



Centers for Medicare & Medicaid Services

# State Innovation Model Progress Report

## Award Detail

<b>Award Title</b>	Vermont:Test R1	<b>Round</b>	1
<b>Organization Name</b>	Vermont	<b>Grants Management Specialist</b>	Gabriel Nah
<b>Type</b>	Test	<b>Project Officer</b>	Bridget Harrison
<b>Total Funding Amount</b>	\$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**

<b>Progress Report</b>	Q4 - 2015 Progress Report	<b>Award Title</b>	Vermont:Test R1
<b>Report Quarter</b>	Q4	<b>Date Submitted</b>	2/23/2016
<b>Report Year</b>	2015	<b>Approval Status</b>	Pending Approval
<b>Date Approved</b>		<b>Last Modified By</b>	Georgia Maheras
<b>WBS Not Applicable</b>	<input type="checkbox"/>		

## **Executive Summary**

### **Overview**

During Q4 of 2015, Vermont's SIM project continued to make progress in our three focus areas (payment model design and implementation; practice transformation; health data infrastructure) and submitted a Performance Period 2 No-Cost Extension.

**Payment Model Design and Implementation:** Vermont engaged in further analyses of Year 1 (2014) Medicaid and commercial Shared Savings Program (SSP) results. Vermont Medicaid identified three episodes of care (EOCs) around which it may design an EOC payment model, pending the outcome of discussions with CMMI. Vermont also began design for a second phase of work around Accountable Communities for Health (ACHs): an ACH Peer Learning Lab for interested communities will launch in early 2016 (Additional Information).

**Practice Transformation:** Vermont continued implementation of the Integrated Communities Care Management Learning Collaborative and selected bidders to support development of care management and disability-specific core competency training for front-line health care providers.

**Health Data Infrastructure:** Vermont's SIM-supported HIT/HIE investments have continued this quarter, including acquisition of the DocSite clinical registry for the Blueprint for Health (Success Story), continued negotiations to support launch of an event notification system, plans for investments to increase HIE connectivity for DLTSS providers, and the selection of telehealth pilots. Vermont also wrapped up its Health Data Inventory project (Success Story).

**Other:** In November 2015, staff developed and submitted a Year 3 Operational Plan for the 2016 calendar year. At CMMI's direction, Vermont withdrew the Operational Plan submission and submitted a request for a six-month No-Cost Extension (Challenges). CMMI approved this request in December, extending Year 2 of Vermont's SIM grant through June 2016. Project leadership did stakeholder education during December to explain this change and describe the impact on our work.

**Governance changes** None

## **Success Story or Best Practice**

**CMMI Approval of Year 2 Contract Request:** During Q4, Vermont's SIM project gained CMMI approval of our Year 2 budget and contract request, the conclusion of a months-long process. Project leadership has gathered lessons learned from this process and the Year 2 No-Cost Extension request to inform work on Vermont's Year 3 budget and Milestones.

**Year 1 SSP Analyses:** DVHA, GMCB, and SIM contractors continue to analyze data from both SSPs to pinpoint areas of success and improvement. DVHA analyses during Q4 examined cost and utilization trends compared to base years and the statewide control group to determine root causes of savings in the program's first year. Identified causes of reduced overall PMPMs included: an influx of new and low-utilizing beneficiaries and reduction in several service categories in 2014. DVHA also engaged in analyses of priority areas identified by SIM stakeholders, in particular an assessment of the quality of care for beneficiaries in the Medicaid SSP receiving DLTSS specialized services. DVHA is currently performing sub-analyses, expected to wrap up in Q1 2016.

**DocSite Acquisition:** Vermont has completed acquisition of the Covisint DocSite clinical registry software, which has been a key tool for the Blueprint for Health and Support and Services at Home (SASH) programs for over 5 years. The team hit a critical milestone in late December by verifying the source code. Go-Live of the system is scheduled for late March 2016.

**Health Data Inventory:** Vermont recently completed a Health Data Inventory to support future health data infrastructure planning. This project sought to build a comprehensive list of health data sources in Vermont, gather key information about each, and catalogue them in a web-accessible format. The completed inventory and a report offering findings and recommendations are available on the Resources page of our website (<http://healthcareinnovation.vermont.gov/node/863>) under Health Information Exchange.

