



Centers for Medicare & Medicaid Services

State Innovation Model Progress Report

Award Detail

Award Title	Vermont:Test R1	Round	1
Organization Name	Vermont	Grants Management Specialist	Gabriel Nah
Type	Test	Project Officer	Bridget Harrison
Total Funding Amount	\$45,009,480.00		

Description

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.

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 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 - 2016 Progress Report	Award Title	Vermont:Test R1
Report Quarter	Q1	Date Submitted	4/28/2016
Report Year	2016	Approval Status	Pending Approval
Date Approved		Last Modified By	Georgia Maheras
WBS Not Applicable	<input type="checkbox"/>		

Executive Summary

Overview

During Q1 of 2016, Vermont's SIM project continued to make progress in our three focus areas (payment model design and implementation; practice transformation; health data infrastructure) and worked to develop our Year 3 Operational Plan and Budget.

Payment Model Design and Implementation: Vermont engaged in further analyses of Year 1 (2014) Medicaid and commercial Shared Savings Program (SSP) results; continued design work related to the Accountable Communities for Health Peer Learning Laboratory and selected a contractor to support this effort; and continued to support All-Payer Model planning and negotiations.

Practice Transformation: Vermont continued implementation of the Integrated Communities Care Management Learning Collaborative and launched a series of core competency trainings focused on care management core competencies for front-line health care providers and disability awareness (Success Story).

Health Data Infrastructure: Vermont's SIM-supported HIT/HIE investments have continued this quarter, including: contract negotiations to launch of telehealth pilots; continued planning for investments to increase HIE connectivity for DLTSS providers; a final proposal related to the Shared Care Plan and Universal Transfer Protocol projects (Additional Information); and execution of a contract to launch of an event notification system (Success Story).

Other:

- **Evaluation:** Vermont executed a contract with the newly selected SIM Self-Evaluation vendor in March 2016 (Self-Evaluation Activities).
- **Year 3 Operational Plan:** Vermont's SIM team worked to develop a Year 3 Operational Plan and Budget, submitted to CMMI on April 28,

2016.

- Sustainability Planning: Vermont ramped up sustainability planning efforts in coordination with the All-Payer Model team and AHS staff leading Medicaid Pathway efforts (Additional Information).

Governance changes: None.

Success Story or Best Practice

Core Competency Training Launch: The Core Competency Training initiative launched in March 2016, and offers a comprehensive training curriculum to front line staff providing care coordination from a wide range of medical, social, and community service organizations in communities state-wide. The core curriculum will cover competencies related to care coordination and disability awareness. Additional training opportunities include advanced care coordination training, care coordination training for managers and supervisors, and “train the trainer” training. In total, 34 separate training opportunities will be made available to up to 240 participants state-wide. In order to ensure sustainability of training materials beyond the initial training period, training sessions will be filmed and all materials will be made available in an online format. This project is an offshoot of the Integrated Communities Care Management Learning Collaborative and meets the need identified within that training series.

Event Notification System Contract Signed: In March, Vermont executed an agreement with PatientPing to launch an event notification system to proactively alert participating providers regarding their patient’s medical service encounters. The system will provide admission, discharge, and transfer alerts to participating providers through the Vermont Health Information Exchange (VHIE).

Challenges Encountered & Plan to Address

Staff Departures: Vermont’s SIM project has experienced the departures of three SIM-funded staff and key personnel since Q4 2015: SIM key personnel Spenser Weppler in late December, SIM-funded DVHA Project Director Cecelia Wu in January, and SIM key personnel Steve Maier in March. Vermont’s SIM-funded positions are limited service and the majority are scheduled to conclude in December 2016, so staff departures are not unexpected; however, they do create challenges for our staff team. Vermont’s SIM leadership reassigned responsibilities to ensure we continue to meet program goals and milestones, while identifying which work requires additional staffing to be filled by new State staff and which can be delegated to SIM contractors. A new full-time Project Manager contracted through UMass was added to address this anticipated issue.

