

State Model Innovations Progress Report

Award Detail

Award Title	Vermont:Test R1	Round	1
Organization Name	Vermont	Grants Management Specialist	Gabriel Nah
Type	Test	Project Officer	Patricia Boyce
Total Funding Amount	\$45,009,480.00	Description	<p>The state of Vermont proposes to develop a high performance health system that achieves full coordination and integration of care throughout a person’s lifespan, ensuring better health care, better health, and lower cost for all Vermonters. The Vermont model for health system transformation will: increase both organizational coordination and financial alignment between clinical specialists and Vermont’s Blueprint for Health advanced primary care practices; implement and evaluate value-based payment methodologies; coordinate with other payment reforms on developing a financing and delivery model for enhanced care management and new service options for Vermonters eligible for Medicare and Medicaid; and accelerate development of a learning health system infrastructure that will support delivery system redesign and state evaluation activities.</p> <p>Vermont will achieve these goals through three models: a shared-savings ACO model that involves integration of payment and services across an entire delivery system; a bundled payment model that involve integration of payment and services across multiple independent providers; and a pay-for-performance model aimed at improving the quality, performance, and efficiency of individual providers. In addition to supporting implementation of the models described above, the award will fund the following enhancements in health system infrastructure: improved clinical and claims data</p>

transmission, integration, analytics, and modeling; expanded measurement of patient experience of care; improved capacity to measure and address health care workforce needs; health system learning activities essential to spreading models and best practices; and enhanced telemedicine and home monitoring capabilities.

Progress Report

Progress Report	Q1 - 2015 Progress Report	Award Title	Vermont:Test R1
Report Quarter	Q1	Date Submitted	5/1/2015
Report Year	2015	Approval Status	Pending Approval
Date Approved		Last Modified By	Georgia Maheras
WBS Not Applicable	<input type="checkbox"/>		

Executive Summary

Overview

During Quarter 1 of 2015, Vermont's SIM project continued to make progress in three core areas (care models, payment models, and health information technology/exchange), and engaged in Work Group-specific and project-wide strategic planning.

Care Models: Vermont's SIM Integrated Communities Care Management Learning Collaborative held its first in-person meeting in January 2015. The Learning Collaborative supports quality improvement and innovation in three communities seeking to integrate care management across health, community and social service organizations. The SIM Project also approved Care Management Standards for ACOs in Quarter 1.

Payment Models: Vermont continued to administer its Medicaid and Commercial Shared Savings Programs this quarter. Following the end of the first performance year on December 31, 2014, staff and contractors are analyzing Year 1 data to determine performance on quality and total cost of care (TCOC). Also, a Payment Models Work Group sub-group formed to study the potential of Episode of Care analytics to support delivery system/payment reform (see "Success Story").

HIT/HIE: Vermont's SIM-supported HIT/HIE investments have continued this quarter, with strides on projects to build gateways between ACOs and their analytics vendors and to assess technology gaps among DLTSS providers.

Other:

- The Population Health Work Group has begun work on the State's Population Health Plan.
- A sub-group of the Workforce Work Group began preparing updates to the State's Workforce Strategic Plan.
- The Project Director and Core Team Chair launched a mid-project risk assessment to support the State and the SIM project in meeting CMMI targets.

The first quarter also saw several project leadership changes:

- Lawrence Miller, Chief of Health Care Reform, replaced Anya Rader Wallack as Core Team Chair.

- Hal Cohen, Secretary of AHS, joined the project as a new appointee.
- Steven Costantino, DVHA Commissioner, replaced Mark Larson.

Success Story or Best Practice

Episodes of Care: During the 2014 Testing year, it was determined that although establishing a payment model based on bundled payments was not a top priority for stakeholders, there may still be great potential to use Episodes of Care analytics to support delivery system transformation in Vermont. In the first quarter of 2015, Vermont convened a sub-group of the SIM Payment Models Work Group charged with establishing a proposal for statewide Episode analytics and report dissemination activities. The sub-group is comprised of expert stakeholder members from public and private organizations (including state agencies, insurers, ACOs, and provider representatives) throughout the state.

Members met four times during the first quarter, discussing stakeholder interests and concerns, learning about Episodes of Care analytics successes and challenges in other settings, and considering programs and structures already in place that could be leveraged in support of this future work.

