Appendix A: Vermont State Innovation Models Testing Grant: Year 2 Budget Request

January 1, 2015-December 31, 2015

REVISED VERSION DRAFT Submitted August 7, 2015

Budget Narrative

Vermont was awarded $45,009,074.92 in grant funding to support the state's preparedness to test and evaluate new payment and service delivery models that have the potential to lower costs for Medicare, Medicaid, commercial insurance, and the Children's Health Insurance Program (CHIP). The State will use this funding to support the development of tools and new models, while at the same time maintaining existing structures until they are no longer needed.

Vermont did not receive approval for the following Year 2 budget categories, because they depended on the Performance Period 1 Carryforward:

- Travel (Note: some out-of-state travel was approved in 2015 on a case-by-case basis)
- Equipment
- Contractual
- Other

That Carryforward was approved in late April 2015. Vermont submitted a revision to the Performance Period 1 in July 2015, which was approved.

This new Performance Period 2 request is to reallocate funds within the Performance Period 2 budget and shift funds into Performance Period 3. It also explicitly asks for retroactive approval for use of Performance Period 2 contractual funds for contracts in Performance Period 2.

Vermont and CMMI have worked together to establish new Performance Period 2 Milestones in five focus areas:

- *Payment Model Design and Implementation*
- *Care Delivery and Practice Transformation*
- *Health Data Infrastructure*
- *Evaluation*
- *Program Management and Reporting*

Vermont's new Performance Period 2 Milestones are reflected in Table 6 and in Appendix A.

I. Budget Request Overview

The total State Innovation Models: Model Testing Assistance, Track 2 establishment budget request for January 1, 2015-December 31, 2015 is $7,661,348.17. This section outlines Vermont's budget estimate and the specific assumptions and key variables underlying this budget estimate. **Table 1a** below provides an overview of Vermont's current budget request for Year 2 of the grant, and **Table 1b** sets forth an estimated total model testing budget.

Table 1a: Year 2 Budget Request Summary

	Year 2 1/1/15 - 12/31/15
Personnel	$ 699,111.00
Fringe Benefits	$ 324,038.00
Travel	$ 41,300.00
Equipment	$ 18,290.00
Supplies	$ 9,520.00
Other	$ 267,620.00
CAP	$ 279,645.00
Contractor	$ 6,021,824.17
Total:	$ 7,661,348.17

Table 1b: Estimated Model Testing Budget and Expenditure Plan 2012-2016

ESTIMATED BUDGET						
	Implementation-Actuals	Year 1-Actuals	Year 1 Carryforward Budget	Year 2-Budget	Year 3-Budget	Total
Personnel	$ 53,417.70	$ 969,594.59	$ 784,374.71	**$ 699,111.00**	$ 1,713,330.24	$4,219,828.24
Fringe Benefits	$ 20,507.79	$ 390,311.48	$ 422,653.29	**$ 324,038.00**	$ 790,009.16	$1,947,519.72
Travel	$ 3,831.62	$ 33,974.87	$ 46,775.13	**$ 41,300.00**	$ 75,250.00	$201,131.62
Equipment	$ 21,398.75	$ 22,096.04	$ 16,128.96	**$ 18,290.00**	$ 33,325.00	$111,238.75
Supplies	$ -	$ 6,918.78	$ 831.22	**$ 9,520.00**	$ 2,150.00	$19,420.00
Other	$ -	$ 116,645.10	$ 49,029.90	**$ 267,620.00**	$ 151,575.00	$584,870.00
CAP	$ 20,458.45	$ 282,985.44	$ 418,601.78	**$ 279,645.00**	$ 685,332.10	$1,687,022.77
Contractor	$ -	$2,199,337.54	$10,244,431.37	**$ 6,021,824.17**	$17,772,450.74	$36,238,043.82
Total:	**$ 119,614.31**	**$4,021,863.84**	**$11,982,826.36**	**$ 7,661,348.17**	**$21,223,422.24**	**$45,009,074.92**

II. Budget Line Item Detail

A. PERSONNEL

The total amount requested for personnel costs in Performance Period 2 is $699,111.00. **Table 2** contains an itemized breakdown of Year 2 personnel costs. Personnel costs for Performance Period 2 are for a five-month period. The Vermont Agency of Human Services is the signatory to this agreement with CMMI, with two state agencies leading the effort: the Green Mountain Care Board (GMCB) and the Department of Vermont Health Access (DVHA). Project staff work in multiple departments within Vermont's Agency of Human Services (AHS), Agency of Administration (AOA), and at the GMCB. A matrixed approach is used to manage resources and staff across agencies to maximize efficiency by leveraging existing agency expertise and administrative infrastructure. The overall staffing footprint is reflected in **Table 2** below.

The Chair of the GMCB and the Commissioner of DVHA co-lead the project and provide overall direction to the staff. VHCIP includes 26 funded positions (23.8 FTEs), of which 23 are filled (21.4 FTEs) and 3 are vacant (2.25 FTEs). Of the 26 total positions, 3 (3 FTEs) are at the Green Mountain Care Board, 2 (2 FTEs) are at the AHS Central Office, 15 (14.25 FTEs) are at AHS/Department of Vermont Health Access, 2 (2 FTEs) are at AHS/Department of Disabilities, Aging and Independent Living, 1 (1 FTE) is at AHS/Department of Health, 1 (1 FTE) is at AHS/Integrated Family Services, and 2 (1.15 FTEs) are at the Agency of Administration. Position descriptions are described in **Table 2**.

The State of Vermont understands that in accordance with FY 2012 Consolidated Appropriations Act, 2012 (Public Law 112-74, "direct salary, and institutional base salary" are limited to the **Executive Level II of the Federal Executive Pay scale**. **The Executive Level II salary is $179,700**. We will commit to complying with this provision in any contractual agreement which we enter into for this work.

Table 2: Summary of Year 2 Personnel Costs and Staff Detail[1]

Position Title / Employee / Agency / Rationale for position	% FTE Allocated	Year Two Amount Requested[2]
Director of Payment Reform (Position #737009) / TBA / AHS, DVHA	25%	9,452
The PR&R Director is responsible for coordinating all of the Medicaid payment reforms. She serves as the liaison between Medicaid and the Duals program. She is responsible for coordinating efforts with the Payment Reform Director at GMCB to ensure the incentives and evaluations are aligned.		
Payment Reform Director (Position #277008) / Richard Slusky / GMCB	100%	38,475
The Payment Reform Director is responsible for coordinating all of the Commercial payment reforms and Medicare reforms. He is responsible for coordinating efforts with the PR&R Director to ensure incentives and evaluation are aligned.		
Director, VT DLTSS (Position #720139) / Julie Wasserman / AHS CO	100%	40,728
Vermont's SIM project is a combination of the SIM testing project and Duals project. As		

[1] Please note that previous SOV SIM budgets included two tables and we have combined them for ease of review.
[2] Amount requested includes salary estimates prorated for Performance Period 2. 46.35% fringe is not included.

described in the Operational Plan, this is to ensure alignment between these two programs at the state level and ensure that Vermonters receive the quality health care they need. One of the reasons that Vermont needs to ensure specific alignment of these two programs is because some Duals are currently attributing to MSSP ACOs. Vermont's providers are eager to participate in reforms and one of the goals of the SIM/Duals integration is to make sure all providers can participate to the great extent possible without conflicts or concerns. The State has identified the need for additional staffing support of this work in Year 1. *(Please note this position is budgeted at 1 FTE but is currently being filled at .8 FTE*).		
Financial Manager II (Position #720175) / Diane Cummings / AHS CO	100%	26,709
Provides fiscal analysis & oversight of grant related to state and federal reporting; Analysis of payment models for impact on state budgeting and payment systems; grant compliance monitoring. Work within AHS and DVHA financial offices to ensure no unintended consequences, overall consistency of modeling and compliance with all grant requirements, fiscal oversight, federal and state reporting. Liaison as needed with state budget staff, finance and management staff and commissioners.		
Health Care Project Director (Position #730241) / Cecilia Wu / AHS, DVHA	100%	35,801
Ensures standards, methodology and consistency of all pilot and reforms efforts with overall model. Provides overall project oversight to ensure timely and efficient program administration. Supports provider relations, negotiations, stakeholder facilitation overall design and oversight. *(Please note this position is budgeted at 1 FTE but is currently being filled at .8 FTE*).		
Health Care Project Director (Position #730242) / Alicia Cooper / AHS, DVHA	100%	33,501
Ensures standards, methodology and consistency of all pilot and reforms efforts with overall model. Provides overall project oversight to ensure timely and efficient program administration. Supports provider relations, negotiations, stakeholder facilitation overall design and oversight.		
Contract & Grant Admin. (Position #730243) / Jessica Mendizabal / AHS, DVHA	100%	22,292
Provides fiscal analysis & oversight of grant related to state and federal reporting; Analysis of payment models for impact on state budgeting and payment systems; grant compliance monitoring. Work within AHS and DVHA financial offices to ensure no unintended consequences, overall consistency of modeling and compliance with all grant requirements, fiscal oversight, federal and state reporting. Liaison as needed with state budget staff, finance and management staff and commissioners.		
Contract & Grant Coordinator (Position #TBA) / TBA / AHS, DVHA* (*Replaces Senior Policy Advisor*)	100%	21,062
Provides fiscal analysis & oversight of grant related to state and federal reporting; Analysis of payment models for impact on state budgeting and payment systems; grant compliance monitoring. Work within AHS and DVHA financial offices to ensure no unintended consequences, overall consistency of modeling and compliance with all grant requirements, fiscal oversight, federal and state reporting. Liaison as needed with state budget staff, finance and management staff and commissioners.		
Quality Oversight Analyst II (Position #730245) / James Westrich / AHS, DVHA	100%	30,020
The Data Analysts will work to create analytic framework for: track expenditures, utilization and costs in key areas; calculate and tracking savings; be expert in analytic techniques necessary for the implementation and/or monitoring and evaluation of payment reforms under the State Innovation Plan; identify and works with AHS staff, payment reform managers and directors, policy leaders, consultants, contractors and technical advisors to implement, evaluate and continuously improve payment reform programs. The Analysts will work under the general direction of the Payment Director(s).		
Quality Oversight Analyst II (Position #730246) / Carole Magoffin / AHS, DVHA	100%	27,241

The Data Analysts will work to create analytic framework for: track expenditures, utilization and costs in key areas; calculate and tracking savings; be expert in analytic techniques necessary for the implementation and/or monitoring and evaluation of payment reforms under the State Innovation Plan; identify and works with AHS staff, payment reform managers and directors, policy leaders, consultants, contractors and technical advisors to implement, evaluate and continuously improve payment reform programs. The Analysts will work under the general direction of the Payment Director(s).		
Health Policy Analyst (Position #730249) / Sarah Kinsler / AHS, DVHA	100%	26,125
The Data Analysts will work to create analytic framework for: track expenditures, utilization and costs in key areas; calculate and tracking savings; be expert in analytic techniques necessary for the implementation and/or monitoring and evaluation of payment reforms under the State Innovation Plan; identify and works with AHS staff, payment reform managers and directors, policy leaders, consultants, contractors and technical advisors to implement, evaluate and continuously improve payment reform programs. The Analysts will work under the general direction of the Payment Director(s).		
Medicaid Data Analyst (Position #730248) / Brian Borowski / AHS, DVHA	100%	24,028
The Data Analysts will work to create analytic framework for: track expenditures, utilization and costs in key areas; calculate and tracking savings; be expert in analytic techniques necessary for the implementation and/or monitoring and evaluation of payment reforms under the State Innovation Plan; identify and works with AHS staff, payment reform managers and directors, policy leaders, consultants, contractors and technical advisors to implement, evaluate and continuously improve payment reform programs. The Analysts will work under the general direction of the Payment Director(s).		
Public Health Analyst III (Position #740882) / Matthew Bradstreet / AHS, VDH	100%	23,667
The Data Analysts will work to create analytic framework for: track expenditures, utilization and costs in key areas; calculate and tracking savings; be expert in analytic techniques necessary for the implementation and/or monitoring and evaluation of payment reforms under the State Innovation Plan; identify and works with AHS staff, payment reform managers and directors, policy leaders, consultants, contractors and technical advisors to implement, evaluate and continuously improve payment reform programs. The Analysts will work under the general direction of the Payment Director(s).		
Business Administrator (Position #720185) / Carolynn Hatin / AHS, IFS	100%	20,169
The Quality Monitoring and Evaluation staff will work to ensure appropriate use of quality metrics and maintain monitoring and evaluation tools necessary to sustain successful quality monitoring strategies beyond the termination of the grant. Staff will develop the infrastructure and tools for state Medicaid monitoring throughout the AHS. The Quality Monitoring and Evaluation Managers will work under the general direction of the Payment Director(s) and/or appropriate technical AHS/DVHA Directors.		
Senior Policy Advisor (Position#730252) / Bradley Wilhelm / AHS, DVHA	100%	22,681
The Quality Monitoring and Evaluation staff will work to ensure appropriate use of quality metrics and maintain monitoring and evaluation tools necessary to sustain successful quality monitoring strategies beyond the termination of the grant. Staff will develop the infrastructure and tools for state Medicaid monitoring throughout the AHS. The Quality Monitoring and Evaluation Managers will work under the general direction of the Payment Director(s) and/or appropriate technical AHS/DVHA Directors.		
Senior Policy Advisor (Position #730253) / TBA / AHS, DVHA	100%	26,065
The Quality Monitoring and Evaluation staff will work to ensure appropriate use of quality metrics and maintain monitoring and evaluation tools necessary to sustain successful quality monitoring strategies beyond the termination of the grant. Staff will develop the infrastructure		

and tools for state Medicaid monitoring throughout the AHS. The Quality Monitoring and Evaluation Managers will work under the general direction of the Payment Director(s) and/or appropriate technical AHS/DVHA Directors.		
Senior Policy Advisor (Position #730251) / Erin Flynn / AHS, DVHA	100%	24,050
The Quality Monitoring and Evaluation staff will work to ensure appropriate use of quality metrics and maintain monitoring and evaluation tools necessary to sustain successful quality monitoring strategies beyond the termination of the grant. Staff will develop the infrastructure and tools for state Medicaid monitoring throughout the AHS. The Quality Monitoring and Evaluation Managers will work under the general direction of the Payment Director(s) and/or appropriate technical AHS/DVHA Directors.		
Health Policy Analyst (Position #730255) / Amy Coonradt / AHS, DVHA	100%	21,408
Ensures that necessary technical systems and program changes are made to support the payment reforms. Including but not limited to: ensuring changes and information is communicated to providers in timely manner; provide technical assistance as needed to resolve problems; Supports development of common language and helps in translation of medical and social models of care; ensures systems remain person-centered and LTSS retain commitment to self- directed care. The Payment and Policy Specialists will work under the general direction of the Payment Director(s).		
Administrative Services Manager I (Position #730256) / Luann Poirier / AHS, DVHA	100%	24,050
Supports enhancement and maintenance of best practice models. Works with team to ensure incentives drive physicians and other health care providers to utilize best practices in care of person with chronic conditions such as dementia. Provides information and helps crafts best practice/evidence based care models across all primary and secondary settings.		
Health Policy Analyst (Position #730254) / Amanda Ciecior / AHS, DVHA	100%	21,408
Supports enhancement and maintenance of best practice models. Works with team to ensure incentives drive physicians and other health care providers to utilize best practices in care of person with chronic conditions such as dementia. Provides information and helps crafts best practice/evidence based care models across all primary and secondary settings.		
Health Policy Analyst (Position #760331) / Susan Aranoff / AHS, DAIL	100%	29,264
The Payment Program Managers will work to: create standards for service definitions, provider types, payment methodologies, rate setting, definitions of savings, as needed across payers and programs; ensure proper documentation of model and coordination of statewide efforts as needed; coordinate with data and analytics/evaluation staff to create performance measures and management reports that will support policy and program decision making; help with additional new administration due to implementation of payment models. The Program Managers will work under the general direction of the Payment Director(s).		
Health Policy Analyst (Position #760332) / David G Epstein / AHS,DAIL	100%	20,169
The Payment Program Managers will work to: create standards for service definitions, provider types, payment methodologies, rate setting, definitions of savings, as needed across payers and programs; ensure proper documentation of model and coordination of statewide efforts as needed; coordinate with data and analytics/evaluation staff to create performance measures and management reports that will support policy and program decision making; help with additional new administration due to implementation of payment models. The Program Managers will work under the general direction of the Payment Director(s).		
Payment Reform Program Evaluator (Position#270017) / Annie Paumgarten / GMCB	100%	33,501
The State of Vermont's application for a SIM Grant includes a robust and detailed evaluation plan. In order to enable the State to work with CMMI evaluators and the independent evaluation team, the State needs appropriate staff. The State seeks funding for a staff person to		

work as a liaison with CMMI's evaluation team and with the independent evaluation team.		
Grant Program Manager (Position #270016) / Christine Geiler / GMCB	100%	35,999
This person will act as a liaison to the federal government, coordinate reporting, and ensure staff time and contractors are appropriately bill to the grant. Duties may focus on some or all of the following: Grants management and program development, on-site compliance monitoring, financial audits management, environmental review, and programs clearance. This initiative is based on the premise that Governor-sponsored, multi-payer models that have broad stakeholder input and engagement, and are set in the context of broader state innovation, will achieve sustainable delivery system transformation that significantly improves health system performance. This position will enable us to properly engage stakeholders in the work of this grant.		
Health Care Reform Deputy Director (Position #010016) / Georgia Maheras / AOA	90%	38,745
This person will work with the Payment Reform Director and will ensure standards, methodology and consistency of all pilot and reforms efforts with overall model. Provides overall project oversight to ensure timely and efficient program administration for Commercial and Medicare programs.		
Deputy Director for Health Care Reform- Finance (Position #027004) / Michael Costa / AOA	25%	22,500
This person will work with the Project Director to support SIM alignment with the All-Payer Model. This includes research, analysis and coordination of effort across SIM work groups, and various state agencies.		

Positions can be divided into limited term assignments requiring specific temporary expertise or contractor and staff management. Specifically, the majority of these positions, approximately 14.0 FTE, are for a limited time period. The State of Vermont anticipates that it will need to support eight positions and a limited amount of contract money on an ongoing basis. More permanent staff includes two payment Directors, four Quality Evaluation and Monitoring Managers, and two fiscal staff. Our goal is to implement a successful model that produces savings and increasing quality that allows these positions to be funded with savings and through re-deployment of vacant positions given new models of provider oversight and financing.

B. FRINGE BENEFITS

The total amount requested for fringe costs for the Year 2 period is $691,802.00. Fringe benefits are estimated using a factor of 46.35%, which is standard for budgeting State of Vermont employee positions. **Table 3** below provides fringe benefits detail.

Table 3: Year 2 Fringe Benefits

Fringe Benefit	Percentage		Total
FICA	7.78%	$	54,391.00
Health Insurance	18.79%	$	131,363.00
Retirement	17.54%	$	122,624.00

Dental	1.20%	$	8,389.00
Life	0.40%	$	2,796.00
Long Term Disability	0.04%	$	280.00
Employee Assistance Program	0.05%	$	350.00
Workers Compensation	0.55%	$	3,845.00
Total	**46.35%**	**$**	**324,038.00**

C. CONTRACT AND VENDOR SERVICES

The total amount requested for contractual costs is $6,021,824.17. This section will discuss the various contractual costs associated with Performance Period 2 of the project.

The State of Vermont's SIM project relies on augmenting state staff temporarily, adding ongoing internal state staff capacity, and using contractors. Vermont will rely more heavily on contract resources for technical expertise and analytic capacity since Vermont does not have the same staffing and analytic capacity as Massachusetts, Washington D.C. and other larger SIM jurisdictions. Additionally, due to its size and location, Vermont needs to recruit individuals and contractors from outside the State to perform many tasks. Vendors must travel to Vermont and we have to provide additional compensation for this travel and to recruit them to the State. The revised budget narrative provides information on all contractors associated with project Year 2, including prospective contract projects where a vendor is still to be determined.

Table 4: Performance Period 2 Contract Sub-Totals by Line Item.

In **Table 4** below, please find sub-totals by line item for Vermont's Performance Period 2 contract request, detailed below in Table 6.

Budget Line Item	**Performance Period 2 Budget**
Advanced Analytics: Policy and Data Analysis to Support System Design and Research for All Payers	$1,203,155.45
Advanced Analytics: Financial and Other Modeling for All Payers	$349,000.00
Workforce Assessment: System-Wide Capacity	$250,000.00
Model Testing: Quality Measures	$204,568.10
Technical Assistance: Learning Collaboratives	$129,156.67
Technical Assistance: Practice Transformation & Data Quality Facilitation-	$657,913.95

Technology and Infrastructure: Expanded Connectivity of HIE Infrastructure	$1,312,588.00
Technology and Infrastructure: Enhancements to Centralized Clinical Registry & Reporting Systems	$1,350,000.00
Technology and Infrastructure: Telemedicine	$295,442.00
Technology and Infrastructure: Analysis of How to Incorporate Long-Term Support Services, Mental Health, and Other Areas of Health	$250,000.00
Evaluation: Internal Evaluation	$20,000.00
TOTAL	**$6,021,824.17**

Overall, the budget narrative provides contractor expense information three ways. First, **Table 5** below is a summary table of Performance Period 2 spending by contractor. The table includes the following information:

- Contractor
- Performance Period 2 Request
- Out of State Travel Request

Second, **Table 6** provides a more expansive view of the project by connecting each contractor and contract with their substantive work within the project. **Table 6** features the following fields:

- Contractor
- Brief Scope
- Focus Area(s)
- Performance Period 2 Proposed Milestone(s)
- Line Item
- Requested Year 2 Contract Start Date
- Performance Period 2 Request (excludes Out-of-State Travel)
- Performance Period 2 Out-of-State Travel Request
- Total Year 2 Request (includes Performance Period 2 Out-of-State Travel)

Third, a detailed summary of the scope of work for every Performance Period 2 contract is provided in **Appendix A**.