Sub-Grant Audits: In Q1 2016, Vermont’s SIM project engaged our sub-grantees in an audit process to ensure that sub-grantees were complying with SIM Terms and Conditions that prevent SIM funds from paying for clinician time in most circumstances. After many discussions with CMMI, the sub-grantees, and State staff, Vermont developed a formal policy and billing process to support sub-grantees in demonstrating compliance with these terms.

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 Group, Steering Committee, and Core Team meetings, the Vermont SIM team continues to meet regularly with payers as well as providers, advocates, consumers, 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 educational 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 Vermont Information Technology Leaders (VITL), ACOs, and payers.
- Meetings with Agency of Human Services departments and advisory groups to share information about project activities and progress.
- Updates provided to Legislative oversight committees regarding project status.
- Monthly webinars for SIM participants on topics of interest identified by staff and stakeholders (launched January 2016; topics have included Vermont's payment reforms, population health definitions, and care management for people with complex needs). Webinars are archived at <http://healthcareinnovation.vermont.gov/node/879>.

Policy Activities

Medicaid SSP Year 3 SPA: During Q1, Vermont continued work on the Year 3 VMSSP SPA; the SPA was submitted to CMCS on April 4, 2016.

State Health Care Innovation Activities

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

Blueprint for Health: Vermont's SIM project is working with Blueprint staff and stakeholders to support alignment across efforts (SIM Engagement Activities). This quarter, SIM continued to support implementation of Regional Collaboratives, local structures that support provider collaboration/alignment between Blueprint and ACO quality measurement, data analysis, clinical priorities, and improvement efforts. Regional Collaboratives convene leaders from ACOs, Blueprint, and health care/community organizations; they are now active in all Health Service Areas.

HIT/HIE: Vermont's SIM project continues to work with providers and VITL on various projects to improve the health data infrastructure and increase health information exchange. In Q1 2016, Vermont continued to work to improve data quality with VITL, ACOs, and providers, and with the state's Designated Mental Health Agencies to build a data repository. The State also gathered stakeholder feedback on our HIT Plan and presented it to GMCB during Q1.

All-Payer Waiver: In Q1 2016, Vermont continued discussions with CMMI and local stakeholders to obtain a Medicare waiver to facilitate a statewide, all-payer approach to payment and delivery system reform, known as the All-Payer Model (APM); this work continues in Q2. By utilizing federal investments in SIM and parallel State investments, Vermont will create a strong foundation for a statewide, all-payer, transformative delivery system model. This will be a focus of Vermont's Year 3 activities, Year 3 budget, and Sustainability Plan.

Community-Level Innovation: Vermont's SIM project is spurring innovation at the local level through a sub-grant program (see Q2 2015 report), Learning Collaborative (see Q3 2015 report), and Accountable Communities for Health work (see Q3 2015 report).

Self-Evaluation Findings

State-Led Evaluation Plan Implementation: As a result of changes to the State-Led Evaluation Plan and related contract scopes, State procurement guidelines required Vermont to terminate its contract with the existing State-Led Evaluation contractor and re-procure for the revised scope of work in Q4 2015. A new state-led evaluation contractor was selected in December 2015 with a contract executed with JSI International and a state-led evaluation launch meeting held in March 2016.

Additional Information

APM and Medicaid Pathway: During Q1, Vermont continued to engage in negotiations with CMMI to define major elements of the proposed APM, with the goal of reaching consensus and beginning the federal clearance process in Q2. The APM team is also presenting to interested groups and engaging key stakeholders. In addition, Vermont's APM team is collaborating closely with SIM and AHS staff to develop a "Medicaid Pathway" designed to support Medicaid alignment with the APM. The Pathway seeks to create an integrated system for those services not initially subject to the financial cap under the APM. In Q1, project staff engaged in discussion of the model with CMMI and key Vermont stakeholders. This work occurs under Vermont's Medicaid Value-Based Purchasing work stream.

Shared Care Plan and Universal Transfer Protocol Projects: After over a year of discovery and requirements development, Vermont SIM project leadership chose not to pursue development of technical solutions for these work streams, in large part due to the number of solutions already in development and implementation in the state (6 currently known for Shared Care Plan). Future SIM-supported work to further shared care planning will focus on revising the VHIE consent policy and architecture; SIM-supported practice workflow modifications will help meet the goals of the Universal Transfer Protocol work stream.