The sub-group will continue to meet on a regular basis with the intention of developing a detailed proposal and funding request for Payment Models Work Group consideration during the upcoming quarter. The sub-group would also participate in bid reviews for vendor support, and aid in the project launch and implementation. The development of this sub-group has allowed Vermont to re-emphasize Episodes of Care and the role it will play in future SIM work.

Information Sharing: Two of Vermont's SIM projects, the Uniform Transfer Protocol and the Learning Collaboratives, highlighted the importance of providers being able to share information about their patients. These two projects both identified the need for defining standard data sets that started from the patient perspective (i.e., What information does the patient want within their shared care plan?) as best practice. Vermont's SIM Team will develop technical solutions to these issues in the coming months starting from this perspective.

Challenges Encountered & Plan to Address

Medicaid Shared Savings Program: Early in 2015, ACOs participating in the Vermont Medicaid Shared Savings Program (VMSSP) engaged the state in conversations about the potential to improve the precision of the methodology by which Medicaid beneficiaries are attributed to ACOs, noting concerns that in certain cases the original methodology may allow for attribution of beneficiaries who do not receive the majority of their care within the ACO network.

These early conversations evolved into ongoing coordination efforts involving members from the state, the two participating ACOs, HP (Vermont Medicaid's fiscal intermediary), and several SIM consultants. Together, participants are working to determine if VMSSP's current attribution methodology can be modified to incorporate a more robust combination of attending provider ID, billing practice ID, and Tax Identification Number when identifying relationships between beneficiaries and attributing primary care providers. This process has involved frequent data sharing, collaborative analyses, and regular communication among participating parties by phone and in person. The state is leveraging the expertise of this group of participants to engage in iterative methodology changes, and will continue this collaborative effort until consensus has been reached about the most appropriate methodology for future use.

Medicare Shared Savings Program: One of Vermont's smaller ACOs withdrew from the Medicare Shared Savings Program in 2015 because they determined they would not be able to receive savings under the current programmatic rules. Many of these challenging programmatic requirements were modified in Medicare's Next Generation ACO program. Vermont SIM is optimistic that this change will help mitigate the challenge smaller ACOs have faced in participating in Medicare ACO programs.

SIM Engagement Activities

Public and private payers continue to play key roles in Vermont's SIM project. In addition to significant payer participation in SIM Work Groups, Steering Committee and Core Team meetings, the Vermont SIM team continues to meet regularly with payers as well as providers, advocates, legislators, and others to meet the goals of the SIM project. Vermont's SIM-funded contractors also provide technical support to the participants of these meetings. This quarter's meetings included a combination of design and implementation meetings as well as a series of education updates in various forums.

- ACO Operations Meetings: Discuss and resolve ongoing technical and operational aspects of the Shared Savings Programs.
- ACO SSP Analytics Meetings: Focus on the financial and quality measure review for the Shared Savings Programs and ensure the correct information is flowing between all parties to support this review.
- Blueprint Meetings: Focus specifically on where there can be alignment between SIM and the Blueprint for Health in areas such as measures, analytics, surveys and data collection to minimize duplication and burden.
- Meetings with the ACOs and payers for status updates, early identification of implementation challenges, and discussion about how we can all move toward value-based payment systems.
- Meetings regarding health information infrastructure with VITL, ACOs, and payers.
- Presentations to the Vermont Legislature: Updates on payment and delivery system reform.

Policy Activities

SPA: The State of Vermont is engaged in ongoing conversations with CMS regarding State Plan Amendment (SPA) for the VMSSP. In the State's quarterly report for Quarter 4 of 2014, the State reported that discussions with CMS focused the State's actuarial trends and methodology. In response to these discussions, our team engaged Wakely, a national actuary firm, to evaluate and to certify our methodology. Wakely recommended two changes to make our methodology actuarially sound, and we proposed these changes to CMS and the Office of Actuary in February 2015. The State and Wakely will meet with CMS and the Office of Actuary on May 6th to further discuss our financial methodology. Vermont has also been working to respond to four informal questions from CMS related to Vermont Medicaid Shared Savings Program quality program, and specifically the Gate & Ladder methodology, as well as internal ongoing monitoring of the Year 1 Total Cost of Care to date; responses were submitted in late April.

