CMS.gov
Centers for Medicare & Medicaid Services

State Model Innovations Progress Report

Award Detail

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

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

Progress Report

Progress Report	Q4 - 2014 Progress Report	**Award Title**	Vermont:Test R1
Report Quarter	Q4	**Report Year**	2014
Approval Status	Draft	**Last Modified By**	Georgia Maheras
WBS Not Applicable	✓		

Executive Summary

Overview

In this quarter, Vermont's SIM team continued implementing our commercial and Medicaid Shared Savings ACO Programs.

Vermont's Core Team awarded sub-grants to seven awardees in its second round of Sub-Grants on October 21st. Vermont's Provider Sub-grant program is now fully engaged, with 14 awardees working hard to develop innovative care delivery transformation and cost reduction models. The program represents an investment of $4.3M and involves over 1,600 providers statewide, touching nearly 300,000 Vermonters.

We hosted a Workforce Symposium, attended by 100 people from around Vermont, on November 10th. The Workforce Work Group concluded that the symposium was a good initial brainstorm around Vermont's future health care workforce and should be used to further develop and refine initiatives.

Vermont's Project Director and Population Health Work Group Staff participated in several conversations with the CDC around the population health plan.

We continued implementation of the two major health information investments started in the second quarter. We approved a clinical data gap remediation that would significantly improve the quality and number of clinical data elements to support the ACO SSP quality measure review electronically.

Success Story or Best Practice

Vermont's Blueprint for Health (the MAPCP demonstration project) and three ACOs have joined forces to transition the health care delivery system from the current advanced primary care model to a model of regionally-organized health systems. Vermont's SIM and Blueprint teams have been working on this alignment since the start of the SIM project. While still in the early stages, this alignment will be characterized by new payment models, enhanced investments in primary care, coordinated service networks, and increased emphasis on population health. Initiatives to accomplish this transition include:
• Unified performance reporting on aligned quality measures at the practice, health service area, and ACO levels; and
• Regional work groups to review results from the unified performance reports, establish local goals and priorities, plan and coordinate service models and quality improvement initiatives, and guide activities for community health teams.

Challenges Encountered & Plan to Address

The complexity of performance measurement has presented implementation challenges for Vermont's ACO Shared Savings Programs. The state has experienced issues that often occur with performance data collection and analysis, including concerns about data accuracy/validity and about securely sharing beneficiary information for measurement among partner organizations, questions about measure specifications, and the ability to engage busy provider organizations in collecting clinical and patient experience data. These issues have led to delays in interim reporting and generation of clinical measure samples. However, the state is working in concert with payers, ACOs, its analytics contractor and its patient experience survey contractor to systematically identify data issues as they arise, develop solutions for those issues, ensure fidelity with measure specifications, and support provider organizations and practices in implementing clinical and patient experience data collection.

Payer Engagement Activities

In addition to the work groups, Steering Committee and Core Team meetings, the Vermont SIM team continues to meet regularly with providers, payers, advocates, legislators and others to meet the goals of the SIM project. Vermont's SIM-funded contractors also provide technical support to the participants of these meetings.

• The ACO operations meetings discuss and resolve ongoing technical and operational aspects of the Shared Savings Programs.
• The ACO SSP Analytics meetings focus on the financial and quality measure review for the Shared Savings Programs and ensure the correct information is flowing between all parties to support this review.

• The Learning Collaborative meetings focus on developing the framework, timeline and roll-out of the collaborative.
• Blueprint meetings focus specifically on where there can be alignment with SIM measures, analytics, surveys and data collection to minimize duplication and burden.
• Meetings with the ACOs and payers for status updates, early identification of implementation challenges, and discussion about how we can all move toward value-based payment systems.
• Meetings regarding health information infrastructure with VITL, ACOs, and payers.
• Presentations to the following audiences:
Vermont Legislature: updates on payment and delivery system reform
CDC: updates on Vermont's SIM project.

Policy Activities

We are engaged in ongoing conversations with CMS regarding Vermont's State Plan Amendment and focused on responses related to actuarial trends this quarter.

