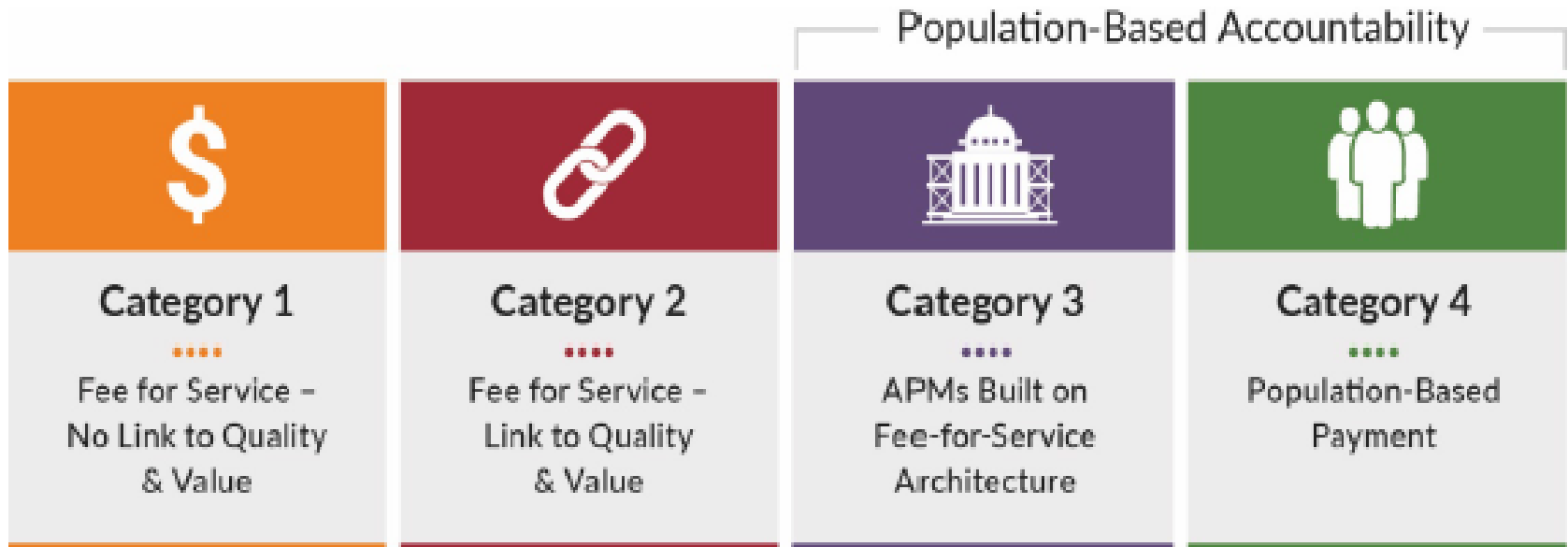
Providers will be better able to achieve these objectives if the payment methodology:

- Is clinically meaningful
- Communicates actionable information in a form and at a level of detail sufficient to achieve sustainable behavior changes.”

Cutler, David M., Ph.D., and Ghosh, Kaushik, Ph.D. (March 22, 2012) The Potential for Cost Savings through Bundled Episode Payments, *N Engl J Med* 2012; 366:1075-1077. DOI: 10.1056/NEJMp1113361