## **Challenges Encountered & Plan to Address**

**Delayed Start of Year 3 Due to Year 2 No-Cost Extension:** In November 2015, Vermont SIM leadership developed and submitted a Year 3 Operational Plan for the 2016 calendar year. At CMMI's direction, Vermont withdrew this submission and submitted a request for a No-Cost Extension, a request that was approved by CMMI in December. Vermont's 6-month No-Cost Extension of Year 2 (January-June 2016) will allow Vermont to complete Year 2 milestones and expend remaining Year 2 funds. However, this will delay certain activities that were contractor supported and relied on Year 3 funding. Vermont's SIM Team have updated work plans, project plans, and contracting plans to accommodate these changes. Until new contract funds are available, SIM staff will be supporting activities such as Population Health Plan development and Sustainability Plan development.

## **SIM Engagement Activities**

Public and private payers continue to play key roles in Vermont's SIM project. In addition to significant payer participation in SIM Work Groups, Steering Committee, and Core Team meetings, the Vermont SIM team continues to meet regularly with payers as well as providers, 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. This quarter's meetings included a combination of design and implementation meetings as well as a series of educational updates in various forums.

- ACO Operations Meetings: Discuss and resolve ongoing technical and operational aspects of the Shared Savings Programs.
- ACO SSP Analytics Meetings: Focus on the financial and quality measure review for the Shared Savings Programs and ensure the correct information is flowing between all parties to support this review.
- Blueprint Meetings: Focus specifically on where there can be alignment between SIM and the Blueprint for Health in areas such as measures, analytics, surveys and data collection to minimize duplication and burden.
- Meetings with the ACOs and payers for status updates, early identification of implementation challenges, and discussion about how we can all move toward value-based payment systems.
- Meetings regarding health information infrastructure with Vermont Information Technology Leaders (VITL), ACOs, and payers.
- Meetings with Agency of Human Services departments and advisory groups to share information about project activities and progress.
- Updates provided to Legislative oversight committees regarding project status.

## **Policy Activities**

Medicaid SSP Year 3 SPA: During Q4, Vermont submitted public notice through DVHA to begin the Year 3 VMSSP SPA process. Public notice will close on January 29, 2016. DVHA expects to submit the SPA in Q1 2016.

## **State Health Care Innovation Activities**

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

**HIT/HIE:** Vermont's SIM project continues to work with providers and VITL on various projects to improve the health data infrastructure and increase health information exchange. In Q4, design work continued for a tool to support shared care planning/care transitions. Vermont continues to work to improve data quality with VITL, ACOs, and providers, and with the state's Designated Mental Health Agencies to build a data repository.

**All-Payer Waiver:** In Q4, Vermont continued discussions with CMMI to obtain a Medicare waiver to facilitate a statewide, all-payer approach to payment and delivery system reform. Vermont will continue to work with CMMI and will leverage VHCIP activities that support development and implementation of an All-Payer Model in the state. By utilizing federal investments in SIM and parallel State investments, Vermont will create a strong foundation for a statewide, all-payer, transformative delivery system model. This will be a focus of Vermont's Year 3 activities, Year 3 budget, and sustainability plan.

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

## **Self-Evaluation Findings**

**State-Led Evaluation Plan Approval:** Vermont worked with stakeholders to design a State-led Evaluation Plan which was submitted to CMMI on June 30, 2015. In August 2015, CMMI offered conditional approval of the State-led Evaluation Plan contingent on adding some additional elements to the design of the plan. Vermont submitted the revised Plan in November 2015. Vermont added: 1) a detailed logic model that illustrates and links project-wide goals, activities, milestones and metrics; 2) a description of project-wide state evaluation activities; and 3) a learning dissemination plan designed to facilitate the sharing of relevant findings. Vermont is awaiting further CMMI input and approval of the Plan; we anticipate receiving CMMI approval in Q1 2016.

**State-Led Evaluation Plan Implementation:** As a result of changes to the State-Led Evaluation Plan and related contract scopes, State procurement guidelines required Vermont to terminate its contract with the existing State-Led Evaluation contractor and re-procure for the revised scope of work in Q4. The existing contract, with Impaq International, was terminated in November 2015. Vermont released a new RFP for the revised scope of work on November 17, 2015, and held a bidder conference on November 30. Three bids were received and a new contractor selected in mid-December; contract negotiations with the apparently successful bidder began on December 18 and are underway. Vermont is awaiting CMMI input on a draft scope of work for the State-led Evaluation contract and hopes to execute the contract in January.

