

**State Innovation Model
Addendum to the Year 2 Operational Plan
For Health System Innovation**



**Prepared by the State of Vermont
For the Centers for Medicare and Medicaid Services**

Update: August 7, 2015

Table of Contents

Executive Summary.....	3
Section A: Project Governance, Management Structure and Decision-Making Authority	17
Section B: Coordination with Other CMS, HHS, and Federal or Local Initiatives	19
Section D: Information Systems and Data Collection Setup.....	21
Section E: Alignment with State HIT Plans and Existing HIT Infrastructure	25
Section G: Model Intervention, Implementation and Delivery	26
Section I: Quality, Financial and Health Goals and Performance Measurement Plan	27
Section K: Staff/Contractor Recruitment and Training.....	29
Section M: Care Transformation Plans	41
Section P: Implementation Timeline for Achieving Participation and Metrics	45
Section Q: Communications Management Plans	54
Section R: Evaluation	55
Vermont State Innovation Model Driver Diagram	57

Executive Summary

Overall Goal

Vermont's revised Operational Plan describes Vermont's plans to utilize State Innovation Model (SIM) grant funds to support improvements in the state's health care system in performance period 2. The document focuses on Vermont's project activities to date, with particular emphasis on the performance period 2 milestones, and contractor resources to be used to achieve those milestones and meet accountability targets.

Overall, Vermont's SIM project, known as the Vermont Health Care Innovation Project or VHCIP, uses SIM funds to strive towards the triple aim:

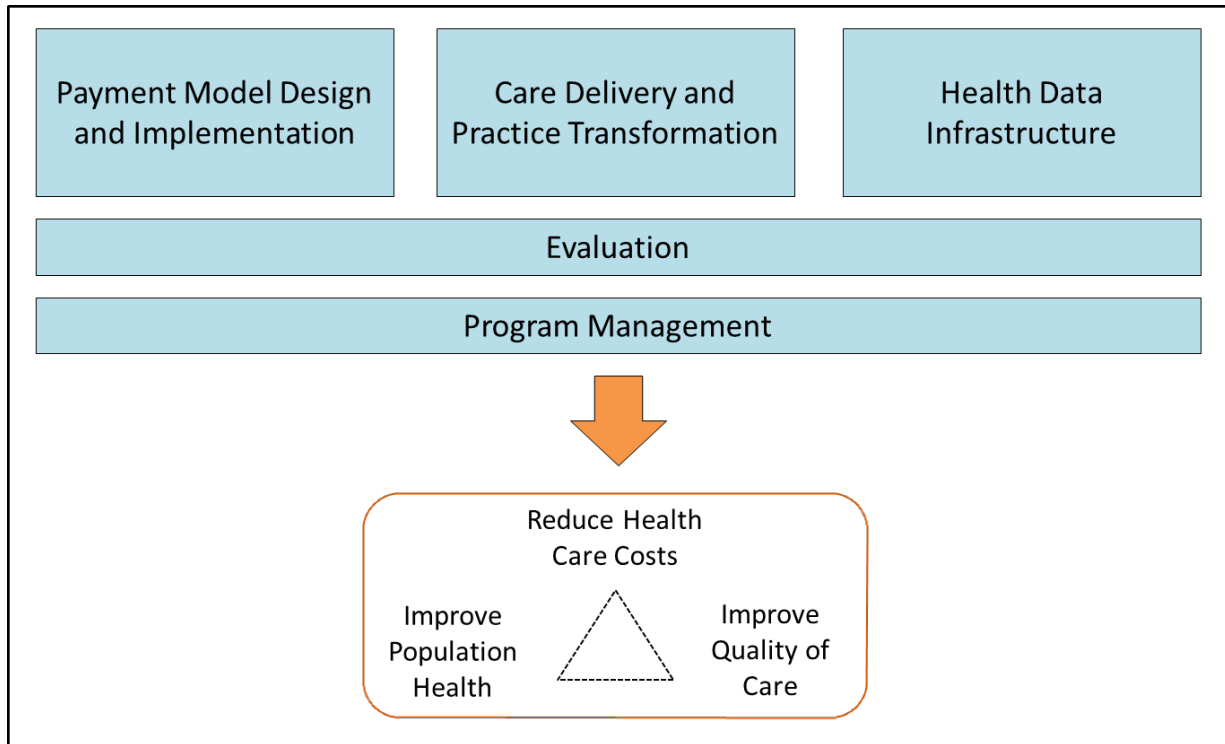
- Better care;
- Better health; and
- Lower costs.

The triple aim is advanced through a series of tasks that fall under five major focus areas:

- **Payment Model Design and Implementation:** Supporting creation and implementation of value-based payments for providers in Vermont across all payers.
- **Care Delivery and Practice Transformation:** Enabling provider readiness and encouraging practice transformation to support creation of a more integrated system of care management and care coordination for Vermonters.
- **Health Data Infrastructure:** Supporting provider, payer, and State readiness to participate in alternative payment models by building an interoperable system that allows for sharing of health information to support optimal care delivery and population health management.
- **Evaluation:** Assessment of whether the goals are being met.
- **Program Management and Reporting:** Ensuring an organized project.

The project's five focus areas are depicted in *Figure 1* below:

Figure 1: Vermont's SIM Focus Areas



Payment Model Design and Implementation

Vermont's payment models are designed in a way that meets providers where they are, as some providers are more able to accept financial risk than others. They are also designed to ensure that the payers can operationalize the new structure, and the State can evaluate the programs.

By establishing a path for all providers, we are phasing in reforms broadly, but responsibly. Vermont's active payment model design activities are performed on a multi-payer basis as much as possible and include:

- Expansion of the Advanced Primary Care Medical Home Initiative, known as the Blueprint for Health, launched in 2008.
 - Including participation in the Multi-payer Advanced Primary Care Practice Demonstration.
- Medicaid and commercial Shared Savings ACO Programs, launched in 2014.
 - Additionally, Vermont ACOs are participating in the Medicare Shared Savings Program.

More than 60% of Vermonters are participating in the Advanced Primary Care Medical Home Initiative and Shared Savings programs. The three ACOs in Vermont include the majority of our health care providers—including many of our long-term services and supports and mental health providers.

Vermont is also researching and analyzing various other value-based payment models intended to promote better sustainability of health care costs and higher quality. These include: pay-for-performance, episodes of care/bundled payments, prospective payment systems, and capitation.

Vermont is also exploring an all-payer model. An all-payer model would be an agreement between the State and the federal government on a sustainable rate of growth for health care spending in Vermont compared to national benchmarks. The agreement would include strict quality and performance measurement. An agreement would also include all necessary Medicare waivers, the new structure of a global commitment waiver for Medicaid, and the state's vision for the payment of providers. Payment of providers could be structured using Next Generation's value-based payment models that range from fee-for-service to capitation; global budgets; or enhanced fee-for-service rate setting.

Below is a list of SIM-supported projects and tasks underway in the Payment Model Design and Implementation focus area.

- Continued expansion of Vermont's *ACO Shared Savings Programs*;
- Launch of an *Episodes of Care Program*;
- Expansion of a *Pay-for-Performance* program, implemented through the Blueprint for Health;
- Continuation of the *Medicaid Health Homes*, also known as the Hub and Spoke program;
- Design and analysis related to *Accountable Health Communities*;
- Development of a *Prospective Payment System for Home Health*;
- Design and analysis related to a federally supported *Prospective Payment System for Vermont's Designated Mental Health Agencies*;
- Design and analysis to support decision-making related to an *All-Payer Model* with CMMI; and
- *State activities to support model design and implementation* at the Green Mountain Care Board and at the Department of Vermont Health Access (Medicaid).

Care Delivery and Practice Transformation

SIM's care delivery activities are designed to enable provider readiness to participate in alternative payment models and accept higher levels of financial risk and accountability. This area of work includes monitoring Vermont's existing workforce, as well as designing transformation activities that support provider readiness.

Below is a list of SIM-supported projects and tasks underway in the Care Delivery and Practice Transformation focus area:

- *Learning Collaboratives* to support improved and integrated care management in Vermont communities;
- *A Sub-Grant Program* for Vermont providers, including a *technical assistance* component;
- *Regional Collaboratives* to support integration of the Blueprint for Health and Vermont's ACOs, and to enable community-wide governance and quality improvement efforts; and
- Workforce activities, including a *care management inventory, demand data collection and analysis, and supply data collection and analysis.*

Health Data Infrastructure

SIM's health data infrastructure development activities support the development of clinical, claims, and survey data systems to support alternative payment models. The State is making strategic investments in clinical data systems to allow for passive quality measurement – reducing provider burden while ensuring accountability for health care quality – and to support real-time decision-making for clinicians. SIM is also working to strengthen Vermont's data warehousing infrastructure to support interoperability of claims and clinical data and predictive analytics.

These investments have yielded significant improvements in the quality and quantity of data flowing from providers' electronic medical records into the Vermont's Health Information Exchange (VHIE). We have also identified data gaps for non-meaningful use providers to support strategic planning around data use for all providers across the continuum.

Below is a list of SIM-supported projects and tasks underway in the Health Data Infrastructure focus area:

- Activities to expand provider connectivity to the VHIE, including *gap analyses, gap remediation activities*, and development of tools to support *data extracts from the VHIE*;
- Work to *improve the quality of data flowing into the VHIE*;
- *A telehealth strategic planning* effort and implementation of *telehealth pilots* aligned with the new Statewide Telehealth Strategy;
- Efforts to *expand implementation of electronic medical records* to non-Meaningful Use-eligible providers;
- Work on *data warehousing* to support the State and providers in aggregating, analyzing, and improving the quality of data.
- Discovery and design activities to develop *care management tools*, including an electronic shared care plan solution, a universal transfer protocol, and an event notification system; and

- Various general activities, including a *health data inventory project*, *HIT/HIE planning activities*, and *expert support* as needed to support health data initiatives.

Evaluation

All of our efforts are evaluated to ensure the process, as well as the outcomes, work for Vermont, its residents, payers, and providers. The evaluations occur by program, by population, and by region to ensure that we are not inadvertently causing unintended consequences and so that we can expand lessons learned quickly.

Below is a list of SIM-supported projects and tasks underway in the Evaluation focus area:

- Development and execution of a *Self-Evaluation Plan*;
- *Surveys* to measure patient experience and other key factors, as identified in payment model development; and
- *Monitoring and evaluation activities* within payment programs.

Project Management and Reporting

SIM is supported by a project management team that oversees project-wide coordination and reporting, as well as communication and outreach. Project management is focused on achieving milestones and meeting accountability targets across the project. Table 1 on the following page includes a summary of all performance period milestones, contractor support, and progress to date¹, which provides a global view of the project's current status and how Vermont believes it will achieve results. Section K, provides additional detail by contractor.

¹ A more comprehensive review of milestones and progress is provided in the document entitled: "Milestone-Metrics Matrix".

Table 1: Milestone Summary

CMMI-Required Milestones			
Milestone	Specific Tasks	Lead(s) and Contractors Supporting	Progress Toward Milestones
Payment Models <i>Performance Period 1:</i> Not specified. <i>Performance Period 1 Carryover:</i> 50% of Vermonters in alternatives to fee-for-service. <i>Performance Period 2:</i> 60% of Vermonters in alternatives to fee-for-service.			<ul style="list-style-type: none"> Currently ~60% of Vermonters are in alternatives to fee-for-service.
Population Health Plan <i>Performance Period 1:</i> N/A <i>Performance Period 1 Carryover:</i> N/A <i>Performance Period 2:</i> Draft Plan submitted to CMMI.			<ul style="list-style-type: none"> Plan outline drafted.

Payment Model Design and Implementation			
Milestone	Specific Tasks	Lead(s) and Contractors Supporting	Progress Toward Milestones
ACO Shared Savings Programs (SSPs) <i>Performance Period 1:</i> Implement Medicaid and commercial ACO-SSPs by 1/1/14. <i>Performance Period 1 Carryover:</i> Continue implementation activities in support of the 2014 SSP performance year. <i>Performance Period 2:</i> Expand the number of people in the Shared Savings Programs in Performance Period 2.	Financial standards, care standards, quality measures, analyses for design and implementation, stakeholder engagement.	<i>Lead(s):</i> Cecilia Wu, Richard Slusky <i>Contractors:</i> Bailit Health Purchasing; Bi-State Primary Care Association/ Community Health Accountable Care; Burns and Associates; Deborah Lisi-Baker; Healthfirst; Policy Integrity; The Lewin Group; UVM Medical Center/OneCare Vermont; Vermont Medical Society Foundation; Wakely Actuarial.	<ul style="list-style-type: none"> Medicaid and Commercial SSPs launched on 1/1/2014. SSP Year 2 contract negotiations between DVHA and Medicaid SSP ACOs are in process. Expansion of Total Cost of Care for SSP Year 3 will be considered later in 2015. Total Providers Impacted: 977; Total Vermonters Impacted: 133,754
Episodes of Care (EOCs) <i>Performance Period 1:</i> N/A <i>Performance Period 1 Carryover:</i> EOC feasibility analyses. <i>Performance Period 2:</i> Design 3 EOCs for the Medicaid program with financial component.	Financial standards, care standards, quality measures, analyses for design and implementation, stakeholder engagement.	<i>Lead(s):</i> Alicia Cooper, Amanda Ciecior <i>Contractors:</i> Bailit Health Purchasing; Burns and Associates; Pacific Health Policy Group.	<ul style="list-style-type: none"> A sub-group of the SIM Payment Models Work Group focused on Episodes launched in January 2015; the group has met five times. Staff have conducted a series of one-on-one meetings with stakeholder organizations to understand opportunities and concerns related to this initiative. Total Providers Impacted: 0; Total Vermonters Impacted: 0
Pay-for-Performance (Blueprint) <i>Performance Period 1:</i> Develop Medicaid value-based purchasing plan addressing pay-for-	Financial standards, care standards, quality measures, analyses for	<i>Lead(s):</i> Craig Jones <i>Contractors:</i> Bailit Health Purchasing.	<ul style="list-style-type: none"> The Blueprint for Health has been engaging with its Executive Committee, DVHA and AHS leadership, and SIM stakeholders to discuss potential modifications to both the Community Health Team