Sustainability Planning: During Q1, Vermont intensified SIM sustainability planning activities in partnership with the All-Payer Model team and AHS staff working to further define which SIM activities will continue following the end of the grant, and which will taper off. For activities that will continue, staff are collaborating to identify where this work will live, who will be responsible, and which governance structures will be in place. These efforts have supported development of Vermont's Year 3 Operational Plan, submitted on April 28, 2016.

Metrics

Metric Name	Performance Goal	Current Value
"Number of Provider education and	100.00	22.00
CAHPS Clinician & Group Surveys (CG-CAHPS or PCMH CAHPS)_Commercial	0.00	0.00
CAHPS Clinician & Group Surveys (CGCAHPS or PCMH CAHPS)_Medicaid		0.00
CORE Beneficiaries impacted [VT] [ACO] Commercial	63658.00	13922.00
CORE Beneficiaries impacted [VT] [ACO] Medicaid	101000.00	78759.00
CORE Beneficiaries impacted [VT] [ACO] Medicare	111000.00	69955.00

CORE Beneficiaries impacted [VT] [APMH/P4P] Commercial	341000.00	128629.00
CORE Beneficiaries impacted [VT] [APMH/P4P] Medicaid	133000.00	108654.00
CORE Beneficiaries impacted [VT] [APMH/P4P] Medicare	111000.00	70617.00
CORE Beneficiaries impacted [VT] [EOC] Commercial		0.00
CORE Beneficiaries impacted [VT] [EOC] Medicaid		0.00
CORE Beneficiaries impacted [VT] [EOC] Medicare		0.00
CORE Beneficiaries impacted [VT] [P4P] Medicare	0.00	70617.00
CORE BMI [VT]_Commercial	0.00	59.00
CORE Diabetes Care [VT]_Commercial	0.00	34.00
CORE HCAHPS Patient Rating [VT]	0.00	0.00
CORE Health Info Exchange [VT]	311.00	293.00
CORE HRQL [VT]	0.00	10.00
CORE Participating Providers [VT] [ACO] Commercial	3832.00	1016.00
CORE Participating Providers [VT] [ACO] Medicaid	3832.00	515.00
CORE Participating Providers [VT] [ACO] Medicare	3832.00	939.00
CORE Participating Providers [VT] [APMH]	3832.00	712.00
CORE Participating Providers [VT] [EOC]_Medicaid	0.00	0.00
CORE Payer Participation [VT]	4.00	3.00
CORE Provider Organizations [VT] [ACO] Commercial	3832.00	65.00
CORE Provider Organizations [VT] [ACO] Medicaid	264.00	48.00
CORE Provider Organizations [VT] [ACO] Medicare	264.00	79.00
CORE Provider Organizations [VT] [APMH]	264.00	128.00
CORE Provider Organizations [VT] [EOC]	0.00	0.00
CORE Provider Organizations [VT] [HH]	5.00	5.00
CORE_BMI_[VT]_Medicaid		41.00
CORE_BMI_[VT]_Medicare		65.00

CORE_Diabetes Care_[VT]_Medicare		24.00
CORE_Diabetes Care_[VT]_Medicare		24.00
CORE_Diabetes_[VT]Medicaid		25.00
CORE_ED Visits_[VT]_Commercial	0.00	15.20
CORE_ED Visits_[VT]_Medicaid		44.90
CORE_Readmissions_[VT]_Commercial	0.00	0.00
CORE_Readmissions_[VT]_Medicaid		17.00
CORE_Tobacco Screening and Cessation_[VT]_Commercial	0.00	0.00
CORE_Tobacco Screening and Cessation_[VT]_Medicaid		0.00
CORE_Tobacco Screening and Cessation_[VT]_Medicare		0.00
Unduplicated number of beneficiaries impacted by all refrom activities_Statewide	573360.00	318575.00

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 providers and vendors on practice work flow and standardizations to enhance efficiencies, implement terminology services (data cleansing and standardization) into the HIE and develop key PDSA cycles to ensure data quality improvement.	Vermont will implement systemic terminology services within the HIE; provide additional SIM funding for data quality efforts at Designated Agencies and Specialized Services Agencies and implement provider workflow enhancements to improve efficiencies.	Ongoing