## **Additional Information**

Medicaid Mental Health/All-Payer Model/SIM Alignment: The State of Vermont has committed to moving forward with development of Designated Mental Health Agency and substance use provider payment and delivery system reform during 2016 and in preparation for a possible All-Payer Model. This work will entail a collaborative effort among SIM leadership, various departments within Vermont's Agency of Human Services, the association representing the state's Designated Mental Health Agencies, and representatives from community-based mental health and substance abuse agencies. Critical activities include determining provider readiness and level of risk providers are able to bear, development of a new payment model, identification of quality measures and reporting requirements, and creation of an implementation plan and timeline.

Accountable Communities for Health: During Q4, Vermont continued work to design and plan a second phase of work around Accountable Communities for Health. This work will support the launch of an Accountable Communities for Health Peer Learning Lab in Q1 2016. Interested communities will be invited to participate in a variety of peer learning activities facilitated by Vermont SIM staff and key personnel with contractor support (contractor TBD, currently in active procurement). Staff are working to ensure alignment between the Peer Learning Lab, the Integrated Communities Care Management Learning Collaborative, and the Unified Community Collaboratives, in partnership with Blueprint for Health staff.

## **Metrics**

<b>Metric Name</b>	<b>Performance Goal</b>	<b>Current Value</b>
"Number of Provider education and	100.00	21.00
CAHPS Clinician & Group Surveys (CG-CAHPS or PCMH CAHPS)_Commercial	0.00	0.00
CAHPS Clinician & Group Surveys (CGCAHPS or PCMH CAHPS)_Medicaid		0.00
CORE Beneficiaries impacted [VT] [ACO] Commercial	63658.00	39285.00
CORE Beneficiaries impacted [VT] [ACO] Medicaid	101000.00	78949.00
CORE Beneficiaries impacted [VT] [ACO] Medicare	111000.00	60842.00
CORE Beneficiaries impacted [VT] [APMH/P4P] Commercial	341000.00	126472.00
CORE Beneficiaries impacted [VT] [APMH/P4P] Medicaid	133000.00	112155.00
CORE Beneficiaries impacted [VT] [APMH/P4P] Medicare	111000.00	71086.00

CORE Beneficiaries impacted [VT] [EOC] Commercial		0.00
CORE Beneficiaries impacted [VT] [EOC] Medicaid		0.00
CORE Beneficiaries impacted [VT] [EOC] Medicare		0.00
CORE Beneficiaries impacted [VT] [P4P] Medicare	0.00	71086.00
CORE BMI [VT]_Commercial	0.00	59.00
CORE Diabetes Care [VT]_Commercial	0.00	34.00
CORE HCAHPS Patient Rating [VT]	0.00	0.00
CORE Health Info Exchange [VT]	311.00	345.00
CORE HRQL [VT]	0.00	10.00
CORE Participating Providers [VT] [ACO] Commercial	3832.00	909.00
CORE Participating Providers [VT] [ACO] Medicaid	3832.00	739.00
CORE Participating Providers [VT] [ACO] Medicare	3832.00	940.00
CORE Participating Providers [VT] [APMH]	3832.00	706.00
CORE Participating Providers [VT] [EOC]_Medicaid	0.00	0.00
CORE Payer Participation [VT]	4.00	3.00
CORE Provider Organizations [VT] [ACO] Commercial	3832.00	63.00
CORE Provider Organizations [VT] [ACO] Medicaid	264.00	45.00
CORE Provider Organizations [VT] [ACO] Medicare	264.00	70.00
CORE Provider Organizations [VT] [APMH]	264.00	60.00
CORE Provider Organizations [VT] [EOC]	0.00	0.00
CORE Provider Organizations [VT] [HH]	5.00	5.00
CORE_BMI_[VT]_Medicaid		41.00
CORE_BMI_[VT]_Medicare		65.00
CORE_Diabetes Care_[VT]_Medicare		24.00
CORE_Diabetes Care_[VT]_Medicare		24.00
CORE_Diabetes_[VT]Medicaid		25.00

CORE_ED Visits_[VT]_Commercial	0.00	15.20
CORE_ED Visits_[VT]_Medicaid		44.90
CORE_Readmissions_[VT]_Commercial	0.00	0.00
CORE_Readmissions_[VT]_Medicaid		17.00
CORE_Tobacco Screening and Cessation_[VT]_Commercial	0.00	0.00
CORE_Tobacco Screening and Cessation_[VT]_Medicaid		0.00
CORE_Tobacco Screening and Cessation_[VT]_Medicare		89.00
Unduplicated number of beneficiaries impacted by all refrom activities_Statewide	573360.00	336808.00