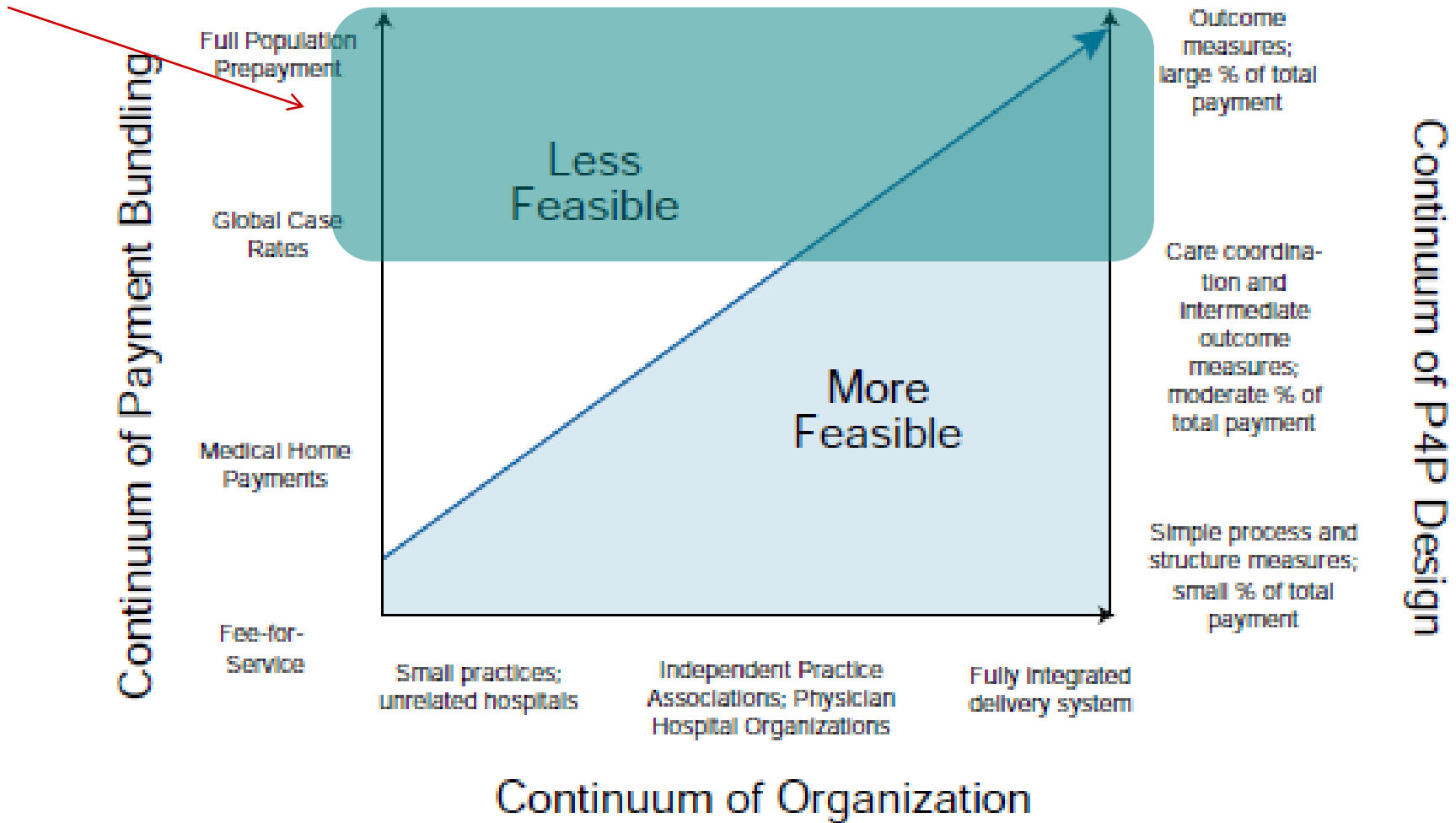
# Federal Framework for APM Development



Source: [Alternative Payment Model \(APM\) Framework and Progress Tracking Work Group](#)

The Health Care Payment and Learning & Action Network (HCP LAN). Accelerating and Aligning Population-based Payment Models: Financial Benchmarking. 2016. <https://hcp-lan.org/groups/pbp/fb-final-whitepaper/>.