<p>Data Infrastructure - 3 Connectivity challenges: data integration</p>	<p>Medium</p>	<p>High</p>	<p>The State will embark on a planning process for broader data integration to ensure existing challenges are remediated.</p>	<p>Vermont is expanding participants in HIE beyond initial users (hospitals, medical providers, labs, pharmacies); begin planning for integration of claims/clinical data and completed a health data inventory to support planning and aggregation.</p>	<p>Ongoing</p>
<p>Data Infrastructure - 3 Connectivity challenges: sharing claims and clinical</p>	<p>High</p>	<p>High</p>	<p>Vermont will work with existing vendors/users to identify connectivity challenges to remediate, e.g. slowness of data sharing processing and access to Medicare data. Vermont tracks these via a Health Data Infrastructure Work Group and will update VHITP.</p>	<p>Review current contracts and amendments to determine areas of improvement before executing contracts; work with DVHA business office to ensure adequate resources are assigned to facilitate SIM contracting process.</p>	<p>Ongoing</p>

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.	Vermont will work with appropriate legal resources around the new proposed federal rules on 42 CFR Part II data and will identify implications and potential changes to privacy and technical systems architecture.	Ongoing
Data Infrastructure - 2 Data privacy: 42 CFR Part 2 data	Low	High	Vermont will continue 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.	Vermont is building a data warehouse for Designated Agencies and Specialized Services Agencies that is fully compliant with the proposed Part 2 rules and is reviewing other systems' privacy and architectural changes to ensure compliance with the new rule.	Ongoing

Data Infrastructure - 4 Sustainability of HIT investments- both state and federal.	High	Medium	Vermont continues to support a strong HIT infrastructure in 2016, with close alignment to the Vermont Health Information Technology Plan (VHITP).	Vermont will continue to use SIM funding to monitor current HIT infrastructure, ensure functionality, and invest in future upgrades by implementing the strategy and recommendations in the VHITP.	Ongoing
Data Infrastructure - 2 Telemedicine Delays	High	Low	Phase 1 of the telehealth project is complete (strategic plan development); phase 2 will launch telehealth pilots that align with this strategy, selected via RFP.	Delays in bidder selection and contract negotiations resulted in delayed program launch. To limit the impact, staff are working with apparent awardees to conclude negotiations and execute contracts; program launch is expected in Spring 2016.	Ongoing

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.	Vermont's state-wide Health Information Technology Plan (VHITP) contains a strategy and recommendations to ensure that health information technology continues to be built as efficiently and robustly as possible.	Ongoing
Eval-Distinguish impact of initiative from gross outcome changes in the system	2	Low	Low	Vermont has elected to use a mixed-methods study design that includes qualitative site visits and a cross-sectional survey, therefore the risk of omitting key causal covariates that cannot be isolated in quantitative analysis is limited.	Vermont's evaluation contractor will implement the evaluation plan and the use of the mixed-method design will allow a look-back and thorough review of the data throughout the process to ensure fidelity and accuracy of the measurements.	Ongoing

Evaluation - Insufficient rigor in evaluation design to draw conclusions.	2	Low	Low	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.	Vermont will work with stakeholders, project teams and evaluation experts to ensure the SIM contractor is taking into account the unique innovations within the project and applying sufficient rigor to the evaluation.	Ongoing
Evaluation - Siloed analysis	2	Low	Low	Safeguard against inconsistent results by eliminating duplicative analysis by contractors using different data sources, the same source with different specs, and/or data transformation/data normalization techniques.	Work with evaluation contractor and other SIM contractors to ensure analyses are as consistent as possible.	Ongoing
Evaluation - Sub-grant program pilots	1	Low	Low	All sub-grantees are required to provide plans for evaluation to ensure 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	Final sub-grant evaluations will be collected and coalesced into topical briefs that will be shared broadly across the State.	Ongoing

