Milestone/Metrics Matrix (as of 8/7/15)

Focus Area	Y1 Milestones and Metrics	Carryover Status	Carryover Milestones and Metrics	Y2 Status	Y2 Milestones and Metrics
General:					
	Project will be implemented statewide.	Statewide implementation on track.	Continue to implement project statewide; expand as funding allows.	Statewide implementation on track.	Continue to implement project statewide; expand as funding allows.
Payment Models:					
ACO Shared Savings Programs (SSPs)	Implement Medicaid and commercial ACO-SSPs by 1/1/14.	1. Measure sets developed by multi-stakeholder work group for Medicaid and commercial Shared Savings Programs incorporated into program standards. 2. Use multi-stakeholder work group to recommend modifications to measure sets for commercial and Medicaid Shared Savings Programs measure sets. 3. Medicaid and commercial ACO-SSP implementation begun. 4. Preliminary calculation of Year 1 performance measure results for Medicaid and commercial Shared Savings Programs	Continue implementation activities in support of the initial SSP performance period.	1. Ongoing discussion with multi-stakeholder work group about appropriate modifications to measure sets for commercial and Medicaid Shared Savings Programs measure sets for Year 3.	Expand the number of people in the Shared Savings Programs in subsequent performance periods.

Focus Area	Y1 Milestones and Metrics	Carryover Status	Carryover Milestones and Metrics	Y2 Status	Y2 Milestones and Metrics
		completed by analytics contractor. 5. Approval of changes to Year 2 measures based on changes in national guidelines.			
	Develop ACO model standards: Approved ACO model standards.	1. Standards completed; program agreements/ contracts executed. 2. Adaptation of program standards for Year 2.	Modify program standards in preparation for subsequent performance periods. Finalize contract amendments for subsequent performance periods.		N/A
	Produce quarterly and year-end reports for ACO program participants and payers: Evaluation plan developed.	Calculation of ACOs' quality metrics and financial performance for Year 1 in progress.	Complete final cost and quality calculations for initial SSP performance period.		N/A
	Execute Medicaid ACO contracts: Number of Medicaid ACO contracts executed (goal = 2).	1. Contracts executed. 2. Medicaid SSP contracts maintained to date.	Maintain 2 contracts for ongoing ACO SSP operation.	N/A	N/A
	Execute commercial ACO contracts: Number of commercial ACO contracts executed (goal = 2).	1. Contracts executed. 2. Commercial SSP contracts maintained to date.	Maintain 3 contracts for ongoing ACO SSP operation.	N/A	N/A
Episodes of Care (EOCs)	At least 3 episodes launched by 10/2014.	1. Sub-group convened to discuss EOCs. 2. Identification of candidate measures for each of the Episodes under consideration for Episode-based payment	EOC feasibility analyses.		Design 3 EOCs for the Medicaid program with financial component.

Focus Area	Y1 Milestones and Metrics	Carryover Status	Carryover Milestones and Metrics	Y2 Status	Y2 Milestones and Metrics
		model.			
Pay-for-Performance	Develop Medicaid value-based purchasing plan addressing pay-for-performance initiatives: Medicaid value-based purchasing plan developed.	1. ACO Shared Savings Program measures integrated into Blueprint for Health practice and Health Service Area profiles. 2. Continued production and dissemination of practice and Health Service Area profiles with integrated ACO SSP measures. 3. Ongoing discussion of appropriate metrics for the Blueprint for Health Pay for Performance program	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.		N/A
Health Home (Hub & Spoke)	Health Homes	Model expanded statewide.	State-wide program implementation.	1. Continued program operations. 2. Assessing and expanding capacity to report on administrative and clinical quality measures.	Reporting on program's transition and progress.
Accountable Health Communities (AHC)	N/A	1. Contract executed with the Prevention Institute. 2. Commencement of ACC/ACH research and stakeholder interviews.	Feasibility assessment: research AHC design	Ongoing research and assessment of implementation feasibility.	Feasibility assessment: data analytics