Please note that Vermont has identified tasks that do not yet have contracted vendors in place. These to be determined contracts are listed in table 6 and valued at $1,895,000.00. Vermont used rates from a variety of vendors, current experience, and information from other states to develop budget

assumptions.

Table 5: Year 2 Contracts Pending CMMI Approval: Summary View

Contractor	Performance Period 2 Request (excludes Out-of-State Travel)	Performance Period 2 Out-of-State Travel Request	Total Year 2 Request (includes Performance Period 2 Out-of-State Travel)
ARIS: ACTT Proposal #03410-1380-15	$275,000.00	$0.00	**$275,000.00**
Behavioral Health Network #27380	$350,000.00	$0.00	**$350,000.00**
Burns and Associates #28733	$24,000.00	$1,000.00	**$25,000.00**
Datastat #26412	$80,000.00	$0.00	**$80,000.00**
Deborah Lisi-Baker #26033/#29534	$40,000.00	$0.00	**$40,000.00**
Health Management Associates #28821	$698,000.00	$0.00	**$698,000.00**
Health*first*, Inc. #03410-1457-15	$41,940.00	$0.00	**$41,940.00**
James Hester, Jr. #28674	$7,000.00	$0.00	**$7,000.00**
JBS International #28389	$138,114.40	$2,327.60	**$140,442.00**
Nancy Abernathey #28243	$6,630.00	$0.00	**$6,630.00**
Stone Environmental #28427	$80,000.00	$0.00	**$80,000.00**
UVM Medical Center/OneCare Vermont #28242	$826,281.00	$0.00	**$826,281.00**
Vermont Medical Society Foundation #28675	$130,329.00	$0.00	**$130,329.00**
Vermont Program for Quality Health Care #28362	$102,526.67	$0.00	**$102,526.67**
VITL: ACO/ACTT #03410-1275-14	$1,312,588.00	$0.00	**$1,312,588.00**
VITL/Dept of Mental Health MOU #28236	$11,087.50	$0.00	**$11,087.50**
TBD: Sub-Total	$1,895,000.00	$0.00	**$1,895,000.00**
TOTAL	**$6,018,496.57**	**$3,327.60**	**$6,021,824.17**

Table 6: Performance Period 2 Contracts Pending CMMI Approval: Detailed View

In **Table 6** below, please find the Performance Period 2 contract request by contractor. The table indicates the focus area as well as the Performance Period 2 milestone(s) that each contract supports.

Contractor	Brief Scope	Focus Area(s)	Performance Period 2 Milestone(s)	Line Item	Requested Year 2 Contract Start Date	Performance Period 2 Request (excludes Out-of-State Travel)	Performance Period 2 Out-of-State Travel Request	Total Year 2 Request (includes Performance Period 2 Out-of-State Travel)
ARIS: ACTT Proposal #03410-1380-15	Unified Electronic Health Record Procurement for five Specialized Service Agencies.	Health Data Infrastructure: EMR Expansion	Implement EMRs in non-meaningful use providers; explore non-EMR solutions for providers without EMRs.	*Technical Assistance*: Practice Transformation & Data Quality Facilitation	1/1/2015	$ 275,000.00	$ -	**$ 275,000.00**
Behavioral Health Network: ACTT Proposal #27380	1) Data Quality Analysis and Remediation; 2) Data Warehouse Planning and Development.	1) Health Data Infrastructure: Improve Quality of Data Flowing into HIE 2) Health Data Infrastructure: Data Warehousing	1) 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. 2) 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.	*Technology and Infrastructure:* Enhancements to Centralized Clinical Registry & Reporting Systems	8/1/2015	$ 350,000.00	$ -	**$ 350,000.00**
Burns and Associates #28733	Conduct payment reform, financial modeling strategy development, rate setting work for Vermont Medicaid payment, methodologies, and other essential fiscal evaluations.	1) Payment Model Design and Implementation: Shared Savings ACO Programs 2) Payment Model Design and Implementation: EOCs 3) Evaluation: Monitoring and Evaluation Activities within Payment Programs	1) Expand the number of people in the Shared Savings Programs in subsequent performance periods. 2) Design 3 EOCs for the Medicaid program, with financial component. 3) Conduct analyses as required by payers related to specific payment models.	*Advanced Analytics:* Policy and Data Analysis to Support System Design and Research for All Payers	4/1/2015	$ 24,000.00	$ 1,000.00	**$ 25,000.00**
Datastat #26412	Administration of the Patient Centered Medical Homes Consumer Assessment of Healthcare Providers and Systems (PCMH CAHPS®).	Evaluation: Surveys	Conduct annual patient experience survey and other surveys as identified in payment model development (Performance Period 2 surveys only).	*Model Testing:* Quality Measures	8/1/2015	$ 80,000.00	$ -	**$ 80,000.00**
Deborah Lisi-Baker #26033/#29534	Support for DLTSS work group.	Payment Model Design and Implementation: Shared Savings ACO Programs	Expand the number of people in the Shared Savings Programs in subsequent performance periods.	*Advanced Analytics:* Policy and Data Analysis to Support System Design and Research for All Payers	7/1/2015	$ 40,000.00	$ -	**$ 40,000.00**
Health Management Associates #28821	Assist in development of an all-payer waiver proposal. (State Activities)	Payment Model Design and Implementation: State Activities to Support Model Design and Implementation	Obtain information and identify regulatory components necessary to support APM regulatory activities. Plan as appropriate based on negotiations.	*Advanced Analytics:* Financial and Other Modeling for All Payers	4/8/2015	$ 349,000.00	$ -	**$ 349,000.00**
Health Management Associates #28821	Assist in development of an all-payer waiver proposal. (Model)	Payment Model Design and Implementation: All-Payer Model	Research feasibility, develop analytics, and obtain information to inform decision-making for negotiations with CMMI.	*Advanced Analytics:* Policy and Data Analysis to Support System Design and Research for All Payers	4/8/2015	$ 349,000.00	$ -	**$ 349,000.00**
Healthfirst, Inc. #03410-1457-15	Chart Review for Shared Savings Program Measures.	Payment Model Design and Implementation: Shared Savings ACO Programs	Expand the number of people in the Shared Savings Programs in subsequent performance periods.	*Model Testing*: Quality Measures	1/1/2015	$ 41,940.00	$ -	**$ 41,940.00**
James Hester, Jr. #28674	Research population health models in other states, identify population health measures and measurement systems required to support the population health financing system; help formulate an approach to creating Vermont	1) CMMI Required Milestone: Population Health Plan 2) Payment Model Design and Implementation: Accountable	1) Draft Population Health Plan due to CMMI by end of Year 2.	*Advanced Analytics:* Policy and Data Analysis to Support System Design and Research for All Payers	7/1/2015	$ 7,000.00	$ -	**$ 7,000.00**

	pilots of Accountable Health Communities.	Health Communities						
JBS International #28389	Assist Vermont in assessing current telehealth practices in Vermont and planning for potential pilot programs.	Health Data Infrastructure: Telehealth – Strategic Plan	Develop Telehealth Strategic Plan.	*Technology and Infrastructure*: Telemedicine	2/1/2015	$ 138,114.40	$ 2,327.60	**$ 140,442.00**
Nancy Abernathey #28243	Quality improvement facilitators supporting quality improvement activities in primary care practices, integrated care teams within communities and specialty addictions and mental health programs.	Care Delivery and Practice Transformation: Learning Collaboratives	Offer at least two cohorts of learning collaboratives to 3-6 communities.	*Technical Assistance:* Learning Collaboratives	1/1/2015	$ 6,630.00	$ -	**$ 6,630.00**
Stone Environmental #28427	Assist the HIE/HIT Work Group in developing policy and spending recommendations in the area of technology and infrastructure.	1) and 2) Health Data Infrastructure: General Health Data	1) Identify connectivity targets; provide input into HIT planning. 2) Procure appropriate IT-specific support for further health data initiatives.	*Advanced Analytics:* Policy and Data Analysis to Support System Design and Research for All Payers	2/15/2015	$ 80,000.00	$ -	**$ 80,000.00**
UVM Medical Center/OneCare Vermont #28242	ACO operations: Data collection, analysis, operational implementation.	1) Payment Model Design and Implementation: Shared Savings ACO Programs 2) Care Delivery and Practice Transformation: Regional Collaborations	1) Expand the number of people in the Shared Savings Programs in subsequent performance periods. 2) Continue to develop and expand 14 regional collaborations, each including a Charter, governing body, and decision-making process.	*Advanced Analytics:* Policy and Data Analysis to Support System Design and Research for All Payers	1/1/2015	$ 371,826.45	$ -	**$ 371,826.45**
UVM Medical Center/OneCare Vermont #28242	Chart Review for Shared Savings Program Measures.	Payment Model Design and Implementation: Shared Savings ACO Programs	Expand the number of people in the Shared Savings Programs in subsequent performance periods.	*Model Testing:* Quality Measures	1/1/2015	$ 82,628.10	$ -	**$ 82,628.10**
UVM Medical Center/OneCare Vermont #28242	Data quality initiatives.	Health Data Infrastructure: Improve Quality of Data Flowing into HIE	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.	*Technical Assistance:* Practice Transformation & Data Quality Facilitation	1/1/2015	$ 371,826.45	$ -	**$ 371,826.45**
Vermont Medical Society Foundation #28675	Development of a payment model related to frail elders.	1 and 2) Payment Model Design and Implementation: Shared Savings ACO Programs and Accountable Communities for Health	1) Expand the number of people in the Shared Savings Programs in subsequent performance periods. 2) Feasibility assessment: Data analytics.	Advanced Analytics: Policy and Data Analysis to Support System Design and Research for All Payers	8/1/2015	$ 130,329.00	$ -	**$ 130,329.00**
Vermont Program for Quality in Health Care #28362	Quality improvement facilitators supporting quality improvement activities in primary care practices, integrated care teams within communities and specialty addictions and mental health programs.	Care Delivery and Practice Transformation: Learning Collaboratives	Offer at least two cohorts of learning collaboratives to 3-6 communities.	*Technical Assistance:* Learning Collaboratives	3/1/2015	$ 102,526.67	$ -	**$ 102,526.67**
VITL/Dept of Mental Health MOU #28236	Assist the Department of Mental Health in the procurement of an EHR system and EHR implementation for the State's Mental Health Hospital.	Health Data Infrastructure: EMR Expansion	Implement EMRs in non-meaningful use providers; explore non-EMR solutions for providers without EMRs.	*Technical Assistance:* Practice Transformation & Data Quality Facilitation	1/1/2015	$ 11,087.50	$ -	**$ 11,087.50**

VITL: ACO/ACTT Proposals #03410-1275-14	Data gathering, data quality & remediation for Designated Agencies and Specialized Service Agencies.	Health Data Infrastructure: Expand Connectivity to HIE	Remediate data gaps that support payment model quality measures, as identified in gap analyses.	*Technology and Infrastructure:* Expanded Connectivity of HIE Infrastructure	1/1/2015	$ 1,312,588.00	$ -	**$ 1,312,588.00**
TBD	TBD	Payment Model Design and Implementation: EOCs; Accountable Health Communities; Prospective Payment System – Home Health	1) Design 3 EOCs for the Medicaid program with financial component. 2) Research design and feasibility for AHCs. 3) Design PPS program for Home Health.	*Advanced Analytics*: Policy and Data Analysis to Support System Design and Research for All Payers	TBD	$ 200,000.00		**$ 200,000.00**
TBD	TBD	Health Data Infrastructure: Care Management Tools	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.	*Technology and Infrastructure*: Analysis of How to Incorporate Long-Term Support Services, Mental Health, and Other Areas of Health	TBD	$ 250,000.00	$ -	**$ 250,000.00**
TBD	Acquire or license clinical registry software.	Health Data Infrastructure: Data Warehousing	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.	*Technology and Infrastructure*: Enhancements to Centralized Clinical Registry & Reporting Systems	TBD	$ 1,000,000.00	$ -	**$ 1,000,000.00**
TBD	Phase II of Telemedicine planning: Implementation of pilot programs.	Health Data Infrastructure: Telehealth – Implementation	Launch telehealth program as defined in Telehealth Strategic Plan.	*Technology and Infrastructure*: Telemedicine	TBD	$ 155,000.00	$ -	**$ 155,000.00**
TBD	Demand Modeling: Construction of a micro-simulation health needs model for the state of Vermont.	Care Delivery and Practice Transformation: Workforce	Obtain micro-simulation demand model to identify future workforce resource needs.	*Workforce Assessment*: System-Wide Capacity	TBD	$ 250,000.00	$ -	**$ 250,000.00**
TBD	Learning Collaborative activities.	Care Delivery and Practice Transformation: Learning Collaboratives	Offer at least two cohorts of learning collaboratives to 3-6 communities.	*Technical Assistance*: Learning Collaboratives	TBD	$ 20,000.00	$	**$ 20,0000.00**
TBD	TBD	Evaluation	Provide data extracts as appropriate	*Evaluation:* Internal Evaluation	TBD	$ 20,0000.00		**$ 20,0000.00**
TOTALS						**$ 6,018,496.57**	**$ 3.327.60**	**$ 6,021,824.17**

D. EQUIPMENT

The total amount requested for equipment costs to support staff for Performance Period 2 is $18,290.00. Estimated equipment costs include computer hardware and software, telephones, fax machines, and other office equipment, as itemized below. These are standard estimates for State of Vermont employees.

- Work Station and Business Software – There will be a $2,000 start-up cost with ongoing costs of $750 per year for workstations and software per FTE.
- Telephone Equipment – The total expense for telephone equipment costs is estimated at $750 per FTE per year.
- Office Furniture & Fixtures – We estimate the total cost of office furniture and fixtures to be a one-time cost of $600 per FTE and an ongoing cost of $50 per FTE per year.

E. TRAVEL

The total amount requested for employee travel reimbursement for this performance period is $41,300.00. This amount is inclusive of an estimated $1,500 per full-time employee for out-of-state trips. In-state travel is budgeted at $2,000 per year per FTE, which is standard when budgeting State of Vermont employee costs. Out-of-state travel is based upon the need for staff to travel out of state for conferences, meetings, and collaborations pertaining to SIM Model Testing.

F. SUPPLIES AND MISCELLANEOUS

Supplies costs for this performance period of $ 9,520.00 are based on an estimated rate of $100 per staff member per year plus incidental cost for supplies for symposia, conference, and convenings. These are standard estimates for State of Vermont employees.

G. SYSTEM AND/OR DATA COLLECTION COSTS

The state is contracting for these services. Please see Section C, Contract Costs.

H. STATE EVALUATOR COSTS

The state is contracting for these services. Please see Section C, Contract Costs.

I. OTHER ADMINISTRATIVE

The total amount for the performance period requested for other administrative expenses is $267,620.00. Detailed assumptions for other administrative expenses are itemized below. These are standard estimates for State of Vermont employees.

- Printing & Reproduction – Each FTE will incur $50 in printing and reproduction costs per

year.

- Dues & Subscriptions – This includes fees for professional associations and subscriptions. The total estimated cost is $504 per FTE per year.
- Professional Development – Training and professional development costs and fees will amount to $996 per FTE per year.
- Space – Workspace will cost $5,500 per FTE per year.
- Acquisition of Medicare data files for use in developing evaluation measures, core measure set and determination of progress in project goals.
- Faculty fees and conference space for the Learning Collaborative program.[3]

Table 7: Other Administrative Expenses

Category	FTE	Per FTE	Amount
Printing & Reproduction	24.4	$ 100.00	$1,220.00
Dues & Subscriptions	24.4	$ 504.00	$6,148.80
Professional Development	24.4	$ 996.00	$12,151.20
Space	24.4	$ 5,500.00	$67,100.00
Medicare Data			$ 75,000.00
Facility Fees & Conference Space: Learning Collaboratives			$ 106,000.00
TOTAL			**$ 267,620.00**

Vermont's SIM project requires that we use all-payer claims data to inform decision-making. The State receives an annual data extract from Medicare so that we can use it in addition to our Medicaid and Commercial claims data. The data extract files would cost approximately $75,000 per year. OAGM indicated that this should be considered an expense under "Other" in 2014.

Vermont has launched a robust Learning Collaborative program to engage providers in practice transformation related to at-risk Vermonters. Vermont has a long history of collaboration in health care and community/social services delivery, and has implemented significant delivery system reforms aimed at strengthening coordination of care and services, including the Blueprint for Health and Accountable Care Organizations. Nonetheless, people with complex care needs and their families and providers still experience fragmentation, duplication and gaps in care and services. Vermont's year-long "Integrated Communities Care Management Learning Collaborative" was launched in January 2015 to test interventions based on promising national models such as Integrated Communities, Medical Neighborhoods, and Effective Team-Based Care across multiple health and social services organizations in a community. The project started in three communities: Burlington, Rutland and St. Johnsbury; and was recently approved for expansion to teams of health care and service providers from all interested communities in the State. The Learning Collaborative utilizes a Plan-Do-Study-Act quality improvement model punctuated with periodic in-person and virtual learning sessions. The near-term goals are to determine if the interventions improve coordination of care and services; establish improved communication and care protocols; reduce fragmentation,

[3] Standard State of Vermont procurement identifies these expenses as "Other".

duplication, and gaps in care and services; and improve the care experience and outcomes for people in need of services and their families. The longer-term goals are to reduce growth in health care costs, improve care, and improve the health of the population. The costs for this program include: contractual, facility, faculty, and videography.

J. INDIRECT

The total amount requested for indirect expenses is $279,645.00 inclusive of staff, facilities costs and other ancillary business and staff expenses required for SIM Model Testing. An estimate of 40% of personnel costs are applied according to the State's Cost Allocation Plan, which reflects administrative and overhead costs borne by the state for items not included in the direct cost estimates itemized above (e.g., HR, accounting, and other overhead cost items). This allocation follows standard DVHA budget development practices and unit cost assumptions.

K. OTHER GRANTS

The State of Vermont supports payment and delivery reforms through our 1115 Global Commitment to Health Waiver, the State's General Fund, and a Robert Wood Johnson Foundation grant. This funding has allowed for small pilot programs focused on discrete populations, but not statewide efforts encompassing all payers. The additional resources provided for in the SIM Opportunity allow us to expand the scope of our reforms and implement them more quickly.

L. FEDERAL SOURCES

The State may pursue a one-year SAMHSA planning grant opportunity (Planning Grants for Certified Community Behavioral Health Clinics), which would support the State in developing Certified Community Behavioral Health Clinic certification criteria and an associated Prospective Payment System for Medicaid, in preparation for participation in demonstration programs to improve community mental health services. The application for this planning grant opportunity is due on August 5, 2015. In order to participate in this alternative payment arrangement in compliance with SAMHSA rules, the State must apply for, and be awarded this planning grant. If the State is awarded this planning grant, we will leverage SIM as much as possible understanding the programmatic constraints of the planning grant. Otherwise, the State does not currently expect or need additional funding from other Federal sources for work to be performed on Model Implementation and Testing as described in this application.

M. ATTESTATION

The State of Vermont attests that it is not supplanting federal funds with this request. The State of Vermont attests that SIM Cooperative Agreement funds will not be used to supplement or supplant existing State, local, or private funding of infrastructure or services, such as staff salaries, etc., except for the two positions noted in the personnel table (Directors of Payment Reform). The State of Vermont attests that it will not use SIM Cooperative Agreement funds to support food and beverages for any conferences or meetings. The State of Vermont attests that it will use SIM funds to

pay for cell or smart phone purchases, plans or service fees as previously approved by OAGM.

N. BUDGET TO COLLECT DATA

The state is seeking additional resources to support collection and evaluation of the additional data needed for the SIM project. These resources will supplement existing state resources invested in the all-payer claims database, clinical registry and evaluation infrastructure. The additional resources are needed to support inclusion of new claims, enrollment, quality and patient experience data for Medicare and Medicaid beneficiaries, as indicated in the Project Plan for Performance Reporting, Continuous Improvement, and Evaluation Support. Details are in **Table 8** below.

Table 8: Cost to Collect Data Over Entire Grant Term

Source	Cost
Medicaid Data Analysts (4)	$ 979,048.73
Program Manager for Evaluation	$ 296,069.02
Evaluation Contractors	$ 2,000,000.00
Technology and Infrastructure Contractors	$ 11,387,293.00
TOTAL	**$ 14,662,410.75**

APPENDIX A: Performance Period 2 CONTRACT REQUEST

Vermont submitted requests for approval of these contracts over the time period December 2014-May 2015. These contractors are critical for accomplishing Performance Period 2 activities and meeting Performance Period 2 milestones and metrics. This request, and the details therein, should replace all previously submitted requests for approval that are pending at CMMI. Vermont requests that all of these contracts be approved retroactively to the date requested in the initial submission(s).

Due to Vermont's contracting process, there are a handful of contractors with multiple executed contracts with the same scope but different contract terms (James Hester - #26319/#28674; Deborah Lisi-Baker - #26033/#29534). These contracts are combined for ease of review.