<p>performance initiatives: Medicaid value-based purchasing plan developed. <i>Performance Period 1 Carryover:</i> Design modifications to the Blueprint for Health P4P program – dependent on additional appropriation in state budget; Medicaid value-based purchasing case study developed with Integrating Family Services program. <i>Performance Period 2:</i> N/A</p>	<p>design and implementation, stakeholder engagement.</p>		<p>(CHT) and Patient-Centered Medical Home (PCMH) payment models. Such modifications include shifting payers’ CHT payments to reflect each current market share, increasing the base payments to PCMH practices, and adding an incentive payment for regional performance on a composite of select quality measures.</p> <ul style="list-style-type: none"> The legislature appropriated \$2.4 million for Medicaid Blueprint payments (both CHT and PCMH) in State Fiscal Year 2016. <p>Total Providers Impacted: 694; Total Vermonters Impacted: 285,968</p>
<p>Health Home (Hub & Spoke) <i>Performance Period 1:</i> Health Homes <i>Performance Period 1 Carryover:</i> State-wide program implementation. <i>Performance Period 2:</i> Reporting on program’s transition and progress.</p>	<p>Financial standards, care standards, quality measures, analyses for design and implementation, stakeholder engagement.</p>	<p><i>Lead(s):</i> Beth Tanzman <i>Contractors:</i> Bailit Health Purchasing; Burns and Associates.</p>	<ul style="list-style-type: none"> Program implementation and reporting are ongoing. <p>Total Participating Providers: 123; Total Vermonters Impacted: 2706</p>
<p>Accountable Health Communities <i>Performance Period 1:</i> N/A <i>Performance Period 1 Carryover:</i> Feasibility assessment: research AHC design. <i>Performance Period 2:</i> Feasibility assessment: data analytics for AHC program.</p>	<p>Financial standards, care standards, quality measures, analyses for design and implementation, stakeholder engagement.</p>	<p><i>Lead(s):</i> Heidi Klein, Jim Westrich <i>Contractors:</i> Bailit Health Purchasing; Burns and Associates; Prevention Institute; TBD.</p>	<ul style="list-style-type: none"> Contractor selected to engage in national research; contract executed. Findings delivered to SIM in June 2015.
<p>Prospective Payment System – Home Health <i>Performance Period 1:</i> N/A <i>Performance Period 1 Carryover:</i> N/A <i>Performance Period 2:</i> Design PPS program for Home Health.</p>	<p>Financial standards, care standards, quality measures, analyses for design and implementation, stakeholder engagement.</p>	<p><i>Lead(s):</i> TBD <i>Contractors:</i> Bailit Health Purchasing; Burns and Associates; Pacific Health Policy Group.</p>	<ul style="list-style-type: none"> Legislation to support this effort passed in 2015. Ongoing development and design of PPS program for Home Health.
<p>Prospective Payment System – Designated Agencies <i>Performance Period 1:</i> N/A <i>Performance Period 1 Carryover:</i> N/A <i>Performance Period 2:</i> Submit planning grant application to SAMHSA.</p>	<p>Planning grant application.</p>	<p><i>Lead(s):</i> Selina Hickman <i>Contractors:</i> Non-SIM funded.</p>	<ul style="list-style-type: none"> Planning grant application submitted in August 2015.

<p>All-Payer Model <i>Performance Period 1:</i> N/A <i>Performance Period 1 Carryover:</i> N/A <i>Performance Period 2:</i> Research feasibility, develop analytics, and obtain information to inform decision-making for negotiations with CMMI.</p>	<p>Financial standards, care standards, quality measures, analyses for design and implementation, stakeholder engagement.</p>	<p><i>Lead(s):</i> Michael Costa/Ena Backus <i>Contractors:</i> Bailit Health Purchasing; Burns and Associates; Health Management Associates.</p>	<ul style="list-style-type: none"> • Negotiations between CMMI and SOV (led by AOA and GMCB) are in process.
<p>State Activities to Support Model Design and Implementation – GMCB <i>Performance Period 1:</i> N/A <i>Performance Period 1 Carryover:</i> N/A <i>Performance Period 2:</i> Obtain information and identify regulatory components necessary to support APM regulatory activities. Plan as appropriate based on negotiations.</p>	<p>GMCB-specific regulatory activities.</p>	<p><i>Lead(s):</i> Michael Costa/Ena Backus <i>Contractors:</i> Bailit Health Purchasing; Burns and Associates.</p>	<ul style="list-style-type: none"> • Initial research into regulatory components.
<p>State Activities to Support Model Design and Implementation – Medicaid <i>Performance Period 1:</i> N/A <i>Performance Period 1 Carryover:</i> N/A <i>Performance Period 2:</i> Pursue state plan amendments and other federal approvals as appropriate for each payment model (Year 2 SSP SPA, Year 1 EOC SPA); ensure monitoring and compliance activities are performed. Ensure beneficiaries have access to call-center as appropriate.</p>	<p>Medicaid-specific design and implementation activities (SPAs, etc.).</p>	<p><i>Lead(s):</i> Alicia Cooper, Cecilia Wu <i>Contractors:</i> Bailit Health Purchasing; Burns and Associates; Wakely Actuarial.</p>	<ul style="list-style-type: none"> • Year 1 SSP State Plan Amendment approved in June 2015. • Year 2 SSP State Plan Amendment draft to be developed in Summer 2015. • Beneficiary call-center is operational.

Care Delivery and Practice Transformation			
<i>Milestone</i>	<i>Specific Tasks</i>	<i>Lead(s) and Contractors Supporting</i>	<i>Progress Toward Milestones</i>
<p>Learning Collaboratives <i>Performance Period 1:</i> Provide quality improvement and care transformation support to a variety of stakeholders. <i>Performance Period 1 Carryover:</i> Launch 1 cohort of Learning Collaboratives to 3-6 communities.</p>	<p>Design and launch at least two cohorts of learning collaboratives: in-person meetings, webinars, core competency components. At least 6 in-person meetings/performance</p>	<p><i>Lead(s):</i> Erin Flynn, Pat Jones <i>Contractors:</i> Nancy Abernathy; Bailit Health Purchasing; Deborah Lisi-Baker; Pacific Health Policy Group; Vermont Program for Quality Health Care; TBD – Core Competency Training;</p>	<ul style="list-style-type: none"> • First Learning Collaborative cohort launched in 3 communities in November 2014; participants have convened for three in-person learning sessions and three webinars, as well as regular local meetings to support work. • Planning for additional Learning Collaborative cohorts is underway, with funds approved by the Core Team. • Planning to support development of core competency training is

<i>Performance Period 2:</i> Offer at least two cohorts of Learning Collaboratives to 3-6 communities.	period; at least 6 webinars/ performance period.		underway (collaboration between SIM Care Models & Care Management and DLSS Work Groups).
Sub-Grant Program – Sub-Grants <i>Performance Period 1:</i> Develop technical assistance program for providers implementing payment reforms. <i>Performance Period 1 Carryover:</i> Continue sub-grant program; convene sub-grantees at least once; use lessons from sub-grantees to inform project decision-making. <i>Performance Period:</i> N/A	14 sub-grants to 12 grantees.	<i>Lead(s):</i> Jessica Mendizabal <i>Contractors:</i> 12 sub-grantees; Pacific Health Policy Group; University of Massachusetts.	<ul style="list-style-type: none"> • The sub-grant program is ongoing. • Sub-grantees continue to report on activities and progress. • All sub-grantees convened in Montpelier on May 27, 2015, for a Symposium.
Sub-Grant Program – Technical Assistance <i>Performance Period 1:</i> N/A <i>Performance Period 1 Carryover:</i> Provide technical assistance to sub-grantees as requested by sub-grantees. <i>Performance Period 2:</i> N/A	5 technical assistors.	<i>Lead(s):</i> Sarah Kinsler <i>Contractors:</i> Bailit Health Purchasing; Policy Integrity; Truven Health Analytics; Vermont Program for Quality Health Care; Wakely Actuarial.	<ul style="list-style-type: none"> • Sub-grantee technical assistance contracts are executed; contractors are available for technical assistance as requested.
Regional Collaborations <i>Performance Period 1:</i> N/A <i>Performance Period 1 Carryover:</i> Establish 14 regional collaborations, each including a Charter, governing body, and decision-making process. <i>Performance Period 2:</i> Continue to develop and expand 14 regional collaborations, each including a Charter, governing body, and decision-making process.	Establishing regional collaborations that unite Blueprint, ACO, and other local delivery organizational structures.	<i>Lead(s):</i> Erin Flynn, Pat Jones <i>Contractors:</i> Bi-State Primary Care Association/ Community Health Accountable Care; Pacific Health Policy Group; UVM Medical Center/OneCare Vermont.	<ul style="list-style-type: none"> • Unified Regional Collaboratives are established in each of the State’s 14 Health Service Areas. • Joint Blueprint-ACO performance reports under development; priority areas of clinical focus have been selected.
Workforce – Care Management Inventory <i>Performance Period 1:</i> N/A <i>Performance Period 1 Carryover:</i> N/A <i>Performance Period 2:</i> Obtain snapshot of current care management activities, staffing, people served, and challenges.	Care Management Inventory Survey.	<i>Lead(s):</i> Erin Flynn <i>Contractors:</i> Bailit Health Purchasing.	<ul style="list-style-type: none"> • Care Management Inventory Survey was administered in 2014. • Results were presented to the SIM Care Models & Care Management Work Group in February 2015.
Workforce – Demand Data Collection and Analysis <i>Performance Period 1:</i> N/A <i>Performance Period 1 Carryover:</i> N/A <i>Performance Period 2:</i> Obtain micro-simulation	Demand data collection and analysis.	<i>Lead(s):</i> Amy Coonradt <i>Contractors:</i> TBD.	<ul style="list-style-type: none"> • An RFP for this work was released in January 2015; DVHA received 5 responses. DVHA expects to select a contractor in August 2015.

demand model to identify future workforce resource needs.			
Workforce – Supply Data Collection and Analysis <u>Performance Period 1:</u> N/A <u>Performance Period 1 Carryover:</u> Use supply data (licensure and recruitment) to inform workforce planning and updates to Workforce Strategic Plan. <u>Performance Period 2:</u> N/A	Supply data collection and analysis.	<i>Lead(s):</i> Matt Bradstreet, Amy Coonradt <i>Contractors:</i> N/A.	<ul style="list-style-type: none"> The Vermont Department of Health has hired additional staff to develop and administer surveys to accompany provider re-licensure applications, and perform analysis on licensure data and develop provider reports on various health care professions.

Health Data Infrastructure			
-----------------------------------	--	--	--

<i>Milestone</i>	<i>Specific Tasks</i>	<i>Lead(s) and Contractors Supporting</i>	<i>Progress Toward Milestones</i>
Expand Connectivity to HIE – Gap Analyses <u>Performance Period 1:</u> Perform gap analyses related to quality measures for each payment program, as appropriate; perform baseline gap analyses to understand connectivity of non-Meaningful Use (MU) providers. <u>Performance Period 1 Carryover:</u> Perform gap analyses related to quality measures for each payment program, as appropriate; perform baseline gap analyses to understand connectivity of non-Meaningful Use (MU) providers. <u>Performance Period 2:</u> N/A	Gap analyses – Payment Model Measures, LTSS, and mental health providers.	<i>Lead(s):</i> Steve Maier, Georgia Maheras <i>Contractors:</i> H.I.S. Professionals; Vermont Information Technology Leaders.	<ul style="list-style-type: none"> SIM HIE/HIT Work Group working with VITL and three ACOs to perform a gap analysis of member providers and their ability to contribute data for quality measures and analysis through the HIE. SIM HIE/HIT Work Group received an LTSS Technology Assessment Report.
Expand Connectivity to HIE – Gap Remediation <u>Performance Period 1:</u> N/A <u>Performance Period 1 Carryover:</u> N/A <u>Performance Period 2:</u> Remediate data gaps that support payment model quality measures, as identified in gap analyses.	Gap remediation for data elements that flow through the VHIE – Payment Model Measures, LTSS, and mental health providers.	<i>Lead(s):</i> Georgia Maheras, Steve Maier <i>Contractors:</i> H.I.S. Professionals; Pacific Health Policy Group; Vermont Information Technology Leaders.	<ul style="list-style-type: none"> VITL contract in place to remediate gaps identified in ACO gap analysis to connect member providers and improve data quality for those providers. The HIE/HIT Work Group is evaluating next steps based on the receipt of the LTSS Technology Assessment.
Expand Connectivity to HIE – Data Extracts from HIE <u>Performance Period 1:</u> N/A <u>Performance Period 1 Carryover:</u> Develop ACO Gateways with OneCare Vermont (OCV) and	Data extracts from the HIE.	<i>Lead(s):</i> Richard Slusky, Georgia Maheras <i>Contractors:</i> Vermont Information Technology Leaders.	<ul style="list-style-type: none"> Gateway for data feeds in place for OneCare Vermont; VITL contract in place to create a data feed for CHAC.

<p>Community Health Accountable Care (CHAC) to support transmission of data extracts from the HIE.</p> <p><i>Performance Period 2:</i> Develop tools to support data extracts from the HIE to analytic entities as necessary for provider and state use.</p>			
<p>Improve Quality of Data Flowing into HIE</p> <p><i>Performance Period 1:</i> N/A</p> <p><i>Performance Period 1 Carryover:</i> Data quality initiatives with the DAs/SSAs: Conduct 90 data quality improvement meetings with the DAs/SSAs to focus on the analysis of the current state assessments for each agency compared to the desired state to measure ‘the gap’. Once the gap results are determined, individual custom remediation plans will be developed for each member agency.</p> <p><i>Performance Period 2:</i> Engage in work flow improvement activities at provider practices to improve the quality of the data flowing into the VHIE. These will be identified in gap analyses and analytics.</p>	<p>Data quality improvement.</p>	<p><i>Lead(s):</i> Steve Maier, Georgia Maheras</p> <p><i>Contractors:</i> Behavioral Health Network; Bi-State Primary Care Association/Community Health Accountable Care; H.I.S. Professionals; UVM Medical Center/OneCare Vermont; Vermont Information Technology Leaders.</p>	<ul style="list-style-type: none"> • VITL contract in place includes a Terminology Services project to provide services to translate clinical data sets submitted to the HIE into standardized code sets. • VITL contract in place to work with providers and the ACOs to improve the quality of clinical data in the HIE for use in population health metrics within the Shared Savings Program. • Contracts with Vermont Care Network and VITL to improve data quality and work flows at Designated Mental Health Agencies.
<p>Telehealth – Strategic Plan</p> <p><i>Performance Period 1:</i> N/A</p> <p><i>Performance Period 1 Carryover:</i> N/A</p> <p><i>Performance Period 2:</i> Develop Telehealth Strategic Plan.</p>	<p>Strategic plan.</p>	<p><i>Lead(s):</i> Sarah Kinsler</p> <p><i>Contractors:</i> JBS International.</p>	<ul style="list-style-type: none"> • Contractor selected. • Telehealth Strategic Plan.
<p>Telehealth – Implementation</p> <p><i>Performance Period 1:</i> N/A</p> <p><i>Performance Period 1 Carryover:</i> N/A</p> <p><i>Performance Period 2:</i> Launch telehealth program as defined in Telehealth Strategic Plan.</p>	<p>Program implementation.</p>	<p><i>Lead(s):</i> Sarah Kinsler</p> <p><i>Contractors:</i> TBD – Telehealth Pilots.</p>	<ul style="list-style-type: none"> • Scope of work in development. • RFP for pilot projects to be released later in Summer 2015; 12-month pilot period expected to begin in Fall 2015.
<p>EMR Expansion</p> <p><i>Performance Period 1:</i> N/A</p> <p><i>Performance Period 1 Carryover:</i> N/A</p> <p><i>Performance Period 2:</i> Implement EMRs for non-MU providers; explore non-EMR solutions for</p>	<p>Implement EMRs or EMR-type systems. (Could include a design component.)</p>	<p><i>Lead(s):</i> Georgia Maheras</p> <p><i>Contractors:</i> ARIS; Vermont Information Technology Leaders/Vermont Department of Mental Health.</p>	<ul style="list-style-type: none"> • The VITL contract, Vermont Care Network contract, and ARIS Solutions contract support procurement of an EMR solution for five Specialized Service Agencies. • VITL contract with the Department of Mental Health to support