Focus Area	Y1 Milestones and Metrics	Carryover Status	Carryover Milestones and Metrics	Y2 Status	Y2 Milestones and Metrics
Prospective Payment System – Home Health	N/A	N/A	N/A	Ongoing development and design of PPS program for Home Health.	Design PPS program for Home Health.
Prospective Payment System – Designated Agencies	N/A	N/A	N/A	Preparation of SAMHSA grant application to support proposed model.	Submit planning grant application to SAMHSA.
All-Payer Model	N/A		N/A	1. Ongoing research and assessment of an all-payer model implementation feasibility. 2. Exploration of regulatory requirements that the GMCB would need to implement an all-payer model. 3. Advanced analytics to inform decision-making.	Research feasibility, develop analytics, and obtain information to inform decision-making for negotiations with CMMI.
State Activities to Support Model Design and Implementation – GMCB	N/A	N/A	N/A	Initial research into regulatory components.	Obtain information and identify regulatory components necessary to support APM regulatory activities. Plan as appropriate based on negotiations.
State Activities to Support Model Design and Implementation – Medicaid	N/A	1. Provided additional Performance Period 1 State Plan Amendment documents to CMCS. 2. Performance Period 1 SPA approved.	Pursue state plan amendments and other federal approvals as appropriate for each payment model (SSP SPA); ensure monitoring and compliance activities are performed.	1. Year 2 SSP State Plan Amendment draft to be developed in Summer 2015. 2. Beneficiary call-center	Pursue state plan amendments and other federal approvals as appropriate for each payment model (SSP SPA, EOC SPA); ensure

Focus Area	Y1 Milestones and Metrics	Carryover Status	Carryover Milestones and Metrics	Y2 Status	Y2 Milestones and Metrics
		3. Ongoing Monitoring and compliance activities.	Ensure beneficiaries have access to call-center as appropriate.	is operational.	monitoring and compliance activities are performed. Ensure beneficiaries have access to call-center as appropriate.
All Models[1]	Consult with Payment Models and Duals Work Groups on financial model design: Develop ACO model standards.	Convene numerous work groups and sub-groups, as well as, ad hoc committees to gather stakeholder input.	Consulting with stakeholders in all payment models design; implementation.	N/A	N/A
	Consult with Payment Models and Duals Work Groups on definition of analyses.	Convene numerous work groups and sub-groups, as well as, ad hoc committees to gather stakeholder input.	Consulting with stakeholders in any additional design or revision of analyses.	N/A	N/A
	Define analyses: Number of meetings held with payment models and duals WGs on the above designs (goal = 2).	N/A	N/A	N/A	N/A
	Procure contractor for internal Medicaid modeling: Contract for Medicaid modeling.	Contract maintained.	Maintain contract for ongoing Medicaid modeling.	N/A	N/A
	Procure contractor for internal Medicaid modeling: Number of analyses performed (goal = 5).	N/A	N/A	N/A	N/A
	Procure contractor for additional data analytics: Contract for data analytics.	Contract maintained.	Maintain contract for additional data analytics.	N/A	N/A
	Define analyses: Number of analyses designed (goal = 5).	N/A	N/A	N/A	N/A

[1] Vermont modified the structure of milestones after performance period one to better reflect the work necessary in subsequent performance periods. Milestones previously in this section are embedded in model-specific rows for Y2.

Focus Area	Y1 Milestones and Metrics	Carryover Status	Carryover Milestones and Metrics	Y2 Status	Y2 Milestones and Metrics
	Procure contractor for additional data analytics: Contract for financial baseline and trend modeling.	Contract maintained.	Maintain contract for ongoing financial baseline and trend modeling.	N/A	N/A
	Perform analyses, procure contractor for financial baseline and trend modeling, and develop model.	N/A	N/A	N/A	N/A
Quality Measures: (Note in the Y2 framework, these fall within the Payment Models section)					
Quality Measure Selection	Define common sets of performance measures: Convene work group, establish measure criteria, identify potential measures, crosswalk against existing measure sets, evaluate against criteria, identify data sources, determine how each measure will be used, seek input from CMMI and Vermont independent evaluation contractors, finalize measure set, identify benchmarks and performance targets, determine reporting requirements, revisit measure set on regular basis.	Measures, targets and benchmarks identified.	Modify initial quality measures, targets, and benchmarks for subsequent program periods (based on stakeholder input and national measure guidelines).	N/A	N/A
	Ensure provider, consumer and payer buy-in during measure selection: • Identification of additional mechanisms for obtaining provider and consumer representation, input and buy-in.	Monthly meetings hosted.	Maintain monthly meeting schedule for multi-stakeholder Quality & Performance Measures Work Group.	N/A	N/A