Governor's Legislative and Budget Agenda: The Governor proposed a health care reform package in January that requested new revenue to support health care reform initiatives. Two of the initiatives directly relate to Vermont's SIM efforts:

- Invest further in Vermont's Blueprint for Health to build on the early success this effort has shown in bending the cost curve while ensuring high quality health care for Vermonters. We propose to do this by increasing funding by \$4.5 million in FY16 (\$9M annually) in order to increase both the community health team payments and the medical home payments for the first time since inception of the program in 2008.
- Provide \$5 million in FY16 (\$10M annually) to expand health home projects, which has supported programs such as the Hub and Spoke and Services and Supports at Home (SASH) in the past.

State Health Care Innovation Activities

As in previous quarters, Vermont's SIM project continues to coordinate with other health care innovation activities in the state, including State-driven and private sector projects.

Blueprint for Health: Vermont's SIM project is working with Blueprint for Health staff and stakeholders to support alignment between the two projects (see "SIM Engagement Activities"). Vermont's SIM project is supporting the formation a unified regional structure to support clinician and other service provider collaboration across the health system. These Unified Collaboratives bring together clinical leadership across payer, ACO, and Blueprint for Health activities, supporting increased coordination and aligning efforts.

HIT/HIE: Vermont's SIM project continues to work with providers and Vermont Information Technology Leaders (VITL) on various projects to improve health information technology infrastructure and support increased health information exchange. This quarter included an emphasis on design and roll out to directly support clinical decision-making. The health data infrastructure designs expanded the level of direct clinical input. The expansion of the clinical input reflects some early evaluation reports, described below.

All-Payer Waiver: The State of Vermont is in discussions with CMMI to obtain an All-Payer Waiver. Lawrence Miller (Chief of Health Care Reform) and Al Gobeille (Chair of the Green Mountain Care Board) are leading negotiations for the State. The State will work with CMMI to maximally leverage VHCIP activities and build on progress to support waiver efforts.

Community-Level Innovation: Vermont's SIM project is spurring health care innovation at the local level through a sub-grant program (two rounds of funding awarded in Year 1) and the Integrated Communities Care Management Learning Collaborative (see "Overview"). Sub-Grantees are reporting on progress quarterly, and will convene in Quarter 2 to share project updates and lessons learned.

Self-Evaluation Findings

The State of Vermont continues to work with its self-evaluation contractor to perform the state's self-evaluation. The State's Self-Evaluation Plan is currently being drafted by the State and contractors, and will be completed in the second quarter of 2015. The state completed a literature review of national best practices and Vermont-specific data to help guide Self-Evaluation design plans.

During Quarter 1 of 2015, the State completed its first qualitative investigation, specific to an Oncology-focused payment and care delivery reform pilot. Key findings include a recognition of the importance of local flexibility to success, that information shared across settings should be simple and relevant to patient care, that existing resources should be leveraged in local communities, and that incentives should be approached broadly as financial incentives may not be primary a source of motivation.

Also in Quarter 1 of 2015, the State's internal evaluation team completed administration of an anonymous survey of all SIM Work Group participants. The survey asked VHCIP stakeholders to rate various aspects of work group operations, gauged stakeholder satisfaction and provided an opportunity for open-ended textual comments. Results were used to tailor and fine-tune work group operations to better meet stakeholder needs, provide a point-in-time snapshot of stakeholder general perceptions of VHCIP and allowed for generation of a set of themes culled from open-ended textual comments. Results were summarized in the State's Year 1 VHCIP Annual Report, submitted in March 2015.

Additional Information

Vermont SIM released its RFP for micro-simulation demand modeling for health care workforce in the first quarter and anticipates making a decision in the second quarter. This model will support policy and investment decisions related to Vermont's health care workforce.