Where contractors have multiple executed contracts with different scopes, they are listed in separate tables (Vermont Program for Quality in Health Care - #27427/#28362; VITL-DMH/Other).

There are some activities for which Vermont will need new contracts, in line with the TBD categories in **Table 6** above. These are listed as TBD here and included at the end of the contractor list.

<table>
<tr><th colspan="2">ARIS Solutions, Inc. #03410-1380-15</th></tr>
<tr><td>Method of Selection</td><td>Sole Source</td></tr>
<tr><td>Contract Amount</td><td>Total Contract Amount (all years): $275,000
Year 2 Total Amount (including Travel): $275,000
Year 2 Out-of-State Travel: N/A</td></tr>
<tr><td>Contract Term</td><td>1/1/15-12/31/15</td></tr>
<tr><td>Method of Accountability</td><td>This is a fixed price contract to pay for a portion of the acquisition of an electronic health record system for Vermont's five Specialized Service Agencies.</td></tr>
<tr><td>Itemized Budget</td><td>The total maximum amount payable under this agreement shall not exceed $275,000. The maximum amount is calculated based on a percentage of the overall project budget below.

<table>
<tr><th>Year</th><th># Users</th><th>Per User</th><th>Total</th></tr>
<tr><td>Year 1</td><td>300</td><td>$ 38.00</td><td>$ 136,800</td></tr>
<tr><td>Year 2</td><td>300</td><td>$ 38.00</td><td>$ 136,800</td></tr>
<tr><td>Year 3</td><td>300</td><td>$ 38.00</td><td>$ 136,800</td></tr>
<tr><td>Year 4</td><td>300</td><td>$ 38.00</td><td>$ 136,800</td></tr>
<tr><td>Year 5</td><td>300</td><td>$ 38.00</td><td>$ 136,800</td></tr>
<tr><td colspan="4"></td></tr>
<tr><td colspan="3">Total Subscription fees</td><td>$ 684,000</td></tr>
<tr><td colspan="4"></td></tr>
<tr><td colspan="2">One time fee - system</td><td></td><td>$ 99,450</td></tr>
<tr><td colspan="3">One time fee - additional training</td><td>$ 20,000</td></tr>
<tr><td colspan="3">One-time fee - ePrescribing</td><td>$ 9,000</td></tr>
<tr><td colspan="3">One-time Hosting set up fee</td><td>$ 1,500</td></tr>
<tr><td colspan="3">Total One time fees</td><td>$ 129,950</td></tr>
<tr><td colspan="4"></td></tr>
<tr><td colspan="3">System Adminstrator fees (5 year)</td><td>$ 298,383</td></tr>
<tr><td colspan="4"></td></tr>
<tr><td colspan="4"></td></tr>
<tr><td colspan="3">E-prescribing (2400/year)</td><td>$ 12,000</td></tr>
<tr><td colspan="4"></td></tr>
<tr><td colspan="3">GRAND TOTAL 5 YEAR COST</td><td>$ 1,124,333</td></tr>
</table></td></tr>
<tr><td>Budget Category</td><td>Technology and Infrastructure: Expanding Connectivity to the HIE</td></tr>
<tr><td>Summary Statement of Work</td><td>Unified Electronic Health Record Procurement for five Specialized Service Agencies.</td></tr>
<tr><td>Unique Qualifications (if Sole Source)</td><td>The Subrecipient was created in 1996 as a cooperative effort among social service agencies to reduce expenses in the face of state-wide budget cuts without diminishing the level of valuable supports within the community. The Subrecipient operates as a consortium of developmental disability services agencies. Although the agencies are separate legal entities, they share resources and utilize a team-based approach to providing services throughout the State of Vermont, including aggregating outcomes data and reporting to the State of Vermont.

The project ties directly into the overall goal of the Vermont Health Care Innovation Project (VHCIP) Work Group for the HIE which is to ensure the availability of clinical health data or information necessary to support the care delivery and payment models being tested by the VHCIP, including those associated with the Shared Savings/Accountable Care Organizations (ACOs), Episode of Care, Pay-for-Performance, and other Care Delivery models. The</td></tr>
</table>

	Subrecipient will work toward that overall goal by impacting three of the identified VHCIP HIE Work Plan goals, including: • To improve the utilization, functionality & interoperability of the source systems providing data for the exchange of health information. • To improve the ability of health and human services professionals to appropriately exchange health information. • To align and integrate Vermont's electronic health information systems, both public and private, to enable the comprehensive and secure exchange of personal health and human services records.
Retroactive Start Justification (if applicable)	**Funding is requested to be retroactive to January 1, 2015.** This agreement was submitted to CMMI on November 25, 2014, with a request that the funding begin January 1, 2015. It was not approved pending approval of Vermont's Year 1 Carryforward. This contract was not in force in 2014 and not part of the approved carryforward. This contract is fully funded by Year 2 contract funds. Retroactive funding is requested to support the nature of the Subrecipient's work, which is time sensitive and critical to the success of the VHCIP.
Travel Justification	Travel is not a billable expense under this agreement.
Applicable Y2 Milestone	Implement EMRs in non-meaningful use providers; explore non-EMR solutions for providers without EMRs.

Contract Attachment A, Scope of Work for ARIS Solutions, Inc. #03410-1380-15

Electronic Health Record Procurement:

The Subrecipient is procuring an EHR solution for five (5) developmental disability agencies. Procurement is expected to be complete by January 1, 2015. The State will reimburse the Subrecipient for a portion of the costs related to this procurement up to the maximum amount allowable according to Attachment B.

The Subrecipient will provide the State with monthly updates on the selection and implementation of the EHR solution. These monthly updates will include:

- Whether installation is proceeding according to the specified timeline.
- Challenges faced with the installation.

Deliverables

- 30 days after the EHR Subcontract has been executed, the Subrecipient will provide the State with a work plan and timeline for implementation to be accepted or modified by the State's authorized representative
    - Should the State require revisions to the proposed project plan it will notify the Subrecipient in writing by the 10th business day after receiving the plan.
- The Subrecipient shall include with each monthly invoice an updated work plan outlining achievements to milestones.

Subrecipient Requirements

Performance Expectations:

The Subrecipient shall develop quarterly reports updating the State on the procurement, including whether the EHR solution is being installed on time and within the budget.

No work shall be undertaken or reimbursed pursuant to this Agreement, other than obligations specifically set forth in this Attachment A.

All work under this Agreement shall be directed by the State's Authorized Representative.

The Subrecipient's single point of contact or designee will be present at monthly status meetings at a time and date agreed upon by the State and Subrecipient.

Behavioral Health Network: ACTT Proposal #27379	
Method of Selection	RFP
Contract Amount	**Total Contract Amount (all years):** $1,318,577 **Year 2 Total Amount (including Travel):** 350,000 **Year 2 Out-of-State Travel:** N/A
Contract Term	8/1/14-7/31/16 (Year 2: 1/1/15-12/31/15)
Method of Accountability	This is a deliverables/performance-based contract where the contractors are required to submit monthly task order forms for monthly activities. These task order forms will provide specific information as it relates to the project work plan in the agreement. Once the task order forms are approved, the contractor can commence work for that month. The contract manager(s) review the invoices, task order forms and work products each month before approving the invoices. Vermont is engaging in this contracting structure for professional services contracts to ensure that we have the skills necessary for the work to be done, but also allowing for some flexibility in a changing health care environment. Additionally, Vermont does not want to pay for unnecessary services and finds this method of accountability and management to allow for maximum benefit in contracting with entities for professional services.
Itemized Budget	This is a deliverables based scope of work. The contractor is required to procure a data repository and implement that repository.
Budget Category	*Technology and Infrastructure:* Practice Transformation & Data Quality Facilitation *Technology and Infrastructure:* Enhancements to Centralized Clinical Registry & Reporting Systems
Summary Statement of Work	Data Warehouse Planning and Development for a data repository that will eventually enable the consumption of uniform data across a variety of payer sources for quality improvement, the exchange of health information, and reporting purposes; Data repository acquisition.
Unique Qualifications (if Sole Source)	1. The State of Vermont relies on independent, non-profit DAs/SSAs to provide mental health, substance use and developmental services throughout the state. State and federal sources, particularly Medicaid, fund DA/SSA services at approximately $360 million annually. The DAs/SSAs enable many Vermonters to secure and maintain employment, keep their families intact, secure and maintain housing and avoid hospitalization, institutionalization and incarceration. Each year over 45,000 Vermonters use these services and over 6,000 Vermonters are employed by the DA/SSA agencies. The DA/SSA system provides comprehensive services, including case management to adults who have severe and persistent mental illness (CRT program), individuals with significant developmental disabilities (DS waiver program), assessment and treatment for substance abuse disorders and children with severe emotional disturbance (SED waiver program) who would otherwise be at risk of institutional placements. Additionally we provide a range of child, youth and family services, crisis services and outpatient services. 2. BHN was created by Vermont's Community Mental Health Centers in 1994 and serves to provide strategic return on investment by serving as a vehicle for collaboration, systems integration and improvement, economies of scale and new opportunities and markets. BHN provides centralized, efficient activities to support the DAs and SSAs across the state. BHN is responsible for providing research and data collection and electronic health record support to the DAs and SSAs. They are the statewide entity responsible for data efforts by our DAs and SSAs. 3. BHN was able to begin this work immediately. The VHCIP requires Vermont adhere to extremely tight timeframes for payment and care model development and the underlying HIT systems upon which the models rely. Delaying procurement of a vendor to conduct this work would significantly jeopardize the ability of Vermont to meet critical milestones and metrics. 4. One of the major objectives of the BHN work will be to help manage and coordinate the work across all of the DAs and SSAs.

Retroactive Start Justification (if applicable)	***New Request:*** **Amendment adding new scope to build a data repository and implement HL7 messaging for members of the Vermont Care Network. Total funding to be increased by $847,500 and $350,000 for Year 2.** Funding is requested to be retroactive to August 1, 2015. Retroactive funding is requested to support the nature of the Contractor's work, which is time sensitive and critical to the success of the VHCIP.
Travel Justification	Hourly rates are inclusive of travel.
Year 2 Applicable Milestones	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.

Contract Attachment A, Scope of Work for Behavioral Health Network: ACTT Proposal #27379

Data Repository Implementation

In parallel with the ongoing data quality work, the Contractor shall subcontract with a vendor to build and implement the data repository. The Contractor shall go out to bid for the repository in compliance with SOV procedures. Because of constraints involving SAMHSA 42 CFR Part 2, the Contractor shall use a phased approach to importing and exporting data to and from the repository. In phase 1 the Contractor shall begin importing data that the majority of VCN members already produce. In phase 2 the Contractor shall intend to implement HL7 messaging from our members to the repository. Finally, for phase 3, contingent on regulatory challenges being met, the Contractor shall implement export connections from the repository to the Vermont Health Information Exchange.

The Contractor shall ensure that the repository is developed in a way that enables portability and interoperability. The Contractor and its member agencies shall own and have complete access to the data in the repository and shall develop a data governance document to be provided to the State of Vermont. A plan for the sustainability of the repository shall be developed prior to the completion of Phase 3. The Contractor shall provide a yearly report on the operations of the repository.

Progress Reports and Expenditure Reports
Contractor shall file monthly progress and expenditure reports with the State with the month-end request for payment in accordance with Attachment B. The State and Contractor will develop a mutually agreed upon format for the Progress Reports and Expenditure Reports within 30 days of contract execution. This report shall include a plan to develop baseline data for outcomes specified in the work plan above. The State reserves the right to request within 10 days of submission that the Contractor provides additional information in the Progress Reports and Expenditure Reports that may be necessary to document deliverables or other progress prior to release of month-end payment. Payment against deliverables constitutes approval. For any deliverables not so approved, the Contractor shall make all necessary changes required by the State for approval within 30 days of notice from the State.
All work under this contract shall be directed by the State's Authorized Representative.

The Contractor's single point of contact or designee will be present at bi-weekly status meetings at a time and date agreed upon by the State and Contractor.

Burns and Associates #28733	
Method of Selection	RFP
Contract Amount	**Total Contract Amount (all years):** $200,000 **Year 2 Total Amount (including Travel):** $25,000 **Year 2 Out-of-State Travel:** $1,000
Contract Term	4/1/15-3/31/16 (Year 2: 4/1/15-12/31/15)
Method of Accountability	This is a contract for professional services where the contractors are required to perform specific tasks as outlined in the Amendment and will not be paid if those tasks are not accomplished. The contract manager(s) review the invoices and work products each month before approving the invoices. The contractor will not be paid if tasks are not accomplished.
Itemized Budget	The billing for this contract is project based. The Contractors will be paid through monthly invoices as described in Attachment B of the agreement. Attachment B includes the hourly rate for each staff person assigned to the contract. The Contractor's hourly rates are competitive within the health care consultant sector and fall within the mid-range of hourly rates for contractors involved in this work across the country.
Budget Category	*Advanced Analytics:* Policy and Data Analysis to Support System Design and Research for All Payers
Summary Statement of Work	Conduct payment reform, financial modeling strategy development, and rate setting work for Vermont Medicaid payment, methodologies, and other essential fiscal evaluations.
Retroactive Start Justification (if applicable)	**Funding is requested to be retroactive to April 1, 2015.** This agreement was submitted to CMMI on March 13, 2015, with a request that the funding begin April 1, 2015. It was not approved pending approval of Vermont's Year 1 Carryforward. This contract was not in force in 2014 and not part of the approved carryforward. This scope is fully funded by Year 2 contract funds. Retroactive funding is requested to support the nature of the Contractor's work, which is time sensitive and critical to the success of the VHCIP.
Travel Justification	**The total estimated travel for this contract is: $1,000** This contractor will travel to Vermont from Washington, D.C., for services related to this agreement. The estimated travel is below: *Washington, D.C. to Vermont: $1,000* 2 trips at $600/trip: Includes estimated $250 airfare, $150 hotel, and $100 for ground transportation and mileage.
Year 2 Applicable Milestones	1) Expand number of people in the SSP programs in Year 2. 3) Conduct analyses as required by payers related to specific payment models.

Contract Attachment A, Scope of Work for Burns and Associates #28733

1. Perform monthly member attribution based on the ACOs' monthly provider roster submission, and prepare monthly reports and claims data extracts for the ACOs as described in the VMSSP contract and as specified by the State.
2. Support VHCIP's analytics contractor by supplying data, VMSSP background knowledge (including programming logic and analytics to date), VMSSP claims data.
3. Conduct data validation of analysis completed by the statewide analytics contractor for the VMSSP.
4. Provide technical assistance as required for DHVA with the Centers for Medicare and Medicaid Services (CMS) and CMMI related to the VMSSP.
5. Conduct analysis related to monitoring and evaluation shadow payments expanded Total Cost of Care and performance measures.
6. Assist the State with requests put forth by the Legislature.
    i. Answer proposed questions, collect and analyze claims information, and perform related research.
7. Assist the State in its pursuit of a Medicaid State Planning Amendment (SPA) for the VMSSP by providing technical expertise and supporting documentation that reflects the new financial methodologies the State is utilizing as described in the VMSSP contract.
8. Work with DVHA and the ACOs to generate analyses, reports, and educational materials to support the ongoing development and implementation of the VMSSP on an ad hoc basis.
9. Participate in VHCIP meetings to support the work of VMSSP.

I. <u>Monthly Reporting</u>

a. The Contractor shall participate in a conference call each month with the State regarding work under this agreement. The purpose of these calls is to discuss administrative and project issues as they arise and to report preliminary findings of analyses as they become available. More frequent calls may be needed during active periods of the project.

b. The Contractor shall submit monthly Status Reports outlining all work accomplished during the previous month. At a minimum, monthly progress reports shall cover the following items:

i. Activities related to consultation and support related to each Awardee supported by this contract.
ii. Activities planned for the forthcoming month.
iii. Contractor's expectations of the State Staff during the forthcoming month (e.g., review of deliverables submitted, delivery of data or other items).
iv. Any problems or delays – encountered or foreseeable – that may affect contract performance.
v. Budget discrepancies greater than ten percent, i.e., cost overruns or underruns.

e. Additional planning and coordination meetings may be required during the course of the contract, depending on the State's needs.

II. <u>Contract Administration Data – Key Personnel (See Attachment B for key personnel list and hourly rates):</u>

a. The key personnel specified in this contract are considered to be essential to work performance. At least 30 days prior to diverting any of the specified individuals to other programs or contracts (or as soon as possible, if an individual must be replaced, for example, as a result of leaving the employ of the Contractor), the Contractor shall notify the VHCIP Project Director and shall submit comprehensive justification for the diversion or replacement request (including proposed substitutions for key personnel) to permit evaluation

by the State of the impact on performance under this contract. The Contractor shall not divert or otherwise replace any key personnel without the written consent of the Contracting Officer. The State may modify the contract to add or delete key personnel at the request of the Contractor or Government.

III. Ad Hoc Tasks:

The State shall define deliverables that align with the scope of work by meeting with the Contractor on a bi-weekly basis. Ad hoc tasks shall be reduced to writing and approved by both parties and added to the work plan on a monthly basis.

DataStat #26412	
Method of Selection	RFP
Contract Amount	**Total Contract Amount (all years):** $217,278.16 **Year 2 Total Amount (including Travel):** $80,000 **Year 2 Out-of-State Travel:** N/A
Contract Term	7/28/14-7/26/16 (Year 2: 1/1/15-12/31/15)
Method of Accountability	This is a deliverables -based contract where the contractors are required to submit monthly invoices that identify activities performed under the contract. The contract manager(s) reviews the invoice and work products each month before approving the invoices.
Itemized Budget	The billing for this contract is divided by the type of service provided. Specifically, the State will pay for Sampling Services, which includes a set-up fee to cover professional costs. This is $347.70 per practice and is estimated at $41,724 as is indicated in Chart A of the agreement. The State will pay for Data Collection Services on a per sample case at $1.44. This is estimated at $50,204.16 as is indicated in Chart A of the agreement. The State will pay for Reporting Services according to Chart B of the agreement. This contractor was selected through a competitive bid process and the rates charged are competitive when compared to other bidders.
Budget Category	*Model Testing:* Quality Measures
Summary Statement of Work	Administration of the Patient Centered Medical Homes Consumer Assessment of Healthcare Providers and Systems (PCMH CAHPS®).
Retroactive Start Justification (if applicable)	The approval for 2015 work is requested to be retroactive to August 1, 2015 ***New Request:*** **Extend contract term for an additional 12 months and increase funding by $80,000 in Year 2.** Retroactive funding is requested to support the nature of the Contractor's work, which is time sensitive and critical to the success of the VHCIP.
Travel Justification	No travel is billed under this agreement.
Year 2 Applicable Milestone	Conduct annual patient experience survey and other surveys as identified in payment model development.

Contract Attachment A, Scope of Work for DataStat #26412

A. Sampling Services

1. The Contractor shall provide a sample format, in Excel, and request a test sample from each practice prior to finalizing production schedules for each wave of data collection. The Contractor shall work with each practice, supported by the State, to resolve any problems with content or format of the test sample. The Contractor shall schedule the practice for the next wave if the problems are not able to be resolved in a timely fashion. Once the Contractor has approved the practice's test sample, the Contractor shall ask the practice to use the sample format to prepare the actual sample frame submitted for the sample selection process.
2. The Contractor shall accept practice sample frame files that are submitted to the Contractor by practices in the format specified in the most recent version of *Specifications for the CAHPS® PCMH Survey*, in Excel with all required data file elements included in the sample frame and an accompanying data file layout. The Contractor shall accept optional data elements that are appended to the end of the standard set of elements.
3. The Contractor shall provide a transfer center for practice submission of sample frames; the transfer center is a website utilizing 128-bit encryption through SSL that allows for secure transfer of files using a web browser. The Contractor shall also accept files submitted on physical media (e.g., diskette, CD-ROM) or by e-mail that is compressed, encrypted, and secured by a password.

4. The Contractor shall instruct practices on patient eligibility and that sample frames should represent all eligible patient files, using guidelines in *Specifications for the CAHPS® PCMH Survey* to define eligibility. The Contractor shall also instruct practices that practices are responsible for ensuring that any patient who does not meet these criteria is removed from the sample frame.
5. Upon receiving the sample frame, the Contractor shall check the file for accuracy and completeness. The Contractor shall review and refine the list for its appropriateness as a sampling frame, following guidelines in *Specifications for the CAHPS® PCMH Survey*. The Contractor shall work with practices, as needed, to resolve any sample frame data file issues.
6. The Contractor shall de-duplicate the data files to ensure that each patient is represented only once in the sampling frame.
7. The Contractor shall remove from the data files any patient who does not meet the age criterion for the adult or child survey, as appropriate, using the designated cutoff date, which shall be the last day of the measurement period, per NCQA guidelines. The specific date shall be determined by the Contractor and the State. The measurement period is defined as the 12 months prior to the date when the eligible population file is generated by the practice.
8. From all eligible cases in the sample frame at each practice, the Contractor shall draw the number of cases corresponding to the number of eligible clinicians in the practice found in the received sample frame, using standard random selection procedures. If fewer than the required number of sample cases are available at a practice, the Contractor shall ensure that the sample includes all eligible patients in the practice.
9. The Contractor shall conduct oversampling for practices, as requested in writing by the State or the practice.
10. Based on estimated eligible provider counts from participating practices, the Contractor shall identify the total sample to be selected. Additional samples or oversampling may be requested by the State after consultation with individual practices. The Contractor and the State shall update practice and sample sizes prior to beginning work on any wave.
11. The Contractor shall secure NCQA approval, if needed, for any enhanced sampling options.
12. After the sample has been randomly selected, the Contractor shall employ a National Change of Address (NCOA) service to update address information.
13. The Contractor shall de-duplicate the selected samples to ensure that only one member of a household is included.
14. The Contractor shall merge a flag identifying respondents who are attributed to each of the Vermont's ACO Shared Savings Programs and other health care reform initiatives. The State shall ensure that the Contractor receives the information needed to accomplish such flagging or identification.

