



Centers for Medicare & Medicaid Services

State Innovation Model Progress Report

Award Detail

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| Award Title | Vermont:Test R1 | Round | 1 |
| Organization Name | Vermont | Grants Management Specialist | Gabriel Nah |
| Type | Test | Project Officer | Bridget Harrison |
| 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

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| Progress Report | Q4 - 2016 Progress Report | Award Title | Vermont:Test R1 |
| Report Quarter | Q4 | Date Submitted | 1/30/2017 |
| Report Year | 2016 | Approval Status | Pending Approval |
| Date Approved | | Last Modified By | Georgia Maheras |
| WBS Not Applicable | <input type="checkbox"/> | | |

Executive Summary

Overview

During Q4 of 2016, Vermont's SIM project continued to make progress in our three focus areas – payment model design and implementation, practice transformation, and health data infrastructure – and wrapped up work group activities.

Payment Model Design and Implementation: Vermont finalized the Vermont All-Payer ACO Model agreement with CMMI (see Policy Activities), and continued work on the first set of Medicaid Pathway reforms (Additional Information).

Practice Transformation: Vermont completed activities related to the Integrated Communities Care Management Learning Collaborative and Core Competency Trainings (Additional Information) and wrapped up the Sub-Grant Program (Additional Information).

Health Data Infrastructure: Vermont's SIM-supported HIT/HIE investments have continued this quarter, including: increased HIE connectivity to Home Health Agencies; continued telehealth pilot implementation, and completion of data quality projects.

Other:

- **Sustainability Planning:** Vermont developed a draft Sustainability Plan in Q4; the draft was presented to all stakeholder work groups in Q4 2016 for review and discussion (Success Story).
- **Population Health Plan:** Vermont continued to solicit input from stakeholder work groups on the draft Population Health Plan through Q4 of 2016 (Success Story). The plan builds on Vermont's efforts to improve population health outcomes through integration of care management efforts with community-wide prevention strategies.

Governance changes:

- Five of Vermont's six stakeholder work groups and the SIM Steering Committee held their final meetings in December 2016. (The Workforce Work Group was established by executive order and will continue.)
- The Core Team will continue to lead high-level decision-making through the end of the SIM Grant period. Turnover is expected on the Core Team as Vermont's newly elected Governor takes office.

Success Story or Best Practice

All-Payer Model: See Policy Activities, below.

Sustainability Planning: Vermont presented a draft Sustainability Plan to all stakeholder work groups in Q4 2016 for review and discussion, and accepted public comment throughout November. Vermont convened a work group of private-sector stakeholders to inform Vermont's sustainability planning process in August 2016. Feedback from this group and a group of high-level State leadership informed the draft Plan, which identifies each SIM workstream as either a one-time investment or an activity to sustain after SIM funding ends. For activities that are proposed to continue, the draft Sustainability Plan proposes a Lead Entity which will provide stewardship and ownership going forward, and Key Partners in ensuring work continues. Themes from work group discussion and public comment included: the roles of Lead Entities and Key Partners, and updates to roles over time; consumer participation; and the future role of stakeholders. Vermont will add specific information on funding for State-sustained activities in Spring 2017.

Population Health Plan: Vermont presented a draft Population Health Plan to all stakeholder work groups in Q4 2016 for review and discussion, and accepted public comment throughout October. The Population Health Plan proposes a strategic pathway forward to systematically connect integrated care management efforts with community-wide prevention strategies to improve population health outcomes, building on Vermont's existing State Health Improvement Plan. The plan outlines principles for integrating population health and prevention into broader health reform efforts, and identifies policy levers and options to support this. Themes from work group discussion and public comment included: balance between high-level goals and concepts and actionable strategies; inclusion or mention of particular populations or issues; and how the Population Health Plan aligns with other reforms like the All-Payer Model.

Challenges Encountered & Plan to Address

Governor's Administration Transition: Vermont elected a new Governor, former Lt. Governor Phil Scott, in November. SIM staff and other Shumlin Administration appointees worked closely with the incoming administration's transition team during Q4 to support a smooth transition and educate incoming appointees about the project.

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 Group, Steering Committee, and Core Team meetings in Q4, Vermont's SIM team continues to meet regularly with payers as well as providers, advocates, consumers, legislators, and others to meet the goals of the project. 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.
- All-Payer Model Meetings: Including operational planning and stakeholder engagement; key APM negotiating team members also frequently presented to Vermont's SIM Work Groups.
- 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.
- Medicaid Pathway Meetings: Focus on planning and design related to Medicaid-specific reforms.
- Meetings with the ACOs and payers for status updates, early identification of implementation challenges, and other discussion.
- 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.
- Monthly webinars for SIM participants on topics of interest identified by staff and stakeholders (January-December 2016). Webinars are archived at <http://healthcareinnovation.vermont.gov/node/879>.