Evaluation - The timeframe of the SIM project is short	2	Low	Low	Vermont's SSP launched in 2014 will provide three full years of testing. Additionally, we have extended Performance Period 2 to accommodate SIM project milestones.	Vermont engages in continual review of milestones and resources allocated to them to ensure resources are aligned so that we can meet project deadlines. We shift resources (both staff and contractor) as necessary to meet new needs.	Ongoing
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. Vermont is also engaging in workforce supply assessment and demand modeling to predict future workforce needs.	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 by 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 necessary changes 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	Vermont has not identified any legal obstacles in the existing fraud and abuse laws, and will continue conversation with federal and state experts 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 3 Plan Amendments	3	Medium	Low	The State has successfully completed the SPA process for Years 1 and 2 of the Medicaid SSP, and has submitted the Year 3 VMSSP SPA. We will employ lessons learned for all subsequent SPA submissions to ensure timely approval.	The State will follow best practices as established in the initial SPA approval process, and will continue to engage with CMS on a regular basis to explore improvements to program methodology in Year 3.	Ongoing

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, but is supported by strong relationships and processes. We keep an updated detailed project deliverable timeline and disseminate it to stakeholders and staff to ensure we meet project milestones.	Make Performance Period 2 and 3 timelines and milestones publically available and well known so that all interested parties have stake in helping the project to meet goals; additional PM support added to ensure projects remain on track.	Ongoing

Project Design -Alignment with existing state activities	2	Medium	Medium	Vermont is aligning SIM activities with existing health reform activities, including the Blueprint for Health. This supports existing work to reform the State's healthcare system; project goals were created to align 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	Vermont will implement policies that build on the Blueprint and ACO infrastructure and leverage quality improvement initiatives to support care transformation, and will work with providers through Learning Collaboratives to support care transformation.	Care transformation strategies will be evidence based; Learning Collaboratives will test strategies, assess success, and provide recommendations on statewide implementation. Regional Collaborations 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 program congruence: VT's SIM project continues to progress 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 set backs 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 in the face of strong provider opposition.	Ongoing

Project Design -Models are not designed well	5	Medium	High	Vermont will test and evaluate the models implemented through SIM 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	Vermont project governance and management structures to support shared decision-making, open communication and a formal structure that will foster both clear assignment of tasks and accountability and coordination between discrete project components	Develop concrete plans for the project in Performance Period 3 so accountability and timelines are clear; work groups have comprehensive 2016 plans with touchpoints with other work groups to ensure collaboration and avoid duplication.	Ongoing

Project Design -Quality improvement will not be sustainable	4	Medium	High	Vermont works with stakeholders to make policy and funding decisions by selecting performance measures and prioritizing 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 Regional Collaborations. This is also supported by activities to enhance care management, learning collaboratives, and IT projects to facilitate measurement and QI.	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 confusion, and reviews 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; work with DVHA business office to ensure adequate resources are assigned to facilitate SIM contracting process.	Annual Review, or as deemed necessary by DVHA Business Office
SOV Processes -Departure of key personnel/contractors	3	High	Medium	As staff depart, project leadership elects to recruit a replacement, reconfigure existing staff resources, or draw on contractor resources to ensure tasks are accomplished. This is particularly relevant as Vermont enters Performance Period 3	Work with staff to ensure personal and professional satisfaction; develop flexible staffing structure that can reconfigure as necessary to fill gaps due to staff departures.	Ongoing

SOV Processes -Staff recruitment and retention	3	Medium	Low	Due to the specialized skills, small population, and rural nature of Vermont, recruitment of qualified staff is an identified challenge. Success is apparent as Vermont's SIM project has recruited an effective and highly qualified team.	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	Modify work groups to better engage members and streamline activities. Work groups align with project focus areas: a) Payment Model Design and Implementation b) Care Delivery and Practice Transformation and c) Health Data Infrastructure.	Share work group workplans and combine agendas into a more comprehensive implementation plan throughout remainder of project; Create monthly status reports to broadly share progress toward focus area milestones.	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 plans; only those expansions or changes in direction that have the full support of stakeholders and CMMI will be pursued to continue the project's forward momentum.	Vermont has worked extensively with our federal partners and stakeholders to establish achievable milestones for the remainder of the project; we will continue to monitor progress toward those milestones.	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	Vermont 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 - 2
State fraud and abuse
laws