## Risk Factors

<b>Risk Factors</b>	<b>Current Priority Level</b>	<b>Current Probability</b>	<b>Current Impact</b>	<b>Prioritized Risk Mitigation Strategy</b>	<b>Current Next Steps</b>	<b>Current Timeline</b>
Data Infrastructure - Clinical or claims data quality is weak	3	Medium	High	VT will work with vendors to create a standard for data collection and formatting to provide for verifiable and accurate outcomes. One consistent format will enable efficient use of data by all those who come in contact with patient data regularly.	VT will continue to initiate a data governance program for its all-payer claims data to ensure data will support key business initiatives. VHCURES governance council meets regularly to review and make tactical decisions for management of the data system.	Ongoing
Data Infrastructure - Connectivity challenges: data integration	3	High	High	The State will work with embark on a planning process for broader data integration to ensure existing challenges are remediated.	VT is expanding participants in HIE beyond hospitals, medical providers, labs and pharmacies; begin planning for integration of claims and clinical data and began a project to inventory health care reform related data sets to enable future aggregation	Ongoing

<p>Data Infrastructure - 3 Connectivity challenges: sharing claims and clinical</p>	<p>High</p>	<p>High</p>	<p>VT will work with existing vendors and users to identify connectivity challenges to remediate, eg slowness of data sharing processing and access to Medicare data. VT tracks these via a HIE/HIT Work Group and will update our HIT strategic plan</p>	<p>Vermont is actively engaged in activities intended to expand the participants in HIE beyond the initial population of hospitals, medical providers, laboratories and pharmacies. Vermont is also in the process of revising its HIT plan to address these needs</p>	<p>Ongoing</p>
<p>Data Infrastructure - 2 Data privacy</p>	<p>Low</p>	<p>High</p>	<p>We will continue current policy of protecting data and revisit policies annually to ensure privacy and confidentiality of the data.</p>	<p>VT will continue to have any organization participating in VT's HIE sign business associate agreements to detail how data is to be used between organizations. No technical work can begin on a project or interface until agreements have been signed.</p>	<p>Ongoing</p>

Data Infrastructure - 2 Data privacy: 42 CFR Part 2 data	Low	High	We will continue to protect data, ensure privacy and confidentiality of the data and work with vendors, users, providers and others to share these data securely, including Designated Mental Health Agencies, Federally-Qualified Health Centers and others.	DVHA will continue to distribute guidance related to data sharing with business associates, patient consents and authorizations, and general patient information. VT will seek a compliant solution to sharing Part 2 data in 2016.	Ongoing
Data Infrastructure - 4 Sustainability of HIT investments- both state and federal.	High	Medium	VT continues to support a strong HIT infrastructure in 2016, with close alignment to the State of Vermont Health Information Technology Plan.	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 - 2 Telemedicine Delays	High	Low	Phase 1 of the telehealth project is complete (strategic plan development); phase 2 will launch telehealth pilots that align with this strategy, selected via RFP.	Delays in bidder selection and contract negotiations resulted in delayed program launch. To limit the impact, staff are working with apparent awardees to conclude negotiations and execute contracts; program launch is expected in February 2016.	Pilots anticipated Q1 2016 thru Q1 2017

Data Infrastructure -Data gaps	4	Medium	High	We will utilize and expand upon the HIE network, leverage the experience of organizations well-grounded in HIE build-out, and coordinate across the multiple organizations to leverage the best thinking about and design of our HIT enhancements.	VT is funding analyses of technical gaps that exist for ACO participating providers and for a variety of providers not eligible for EHR incentive payments, including MH agencies, home health agencies, and nursing homes and residential care facilities.	Ongoing
Eval-Distinguish impact of initiative from gross outcome changes in the system	3	Medium	Medium	VT has elected to use a mixed-methods study design that includes qualitative site visits and a cross-sectional survey, therefore the risk of omitting key causal covariates that cannot be isolated in quantitative analysis is no longer a risk.	N/A	Ongoing

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.	N/A	Ongoing
Evaluation - Siloed analysis	2	Low	Low	Safeguard against inconsistent results by ensuring there isn't duplicative analysis of the same measures by different contractors using different data sources, the same source with different specs, and/or data transformation/data normalization techniques.	Work with evaluation contractor and other SIM contractors to ensure analyses are as consistent as possible.	Ongoing
Evaluation - Sub-grant program pilots	1	Low	Low	All sub-grantees are required to provide plans for evaluation, so we are sure that there will be documentation of impact and success. They will provide this as part of quarterly reports and as part of the final report on their respective projects	Final sub-grant evaluations will be collected and coalesced into topical briefs that will be shared broadly across the State.	Ongoing