Metrics

Metric Name	Performance Goal	Current Value
CAHPS Clinician & Group Surveys (CG-CAHPS or PCMH CAHPS)	0	0
CORE_Beneficiaries impacted_[VT]_VT Employees	0	0
CORE_Beneficiaries impacted_[VT]_[ACO]_Commercial	40000	31552
CORE_Beneficiaries impacted_[VT]_[ACO]_Medicaid	101000	42132
CORE_Beneficiaries impacted_[VT]_[ACO]_Medicare	111000	60070
CORE_Beneficiaries impacted_[VT]_[APMH/P4P]_Commercial	341000	111529
CORE_Beneficiaries impacted_[VT]_[APMH/P4P]_Medicaid	133000	106818
CORE_Beneficiaries impacted_[VT]_[APMH/P4P]_Medicare	111000	67621
CORE_Beneficiaries impacted_[VT]_[EOC]_Commercial		0
CORE_Beneficiaries impacted_[VT]_[EOC]_Medicaid		0
CORE_Beneficiaries impacted_[VT]_[EOC]_Medicare		0
CORE_Beneficiaries impacted_[VT]_[P4P]_Medicare	0	0
CORE_BMI_[VT]	0	0
CORE_Diabetes Care_[VT]	0	0
CORE_ED Visits_[VT]	0	0
CORE_HCAHPS Patient Rating_[VT]	0	0
CORE_Health Info Exchange_[VT]	311	250

CORE_HRQL_[VT]	0	0
CORE_Participating Providers_[VT]_[ACO]_Commercial	3832	832
CORE_Participating Providers_[VT]_[ACO]_Medicaid	3832	690
CORE_Participating Providers_[VT]_[ACO]_Medicare	3832	977
CORE_Participating Providers_[VT]_[APMH]	3832	694
CORE_Participating Providers_[VT]_[EOC]	0	0
CORE_Payer Participation_[VT]	4	3
CORE_Provider Organizations_[VT]_[ACO]_Commercial	3832	61
CORE_Provider Organizations_[VT]_[ACO]_Medicaid	264	41
CORE_Provider Organizations_[VT]_[ACO]_Medicare	264	83
CORE_Provider Organizations_[VT]_[APMH]	264	63
CORE_Provider Organizations_[VT]_[EOC]	0	0
CORE_Provider Organizations_[VT]_[HH]	5	5
CORE_Readmissions_[VT]	0	0
CORE_Tobacco Screening and Cessation_[VT]	0	0

Risk Factors

Risk Factors	Current Priority Level	Current Probability	Current Impact	Prioritized Risk Mitigation Strategy	Current Next Steps	Current Timeline
Data Infrastructure - Clinical or claims data quality is weak	3	Medium	High	VT will work with vendors to create a standard for data collection and formatting to provide for verifiable and accurate outcomes. One consistent format will enable efficient use of data by all those who come in contact with patient data regularly.	VT will continue to initiate a data governance program for its all-payer claims data to ensure data will support key business initiatives. VHCURES governance council meets regularly to review and make tactical decisions for management of the data system	Ongoing, with significant steps in 2015.

Data Infrastructure - 3 Connectivity challenges: data integration	High	High	The State will work with embark on a planning process for broader data integration to ensure existing challenges are remediated.	VT is expanding participants in HIE beyond hospitals, medical providers, labs and pharmacies; begin planning for integration of claims and clinical data and began a project to inventory health care reform related data sets to enable future aggregation	Ongoing, with significant steps in 2015.
Data Infrastructure - 3 Connectivity challenges: sharing claims and clinical	High	High	VT will work with existing vendors and users to identify connectivity challenges to remediate, eg slowness of data sharing processing and access to Medicare data. VT tracks these via a HIE/HIT Work Group and will update our HIT strategic plan	VT is actively engaged in activities intended to expand the participants in HIE beyond the initial population of hospitals, medical providers, laboratories and pharmacies. Vermont is also in the process of revising its HIT plan to address these needs.	Ongoing
Data Infrastructure - 2 Data privacy	Low	High	We will continue current policy of protecting data and revisit policies annually to ensure privacy and confidentiality of the data.	VT will continue to have any organization participating in VT's HIE sign business associate agreements to detail how data is to be used between organizations. No technical work can begin on a project or interface until agreements have been signed.	Ongoing