providers without EMRs.			procurement of the EMR system for the State's new hospital.
<p>Data Warehousing <u>Performance Period 1:</u> N/A <u>Performance Period 1 Carryover:</u> Prepare to develop infrastructure to support the transmission, aggregation, and data capability of the DAs and SSAs data into a mental health and substance abuse compliant Data Warehouse. <u>Performance Period 2:</u> Research data warehousing needs; develop cohesive strategy for warehousing solutions supporting practices in care transformation; identify solutions for data registry and warehousing needs; implement solutions approved by the HIE/HIT Work Group according to timelines developed in design phase.</p>	Design and implement data registries and warehouses.	<p><i>Lead(s):</i> Georgia Maheras</p> <p><i>Contractors:</i> Behavioral Health Network; H.I.S. Professionals; Stone Environmental; Vermont Information Technology Leaders; TBD.</p>	<ul style="list-style-type: none"> • Vermont Care Network is working on behalf of DA & SSAs to develop a behavioral health-specific data repository, which will to aggregate, analyze, and improve the quality of the data stored within the repository and to share extracts with appropriate entities. • Continued discussion and research towards additional data warehousing strategy.
<p>Care Management Tools <u>Performance Period 1:</u> N/A <u>Performance Period 1 Carryover:</u> Discovery project to support long- term care, mental health, home care and specialist providers through a Universal Transfer Protocol solution. <u>Performance Period 2:</u> Engage in discovery, design and testing of shared care plan IT solutions, an event notification system, and uniform transfer protocol. Create project plans for each of these projects and implement as appropriate, following SOV procedure for IT development.</p>	Discovery, design, and implementation of care management tools.	<p><i>Lead(s):</i> Erin Flynn and Sarah Kinsler (Shared Care Plan/Universal Transfer Protocol); Richard Slusky(Event Notification System)</p> <p><i>Contractors:</i> Shared Care Plan/Universal Transfer Protocol: Bailit Health Purchasing; im21; Vermont Information Technology Leaders; TBD. Event Notification System: Vermont Information Technology Leaders; TBD.</p>	<ul style="list-style-type: none"> • Contractor performed discovery and drafted a Universal Transfer Protocol charter in 2014 and early 2015. (Shared Care Plan/Universal Transfer Protocol) • Integrated Care Management Learning Collaborative Cohort 1 communities requested shared care planning tools. (Shared Care Plan/Universal Transfer Protocol) • Universal Transfer Protocol and Shared Care Plan projects have merged. New project, SCÜP, currently in discovery and design phase. (Shared Care Plan/Universal Transfer Protocol) • State of Vermont is working with VITL to procure Event Notification System. Bidder demonstrations are complete. (Event Notification System)
<p>General Health Data – Data Inventory <u>Performance Period 1:</u> Conduct data inventory. <u>Performance Period 1 Carryover:</u> Complete data inventory. <u>Performance Period 2:</u> N/A</p>	Data inventory.	<p><i>Lead(s):</i> Sarah Kinsler</p> <p><i>Contractors:</i> Stone Environmental.</p>	<ul style="list-style-type: none"> • Contractor selected and contract executed; work on hold pending federal approval. • Work on data inventory is nearly complete.
<p>General Health Data – HIE Planning <u>Performance Period 1:</u> Provide input to update</p>	HIE planning.	<p><i>Lead(s):</i> Sarah Kinsler</p>	<ul style="list-style-type: none"> • Contractor selected; pending federal approval.

<p>of state HIT plan.</p> <p><i>Performance Period 1 Carryover:</i> Continued support, input, and participation into the Vermont HIT Plan.</p> <p><i>Performance Period 2:</i> Identify HIE connectivity targets; provide input into HIT Plan.</p>		<p><i>Contractors:</i> Stone Environmental.</p>	
<p>General Health Data – Expert Support</p> <p><i>Performance Period 1:</i> N/A</p> <p><i>Performance Period 1 Carryover:</i> N/A</p> <p><i>Performance Period 2:</i> Procure appropriate IT-specific support to further health data initiatives.</p>	<p>Engage Enterprise Architects, Project Managers, Business Analysts, and Subject-Matter Experts as needed.</p>	<p><i>Lead(s):</i> Steve Maier, Richard Slusky</p> <p><i>Contractors:</i> Stone Environmental; TBD.</p>	<ul style="list-style-type: none"> IT-specific support to be engaged as needed. Enterprise Architect, Business Analyst and Subject Matter Experts identified to support the design phase of SCÜP.

Evaluation			
Milestone	Specific Tasks	Lead(s) and Contractors Supporting	Progress Toward Milestones
<p>Self-Evaluation Plan and Execution</p> <p><i>Performance Period 1:</i> N/A</p> <p><i>Performance Period 1 Carryover:</i> Design Self-Evaluation Plan; engage in Performance Period 1 Carryover activities as identified in the plan.</p> <p><i>Performance Period 2:</i> Engage in Performance Period 2 activities as identified in the Self-Evaluation Plan.</p>	<p>Design and implement Self-Evaluation Plan.</p>	<p><i>Lead(s):</i> Annie Paumgarten</p> <p><i>Contractors:</i> Impaq International.</p>	<ul style="list-style-type: none"> Self-evaluation contractor selected. Draft self-evaluation plan submitted to CMMI for review on 6/30/15.
<p>Surveys</p> <p><i>Performance Period 1:</i> N/A</p> <p><i>Performance Period 1 Carryover:</i> Conduct annual patient experience survey and other surveys as identified in payment model development (Performance Period 1 surveys only).</p> <p><i>Performance Period 2:</i> Conduct annual patient experience survey and other surveys as identified in payment model development (Performance Period 2 surveys only).</p>	<p>Patient experience surveys and others.</p>	<p><i>Lead(s):</i> Pat Jones, Jenney Samuelson</p> <p><i>Contractors:</i> Datastat.</p>	<ul style="list-style-type: none"> Patient experience surveys for the patient-centered medical home and shared savings program fielded for 2014. Anticipate fielding Patient experience surveys annually for these programs.
<p>Monitoring and Evaluation Activities Within Payment Programs</p> <p><i>Performance Period 1:</i> N/A</p> <p><i>Performance Period 1 Carryover:</i> Conduct</p>	<p>Monitoring by payer and by program to support program modifications.</p>	<p><i>Lead(s):</i> Cecilia Wu, Richard Slusky, Spenser Wepler</p> <p><i>Contractors:</i> Bailit Health Purchasing; Burns and Associates; The Lewin Group; TBD.</p>	<ul style="list-style-type: none"> Ongoing monitoring and evaluation by SOV staff and contractors occurring as needed.

analyses as required by payers related to specific payment models. <i>Performance Period 2:</i> Conduct analyses as required by payers related to specific payment models.			
---	--	--	--

General Program Management

<i>Milestone</i>	<i>Specific Tasks</i>	<i>Lead(s) and Contractors Supporting</i>	<i>Progress Toward Milestones</i>
Project Management and Reporting – Project Organization <i>Performance Period 1:</i> N/A <i>Performance Period 1 Carryover:</i> Ensure project is organized. <i>Performance Period 2:</i> Ensure project is organized.	Project organization.	<i>Lead(s):</i> Georgia Maheras <i>Contractors:</i> University of Massachusetts.	<ul style="list-style-type: none"> Project management contract in place to support project organization and reporting.
Project Management and Reporting – Communication and Outreach <i>Performance Period 1:</i> N/A <i>Performance Period 1 Carryover:</i> Engage stakeholders in project focus areas. Target 9 Core Team; 5 Steering Cmte and 20 WG meetings. <i>Performance Period 2:</i> Engage stakeholders in project focus areas. Target 5 Core Team; 5 Steering Cmte and 10 WG meetings.	Communication and outreach.	<i>Lead(s):</i> Christine Geiler, Amanda Ciecior <i>Contractors:</i> PDI Creative; University of Massachusetts.	<ul style="list-style-type: none"> Communication and outreach plan drafted. Pending implementation. SIM Work Groups and other stakeholder engagement activities launched. Core Team convened 9 times, Steering Committee convened 4 times, and work groups convened 25 times.

Section A: Project Governance, Management Structure and Decision-Making Authority

Since the submission of Vermont's original Year 2 Operational Plan on November 3, 2014, there have been a number changes to individuals participating in the overall governance structure. Careful planning at the outset of the project created a project structure that continues to include strong linkages with the Governor's Office, shared public-private governance, and an effective project management organization. The public-private nature of the SIM project's governance structure continues to reinforce coordination between grant-funded activities and related activities occurring in the private sector.

In support of this focus on coordination, project management expertise has been leveraged throughout the SIM project structure. Project management resource and principles have been deployed across the project to ensure that each milestone is being monitored according to scope, schedule, and budget. This level of diligence using best practice project management principles will increase the chance of success of Vermont reaching each of its milestones.

Performance Period 2 Milestone: Ensure project is organized.

Project leaders continue to provide quarterly updates to legislative leadership to ensure that the legislature is appropriately informed of progress toward the project's five focus areas.

Project Governance

Vermont's SIM program continues to be governed through a structure that integrates public and private oversight at three levels: the Core Team, the Steering Committee, and seven work groups. The functions and charges of these three levels have not changed since the submission of Vermont's original Year 2 Operational Plan, though some members have changed. The current composition of each of these groups is listed below:

Core Team Membership

- Lawrence Miller - Chief of Health Care Reform, Chair
- Robin Lunge - Director of Health Care Reform
- Hal Cohen - Secretary of Human Services
- Al Gobeille - Chair of the Green Mountain Care Board
- Steven Costantino - Commissioner of the Department of Vermont Health Access
- Monica Hutt – Commissioner, Department of Disabilities, Aging, and Independent Living
- Paul Bengtson - CEO, Northeastern Vermont Regional Hospital
- Steve Voigt - Executive Director, ReThink Health UCRV

Steering Committee Membership

- Steven Costantino, Commissioner, Department of VT Health Access (co-chair)
- Al Gobeille, Chair, Green Mountain Care Board (co-chair)

- Susan Aranoff, Department of Disabilities, Aging, and Independent Living
- Rick Barnett, Vermont Psychological Association
- Bob Bick, Director of Mental Health and Substance Abuse Services, Howard Center for Mental Health
- Peter Cobb, Director, Vermont Assembly of Home Health and Hospice Agencies
- Elizabeth Cote, Area Health Education Centers Program
- Tracy Dolan, Deputy Commissioner, Department of Health
- Susan Donegan, Commissioner, Department of Financial Regulation
- Frank Reed, Commissioner, Department of Mental Health
- John Evans, President and CEO, Vermont Information Technology Leaders
- Catherine Fulton, Executive Director, Vermont Program for Quality in Health Care
- Joyce Gallimore, Director, CHAC
- Don George, President and CEO, Blue Cross Blue Shield of Vermont
- Bea Grause, President, Vermont Association of Hospital and Health Systems
- Lynn Guillett, Dartmouth Hitchcock Medical Center
- Dale Hackett, Consumer Advocate
- Mike Hall, Champlain Valley Area Agency on Aging
- Paul Harrington, President, Vermont Medical Society
- Debbie Ingram, Vermont Interfaith Action
- Craig Jones, M.D., Director of the Vermont Blueprint for Health
- Trinka Kerr, Office of the Health Care Advocate
- Deborah Lisi-Baker, Disability Policy Expert
- Jackie Majoros, Long-Term Care Ombudsman
- Todd Moore, CEO, OneCare Vermont
- Mary Val Palumbo, Associate Professor, University of Vermont
- Ed Paquin, Disability Rights Vermont
- Laura Pelosi, Vermont Health Care Association
- Allan Ramsay, M.D., Member of the Green Mountain Care Board
- Paul Reiss, M.D., Executive Director, Accountable Care Coalition of the Green Mountains
- Simone Rueschemeyer, Director, Vermont Care Network
- Howard Schapiro, M.D., Interim President, University of Vermont Medical Group Practice
- Shawn Skafelstad, Agency of Human Services Central Office
- Julie Tessler, Executive Director, Vermont Council of Developmental and Mental Health Services
- Sharon Winn, Director-Vermont Public Policy, Bi-State Primary Care

Section B: Coordination with Other CMS, HHS, and Federal or Local Initiatives

The SIM grant provides coordination to allow the design and implementation of Vermont's initiatives to proceed under an aligned model. This section describes how we have utilized and will continue to utilize the decision-making structure to achieve coordination across separate initiatives, including those underway prior to SIM and new activities in Performance Period 2.

Coordination with Other Federally-Sponsored Initiatives

Vermont is engaged in a variety of initiatives sponsored by CMS and other areas of HHS, including but not limited to the following:

- Medicare joined Vermont's multi-payer Blueprint for Health program through the **Multi-payer Advanced Primary Care Practice (MAPCP) Demonstration Project** in 2011.
- There are two approved **Medicare Accountable Care Organizations** that are participating in the Shared Savings ACO programs (OneCare Vermont and Community Health Accountable Care), as well as participation of Dartmouth-Hitchcock in the Pioneer ACO Model.
- State and federal information technology investments in Vermont's **health data information infrastructure**.
- A variety of **CDC-supported grants, learning collaboratives, population health tracking, ongoing technical assistance, and other initiatives**.

Performance Period 2 includes support for participation in the following initiatives:

- Vermont is currently negotiating with CMMI to come to agreement on terms for a waiver to implement an **All-Payer Model**. Negotiations are being led by Vermont's Agency of Administration and the Green Mountain Care Board. Vermont envisions the All-Payer Model as a critical next step in our efforts to transform health care payment and delivery, and intends to leverage federal investments in SIM and parallel State investments to set on a strong foundation on which the All-Payer Model can build. The goals of SIM and Vermont's All-Payer Model are closely aligned, and have intentionally overlapping staffing to ensure continuous coordination. For more information on Vermont's vision for SIM/All-Payer Model alignment, please see a presentation, "Achieving the Triple Aim in Vermont: Aligning Vermont's Health Care Innovation Project (SIM) with the All Payer Model" (submitted to CMMI on May 22, 2015).
- Vermont applied for a planning grant² through **SAMHSA's Planning Grants for Certified Community Behavioral Health Clinics** opportunity to support creating a certification process and prospective payment system for Certified Community Behavioral Health Clinics (CCBHCs). The planning grant application is a collaborative effort between various

² No SIM funds were used to support this activity.

departments within Vermont's Agency of Human Services and the association representing the state's Designated Mental Health Agencies.