Evaluation - The timeframe of the SIM project is short	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.	Ongoing
External (to the project) influences - Impact of activities in border states	3	Medium	Medium	Much of the care Vermonters are seeking outside of the State and where the most impact will be felt is near White River Junction, where Dartmouth works collaboratively with the State and will continue to do for the foreseeable future.	Continue to foster a good working relationship with Dartmouth Medical Center	Ongoing

External (to the project) influences -Provider recruitment	3	Medium	Medium	By adjusting the payment structure for physicians in Vermont to better align with the care they are being compelled to provide, the State believes there will be a greater desire for physicians to relocate and remain in the State.	Continue to advocate for alternative payment models that will encourage providers to come to and remain in the state.	Ongoing
Federal Action - Loss of federal funding	4	Low	High	If we should lose the SIM funding, the activities described in this plan would be scaled back and decelerated, and providers and payers would need more time to transform their practices without the infrastructure and other tools provided 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, with regular bi-weekly (or more frequently as necessary) standing meetings.

Federal Action -Federal fraud and abuse laws	2	Low	Medium	VT has not identified any legal obstacles in the existing fraud and abuse laws, with one conversation with federal experts and will continue the conversation with them during model testing to ensure we have properly assessed these legal issues.	Continue to leverage current fraud and abuse protections, penalties, and performance-based terms and conditions	Ongoing
Federal Action -State 3 Plan Amendments	3	Medium	Low	The State has successfully completed the SPA process for Years 1 and 2 of the Medicaid SSP, and has begun the process for Year 3. We will employ lessons learned for all subsequent SPA submissions to ensure timely approval.	The State will follow best practices as established in the initial SPA approval process, and will continue to engage with CMS on a regular basis to explore improvements to program methodology in Year 3.	Annually



Proj Des-Focus solely on provider perspect. instead of individ. receiving care	2	Medium	Medium	"The State has encouraged consumer advocate and consumer participation on all work groups and the Steering Committee. The State also seeks public comment throughout the decision-making process."	The State will receive the patient satisfaction survey results soon and can use this information to inform policy decisions.	Ongoing
Project Design -Adherence to project timelines and milestones	2	Medium	Low	Vermont's timeline is aggressive; we have the relationships and the processes to adhere to it. We keep an updated detailed project deliverable timeline and disseminate it to stakeholders and staff to ensures we meet project milestones.	Make Performance Period 2 and 3 timelines and milestones publically available and well known so that all interested parties have stake in helping the project to meet their goals; additional PM support added to ensure projects remain on track.	Ongoing

Project Design -Alignment with existing state activities	2	Medium	Medium	VT is aligning SIM activities with existing health reform activities, including the Blueprint for Health, which pushes forward the existing work to reform the State's healthcare system and project goals were created to align with existing activities.	Continue to leverage existing state policies and anticipate future health reform strategies in SIM planning and implementation. Specific areas of focus include care management and care coordination as well as data integration and analysis.	Ongoing
Project Design -Care transformation will not be sustainable	4	Medium	High	VT will implement policies which build on the Blueprint and 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 strategies will be evidence based and Learning Collaboratives will test these, assess their success and provide recommendations on statewide implementation. Unified community health systems will support care transformation regionally.	Ongoing

Project Design -Implementation delays due to unforeseen issues	3	Medium	Low	The State has created work plans to ensure 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 in the SIM Project with processes to enable us to address issues that might lead to a lack of participation. Our communications are relevant, timely, clear, predictable, appealing and multi-modal.	Continue to ask for provider input as SIM implementation continues to ensure no decisions made are 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	We have project governance and management structures to provide for shared decision-making, open communication and a formal structure that will foster both clear assignment of tasks and accountabilities and coordination between discrete project components	Develop concrete plans for the project for Performance Periods 2 and 3 so accountability and timelines are clear; work groups have comprehensive 2016 plans with touchpoints with other work groups to ensure collaboration and avoid duplication.	Ongoing
Project Design -Quality improvement will not be sustainable	4	Medium	High	In policy and funding decisions VT works with stakeholders to select important performance measures and prioritize quality improvement initiatives, linking payment with performance, with changes supported by the healthcare community and sustainable.	Strategies will be coordinated regionally by ACO and Blueprint leadership through unified community health systems. Also coordinate care management, learning collaboratives, and IT projects to facilitate performance measurement and quality improvement.	Ongoing