Coordination Efforts with Other

In addition to the significant coordination with the Blueprint described in our Success Story above, Vermont's Medicaid SIM team is engaged in data sharing across multiple departments and agencies. This information is used for ongoing monitoring of the Medicaid program as well as overall evaluation of the success of the Medicaid SSP. Medicaid ACO's monthly data sharing process is complex and requires coordination amongst DVHA, CHAC, OneCare, the Lewin Group and the GMCB. ACOs must report monthly provider updates to DVHA; and, DVHA performs monthly attribution, financial calculation and shares claims data with the ACOs, Lewin and GMCB.

Vermont's SIM team coordinated with providers, VITL, and state health technology staff to coordinate health data investment activities to ensure investments are supportive of Vermont's SIM health data goals and are also sustainable into the future.

Self-Evaluation Findings

The state engaged in a variety of self-evaluation activities designed to directly inform the content of the Self-Evaluation Plan which will be finalized in Q1 2015. The state built a comprehensive inventory of claims-based measures that includes the universe of potential evaluation measures categorized and cross-walked across sources. The state identified the quantitative methodology to be used in the Self-Evaluation Plan (Interrupted Time Series Analysis) and explored feasibility issues related to flagging of beneficiaries attributed to VHCIP-initiatives in the State's All Payer Claims Database VHCURES. The state also completed its first qualitative investigation of a payment and care delivery reform oncology-focused pilot in the St. Johnsbury area of Vermont.

Additional Information

Vermont's workforce symposium started a new conversation around health care work force. In particular, there should be more focus on skill sets and flexibility within positions, rather than head counts. Efficiency and better coordination of care can be achieved through a greater emphasis on team-based care and linking existing programs such as the Hub and Spoke to the community in a more integrative manner. Additionally, it was noted that more flexibility is needed going forward in terms of licensing laws, scope of practice, and training for multiple skill sets within various healthcare professions.

Metrics

Metric Name	Performance Goal	Current Value
CAHPS Clinician & Group Surveys (CG-CAHPS or PCMH CAHPS)	0	0

CORE_Beneficiaries impacted_[VT]_Self-insured	0	0
CORE_Beneficiaries impacted_[VT]_Uninsured	0	0
CORE_Beneficiaries impacted_[VT]_VT Employees	0	0
CORE_Beneficiaries impacted_[VT]_[ACO]_Commercial	0	37152
CORE_Beneficiaries impacted_[VT]_[ACO]_Medicaid	0	47323
CORE_Beneficiaries impacted_[VT]_[ACO]_Medicare	0	67362
CORE_Beneficiaries impacted_[VT]_[APMH]_Commercial	0	113228
CORE_Beneficiaries impacted_[VT]_[APMH]_Medicaid	0	101084
CORE_Beneficiaries impacted_[VT]_[APMH]_Medicare	0	67568
CORE_Beneficiaries impacted_[VT]_[EOC]_Commercial	0	0
CORE_Beneficiaries impacted_[VT]_[EOC]_Medicaid	0	0
CORE_Beneficiaries impacted_[VT]_[EOC]_Medicare	0	0
CORE_Beneficiaries impacted_[VT]_[P4P]_Medicare	0	0
CORE_BMI_[VT]	70	0
CORE_Cost of Care_[VT]_Commercial	0	0
CORE_Cost of Care_[VT]_Medicaid/CHIP	0	0
CORE_Cost of Care_[VT]_Self-insured	0	0
CORE_Cost of Care_[VT]_VT-employees	0	0
CORE_Diabetes Care_[VT]	20	0
CORE_ED Visits_[VT]	0	0
CORE_HCAHPS Patient Rating_[VT]	70	0
CORE_Health Info Exchange_[VT]	311	250
CORE_HRQL_[VT]	10	0
CORE_Participating Providers_[VT]_[ACO]_Commercial	0	1140
CORE_Participating Providers_[VT]_[ACO]_Medicaid	0	926

CORE_Participating Providers_[VT]_[ACO]_Medicare	0	0
CORE_Participating Providers_[VT]_[APMH]	0	670
CORE_Participating Providers_[VT]_[EOC]	0	0
CORE_Participating Providers_[VT]_[HH]	100	133
CORE_Payer Participation_[VT]	4	3
CORE_Provider Organizations_[VT]_[ACO]_Commercial	0	59
CORE_Provider Organizations_[VT]_[ACO]_Medicaid	0	41
CORE_Provider Organizations_[VT]_[ACO]_Medicare	0	0
CORE_Provider Organizations_[VT]_[APMH]	0	63
CORE_Provider Organizations_[VT]_[EOC]	0	0
CORE_Provider Organizations_[VT]_[HH]	100	5
CORE_Readmissions_[VT]	0.6	0
CORE_Tobacco Screening and Cessation_[VT]	85	0
Number of Provider education and engagement efforts	0	21