Policy Activities

All-Payer Model: During Q4, Vermont saw progress on a number of key policy activities related to the All-Payer Model:

- APM Agreement: In Q4 2016, Vermont came to agreement with CMMI on a Medicare waiver to facilitate a statewide, all-payer approach to payment and delivery system reform, known as the Vermont All-Payer ACO Model (APM); the APM agreement was finalized and signed in October 2016. The Vermont All-Payer ACO Model sets a sustainable rate of growth for health care spending in that state, includes strict quality and performance measurement, and is intentionally aligned with Vermont's Global Commitment for Health 1115 waiver renewal.
- Contract Negotiations for DVHA Next Generation Model Proposal: During Q4, Vermont continued negotiations with the selected bidder for the State's Next Generation-style Medicaid ACO program. Contract execution is expected in early 2017.
- All-Payer Model Implementation: The Funding Opportunity Announcement for Start-Up Funding in Support of the Vermont All-Payer ACO Model Cooperative Agreement, worth up to \$9.5 million, was released in late November 2016. The State submitted a non-competitive application for these funds in December 2016. In addition, Vermont's Agency of Human Services announced a process by which the State will accept provider applications for Delivery System Reform (DSR) Investment funds in November 2016. DSR investments are intended to support Vermont in achieving the health system transformations necessary to achieve All-Payer Model goals. Capacity for DSR Investments was built into Vermont's renewed 1115 Medicaid Global Commitment Waiver. The Green Mountain Care Board continues to prepare for All-Payer Model implementation, including developing regulatory oversight and policy development mechanisms.

State Health Care Innovation Activities

Vermont's SIM project continues to coordinate with State-driven and private sector health care innovation activities in the state.

Blueprint for Health: In Q4, SIM continued to support implementation of Regional Collaboratives, local structures that support provider collaboration/alignment between Blueprint and ACO quality measurement, data analysis, clinical priorities, and improvement efforts. Regional Collaboratives convene leaders from ACOs, 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 2016, Vermont continued to work to improve data quality and connections to the VHIE with VITL, ACOs, and providers.

All-Payer Model: In Q4 2016, Vermont came to agreement with CMMI on a Medicare waiver to facilitate a statewide, all-payer approach to payment and delivery system reform, known as the Vermont All-Payer ACO Model (APM); the APM agreement was finalized and signed in October 2016. By utilizing federal investments in SIM and complementary State investments, Vermont is creating a strong foundation for a statewide, all-payer, transformative delivery system model. This has been and will continue to be a focus of Vermont's Year 3 SIM activities, Year 3 budget, and Sustainability Plan. The finalized All-Payer Model includes continued Medicare funding for the Blueprint in 2017, including medical home, community health team, and SASH payments (Policy Activities).

Community-Level Innovation: Vermont's SIM project has spurred innovation at the local level through a sub-grant program (completed this quarter; see Q2 2015 report and Additional Information), Learning Collaborative (completed this quarter; see Q3 2015 report and Additional Information), and Accountable Communities for Health work (ongoing; see Q3 2015 report).

Self-Evaluation Findings

In Q4, Vermont's State-Led Evaluation contractor completed site visits and interviews spanning regional areas of Vermont as well as diverse stakeholder entities. Preliminary findings highlight insights from stakeholders around the following themes: health reform generally; payment reform; care coordination; and data infrastructure. Overall, communities are engaged in capacity building to develop better data analytics and quality improvement structures, and they recognize SIM-funded care coordination and collaborative structures as high value activities and hope to sustain them. Learning collaboratives, core competency trainings, and leveraging existing relationships to bring structure to care coordination have supported advancement in care coordination activities. Opportunities to convey information and drive ideas from local communities to the state level are seen as key methods to inform statewide reform efforts. Data standardization efforts and data system improvements for future integration are also valued. Shared savings and sub-grant investment have increased redesign efforts, including: development of common protocols; identifying and mobilizing quality improvement supports; and furthering system and partner integration.

Also in Q4, the evaluation contractor conducted two focus groups reaching dual-eligible recipients as well as families of children with complex needs. Survey drafting began with a plan to reach advanced practice professionals and professionals involved in care coordination. Core objectives of the survey are to understand respondents' perceptions and readiness pertaining to:

- Implementation status of core care coordination functions/activities and perceived quality of care coordination;
- Perspective and experience with SIM-related payment reform;
- Facilitators and barriers to readiness for participating in alternative payment models; and
- Utilization of and perceived value of data and data infrastructure.