Project Design -Weak model design	5	Medium	High	Test and evaluate models implemented through formal retrospective analysis and real-time testing of assumptions about incentives, causation and outcomes with project participants and stakeholders; modify models over the time if they show deficiencies.	Evaluate models at critical milestone and decision points to ensure they are meeting desired outcomes	Ongoing
SOV Processes -Contract procurement delays	2	Medium	Low	VT will provide as much information as possible in RFPs to avoid delays and contractor confusion, review the contracting plan with all state entities involved in the process to understand the timelines.	Review current contracts and amendments to determine areas of improvement before releasing contracts; work with DVHA business office to ensure adequate resources are assigned to facilitate SIM contracting process.	Annual Review; or more often as necessary

SOV Processes -Departure of key personnel/contractors	3	Medium	Medium	Certain personnel are beneficial to the overall project success; this team was selected to enable success. Should any member depart, we will 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.	Ongoing
SOV Processes -Staff recruitment and retention	3	Medium	Low	Due to the specialized skills, small population and rural nature of VT, recruitment of qualified staff is an identified challenge. Success is apparent as 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	Modify workgroups to better engage members and streamline activities. Workgroups were combined into three workstreams: a) Payment Model Design and Implementation b) Care Delivery and Practice Transformation and c) Health Data Infrastructure.	Share work group workplans and combine agendas into a more comprehensive implementation plan throughout remainder of project; Create monthly status reports to broadly share progress toward focus area milestones.	Ongoing
Stakeholder Activities -Expansion of project goals or work plan charters	2	Medium	Low	The SIM project has specific goals outlined in the grant application and operational plan; only those expansions or changes in direction that have the full support of stakeholders and CMMI will be acted on to continue the project's forward momentum.	Vermont has worked extensively with our federal partners and stakeholders to establish achievable milestones for the remainder of the project; we will continue to monitor progress toward those milestones.	Annual Review

Stakeholder Activities -Focus/distractions	1	Low	Low	Workgroup agendas are designed to focus group activities on important presentations and votes by members, without excessive items or mundane detail that the staff and consultants are responsible for, the stakeholders can avoid unnecessary distractions.	Limit agendas to only that which can be achieved in a given workgroup meeting to avoid rushing and allow for the necessary conversations to occur. Make sure materials are timely, appropriate and not too lengthy.	Ongoing
Stakeholder Activities -Positional advocacy	3	Medium	Medium	VT structured this project to protect against the advancement of any one group's agenda. The open and collaborative forum and necessary approval of all decisions by the Steering and Core teams ensures all sides have a voice in the process.	Continue to allow for ample public comment periods and complete transparency in decision making.	Ongoing



Stakeholder Activities -Project fatigue	2	Medium	Medium	The structure of this project allows for stakeholder involvement; decisions occur after significant time for comment and discussion. Allowing for open communication around project implementation goals stakeholders are likely to be continually engaged.	Continue to monitor project timelines with providers and payers to confirm feasibility of activities.	Ongoing
State Processes - State fraud and abuse laws	2	Low	Medium	VT has not identified any legal obstacles in the existing fraud and abuse laws, with one conversation with federal experts and will continue the conversation with them during model testing to ensure we have properly assessed these legal issues.	Continue to leverage current fraud and abuse protections, penalties, and performance-based terms and conditions	Ongoing

# WBS

<b>Vendor</b>	<b>Category of Expense</b>	<b>Primary Driver</b>	<b>Total Unrestricted Funding (obligated funds)</b>	<b>Metric Name</b>	<b>Carry Over Funds</b>	<b>Rate/ Unit Cost</b>	<b>Comments/ Notes</b>	<b>Total Payments (spent funds)</b>
Univ Massachusetts #25350	Contract	Driver 1	\$513,523	CORE Health Info Exchange [VT]	Yes		Year 1 Un-liquidated Obligation of \$50,779.76	\$454,133
Grant Provider Program-Misc Grants	Contract	Driver 1	\$3,900,665	CORE Health Info Exchange [VT]	Yes		Year 1 Obligated - \$2,028,196.15 Year 2 Obligated - \$1,872,468.99 Year 1 Un-liquidated Obligation - \$351,964.61 Year 2 Un-liquidated Obligation - \$48,829.73	\$1,930,319
Bi-State Primary Care Assn#03410-1456-14	Contract	Driver 1	\$535,757	CORE Participating Providers [VT] [ACO] Medicaid	Yes		Year 1 Obligated - \$535,757.29 Year 1 Un-liquidated Obligation - \$49,727.41	\$387,268
Vermont Medical Society #28675	Contract	Driver 1	\$130,329	CORE Participating Providers [VT] [ACO] Medicare	No		Year 2 Obligated - \$130,329.00 Year 2 Un-liquidated Obligation - \$33,501.42	\$0
Nancy Abernathey#28243	Contract	Driver 1	\$106,630	CORE	Yes		Year 1 Obligated	\$79,171