B. Data Collection Services

Once selection is completed, the Contractor shall incorporate the selected sample cases into a mail-only field protocol consisting of one survey packet mailing to all selected cases, and a second survey packet mailing to non-respondents, over a 6-week field period. The Contractor shall customize mail materials with logos, if available, and signatures from each participating practice. In cases where no logo is provided by a practice, the Contractor shall print the name of the practice in black, or a logo may be provided by the State. In cases where no signature is provided by a practice, the State shall designate the appropriate representative signature to be used. The Contractor shall communicate with each practice regarding the transfer of the logo and signature to the Contractor.

Survey instrument

1. The Contractor shall utilize the current version of the CAHPS® PCMH adult survey instrument (the questionnaire), made available by NCQA, with 52 items, or the current version of the CAHPS® PCMH child survey instrument, made available by NCQA, with 64 items, as appropriate.
2. The State anticipates adding up to10 supplemental items to the questionnaire. The State and the Contractor shall ensure that the addition of supplemental items shall follow guidelines in the

Specifications for the CAHPS® PCMH survey. Since questionnaire length is a key element in project costs, the Contractor and the State understand that the addition of supplemental items may incur additional costs if their inclusion requires additional pages.

3. For mail surveys, the Contractor shall print questionnaires in English. The Contractor shall customize the questionnaires with the Contractor's logo and the practice logo, if available, and the name of the clinician who provided care at the patient's most recent visit during the measurement period. If the practice logo is not available, the Contractor shall print the practice name in black on the survey. The Contractor shall deliver a proof of the final logo image or practice name to the practice for approval. The Contractor shall format the questionnaires using the Contractor's current standard layout and design, which is expected to produce an 8-page booklet.

Cover Letter

1. The Contractor shall obtain cover letter text from NCQA CAHPS® PCMH materials and provide them to the State for review and possible revision. The State and the Contractor shall ensure that the length of the text shall allow for the Contractor's standard formatting and shall accommodate use of the Contractor's standard outgoing envelope. The State shall approve the cover letter template within one week of receipt.
2. The Contractor shall customize and print cover letters in English. The Contractor shall customize each cover letter with the name and address of the selected respondent ("To the Parent/Guardian of" for a child survey). The Contractor shall ensure that cover letters include a practice logo, if available, printed in black. If no practice logo is available, the Contractor shall print the practice name in black on the cover letter.
3. The Contractor shall ensure that each cover letter contains one signature block of the appropriate practice representative. The Contractor shall communicate with each practice regarding the transfer of the signature, full name and title of practice representative to the Contractor. In cases where no signature is provided by a practice, the Contractor shall print the full name and title of the practice representative in black on the cover letter. The Contractor shall deliver a sample of the full name and title and/or the signature image, to the practice, for approval.
4. The Contractor shall provide practice staff with examples of all survey materials for final approval, before submitting materials to NCQA for approval, for practices submitting to NCQA. The State will assist in obtaining such approval within two weeks of the materials being provided to practice staff.

Initial Outgoing Survey Packet

1. Using its mail production equipment, the Contractor shall create and mail to each individual in the sample his or her customized CAHPS® PCMH adult or child questionnaire, as appropriate, in a personalized survey packet with the following format:
   a. Outgoing Envelope:
      - White, appropriately-sized envelope provided by the Contractor
      - Black printing of practice name, the Contractor's return address, respondent name and address ("To the Parent/Guardian of" for child survey)
      - First class postage imprint
      - The USPS "Electronic Address Service" printed on the envelope
   b. Questionnaire:
      - Formatted Microsoft Word file based on NCQA CAHPS® PCMH adult or child vendor materials, as appropriate
      - Produced in English
      - All printing done in-house by the Contractor
      - Two 11" X 17" white sheets of paper, folded to produce an 8-page booklet
      - Customized to individual respondent level with insertion of bar-coded tracking data
   c. Cover Letter:

- Custom laser printing for text insertions, respondent name and address, official signature and logo printed in black
- Text from NCQA CAHPS® PCMH vendor materials

d. Return Envelope:
   - Appropriately-sized, white return envelope with the Contractor's address inserted into each outbound packet
   - Business reply imprint using the Contractor's business reply account

Follow-up Outgoing Survey Packet

By 21 days after the initial survey packet mailing, the Contractor shall prepare and mail a follow-up survey packet to non-responders. The format of this mailing shall be the same as that of the initial mailing, except for the cover letter text, which shall be appropriate for a second mailing. Text for this second cover letter shall be taken from NCQA survey materials.

Processing Incoming Mail

1. As undeliverable surveys and alternate addresses are returned to the Contractor by the postal service, the Contractor shall update internal records accordingly.
2. As surveys are returned, the Contractor shall enter all received data into the appropriate computer system. After data entry has been completed, the Contractor shall conduct data cleaning and perform both format and outlier checks, according to Contractor standards with input from the State
3. Based on NCQA CAHPS® PCMH guidelines, the Contractor shall consider a survey to be complete and valid if the following two criteria are met:
   - The respondent answers at least one survey question.
   - Responses indicate that the respondent meets the eligible population criteria.
4. The Contractor shall cease all follow-up efforts to any individual having expressed a desire not to participate in the survey project.
5. The Contractor shall ensure that the duration of the field period is 42 days (6 weeks).
6. The Contractor shall ensure that final data is cleaned and coded, following NCQA PCMH guidelines and specifications.

C. Respondent Support Services

Throughout the mail and telephone follow-up phases of this project, the Contractor shall maintain a toll-free Respondent Assistance Telephone Line from 10am to 8pm (EST) Monday through Friday, for English-speaking respondents. The Contractor shall ensure that calls outside these hours shall be referred to voicemail. The Contractor's toll-free number shall appear on the cover letter and the questionnaire.

D. Data Consolidation and Delivery of Data to the State's Analytic Vendor

The Contractor shall collect CAHPS Clinician & Group Survey (CG-CAHPS) survey results from survey vendors for primary care practices that use the CG-CAHPS Visit Survey as an alternative to CAHPS PCMH. The Contractor shall investigate the methods for merging and/or reporting both the CAHPS PCMH and CG-CAHPS data. The Contractor shall communicate required action steps, strategies for addressing challenges, and a timeline for achieving action steps. The Contractor shall report on progress during regular weekly communication with the State. Datasets will be submitted at a point in time and on a schedule agreed upon by the Contractor and the State. The Contractor will provide the required standard data file layout that submitting vendors must adhere to for the successive transfer of data. The

submitted data from the CG-CAHPS Visit Survey datasets will be merged into the PCMH dataset collected in this State sponsored project.

E. Reporting Services

1. The Contractor shall provide the State with a project plan for sampling and data collection services. The project plan shall include a detailed timeline of activities showing all major activities and deliverables. The project plan is due two weeks after contract execution.

2. On a weekly basis, the Contractor shall provide the State with project status reports. The schedule for status report deliveries shall be determined by project milestones and by mutual agreement of the State and the Contractor. Financial reports and invoices shall be provided at least quarterly. During the field period, the Contractor shall report on a weekly basis the total survey completions to date and a summary of sample dispositions resolved since the previous report was issued.

3. After data collection, data entry and data consolidation have been completed, the Contractor shall prepare a dataset for the State, using the data file layout specified by NCQA. The dataset shall include values for each questionnaire item by completed case and shall be purged of any patient identification information (i.e., name, address, and telephone number). Both response and non-response data shall be included. The dataset shall be submitted in a choice of format (e.g., SAS, SPSS, Excel), organized as a single record for each member composed of a string of fields containing data values. Weighting of the data is not included, but weights provided by the practice or the State can be applied, at additional cost, if desired. The Contractor shall ensure that a data file layout with defined labels and values accompanies the dataset.

4. The Contractor shall produce and deliver a standard PCMH CAHPS® practice-level report for each participating practice, in an Excel file format to allow practices to track their results over time. The Contractor shall also transmit the data to the State, in a format decided on by the Contractor and State, in order for the State to develop reports. This option may involve working with a third-party vendor chosen by the State. These reports shall present scores and descriptive statistics for all scored measures and composites, with comparison of practice scores to an overall score.

5. In addition to the practice reports, the Contractor shall develop and produce aggregate reports for the State, each of the health service areas, and each of the ACOs, or shall transmit the data to the State, in a format decided on by the Contractor and State, in order for the State to develop the reports. This option may involve working with a third-party vendor chosen by the State. It is anticipated that these reports shall present scores and descriptive statistics for all scored measures and composites, with comparison of State, health service area, and ACO scores to overall score(s) and available benchmarks. Trending over time shall be added for the second year of the contract, if requested by the State. Any reports shall be delivered as PDF files and as Word documents.

6. For practices interested in seeking NCQA PCMH Recognition or the Distinction in Patient Experience Reporting, the Contractor shall submit datasets to NCQA, in the required format, organized as a single record for each respondent, composed of a string of fields containing data, and following submission protocols and guidelines specified by NCQA in *Specifications for the CAHPS® PCMH survey*.

7. Post-project, the Contractor shall maintain all records and returned, completed surveys as specified by NCQA. Upon expiration of the specified contract period, the Contractor shall contact the State to discuss the disposition of these documents. The Contractor shall shred all returned questionnaires, unless other arrangements are made between the State and the Contractor.

Deborah Lisi-Baker #26033 (expired), #29534 (new)	
Method of Selection	Sole Source
Contract Amount	**Total Contract Amount (all years):** $95,000 **Year 2 Total Amount (including Travel):** $40,000 **Year 2 Out-of-State Travel:** N/A
Contract Term	2/7/14-6/30/15 (Year 2: 1/1/15-12/31/15) **Current contract #26033 expired 6/30/2015; due to lack of CMMI approval, the State of Vermont was unable to amend the contract term. A new contract (#29534) will be executed, with requested start date of 7/1/2015.**
Method of Accountability	This is a deliverables/performance-based contract where the contractor is required to perform specific tasks each month. The tasks are enumerated in Attachment A of the agreement and Attachment B of the agreement provides the payment schedule. The contract manager(s) review the invoices and work products each month before approving the invoices. The contract manager is also responsible for monthly communications with the contractor to ensure tasks are planned for appropriately
Itemized Budget	The billing for this contract is time and materials. Specifically, the State of Vermont provides prior approval for all tasks performed under this contract. The Contractors will be paid through monthly invoices as described in Attachment B of the agreement. Attachment B includes the hourly rate for each staff person assigned to the contract. The Contractor's hourly rates are competitive within the health care consultant sector and fall within the midrange of hourly rates for contractors involved in this work across the country.
Budget Category	*Advanced Analytics:* Policy and Data Analysis to Support System Design and Research for All Payers
Summary Statement of Work	Consultation support for DLTSS related activities.
Unique Qualifications (if Sole Source)	Ms. Lisi-Baker's skills and background are unique and will enable Vermont's SIM/Health Care Innovation Project (VHCIP) to make significant strides in developing payment and care models that address those with complex care needs. A key component of Ms. Lisi-Baker's work is that the SIM/VHCIP efforts are on a very fast federally-required timeline. Ms. Lisi-Baker is able to begin this work immediately and enable this section of the work plan to be done in accordance with federal timelines.
Retroactive Start Justification (if applicable)	***New Request:*** **New contract to extend term through December 31, 2015. Due to delays in federal approvals the State will develop a new agreement #29534. Funding for the new agreement is requested to begin 7/1/2015.** **This contract is partially funded by carryforward, but those funds will be insufficient to perform all tasks in Year 2.**
Travel Justification	Hourly rates are inclusive of travel.
Year 2 Applicable Milestone	Expand number of people in the SSP programs in Year 2.

Contract Attachment A, Scope of Work for Deborah Lisi-Baker #26033 (expired), #29534 (new)

The Contractor will work with VHCIP Project Staff to ensure that the work group's tasks, Work Plan and Charter are aligned with the overall VHCIP project. In particular the Contractor shall ensure that information and decisions made by the work group are shared with other project work groups, Steering Committee and with Project Staff. The Contractor will serve in a facilitation role during work group meetings encouraging discussion and communication among work group participants.

Contractor Shall:

1. Provide monthly facilitation as Co-Chair of the DLTSS work group meetings and participate in monthly work group planning meetings.
    a. Work with the VHCIP Core Team Chair and Project Staff at least monthly, but more frequently if necessary, to develop meeting agendas and documents.
2. Work with DLTSS Co-Chair, work group members, Project Staff and consultants on revisions to the DLTSS Charter and Work Plan.
    a. Work with work group participants and VHCIP Project Staff on modifications and implementation of tasks resulting from the development of the Work Plan.
3. Research and provide information on current initiatives and best practices on DLTSS services and integrated systems of care relevant to the work of the DLTSS work group.
4. Communicate in writing, in-person or by phone with DLTSS work group members between meetings as needed to support effective communication and decision-making at the DTLSS work group meetings.
5. Participate in planning meetings with other VHCIP work groups' staff and Co-Chairs to ensure coordination of information and activities between the DLTSS work group and those other groups.
6. Provide monthly updates to the VHCIP Core Team Chair and Project Staff on work group efforts.
7. Provide monthly updates to the VHCIP Steering Committee on the work group Charter, Work Plan and tasks undertaken by the work group.
8. Serve as a member on the VHCIP Steering Committee and attend the meetings in person or by phone. If theContractor is unable to attend one of these meetings, the Contractor shall notify the VHCIP Core Team Chair and Project Director.
9. Participate in Co-Chair phone calls and meetings, providing updates on the work group to other VHCIP Co-Chairs.
10. Attend additional VHCIP related meetings at the request of the VHCIP Core Team Chair.
11. Participate in other activities and tasks as requested and mutually agreed upon with the VHCIP Project Director and DLTSS Work group staff such as review of contract bids.

I. <u>Monthly Reporting:</u>

- The Contractor shall participate in a conference call each month with the State of Vermont regarding this work. The purpose of these calls is to discuss administrative and project issues as they arise and to report preliminary findings of analyses as they become available.
    a. More frequent calls may be needed during active periods of the project. The Contractor shall participate in all such calls as requested by the State and mutually agreed upon by the State and Contractor.
- The Contractor shall submit monthly progress reports outlining all work accomplished during the previous month. The reports should be concise and in a simple format (e.g., bulleted list) approved by the State of Vermont. These reports are to be submitted electronically to the program contract manager with each invoice. These monthly progress reports shall be consistent with the work billed on the monthly invoices.

    a. At a minimum, monthly progress reports shall cover the following items:

        i. Activities related to consultation and support related to each Awardee supported by this contract;
        ii. Any problems or delays – encountered or foreseeable – that may affect contract performance;
        iii. Budget discrepancies greater than ten percent, i.e., cost overruns or underruns.

- Additional planning and coordination meetings may be required during the course of the contract, depending on the needs of each SIM Demonstration.

Health Management Associates #28821	
Method of Selection	RFP
Contract Amount	**Total Contract Amount (all years):** $698,465 **Year 2 Total Amount (including Travel):** $698,000 **Year 2 Out-of-State Travel:** N/A
Contract Term	4/8/15-4/7/16 (Year 2: 4/8/15-12/31/15)
Method of Accountability	This is a contract for professional services where the contractors are required to perform specific tasks as outlined the scope of work. The contractor will not be paid if those tasks are not accomplished. The contract manager(s) review the invoices and work products each month before approving the invoices. The contractor will not be paid if tasks are not accomplished.
Itemized Budget	The billing for this contract is time and materials. The Contractors will be paid through monthly invoices as described in Attachment B of the agreement. Attachment B includes the hourly rate for each staff person assigned to the contract. The Contractor's hourly rates are competitive within the health care consultant sector and fall within the mid-range of hourly rates for contractors involved in this work across the country.
Budget Category	*Advanced Analytics:* Policy and Data Analysis to Support System Design and Research for All Payers
Summary Statement of Work	Assist in development of an all-payer waiver proposal.
Retroactive Start Justification (if applicable)	**Funding is requested to be retroactive to April 8, 2015.** This agreement was submitted to CMMI on April 3, 2015, with a request that the funding begin April 8, 2015. It was not approved pending approval of Vermont's Year 1 Carryforward. This contract was not in force in 2014 and not part of the approved carryforward. This contract is fully funded by Year 2 contract funds. Retroactive funding is requested to support the nature of the Contractor's work, which is time sensitive and critical to the success of the VHCIP.
Travel Justification	Hourly rate is inclusive of travel.
Year 2 Applicable Milestone	1) Research feasibility, develop analytics and obtain information to inform decision-making for the negotiations with CMMI. 2) Obtain information and identify regulatory components necessary to support APM regulatory activities. Plan as appropriate based on negotiations.

Contract Attachment A, Scope of Work for Health Management Associates #28821

Deliverables

The Contractor shall perform seven major functions for the State:

1. Project management;
2. Work plan development;
3. Data collection and assessment;
4. Vetting and developing of financial and actuarial models as necessary;
5. Assisting the State with the development of a negotiating position prior to submission of application;
6. Preparation, version management, and assistance with submission of waiver agreement; and
7. Preparation and submission of final report.

Within each of these major areas, the Contractor will engage in multiple activities, as described in the Scope of Work below:

Scope of Work

1. Project Management

The project shall start with an in-person kick-off meeting between the Contractor and the State. The purpose of the meeting will be to establish a relationship between the Contractor team and the state's management structure for the project. The Contractor will work with the state project coordinators to develop an agenda for the meeting, including discussion of a draft work plan to include milestones and timelines. The in-person meeting will also be a time for the Contractor to clarify objectives and priorities, refine the scope of work and technical approach, clarify contract requirements and expectations, and establish an overall communication plan (including regularly scheduled calls with the State to provide project updates). The in-person meeting will also include time for the Contractor to react to and advise on the most appropriate approach for the project. The kick-off meeting will allow the Contractor team to understand the broader context of the effort in Vermont and to define the major issues that will shape the model design and possible model agreement.

2. Work Plan Development

Based on feedback received during the kick-off meeting and from the project coordinators, the Contractor shall develop and provide a work plan that details milestones and time lines. The work plan will be developed to meet any deadlines established by the State. The Contractor shall be responsible for monitoring, modifying and gaining State approval of the project work plan as necessary. The work plan shall include additional meeting dates and times, and how the Contractor will interact with existing committees and other State contractors on particular topics relevant to the development of an All-Payer Model and model agreement.

3. Data Collection and Assessment

The Contractor shall collect and assemble expenditure and other financial data requested by CMMI/CMS in appropriate formats to support requests and inquiries by CMMI/CMS. The Contractor shall review and analyze the data to identify the information that is most germane to the project and most accurately conveys the goals of the State. The Contractor shall conduct an independent analysis of the data for inclusion in the application, including but not limited to, analysis and assessment of appropriate quality and performance measures for the model agreement.

4. Vetting and Developing Financial and Actuarial Models as necessary

The Contractor shall review payment and delivery models for a risk bearing ACO or ACOs, and participating providers inside and outside of an ACO or ACOs (Hospitals, FQHCs, Physician Owned Practices, Specialists, etc). The Contractor shall assist in calculating and/or confirming base year expenditures for Medicare, Medicaid, and Commercial payers. The Contractor shall be expected to work with other State contractors with expertise and experience with the Medicaid 1115 Global Commitment Waiver as well as Medicaid reimbursement. The Contractor shall also identify any boundaries in regard to trend, achievable Medicare savings, if any, and other considerations that would make an all-payer model and Medicare wavier agreement acceptable or unacceptable to Vermont. The Contractor shall test healthcare expenditure data to be certain it is accurate and appropriate for model inclusion.

Further, the Contractor shall recommend a growth trend for incorporation in the all-payer model agreement, based on historical trends examining various time series. The Contractor shall also conduct actuarial or other financial analyses including, but not limited to, those necessary to develop various additional financial models and confirm their reasonableness. This process shall involve documentation and review to make sure that modeling matches the proposed program's plan design. The Contractor shall analyze the potential effect of alternative waiver terms and conditions on Vermont. Throughout the process, the Contractor shall provide State project leaders and coordinators with ongoing feedback and updates regarding model testing and or development.

5. Assisting the State with a Negotiating Position prior to Submission of Application
The Contractor shall serve as an advisor for the application process and advise on the application template most advantageous to meet the State's needs. As necessary, during the course of the negotiations between CMS and the State, the Contractor shall analyze the potential effect of alternative terms and conditions on Vermont. The Contractor shall monitor agreements made during negotiations and verify those agreements in writing, as well as track issues decided and maintain a list of issues still under discussion. This process will also include intensive preparation for scheduled CMS meetings, and post-meeting debriefings to identify appropriate next steps.

6. Preparation, Version Management, and Submission of Waiver Agreement
The Contractor shall assemble an application from existing materials and draft sections of the application as necessary in coordination with the State's APM staff. The Contractor shall serve as general editor of the final written document and ensure that all relevant attachments are included. The Contractor shall produce a professional version of the final document for submission to CMS/CMMI. Some aspects of the model agreement will need to be finalized post-negotiation, and the Contractor shall be responsible for ensuring that the final agreement reflects decisions made and negotiations with CMS.

7. Preparation and Submission of Final Report
The Contractor shall submit to the Green Mountain Care Board a final report documenting the activities described above, including descriptions of analytical methodologies.