Coordination with Other State and Local Initiatives in Performance Period 2

Vermont's SIM project is leveraging its governance structure and investments to ensure coordination across efforts that include:

- *The Blueprint for Health and Accountable Care Organizations*
 - Vermont is applying SIM resources to support integration and alignment between Blueprint activities and Vermont's ACOs by dedicating funds to support regional collaboratives. These groups, known as regional unified systems, provide local governance co-led by Blueprint and ACO providers and sponsor regional quality improvement projects.
- *Learning Collaboratives:* In January 2015, SIM launched the first cohort Integrated Communities Care Management Learning Collaborative for three Vermont communities. The Learning Collaborative seeks to improve care and reduce fragmentation for at-risk Vermonters and their families by enhancing integrated care management across multi-organizational teams of health and human services providers. A second cohort of the Learning Collaborative will launch in 2015, with additional cohorts planned for Performance Period 3; participation is voluntary, but community interest is strong and we expect that the majority of the state's 14 health service areas will participate in future cohorts.
- *Population Health:* The Vermont Department of Health and Agency of Human Services-Central Office implement public health efforts locally and provide services to the population in each county. The Population Health Work Group is coordinating with both to ensure coordination between SIM-sponsored activities and existing state and local public health initiatives, as well as to inform the required Population Health Plan.
- *Workforce:* The Workforce Work Group is charged with coordination activities at both a state and local level in partnership with various State agencies and departments as well as private sector members representing the medical, long-term care, and dental provider communities, and medical education.
- *Health Information Technology Investments:* Vermont is coordinating SIM-funded investments in health information technology and health information exchange infrastructure with related efforts underway in the state, including those based at the Department of Vermont Health Access and through the state's Meaningful Use incentive program around EHR adoption, Vermont's Health Information Exchange (the VHIE), and State HIT planning activities.
- *Hospital Community Needs Assessments and Quality Improvement Efforts:* All of Vermont's hospitals are not-for-profit organizations; they have conducted local needs assessments and offer a variety of health care programs in their communities. The needs assessments are already being used by regional community health teams to identify gaps in services, and by the Green Mountain Care Board to gauge hospital investments in community health improvement.

Section D: Information Systems and Data Collection Setup

Vermont is implementing a statewide approach toward achieving interoperability and accessibility of clinical and patient information at the point of care, and for use in population health management.

Expanded Connectivity to Vermont's Health Information Exchange (HIE) – Gap Analyses

Performance Period 2 Milestone: There are no Performance Period 2 Milestones associated with this area of work. Please see Table 1, Milestone Summary, for Performance Period 1 and Performance Period 1 Carryover Milestones associated with this area of work.

Expand Connectivity to HIE – Gap Remediation

Performance Period 2 Milestone: Remediate data gaps that support payment model quality measures, as identified in gap analyses.

Gap remediation work for the Shared Savings Program quality measures will occur in Performance Period 2. That scope of work is pending federal approval. The ACOs and the State are working with VITL to determine the optimal way to remediate the variety of data gaps as efficiently as possible.

Expand Connectivity to HIE – Data Extracts from HIE

Performance Period 2 Milestone: Develop tools to support data extracts from the HIE to analytic entities as necessary for provider and state use.

The SIM Project will continue discovery work on developing tools or leveraging existing tools to support data extracts from the HIE to analytic entities as necessary for provider and state use.

Improve Quality of Data Flowing into HIE

Performance Period 2 Milestone: Engage in work flow improvement activities at provider practices to improve the quality of the data flowing into the VHIE. These will be identified in gap analyses and analytics.

In Performance Period 2, VITL's scope of work has also been expanded to include a Terminology Services project which will provide VITL with the ability to translate clinical data sets submitted to the Health Information Exchange (HIE) into standardized code sets. The amendment for this work is pending federal approval.

Telehealth – Strategic Plan

Performance Period 2 Milestone: Develop Telehealth Strategic Plan

To support implementation of innovative technology, Vermont is developing Telehealth Strategic Plan. The State has developed a contract with JBS International; however the contract is pending federal approval. Some work has proceeded and the plan is on track for completion in Performance Period 2.

Telehealth – Implementation

Performance Period 2 Milestone: Launch telehealth program as defined in Telehealth Strategic Plan.

Vermont plans to select pilot projects and awardees in late 2015. The pilots will run for 12 months, followed by a brief wrap-up and reporting period prior to the end of Performance Period 3.

Electronic Medical Record (EMR) Expansion

Performance Period 2 Milestone: Implement EMRs for non-MU providers; explore non-EMR solutions for providers without EMRs.

Vermont's SIM Team has engaged with VITL and Vermont Care Network to provide technical assistance to both ARIS and Vermont's Department of Mental Health in the procurement of new EMR solutions. Investments are also being made with ARIS to support a new EMR for five State designated non-profit developmental service agencies.

The LTSS Technology Assessment Draft Report also identified opportunities for EMR expansion that could be taken up in Performance Periods 2 and 3.

Data Warehousing

Performance Period 2 Milestone: Research data warehousing needs; develop cohesive strategy for warehousing solutions supporting practices in care transformation; identify solutions for data registry and warehousing needs; implement solutions approved by the HIE/HIT Work Group according to timelines developed in design phase.

Vermont's SIM team is developing a comprehensive strategy for data warehousing services in performance period 2. Additionally, we will begin implementing a behavioral health-specific data repository. All of these agencies are 42 CFR Part 2 agencies and cannot at this point share data within the VHIE. This repository will aggregate, analyze, and improve the quality of the data stored and share extracts with appropriate entities. The contract for the preferred vendor is in final stages of development; the project is currently on hold pending federal contract approvals. Following contract execution, warehouse development will proceed in the remainder of Performance Periods 2 and 3.

Care Management Tools

Performance Period 2 Milestone: Engage in discovery, design and testing of shared care plan IT solutions, an event notification system, and uniform transfer protocol. Create project plans for each of these projects and implement as appropriate, following SOV procedure for IT development.

Vermont's Integrated Care Management Learning Collaborative cohort 1 communities requested support for shared care planning tools early in Year 2. Vermont's SIM team added this request to the existing work flow related to the UTP because of the overlap in the two areas. The new project is entitled SCÜP (Shared Care Plan/Universal Transfer Protocol). The SCÜP project will identify business and technical requirements for Shared Care Plans and the Universal Transfer Protocol and provide a Technical Proposal by the end of Year 2.

General Health Data – Data Inventory

Performance Period 2 Milestone: There are no Performance Period 2 Milestones associated with this area of work. Please see Table 1, Milestone Summary, for Performance Period 1 and Performance Period 1 Carryover Milestones associated with this area of work.

General Health Data – HIE Planning

Performance Period 2 Milestone: Identify HIE connectivity targets; provide input into HIT Plan.

Vermont's SIM team and HIE/HIT Work Group are providing input into the Vermont Health Information Technology Plan (VHITP), which is undergoing revision. Many of the participants of the HIE/HIT Work Group are on the VHITP Steering Committee and/or have been interviewed as stakeholders.

General Health Data – Expert Support

Performance Period 2 Milestone: Procure appropriate IT-specific support to further health data initiatives.

As health data infrastructure projects are launched, Vermont's SIM team identifies the need for additional IT-specific knowledge and subject matter expertise to assist in research, discovery, and support them.

Table 2 below describes the contractors with current or pending contracts supporting the health data infrastructure focus area.³

Table 2: Supporting Contractors – Information Systems and Data Collection

Contractor	Milestone	Scope of Work/Role
Vermont Information Technology Leaders (VITL)	<ul style="list-style-type: none"> Remediate data gaps that support payment model quality measures, as identified in gap analyses. Develop tools to support data extracts from the HIE to analytic entities as necessary for provider and state use. Engage in work flow improvement activities at provider practices to improve the quality of the data flowing into the VHIE. These will be identified in gap analyses and analytics. Implement EMRs for non-MU providers; explore non-EMR solutions for providers without EMRs. Research data warehousing needs; develop cohesive strategy for warehousing solutions supporting practices in care transformation; identify solutions for data registry and warehousing needs; implement solutions approved by the HIE/HIT Work Group according to timelines developed in design phase. 	<ul style="list-style-type: none"> Technical assistance for EMR procurement for Department of Mental Health and developmental disabilities agencies: VITL. Technical expertise regarding the data in the VHIE: VITL. Data gap remediation for ACO providers.
Vermont Care Network	<ul style="list-style-type: none"> Develop and test data warehousing solution; develop cohesive strategy for warehousing solutions supporting practices in care transformation; identify solutions for data registry and warehousing needs; implement solutions approved by the HIE/HIT Work Group according to timelines developed in design phase. 	<ul style="list-style-type: none"> Implement data repository.
ARIS	<ul style="list-style-type: none"> Implement EMRs for non-MU providers; explore non-EMR solutions for providers without EMRs. 	<ul style="list-style-type: none"> Implement EMR at five developmental disabilities agencies.
JBS International	<ul style="list-style-type: none"> Develop Telehealth Strategic Plan. 	<ul style="list-style-type: none"> Develop telehealth strategic plan and RFP.
Stone Environmental	<ul style="list-style-type: none"> Research data warehousing needs; develop cohesive strategy for warehousing solutions supporting practices in care transformation; identify solutions for data registry and warehousing needs; implement solutions approved by the HIE/HIT Work Group according to timelines developed in design phase. Identify HIE connectivity targets; provide input into HIT Plan. 	<ul style="list-style-type: none"> Research regarding data warehousing solutions. Develop health data inventory. Research, analysis, project management and planning to support all health data infrastructure projects.

³ There will be additional contractors identified to support the Year 2 milestones later in 2015.

Section E: Alignment with State HIT Plans and Existing HIT Infrastructure

In February 2015, the Department of Vermont Health Access (DVHA) initiated a comprehensive process to update and revise Vermont's HIT Plan. Vermont's HIT Plan project is a community strategic planning process aimed at developing a shared vision and roadmap for health information technology progress and collaboration over the next 3-5 years. The HIT Plan provides strategic direction for health information technology investments and informs future updates to Vermont's Medicaid HIT Plan (SMHP). Vermont has contracted with Mosaica Partners, a nationally recognized health information strategy consulting firm, to assist DVHA in updating the Vermont HIT Plan (this contract is being funded with HITECH funding as approved by CMS in our SMHP and HITECH IAPD).

Performance Period 2 Milestone: Identify HIE connectivity targets; provide input into HIT Plan.

- The HIT Plan team met with the SIM HIT/HIE Work Group in February 2015 as part of the kick-off events and will meet again mid-project (August or September 2015) to receive input on the draft revised Plan (late fall 2015). The Plan is scheduled to be completed by January 2016.
- Georgia Maheras, SIM Director, serves on the Steering Committee for the HIT Plan project.
- Simone Rueschemeyer, Co-Chair of the SIM HIE/HIT Work Group serves on the Steering Committee for the HIT Plan update.
- Steve Maier, DVHA lead for the HIT Plan project, participates in the leadership of the SIM HIE/HIT Work Group.
- John Evans, CEO of Vermont Information Technology Leaders (VITL), the State's designated and exclusive HIE organization, also serves on the project Steering Committee thereby ensuring alignment with Vermont's existing HIE infrastructure.
- The results and next steps coming out of the SIM HIE projects (including for after 1/1/17) will be important input into the process of determining the higher priority projects and initiatives to be included in the revised HIT Plan.

Section G: Model Intervention, Implementation and Delivery

All of the policy and regulatory levers noted in Section G of Vermont’s original Year 2 Operational Plan remain in place, as has the SIM grant program’s ongoing engagement of stakeholders. However, Vermont’s activities around public health integration intensified in 2015 as the state has continued development of its Population Health Plan.

Performance Period 2 Milestone: Draft Plan submitted to CMMI.

Since the beginning of 2015, the Population Health work group has been refining a comprehensive outline for the Population Health Plan, with the goal of having a draft of the full written plan for submission to CMMI by the end of Performance Period 2. To ensure that the Plan is as comprehensive as possible, technical assistance has been requested from expert faculty at both the Centers for Disease Control and Prevention and the Center for Health Care Strategies.

Table 3 provides a list of contractors supporting the population health work plan development.

Table 3: Supporting Contractors – Model Intervention, Implementation and Delivery

Contractor	Milestone	Scope of Work/Role
Hester	Draft Plan Due to CMMI.	<ul style="list-style-type: none"> • Research into alternative payments and policies to inform plan.

Section I: Quality, Financial and Health Goals and Performance

Measurement Plan

Vermont continues to use the multi-stakeholder process, described in Vermont's original Year 2 Operational Plan, for the selection and review of appropriate quality metrics for each payment model. In addition to this process, the SIM grant program has placed further emphasis on aligning quality metrics across testing models and across payer populations.

Vermont is preparing for the release, in August 2015, of the final Year 1 quality performance reports for the ACOs participating in the Medicaid and commercial Shared Savings Programs. The availability of program data from the first year will allow Vermont to shift focus to ongoing program monitoring and evaluation activities.

ACO Shared Savings Programs (SSPs)

Performance Period 2 Milestone: Expand the number of people in the Shared Savings Programs in subsequent performance periods.

Thus far in Performance Period 2, Vermont's SIM team has been engaged in discussions about appropriate modifications to the measure sets being used for the Medicaid and commercial Shared Savings Programs for Performance Periods 2 and 3. Such modifications include elimination or replacement of measures that have been retired by their measure stewards, and updating measures accordingly when nationally endorsed specifications have changed.

Episodes of Care (EOCs)

Performance Period 2 Milestone: Design 3 EOCs for the Medicaid program with financial component.

Performance Period 2 activities around Episodes of Care have been focused on designing an Episode-based payment model for Medicaid. As the selection of episodes has yet to be finalized, identification of metrics is still underway. As appropriate, every effort will be made to align measures for the Episodes of Care model with measures being used by other programs in the state.

Pay-for-Performance (Blueprint)

Performance Period 2 Milestone: There are no Performance Period 2 Milestones associated with this area of work. Please see Table 1, Milestone Summary, for Performance Period 1 and Performance Period 1 Carryover Milestones associated with this area of work.

Other Medicaid Value-Based Purchasing Models (Health Homes, Home Health and Behavioral Health Prospective Payment Systems), Accountable Health Communities, and All-Payer Model

Performance Period 2 Milestone:

- **Health Homes (Hub & Spoke):** Reporting on program’s transition and progress.
- **Prospective Payment System – Home Health:** Design PPS program for Home Health.
- **Prospective Payment System – Designated Agencies:** Submit planning grant application to SAMHSA.
- **Accountable Health Communities:** Feasibility assessment: analytics
- **All-Payer Model:** Research feasibility, develop analytics, and obtain information to inform decision-making for negotiations with CMMI.

For the Hub and Spoke Health Home program, particular emphasis in Performance Period 2 has been placed on assessing and expanding state capacity to collect and report on performance metrics. Vermont is working with CMS to develop their quality reporting strategy for the 2014 performance year, and will be focusing primarily on CMS’ Core Set of Measures for Medicaid Health Home Programs.

Performance Period 2 activities in the other milestone areas listed above are primarily focused on feasibility assessments and program design. Although measure selection has not yet been a key activity in these initiatives, any future measure selection activity will also involve multi-stakeholder input and will focus on alignment across payers and programs to the extent possible.