Data Infrastructure - 3 Data privacy: 42 CFR Part 2 data	Low	High	We will continue to protect data, ensure privacy and confidentiality of the data and work with vendors, users, providers and others to share these data securely, including Designated Mental Health Agencies, Federally-Qualified Health Centers and others.	DVHA and the Blueprint will continue to distribute their guidance related to data sharing with business associates, patient consents and authorizations, and general patient information. DVHA is partnering with VITL to meet 42 CFR Part 2 compliance in 2015	Ongoing
Data Infrastructure - 4 Sustainability of HIT investments- both state and federal.	High	Medium	VT is developing and supporting a strong HIT infrastructure in 2015, with two gap analyses for clinical data flowing into the HIE, including a remediation plan and prioritized remediation. Funding of the dependent upon investments.	Vermont will continue to use SIM funding to monitor current HIT infrastructure, maintain it's capacity to function and invest in future upgrades.	Ongoing
Data Infrastructure - 2 Telemedicine Delays	High	Low	VT intends to invest in telehealth (telemonitoring and telemedicine), and has engaged a contractor for phase one of the project, which includes an environmental scan of activity in this area and development of criteria to support thoughtful investment.	Vermont has selected a vendor for the first phase of this work; as of April 15, 2015, this contract is awaiting CMMI approval. The telehealth (telemedicine, telemonitoring) investments will begin in fall 2015.	9/14 - 6/15

Data Infrastructure -Data gaps	4	Medium	High	We will utilize and expand upon the HIE network, leverage the experience of organizations well-grounded in HIE build-out, and coordinate across the multiple organizations to leverage the best thinking about and design of our HIT enhancements.	VT is funding analyses of technical gaps that exist for ACO participating providers and for a variety of providers not eligible for EHR incentive payments, including MH agencies, home health agencies, and nursing homes and residential care facilities.	Ongoing
Eval-Distinguish impact of initiative from gross outcome changes in the system	3	Medium	Medium	VT has contracted with a vendor to finalize a research design to best address this risk. The vendor will work with us to ensure that the self-evaluation is as robust as possible while also reflecting the unique nature of the innovations being tested.	Continue to support the work being done by internal and external evaluators. VT is still developing its self-evaluation plan and expects a final self-evaluation plan in May.	Jan - June 2015
Evaluation - Insufficient rigor in evaluation design to draw conclusions.	3	Medium	Medium	Vermont has contracted with an outside vendor to ensure that the self-evaluation is as robust as possible while also reflecting the unique nature of the innovations being tested.	ENSure all evaluations measure process; outcomes; patient, provider and caregiver experience; access to care; quality of care; reduction in the growth of health care expenditures; costs and other financial targets; and utilization.	Jan - June 2015

Evaluation - Siloed analysis	2	Low	Low	Safeguard against the potential for inconsistent results by ensuring all parties are documenting their data decisions. We will use VT's HIT Plan as a guide for consistent data sharing and revisit the Plan once per year to ensure data are flowing.	Work with evaluation contractor and other SIM contractors to ensure analyses are as consistent as possible.	Jan - June 2015
Evaluation - Sub-grant program pilots	1	Low	Low	All sub-grantees are required to provide plans for evaluation, so we are sure that there will be documentation of impact and success. They will provide this as part of quarterly reports and as part of the final report on their respective projects.	The Self-Evaluation quantitative Interrupted Time Series analyses will include attribution to individual sub-grants as a covariate where feasible to consider influence on patient sub-groups and/or statewide health trends.	Jan - June 2015
Evaluation - The timeframe of the SIM project is short	3	Medium	Medium	Vermont launched one payment reform program in 2014, which will provide three full years of testing. Vermont's other programs will have shorter timeframes, but we will work with the outside evaluation to maximize evaluation of these programs.	Vermont has contracted with an outside vendor that will factor pilot implementation timelines into research design.	Jan - June 2015

External (to the project) influences - Impact of activities in border states	3	Medium	Medium	Much of the care Vermonters are seeking outside of the State and where the most impact will be felt is near White River Junction, where Dartmouth works collaboratively with the State and will continue to do for the foreseeable future.	Continue to foster a good working relationship with Dartmouth Medical Center	Ongoing
External (to the project) influences -Provider recruitment	3	Medium	Medium	By adjusting the payment structure for physicians in Vermont to better align with the care they are being compelled to provide, the State believes there will be a greater desire for physicians to relocate and remain in the State.	Continue to advocate for alternative payment models that will encourage providers to come to and remain in the state.	Ongoing
Federal Action - Loss of federal funding	4	Low	High	If we should lose the SIM funding, the activities described in this plan would be scaled back and decelerated, and providers and payers would need more time to transform their practices without the infrastructure and other tools provided with SIM funding.	Continued adherence to CMMI requirements for the SIM program.	Ongoing