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 Unrestricted Funding (obligated funds)	Metric Name	Carry Rate/Over Unit Funds Cost	Comments/ Notes	Total Payments (spent funds)
University of Massachusetts #	Contract	Driver 1	\$743,523	CORE Health Info Exchange [VT]	Yes	Un-liquidated Obligation-\$48,056.95	\$504,912
Grant Provider Program-Variou	Contract	Driver 1	\$4,154,753	CORE Health Info Exchange [VT]	Yes	Un=liquidated Obligation-\$234,363.92	\$2,725,681
VMS Education & Research Fdn#28675	Contract	Driver 1	\$140,658	CORE Participating Providers [VT] [ACO] Medicare	No	Un-liquidated Obligation-\$16,642.83	\$56,218
Nancy Abernathey#28243	Contract	Driver 1	\$125,250	CORE Participating Providers [VT] [ACO] Medicaid	Yes	Un-liquidated Obligation-\$7,407.32	\$94,056
UMV One Care#28242	Contract	Driver 1	\$4,026,669	CORE Provider Organizations [VT] [ACO] Commercial	Yes	Un-liquidated Obligation-\$522,785.00	\$2,768,200
UMV-Workforce Symposium#27909	Contract	Driver 1	\$18,073	CORE Health Info Exchange [VT]	Yes	Closed Contract	\$18,073
JBS International#28389	Contract	Driver 1	\$108,000	CORE Participating Providers [VT] [ACO] Medicaid	No		\$107,747
Coaching Center of Vermont#27383/29544	Contract	Driver 1	\$28,000	CORE Health Info Exchange [VT]	Yes	Un-liquidated Obligation-\$250.00 and pending additional contract approval-\$4,250.00	\$27,750
Behavioral Health Network	Contract	Driver 1	\$1,286,460	CORE Health Info	Yes	Un-liquidated	\$318,660

of VT#27379				Exchange [VT]		Obligation-\$52,241.44	
Datastat#26412	Contract	Driver 1	\$230,639	CORE Health Info Exchange [VT]	Yes	Un-liquidated Obligation-\$37,061.40	\$89,618
Policy Integrity#26294/29266	Contract	Driver 1	\$134,775	CORE Health Info Exchange [VT]	Yes	Un-liquidated Obligation-\$26,780.00	\$100,000
James Hester #28674	Contract	Driver 1	\$17,000	CORE Health Info Exchange [VT]	Yes	Un-liquidated Obligation-\$350.00	\$15,662
James Hester #26319	Contract	Driver 1	\$16,945	CORE Health Info Exchange [VT]	Yes	Closed Contract	\$16,945
Covisint	Contract	Driver 2	\$1,000,000	CORE Health Info Exchange [VT]	No	Closed Contract	\$1,000,000
VT Information Tech. Leaders/VT DMH	Contract	Driver 2	\$11,088	CORE Health Info Exchange [VT]	Yes		\$11,088
Patient Ping#30642	Contract	Driver 2	\$500,000	CORE Health Info Exchange [VT]	No	Un-liquidated Obligation-\$117518.16	\$0
VT Information Tech. Leaders#3410-256-14	Contract	Driver 2	\$444,678	CORE Health Info Exchange [VT]	Yes	Closed Contract	\$444,678
VT Information Tech. Leaders#3410-1275-14	Contract	Driver 2	\$3,636,754	CORE Health Info Exchange [VT]	Yes		\$3,321,766
Prevention Institute#28135	Contract	Driver 2	\$106,285	CORE Beneficiaries impacted [VT] [ACO] Medicaid	No	Closed Contract	\$106,285
PDI-Peter Kriff#27818	Contract	Driver 2	\$79,582	CAHPS Clinician & Group Surveys (CGCAHPS or PCMH CAHPS)_Medicaid	Yes	Pending additional contract funding approval of \$9,738.50	\$79,582
im21#27806	Contract	Driver 2	\$160,000	CORE Health Info Exchange [VT]	Yes	Closed Contract	\$160,000
H.I.S. Professionals #27511	Contract	Driver 2	\$257,852	CORE Health Info Exchange [VT]	Yes	Un-liquidated Obligation-\$6,033.60	\$178,113
Burns & Assoc. #18211/28733	Contract	Driver 3	\$730,230	CORE Beneficiaries impacted [VT] [ACO] Medicaid	Yes	Un-liquidated Obligation-\$145,097.47	\$530,619