As measure results from all testing models become available, information will be used to inform further program design and measure selection activities, and will also be integrated with overall SIM evaluation activities. Staff and contractors have been designated to participate in both measure selection and quality reporting and evaluation activities for each of these models to ensure that associated milestones and accountability targets will be met during the SIM testing period. Additional information linking milestones to staff, contracts, and accountability targets can be found in Section K.

Table 4 below provides a list of contractors supporting the Vermont’s quality and performance measurement activities.

Table 4: Supporting Contractors – Quality, Financial and Health Goals and Performance Measurement

Contractor	Milestone	Scope of Work/Role
Healthfirst	<ul style="list-style-type: none"> • Expand the number of people in the Shared Savings Programs. 	<ul style="list-style-type: none"> • Quality measures-Medicaid and commercial collection.

Section K: Staff/Contractor Recruitment and Training

The State relies on a mix of staff and contractors to implement and evaluate the success of initiatives planned during the testing period supporting Vermont's SIM Project.

State staff involved in the SIM work in five state agencies: the Agency of Administration (AOA), the Green Mountain Care Board (GMCB), the Agency of Human Services (AHS), DVHA, the Department of Health (VDH), and the Department of Disabilities, Aging, and Independent Living (DAIL). In a matrixed staffing approach, the SIM staff will work under the general direction of the SIM Project Director who works within the AOA.

This section of the Operational Plan provides detailed information on Vermont's revised Year 2 milestones, the planned activities that support those milestones and the contractor and staff resources needed to accomplish them. The tables below augment Table 1: Milestone Summary, found above in the Executive Summary. Vermont's Year 2 Budget Narrative includes additional detail about personnel and contractors. When reviewing the tables, please note there are several State of Vermont Key Personnel who support all of the milestones:

- Lawrence Miller: Chief of Health Care Reform, Chair, Core Team;
- Robin Lunge: Director of Health Care Reform, Member, Core Team;
- Al Gobeille: Chair, Green Mountain Care Board, Member, Core Team;
- Steven Costantino, Commissioner, Department of Vermont Health Access, Member, Core Team;
- Hal Cohen, Secretary, Agency of Human Services, Member, Core Team;
- Monica Hutt, Commissioner, Department of Disabilities, Aging, and Independent Living, Member, Core Team;
- Georgia Maheras, Deputy Director for Health Care Reform, Project Director;
- Richard Slusky, Director of Payment and Delivery System Reform, Green Mountain Care Board, Lead-GMCB; and
- Alicia Cooper, Health Care Project Director, Department of Vermont Health Access, Lead-DVHA.

There are also several individuals listed in the tables on the following pages who were not previously listed in the Year 2 Operational Plan. They are identified with an asterisk.

Table 5: CMMI-Required Milestones and Accountability Metrics with Contractor, Line Item, and Staff Detail

Planned Activities within Program Areas	Performance Period 2 Milestone	Specific tasks and contractors supporting these tasks	Line Item and Contractor	Staff	Accountability Metrics (Performance Period 2, reported in Quarterly Reports)
CMMI Required Milestones: Payment Models	60% of Vermonters in alternatives to fee-for-service.	Research, alignment and design of payment models: Burns and Associates (Medicaid); HMA (all-payers).	Advanced Analytics: Policy and Data Analysis to Support System Design and Research for All Payers – <i>Bailit Health Purchasing, Burns and Associates.</i>	All SIM-funded staff	CORE_Beneficiaries impacted_[VT]_VTEmployees CORE_Beneficiaries impacted_[VT]_[ACO]_Commercial CORE_Beneficiaries impacted_[VT]_[ACO]_Medicaid CORE_Beneficiaries impacted_[VT]_[ACO]_Medicare CORE_Beneficiaries impacted_[VT]_[APMH/P4P]_Commercial CORE_Beneficiaries impacted_[VT]_[APMH/P4P]_Medicaid CORE_Beneficiaries impacted_[VT]_[APMH/P4P]_Medicare CORE_Beneficiaries impacted_[VT]_[EOC]_Commercial CORE_Beneficiaries impacted_[VT]_[EOC]_Medicaid CORE_Beneficiaries impacted_[VT]_[EOC]_Medicare
CMMI Required Milestones: Population Health Plan	Draft Plan submitted to CMMI.	Research into alternative payments and policies to inform plan: Hester.	Advanced Analytics: Policy and Data Analysis to Support System Design and Research for All Payers – <i>Hester.</i>	SIM-funded staff: Sarah Kinsler Key personnel: Tracy Dolan, Heidi Klein	Not reported on quarterly basis, but required reporting element by end of project.

Table 6: Payment Model Design and Implementation Milestones and Accountability Metrics with Contractor, Line Item, and Staff Detail

Planned Activities within Program Areas	Performance Period 2 Milestone	Specific tasks and contractors supporting these tasks	Line Item and Contractor	SOV Key Personnel	Accountability Metrics (Performance Period 2, reported in Quarterly Reports)
ACO Shared Savings Programs (SSPs)	Expand the number of people in the Shared Savings Programs in Year 2.	1. Financial standards – Medicaid: Burns and Associates (data analyses). 2. Quality measures –Healthfirst (quality measure collection). 3. Stakeholder engagement – Medicaid and commercial: Deborah Lisi-Baker (special populations) and Vermont Medical Society Foundation (providers).	1. Advanced Analytics: Policy and Data Analysis to Support System Design and Research for All Payers –Burns and Associates, Lisi-Baker, Vermont Medical Society Foundation; 2. Model Testing: Quality Measures – Healthfirst;	SIM-funded: Julie Wasserman; Cecelia Wu; Amy Coonradt; Susan Aranoff; David Epstein; Amanda Ciecior; James Westrich; Brian Borowski; Carole Magoffin; Carolynn Hatin Key personnel: Spenser Weppler, Pat Jones	CORE_Beneficiaries impacted_[VT]_VTEmployees CORE_Beneficiaries impacted_[VT]_[ACO]_Commercial CORE_Beneficiaries impacted_[VT]_[ACO]_Medicaid CORE_Beneficiaries impacted_[VT]_[ACO]_Medicare CORE_Participating Provider_[VT]_[ACO]_Commercial CORE_Participating Provider_[VT]_[ACO]_Medicaid CORE_Participating Provider_[VT]_[ACO]_Medicare CORE_Provider Organizations_[VT]_[ACO]_Commercial CORE_Provider Organizations_[VT]_[ACO]_Medicaid CORE_Provider Organizations_[VT]_[ACO]_Medicare CORE_Payer Participation_[VT] CORE_BMI_[VT] CORE_Diabetes Care_[VT] CORE_ED Visits_[VT] CORE_Readmissions_[VT] CORE_Tobacco Screening and Cessation_[VT] CAHPS Clinical & Group Surveys
Episodes of Care (EOCs)	Design 3 EOCs for the Medicaid program with financial component.	1. Financial standards –TBD. 2. Care standards: TBD. 3. Quality measures – TBD. 4. Analyses for design and implementation –TBD. 5. Stakeholder engagement –TBD.	1. Advanced Analytics: Policy and Data to Support System Design and Research for All Payers – TBD.	SIM-funded: Julie Wasserman; Susan Aranoff; David Epstein; Amanda Ciecior; James Westrich; Brian Borowski; Carole Magoffin Key personnel: Spenser Weppler and Pat Jones	CORE_Beneficiaries impacted_[VT]_[EOC]_Commercial CORE_Beneficiaries impacted_[VT]_[EOC]_Medicaid CORE_Beneficiaries impacted_[VT]_[EOC]_Medicare CORE_Participating Providers_[VT]_[EOC] CORE_Provider Organizations_[VT]_[EOC] CORE_Payer Participation_[VT]

Pay-for-Performance (Blueprint)	Design modifications to this P4P program – dependent on additional appropriation in state budget.	<ol style="list-style-type: none"> 1. Financial standards: Non-SIM funded. 2. Care standards: Non-SIM funded. 3. Quality measures: Non-SIM funded. 4. Analyses for design and implementation: Non-SIM funded. 5. Stakeholder engagement – Medicaid and commercial: Non-SIM funded. 		Key personnel: Craig Jones*; Jenney Samuelson*; Spenser Weppler	<p>CORE_Beneficiaries impacted_[VT]_[APMH/P4P]_Commercial CORE_Beneficiaries impacted_[VT]_[APMH/P4P]_Medicaid CORE_Beneficiaries impacted_[VT]_[APMH/P4P]_Medicare CORE_Participating Providers_[VT]_[APMH] CORE_Provider Organizations_[VT]_[APMH] CORE_Payer Participation_[VT]</p>
Health Home (Hub and Spoke)	Reporting on program’s transition and progress.	<ol style="list-style-type: none"> 1. Financial standards: non-SIM funded. 2. Care standards: non-SIM funded. 3. Quality measures: non-SIM funded. 4. Analyses for design and implementation: non-SIM funded. 5. Stakeholder engagement-non-SIM funded. 		Key personnel: Beth Tanzman*	<p>CORE_Provider Organizations_[VT]_[HH] CORE_Participating Providers_[VT]_[HH] CORE_Provider Organizations_[VT]_[HH]</p>
Accountable Health Communities	Research and design feasibility.	<ol style="list-style-type: none"> 1. Research into concept: Prevention Institute. 2. Analyses related to financial standards: Burns and Associates (Medicaid). 3. Program design: TBD. 	Advanced Analytics: Policy and Data to Support System Design and Research for All Payers – <i>Prevention Institute, Burns and Associates, TBD.</i>	SIM-funded: James Westrich; Amanda Ciecior; Sarah Kinsler Key personnel: Tracy Dolan, Heidi Klein	<p>CORE_Provider Organizations_[VT]_[ACO]_Commercial CORE_Provider Organizations_[VT]_[ACO]_Medicaid CORE_Provider Organizations_[VT]_[ACO]_Medicare CORE_Participating Providers_[VT]_[ACO]_Commercial CORE_Participating Providers_[VT]_[ACO]_Medicaid CORE_Participating Providers_[VT]_[ACO]_Medicare CORE_Payer Participation_[VT]</p>
Prospective Payment System - Home Health	Design PPS program for Home Health.	<ol style="list-style-type: none"> 1. Analyses: Burns and Associates. 2. Program design: TBD. 	Advanced Analytics: Policy and Data to Support System Design and Research for All Payers – <i>Burns and Associates.</i>	SIM-funded: Alicia Cooper	<p>CORE_Provider Organizations_[VT]_[ACO]_Commercial CORE_Provider Organizations_[VT]_[ACO]_Medicaid CORE_Provider Organizations_[VT]_[ACO]_Medicare CORE_Participating Providers_[VT]_[ACO]_Commercial CORE_Participating Providers_[VT]_[ACO]_Medicaid CORE_Participating Providers_[VT]_[ACO]_Medicare CORE_Payer Participation_[VT]</p>

Prospective Payment System - Designated Agencies	Submit planning grant application to SAMHSA.	Grant application submission: Non-SIM funded.	.	Key personnel: Barbara Cimaglio*; Nick Nichols*	CORE_Provider Organizations_[VT]_[ACO]_Commercial CORE_Provider Organizations_[VT]_[ACO]_Medicaid CORE_Provider Organizations_[VT]_[ACO]_Medicare CORE Participating Providers_[VT]_[ACO]_Commercial CORE Participating Providers_[VT]_[ACO]_Medicaid CORE Participating Providers_[VT]_[ACO]_Medicare CORE_Payer Participation_[VT]
All-Payer Model	Research feasibility, develop analytics, and obtain information to inform decision-making for negotiations with CMMI.	1. Analyses: Health Management Associates (HMA) (actuarial, model design). 2. Financial Analyses-Medicaid: Burns and Associates.	1. Advanced Analytics: Policy and Data to Support System Design and Research for All Payers – <i>Burns and Associates, HMA</i> ; 2. Advanced Analytics: Financial and Other Modeling for All Payers – <i>HMA</i>	Key personnel: Michael Costa*, Ena Backus, Spenser Wepper, Pat Jones	CORE_Provider Organizations_[VT]_[ACO]_Commercial CORE_Provider Organizations_[VT]_[ACO]_Medicaid CORE_Provider Organizations_[VT]_[ACO]_Medicare CORE Participating Providers_[VT]_[ACO]_Commercial CORE Participating Providers_[VT]_[ACO]_Medicaid CORE Participating Providers_[VT]_[ACO]_Medicare CORE_Payer Participation_[VT]
State Activities to Support Model Design and Implementation – GMCB	Obtain information and identify regulatory components necessary to support APM regulatory activities. Plan as appropriate based on negotiations.	Research and analyses: TBD.		Key personnel: Michael Costa*, Ena Backus, Susan Barrett	CORE_Provider Organizations_[VT]_[ACO]_Commercial CORE_Provider Organizations_[VT]_[ACO]_Medicaid CORE_Provider Organizations_[VT]_[ACO]_Medicare CORE Participating Providers_[VT]_[ACO]_Commercial CORE Participating Providers_[VT]_[ACO]_Medicaid CORE Participating Providers_[VT]_[ACO]_Medicare

<p>State Activities to Support Model Design and Implementation – Medicaid</p>	<p>Pursue state plan amendments and other federal approvals as appropriate for each payment model (Year 2 SSP SPA, Year 1 EOC SPA); ensure monitoring and compliance activities are performed. Ensure beneficiaries have access to call-center as appropriate.</p>	<p>1. Data analyses to support State Plan Amendments: Burns and Associates (data).</p>	<p>1. Advanced Analytics: Policy and Data Analysis to Support System Design and Research for All Payers –<i>Burns and Associates</i>.</p>	<p>SIM-funded: Brad Wilhelm; Cecelia Wu; Amy Coonradt; Amanda Ciecior; Luann Poirier</p> <p>Key personnel: Spenser Weppler, Pat Jones</p>	<p>CORE_Beneficiaries impacted_[VT]_VTEmployees CORE_Beneficiaries impacted_[VT]_[ACO]_Commercial CORE_Beneficiaries impacted_[VT]_[ACO]_Medicaid CORE_Beneficiaries impacted_[VT]_[ACO]_Medicare CORE_Participating Provider_[VT]_[ACO]_Commercial CORE_Participating Provider_[VT]_[ACO]_Medicaid CORE_Participating Provider_[VT]_[ACO]_Medicare CORE_Provider Organizations_[VT]_[ACO]_Commercial CORE_Provider Organizations_[VT]_[ACO]_Medicaid CORE_Provider Organizations_[VT]_[ACO]_Medicare</p>
--	--	--	---	---	--

Table 7: Care Delivery and Practice Transformation Milestones and Accountability Metrics with Contractor, Line Item, and Staff Detail