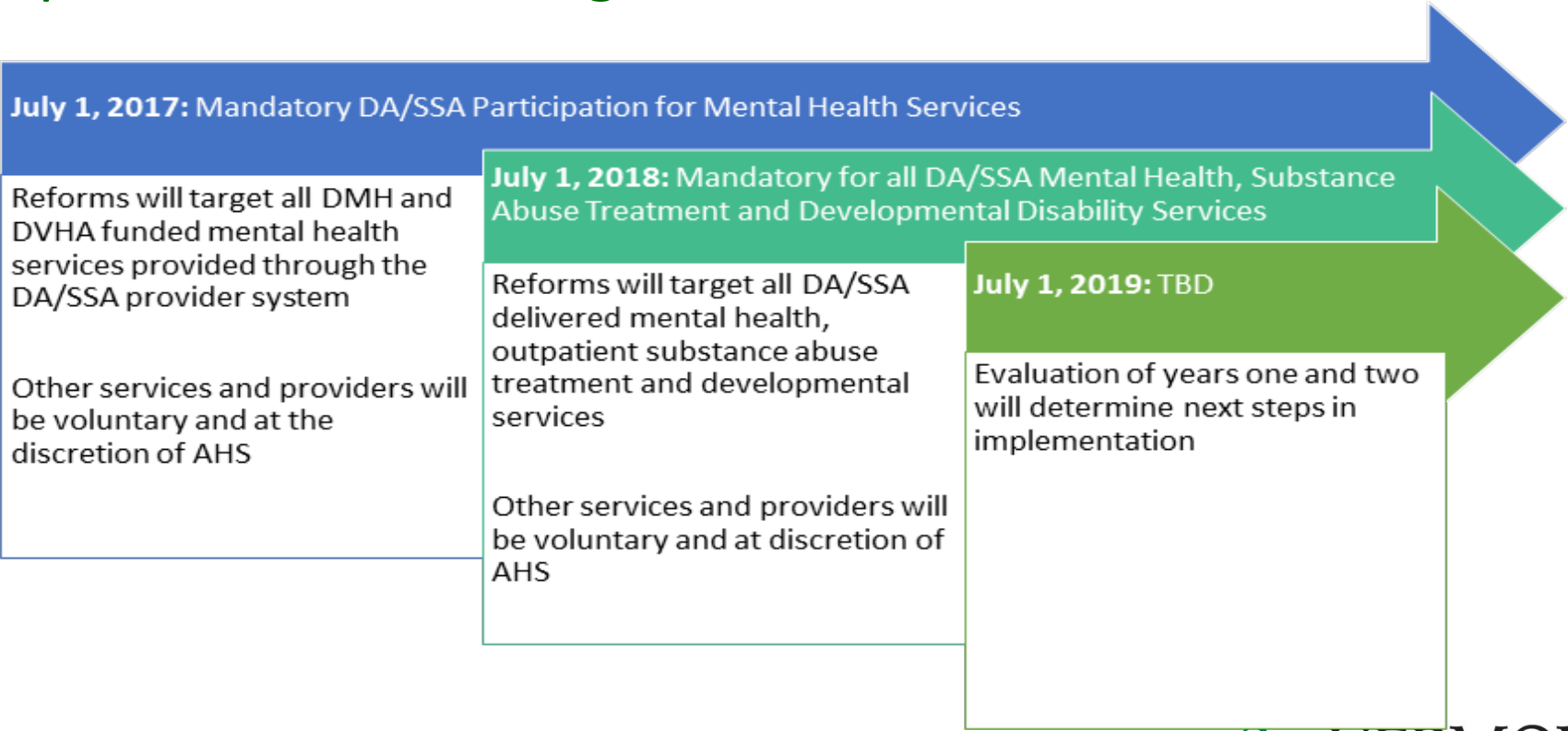
# Moving Away from Fee-for-Service



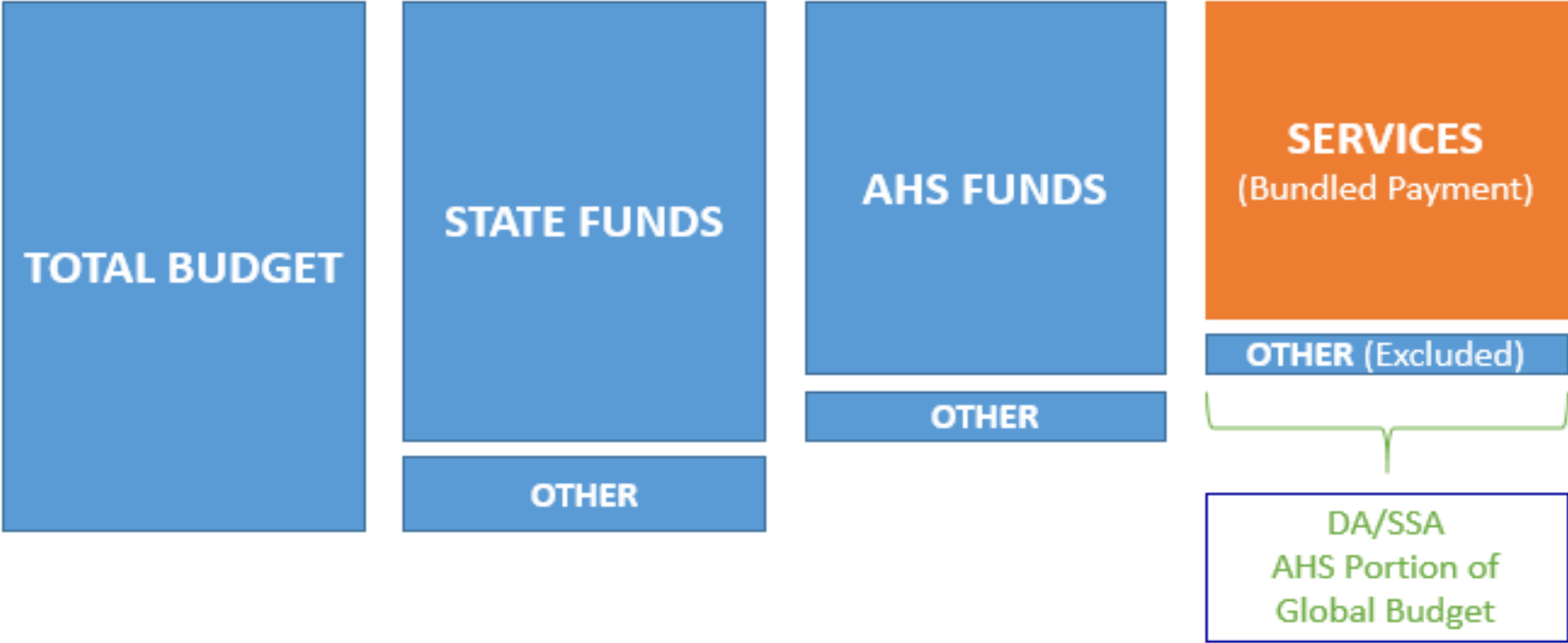
Source: The Commonwealth Fund, 2008

# Focus of Reform

Mental Health, Substance Use, and Developmental Disabilities Services provided by Designated Agencies, Specialized Service Agencies, and Preferred Providers.