Ad-Hoc Deliverables

- The State shall define deliverables as aligned in the scope of work by meeting with the Contractor on a bi-weekly basis in order to define and confirm inclusion of additional deliverable development as identified by the State. Ad hoc tasks shall be reduced to writing and approved by both parties on a task order form and added to the work plan on a bi-weekly basis. Ad Hoc tasks will be billed at the hourly rates identified in Attachment B of this contract.
- At the discretion of the State, develop alternative payment models for the risk bearing ACO, and participating providers within the ACO (Hospitals, FQHCs, Physician Owned Practices, Specialists, etc), as well as providers outside of the ACO.

Health*first*, Inc. #03410-1457-15	
Method of Selection	Sole Source
Contract Amount	**Total Contract Amount (all years):** $55,000 **Year 2 Total Amount (including Travel):** $41,940 **Year 2 Out-of-State Travel:** N/A
Contract Term	1/1/15-6/30/15
Method of Accountability	This is a deliverables/performance-based agreement where the contractors are required to perform specific tasks according to a timeline and project plan. The tasks are enumerated in Attachment A of the agreement and Attachment B of the agreement provides the payment schedule. The contract manager(s) review the invoices and work products each month before approving the invoices.
Itemized Budget	The billing for this agreement is fixed price based on the scope of work. The Subrecipient will be paid through monthly invoices as described in Attachment B of the agreement. Attachment B includes the cost for each component of the work. The work will be performed in phases and each phase has a specific price. The Subrecipient's hourly rates are competitive within the health care evaluation sector and fall within the midrange of hourly rates for contractors involved in this work across the country.
Budget Category	*Model Testing:* Quality Measures
Summary Statement of Work	Chart Review for Shared Savings Program Measures.
Unique Qualifications (if Sole Source)	This request for sole source is because: • There are only three ACOs within Vermont and each has unique provider networks; • Health*first* is uniquely positioned to perform the tasks described in the agreement; and • Delaying the execution of these agreements so that we can go through a standard Vermont RFP process (4-6 months long) will cause significant delays in our Shared Savings Accountable Care Organization Programs. These funds will go to activities necessary for the successful operation of Accountable Care Organizations, as noted in CMS' recent announcement of the ACO Investment Model describing the necessary infrastructure investments required for these entities.
Retroactive Start Justification (if applicable)	**Funding is requested to be retroactive to January 1, 2015.** This agreement was submitted to CMMI on December 9, 2015, with a request that the funding begin January 1, 2015. It was not approved pending approval of Vermont's Year 1 Carryforward. This contract was not in force in 2014 and not part of the approved carryforward. This contract is fully funded by Year 2 contract funds. Retroactive funding is requested to support the nature of the Subrecipient's work, which is time sensitive and critical to the success of the VHCIP.
Travel Justification	Travel is not a billable expense under this agreement.
Year 2 Applicable Milestones	Expand number of people in the SSP programs in Year 2.

Contract Attachment A, Scope of Work for Health*first*, Inc. #03410-1457-15

1. Work with The Lewin Group (Lewin), Contractor to the Green Mountain Care Board (GMCB) to:
    a. Identify samples for Core 14-20 "Clinical Measures." Samples will be drawn from the EBM Connect population denominator, with the exception of the "Screening for Clinical Depression" measure.

b. Write SAS code, using the Centers for Medicaid and Medicare Services specifications, to identify the denominator.
c. Use the Medicaid Shared Savings Program (MSSP) sampling methodology, which specifies, when possible, to populate a 50% oversample. According to the MSSP sampling methodology, the sample size varies on the number of eligible professionals in the ACO.
    i. For ACOs with 100 or more professionals, the sample plus oversample will contain 616 enrollees (411+205).
    ii. For ACOs with 25-99 professionals, the sample plus oversample will be 327 enrollees (218 + 109). If there are fewer than 327 enrollees matching the specifications, then all enrollees will be included.
    iii. From the samples, Lewin will randomly order the enrollees and number them 1 to 616, or the maximum sample size and identify those from the sample who are identified as numerator positive for the measure from EBM Connect results.
    iv. Numerator positives will not require a chart review.

2. Adhere to the following timeline for Clinical Measure selection:

Dates	Actions
January 15, 2015	Lewin will pull first sample, including 2014 claims data received by December 15, 2014
Dec 2014/Jan 2015	Target for training practices on Commercial ACO auditing tool currently being developed jointly by OneCare Vermont, Community Health Accountable Care, Vermont Collaborative Physicians (VCP)
Feb 1, 2015	Healthfirst/VCP distributes list of records needed to each VCP Participating practice
March 1, 2015	Audit must be completed by practice staff
March 20, 2015	After validating results, HF/VCP submits quality measure data to GMCB/Lewin
TBD	Results for 2014 performance year returned to ACOs/published by GMCB/Lewin

James Hester, Jr. #26319 (expired) and #28674 (new)	
Method of Selection	Sole Source
Contract Amount	**Total Contract Amount (all years):** $70,000 **Year 2 Total Amount (including Travel):** $7,000 **Year 2 Out-of-State Travel:** N/A
Contract Term	**#26319:** 3/1/14-2/28/15 (Year 2: 1/1/15-2/28/15) **#28674:** 3/1/15-2/28/16 (Year 2: 3/1/15-12/31/15)
Method of Accountability	This is a deliverables/performance-based contract where the contractors are required to submit monthly task order forms for monthly activities. Once the task order forms are approved, the contractor can commence work for that month. The contract manager(s) review the invoices, task order forms and work products each month before approving the invoices. Vermont is engaging in this contracting structure for professional services contracts to ensure that we have the skills necessary for the work to be done, but also allowing for some flexibility in a changing health care environment. Additionally, Vermont does not want to pay for unnecessary services and finds this method of accountability and management to allow for maximum benefit in contracting with entities for professional services.
Itemized Budget	The billing for this contract is time and materials. Specifically, the State of Vermont has developed a task order approval structure where the Contractor receives prior approval for all tasks. Once the task order is approved, the vendor does the work and then bills for it. The Contractors will be paid through monthly invoices as described in Attachment B of the agreement. Attachment B includes the hourly rate for each staff person assigned to the contract. The Contractor's hourly rates are competitive within the health care consultant sector and fall within the low range of hourly rates for contractors involved in this work across the country.
Budget Category	*Advanced Analytics:* Policy and Data Analysis to Support System Design and Research for All Payers
Summary Statement of Work	Research population health models in other states, identify population health measures and measurement systems required to support the population health financing system; help formulate an approach to creating Vermont pilots of Accountable Health Communities.
Unique Qualifications (if Sole Source)	Mr. Hester is familiar with both the population health work at the federal level and the work in Vermont. At the federal level, he was the Acting Director responsible for the initial work on the Pioneer ACO shared saving model, the Comprehensive Primary Care Initiative Model and the Bundled Payment models. Significantly, he served as the Acting Director of the Population Health Models Group overseeing the development of enhanced measures and strengthening the population health component of the payment models. He has a strong set of working relationships with public and private partners, especially CMS and CDC. His Vermont experience includes serving as director of the Health Care Reform Commission for the state legislature for four years, the Blueprint Executive Committee since its inception and the VITL board for three years. Mr. Hester provides Vermont with all of the leading population health policy through his national contacts. His federal and state relationships are unparalleled and bring the best ideas, newest innovations and population health concepts to Vermont. Mr. Hester attends numerous national conferences and brings these ideas and learnings back to Vermont for use by the Population Health Work Group.
Retroactive Start Justification (if applicable)	***New Request:*** **New contract to extend term through December 31, 2015. Due to delays in federal approvals the State will develop a new agreement. Funding for the new agreement is requested to begin 7/1/2015.** Retroactive funding is requested to support the nature of the Contractor's work, which is time sensitive and critical to the success of the VHCIP.
Travel Justification	Hourly rate is inclusive of travel.

Year 2 Applicable Milestones	1) Draft Population Health Plan due to CMMI by end of Year 2. 2) Accountable Health Communities: Research and design feasibility.

Contract Attachment A, Scope of Work for James Hester, Jr. #26319 (expired) and #28674 (new)

Scope of Work:

A. The Contractor shall assist the State of Vermont with the population health workgroup related to the State Innovation Model (SIM) Grant. The SIM grant, entitled Vermont Health Care Innovation Project (VHCIP), requires the State of Vermont to work towards improving overall population health.

B. Contractor shall:
1. Assist the co-chairs of the Population Health workgroup in developing the strategy, work plan, and resource needs for the workgroup;
2. Assist in developing agendas for the workgroup;
3. Support/oversee project staff in analyzing payment models being tested and opportunities for integration of population health;
4. Through ongoing work with CDC, IOM and others, identify models and resources in other states and communities that could inform the design of sustainable financing models for improving population health;
5. Assist in identifying the population health measures and measurement systems required to support the population health financing system;
6. Assist in developing the Population Health Improvement plan, particularly the elements for a sustainable financial model;
7. Help formulate an approach to creating Vermont pilots of Accountable Health Communities by drawing on expertise in models being tested in other states and building on the work of the Prevention Institute.

II. Deliverables:

1. Prioritize payment models for analysis by the Population Health Work Group:
    a. Review payment models being considered for testing by the VHCIP;
    b. Identify strengths and limitations in planned integration of population health;
    c. Identify best strategy to include payment for and/or activity related to population health;
    d. Prepare presentation for workgroup review of payment models.

2. Recommend Financing Options related to Paying for Prevention:
    a. Identify promising financing vehicles that promote financial investment in population health interventions;
    b. Prepare presentation on the options being explored in other communities and nationally;
    c. Oversee conduct of SWOT in Vermont and written summary of analysis and recommendations
    d. Facilitate workgroup review of financing vehicles;
    e. Provide recommendations to other VHCIP committees to consider link with payment models being tested.

3. Integrate Population Health into the VHCIP:
    a. Participate in work group planning meetings;
    b. Create list of key leaders to brief and/or engage in the population health work;
    c. Facilitate introductions to enable set up meetings with key leaders in the state to share population health goals;

d. Brief planning group on all meetings with key leaders;
e. Assist in engaging other VHCIP workgroups in population health.

III. Task Orders

Services performed pursuant to a task order clarify and expand upon the Scope of Work otherwise already described in this Agreement. Task orders shall not be used to change the maximum amount under this agreement, nor to add to the Scope of Work. Both parties recognize that the task order process does not obviate the need for State or federal regulatory review of amendments to the scope, budget, or maximum amount of this agreement.

A request for a task order proposal shall be submitted to the Contractor by the State or to the State from the Contractor. Upon review of the proposal, the State and Contractor must complete the Task Order Form (Appendix I). The Contractor has the right to submit modifications or deny any Task Order submitted by the State. The State can submit modifications or deny proposed Task Order submitted by the Contractor. The final Task Order document shall not be effective until it is signed by the Contractor, the State Authorized Representative, the Office of the Attorney General, and the DVHA Business Office. The Task Order must indicate: scope, source of funds, payment provisions, points of contact, ownership of data and any applicable data use agreement, and project specifics. No task order may increase the maximum amount payable under this contract, deviate from or add to the scope of this contract, or deviate from any term in any part or attachment to or of this contract. The task order process shall not be used in lieu of the amendment process where in the sole discretion and judgment of the State an amendment is appropriate. Each Task Order must clearly define payment either by rate per hour or deliverable received and approved. Each Task Order must be pre-approved before any work shall begin. Services performed pursuant to a Task Order shall not be eligible for reimbursement unless the Task Order is signed by all representatives listed within this section.

A Task Order may assign a Project Manager, who will act as the Authorized State Representative, solely per that task and up to the maximum amount per that task. The Project Manager assigned to a specific Task Order is the sole person authorized to assign work to the Contractor under that particular Task Order.

Changes to a Task Order shall be accomplished by written modification as agreed to by both parties and will be reflected in a new Task Order.

IV. Monthly Reporting

- The Contractor shall participate in a conference call each month with the State of Vermont regarding this work. The purpose of these calls is to discuss administrative and project issues as they arise and to report preliminary findings of analyses as they become available.
    a. More frequent calls may be needed during active periods of the project. The Contractor shall participate in all such calls as requested by the State and mutually agreed upon by the State and Contractor.

- The Contractor shall submit monthly progress reports outlining all work accomplished during the previous month. The reports should be concise and in a simple format (e.g., bulleted list) approved by the State of Vermont. These reports are to be submitted electronically to the VHCIP Project Director within five business days after the end of the month. These monthly progress reports shall be consistent with the work billed on the monthly vouchers.

    a. At a minimum, monthly progress reports shall cover the following items:

        i. Activities related to consultation and support related to each Awardee supported by this

contract;
ii. Activities planned for the forthcoming month;
iii. Contractor's expectations of the State Staff during the forthcoming month (e.g., review of deliverables submitted, delivery of data or other items);
iv. Any problems or delays – encountered or foreseeable – that may affect contract performance;
v. Budget discrepancies greater than ten percent, i.e., cost overruns or underruns.

- Additional planning and coordination meetings may be required during the course of the contract, depending on the needs of each SIM Demonstration.

- Contract Administration Data – Key Personnel (See Attachment B for key personnel list and hourly rates)

a. The key personnel specified in this contract are considered to be essential to work performance under this Agreement. At least 30 days prior to diverting any of the specified individuals to other programs or contracts (or as soon as possible, if an individual must be replaced, for example, as a result of leaving the employ of the Contractor), the Contractor shall notify the State's designated representative and shall submit comprehensive justification for the diversion or replacement request (including proposed substitutions for key personnel) to permit evaluation by the State of the impact on performance under this contract. The Contractor shall not divert or otherwise replace any key personnel without the written consent of the Contracting Officer. The State may modify the contract to add or delete key personnel at the request of the Contractor or Government.

V. <u>Performance Expectations</u>:

The scopes of work and technical assistance provided by the Contractor shall contain specific deliverables, due dates and performance measures, and shall serve as the basis for quality assurance and a means for monitoring the Contractor's performance throughout the duration of this contract.

The Contractor shall provide a single point of contact who will manage all aspects of the contract including the assignment of qualified personnel to perform the work outlined herein.

The Contractor's single point of contact or designee will be present at bi-weekly status meetings at a time and date agreed upon by the State and Contractor.

The number of personnel and level of expertise required, as well as the scheduled hours to be worked will be determined by the State and the Contractor as part of the status meetings and shall be included on the task order form. The assignment of additional personnel, hours, or the substitution of personnel with a higher level of expertise shall require pre-approval by the State.

The Contractor accepts full responsibility for any personnel assigned to perform the work herein. It is understood that the State will provide minimal oversight of personnel assigned to this contract.

The State shall notify the Contractor's single point of contact to discuss remediation if it is determined by the State that personnel assigned are not performing as expected. The State has the right to request a change in personnel assigned. The State shall not request a change in personnel without reason. The Contractor is obligated to provide a change in personnel, within 2 business days of a request by the State.

JBS International #28389	
Method of Selection	RFP
Contract Amount	**Total Contract Amount (all years):** $140,442 **Year 2 Total Amount (including Travel):** $140,442 **Year 2 Out-of-State Travel:** $2,327.60
Contract Term	2/1/15-12/31/15 (Year 2 Only)
Method of Accountability	This is a deliverables/performance-based contract where the contractors are required to perform specific tasks according to a timeline and project plan. The tasks are enumerated in Attachment A of the agreement and Attachment B of the agreement provides the payment schedule. The contract manager(s) review the invoices and work products each month before approving the invoices.
Itemized Budget	The billing for this contract is based on hourly rates for the Contractor. The contractor will be paid through monthly invoices as described in Attachment B of the agreement.
Budget Category	*Technology and Infrastructure:* Telemedicine
Summary Statement of Work	Assist Vermont in assessing current telehealth practices in Vermont and planning for potential pilot programs.
Retroactive Start Justification (if applicable)	**Funding is requested to be retroactive to February 1, 2015.** This agreement was submitted to CMMI on February 4, 2015, with a request that the funding begin February 1, 2015. It was not approved pending approval of Vermont's Year 1 Carryforward. This contract was not in force in 2014 and not part of the approved carryforward. This contract is fully funded by Year 2 contract funds. Retroactive funding is requested to support the nature of the Contractor's work, which is time sensitive and critical to the success of the VHCIP.
Travel Justification	**The estimated travel for this contract is: $2,327.60.** *Estimated cost for four trips from Boston, MA, to Burlington for 1 person: $1793.60* • Hotel (1 night @$200/night x 4 trips): $800 • Mileage (Boston to Burlington = 432 miles roundtrip x $0.575/mile x 4 trips): $993.60 *Estimated cost for one trip from Washington, D.C., to Burlington for 1 person: $534* • No lodging • Ground transportation ($40 parking at Reagan National Airport + $120 rental car: $140 • Mileage in Vermont (72 miles roundtrip x $0.575/mile x 1 trip): $82.80 • Airfare for 1 person: $311.20 roundtrip
Year 2 Applicable Milestones	Develop telehealth strategic plan.

Contract Attachment A, Scope of Work for JBS International #28389

The Contractor will support the Health Information Exchange (HIE)/Health Information Technology (HIT) Work Group in developing a telehealth pilot program as part of the federally funded Vermont Health Care Innovation Project (VHCIP).

A. Contractor shall:
   1. Conduct a statewide assessment of the status of current telehealth technology equipment and services in state including the following areas: Dartmouth, Bi-State Primary Care Association, Home Health, Mental Health and Specialized Agencies, public and private providers, payers, and education/research. Contractor will assess the degree to which the equipment is implemented and used, and barriers to expanded use.
      a. The scope will include: medical (traditional, mental health and substance abuse, and more), human services, monitoring, distance learning.

b. The assessment will include current telehealth practices within the State and innovation around the country.
c. Format shall be such that it can be amended with new information in future years.

2. Investigate telehealth data systems, analyze options for a common statewide solution, and recommend steps or phases to implement such a solution over time.

3. Develop a statewide telehealth/telemedicine strategy by 7/1/15.
   a. Identify goals and objectives; address barriers and issues (such as interstate licensing, payment, allowable originating sites, remote patient monitoring, culture and practice patterns, security/privacy, and broadband); and make recommendations for future projects and initiatives.
   b. Convene a telehealth/telemedicine steering committee to guide the development of statewide telehealth/telemedicine strategies and projects.

4. Develop the SOW portion of an RFP and a proposal evaluation tool for an RFP for telehealth pilot projects that would test or further one or both of the following goals:
   a. Broad and coordinated telehealth programs or initiatives should lead to better access to care and services, better care experiences for patients, better health outcomes for populations, and lower costs, especially in rural areas.
   b. Common statewide telehealth solutions should lead to more efficient data sharing and more successful programs.

II. The Contractor will perform these tasks according to the following timeline on Pages 4 and 5 of this agreement.

Deliverables:

1. Submit a Task Order for the first month of the contract one week prior to the official start date.
2. Submit the following documents on the 15th of each month:
   a. Monthly Task Order indicating what work is to be done (for example, on March 15, submit the Task Order for April)
   b. Monthly progress report confirming what work was accomplished in the prior month (for example, on March 15, submit the progress report for February)
3. Participate in monthly HIE/HIT work group meetings, and sub work-group meetings as needed.

III. Task Orders

Services performed pursuant to a task order clarify and expand upon the Scope of Work otherwise already described in this Agreement. Task orders shall not be used to change the maximum amount under this agreement, nor to add to the Scope of Work. Both parties recognize that the task order process does not obviate the need for State or federal regulatory review of amendments to the scope, budget, or maximum amount of this agreement.

A request for a task order proposal shall be submitted to the Contractor by the State or to the State from the Contractor. Upon review of the proposal, the State and Contractor must complete the Task Order Form (Appendix I). The Contractor has the right to submit modifications or deny any Task Order submitted by the State. The State can submit modifications or deny proposed Task Order submitted by the Contractor. The final Task Order document shall not be effective until it is signed by the Contractor, the State Authorized Representative, the Office of the Attorney General, and the DVHA Business Office. The Task Order must indicate: scope, source of funds, payment provisions, points of contact, ownership of data and any applicable data use agreement, and project specifics. No task order may increase the maximum amount payable under this contract, deviate from or add to the scope of this contract, or deviate from any term in any part or attachment to or of this contract. The task order process shall not be used in lieu of the amendment process where in the sole discretion and judgment of the State an amendment is appropriate. Each Task Order must clearly define payment either by rate per hour or deliverable received and approved. Each Task Order must be pre-approved before any work shall begin. Services performed pursuant to a Task Order shall not be eligible for reimbursement unless the Task Order is signed by all representatives listed within this section.

A Task Order may assign a Project Manager, who will act as the Authorized State Representative, solely per that task

and up to the maximum amount per that task. The Project Manager assigned to a specific Task Order is the sole person authorized to assign work to the Contractor under that particular Task Order.

Changes to a Task Order shall be accomplished by written modification as agreed to by both parties and will be reflected in a new Task Order.

IV. Monthly Reporting

a. The Contractor shall participate in a conference call each month with the State regarding work under this agreement. The purpose of these calls is to discuss administrative and project issues as they arise and to report preliminary findings of analyses as they become available.

b. More frequent calls may be needed during active periods of the project.

c. The Contractor shall submit monthly Status Reports outlining all work accomplished during the previous month. The Report should detail hours expended against the Task Order for each staffing category identified:

i. Total hours authorized under the Task Order.
ii. Hours expended during the previous month.
iii. Total hours expended under the Contract to date.