Federal Action -CMMI guidance	2	Medium	Medium	The State SIM team has in place flexible work plans that allow for the occasional change in direction or completion of additional work outputs as requested by CMMI.	The State will continue to have an open communication plan with CMMI Project Officer about any issues or questions that arise.	Ongoing
Federal Action -Federal fraud and abuse laws	2	Low	Medium	VT has not identified any legal obstacles in the existing fraud and abuse laws, with one conversation with federal experts and will continue the conversation with them during model testing to ensure we have properly assessed these legal issues.	Continue to leverage current fraud and abuse protections, penalties, and performance-based terms and conditions	Ongoing
Federal Action -State Plan Amendments	3	Medium	Low	The State has successfully undergone the SPA process and learned the importance of communication with CMS and using the appropriate format throughout the process. We will employ these lessons learned for all SPA requests.	Follow best practices as learned in the past SPA completion process. Continued exploration with CMS about how to make this process completed in an expedited manner.	Annually
Proj Des-Focus solely on provider perspect. instead of individ. receiving care	2	Medium	Medium	The State has encouraged consumer advocate and consumer participation on all work groups and the Steering Committee. The State also seeks public comment throughout the decision-making process.	The State will receive the patient satisfaction survey results soon and can use this information to inform policy decisions.	Ongoing

Project Design -Adherence to project timelines and milestones	2	Medium	Low	Vermont's timeline is aggressive; we have the relationships and the processes to adhere to it. We keep an updated detailed project deliverable timeline and disseminate it to stakeholders and staff to ensure we meet project milestones.	Make Year 2 timelines and milestones publically available and well known so that all interested parties have stake in helping the project to meet their goals.	Ongoing
Project Design -Alignment with existing state activities	2	Medium	Medium	VT is aligning SIM activities with existing health reform activities, including the Blueprint for Health, which pushes forward the existing work to reform the State's healthcare system and project goals were created to be in line with existing activities.	Continue to leverage existing state policies and anticipate future health reform strategies in SIM planning and implementation. Specific areas of focus include care management and care coordination as well as data integration and analysis.	Ongoing
Project Design -Care transformation will not be sustainable	4	Medium	High	VT will implement policies which build on the Blueprint and ACO infrastructure and leverage quality improvement initiatives to support care transformation. VT will work closely with providers through Learning Collaboratives to support care transformation.	Care transformation strategies will be evidence based and Learning Collaboratives will test these, assess their success and provide recommendations on statewide implementation. Unified community health systems will support care transformation regionally.	Ongoing

Project Design -Implementation delays due to unforeseen issues	3	Medium	Low	The State has created work plans to ensure progress of the SIM project continues forward despite potential setbacks. Staff can be allocated where necessary in order to complete delayed or unforeseen tasks.	Orient staff to various components of the SIM project, so they can help with and ensure progress is being made despite potential setbacks or delays in other areas.	Ongoing
Project Design -Low provider and payer participation	3	Medium	Medium	We have significant payer and provider participation in the SIM Project with processes to enable us to address issues that might lead to a lack of participation. Our communications are relevant, timely, clear, predictable, appealing and multi-modal.	Continue to ask for provider input as SIM implementation continues to ensure no decisions made are ostracizing a large number of providers.	Ongoing
Project Design -Models are not designed well	5	Medium	High	We will test and evaluate the models implemented through this project both through formal, retrospective analysis and through real-time testing of our assumptions about incentives, causation and likely outcomes with project participants and stakeholders.	Continue rapid cycle review of models during design and implementation.	Ongoing