Risk Factors

Risk Factors	Current Priority Level	Current Probability	Current Impact	Prioritized Risk Mitigation Strategy	Current Next Steps	Current Timeline
Data Infrastructure - Clinical or claims data quality is weak	3	Medium	High	We will work with vendors to create a standard for data collection and formatting to provide for verifiable and accurate outcomes. By creating one consistent format, we will enable the most efficient use of data.	VT continues its data governance program for its all-payer claims data with a VHCURES governance council to regularly to review and make decisions re: management of the data system, using a technical workgroup and a data research and review group.	Ongoing

Data Infrastructure - Connectivity challenges: data integration	3	High	High	The State will embark on a planning process for broader data integration to ensure existing challenges are remediated.	VT is actively engaged in activities intended to expand the participants in HIE beyond the initial population of hospitals, medical providers, laboratories and pharmacies. VT will also begin planning for the data integration of claims and clinical data.	Ongoing, with significant steps in 2015.
Data Infrastructure - Connectivity challenges: sharing claims and clinical	3	High	High	We will work with vendors and users to identify specific connectivity challenges (slowness of data sharing processing and access to Medicare data) and remediate them.The HIE/HIT Work Group will track & document them in our HIT strategic plan.	Vermont is actively engaged in activities intended to expand the participants in HIE beyond the initial population of hospitals, medical providers, laboratories and pharmacies.	Ongoing
Data Infrastructure - Data privacy	2	Low	High	We will continue current policy of protecting data and revisit policies annually to ensure privacy and confidentiality of the data.	VT will continue to have organizations participating in the HIE sign business associate agreements that detail how data is to be used between organizations. No work can begin on a project or interface until BAA agreements have been signed by all.	Ongoing

Data Infrastructure - Data privacy: 42 CFR Part 2 data	2	Low	High	We continue our policy of protecting data and revisit policies annually to ensure privacy and confidentiality of the data; work with vendors, users, providers and others to identify ways to share these data securely (DMH Agencies, FQHCs and others).	DVHA and the Blueprint continue to distribute their guidance document, including information re: data sharing with business associates, patient consents, patient authorizations, and general patient information used to assist in complying with privacy law.	
Data Infrastructure - Sustainability of HIT investments- both state and federal.	4	High	Medium	We are committed to developing and supporting a strong HIT infrastructure in 2015. SIM is engaged in 2 gap analyses for clinical data flowing into the HIE and will develop a remediation plan. Funding is dependent upon state and federal investments.	Vermont will continue to use SIM funding to monitor current HIT infrastructure, maintain it's capacity to function and invest in future upgrades.	Ongoing
Data Infrastructure - Telemedicine Delays	2	High	Low	The state intends to invest in telehealth (telemonitoring and telemedicine), but will engage a contractor for phase 1 of the project. Phase 1 includes an environmental scan of activity in this area and development of criteria to support investment.	Vermont has released an RFP for the first phase of this work, which should begin on January 1st. The telehealth (telemedicine, telemonitoring) investments will begin in fall 2015.	9/14 - 6/15

Data Infrastructure -Data gaps	4	Medium	High	We will expand upon the extensive HIE network built in VT; leverage the experience of organizations well-grounded in HIE build-out; reduce the complexity of IT infrastructure development & leverage best thinking and design of our HIT enhancements.	VT is funding analyses of technical exchange gaps for ACO providers and other providers not eligible for EHR incentive payments, including mh agencies, home health agencies, and l-t care providers such as nursing homes and residential care facilities.	Ongoing
Eval-Distinguish impact of initiative from gross outcome changes in the system	3	Medium	Medium	VT has contracted with an outside vendor to finalize a research design to best address this risk, who will work with us to ensure that the self-evaluation is as robust as possible while also reflecting the unique nature of the innovations being tested.	Continue to support the work being done by internal and external evaluators. Vermont is still developing its self-evaluation plan and expects the plan to describe the approaches being taken to mitigate against this in detail.	January through June 2015
Evaluation - Insufficient rigor in evaluation design to draw conclusions.	3	Medium	Medium	Vermont has contracted with an outside vendor to ensure that the self-evaluation is as robust as possible while also reflecting the unique nature of the innovations being tested.	VT requests all evaluations measure process; outcomes; patient, provider and caregiver experience; access to care; quality of care; reduction in the growth of health care expenditures; costs and other financial targets; and utilization.	January through June 2015