Focus Area	Y1 Milestones and Metrics	Carryover Status	Carryover Milestones and Metrics	Y2 Status	Y2 Milestones and Metrics
Quality Measure Alignment	Ensure payer alignment across endorsed measures: • Process for payer approval.	Alignment of measures for ongoing between ACO SSPs and Blueprint P4P (additional investments).	Identify additional opportunities for measure alignment across programs (e.g. ACO SSPs and Blueprint for Health P4P).	N/A	N/A
Quality Measure Reporting	Establish plan for target-setting with schedule for routine assessment: • Establish target-setting process, routine assessment process, and analytic framework and reports.	Calculations performed; pending validation and final results.	Complete final quality calculations for initial SSP performance period and report results. Begin interim analytics for subsequent performance period.	N/A	N/A
Learning Collaboratives/Care Delivery Transformation					
Learning Collaboratives	Provide quality improvement and care transformation support to a variety of stakeholders.	1. Planning completed for Care Management Learning Collaborative, with November kick-off for regional work groups in 3 pilot communities. One component of Learning Collaborative is CQI training. 2. Primary care practices recognized as patient centered medical homes, or in the process of recognition, have access to practice facilitation. 3. Vermont has worked with professional associations and individual providers to ensure that they have	Launch 1 cohort of Learning Collaboratives to 3-6 communities.	1. Learning Collaboratives have now been offered to the remaining communities in the state. 2. In-person meetings and webinars planned for these communities.	Offer at least two cohorts of Learning Collaboratives to 3-6 communities.

Focus Area	Y1 Milestones and Metrics	Carryover Status	Carryover Milestones and Metrics	Y2 Status	Y2 Milestones and Metrics
		working knowledge of Vermont's transformation initiatives. 4. Beginning in January 2015, the Learning Collaborative was implemented in three pilot communities. 5. 2. To date in 2015, three in-person meetings have been held, and five more are planned for the remainder of 2015. Three webinars have been held, and at least three more are planned for 2015.			
	Procure learning collaborative and provider technical assistance contractor.	Cohort launched.	Launch 1 cohort of Learning Collaboratives to 3-6 communities.	Cohorts will launch September, 2015.	Offer at least two cohorts of Learning Collaboratives to 3-6 communities.
Sub-Grant Program – Sub-Grants	Develop technical assistance program for providers implementing payment reforms.	1. 14 awards made to 12 awardees. 2. Sub-grantees shared learning at May 27, 2015 convening with each other and with project leadership and staff.	Continue sub-grant program; convene sub-grantees at least once; use lessons from sub-grantees to inform project decision-making.		N/A

Focus Area	Y1 Milestones and Metrics	Carryover Status	Carryover Milestones and Metrics	Y2 Status	Y2 Milestones and Metrics
Sub-Grant Program – Technical Assistance	N/A	1. Contractors selected and contracts executed for learning collaborative and sub-grantee technical assistance. 2. Technical assistance program developed and implemented. 3. Sub-grantees are accessing technical assistance program.	Provide technical assistance to sub-grantees as requested by sub-grantees.		N/A
Regional Collaborations	N/A	1. ACOs and the Blueprint are working together to establish regional collaborations. 2. All regions have established collaborations with Charters, governing body, and decision-making process.	Establish 14 regional collaborations, each including a Charter, governing body, and decision-making process.	Joint Blueprint-ACO performance reports under development; priority areas of clinical focus have been selected.	Continue to develop and expand 14 regional collaborations, each including a Charter, governing body, and decision-making process.
Workforce – Care Management Inventory	N/A	1. Complete 2. Health Care Workforce Work Group will review results of Care Management Inventory Survey at 2015 Work Group meeting.	Obtain snapshot of current care management activities, staffing, people served, and challenges.		N/A
Workforce –	N/A	N/A	N/A	RFP released; bids	Obtain micro-simulation