Project Design -Project complexity	3	Low	Medium	We have project governance and management structures to provide for shared decision-making, open communication and a formal structure that will foster both clear assignment of tasks and accountabilities and coordination between discrete project components	Develop concrete plans for the project for year 2 so accountability and timelines are clear; work groups have a comprehensive 2015 plan with touchpoints with other work groups to ensure collaboration and avoid duplication.	Ongoing
Project Design -Quality improvement will not be sustainable	4	Medium	High	In policy and funding decisions VT works with stakeholders to select important performance measures and prioritize quality improvement initiatives, linking payment with performance, with changes supported by the healthcare community and sustainable.	Strategies will be coordinated regionally by ACO and Blueprint leadership through unified community health systems. Also coordinate care management, learning collaboratives, and IT projects to facilitate performance measurement and quality improvement.	Ongoing
Project Design -Weak model design	5	Medium	High	Test and evaluate models implemented through formal retrospective analysis and real-time testing of assumptions about incentives, causation and outcomes with project participants and stakeholders; modify models over the time if they show deficiencies.	Evaluate models at critical milestone and decision points to ensure they are meeting desired outcomes	Ongoing

SOV Processes -Contract procurement delays	2	Medium	Low	VT will provide as much information as possible in RFPs to avoid delays and contractor confusion, review the contracting plan with all state entities involved in the process to understand the timelines.	Review current contracts and amendments to determine areas of improvement before releasing contracts in Yr 2.	Annual review
SOV Processes -Departure of key personnel/contractors	3	Medium	Medium	Certain personnel are beneficial to the overall project success; this team was selected to enable success. Should any member depart, we will recruit a replacement and the rest of the team would reconfigure as necessary to accomplish the SIM Project.	Work with staff to ensure personal and professional satisfaction.	Ongoing
SOV Processes -Staff recruitment and retention	3	Medium	Low	Due to the specialized skills, small population and rural nature of VT, recruitment of qualified staff is an identified challenge. Success apparent as current staffing levels are at an all time high.	Cast a wide net during recruitment to attract a wide range of possible candidates.	Ongoing

Stakeholder Activities - Meetings and activities not useful for stakeholders	3	Medium	Medium	In year 2 there will be more collaboration between workgroups, cross workgroup presentations and sharing of work plans and timelines so that stakeholders find meetings more beneficial and more successfully aid in achieving overall program goals.	Continue process of evaluating all workgroups to identify best practices and common themes that have arisen in the past year, and how to address any areas of concern.	Ongoing
Stakeholder Activities -Expansion of project goals or work plan charters	2	Medium	Low	The SIM project has specific goals outlined in the grant application and operational plan; only those expansions or changes in direction that have the full support of stakeholders and CMMI will be acted on to continue the project's forward momentum.	Be pragmatic in expectations around how much the State can get done in each year. Lessons from the Yr 1 will help staff to more accurately project what can be accomplished in Yr 2.	Annual Review
Stakeholder Activities -Focus/distractions	1	Low	Low	Workgroup agendas are designed to focus group activities on important presentations and votes by members, without excessive items or mundane detail that the staff and consultants are responsible for, the stakeholders can avoid unnecessary distractions.	Limit agendas to only that which can be achieved in a given workgroup meeting to avoid rushing and allow for the necessary conversations to occur. Make sure materials are timely, appropriate and not too lengthy.	Ongoing

Stakeholder Activities -Positional advocacy	3	Medium	Medium	VT structured this project to protect against the advancement of any one group's agenda. The open and collaborative forum and necessary approval of all decisions by the Steering and Core teams ensures all sides have a voice in the process.	Continue to allow for ample public comment periods and complete transparency in decision making.	Ongoing
Stakeholder Activities -Project fatigue	2	Medium	Medium	The structure of this project allows for stakeholder involvement; decisions occur after significant time for comment and discussion. Allowing for open communication around project implementation goals stakeholders are likely to be continually engaged.	Continue to monitor project timelines with providers and payers to confirm feasibility of activities.	Ongoing
State Processes - State fraud and abuse laws	2	Low	Medium	VT has not identified any legal obstacles in the existing fraud and abuse laws, with one conversation with federal experts and will continue the conversation with them during model testing to ensure we have properly assessed these legal issues.	Continue to leverage current fraud and abuse protections, penalties, and performance-based terms and conditions	Ongoing