Planned Activities within Program Areas	Performance Period 2 Milestone	Specific tasks and contractors supporting these tasks	Line Item and Contractor	SOV Key Personnel	Accountability Metrics (Performance Period 2, reported in Quarterly Reports)
Learning Collaboratives	Offer at least two cohorts of Learning Collaboratives to 3-6 communities.	1. Quality Improvement Facilitation: Abernathey, Vermont Program for Quality Health Care (VPQHC). 2. Disability core competency research and implementation: Lisi-Baker	Technical Assistance: Learning Collaboratives – <i>Lisi-Baker, Abernathey, VPQHC.</i>	SIM-funded: Erin Flynn; Julie Wasserman; Susan Aranoff; David Epstein Key personnel: Pat Jones	CORE_Participating Provider_[VT]_[ACO]_Commercial CORE_Participating Provider_[VT]_[ACO]_Medicaid CORE_Participating Provider_[VT]_[ACO]_Medicare CORE_Provider Organizations_[VT]_[ACO]_Commercial CORE_Provider Organizations_[VT]_[ACO]_Medicaid CORE_Provider Organizations_[VT]_[ACO]_Medicare CORE_Participating Providers_[VT]_[EOC] CORE_Provider Organizations_[VT]_[EOC] CORE_Participating Providers_[VT]_[APMH] CORE_Provider Organizations_[VT]_[APMH]
Regional Collaborations	Establish 14 regional collaborations, each including a Charter, governing body, and decision-making process.	1. Establish regional collaborations that unite Blueprint, ACO, and other local delivery organizational structures: OneCare Vermont.	Advanced Analytics: Policy and Data Analysis to Support System Design and Research for All Payers – <i>OneCare Vermont.</i>	SIM-funded: Erin Flynn Key personnel: Pat Jones; Jenney Samuelson*; Craig Jones*	CORE_Participating Provider_[VT]_[ACO]_Commercial CORE_Participating Provider_[VT]_[ACO]_Medicaid CORE_Participating Provider_[VT]_[ACO]_Medicare CORE_Provider Organizations_[VT]_[ACO]_Commercial CORE_Provider Organizations_[VT]_[ACO]_Medicaid CORE_Provider Organizations_[VT]_[ACO]_Medicare CORE_Participating Providers_[VT]_[EOC] CORE_Provider Organizations_[VT]_[EOC] CORE_Participating Providers_[VT]_[APMH] CORE_Provider Organizations_[VT]_[APMH]

Workforce – Demand Data Collection and Analysis	Obtain micro-simulation demand model to identify future workforce resource needs.	Micro-simulation Demand Model Design and Implementation: TBD.	Workforce Assessment: System-Wide Capacity – <i>TBD</i> .	SIM-funded: Amy Coonradt Key personnel: Mat Barewicz*	CORE_Participating Provider_[VT]_[ACO]_Commercial CORE_Participating Provider_[VT]_[ACO]_Medicaid CORE_Participating Provider_[VT]_[ACO]_Medicare CORE_Provider Organizations_[VT]_[ACO]_Commercial CORE_Provider Organizations_[VT]_[ACO]_Medicaid CORE_Provider Organizations_[VT]_[ACO]_Medicare CORE_Participating Providers_[VT]_[EOC] CORE_Provider Organizations_[VT]_[EOC] CORE_Participating Providers_[VT]_[APMH] CORE_Provider Organizations_[VT]_[APMH]
Workforce – Supply Data Collection and Analysis	Use supply data (licensure and recruitment) to inform workforce planning and updates to Workforce Strategic Plan.			SIM-funded: Matt Bradstreet; Amy Coonradt Key personnel: VDH and OPR licensing staff	CORE_Participating Provider_[VT]_[ACO]_Commercial CORE_Participating Provider_[VT]_[ACO]_Medicaid CORE_Participating Provider_[VT]_[ACO]_Medicare CORE_Provider Organizations_[VT]_[ACO]_Commercial CORE_Provider Organizations_[VT]_[ACO]_Medicaid CORE_Provider Organizations_[VT]_[ACO]_Medicare CORE_Participating Providers_[VT]_[EOC] CORE_Provider Organizations_[VT]_[EOC] CORE_Participating Providers_[VT]_[APMH]CORE_Provider Organizations_[VT]_[APMH]

Table 8: Health Data Infrastructure Milestones and Accountability Metrics with Contractor, Line Item, and Staff Detail

Planned Activities within Program Areas	Performance Period 2 Milestone	Specific tasks and contractors supporting these tasks	Line Item and Contractor	Key SOV Personnel	Accountability Metrics (Performance Period 2, reported in Quarterly Reports)
Expand Connectivity to HIE – Gap Remediation	Remediate data gaps that support payment model quality measures, as identified in gap analyses.	ACO SSP Measure remediation: VITL.	1. Technology and Infrastructure: Expanded Connectivity to HIE Infrastructure – <i>VITL</i> ; 2. Technical Assistance: Practice Transformation & Data Quality Facilitation – <i>VITL</i> .	SIM-funded: Julie Wasserman; Susan Aranoff; David Epstein Key personnel: Spenser Weppler, Steve Maier	CORE_Health Info Exchange_[VT]
Telehealth – Strategic Plan	Develop Telehealth Strategic Plan.	Develop telehealth strategic plan and RFP: JBS International.	Technology and Infrastructure: Telemedicine – <i>JBS International</i> .	SIM-funded Sarah Kinsler Key personnel: Spenser Weppler, Steve Maier	CORE_Health Info Exchange_[VT]
Telehealth – Implementation	Launch telehealth program as defined in Telehealth Strategic Plan.	Implement telehealth strategic plan: TBD.	Technology and Infrastructure: Telemedicine – TBD.	SIM-funded Sarah Kinsler Key personnel: Spenser Weppler, Steve Maier	CORE_Health Info Exchange_[VT]
EMR Expansion	Implement EMRs for non-MU providers; explore non-EMR solutions for providers without EMRs.	1. Implement EMR at 5 developmental disabilities agencies: ARIS. 2. Technical assistance for EMR procurement for Department of Mental Health and developmental disabilities agencies: VITL.	Technical Assistance: Practice Transformation & Data Quality Facilitation – <i>ARIS</i> , <i>VITL/Department of Mental Health</i> .	Key personnel: Spenser Weppler, Steve Maier	CORE_Health Info Exchange_[VT]

<p>Data Warehousing</p>	<p>Research data warehousing needs; develop cohesive strategy for warehousing solutions supporting practices in care transformation; identify solutions for data registry and warehousing needs; implement solutions approved by the HIE/HIT Work Group according to timelines developed in design phase.</p>	<p>1. Research regarding data warehousing solutions: Stone Environmental. 2. Stakeholder Engagement for DA/SSA Repository: VCN.</p>	<p>1. Advanced Analytics: Policy and Data Analysis to Support System Design and Research for All Payers—<i>Stone Environmental</i>; 2. Technology and Infrastructure: Enhancement to Centralized Clinical Registry & Reporting Systems – <i>BHN, TBD</i>.</p>	<p>SIM-funded Sarah Kinsler Key personnel: Spenser Weppler, Steve Maier</p>	<p>CORE_Health Info Exchange_[VT]</p>
<p>Care Management Tools</p>	<p>Engage in discovery, design and testing of shared care plan IT solutions, an event notification system, and uniform transfer protocol. Create project plans for each of these projects and implement as appropriate, following SOV procedure for IT development.</p>	<p>Technical expertise regarding SCUP solution: TBD.</p>	<p>Technology and Infrastructure: Analysis of How to Incorporate Long-Term Support Service, Mental Health, And Other Areas of Health –<i>TBD</i>.</p>	<p>SIM-funded: Erin Flynn; Sarah Kinsler Key personnel: Spenser Weppler, Steve Maier, Pat Jones</p>	<p>CORE_Health Info Exchange_[VT]</p>

<p>General Health Data – HIE Planning</p>	<p>Identify HIE connectivity targets; provide input into HIT Plan.</p>	<p>Research, analysis, project management and planning to support all health data infrastructure projects: Stone Environmental.</p>	<p>Advanced Analytics: Policy and Data Analysis to Support System Design and Research for All Payers – <i>Stone Environmental</i>.</p>	<p>SIM-funded: Sarah Kinsler Key personnel: Spenser Weppler, Steve Maier</p>	<p>CORE_Health Info Exchange_[VT]</p>
<p>General Health Data – Expert Support</p>	<p>Procure appropriate IT-specific support to further health data initiatives.</p>	<p>1. Subject Matter experts: TBD. 2. Technical architects: TBD.</p>	<p>Technology and Infrastructure: Analysis of How to Incorporate Long-Term Support Service, Mental Health, And Other Areas of Health –<i>TBD</i>.</p>	<p>SIM-funded: Sarah Kinsler Key personnel: Spenser Weppler, Steve Maier</p>	<p>CORE_Health Info Exchange_[VT]</p>

Table 9: Evaluation Milestones and Accountability Metrics with Contractor, Line Item, and Staff Detail

Planned Activities within Program Areas	Performance Period 2 Milestone	Specific tasks and contractors supporting these tasks	Line Item and Contractor	Key SOV Personnel	Accountability Metrics (Performance Period 2, reported in Quarterly Reports)
Surveys	Conduct annual patient experience survey and other surveys as identified in payment model development.	1. Field patient experience survey: Datastat. 2. Develop survey report: Datastat.	Model Testing: Quality Measures – <i>Datastat</i> .	SIM-funded: Annie Paumgarten Key personnel: Pat Jones, Jenney Samuelson*	CAHPS Clinical & Group Surveys CORE_HCAHPS Patient Rating_[VT]
Monitoring and Evaluation Activities Within Payment Programs	Conduct analyses as required by payers related to specific payment models.	1. Financial and quality analysis for new programs: TBD.	Advanced Analytics: Policy and Data Analysis to Support System Design and Research for All Payers – <i>TBD</i> .	SIM-funded: Cecelia Wu; Amy Coonradt; James Westrich; Brian Borowski; Carole Magoffin Key personnel: Spenser Wepler, Pat Jones	CORE_BMI_[VT] CORE_Diabetes Care_[VT] CORE_ED Visits_[VT] CORE_HRQL_[VT] CORE_Readmissions_[VT] CORE_Tobacco Screening and Cessation_[VT] CAHPS Clinical & Group Surveys

Table 10: Program Management and Reporting Milestones and Accountability Metrics with Contractor, Line Item, and Staff Detail

Planned Activities within Program Areas	Performance Period 2 Milestone	Specific tasks and contractors supporting these tasks	Line Item and Contractor	Key SOV Personnel	Accountability Metrics (Performance Period 2, reported in Quarterly Reports)
Project Management and Reporting – Communication and Outreach	Engage stakeholders in project focus areas.		Staff Only	SIM-funded: Christine Geiler; Amanda Ciecior	All metrics

Section M: Care Transformation Plans

Care Delivery and Practice Transformation activities are critical for supporting provider readiness to transition to, and participate in, alternative payment models. A primary goal of Vermont's Performance Period 2 SIM grant activities is to maintain and expand existing, successful initiatives.

Since the submission of the Year 2 Operational Plan Vermont has made significant progress towards achieving this, including:

- Embedded quality improvement and care transformation support into the Integrated Communities Care Management Learning Collaborative, and supported implementation of the Learning Collaborative;
- Continued implementation of the provider sub-grant program;
- Implemented technical assistance for providers in the sub-grant program;
- Supported establishment of the regional collaborations, and incorporated existing care transformation efforts and new testing models into regional collaborations;
- Encouraged Health Care Workforce Work Group review of Care Management Inventory Survey results;
- Initiated processes for workforce demand data collection and analysis; and
- Initiated processes for workforce supply data collection and analysis.

Milestones for Performance Period 2 in each of these areas are described below:

Learning Collaboratives

Performance Period 2 Milestone: Offer at least two cohorts of Learning Collaboratives to 3-6 communities.

The Integrated Communities Care Management Learning Collaborative is intended to support participating communities in learning about and testing promising interventions to improve integration of care management services provided by multiple health and social service organizations on behalf of at-risk people. It uses a traditional learning collaborative format, with learning sessions featuring expert faculty to introduce promising interventions, followed by action periods during which the interventions are implemented and tested. Planning for the Learning Collaborative occurred during Performance Period 1, with the focus of Performance Period 2 on implementation of the first three pilot communities. The Learning Collaborative has recently been expanded and it is anticipated that additional communities will participate in the next two cohorts of the Learning Collaborative, with pre-work beginning during the summer of 2015 and the initial in-person learning sessions scheduled for September 2015. The goal is that all of Vermont's 14 health service areas will have the opportunity to begin participation in the learning collaborative by January 2016 if they so choose.

All participants in the learning collaborative receive continuous Quality Improvement (CQI) training, specifically utilizing the Plan-Do-Study-Act model. To support the goal of continuous quality improvement, communities have access to quality improvement facilitators funded by the SIM grant. Vermont has worked extensively with professional associations and individual providers to ensure that they have working knowledge of Vermont's transformation initiatives.

Sub-Grant Program – Sub-Grants

Performance Period 2 Milestone: Continue sub-grant program; convene sub-grantees at least once; use lessons from sub-grantees to inform project decision-making.

Performance Period 2 Milestone: There are no Performance Period 2 Milestones associated with this area of work. Please see Table 1, Milestone Summary, for Performance Period 1 and Performance Period 1 Carryover Milestones associated with this area of work.

Sub-Grant Program – Technical Assistance

Performance Period 2 Milestone: There are no Performance Period 2 Milestones associated with this area of work. Please see Table 1, Milestone Summary, for Performance Period 1 and Performance Period 1 Carryover Milestones associated with this area of work.

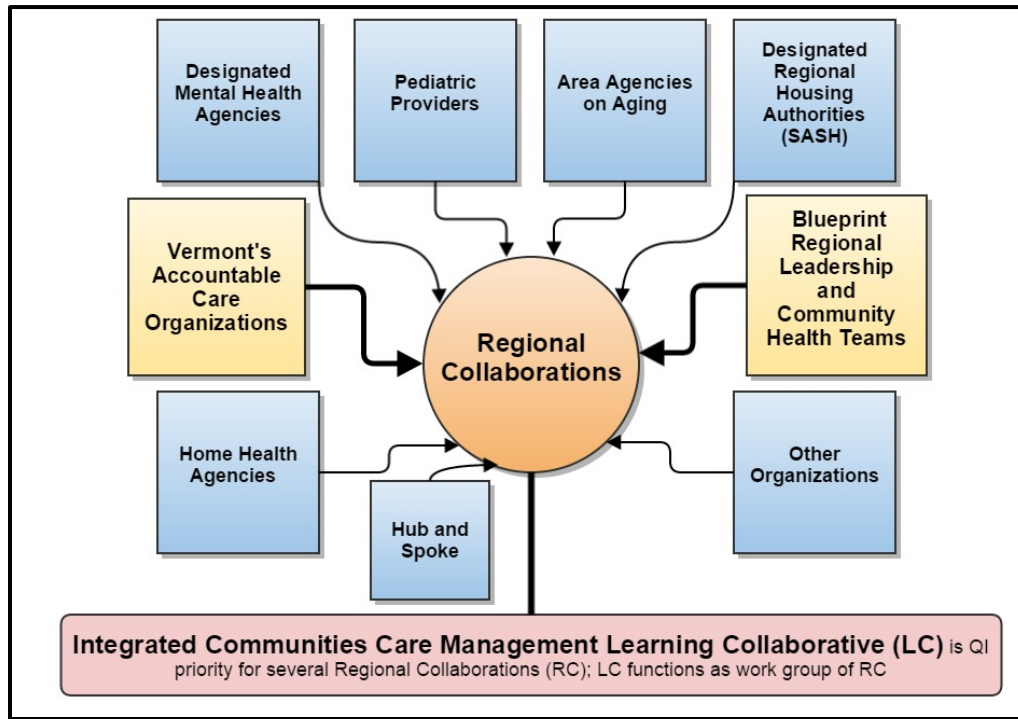
Regional Collaborations

Performance Period 2 Milestone: Continue to develop and expand 14 regional collaborations, each including a Charter, governing body, and decision-making process.