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

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

Federal Action -CMMI guidance	2	Medium	Medium	The State SIM team has in place flexible work plans that allow for the occasional change in direction or completion of additional work outputs as requested by CMMI.	The State will continue to have an open communication plan with CMMI Project Officer about any issues or questions that arise.	Ongoing
Federal Action -Federal fraud and abuse laws	2	Low	Medium	VT has not identified any legal obstacles in existing fraud and abuse laws. We have had one conversation with federal experts and will continue the conversation with them during model testing to ensure we have properly assessed these legal issues.	Continue to leverage current fraud and abuse protections, penalties, and performance-based terms and conditions.	Ongoing
Federal Action -State Plan Amendments	3	Medium	Low	The State has successfully undergone the SPA process and learned the importance of communication with CMS and using the appropriate format throughout the process. We will employ these lessons learned for all SPA requests.	Follow best practices as learned in the past SPA completion process. Continued exploration with CMS about how to make this process completed in an expedited manner.	Anually

Proj Des-Focus solely on provider perspect. instead of individ. receiving care	2	Medium	Medium	The State has encouraged consumer advocate and consumer participation on all work groups and the Steering Committee. The State also seeks public comment throughout the decision-making process.	The State will receive the patient satisfaction survey results soon and can use this information to inform policy decisions.	Ongoing
Project Design -Adherence to project timelines and milestones	2	Medium	Low	VT's timeline is aggressive. We have solid stakeholder relationships and a detailed project deliverable timeline, that is revised as project tasks change. This timeline is then disseminated to stakeholders and staff to ensure we meet project milestones.	Make Year 2 timelines and milestones publically available and well known so that all interested parties have stake in helping the project to meet their goals.	Ongoing
Project Design -Alignment with existing state activities	2	Medium	Medium	VT is focused on aligning SIM activities with existing health reform activities, including the Blueprint for Health. We continue to work to reform the State's healthcare system and project goals were created to be line with existing activities.	Continue to leverage existing state policies and anticipate future health reform strategies in SIM planning and implementation. Specific areas of focus include care management and care coordination as well as data integration and analysis.	Ongoing

Project Design -Care transformation will not be sustainable	4	Medium	High	VT will implement policies to build on Blueprint & ACO infrastructure and leverage quality improvement initiatives to support care transformation. VT will work closely with providers through Learning Collaboratives to support care transformation.	Care transformation will be evidence based and receive stakeholder support. Learning Collaboratives will test care transformation strategies, assess success & provide recommendations on implementation.	Ongoing
Project Design -Implementation delays due to unforeseen issues	3	Medium	Low	The State has created work plans to ensure progress of the SIM project continues forward despite potential setbacks. Staff can be allocated where necessary in order to complete delayed or unforeseen tasks.	Orient staff to various components of the SIM project, so they can help with and ensure progress is being made despite potential set backs or delays in other areas.	Ongoing
Project Design -Low provider and payer participation	3	Medium	Medium	We have significant payer and provider participation with a governance structure, with roles for providers, payers and individuals to enable issue resolution. Communications are relevant, timely, clear, predictable, appealing and multi-modal.	Continue to ask for provider input as SIM implementation continues to ensure no decisions made are ostracizing a large number of providers.	Ongoing