Arrowhead Consulting#25312	Contract	Driver 3	\$58,962	CORE Beneficiaries impacted [VT] [ACO] Medicaid	Yes	Closed Contract	\$58,962
Bi-State Primary Care Assn.#3410-1456-14	Contract	Driver 3	\$961,439	CORE Participating Providers [VT] [ACO] Medicaid	Yes	Un-liquidated Obligation-\$112,213.54	\$495,842
Primary Care Development Corp #TBD	Contract	Driver 3	\$142,425	CORE Beneficiaries impacted [VT] [ACO] Medicaid	No		\$0
Vermont DDC#TBA	Contract	Driver 3	\$90,199	CORE Beneficiaries impacted [VT] [ACO] Medicaid	No		\$0
Maximus #20959	Contract	Driver 3	\$7,966	CORE Beneficiaries impacted [VT] [ACO] Medicaid	Yes		\$7,804
Deborah Lisi-Baker #26033	Contract	Driver 3	\$96,062	CORE Beneficiaries impacted [VT] [ACO] Medicaid	Yes	Un-liquidated Obligation-\$6,375.00	\$51,750
Bailit Health Consulting #26095	Contract	Driver 3	\$880,155	CORE Beneficiaries impacted [VT] [ACO] Commercial	Yes	Un-liquidated Obligation-\$52,644.63	\$611,554
Pacific Health Policy Group#26096	Contract	Driver 3	\$89,963	CORE Beneficiaries impacted [VT] [ACO] Medicaid	Yes	Closed contract	\$89,963
Pacific Health Policy Group#28062/30595	Contract	Driver 3	\$201,280	CORE Beneficiaries impacted [VT] [ACO] Medicaid	Yes	Un-liquidated Obligation- \$24,625.00	\$118,587

Pacific Health Policy Group#27087/29584	Contract	Driver 3	\$70,532	CORE Beneficiaries impacted [VT] [ACO] Medicaid	Yes	Closed Contract	\$70,532
Wakely Consulting #26303	Contract	Driver 3	\$94,412	CORE Beneficiaries impacted [VT] [ACO] Medicaid	Yes		\$60,856
Truven/Brandis#26305/29267	Contract	Driver 3	\$19,905	CORE Beneficiaries impacted [VT] [ACO] Medicaid	Yes		\$9,905
Healthfirst#3410-1457-15	Contract	Driver 3	\$55,000	CORE Beneficiaries impacted [VT] [ACO] Commercial	No	Un-liquidated Obligation-\$6,740.00	\$47,480
The Lewin Group#27060	Contract	Driver 3	\$1,161,471	CORE Beneficiaries impacted [VT] [ACO] Commercial	Yes	Un-liquidated Obligation-\$93,796.60	\$976,621
IMPAQ#27426	Contract	Driver 3	\$535,000	CORE HCAHPS Patient Rating [VT]	Yes	Un-liquidated Obligation-\$11,928.85	\$518,425
Stone Environmental#28079/29502	Contract	Driver 3	\$145,138	CORE Health Info Exchange [VT]	Yes		\$101,539
Stone Environmental#28427	Contract	Driver 3	\$165,000	CORE Health Info Exchange [VT]	No	Un-liquidated Obligation-\$11,928.85	\$14,740
VPQHC#28362	Contract	Driver 4	\$183,656	CORE Participating Providers [VT] [ACO] Medicaid	No		\$123,215
ARIS Solutions #3410-1380-15	Contract	Driver 4	\$275,000	CORE Beneficiaries impacted [VT] [ACO] Medicaid	No	Un-liquidated Obligation-\$94,148.10	\$72,500

Health Management Assoc.#28821	Contract	Driver 4	\$898,000	CORE Provider Organizations [VT] [ACO] Medicare	No	Un-liquidated Obligation-\$74,053.44	\$311,147
IHS Global#TBD	Contract	Driver 4	\$250,000	CORE Payer Participation [VT]	No		\$0



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