This milestone is focused on ensuring alignment between existing and new initiatives; specifically, between the Blueprint for Health multi-payer advanced primary care practice demonstration project that has been underway in Vermont since 2008, and the multi-payer ACO Shared Savings Program payment and delivery system reform model that was implemented beginning in 2014. Rather than developing disparate regional infrastructure for these two programs (that could lead to providers and people needing services experiencing fragmentation), we are developing cross-organizational regional community systems of care, or regional collaboratives in each of the state's 14 regional health service areas. The following Performance Period 2 milestones have been met: under the leadership of the ACOs and the Blueprint, the regional collaboratives have organized cross-organizational teams, developed charters, reviewed data from performance reports jointly produced by the Blueprint and the ACOs, established clinical priorities, and identified quality improvement projects. Several of the regional collaboratives have adopted the Integrated Communities Care Management Learning Collaborative (see above) as a priority focus area and quality improvement project. The focus for the remainder of Performance Period 2 is to support implementation of regional collaborative governance structures and priority activities.

Figure 2 depicts the regional collaboratives and the connection of those collaboratives to the Integrated Communities Care Management Learning Collaborative:

Figure 2: Regional Collaborations



Workforce – Care Management Inventory

Performance Period 2 Milestone: There are no Performance Period 2 Milestones associated with this area of work. Please see Table 1, Milestone Summary, for Performance Period 1 and Performance Period 1 Carryover Milestones associated with this area of work.

Workforce – Demand Data Collection and Analysis

Performance Period 2 Milestone: Obtain micro-simulation demand model to identify future workforce resource needs.

The Health Care Workforce Work group began discussing demand modeling in Performance Period 1 as a way to project future health care demand for the state of Vermont. A “micro-simulation” demand model was determined to be the most suitable type of model for Vermont’s needs, given the state’s dynamic health care reform environment and the high degree of flexibility that this type of model affords in terms of inputting various assumptions about care delivery in a high-performing health care system. The focus in Performance Period 2 has been on procuring a contractor for this work. An RFP was released in January 2015, and the

state is in the procurement process. The demand model will use Vermont-specific data that identifies future workforce needs for Vermont under various scenarios and parameters. Additional Performance Period 2 activities will focus on working with the vendor to build the demand model, and actual modeling of future demand for the health care work force will begin in Performance Period 3.

Workforce – Supply Data Collection and Analysis

Performance Period 2 Milestone: There are no Performance Period 2 Milestones associated with this area of work. Please see Table 1, Milestone Summary, for Performance Period 1 and Performance Period 1 Carryover Milestones associated with this area of work.

Table 11 provides a list of contractors supporting care delivery and practice transformation.

Table 11: Supporting Contractors – Care Transformation

Contractor	Milestone	Scope of Work/Role
Lisi-Baker	<ul style="list-style-type: none"> Offer at least two cohorts of Learning Collaboratives to 3-6 communities. 	<ul style="list-style-type: none"> Disability core competency research and implementation.
Abernathy	<ul style="list-style-type: none"> Offer at least two cohorts of Learning Collaboratives to 3-6 communities. 	<ul style="list-style-type: none"> Quality Improvement Facilitation.
Vermont Program for Quality Health Care (VPQHC) – Learning Collaborative Facilitation	<ul style="list-style-type: none"> Offer at least two cohorts of Learning Collaboratives to 3-6 communities. 	<ul style="list-style-type: none"> Quality Improvement Facilitation.

Section P: Implementation Timeline for Achieving Participation and Metrics

Since the submission of Vermont's Year 2 Operational Plan on November 3, 2014, Vermont's SIM grant program has continued to support the implementation of the Medicaid and commercial ACO Shared Savings Programs, and has advanced its development of alternative payment models based on Episodes of Care, Pay-for-Performance, and Prospective Payment Systems. In addition, Vermont is continuing to develop a framework for an All-Payer Model.

ACO Shared Savings Programs (SSPs)

Performance Period 2 Milestone: Expand the number of people in the Shared Savings Programs in subsequent performance periods.

January 1, 2015 marked the beginning of the second program year for both the Vermont Medicaid and commercial ACO Shared Savings Programs. In Performance Period 2, project focus is on continued program implementation and evolution of program standards based on cost and quality results from the first performance period. Additional focus is on targeting additional beneficiary populations for attribution in Performance Period 3, and expanding the number of Vermonters served in this alternative payment model. Performance Period 2 is also providing an opportunity for payers, ACOs, and the provider community to discuss future movement to population-based payments upon completion of the SIM testing period.

The table included at the end of this section's update (*Table 13, Updated Shared Savings Program Table – 2015 Program Year*) has been updated to include the most recently available information regarding payer, provider, and beneficiary participation, and replaces in its entirety "Table 2: Shared Savings Program Table" from Vermont's Year 2 Operational Plan.

Episodes of Care (EOCs)

Performance Period 2 Milestone: Design 3 EOCs for the Medicaid program with financial component.

In January 2015, Vermont SIM staff convened a multi-stakeholder sub-group of the Payment Models Work Group to discuss the future of episode-based analytics and payments in Vermont. This sub-group has met five times thus far and a proposal for a payment model based on three Episodes of Care is now under development for Medicaid with particular emphasis on targeting provider groups that have not been fully engaged through the establishment of ACOs and/or their participation in the Medicaid or commercial Shared Savings Programs. The remainder of Performance Period 2 will be used to complete this program planning, and the Episode-based payment model has an expected start date of January 1, 2016.

Pay-for-Performance (Blueprint)

Performance Period 2 Milestone: There are no Performance Period 2 Milestones associated with this area of work. Please see Table 1, Milestone Summary, for Performance Period 1 and Performance Period 1 Carryover Milestones associated with this area of work.

Other Medicaid Value-Based Purchasing Models (Health Homes, Home Health and Behavioral Health Prospective Payment Systems)

Performance Period 2 Milestone:

- **Health Homes (Hub & Spoke):** Reporting on program's transition and progress.
- **Prospective Payment System – Home Health:** Design PPS program for Home Health.
- **Prospective Payment System – Designated Agencies:** Submit planning grant application to SAMHSA.⁴

A number of activities have either continued or begun in 2015 relating to a variety of Medicaid Value-Based Purchasing programs. Vermont Medicaid's Health Home initiative, the Hub and Spoke program for treatment of opioid addiction, has been in operation since July 2013, with statewide roll-out beginning in January 2014. During Performance Period 2, implementation activities for this program have continued, and particular emphasis has been placed on assessing and expanding state capacity to collect and report on performance metrics specific to this program.

Performance Period 2 activities also include research and design of Prospective Payment Systems (PPS) for both home health services and behavioral health services. Regarding the latter, the state is submitted a grant application to SAMHSA for an Excellence in Mental Health Act Planning Grant. More work is anticipated for both of these systems in Performance Period 2 and 3.

Accountable Health Communities

Performance Period 2 Milestone: Feasibility assessment: data analytics

The SIM grant program's Population Health Work Group has been actively engaged in exploring Accountable Care/Health Communities (ACCs/AHCs) and assessing the feasibility of launching a pilot community in Vermont. Since the submission of Vermont's original Year 2 Operational Plan, this work group has worked closely with the Prevention Institute, a contractor, to understand ACCs/AHCs in the national landscape. Performance Period 2 activities are focused on data analytics in support of continued feasibility assessments.

All-Payer Model

Performance Period 2 Milestone: Research feasibility, develop analytics, and obtain information to inform decision-making for negotiations with CMMI.

⁴ SIM resources are not being used to support this activity in Performance Period 2.

Vermont continues to explore the potential to engage in a federal All-Payer Waiver, as well as options for transformation of current payment systems and payer methodologies under such an arrangement. Vermont intends to further enhance successful structures, models, and methodologies developed during the SIM testing period (including the payment model programs listed above) to support the evolution of an all-payer model beyond 2017. During Performance Period 2, the state has been actively researching the feasibility of such a transition, pursuing advanced analytics to inform future decision-making, and engaging provider and payer stakeholders in conversations about such a transition. *Figure 4*, below, depicts the transition to an all-payer model.

As noted in Section P of Vermont’s original Year 2 Operational Plan, there continue to be project-specific plans in place for the development and implementation of each of the models described above. Moreover, staff and contractor support have been assigned for each of these models to ensure that associated milestones and accountability targets will be met during the SIM testing period. Additional information linking milestones to staff, contracts, and accountability targets can be found in the update to Section K. Figure 3 depicts a summary timeline for the models listed above. While Performance Period 1 was primarily focused on the launch of the Medicaid and commercial Shared Savings Programs, Performance Period 2 has provided an opportunity for more intensive planning for additional models intended to be launched in Performance Period 3 and beyond.

Table 12 below provides a list of contractors supporting payment model design and implementation.⁵

Table 12: Supporting Contractors – Achieving Participation and Metrics

Contractor	Milestone	Scope of Work/Role
Burns & Associates	<ul style="list-style-type: none"> • Expand the number of people in the Shared Savings Programs • Design 3 EOCs for the Medicaid program with financial component. • Feasibility assessment: data analytics (AHC). • Design PPS program for Home Health. • Research feasibility, develop analytics, and obtain information to inform decision-making for negotiations with CMMI. • Pursue state plan amendments and other federal approvals as appropriate for each payment model (Year 2 SSP SPA, Year 1 EOC SPA); ensure monitoring and compliance activities are performed. Ensure beneficiaries have access to call-center as appropriate. 	<ul style="list-style-type: none"> • Financial standards – Medicaid. • Financial standards – Medicaid. • Analyses related to financial standards (Medicaid – data analyses). • Analyses. • Financial Analyses – Medicaid. • Data analyses to support State Plan Amendments.

⁵ There will be additional contractors identified to support the Performance Period 2 milestones later in 2015.

Lisi-Baker	<ul style="list-style-type: none"> Expand the number of people in the Shared Savings Programs 	<ul style="list-style-type: none"> Stakeholder engagement – Medicaid and commercial – special populations.
Vermont Medical Society Foundation	<ul style="list-style-type: none"> Expand the number of people in the Shared Savings Programs 	<ul style="list-style-type: none"> Stakeholder engagement – Medicaid and commercial – providers.
Health Management Associates	<ul style="list-style-type: none"> Research feasibility, develop analytics, and obtain information to inform decision-making for negotiations with CMMI. 	<ul style="list-style-type: none"> Analyses – actuarial, model design.

Figure 3: Payment Model Implementation Timeline

		2012	2013				2014				2015				2016			
		Q4	Q1	Q2	Q3	Q4	Q1	Q2	Q3	Q4	Q1	Q2	Q3	Q4	Q1	Q2	Q3	Q4
Shared Savings ACO Models	Medicare	Implementation	Implementation	Implementation	Implementation	Implementation	Evaluation	Implementation	Implementation	Implementation	Evaluation	Implementation	Implementation	Implementation	Evaluation	Implementation	Implementation	Implementation
	Medicaid	Planning	Planning	Planning	Planning	Planning	Implementation	Implementation	Implementation	Implementation	Implementation	Evaluation	Implementation	Implementation	Expansion	Evaluation	Expansion	Expansion
	Commercial	Planning	Planning	Planning	Planning	Planning	Implementation	Implementation	Implementation	Implementation	Implementation	Evaluation	Implementation	Implementation	Expansion	Evaluation	Expansion	Expansion
Episode of Care Model						Planning	Planning	Planning	Planning	Planning	Planning	Planning	Planning	Implementation	Implementation	Implementation	Implementation	Evaluation
Pay-for-Performance Models (includes Blueprint for Health P4P payments)	Medicare						Implementation	Implementation	Implementation	Implementation	Implementation	Implementation	Implementation	Implementation	Implementation	Implementation	Implementation	Implementation
	Medicaid						Planning	Planning	Planning	Planning	Planning	Planning	Planning	Implementation	Implementation	Implementation	Implementation	Implementation
	Commercial						Planning	Planning	Planning	Planning	Planning	Planning	Planning	Implementation	Implementation	Implementation	Implementation	Implementation
All-Payer Waiver	Medicare									Planning	Planning	Planning	Planning	Planning	Planning	Planning	Planning	Planning
	Medicaid									Planning	Planning	Planning	Planning	Planning	Planning	Planning	Planning	Planning
	Commercial									Planning	Planning	Planning	Planning	Planning	Planning	Planning	Planning	Planning
Medicaid Value-Based Purchasing Programs	Health Home		Planning	Planning	Implementation	Implementation	Implementation	Implementation	Implementation	Implementation	Implementation	Evaluation	Implementation	Implementation	Implementation	Implementation	Evaluation	Implementation
	Home Health PPS									Planning	Planning	Planning	Planning	Planning	Planning	Planning	Implementation	Implementation
	Behavioral Health PPS									Planning	Planning	Planning	Planning	Planning	Planning	Planning	Planning	Planning

Planning	Planning
Implementation	Implementation
Evaluation	Evaluation
Expansion	Expansion

Table 13: Updated Shared Savings Program Table – 2015 Program Year

MEDICARE SHARED SAVINGS PROGRAM (MSSP)								
ACO Name	Start Date in Program	Geographic Area	ACO Network Participants (Providers with attributed lives)	ACO Network Affiliates (Providers without attributed lives)	ACO Shared Savings Distribution with Provider Network	Estimated Medicare Attributed Lives		
						# and % of Total VT Medicare Enrollees (Total N=110,916)	# and % of VT MSSP Eligible Enrollees (Total N=101,410)	# and % of Dual Eligibles within Attributed Lives (Total N=20,018)
OneCare Vermont (OneCare Vermont)	Jan 1, 2013	Statewide	<ul style="list-style-type: none"> 2 Academic Medical Centers (FAHC and UVMMC) All other VT hospitals Brattleboro Retreat 3 Federally Qualified Health Centers (FQHCs) 4 Rural Health Centers 400+ Primary Care Physician FTEs (VT & NH) 2000+ Specialty Care Physicians (VT & NH) 	<ul style="list-style-type: none"> 29 of 40 Skilled Nursing Facilities 11 VNA/Home Health All 9 Comprehensive Mental Health (MH)/Developmental Service (DS) Designated Agencies (DA), the 1 MH-only DA, no DS-only DA, no Children's MH Specialized Service Agency (SSA), and no DS SSAs 	<ul style="list-style-type: none"> 90% of shared savings distributed to OneCare Vermont Network Participants; 10% retained by OneCare Vermont Separate Incentive Plan Provision for OneCare Vermont Network Affiliates Both depend on reporting and performance metrics 	55,114 50%	55,114 54%	13,222 = 7,619 QMB only and QMB/Medicaid coverage + 5,603 Other Dual Eligible Status 66%
Community Health Accountable Care (CHAC)	Jan 1, 2014	12 of 14 Counties (Addison, Chittenden, Grand Isle, Franklin, Orleans, Caledonia, Essex, Orange, Rutland, Washington, Windham, Windsor)	<ul style="list-style-type: none"> 113 Primary Care Physicians Family: 70; NP/PA: 36; IM: 6; Peds: 1 	<ul style="list-style-type: none"> 5 of 9 FQHC sites 19 unique practice locations 	<ul style="list-style-type: none"> Distribution methodology to be determined. 	4,956 4%	4,956 5%	unknown
TOTALS			~513 Primary Care Providers			60,070 54% of all VT Medicare enrollees	60,070 59% of all VT MSSP Eligible enrollees	13,222+ At least 66% of all VT Duals