Project Design -Models are not designed well	5	Medium	High	We will test and evaluate the models implemented through this project both through formal, retrospective analysis and through real-time testing of our assumptions about incentives, causation and likely outcomes with project participants and stakeholders	Continue rapid cycle review of models during design and implementation.	Ongoing
Project Design -Project complexity	3	Low	Medium	Project governance and management structures share decision-making among project participants, open communication and a structure to foster clear assignment of tasks and coordination between discrete project components through project leadership.	Develop concrete plans for the project for year two so accountability and timelines are clear to project participants.	Ongoing
Project Design -Quality improvement will not be sustainable	4	Medium	High	VT works with stakeholders to select important performance measures and prioritize quality improvement initiatives, including the linkage of payment with performance. We believe changes made will be supported by the healthcare community and sustainable.	QI strategies will be coordinated on a regional basis by ACO and Blueprint leadership, be evidence based. We coordinate care management, learning collaboratives, and inform IT projects to facilitate performance measurement, support quality improvement.	Ongoing

Project Design -Weak model design	5	Medium	High	We will test & evaluate models through formal, retrospective analysis and real-time testing of assumptions about incentives, causation and outcomes with participants; and modify models if they show operational and/or implementation deficiencies.	Evaluate models at critical milestone and decision points to ensure they are meeting desired outcomes.	Ongoing
SOV Processes -Contract procurement delays	2	Medium	Low	Despite planning, contracts can be delayed. VT will provide as much information as possible in RFPs to avoid delays and contractor confusion; and review the contracting plan with all entities to understand the timelines.	Review current contracts and amendments to determine areas of improvement before releasing contracts in Yr 2.	Annual Review
SOV Processes -Departure of key personnel/contractors	3	Medium	Medium	While SIM team were selected to enable the SIM Project's success, we do not rely on any one individual, but rather a team. We will be able to recruit a replacement and the rest of the team would reconfigure as necessary to accomplish the SIM Project.	Work with staff to ensure personal and professional satisfaction.	

SOV Processes -Staff recruitment and retention	3	Medium	Low	Due to the specialized skills and small population and rural predominance of the state, timely recruitment of qualified staff is an identified challenge upon which we focus appropriate resources. Current staffing levels are at an all time high.	Cast a wide net during recruitment to attract a wide range of possible candidates.	Ongoing
Stakeholder Activities - Meetings and activities not useful for stakeholders	3	Medium	Medium	We will ensure stakeholders have a broad understanding of project components, with more collaboration between workgroups, cross workgroup presentations and sharing of work plans and timelines to make workgroup meetings more beneficial and more successful.	Continue process of evaluating all workgroups to identify best practices and common themes that have arisen in the past year, and how to address any areas of concern.	Ongoing
Stakeholder Activities -Expansion of project goals or work plan charters	2	Medium	Low	We have specific goals outlined in the grant application and operational plan. Only those expansions or changes in direction that have the full support of stakeholders and CMMI will be acted on so that the project can continue it's forward momentum.	Be pragmatic in expectations around how much the State can get done in each year. Lessons from the Yr 1 will help staff to more accurately project what can be accomplished in Yr 2.	Annual Review

Stakeholder Activities -Focus/distractions	1	Low	Low	Workgroup agendas are designed to focus group activities on important presentations and votes by members. Staff and consultants will be responsible for the more mundane tasks so stakeholders can avoid unnecessary distractions.	Limit agendas to only that which can be achieved in a given workgroup meeting to avoid rushing and allow for the necessary conversations to occur. Make sure materials are timely, appropriate and not too lengthy.	Ongoing
Stakeholder Activities -Positional advocacy	3	Medium	Medium	The project is structured to protect against the advancement of any one group's agenda, with collaboration in workgroups and approval of all decisions by the Steering and Core teams to ensure that all sides have a sufficient voice in the process.	Continue to allow for ample public comment periods and complete transparency in decision making.	Ongoing
Stakeholder Activities -Project fatigue	2	Medium	Medium	The structure of this project allows for stakeholder involvement: decisions are made after significant time for comment and discussion so stakeholders are continually engaged. Project timelines are modified as necessary to alleviate this fatigue.	Continue to monitor project timelines with providers and payers to confirm feasibility of activities.	Ongoing

State Processes - State fraud and abuse laws	2	Low	Medium	VT has not identified any legal obstacles in the existing fraud and abuse laws. We have had one conversation with experts in this area and will work with them during model testing to ensure we have properly assessed these legal issues.	Continue to leverage current fraud and abuse protections, penalties, and performance-based terms and conditions.	Ongoing