Focus Area	Y1 Milestones and Metrics	Carryover Status	Carryover Milestones and Metrics	Y2 Status	Y2 Milestones and Metrics
Demand Data Collection and Analysis				obtained. Plan is to select vendor by August 2015, create model, and initiate implementation of model.	demand model to identify future workforce resource needs.
Workforce – Supply Data Collection and Analysis	N/A	Staff develop and administer surveys to accompany provider re-licensure applications, perform analysis on licensure data and develop provider reports on various health care professions. Results are expected in Summer 2015.	Use supply data (licensure and recruitment) to inform workforce planning and updates to Workforce Strategic Plan.		N/A
	Vermont Department of Labor to develop a comprehensive review of all such programs offered by each agency/department of state government - due by the end of 2013.	N/A	N/A	N/A	N/A
	SIM will expand all existing efforts (Blueprint, VITL, providers, VCCI, SASH, Hub and Spoke).	N/A	N/A	N/A	N/A
Health Data Infrastructure:					
Expand Connectivity to HIE – Gap Analyses	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.	1. ACO member Gap analysis completed and report submitted. 2. LTSS Technology Assessment begun.	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.	N/A	N/A

Focus Area	Y1 Milestones and Metrics	Carryover Status	Carryover Milestones and Metrics	Y2 Status	Y2 Milestones and Metrics
Expand Connectivity to HIE – Gap Remediation	N/A		N/A	1. VITL Contract completed and pending approval. Limited work begun on Gap Remediation. 2. Recommendations for targeted LTSS provider remediation in development.	Remediate data gaps that support payment model quality measures, as identified in gap analyses.
Expand Connectivity to HIE – Data Extracts from HIE	N/A	Contract developed and work begun on OneCare Vermont data feed gateway. Gateways for CHAC begun.	Completed development of ACO Gateways with OneCare Vermont (OCV) and Community Health Accountable Care (CHAC) to support transmission of data extracts from the HIE.	N/A	Develop tools to support data extracts from the HIE to analytic entities as necessary for provider and state use.
Expand Connectivity to HIE	Begin to incorporate long-term care, mental health, home care and specialist providers into the HIE infrastructure.	1. The discovery project to support long-term care, mental health, home care and specialist providers through a Universal Transfer Protocol solution was completed. 2. Provide a hosted EHR solution to 5 DAs/SSAs.	Begin to incorporate long-term care, mental health, home care and specialist providers into the HIE infrastructure:	N/A	N/A
Expand Connectivity to HIE	Number of new interfaces built between provider organizations and HIE (goal = 18 additional hospital interfaces and 75 new interfaces to non-hospital healthcare organizations to include: at least 10 specialist	1. 18 hospital interfaces completed. 2. 193 non-hospital health care interfaces developed.	Expand provider connection to HIE infrastructure: Number of new interfaces built between provider organizations and HIE: Total goal for Y1 = 20 hospital interfaces and 150 interfaces	N/A	N/A

Focus Area	Y1 Milestones and Metrics	Carryover Status	Carryover Milestones and Metrics	Y2 Status	Y2 Milestones and Metrics
	practices; 4 home health agencies; and 4 designated mental health agencies).		to non-hospital health care organizations.		
Improve Quality of Data Flowing into HIE	Clinical Data: • Medication history and provider portal to query the VHIE by end of 2013. • State law requires statewide availability of Blueprint program and its IT infrastructure by October 2013.	1. 129 medication queries completed.	Support Medication History usage through the VHIE: Reach 150 medication queries through the VHIE.	Work with ACO member organizations has started.	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.
	N/A	1. Contract with VITL and VCN to improve data quality workflows among Designated Mental Health Agencies begun. 2. A total of 67 data quality meetings have been held with agencies through June. An additional 18 meetings are currently scheduled for July and early August.	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 .	Contract with VITL for this work. .	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.
Telehealth – Strategic Plan (Year 2 Only)	N/A	N/A	N/A	Some work has occurred to date, but final plan is dependent on contract approval.	Develop Telehealth Strategic Plan.
Telehealth –	N/A	N/A	N/A	Scope of work in	Launch telehealth