WBS

Vendor	Category of Expense	Primary Driver	Total Expenditure	Metric Name	Carry Over Rate/Un Funds Cost
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Grant Provider Program-Misc. Grants	Contract	Driver 18	\$4,906,449	CORE_Health Info Exchange [VT]	Yes
Bi-State Primary Care #03410145615	Contract	Driver 19	\$180,000	CORE_Participating Providers [VT] [ACO] Medicaid	Yes
Nancy Abernathy #28243	Contract	Driver 19	\$6,230	CORE_Participating Providers [VT] [APMH]	Yes
UVM Medical Center #28242	Contract	Driver 19	\$512,710	CORE_Provider Organizations [VT] [ACO] Commercial	Yes
University of Vermont #27909	Contract	Driver 19	\$18,073	CORE_Health Info Exchange [VT]	Yes
Policy Integrity #26294	Contract	Driver 19	\$100,000	CORE_Health Info Exchange [VT]	Yes
Datastat #26412	Contract	Driver 19	\$115,278	CORE_Health Info Exchange [VT]	Yes
Coaching Center #27383	Contract	Driver 19	\$15,000	CORE_Health Info Exchange [VT]	Yes
James Hester #26319	Contract	Driver 19	\$31,000	CORE_Health Info Exchange [VT]	Yes

University of Massachusetts #25350	Contract	Driver 19	\$650,000	CORE Health Info Exchange [VT]	Yes
VPQHC #27427	Contract	Driver 19	\$100,000	CORE Health Info Exchange [VT]	Yes
Behavioral Health Network of VT #27379	Contract	Driver 20	\$105,000	CORE Beneficiaries impacted [VT] [ACO] Medicaid	Yes
Prevention Institute #28135	Contract	Driver 20	\$21,257	CORE Beneficiaries impacted [VT] [ACO] Medicaid	Yes
Pacific Health Policy Group DTLSS#28062	Contract	Driver 20	\$36,000	CORE Beneficiaries impacted [VT] [ACO] Medicaid	Yes
PDI Consulting #27818	Contract	Driver 20	\$15,000	CAHPS Clinician & Group Surveys (CG-CAHPS or PCMH CAHPS)	Yes
HIS Professionals #27511	Contract	Driver 20	\$137,597	CORE Health Info Exchange [VT]	Yes
Vermont Information Technology Leaders #0341025614	Contract	Driver 20	\$444,677	CORE Health Info Exchange [VT]	No
im21 #27806	Contract	Driver 20	\$96,000	CORE Health Info Exchange [VT]	Yes

Vermont Information Technology Leaders #3410127514	Contract	Driver 20	\$3,210,464	CORE Health Info Exchange [VT]	Yes
Deborah Lisi-Baker #26033	Contract	Driver 21	\$35,000	CORE Beneficiaries impacted [VT] [ACO] Medicaid	Yes
Arrowhead Analytics #25132	Contract	Driver 21	\$37,797	CORE Beneficiaries impacted [VT] [ACO] Medicaid	Yes
Burns & Associates #18211	Contract	Driver 21	\$200,000	CORE Participating Providers [VT] [ACO] Medicaid	Yes
Pacific Health Care Group #27087	Contract	Driver 21	\$57,820	CORE Beneficiaries impacted [VT] [ACO] Medicaid	Yes
The Lewin Group #27060	Contract	Driver 21	\$285,644	CORE Beneficiaries impacted [VT] [ACO] Commercial	Yes
Impaq International #27426	Contract	Driver 21	\$354,967	CORE HCAHPS Patient Rating [VT]	Yes
Pacific Health Policy Group #26096	Contract	Driver 21	\$90,000	CORE Beneficiaries impacted [VT] [ACO] Medicaid	No
Truven #26305	Contract	Driver 21	\$100,000	CORE Beneficiaries impacted [VT] [ACO] Medicaid	Yes

Maximus #20959	Contract	Driver 21	\$40,000	CORE Beneficiaries impacted [VT] [ACO] Medicaid	Yes
Bailit Health Purchasing #26095	Contract	Driver 21	\$603,460	CORE Beneficiaries impacted [VT] [ACO] Commercial	Yes
Wakely Acturial Consulting #26303	Contract	Driver 21	\$150,000	CORE Beneficiaries impacted [VT] [ACO] Medicaid	Yes
Stone Environmental #28079	Contract	Driver 21	\$20,000	CORE Health Info Exchange [VT]	Yes



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