# Scope of funding covered:

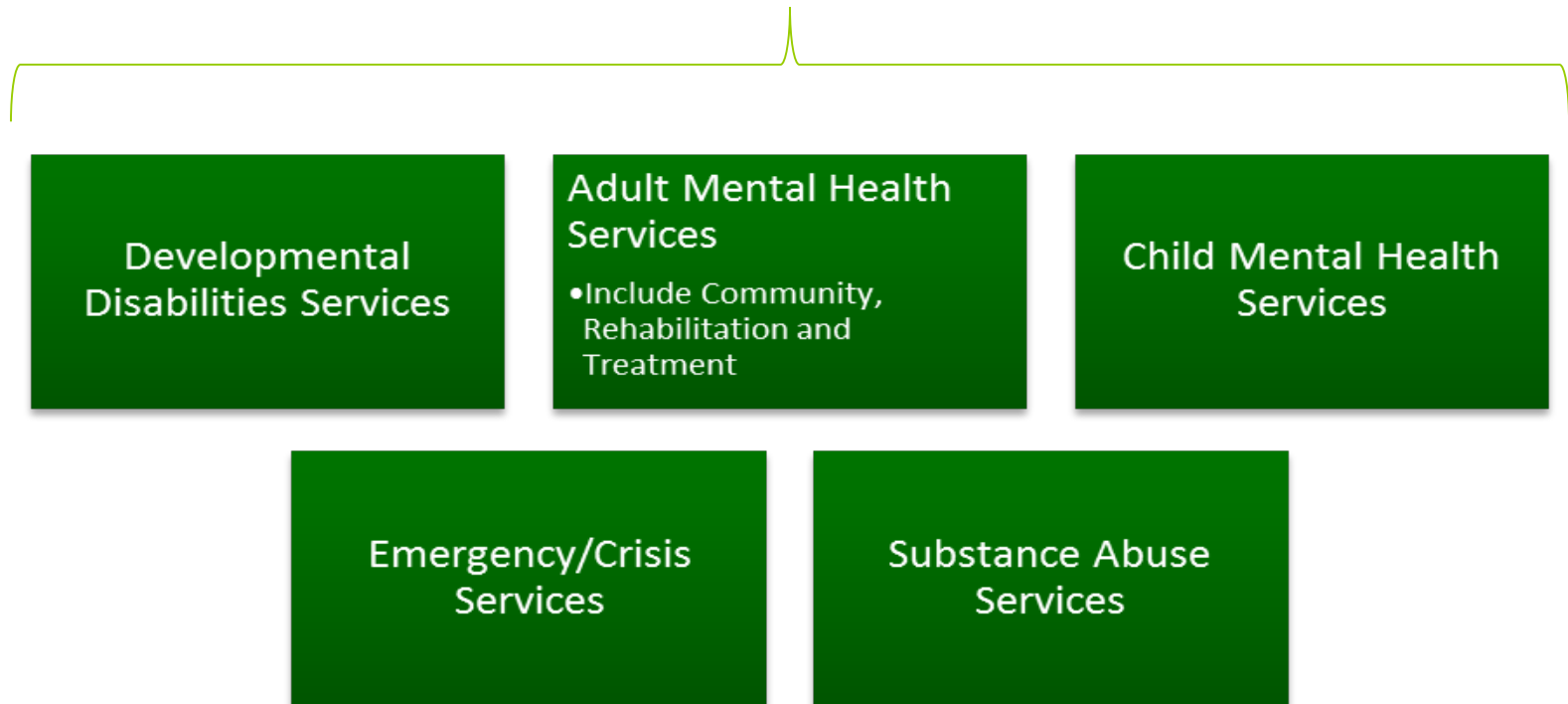


# What is the potential payment model structure?

- Overall capitated rate (i.e. Global Budget) to the organization:
  - Other (grants)
  - Bundle (5 cost categories where there are flexible funding options)
    - Some Case Rate/Bundled Rate elements built in (more detail later)
    - Built off of services; not by person
- Incentive payment for meeting certain quality (gate and ladder) and cost targets
  - Upside risk only to the providers for a certain time
  - Quality: reporting, monitoring, and payment measures

# What is the potential payment model structure?

## MONTHLY PAYMENT



# Draft Scope of Services/Programs