These reports are to be submitted electronically to the VHCIP Project Director within 15 business days after the end of the month. These monthly progress reports shall be consistent with the work billed on the monthly vouchers.

d. At a minimum, monthly progress reports shall cover the following items:

i. Activities related to consultation and support related to each Awardee supported by this contract.
ii. Activities planned for the forthcoming month.
iii. Contractor's expectations of the State Staff during the forthcoming month (e.g., review of deliverables submitted, delivery of data or other items).
iv. Any problems or delays – encountered or foreseeable – that may affect contract performance.
v. Budget discrepancies greater than ten percent, i.e., cost overruns or underruns.

e. Additional planning and coordination meetings may be required during the course of the contract, depending on the State's needs.

V. Contract Administration Data – Key Personnel (See Attachment B for key personnel list and hourly rates):

a. The key personnel specified in this contract are considered to be essential to work performance. At least 30 days prior to diverting any of the specified individuals to other programs or contracts (or as soon as possible, if an individual must be replaced, for example, as a result of leaving the employ of the Contractor), the Contractor shall notify the VHCIP Project Director and shall submit comprehensive justification for the diversion or replacement request (including proposed substitutions for key personnel) to permit evaluation by the State of the impact on performance under this contract. The Contractor shall not divert or otherwise replace any key personnel without the written consent of the Contracting Officer. The State may modify the contract to add or delete key personnel at the request of the Contractor or Government.

VI. Ad Hoc Tasks:

The State shall define deliverables as aligned in the scope of work by meeting with the Contractor on a bi-weekly basis in order to define and confirm inclusion of additional deliverable development as identified by the State. Ad hoc tasks shall be reduced to writing and approved by both parties on a task order form and added to the work plan on a bi-weekly basis.

VII. Performance Expectations:

The scopes of work and technical assistance provided by the Contractor shall contain specific deliverables, due dates and performance measures, and shall serve as the basis for quality assurance and a means for monitoring the contractor's performance throughout the duration of this contract.

The Contractor shall provide a single point of contact who will manage all aspects of the contract including the assignment of qualified personnel to perform the work outlined herein.

The Contractor's single point of contact or designee will be present at bi-weekly status meetings at a time and date agreed upon by the State and Contractor.

The Contractor shall work with other State staff and State Contractors as requested by the State.

The number of personnel and level of expertise required, as well as the scheduled hours to be worked will be determined by the State and the Contractor on a bi-weekly basis as part of the status meetings and shall be included on the task order form. The assignment of additional personnel, hours, or the substitution of personnel with a higher level of expertise shall require pre-approval by the State.

The Contractor accepts full responsibility for any personnel assigned to perform the work herein. It is understood that the State will provide minimal oversight of personnel assigned to this contract.

The State shall notify the Contractor's single point of contact to discuss remediation if it is determined by the State that personnel assigned are not performing as expected. The State has the right to request a change in personnel assigned. The State shall not request a change in personnel without reason. The Contractor is obligated to provide a change in personnel, within 2 business days of a request by the State.

Nancy Abernathey #28243	
Method of Selection	RFP
Contract Amount	**Total Contract Amount (all years):** $100,000 **Year 2 Total Amount (including Travel):** $6,630 **Year 2 Out-of-State Travel:** N/A
Contract Term	12/15/14-12/31/15 (Year 2: 1/1/15-12/31/15)
Method of Accountability	This is a deliverables -based contract where the contractors are required to submit monthly invoices that identify activities performed under the contract. The contract manager(s) reviews the invoice and work products each month before approving the invoices.
Itemized Budget	The billing for this contract is divided by the type of service provided and is fixed price. The Contractor will be paid for satisfactory work performed in each month of this contract. The Contractor will also be reimbursed for in-state travel up to $10,000.
Budget Category	*Technical Assistance:* Learning Collaboratives
Summary Statement of Work	Quality improvement facilitators supporting quality improvement activities in primary care practices, integrated care teams within communities and specialty addictions and mental health programs.
Retroactive Start Justification (if applicable)	This agreement was submitted to CMMI on November 25, 2014, with a request for 2014 and 2015 work to be approved. The approval for 2015 work is requested to be retroactive to January 1, 2015. Retroactive funding is requested to support the nature of the Contractor's work, which is time sensitive and critical to the success of the VHCIP.
Travel Justification	No out-of-State travel is anticipated.
Year 2 Applicable Milestones	Offer at least two cohorts of learning collaboratives to 3-6 communities.

Contract Attachment A, Scope of Work for Nancy Abernathey #28243

The Contractor's work with integrated care teams and the State will include:

A. Supporting Change Management

1. Facilitate meetings of the planning group team.
2. Coach community leaders in forming multi-disciplinary integrated care teams with a focus on quality improvement.
3. Foster integrated care teams' ownership for improving patient care and changing the way the services are provided.
4. Work with integrated care teams to assess their performance and establish project goals and parameters.
5. Use integrated care team data to assist in establishing sequences and timelines for quality improvement initiatives, and to evaluate the impact of changes.
6. Train integrated care teams in conducting PDSA cycles.
7. Coach integrated care teams in measuring and interpreting results of change.
8. Facilitate communication around evolving roles and relationships.
9. Recognize, reinforce, and celebrate success.
10. Provide feedback and coaching for integrated care team leaders.

B. Providing Technical Assistance and Training

1. Identify skills-based training needs for integrated care teams and front-line care managers, and work with the State to ensure that training occurs.
2. Provide technical assistance in identifying models of care, innovative strategies and evidence-based guidelines that support integrated care management.

3. Assist in implementing promising interventions.
4. Support integrated care teams in using data to identify people in need of integrated care management.
5. Assist integrated care teams in measuring and evaluating the results of interventions.

C. Supporting the Effective Use of Information Technology

1. Support integrated care teams in using technology to improve patient care and efficiency.
2. As appropriate, assist integrated care teams in implementing data collection tools (e.g., clinical registry, care coordination modules, risk stratification tools) and using them to improve panel management, care management, and other aspects of patient care.

D. Creating a Learning Health System

1. Foster a shared learning environment through organization-to-organization mentoring.
2. Design and implement collaborative learning sessions.
3. Participate in shared learning activities of the Expansion and Quality Improvement Program (EQuIP) facilitator group (team meetings, conference calls, training and one-on-one meetings).

E. Connecting Integrated Care Teams with the Community

1. Support the incorporation of integrated care teams into organization workflow.
2. Link integrated care teams with outside resources.

III. Deliverables

A. During the term of this contract, in collaboration with other contractor(s) and a Learning Collaborative Planning Team, the Contractor will provide:

1. A written project management plan including key project milestones and activities, to be submitted to State Authorized Representative by January 15, 2015.
    a. The Contractor will update the project management plan at least quarterly.

2. A Bi-weekly written progress report submitted to State Authorized Representative, highlighting goals, activities, outcomes, timelines, deadlines, progress in each community, progress across all communities, and general progress against the project management plan.

    Progress reporting for each community will include information such as accomplishments, setbacks, challenges, plans for overcoming challenges, opportunities, and planned next steps/action items for both the short term (next month) and long term (next quarter). Specific examples should be incorporated to better illustrate progress in each community. The State will provide a template for the bi-weekly written progress report.

    The following documentation will be included as attachments to the report:
    a. Evidence of Local meetings with each integrated community team at least twice a month unless otherwise indicated by the State.
    b. Documentation of all relevant PDSA cycles initiated in each community.
    c. Evidence of all regular and ad hoc review and analysis of data provided from members of integrated community teams, State staff or others in support of the PDSA cycles.

3. Facilitation, coordination, planning and implementation of:
    a. Local meetings with each integrated community team at least twice a month unless otherwise indicated by the State.
    b. Statewide webinars on an every-other-month basis.
    c. In-person learning sessions on an every-other-month basis for the first six months, then at a frequency determined by the State.

    Examples of this work include obtaining faculty, developing and documenting collaborative curriculum, planning agendas, developing and delivering presentations, facilitating sessions, scheduling, planning,

coordinating and other meeting logistics. The State and Learning Collaborative Planning Group will provide guidance for these activities.

4. Participation in bi-weekly conference calls with State Authorized Representative, EQuIP program director or his/her designee, other State staff as appropriate, and key leadership from pilot communities to discuss general progress and next steps, mitigate challenges, and generally ensure project milestones are being met.

5. Participation in regular meetings of EQuIP facilitators (generally 2 times monthly).

6. Support for measurement and evaluation of Learning Collaborative results. Examples include:
    a. Participation in designing and developing QI measures based on curriculum.
    b. Assisting integrated teams in collecting data and analyzing results.
    c. Aggregating measures across communities.
    d. Providing input into the Learning Collaborative evaluation.

7. Identification of future curriculum items based on the first three learning sessions and creation of a toolkit and materials to be used in future collaboratives, as well as an outline for use by future QI facilitators.

Stone Environmental #28427	
Method of Selection	RFP
Contract Amount	**Total Contract Amount (all years):** $120,000 **Year 2 Total Amount (including Travel):** $80,000 **Year 2 Out-of-State Travel:** N/A
Contract Term	2/15/15-12/31/15 (Year 2 Only)
Method of Accountability	This is a deliverables/performance-based contract where the contractors are required to perform specific tasks according to a timeline and project plan. Contractors are required to submit monthly task order forms for monthly activities. Once the task order forms are approved, the contractor can commence work for that month. The contract manager(s) review the invoices, task order forms and work products each month before approving the invoices. Vermont is engaging in this contracting structure for professional services contracts to ensure that we have the skills necessary for the work to be done, but also allowing for some flexibility in a changing health care environment. Additionally, Vermont does not want to pay for unnecessary services and finds this method of accountability and management to allow for maximum benefit in contracting with entities for professional services.
Itemized Budget	The billing for this contract is based on hourly rates for the Contractor as well as several subcontractors selected to perform writing and design work. The contractor will be paid through monthly invoices as described in Attachment B of the agreement of the agreement.
Budget Category	*Advanced Analytics:* Policy and Data Analysis to Support System Design and Research for All Payers
Summary Statement of Work	Assist the HIE/HIT Work Group in developing policy and spending recommendations in the area of technology and infrastructure.
Retroactive Start Justification (if applicable)	**Funding is requested to be retroactive to February 15, 2015.** This agreement was submitted to CMMI on February 4, 2015, with a request that the funding begin February 15, 2015. It was not approved pending approval of Vermont's Year 1 Carryforward. This contract was not in force in 2014 and not part of the approved carryforward. This contract is fully funded by Year 2 contract funds. Retroactive funding is requested to support the nature of the Contractor's work, which is time sensitive and critical to the success of the VHCIP.
Travel Justification	Hourly rates are inclusive of travel.
Year 2 Applicable Milestones	1) Identify connectivity targets; provide input into HIT planning. 2) Procure appropriate IT-specific support for further health data initiatives.

Contract Attachment A, Scope of Work for Stone Environmental #28427

I. Scope of Work:

A. The Contractor shall provide support for the HIE/HIT Work Group of the Vermont Health Care Innovation Project (VHCIP). Contractor shall provide support for activities and decision-making, including, but not limited to, the following areas:

1. Industry and cross-industry best practices for improving the interoperability of data in source systems;
2. Technologies that improve the integration of health care services and enhance communication among providers;
3. Advanced analytics and data systems;
4. Methods and technologies for improved extraction of data elements;
5. Technology options for providing health information to consumers;
6. Subject matter expertise in the areas of Health Information Exchange, Health Information Technology, health care data, Project Management, and Information Technology;
7. Contract and vendor management support for the HIE/HIT Work Group's major funding initiatives including, but not limited to: Advancing Care through Technology (ACTT) Project; Population Health ACO project, and Telemedicine;

B. The Contractor also shall support the HIE/HIT Work Group and leadership (i.e., VHCIP and HIE/HIT Project Staff, Work Group Chairs and other Consultants) by performing the following activities:

1. Work closely with VHCIP and HIE/HIT Work Group leadership to strategize and develop agendas for Work Group meetings, preparing handouts and preparing discussion materials
2. Actively participate in HIE/HIT Work Group meeting discussions
3. Conduct research on specific topics and developing summary documents and/or presentations
4. Provide ad hoc support for project leadership and achievement of VHCIP goals via telephone calls and electronic mail communications (e.g., exchange of information about project developments and updates, sharing of information regarding relevant topics, new publications and/or national news; discussion of recent events and implications for project direction; contributing to discussion about policy or operational decisions; etc.)
5. Attend VHCIP Steering Committee meetings and other VHCIP Work Group meetings as necessary to support the goals of the HIE/HIT Work Group.

II. Deliverables:

a. Submit monthly Task Orders and progress reports indicating what work is to be done and confirming what work was accomplished each month.
b. Develop and/or contribute to agendas, presentations and other materials for the VHCIP Work Groups as requested.
c. Participate in monthly VHCIP Steering Committee and work group meetings, and sub work-group meetings as needed.
d. Participate in monthly VHCIP work group planning meetings.
e. Provide research and summary documents to support VHCIP work group work plan and decision-making.
f. Work with VHCIP Project Staff regarding IT infrastructure needs by providing research, papers and documents that support Work Group recommendations and decision-making.

III. Task Orders

Services performed pursuant to a task order clarify and expand upon the Scope of Work otherwise already described in this Agreement. Task orders shall not be used to change the maximum amount under this agreement, nor to add to the Scope of Work. Both parties recognize that the task order process does not obviate the need for State of federal regulatory review of amendments to the scope, budget, or maximum amount of this agreement.

A request for a task order proposal shall be submitted to the Contractor by the State or to the State from the Contractor. Upon review of the proposal, the State and Contractor must complete the Task Order Form (Appendix I). The Contractor has the right to submit modifications or deny any Task Order submitted by the State. The State can submit modifications or deny proposed Task Order submitted by the Contractor. The final Task Order document shall not be effective until it is signed by the Contractor, the State Authorized Representative, the Office of the Attorney General, and the DVHA Business Office. The Task Order must indicate: scope, source of funds, payment provisions, points of contact, ownership of data and any applicable data use agreement, and project specifics. No task order may increase the maximum amount payable under this contract, deviate from or add to the scope of this contract, or deviate from any term in any part or attachment to or of this contract. The task order process shall not be used in lieu of the amendment process where in the sole discretion and judgment of the State an amendment is appropriate. Each Task Order must clearly define payment either by rate per hour or deliverable received and approved. Each Task Order must be pre-approved before any work shall begin. Services performed pursuant to a Task Order shall not be eligible for reimbursement unless the Task Order is signed by all representatives listed within this section.

A Task Order may assign a Project Manager, who will act as the Authorized State Representative, solely per that task and up to the maximum amount per that task. The Project Manager assigned to a specific Task Order is the sole person authorized to assign work to the Contractor under that particular Task Order.

Changes to a Task Order shall be accomplished by written modification as agreed to by both parties and will be reflected in a new Task Order.

Monthly Reporting

a. The Contractor shall participate in a conference call each month with the State regarding work under this agreement. The purpose of these calls is to discuss administrative and project issues as they arise and to report preliminary findings of analyses as they become available.
b. More frequent calls may be needed during active periods of the project.
c. The Contractor shall submit monthly Status Reports outlining all work accomplished during the previous month. The Report should detail hours expended against the Task Order for each staffing category identified:
    i. Total hours authorized under the Task Order.
    ii. Hours expended during the previous month.
    iii. Total hours expended under the Contract to date.

These reports are to be submitted electronically to the VHCIP Project Director within five business days after the end of the month. These monthly progress reports shall be consistent with the work billed on the monthly vouchers.

d. At a minimum, monthly progress reports shall cover the following items:
    i. Activities related to consultation and supported by this contract.
    ii. Contractor's expectations of the State Staff during the forthcoming month (e.g., review of deliverables submitted, delivery of data or other items).
    iii. Any problems or delays – encountered or foreseeable – that may affect contract performance.
    iv. Budget discrepancies greater than ten percent, i.e., cost overruns or underruns.
e. Additional planning and coordination meetings may be required during the course of the contract, depending on the State's needs.

IV. Contract Administration Data – Key Personnel (See Attachment B for key personnel list and hourly rates):

a. The key personnel specified in this contract are considered to be essential to work performance. At least 30 days prior to diverting any of the specified individuals to other programs or contracts (or as soon as possible, if an individual must be replaced, for example, as a result of leaving the employ of the Contractor), the Contractor shall notify the VHCIP Project Director and shall submit comprehensive justification for the diversion or replacement request (including proposed substitutions for key personnel) to permit evaluation by the State of the impact on performance under this contract. The Contractor shall not divert or otherwise replace any key personnel without the written consent of the Contracting Officer. The State may modify the contract to add or delete key personnel at the request of the Contractor or Government.

V. Ad Hoc Tasks:

The State shall define deliverables as aligned in the scope of work by meeting with the Contractor on a monthly basis in order to define and confirm inclusion of additional deliverable development as identified by the State. Ad hoc tasks shall be reduced to writing and approved by both parties on a task order form and added to the work plan on a bi-weekly basis.

VI. Performance Expectations:

The Contractor shall provide a single point of contact who will manage all aspects of the contract including the assignment of qualified personnel to perform the work outlined herein.

The Contractor's single point of contact or designee will be present at monthly status meetings at a time and date agreed upon by the State and Contractor.

The Contractor shall work with other State staff and State Contractors as requested by the State.

The number of personnel and level of expertise required, as well as the scheduled hours to be worked will be determined by the State and the Contractor on a bi-weekly basis as part of the status meetings and shall be included on the task order form. The assignment of additional personnel, hours, or the substitution of personnel with a higher level of expertise shall require pre-approval by the State.

The Contractor accepts full responsibility for any personnel assigned to perform the work herein. It is understood that the State will provide minimal oversight of personnel assigned to this contract.

The State shall notify the Contractor's single point of contact to discuss remediation if it is determined by the State that personnel assigned are not performing as expected. The State has the right to request a change in personnel assigned. The State shall not request a change in personnel without reason. The Contractor is obligated to provide a change in personnel, within 2 business days of a request by the State.

University of Vermont Medical Center/OneCare Vermont #28242	
Method of Selection	RFP
Contract Amount	**Total Contract Amount (all years):** $2,893,000 **Year 2 Total Amount (including Travel):** $826,281 **Year 2 Out-of-State Travel:** N/A
Contract Term	12/22/14-12/31/15 (Year 2: 1/1/15-12/31/15)
Method of Accountability	This is a deliverables/performance-based contract where the contractors are required to perform specific tasks according to a timeline and project plan. The tasks are enumerated in Attachment A of the agreement and Attachment B of the agreement provides the payment schedule. These are also included below for your reference. The contract manager(s) review the invoices and work products each month before approving the invoices.
Itemized Budget	The billing for this contract is fixed price based on the scope of work. The contractors will be paid through monthly invoices as described in Attachment B of the agreement. Attachment B includes the cost for each component of the work. The work will be performed in phases and each phase has a specific price. The Contractor's hourly rates are competitive within the health care evaluation sector and fall within the midrange of hourly rates for contractors involved in this work across the country.
Budget Category	*Advanced Analytics:* Policy and Data Analysis to Support System Design and Research for All Payers *Model Testing:* Quality Measures *Technical Assistance:* Practice Transformation & Data Quality Facilitation
Summary Statement of Work	• Data quality initiatives. • Chart Review for Shared Savings Program Measures. • ACO operations: Data collection, analysis, operational implementation
Unique Qualifications (if Sole Source)	This request for sole source is because: • There are only three ACOs within Vermont and each has unique provider networks; • UVM Medical Center is uniquely positioned to perform the tasks described in the agreement; and • Delaying the execution of these contracts so that we can go through a standard Vermont RFP process (4-6 months long) will cause significant delays in our Shared Savings Accountable Care Organization Programs. These funds will go to activities necessary for the successful operation of Accountable Care Organizations, as noted in CMS' recent announcement of the ACO Investment Model describing the necessary infrastructure investments required for these entities.
Retroactive Start Justification (if applicable)	This agreement was submitted to CMMI on November 25, 2014, with a request for performance period one and performance period two work to be approved. Performance period two work is requested to be retroactive to January 1, 2015. ***New Request:*** **Additional funding in the amount of $826,281 to continue to support the planning for health care reform development and a term extension through 12/31/2015.**
Travel Justification	N/A
Year 2 Applicable Milestones	1) Expand number of people in the SSP programs in Year 2. 2) Establish 14 regional collaborations: each includes a Charter, governing body and decision-making process. 3) Engage in workflow 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.

Contract Attachment A, Scope of Work for University of Vermont Medical Center/OneCare Vermont #28242

A. Contractor shall perform the following activities according to the timeline on page 5 of this agreement:

1. Facilitate each RCPC's development of infrastructure and competency to conduct continuum of care root cause analysis on quality measures, readmissions rates and high emergency use.
2. Identify, train and deploy fourteen (14) local providers to serve as part-time Regional Clinician Representatives (RCRs), one in each HSA. Each RCR is expected to facilitate/guide the RCPC in his/her HSA and to lead clinical performance improvement initiatives.
3. Deploy Clinical Consultants to HSAs, as appropriate, to provide training and facilitate clinical performance improvement efforts.
4. Provide data analytic support to RCPCs by developing reports they request (to the extent that is consistent with data policies and Data Use Agreements) to be used to support local learning and health system improvement within each region.
5. Collect clinical quality measure data for OneCare in the first performance year (CY 2014). This will include training efforts in support of collecting Medicaid and commercial measures (measures not previously collected for the Medicare SSP). Contractor's staff will provide support to individual practices in their data abstraction processes, and endeavor to develop expertise at the practice level to organize data into a standardized file format for delivery to OneCare.
6. Leverage personnel and quality improvement training capabilities of the University of Vermont Medical Center Jeffords Institute for Quality and Operational Effectiveness and Dartmouth Hitchcock's Value Institute.
7. Follow recognized Quality Performance Improvement methods: Plan-Do-Study-Act (PDSA) and Standardize-Do-Study-Act (SDSA).
8. Assess and track progress to the quality measurement goals as reflected in the table on page 5 of this agreement.