				Participating Providers [VT] [ACO] Medicaid		- \$100,000.00 Year 2 Obligated - \$6,630.00 Year 1 Un-liquidated Obligation - \$7,503.88	
UVM MC/One Care #28242	Contract	Driver 1	\$3,046,188	CORE Provider Organizations [VT] [ACO] Commercial	Yes	Year 1 Obligated - \$2,219,906.51 Year 2 Obligated - \$ 826,281.00 Year 1 Un-liquidated Obligation - \$153,188.50 Year 2 Un-liquidated Obligation - \$392,434.50	\$2,222,578
Univ of Vermont WF Symposium#27909	Contract	Driver 1	\$18,074	CORE Health Info Exchange [VT]	Yes	Closed Contract	\$18,074
JBS International #28389	Contract	Driver 1	\$108,000	CORE Participating Providers [VT] [ACO] Medicaid	No	Year 2 Obligated - \$108,000.00 Year 2 Un-liquidated Obligation - \$404.26	\$107,343
Coaching Center of VT#27383/29544	Contract	Driver 1	\$28,000	CORE Health Info Exchange [VT]	Yes	Year 1 Obligated - \$28,000.00 Year 1 Un-liquidated Obligation - \$ 2,000.00	\$26,000
Datastat #26412	Contract	Driver 1	\$165,639	CORE Health Info Exchange [VT]	Yes	Year 1 Obligated - \$85,639.00 Year 2 Obligated - \$80,000.00	\$85,639
Policy Integrity #26294/29266	Contract	Driver 1	\$134,775	CORE Health Info Exchange [VT]	Yes	Year 1 Obligated - \$104,775.00	\$87,025

						Year 2 Obligated - \$30,000.00 Year 1 Un-liquidated Obligation - \$17,750.00 Year 2 Un-liquidated Obligation - \$5,150.00	
James Hester #28674	Contract	Driver 1	\$17,000	CORE Health Info Exchange [VT]	Yes	Year 1 Obligated - \$10,000.00 Year 2 Obligated - \$7,000.00 Year 1 Un-liquidated Obligation - \$2,037.50 Year 2 Un-liquidated Obligation - \$1,812.50	\$7,962
James Hester #26319	Contract	Driver 1	\$16,945	CORE Health Info Exchange [VT]	Yes	Closed Contract	\$16,945
Covisint #29340	Contract	Driver 2	\$1,000,000	CORE Health Info Exchange [VT]	No		\$1,000,000
VT Information Tech Leaders/Dept Mental Health MOU	Contract	Driver 2	\$11,088	CORE Health Info Exchange [VT]	Yes	Closed Contract/MOU	\$11,088
Vermont Information Tech Leaders #03410-256-14	Contract	Driver 2	\$444,678	CORE Health Info Exchange [VT]	Yes	Closed Contract	\$444,678
Vermont Information Tech Leaders #03410-1275-14	Contract	Driver 2	\$3,628,132	CORE Health Info Exchange [VT]	Yes	Year 1 Obligated - \$2,315,543.77 Year 2 Obligated - \$1,312,588.00 Year 1 Un-liquidated Obligation - \$298,171.18 Year 2 Un-liquidated	\$2,553,543

						Obligation - \$306,967.50
Prevention Institute #28135	Contract	Driver 2	\$106,285	CORE Beneficiaries impacted [VT] [ACO] Medicaid	Yes	Closed Contract \$106,285
PDI-P Kriff #27818	Contract	Driver 2	\$79,583	CAHPS Clinician & Group Surveys (CGCAHPS or PCMH CAHPS)_Medicaid	Yes	Year 1 Obligated - \$79,582.75 Year 1 Un-liquidated Obligation - \$11,726.50
im21#27806	Contract	Driver 2	\$160,000	CORE Health Info Exchange [VT]	Yes	Closed Contract \$160,000
HIS Professionals #27511	Contract	Driver 2	\$207,852	CORE Health Info Exchange [VT]	Yes	Year 1 Obligated - \$207,852.95 Year 1 Un-liquidated Obligation - \$22,659.81
Behavioral Network of VT#27379	Contract	Driver 2	\$637,710	CORE Beneficiaries impacted [VT] [ACO] Medicaid	Yes	Year 1 Obligated - \$287,710.00 Year 2 Obligated - \$350,000.00 Year 1 Un-liquidated Obligation - \$96,135.00 Year 2 Un-liquidated Obligation - \$1,927.00
Burns & Associates #18211	Contract	Driver 3	\$202,230	CORE Beneficiaries impacted [VT] [ACO] Medicaid	Yes	Closed Contract \$202,230
Arrowhead Consulting #25312	Contract	Driver 3	\$58,962	CORE Beneficiaries impacted [VT]	Yes	Closed Contract \$58,962