Focus Area	Y1 Milestones and Metrics	Carryover Status	Carryover Milestones and Metrics	Y2 Status	Y2 Milestones and Metrics
Implementation				development.	program as defined in Telehealth Strategic Plan.
EMR Expansion	N/A	N/A	N/A	EMR procurement in progress for five specialized service development disability agencies and Vermont's psychiatric hospital.	Implement EMRs for non-MU providers; explore non-EMR solutions for providers without EMRs.
Data Warehousing	N/A	1. Contract executed and work begun. 2. Progress on research and discovery completed.	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.	1. Testing and implementation of DA/SSA data warehouse infrastructure. 2. Continued discussion and research towards additional data warehousing strategy.	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.
Care Management Tools	N/A	1. Contract executed and work begun. 2. Contract executed and discovery phase completed.	Discovery project to support long- term care, mental health, home care and specialist providers through a Universal Transfer Protocol solution.	1. Shared Care Plans and Uniform Transfer Protocol (SCÜP) business and technical requirements gathering begun.	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

Focus Area	Y1 Milestones and Metrics	Carryover Status	Carryover Milestones and Metrics	Y2 Status	Y2 Milestones and Metrics
					procedure for IT development.
General Health Data – Data Inventory	Conduct data inventory.	1. Contract executed and work begun. 2. In-depth analysis begun.	Complete data inventory.		N/A
General Health Data – HIE Planning	Provide input to update of state HIT plan.	1. HIE/HIT Work Group has provided input into the HIT Plan.	Continued support, input, and participation into the Vermont HIT Plan.	Scheduled for Q3 of Year 2.	Identify HIE connectivity targets; provide input into HIT Plan.
General Health Data – Expert Support	N/A	N/A	N/A	Scheduled for Q3 of Year 2.	Procure appropriate IT-specific support to further health data initiatives.
	VHCURES: • Update rule to include VHC information (Fall 2013). • Incorporate Medicare data (Fall 2013). • Improve data quality procedures (Fall 2014). • Improve data access to support analysis (Fall 2014).	N/A	N/A	N/A	N/A
	Medicaid Data: • A combined advanced planning document for the funding to support the TMSIS is completed and submitted to CMS in July 2013.	N/A	N/A	N/A	N/A
Evaluation:					
Self-Evaluation Plan and Execution	N/A	1. Contract with IMPAQ International executed	Design Self-Evaluation Plan; engage in Performance Period 1 Carryover activities as		Engage in Performance Period 2 activities as identified in the Self-

Focus Area	Y1 Milestones and Metrics	Carryover Status	Carryover Milestones and Metrics	Y2 Status	Y2 Milestones and Metrics
		in Q3 of Year 1 (September 2014). 2. Self-Evaluation Plan draft vetted with stakeholders and unanimously approved by the SIM CORE team and the Green Mountain Care Board. Plan will be submitted to CMMI on 6/30/15.	identified in the plan.		Evaluation Plan.
Surveys	N/A	1. Patient experience surveys for the patient-centered medical home and shared savings program fielded for 2014. 2. Survey data analyzed and provided to SSP vendor for final reporting.	Conduct annual patient experience survey and other surveys as identified in payment model development (Performance Period 1 surveys only).	Anticipate fielding Patient experience surveys annually for these programs with the next round scheduled to begin in Fall 2015; contract extension in process.	Conduct annual patient experience survey and other surveys as identified in payment model development.
Monitoring and Evaluation Activities Within Payment Programs	N/A	1. Ongoing monitoring and evaluation by SOV staff and contractors occurring as needed. 2. Monthly tracking of program compliance, attribution, financial performance, and data sharing for ACOs participating in the	Conduct analyses as required by payers related to specific payment models.	1. Ongoing monitoring and evaluation by SOV staff and contractors occurring as needed.	Conduct analyses as required by payers related to specific payment models.