VERMONT MEDICAID SHARED SAVINGS PROGRAM (VMSSP)

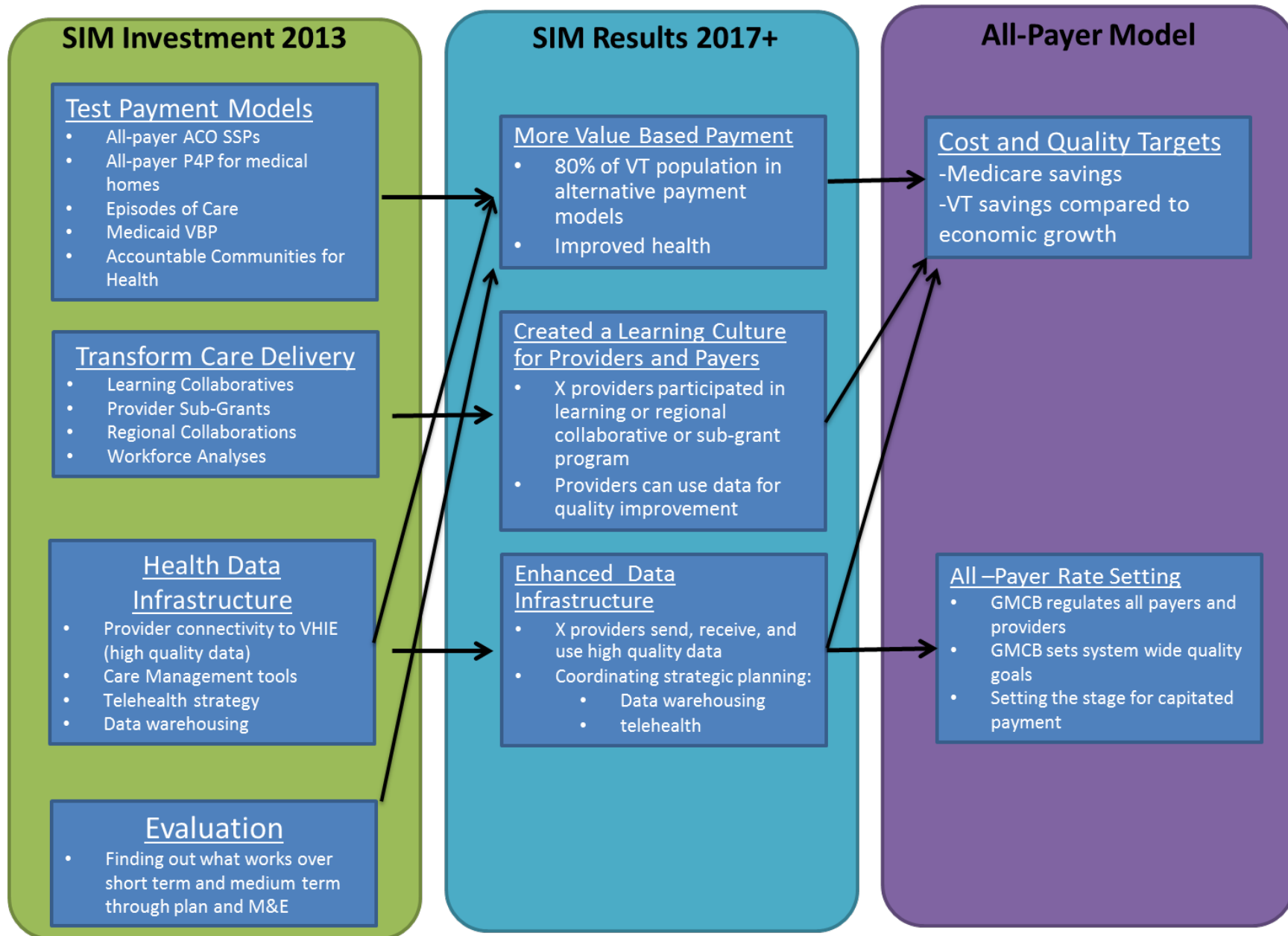
ACO Name	Start Date in Program	Geographic Area	ACO Network Participants (Providers with attributed lives)	ACO Network Affiliates (Providers without attributed lives)	ACO Shared Savings Distribution with Provider Network	Estimated Medicaid Attributed Lives		
						# and % of Total VT Medicaid Enrollees (Total N= 132,829)	# and % of VT VMSSP Eligible Enrollees (Total N=95,000)	# and % of Dual Eligibles within Attributed Lives (Total N=20,018)
OneCare Vermont (OneCare Vermont)	Jan 1, 2014	Statewide	<ul style="list-style-type: none"> • 2 Academic Medical Centers (FAHC and DHMC) • 10 additional VT hospitals • 12 Pediatric Clinics • 4 Naturopathic Centers • 80 unique practice sites • 650+ Attributing Physician FTEs • RN/PA:111; Family: 239; Peds: 109; Geriatric: 3; Internal: 194; Naturopathic: 12 	<ul style="list-style-type: none"> • All 11 Mental Health Designated Agencies • 13 Hospitals • 241 unique practice sites • 2,770 Participating Providers • Specialty: 1157; PA/NP: 103; Women: 166; Mental/Counseling: 364; EMER: 292; Family: 33; General/ IM: 236; Hospice/HH: 13; Peds: 96; Social Work: 165; Other: 135 	<ul style="list-style-type: none"> • 90% of shared savings distributed to OneCare Vermont • Network Participants and Affiliates; 10% retained by OneCare Vermont • Provider amount depends on reporting and performance metrics 	30,236 23%	30,236 32%	0
Community Health Accountable Care (CHAC)	Jan 1, 2014	Statewide	<ul style="list-style-type: none"> • 7 FQHCs and Bi-State Primary Care Association • 37 unique practice sites • 229 Attributing Physician FTEs • EMER: 2; Family: 124; NP/PA: 38; Internal: 34; Ger: 1; PEDS: 19 	<ul style="list-style-type: none"> • 97 unique practice sites • 8 State Designated Agencies • 6 hospitals, 26 health centers, 21 behavioral/mental health centers • 1,357 Participating Providers • EMER: 61; Family: 12; NP/PA: 72; Internal: 37; Mental/Counseling: 939; General: 27; Specialty: 128; Behavioral: 20; Dental: 33; Other: 26 	<ul style="list-style-type: none"> • Distribution methodology to be determined. 	17,884 13%	17,884 19%	0
TOTALS			~879 Primary Care Providers			48,120 36.2% of all current VT Medicaid enrollees	48,120 50.7% of all VMSSP Eligible enrollees	0 0% of all VT Dual Eligibles

COMMERCIAL SHARED SAVINGS PROGRAM (XSSP)

ACO Name	Start Date in Program	Geographic Area	ACO Network Participants (Providers with attributed lives)	ACO Network Affiliates (Providers without attributed lives)	ACO Shared Savings Distribution with Provider Network	Estimated Commercial Plan Attributed Lives		
						# and % of Total VT Commercial Plan Enrollees (Total N=341,077*)	# and % of VT XSSP Eligible Enrollees (Total N=70,000)	# and % of Dual Eligibles within Attributed Lives (Total N=21,670)
Healthfirst - Vermont Collaborative Physicians (VCP)	Jan 1, 2014	Statewide	<ul style="list-style-type: none"> 111 Physicians 26 Primary Care Practices 	Committee working on Collaborative Care Agreements (CCAs) with practitioners, including: <ul style="list-style-type: none"> Specialists Other specific entities (e.g., Visiting Nurses Association) 	<ul style="list-style-type: none"> PCP's to retain the majority of shared savings VCP to retain a portion for administration and reserves Collaborative Care Agreements (CCAs) will specify responsibilities of CCA Practitioners in order to share in these savings, including patient and network engagement 	8,130 (BCBS only) 2%	8,130 (BCBS only) 12%	0
OneCare Vermont (OneCare Vermont)	Jan 1, 2014	Statewide	<ul style="list-style-type: none"> 2 Academic Medical Centers (UVMHC and DHMC) 10 Vermont Hospitals and 1 NH Hospital (Cheshire) Brattleboro Retreat 1 Federally Qualified Health Center (FQHC) 3 Rural Health Clinics 300+ Primary Care Physician FTEs (VT & NH Physicians) 1,900+ Specialty Care Physicians (VT & NH Physicians) 	<ul style="list-style-type: none"> 19 Skilled Nursing Facilities 10 VNA/Home Health 11 Designated Agencies (DA)s 	<ul style="list-style-type: none"> 90% of shared savings distributed to OneCare Vermont Network Participants; 10% retained by OneCare Vermont Separate Incentive Plan Provision for OneCare Vermont Network Affiliates Both depend on reporting and performance metrics 	22,908 (BCBS Only) 7%	22,908 (BCBS Only) 33%	0
Community Health Accountable Care (CHAC)	Jan 1, 2014	13 of 14 Counties (with sites in or significant service to all counties except Lamoille)	<ul style="list-style-type: none"> 338 Physicians Gen: 8; Specialist: 31; Counselor/Mental: 28; Dental: 19; Emer: 14; Family: 110; NP/PA: 47; IM: 32; Women: 21; Peds: 20; Social Worker: 7 	<ul style="list-style-type: none"> 33 FQHC Practice Sites 4 dental locations 3 other practice sites 	Distribution methodology to be determined.	8,048 (BCBS Only) 2%	8,048 (BCBS Only) 11%	0
TOTALS			~749 Providers			37,252 11% of all VT Commercial Plan enrollees	37,252 53% of all VT XSSP Eligible enrollees	0 0% of all VT Dual Eligibles

*Includes self-insured, federal employees, and Vermont residents with insurance coverage from out-of-state employers.

Figure 4: Transition from SIM to All-Payer Model



Section Q: Communications Management Plans

Since the launch of the SIM grant, Vermont has actively engaged hundreds of stakeholders and members of the public as participants in the various SIM work groups, as well as through existing work groups and additional forums. We engaged stakeholders through email communications, a new website, in-person meetings, and webinars. Of note, all of the project's meetings are open to the public and public comment is solicited at each meeting.

Project Management and Reporting – Communication and Outreach

Performance Period 2 Milestone: Engage stakeholders in project focus areas. Target 5 Core Team; 5 Steering Committee and 10 work group meetings.

In addition to engaging Vermont's existing and diverse stakeholder groups, there are several public/private work groups that address specific SIM tasks: Payment Models, Quality and Performance Measures, Care Models and Care Management, Health Information Exchange and Health Information Technology, Workforce, Population Health, and Disabilities and Long-Term Services and Supports (DLTSS). Each of these work groups includes payers, providers and representatives from provider organizations, representatives from various State agencies and departments, social service agency representatives, consumer representatives, and self-advocates.

The SIM Project Director is responsible for directing communications about SIM project activities to the over 300 project participants and numerous public and private stakeholders. In order to manage communications with all stakeholder groups, the SIM Project Director will be responsible for communicating about grant activities to stakeholders representing partner state agencies and partnering providers and payers. Communication and dissemination efforts are supported by project staff whom advance existing efforts to engage stakeholders and interested parties across the State.

Section R: Evaluation

Self-Evaluation Plan and Execution

Vermont's Self-Evaluation Plan design is a Performance Period 1 Carryover activity, funded with Performance Period 1 Carryover dollars. *This section provides a brief update on these activities, calling out Performance Period 1 Carryover activities, as context for Performance Period 2 work in the Self-Evaluation Plan and Execution focus area.*

The Plan is tailored to complement, and not duplicate, the RTI evaluation design, to inform mid-course corrections in the implementation and operation of SIM sponsored-initiatives and to generate actionable recommendations that will guide Vermont state leadership decision-making. The draft was reviewed and vetted by the following key stakeholder organizations:

- Department of Vermont Health Access/Medicaid
- Department of Vermont Health Access/Blueprint
- Department of Disabilities, Aging, and Independent Living
- Vermont Department of Health
- Green Mountain Care Board
- Agency of Administration
- Blue Cross Blue Shield of VT
- Joint Fiscal Office of the VT Legislature
- Accountable Care Organization: OneCare
- Accountable Care Organization: Healthfirst
- Jeffords Institute for Quality at the University of Vermont Medical Center
- Vermont Program for Quality in Health Care
- Vermont Medical Society
- Northeastern Vermont Regional Hospital
- Agency of Human Services
- ReThink Health

The Plan was unanimously approved by Vermont's SIM Core Team and the Green Mountain Care Board in June 2015 and submitted to CMMI on June 30, 2015.

The evaluation will utilize a mixed-methods approach, analyzing a complementary combination of qualitative and quantitative data.

Through the Self-Evaluation Plan, Vermont proposes to answer research questions in three topical areas, all key to Vermont's progress towards achieving an integrated delivery system that rewards value-based care: Care Integration and Coordination; Use of Clinical and Economic Data to Promote Value-Based Care; and Payment Reform and Incentive Structures.

Performance Period 2 Milestone: Engage in Performance Period 2 activities as identified in the plan.

In Performance Period 2, Vermont's evaluation team will begin engaging in evaluation activities identified in the Self-Evaluation Plan.

Surveys

Performance Period 2 Milestone: Conduct annual patient experience survey and other surveys as identified in payment model development.

Vermont’s SIM team fielded practice-level patient experience surveys that could be used for both patient-centered medical home recognition and ACO patient experience survey measures in Performance Period 1. The focus for the remainder of Performance Period 2 will be on developing practice level, health service area level, and ACO level reports, and on preparing for the second annual round of surveys (scheduled to begin in late 2015).

Monitoring and Evaluation Activities within Payment Programs

Performance Period 2 Milestone: Conduct analyses as required by payers related to specific payment models.

Commercial and Medicaid Shared Savings ACO Programs: In Performance Period 2, State program staff has continued to actively engage in activities relating to the internal monitoring and evaluation of the Medicaid Shared Savings Program and oversight of the commercial payers participating in the program.

Table 14 below provides a list of the contractors supporting evaluation activities.

Table 14: Supporting Contractors – Evaluation

Contractor	Milestone	Scope of Work/Role
Datostat	<ul style="list-style-type: none">Conduct annual patient experience survey and other surveys as identified in payment model development.	<ul style="list-style-type: none">Field patient experience survey.Develop survey reports.

Vermont State Innovation Model Driver Diagram