Burns & Associates #28733	Contract	Driver 3	\$528,000	[ACO] Medicaid CORE Beneficiaries impacted [VT] [ACO] Medicaid	Yes	Year 1 Obligated - \$150,000.00 Year 2 Obligated - \$378,000.00 Year 1 Un-liquidated Obligation -\$50,045.00 Year 2 Un-liquidated Obligation -\$4,655.00	\$99,955
Maximus #20959	Contract	Driver 3	\$7,966	CORE Beneficiaries impacted [VT] [ACO] Medicaid	Yes		\$7,804
Deborah Lisi-Baker#26033	Contract	Driver 3	\$56,062	CORE Beneficiaries impacted [VT] [ACO] Medicaid	Yes	Un-Liquidated Obligation -\$5,500.00	\$46,250
Bailit Hlth Consulting #26095	Contract	Driver 3	\$625,075	CORE Beneficiaries impacted [VT] [ACO] Commercial	Yes	Year 1 Un-liquidated Obligation \$110,476.01	\$458,213
Pacific Health Policy Group #26096	Contract	Driver 3	\$89,963	CORE Beneficiaries impacted [VT] [ACO] Medicaid	Yes	Closed Contract	\$89,963
Pacific Health Policy Group #27087/29584	Contract	Driver 3	\$70,532	CORE Beneficiaries impacted [VT] [ACO] Medicaid	Yes	Close d Contract	\$70,532
Pacific Health Policy Group #28062/30595	Contract	Driver 3	\$111,280	CORE Beneficiaries impacted [VT] [ACO] Medicaid	Yes	Year 1 Un-liquidated Obligation - \$1,468.75	\$83,901
Wakely #26303	Contract	Driver 3	\$64,412	CORE	Yes	Year 1	\$39,412

Truven/Brandeis#26305/29267	Contract	Driver 3	\$19,905	Beneficiaries impacted [VT] [ACO] Medicaid CORE Beneficiaries impacted [VT] [ACO] Medicaid	Yes	Un-liquidated Obligation- \$21,443.75	\$9,905
The Lewin Group #27060	Contract	Driver 3	\$1,161,471	CORE Beneficiaries impacted [VT] [ACO] Medicaid Commercial	Yes	Year 1 Obligated - \$868,471.00 Year 2 Obligated- \$293,000.00 Year 1 Un-liquidated Obligation - \$275,000.00 Year 2 Un-liquidated Obligation - \$108,150.00	\$593,471
IMPAQ#27426	Contract	Driver 3	\$535,000	CORE HCAHPS Patient Rating [VT]	Yes	Year 1 Obligated - \$535,000.00 Year 1 Un-liquidated Obligation- \$118,425.10	\$400,000
Stone Environmental #28079/29502	Contract	Driver 3	\$145,138	CORE Health Info Exchange [VT]	Yes	Year 1 Obligated - \$145,138.00 Year 1 Un-liquidated Obligation - \$29,685.15	\$74,069
Stone Environmental #28427	Contract	Driver 3	\$80,000	CORE Health Info Exchange [VT]	No	Year 2 Obligated - \$80,000.00	\$0
Vermont Program for Quality in Health Care#28362	Contract	Driver 4	\$102,527	CORE Participating Providers [VT] [ACO] Medicaid	No	Year 2 Obligated - \$102,526.67 Year 2 Un-liquidated	\$54,195

ARIS Solutions#03410-1380-15	Contract	Driver 4	\$275,000	CORE Beneficiaries impacted [VT] [ACO] Medicaid	No	Obligation - \$19,500.00 Year 2 Obligated \$72,500 - \$275,000.00
HMA #28821	Contract	Driver 4	\$698,000	CORE Provider Organizations [VT] [ACO] Medicare	No	Year 2 Obligated \$0 - \$698,000.00 Year 2 Un-liquidated Obligation - \$184,002.64



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