Focus Area	Y1 Milestones and Metrics	Carryover Status	Carryover Milestones and Metrics	Y2 Status	Y2 Milestones and Metrics
		Medicaid Shared Savings Program. 3. Interim shared savings and performance measure analyses conducted by SSP vendor; provided to ACOs and payers. Clinical data collected by ACOs according to measure specifications. Data quality issues (particularly with commercial claims data) identified and resolved. Year-end analyses for Year 1 will be completed after 6-month claims run-out period ends on June 30, 2015; expected in early Fall 2015.			
	Procure contractor: Hire through GMCB in Sept 2013.	N/A	N/A	N/A	N/A
	Evaluation (external): • Number of meetings held with Quality and Performance Measurement Work Group on evaluation (goal = 2). • Evaluation plan developed. • Baseline data identified	1. Numerous stakeholder engaged in development of self-evaluation plan. 2. Evaluation plan developed and submitted to CMMI for review.	Evaluation (external): • Number of meetings held with Quality and Performance Measurement Work Group on evaluation (goal = 2). • Evaluation plan developed. • Baseline data identified	N/A	N/A
Project Management and Reporting:					
Project	N/A	Project management	Ensure project is organized.	Ongoing project	Ensure project is

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Management and Reporting – Project Organization		contract maintained.		management activities.	organized.
	Procure contractor: Contract for interagency coordination.	Ongoing interagency coordination of financial and programmatic activities.	Continue interagency coordination	N/A	N/A
	Hire contractor: Contract for staff training and development.	1. Two broad-based staff training conducted. 2. Individual staff training for project leadership.	Continue staff training and development	N/A	N/A
	Develop curriculum: Training and development curriculum developed.	1. Two broad-based staff training conducted. 2. Individual staff training for project leadership.	Continue to deploy training and development curriculum	N/A	N/A
	Develop interagency and inter-project communications plan: Interagency and inter-project communications plan developed.	N/A	N/A	N/A	N/A
	Implement plan: Results of survey of project participants re: communications.	Communication and outreach plan drafted. Pending implantation.	Continue to implement communications plan.	N/A	N/A
Project Management and Reporting – Communication and Outreach	N/A	1. SIM Work Groups and other stakeholder engagement activities launched. 2. Core Team convened 9 times, Steering Committee convened 4 times, and work groups convened 25 times.	Engage stakeholders in project focus areas. Target 10 Core Team; 5Steering Committee and 10 Work Group meetings.	1. Ongoing stakeholder engagement activities through SIM Work Groups and other means continued.	Engage stakeholders in project focus areas. Target 5 Core Team; 5 Steering Committee and 10 work group meetings.

Focus Area	Y1 Milestones and Metrics	Carryover Status	Carryover Milestones and Metrics	Y2 Status	Y2 Milestones and Metrics
		3. Outreach contractor selected.			
Implement "How's Your Health Tool":	Implemented by 6/2014.	N/A	N/A	N/A	N/A
Stakeholder engagement:	Work groups and more broadly.	Communication and outreach plan drafted. Pending implementation.	Stakeholder engagement plan developed and implemented.	N/A	N/A

QPR Metrics:

Target	Year 1	Carry Over	Year 2	End of Project
Number of providers participating in one or more testing models	Not specified	750	1000	Goal = 2000
Percentage of the state's eligible population participating in VHCIP-supported payment reforms	Not specified	50%	65%	Goal = 80%
Number of Blueprint practice providers participating in one or more testing models	Not specified	698	710	Goal = 500
Tobacco cessation/screening	Not specified	65%	70%	75% of Vermonter across all ACOs
Patient Satisfaction	Not specified	65%	67%	70% or higher for at least 2/3 of VT hospitals
HRQL- mental health measure	Not specified	8 days	9 days	Patient survey from BRFSS- 10 mental health days and 10 physical health days
ED visits	Not specified	205	200	200 visits per 1000 population as target for ED utilization
Readmissions	Not specified	.70 or less	.65 or less	0.6 or less for all payers

Diabetes	Not specified	15%	18%	20% of Vermonters across all ACOs with optimally managed diabetes
BMI	Not specified	60%	65%	70% of Vermonters across all ACOs with documented BMI and follow-up care plan if appropriate
Cost targets based on population	Not Specified	TBD	TBD	Not Specified
HIE Connectivity targets	Not Specified	200	250	311 providers
Provider Engagement Efforts	Not Specified	70	100	Not Specified