B. Ongoing obligations

1. Reporting:
   - The Contractor shall participate in at least one conference call each month with the State of Vermont regarding its work under this agreement. The purpose of these calls is to discuss administrative and project issues as they arise.
   - More frequent calls may be needed during active periods of the project. The Contractor shall participate in all calls requested by the State. The State and Contractor shall determine a reasonable level of participation in such calls.
   - The Contractor shall submit monthly progress reports outlining all work accomplished during the previous month. The reports shall be concise and in a simple format (e.g., bulleted list) approved by the State. These reports are to be submitted electronically to the VHCIP Project Director within five business days after the end of the month. These monthly progress reports shall be consistent with the work billed on the monthly invoices. At a minimum, monthly progress reports shall cover the following items:
     i. Activities related to consultation and support related to each task supported by this contract;
     ii. Activities planned for the forthcoming month;
     iii. Contractor's expectations of the State staff during the forthcoming month (e.g., review of deliverables submitted, delivery of data or other items);
     iv. Any problems or delays – encountered or foreseeable – that may affect contract performance;
     v. Budget discrepancies greater than ten percent, i.e., cost overruns or underruns.
   - The Contractor shall provide reports to the VHCIP Core Team, Work Groups or Steering Committee regarding the progress of this work as requested by the VHCIP Project Director.

2. Contract Administration Data – Key Personnel (See Attachment B for key personnel list):
   a. The key personnel specified in this contract are considered to be essential to work performance under this Agreement. At least 30 days prior to diverting any of the specified individuals to other programs or contracts (or as soon as possible, if an individual must be replaced, for example, as a result of leaving the employ of the Contractor), the Contractor shall notify the Contracting Officer and shall submit

comprehensive justification for the diversion or replacement request (including proposed substitutions for key personnel) to permit evaluation by the State of the impact on performance under this contract. The Contractor shall not divert or otherwise replace any key personnel without the written consent of the Contracting Officer. The State may modify the contract to add or delete key personnel at the request of the contractor or Federal government.

3. Performance Expectations:
No work shall be undertaken or reimbursed pursuant to this Agreement, other than obligations specifically set forth in Attachment A, without written approval by the State's designated representative.

Attachment A contains specific deliverables, due dates and performance measures, and shall serve as the basis for quality assurance and a means for monitoring the contractor's performance throughout the duration of this contract.

The Contractor shall provide a single point of contact who will manage all aspects of the contract including the assignment of qualified personnel to perform the work outlined herein.

The Contractor accepts full responsibility for any personnel assigned to perform the work herein. It is understood that the State will provide minimal oversight of personnel assigned to this contract.

<table>
<tr><th colspan="2">Vermont Medical Society Foundation #28675</th></tr>
<tr><td>Method of Selection</td><td>Sole Source</td></tr>
<tr><td>Contract Amount</td><td>Total Contract Amount (all years): $140,329
Year 2 Total Amount (including Travel): $130,329
Year 2 Out-of-State Travel: N/A</td></tr>
<tr><td>Contract Term</td><td>4/1/15-3/31/16 (Year 2: 8/1/15-12/31/15)</td></tr>
<tr><td>Method of Accountability</td><td>This is a deliverables/performance-based contract where the contractors are required to perform specific tasks as enumerated in the contract. If appropriately performed, the contractor will be paid for those tasks.</td></tr>
<tr><td>Itemized Budget</td><td>
<table>
<tr><th colspan="3">Pursuing High Value Care for Vermonters</th></tr>
<tr><th colspan="3">Frail Elderly VHCIP Payment Models</th></tr>
<tr><th colspan="3">April - October 2015</th></tr>
<tr><td>Personnel</td><td></td><td></td></tr>
<tr><td>Director</td><td>$</td><td>62,352</td></tr>
<tr><td>Business Manager</td><td>$</td><td>3,741</td></tr>
<tr><td>Operations Director</td><td>$</td><td>3,741</td></tr>
<tr><td>Administrative Assistant</td><td>$</td><td>1,871</td></tr>
<tr><td>Personnel subtotal</td><td>$</td><td>71,705</td></tr>
<tr><td>Fringe</td><td></td><td></td></tr>
<tr><td></td><td>$</td><td>-</td></tr>
<tr><td>Travel</td><td></td><td></td></tr>
<tr><td>Mileage</td><td>$</td><td>848</td></tr>
<tr><td>Parking and Tolls</td><td>$</td><td>25</td></tr>
<tr><td>Equipment</td><td></td><td></td></tr>
<tr><td></td><td>$</td><td>-</td></tr>
<tr><td>Supplies, meetings</td><td></td><td></td></tr>
<tr><td>Conference calls; webinars</td><td>$</td><td>500</td></tr>
<tr><td>Website</td><td>$</td><td>500</td></tr>
<tr><td>Supplies subtotal</td><td>$</td><td>1,000</td></tr>
<tr><td>Indirect</td><td></td><td></td></tr>
<tr><td></td><td>$</td><td>-</td></tr>
<tr><td>Contracts</td><td></td><td></td></tr>
<tr><td>Clinical champion</td><td>$</td><td>6,126</td></tr>
<tr><td>Clinical content expert</td><td>$</td><td>3,063</td></tr>
<tr><td>Clinical content expert</td><td>$</td><td>3,063</td></tr>
<tr><td>Qualitative Researcher</td><td>$</td><td>40,500</td></tr>
<tr><td>QI and Measurement content expert</td><td>$</td><td>3,000</td></tr>
<tr><td>Patient and Family surveyor</td><td>$</td><td>10,000</td></tr>
<tr><td>UVM Dana Library</td><td>$</td><td>1,000</td></tr>
<tr><td>Contracts subtotal</td><td>$</td><td>66,751</td></tr>
<tr><td>Total</td><td></td><td></td></tr>
<tr><td></td><td>$</td><td>140,329</td></tr>
</table>
</td></tr>
<tr><td>Budget Category</td><td>Advanced Analytics: Policy and Data Analysis to Support System Design and Research for All Payers</td></tr>
<tr><td>Summary Statement of Work</td><td>Development of a payment model related to frail elders.</td></tr>
<tr><td>Unique Qualifications (if Sole Source)</td><td>The VMSF is uniquely qualified to perform these tasks for several reasons:
1. VMSF is a leading physician foundation in the State providing legal, administrative and educational support to increase the effectiveness of health care delivery thereby providing better care to patients.
2. They will leverage existing groups of clinicians who are willing to be engaged in payment reform discussions.
3. They are a trusted, knowledgeable and neutral convener for Vermont clinicians and are able to encourage frank, open discourse.
4. They have a history of developing clear, actionable policy recommendations. Most recently they produced a series of white papers to improve care delivery and resource planning across the state.
5. They can begin work immediately.</td></tr>
<tr><td>Retroactive Start Justification (if applicable)</td><td>Funding is requested to be retroactive to August 1, 2015.

This agreement was submitted to CMMI on March 13, 2015, with a request that the funding begin April 1, 2015. It was not approved pending approval of Vermont’s Year 1 Carryforward.</td></tr>
</table>

	This contract was not in force in 2014 and not part of the approved carryforward. This contract is fully funded by Year 2 contract funds. Retroactive funding is requested to support the nature of the Contractor's work, which is time sensitive and critical to the success of the VHCIP.
Travel Justification	N/A
Year 2 Applicable Milestones	1) Expand number of people in the SSP programs in Y2. 2) Research and design feasibility of AHCs.

Contract Attachment A, Scope of Work for Vermont Medical Society Foundation #28675

1. Conduct a literature review utilizing the library professionals at the University of Vermont. The review will target three areas of interest:
    a. Identification, attribution of patients to providers, and utilization characterization of frail elderly patients using billing claims and clinical data bases;
    b. Regional and national models for care – successes, failures and innovation;
    c. Regional and national investigations of patient and family medical care preferences.

2. Draft study questions and conduct three sets of key informant interviews:
    a. *Community based health care professionals.* Contractor will conduct interviews with community based health care professionals in each of the two target communities.
        i. Identification of providers will be informed by consultation with the Project Expert Panel.
        ii. Contractor will interview approximately fifteen providers in each of two primary care service areas, Gifford Health Care and Little Rivers Health Care, spanning all or parts of Orange, Washington, Caledonia and Windsor counties.

    b. *State and private sector policy experts*. Contractor shall conduct interviews with public and private professionals with expertise in the field of aging and support and care-giving for the elderly.
        i. Informants will include those who determine eligibility for Vermonters for publicly funded programs.

    c. *Patients, families and caregivers.* Contractor will conduct interviews with patients, families and caregivers in each of two targeted primary care service areas.
        i. Interviews will be conducted in a variety of face to face settings including home based interviews and public community settings.
        ii. Interviews will take advantage of existing community structures and activities; and may include focus groups. Choice of informants will be advised by input from the community based health care professionals interviews.

3. Perform billing and clinical data set analytics using existing public claims databases to identify the following:
    a. If the frail elderly population be identified using claims data;
    b. If utilization patterns of the population be characterized;
    c. If claims data be used proactively to identify the target population.

I. <u>Deliverables</u>

A. Contractor shall deliver a written report and a formal presentation to the VHCIP Payment Models Work Group on findings and recommendations for next steps to increase the value of health care to frail elders.

B. The report will include:

1. Literature reviews summarizing and highlighting key pertinent writings in the following areas:
    a. Billing and Clinical Data Set Analytics;
    b. Regional and national models for care;
    c. Regional and national investigations of patient and family medical care preferences.

2. Aggregate and separate analyses of three sets of key informant interviews with direct care providers and policy experts:
   a. Gifford Primary Care Service Area (PCSA) providers;
   b. Little Rivers PCSA providers;
   c. State and regional policy and content experts.

3. Aggregate and separate analyses of two sets of key informant interviews and community focus groups in two PCSAs:
   a. Gifford PCSA patients, families and caregivers;
   b. Little Rivers PCSA patients, families and caregivers.

4. Findings of billing and clinical data set analyses related to the following:
   a. If the frail elderly population can be identified using claims data;
   b. If utilization patterns of the population can be characterized;
   c. If claims data can be used proactively to identify the target population.

II. Reporting Requirements

- The Contractor shall participate in a conference call each month with the State of Vermont regarding this work. The purpose of these calls is to discuss administrative and project issues as they arise and to report preliminary findings of analyses as they become available.
- More frequent calls may be needed during active periods of the project. The Contractor shall participate in all such calls as requested by the State. The State and Contractor shall determine a reasonable level of participations in such calls.
- The Contractor shall participate in monthly VHCIP work group and planning meetings and actively engage private sector stakeholders in the data assessments.
- The Contractor shall submit monthly progress reports outlining all work accomplished during the previous month. The reports should be concise and in a simple format approved by the State of Vermont. These reports are to be submitted electronically to the VHCIP Project Director within five business days after the end of the month. These monthly progress reports shall be consistent with the work billed on the monthly vouchers. At a minimum, monthly progress reports shall cover the following items:
  i. Activities related to consultation and support related to each effort supported by this contract;
  ii. Activities planned for the forthcoming month;
  iii. Contractor's expectations of the State staff during the forthcoming month (e.g., review of deliverables submitted, delivery of data or other items);
  iv. Any problems or delays – encountered or foreseeable – that may affect contract performance;
  v. Budget discrepancies greater than ten percent, i.e., cost overruns or underruns.
- The Contractor may also be requested to provide reports to the VHCIP Core Team or Steering Committee regarding the progress of this work.
- The Contractor will meet, in person, with the State and key stakeholders at least quarterly for the duration of the contract.

III. Contract Administration, Key Personnel (See Attachment B for key personnel list and rates)

The key personnel specified in this contract are considered to be essential to work performance under this Agreement. At least 30 days prior to diverting any of the specified individuals to other programs or contracts (or as soon as possible, if an individual must be replaced, for example, as a result of leaving the employ of the Contractor), the Contractor shall notify the Contracting Officer and shall submit comprehensive justification for the diversion or replacement request (including proposed substitutions for key personnel) to permit evaluation by the State of the impact on performance under this

contract. The Contractor shall not divert or otherwise replace any key personnel without the written consent of the Contracting Officer. The State may modify the contract to add or delete key personnel at the request of the Contractor or Government.

IV. Contract Administration, Performance Expectations:

The number of personnel and level of expertise required, as well as the scheduled hours to be worked will be determined by the State and the Contractor as part of the status meetings. The assignment of additional personnel, hours, or the substitution of personnel with a higher level of expertise shall require pre-approval by the State.

The Contractor accepts full responsibility for any personnel assigned to perform the work herein. It is understood that the State will provide minimal oversight of personnel assigned to this contract.

The State shall notify the Contractor's single point of contact to discuss remediation if it is determined by the State that personnel assigned are not performing as expected. The State has the right to request a change in personnel assigned. The State shall not request a change in personnel without reason. The Contractor is obligated to remove personnel within 2 business days of a request by the State, and provide a qualified replacement within 30 days.

Vermont Program for Quality in Health Care #28362	
Method of Selection	RFP
Contract Amount	**Total Contract Amount (all years):** $102,526.67 **Year 2 Total Amount (including Travel):** $102,526.67 **Year 2 Out-of-State Travel:** N/A
Contract Term	3/1/15-2/29/16 (Year 2: 3/1/15-12/31/15)
Method of Accountability	This is a deliverables/performance-based contract where the contractors are required to perform specific tasks according to a timeline and project plan. The contractor must meet certain deliverables and meet certain milestones in order for payment.
Itemized Budget	The billing for this contract is based on deliverables and milestones as identified in Attachment B of the agreement and will be paid through monthly invoices as described in Attachment B.
Budget Category	*Technical Assistance:* Learning Collaboratives
Summary Statement of Work	Quality improvement facilitators supporting quality improvement activities in primary care practices, integrated care teams within communities and specialty addictions and mental health programs.
Retroactive Start Justification (if applicable)	***New Request:*** **Funding is requested to be retroactive to March 1, 2015.** This agreement was submitted to CMMI on February 4, 2015, with a request that the funding begin February 15, 2015. It was not approved pending approval of Vermont's Year 1 Carryforward. This contract was not in force in 2014 and not part of the approved carryforward. This contract is fully funded by Year 2 contract funds. Retroactive funding is requested to support the nature of the Contractor's work, which is time sensitive and critical to the success of the VHCIP.
Travel Justification	Facilitation fee is inclusive of travel.
Year 2 Applicable Milestones	Offer at least two cohorts of learning collaboratives to 3-6 communities.

Contract Attachment A, Scope of Work for Vermont Program for Quality in Health Care #28362

The Contractor will assist teams with a) understanding data sources and using them to identify at-risk people and engage in effective panel management, b) identifying measures for and measuring the impact of selected interventions, and c) promoting an environment of collaborative learning between integrated care teams and across the health system. During the first quarter of the contract period, the Contractor will recruit and hire personnel, with input and approval from the State, to conduct the full range of Contractor Activities outlined below. Those activities will include working with integrated care teams and the State in:

A. Supporting Change Management

1. Facilitate meetings of the planning group team.
2. Coach community leaders in forming multi-disciplinary integrated care teams with a focus on quality improvement.
3. Foster integrated care teams' ownership for improving patient care and changing the way the services are provided.
4. Work with integrated care teams to assess their performance and establish project goals and parameters.
5. Use integrated care team data to assist in establishing sequences and timelines for quality improvement initiatives, and to evaluate the impact of changes.
6. Train integrated care teams in conducting PDSA cycles.
7. Coach integrated care teams in measuring and interpreting results of change.
8. Facilitate communication around evolving roles and relationships.
9. Recognize, reinforce, and celebrate success.

10. Provide feedback and coaching for integrated care team leaders.

B. Providing Technical Assistance and Training

1. Identify skills-based training needs for integrated care teams and front-line care managers, and work with the State to ensure that training occurs.
2. Provide technical assistance in identifying models of care, innovative strategies and evidence-based guidelines that support integrated care management.
3. Assist in implementing promising interventions.
4. Support integrated care teams in using data to identify people in need of integrated care management.
5. Assist integrated care teams in measuring and evaluating the results of interventions.

C. Supporting the Effective Use of Information Technology

1. Support integrated care teams in using technology to improve patient care and efficiency.
2. As appropriate, assist integrated care teams in implementing data collection tools (e.g., clinical registry, care coordination modules, risk stratification tools) and using them to improve panel management, care management, and other aspects of patient care.

D. Creating a Learning Health System

1. Foster a shared learning environment through organization-to-organization mentoring.
2. Design and implement collaborative learning sessions.
3. Participate in shared learning activities of the Expansion and Quality Improvement Program (EQuIP) facilitator group (team meetings, conference calls, training and one-on-one meetings).

E. Connecting Integrated Care Teams with the Community

1. Support the incorporation of integrated care teams into organization workflow.
2. Link integrated care teams with outside resources.

III. Deliverables

B. During the term of this contract, and in collaboration with other contractor(s) and a Learning Collaborative Planning Team, the Contractor will provide:

1. A written project management plan including key project milestones and activities, to be submitted to State Authorized Representative by April 15, 2015.
    a. The Contractor will update the project management plan at least quarterly.

2. Starting May 15, 2015, semi-monthly written progress reports submitted to State Authorized Representative, highlighting goals, activities, outcomes, timelines, deadlines, progress in each community, progress across all communities, and general progress against the project management plan.

   Progress reporting for each community will include information such as accomplishments, setbacks, challenges, plans for overcoming challenges, opportunities, and planned next steps/action items for both the short term (next month) and long term (next quarter). Specific examples should be incorporated to better illustrate progress in each community. The State will provide a template for the semi-monthly written progress report.

   The following documentation will be included as attachments to the report:

    a. Evidence of local meetings with each integrated community team at least twice a month unless otherwise indicated by the State.

b. Documentation of all relevant PDSA cycles initiated in each community.
c. Evidence of all regular and ad hoc review and analysis of data provided from members of integrated community teams, State staff or others in support of the PDSA cycles.

3. Facilitation, coordination, planning and implementation of:

a. Local meetings with each integrated community team at least twice a month unless otherwise indicated by the State.
b. Statewide webinars on an every-other-month basis.
c. In-person learning sessions on an every-other-month basis for the first six months, then at a frequency determined by the State.

Examples of this work include obtaining faculty, developing and documenting collaborative curriculum, planning agendas, developing and delivering presentations, facilitating sessions, scheduling, planning, coordinating and other meeting logistics. The State and Learning Collaborative Planning Group will provide guidance for these activities.

4. Participation in bi-weekly conference calls with State Authorized Representative, EQuIP program director or his/her designee, other State staff as appropriate, and key leadership from pilot communities to discuss general progress and next steps, mitigate challenges, and generally ensure project milestones are being met.

5. Participation in regular meetings of EQuIP facilitators (generally 2 times monthly).

6. Support for measurement and evaluation of Learning Collaborative results. Examples include:

a. Participation in designing and developing QI measures based on curriculum.
b. Assisting integrated teams in collecting data and analyzing results.
c. Aggregating measures across communities.
d. Providing input into the Learning Collaborative evaluation.

7. Identification of future curriculum items based on the first three learning sessions and creation of a toolkit and materials to be used in future collaboratives, as well as an outline for use by future QI facilitators.