WBS

Vendor	Category of Expense	Primary Driver	Total Expenditure	Metric Name	Carry Over Funds	Rate/Un Cost
Policy Integrity #26294	Contract	Driver 19	$100,000	CORE_Health Info Exchange_[VT]	Yes	
James Hester $26319	Contract	Driver 19	$31,000	CORE_Health Info Exchange_[VT]	Yes	
Grant Provider Program-Misc. Grants	Contract	Driver 19	$3,292,296	CORE_Health Info Exchange_[VT]	Yes	

Nancy Abernathey #28243	Contract	Driver 19	$6,230	CORE_Participating Providers_[VT]_[APMH]	Yes
Coaching Center #27383	Contract	Driver 19	$15,000	CORE_Health Info Exchange_[VT]	Yes
VPQHC #27427	Contract	Driver 19	$20,000	CORE_Health Info Exchange_[VT]	Yes
BiState Primary Care #03410145615	Contract	Driver 19	$180,000	CORE_Provider Organizations_[VT]_[ACO]_Medicaid	Yes
University of Vermont #27909	Contract	Driver 19	$33,196	CORE_Health Info Exchange_[VT]	Yes
UVM Medical Center #28242	Contract	Driver 19	$512,710	CORE_Provider Organizations_[VT]_[ACO]_Commercial	Yes

University of Massachusetts #25350	Contract	Driver 19	$1,000,000	CORE_Health Info Exchange_[VT]	Yes
Datastat #25412	Contract	Driver 19	$115,278	CORE_Health Info Exchange_[VT]	Yes
Pacific Health Policy Group DTLSS #28062	Contract	Driver 20	$36,000	CORE_Cost of Care_[VT]_Medicaid/CHIP	Yes
Vermont Information Technology Leaders #3410127514	Contract	Driver 20	$3,210,464	CORE_Health Info Exchange_[VT]	Yes
Behavioral Health Network of VT #27379	Contract	Driver 20	$105,000	CORE_Health Info Exchange_[VT]	Yes

im21 #27806	Contract	Driver 20	$96,000	CORE_Health Info Exchange_[VT]	Yes
PDI Consulting #27818	Contract	Driver 20	$15,000	Number of Provider education and engagement efforts	Yes
Prevention Institute #28135	Contract	Driver 20	$21,257	CORE_Beneficiaries impacted_[VT]_[ACO]_Medicaid	
HIS Professionals #27511	Contract	Driver 20	$227,287	CORE_Health Info Exchange_[VT]	Yes
Vermont Information Technology Leaders #0341025614	Contract	Driver 20	$1,177,846	CORE_Health Info Exchange_[VT]	No
Deborah Lisi-Baker #26033	Contract	Driver 21	$35,000	CORE_Beneficiaries impacted_[VT]_[ACO]_Medicaid	Yes

Truven #26305	Contract	Driver 21	$40,000	CORE_Beneficiaries impacted_[VT]_[EOC]_Medicaid	Yes
Wakely Acturial Consulting #26303	Contract	Driver 21	$50,000	CORE_Cost of Care_[VT]_Medicaid/CHIP	Yes
Burns & Associates #18211	Contract	Driver 21	$200,000	CORE_Cost of Care_[VT]_Medicaid/CHIP	Yes
Pacific Health Policy Group #26096	Contract	Driver 21	$90,000	CORE_Beneficiaries impacted_[VT]_[ACO]_Medicaid	No
Maximus	Contract	Driver 21	$40,000	CORE_Beneficiaries impacted_[VT]_[ACO]_Medicaid	Yes
Pacific Health Policy Group #27087	Contract	Driver 21	$57,820	CORE_Beneficiaries impacted_[VT]_[ACO]_Medicaid	Yes

Bailit Health Purchasing #26095	Contract	Driver 21	$603,460	CORE_Beneficiaries impacted_[VT]_[ACO]_Commercial	Yes
The Lewin Group #27060	Contract	Driver 21	$285,644	CORE_Cost of Care_[VT]_Commercial	Yes
Arrowhead Analytics #25132	Contract	Driver 21	$37,797	CORE_Beneficiaries impacted_[VT]_[ACO]_Medicaid	Yes
Stone Environmental #28079	Contract	Driver 21	$20,000	CORE_Health Info Exchange_[VT]	Yes
Impaq International #27426	Contract	Driver 21	$354,967	CORE_Cost of Care_[VT]_Commercial	Yes