Vermont Information Technology Leaders (VITL) ACO/ACTT Proposal #03410-1275-14	
Method of Selection	Sole Source, as the State's designated HIE
Contract Amount	**Total Contract Amount (all years):** $4,444,989 **Year 2 Total Amount (including Travel):** $1,312,588 **Year 2 Out-of-State Travel:** N/A
Contract Term	7/2/14-5/1/17 (Year 2: 1/1/15-12/31/15)
Method of Accountability	This is a deliverables/performance-based contract where the contractors are required to perform specific tasks according to a timeline and project plan. The tasks are enumerated in Attachment A of the agreement and Attachment B of the agreement provides the payment schedule. The contract manager(s) review the invoices and work products each month before approving the invoices.
Itemized Budget	The billing for this contract is fixed price based on the scope of work. There is one component where the contractor will bill hourly for subject matter expertise. This component is constructed in this manner to avoid over-billing. The contractor will provide monthly estimates of activities in this area to the State and the State will approve these activities and estimated cost before any activity can be undertaken under this provision. The contractors will be paid through monthly invoices as described in Attachment B of the agreement. Attachment B includes the cost for each component of the work. The work will be performed in phases and each phase has a specific price. The Contractor's hourly rates are competitive within the health care IT sector and fall within the low-midrange of hourly rates for contractors involved in this work across the country.
Budget Category	*Technology and Infrastructure:* Expanded Connectivity of HIE Infrastructure *Technical Assistance:* Practice Transformation & Data Quality Facilitation *Technology and Infrastructure:* Expanded Connectivity between State of Vermont Data Sources and ACOs/Providers
Summary Statement of Work	• Data gathering, data quality & remediation for Designated Agencies and Specialized Service Agencies. • Develop and implement a population-based infrastructure within VHIE capabilities.
Retroactive Start Justification (if applicable)	**Funding is requested to be retroactive to January 1, 2015.** An amendment to this agreement was submitted to CMMI on December 29, 2014, with a request that the funding begin January 1, 2015. It was not approved pending approval of Vermont's Year 1 Carryforward. This portion of the contract was not in force in 2014 and not part of the approved carryforward. This amendment is funded by Year 2 contract funds; the remaining scope of work is funded by carryforward. The carryforward is insufficient for all Year 2 Activities. Retroactive funding is requested to support the nature of the Contractor's work, which is time sensitive and critical to the success of the VHCIP.
Travel Justification	Travel is not a billable expense under this agreement.
Year 2 Applicable Milestones	1) Perform gap analyses related to quality measures for each payment program, as appropriate; perform baseline gap analyses to understand connectivity of non-meaningful use providers. 2) Remediate data quality gaps that support payment model quality measures. 3) Engage in workflow 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. 4) Develop tools to support data extracts from the HIE to analytic entities as necessary for provider and state use. 5) 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. 6) Gap remediation for data elements that flow through the VHIE- Payment Model

	Measures, LTSS and MH providers

Contract Attachment A, Scope of Work for Vermont Information Technology Leaders (VITL) ACO/ACTT Proposal #03410-1275-14)

Scope of Work

Gap Remediation

There are five parts to the Gap Remediation: Interface and Electronic Health Record Installation, Data Analysis, Data Formatting, Terminology Services, and the Solutions Enablement Team (SET). The ACO shall take reasonable steps to ensure that their Members comply with the Subrecipient's recommendations with regards to the five parts of the Gap Remediation.

a. Interface and Electronic Health Record Installation:
    i. The Subrecipient, in collaboration with the ACOs, will propose the appropriate infrastructure for health care organizations (HCO) that do not have Electronic Health Records (EHRs). The Subrecipient will provide a proposal to the State and the ACOs to remediate these organizations. In each instance, the Subrecipient will recommend options to improve health data interoperability. There are three categories of organization:
        1. The HCO does not have the staff, client population, or expertise to support an Electronic Health Record.
        2. The HCO is capable of supporting an EHR, but does not have the funds for ongoing support.
        3. The HCO has the funding to support an EHR.
    ii. The Subrecipient, in collaboration with the ACOs, will determine what interfaces are required for HCOs that have EHRs. The Subrecipient will develop interfaces and shall provide interface development work designed to develop connectivity between the VHIE networks and ACO member organizations. Subrecipient may subcontract with Medicity to provide services dedicated to the Subrecipient. Interface development shall include:
        1. Subrecipient staff shall be trained to perform aspects of interface development
        2. Provision of HCO onsite resources for interface development
        3. The deliverables for this work are defined in the "Project Deliverables and Target Dates" Section and include expansion of:
            a) Connectivity to Hospitals;
            b) Connectivity to patient-centered medical homes and other primary care providers;
            c) Connectivity to Physician/Ambulatory providers; and
            d) Connectivity to Community Providers including: Home health, skilled nursing facilities, mental health, and specialized agencies.

b. Data Analysis:

    The Subrecipient will perform an analysis of ACO members' Electronic Health Record on each of sixteen data elements. The Subrecipient will engage providers and make workflow recommendations to change data entry to ensure the data elements are captured. The Subrecipient will use the following questions in their analysis:

    i. Is the HCO capturing the measure at all?
    ii. Is the HCO capturing the measure, but in a custom field that is not picked up by the clinical summary
    iii. Is the HCO capturing the measure in the vendor's specified field, but the clinical summary is not picking it up.

c. Data Formatting:

    Data formatting builds on tasks 5(a) and 5(b) above. The Subrecipient will perform comprehensive analyses to ensure that each data element from each HCO is formatted identically. The specific activities performed to ensure uniform data formatting vary based on vendor and HCO. The

Subrecipient will work with HCOs to perform some or all of the following:

i. The HCO can change their method of data entry
ii. The HCO's vendor can change their format used to capture data
iii. A third party could use a terminology service to transform the data

The Subrecipient will also investigate other approaches to data formatting to ensure data uniformity.

d. Terminology Services:
The Subrecipient will engage a subcontractor to perform terminology services. The Subrecipient will release an RFP for these services and select a vendor based on bid responses. The Subrecipient will engage this subcontractor for 24 months. The terminology services enhance clinical data quality in the VHIE by translating clinical data elements into standardized code sets. Specifically, these convert the data elements from source code to standard clinical classifications and codes readable by all electronic health records.

e. Solutions Enablement Team (SET) Services:
The Subrecipient will subcontract with Medicity to provide SET services which are dedicated Medicity resources. These Medicity resources are Vermont specific and allow for rapid interface development. The SET will start with one Vermont hospital while developing priority interfaces throughout the State. The Subrecipient will identify priority interfaces in consultation with the ACOs and the State.

Project Deliverables and Target Dates:

The tasks to be completed, specific deliverables, and timelines are listed in the table below.

Task	Scope	Deliverable	Due No Later Than
5) Gap Remediation			
Interface and Electronic Health Record Installation	Identify members who do not have an EHR or are planning to replace an EHR.	Propose for each identified member the options for an EHR including but not limited to: no EHR; potential shared hosted system, or propose a vendor's system. Identify and initiate work on installing new interfaces.	Jan 16
Data Analysis	Identify the data capability of each HCO	Work with each ACO and their respective ACO members to enable data capability across all quality measures.	Jan 16
Data Formatting	Increase the percentage of data that can meet the ACO quality measures through identifying appropriate data elements in messages, recommending EHR vendor updates, and facilitating practice workflow improvements.	ACO member organizations will be capable of sending the 22 clinical data measures electronically to cover 62% of the aggregate beneficiary population. The baseline beneficiary populations were established October 1, 2014 for the ACOs.	Jan 16

Task	Scope	Deliverable	Due No Later Than
Terminology Services	Implement systems with the capability to provide terminology services including, but not limited to, mapping data, code set remediation.	Provide terminology services for 24 months.	24 months beginning August 1, 2015
SET Team and new interface development	Provide Medicity dedicated resources to develop interfaces ACO participants, selected in collaboration with the ACOs and the State.	Provide SET Team resources for 8 months.	November 2014-June 2015

The Subrecipient shall:

1) Subject-matter expertise related to health information integration and data transfer and storage that supports the deliverables of this agreement. The Subrecipient will submit monthly invoices to the State. The Subrecipient will invoice the State on an hourly basis for the following subject-matter experts:

Personnel	Rate
VITL Leadership: John Evans, Mike Gagnon, Sandy McDowell, Rob Gibson, Judith Franz, Nancy Rowden Brock, Kristina Choquette	**$200**
VITL Project Managers and technical staff: TBD	**$125**

Vermont Information Technology Leaders/Department of Mental Health (DMH) #28236	
Method of Selection	Sole Source
Contract Amount	**Total Contract Amount (all years):** $11,087.50 **Year 2 Total Amount:** $11,087.50 **Year 2 Out-of-State Travel:** N/A
Contract Term	1/1/15-6/30/15
Method of Accountability	This is a deliverables/performance-based contract where the contractors are required to perform specific tasks according to a timeline and project plan. The tasks are enumerated in Attachment A of the agreement and Attachment B of the agreement provides the payment schedule. These are also included below for your reference. The contract manager(s) review the invoices and work products each month before approving the invoices.
Itemized Budget	The billing for this contract is fixed price based on the scope of work. There is one component where the contractor will bill hourly for subject matter expertise. This component is constructed in this manner to avoid over-billing. The contractor will provide monthly estimates of activities in this area to the State and the State will approve these activities and estimated cost before any activity can be undertaken under this provision. The contractors will be paid through monthly invoices as described in Attachment B of the agreement. Attachment B includes the cost for each component of the work. The work will be performed in phases and each phase has a specific price. The Contractor's hourly rates are competitive within the health care IT sector and fall within the low-midrange of hourly rates for contractors involved in this work across the country.
Budget Category	*Technical Assistance:* Practice Transformation & Data Quality Facilitation
Summary Statement of Work	This contract is between Vermont's Department of Mental Health (DMH) and Vermont Information Technology Leaders, Inc. (VITL), Vermont's statutorily designated Health Information Exchange entity. VITL will support the Department of Mental Health in their procurement of a new Electronic Medical Record System effective January 1, 2015.
Unique Qualifications (if Sole Source)	A Request for Proposal (RFP) for the new EHR was issued in 2014 by DMH and a number of vendors responded. Consistent with legislative committee requests, DMH would like to enter into a contract with VITL to assist in the selection a vendor given their statutory authority as the State's designated HIE.
Retroactive Start Justification (if applicable)	**Funding is requested to be retroactive to January 1, 2015.** This agreement was submitted to CMMI on December 29, 2014 with a request that funding begin January 1, 2015. It was not approved pending approval of Vermont's Year 1 Carryforward. This contract was not in force in 2014 and not part of the approved carryforward. This contract is fully funded by Year 2 contract funds. Retroactive funding is requested to support the nature of the Subrecipient's work, which is time sensitive and critical to the success of the VHCIP.
Travel Justification	Hourly rates are inclusive of travel.
Year 2 Applicable Milestones	Implement EMRs in non-meaningful use providers; explore non-EMR solutions for providers without EMRs.

Contract Attachment A, Scope of Work for Vermont Information Technology Leaders/Department of Mental Health (DMH) #28236

A. PROGRAM BACKGROUND

As a key requirement for the Certificate of Need established under 18 V.S.A. § 9351 for the rebuilding of a new State hospital and integrating physical, behavioral, pharmacy, dietary, billing and lab functions in a single system, the State of Vermont is required to have an Electronic Health Record (EHR) in place.

B. SERVICE OUTCOMES

1. Vendor selection process.

a. Participate in bidder-vendor presentations and demonstrations.

b. Provide assessment/gap analyses for each bidder-vendor's EHR interface/connectivity and interoperability.

c. Provide bidder-vendor selection assessment criteria to assist in final vendor selection related to interoperability with Vermont Health Information Exchange (VHIE) through Vermont Information Technology Leader (VITL).

2. Development of the EHR contract.

a. Assist in the development of an EHR contract related to VHIE interoperability/connectivity functional & nonfunctional requirements and deliverables.

b. Provide subject matter expertise and guidance through the independent review and the negotiation process for vendor selection.

3. DMH EHR Vendor planning, implementation and go-live.

a. Participate in Vendor Planning, implementation and go-live phases related to interoperability with Vermont Health Information Exchange (VHIE) through Vermont Information Technology Leaders (VITL).

b. Provide guidance/review of chosen vendor's project plan, testing plan, VHIE deliverables.

c. Deliverable validation related to interoperability with Vermont Health Information Exchange (VHIE) through Vermont Information Technology Leader (VITL).

C. DELIVERABLES

1. The Contractor shall develop monthly work plans and task orders;
2. Monthly updates, including statement of expenditures ;
3. Gap analysis/assessment for vendor's EHR interface/connectivity to VHIE;
4. Assessment/scoring criteria for final vendor selection;
5. Contract Language, deliverables and Non-functional requirements relating to interoperability with VHIE;
6. Review of, and provision of recommendations for, final contract with chosen vendor;
7. Availability as the VHIE SME during the contract review process, as necessary;
8. Test plan and scenario testing relating to interoperability with VHIE through VITL.

D. PERFORMANCE EXPECTATIONS

1. For matters involving the failure of Contractor to perform in accordance with this Contract shall result in a reduction in payment of 10% of the total monthly invoice for the month in which nonperformance occurred.

E. **SPECIFICATIONS**

1. Contractor shall provide subject matter expertise and guidance on sharing 42 Code of Federal Regulations Part 2 data, interoperability/connectivity to VHIE, and State & Federal policy, law and requirements related to VHIE.

2. Schedule of Rates:

Item description	*Hourly Rate*
Consulting Services	
- eHealth Specialist	$125.00
- Project Manager or Technical Staff	$125.00
- CTO or other VITL Leadership	$200.00

3. Contractor will bill monthly for work done each month.

F. PROGRAM ADMINISTRATION AND PERFORMANCE EXPECTATION

The Contractor shall develop monthly Task Orders. Each Task Order will include deliverables. Deliverables shall consist of quantifiable products or services resulting from activities performed pursuant to this Agreement. Such deliverables may include, but are not limited to the following:

-Scopes of Work
-Work Plan Development
-Ad Hoc Tasks
-Technical Assistance tasks

No reimbursement or other payment shall be provided for any work performed without prior State approval both of a cost estimate and of the item in the Task Order associated with that cost estimate. The State reserves the right to refuse payment for work performed without prior approval.

Task Orders are a tool for managing the work described in this Attachment A. They may clarify or expand upon an item included in the Scope of Work, but a Task Order is not intended to supplement or otherwise amend it. Task Orders shall not be used to change the maximum amount under this Agreement, or to add to the Scope of Work. Task Orders may not change the maximum amount payable under this contract, deviate from or add to the scope of this contract, or deviate from any term in any part or attachment to or of this contract. Task Orders shall not be used in lieu of the contract amendment process where in the sole discretion and judgment of the State an amendment is appropriate.

No work shall be undertaken or reimbursed pursuant to this Agreement, other than obligations specifically set forth in the Fee Schedule in Attachment B.

Re-imbursement shall be reviewed and approved during Monthly status updates between the State designees and Contractor single point of contact.

The Contractor shall provide a single point of contact who will manage all aspects of the contract including the assignment of qualified personnel to perform the work outlined herein.

Below please find the TBD contracts for Year 2 activities:

Vermont will submit specific requests to un-restrict funds for all contract expenditures in the TBD category.

TBD	
Method of Selection	Will comply with SOV procurement requirements
Budget Amount	$200,000
Contract Term	TBD – activity in Year 2
Method of Accountability	TBD depending on contract terms. Contract will be executed at DVHA.
Itemized Budget	TBD depending on contract terms.
Budget Category	*Advanced Analytics:* Financial and Other Modeling for All Payers
Summary Statement of Work	Payment Model Design and Implementation Activities: EOCs, Pay-for-Performance, PPS, Accountable Communities for Health. The State of Vermont has identified the need to perform advanced analytics to support the SIM initiatives. The policy and data analysis will support system design and planning for all payers. This will include claims data analysis of Vermont's all-payer claims database. • Sub-populations and/or programs that are and are not appropriate for inclusion in the new payment models. • Service categories that are and are not appropriate for inclusion in the new payment models, including whether a service is more appropriate for one type of alternative payment model over another (i.e., a bundled payment is better than a population-based payment for some Orthopedic services). • Analysis of underlying populations' utilization and expenditure trends. • Identification of outliers in utilization and expenditure trends. • Enhance and coordinate a central analytic capacity that can inform the different projects about care received by members of their population from other providers. • Development of risk adjustment mechanisms across payers and within payers for various populations. • Enable the state to provide data and information to providers regarding model utilization and expenditure trends so they can adjust clinical activities to maximize improved quality and cost savings. • Appropriate quality metrics to be used to assess quality of care for the covered population and sub-populations. • Provider network requirements, including specific providers who are necessary for network inclusion due to the specific needs of Medicaid enrollees. • Interface of the model with the state's existing multi-payer Blueprint Advanced Primary Care Medical Home demonstration model. Model testing requires the ability to collect, analyze and evaluate relevant utilization and expenditure data. Without this ability, the State will not have information for developing appropriate payment rates, analyzing whether savings were achieved, ensuring that access to and quality of care, were maintained. The State of Vermont is committed to making evidence-based decisions and using data to drive payment and delivery system reform.
Year 2 Applicable Milestones	1) Design 3 EOCs for the Medicaid program, with financial component. 2) Design modifications to this P4P program – dependent on additional appropriation in state budget. 3) Research design and feasibility for AHCs. 4) Design PPS program for Home Health.

TBD	
Method of Selection	Will comply with SOV procurement requirements
Budget Amount	$250,000
Contract Term	TBD- activity in Year 2
Method of Accountability	TBD depending on contract terms. Contract(s) will be executed at DVHA.
Itemized Budget	TBD depending on contract terms.
Budget Category	*Technology and Infrastructure:* Analysis of How to Incorporate Long-Term Support Services, Mental Health, and Other Areas of Health
Summary Statement of Work	Identification of the following: • Clinical process, health status, HEDIS, patient experience, utilization, expenditures; • Composite measures using measured data; • Incentives linked to composite measures to assure balanced influence of the Triple Aims; • Provider access to comparative profiles. The SIM grant application contemplates a fully integrated health care system that allows patients to seamlessly move from acute care to community and home based services. Connecting the system in this manner will require identification of opportunities with providers who are not currently integrated into the system.
Year 2 Applicable Milestones	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.

TBD	
Method of Selection	Will comply with SOV procurement requirements
Budget Amount	$1,000,000
Contract Term	TBD – activity in Year 2
Method of Accountability	TBD depending on contract terms. Contract(s) will be executed at DVHA.
Itemized Budget	TBD depending on contract terms.
Budget Category	*Technology and Infrastructure*: Enhancements to Centralized Clinical Registry & Reporting Systems
Summary Statement of Work	Acquire or license clinical registry software.
Year 2 Applicable Milestones	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.

TBD	
Method of Selection	Will comply with SOV procurement requirements
Budget Amount	$155,000
Contract Term	TBD – activity in Year 2
Method of Accountability	TBD depending on contract terms. Contract(s) will be executed at DVHA.
Itemized Budget	TBD depending on contract terms.
Budget Category	*Technology and Infrastructure:* Telemedicine
Summary Statement of Work	Startup and 1 year pilot of a program and technology for telehealth. The State envisions using emerging but available technology to pilot a telehealth project for patients with complex chronic disease, and/or high readmission-risk acute episodes. We would intend to evaluate the impact of more aggressive and dedicated home monitoring on patient outcomes and cost.
Year 2 Applicable Milestones	Launch telehealth program as defined in telehealth strategic plan.

TBD	
Method of Selection	Will comply with SOV procurement requirements
Budget Amount	$250,000
Contract Term	TBD – activity in Year 2
Method of Accountability	TBD depending on contract terms. Contract will be executed at DVHA.
Itemized Budget	TBD depending on contract terms.
Budget Category	*Workforce Assessment: System-Wide Capacity*
Summary Statement of Work	Utilizing data collected through the all-payer claims database, surveys and licensure, deliverables in this section include developing a micro-simulation demand model to better inform workforce-related policymaking and investments. Workforce planning is about getting the right staff with the right skills in the right place at the right time. This is a complex undertaking. In Vermont, health workforce planning becomes even more difficult, given that payment and delivery system reform is a work in progress. While such planning is difficult, it is also urgently needed if Vermont's movement toward universal health care is to be successful. Coverage for care without an adequate workforce to assure access will result in a failure of reform.
Year 2 Applicable Milestones	Obtain micro-simulation demand model to identify future workforce resource needs.

TBD	
Method of Selection	Will comply with SOV procurement requirements
Budget Amount	$20,000
Contract Term	TBD – activity in Year 2
Method of Accountability	TBD depending on contract terms. Contract(s) will be executed at DVHA.
Itemized Budget	TBD depending on contract terms.
Budget Category	*Technical Assistance:* Learning Collaboratives
Summary Statement of Work	The Integrated Communities Care Management Learning Collaborative is intended to improve integration of care management activities between multiple health and social service organizations on behalf of at-risk people, and to provide learning opportunities around best practices for care management. It is supported by VHCIP funding, and consists of a number of in-person learning opportunities at the statewide and local levels for participants from the pilot communities of St. Johnsbury, Rutland and Burlington. In June 2015, the program expanded to additional communities throughout the State. The Learning Collaboratives are structured in cohorts of three communities each. The first cohort launched in January 2015, with the second and third cohorts launching in June 2015. It is anticipated that the final cohort will begin in 2016. Each Learning Collaborative cohort experiences a combination of in-person and webinar learnings. The in-person meetings are every other month with webinars on the alternate months for a total of 12 sessions. Expert faculty is used for both the in-person and webinar components. In addition to these sessions, there are facilitation experts to provider transformation support directly to the communities. In order to maximize impact, there will be a limited use of videography and posting/sharing of training videos. The Learning Collaboratives are also developing two sets of core competency training one of which focuses on disability core competency components. This component will begin in Fall 2015 and continue into 2016.

TBD	
Organizational Affiliation	GMCB
Scope of Project/Services to be Rendered	Responsible for ongoing assessment of evaluation infrastructure, appropriateness of evaluation metrics, and coordination with independent evaluator. In addition to providing ongoing evaluation at the state level, the Internal evaluation will concentrate on evaluating those activities that are not currently represented in nationally adopted measure sets. These expanded metrics are necessary to capture the effects of innovations that are particular to Vermont.
Relevance of Project/Service to SIM Grant implementation	Components to be supervised by a lead evaluation organization include: assessment of Community Health Team activities and relationship to costs, enhanced evaluation of care coordination, evaluation of coordination among community mental health and primary care providers and provider organizations, expanded evaluation of beneficiary experience, access to care, and diversion from avoidable acute care. Expansion of metrics for evaluating chronic disease self-management support, evaluation of population health in relation to SIM intervention, evaluation of system of Long Term Care Services and Supports in relation to SIM intervention, evaluation of mental health and substance abuse quality indicators, evaluation of provider alignment with new payment models, evaluation of adverse and unintended consequences of payment reform. Data sharing across providers must be improved not only to facilitate better care coordination but also to allow for ongoing evaluation and improvement of care.
Name of Consultants	TBD: The State of Vermont will follow standard state procurement policies for this contract.
Number of Days in Consultation	Year Two
Expected Budget or Rate of Compensation	Data extract related to state and federal evaluation. This is estimated at 15,000-20,000 per extract.
Method of Accountability	GMCB