Additional Information

Learning Collaboratives and Core Competency Trainings: In Q4, Vermont wrapped up the Integrated Communities Care Management Learning Collaborative and the Core Competency Training series that developed out of that initiative. The Learning Collaborative is expected to continue through occasional convenings sponsored by the Blueprint and ACOs. The Core Competency Training series sessions were videotaped and all videos, training materials, and webinars are posted to the SIM project website; in addition, the series included a train-the-trainer component to support sustainability. Materials are available here:

<http://healthcareinnovation.vermont.gov/areas/practice-transformation/projects/core-competency-training>.

Sub-Grant Program: Vermont received final reports from its remaining sub-grantees in Q4. As the program ends, project staff have engaged the evaluation team and the self-evaluation contractor to develop a robust plan for the dissemination of lessons learned. Final reports are available here: <http://healthcareinnovation.vermont.gov/tags/sub-grant-status-reports>.

Medicaid Pathway: Vermont continued its work on the Medicaid Pathway. In October 2016, the State received responses to the Medicaid Pathway Information Gathering Process (IGP). The IGP sought feedback from interested stakeholders, focusing on providers who would participate in this phase of reforms, and attempted to gauge provider and organizational readiness to implement these and future new payment models and delivery system reform. The State submitted two reports to the Legislature in December 2016 related to the Medicaid Pathway, as required in Act 113 of 2016 Sections 11 and 12. The reports can be found here: <http://legislature.vermont.gov/reports-and-research/find/2018>.

Metrics

| Metric Name | Performance Goal | Current Value |
|---------------------------------------------------------------------|------------------|---------------|
| "Number of Provider education and | 100.00 | 32.00 |
| 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 | 44472.00 |
| CORE Beneficiaries impacted [VT] [ACO] Medicaid | 101000.00 | 67515.00 |
| CORE Beneficiaries impacted [VT] [ACO] Medicare | 111000.00 | 55487.00 |
| CORE Beneficiaries impacted [VT] [APMH/P4P] Commercial | 341000.00 | 119069.00 |

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| CORE Beneficiaries impacted [VT] [APMH/P4P] Medicaid | 133000.00 | 96958.00 |
| CORE Beneficiaries impacted [VT] [APMH/P4P] Medicare | 111000.00 | 0.00 |
| 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 | 0.00 |
| CORE BMI [VT]_Commercial | 0.00 | 0.00 |
| CORE Diabetes Care [VT]_Commercial | 0.00 | 0.00 |
| CORE HCAHPS Patient Rating [VT] | 0.00 | 0.00 |
| CORE Health Info Exchange [VT] | 311.00 | 0.00 |
| CORE HRQL [VT] | 0.00 | 0.00 |
| CORE Participating Providers [VT] [ACO] Commercial | 3832.00 | 1105.00 |
| CORE Participating Providers [VT] [ACO] Medicaid | 3832.00 | 996.00 |
| CORE Participating Providers [VT] [ACO] Medicare | 3832.00 | 933.00 |
| CORE Participating Providers [VT] [APMH] | 3832.00 | 0.00 |
| 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 | 60.00 |
| CORE Provider Organizations [VT] [ACO] Medicaid | 264.00 | 48.00 |
| CORE Provider Organizations [VT] [ACO] Medicare | 264.00 | 52.00 |
| CORE Provider Organizations [VT] [APMH] | 264.00 | 0.00 |
| CORE Provider Organizations [VT] [EOC] | 0.00 | 0.00 |
| CORE Provider Organizations [VT] [HH] | 5.00 | 5.00 |
| CORE_BMI_[VT]_Medicaid | | 0.00 |
| CORE_BMI_[VT]_Medicare | | 0.00 |
| CORE_Diabetes Care_[VT]_Medicare | | 0.00 |

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| CORE_Diabetes Care_[VT]_Medicare | | 0.00 |
| CORE_Diabetes_[VT]Medicaid | | 0.00 |
| CORE_ED Visits_[VT]_Commercial | 0.00 | 0.00 |
| CORE_ED Visits_[VT]_Medicaid | | 0.00 |
| CORE_Readmissions_[VT]_Commercial | 0.00 | 0.00 |
| CORE_Readmissions_[VT]_Medicaid | | 0.00 |
| 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 | | 0.00 |
| Unduplicated number of beneficiaries impacted by all refrom activities_Statewide | 573360.00 | 0.00 |

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 | Vermont will work with providers and vendors on practice workflow/standardizations to enhance efficiencies, implement terminology services (data cleansing and standardization) into the HIE, and develop PDSA cycles to ensure data quality improvement. | Vermont will implement systemic terminology services within the HIE, provide additional SIM funding for data quality efforts at Designated Agencies and Specialized Services Agencies, and implement provider workflow enhancements to improve efficiencies. | 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. | Vermont is expanding participants in HIE beyond initial users (hospitals, medical providers, labs, pharmacies), began planning for integration of claims/clinical data, and completed a health data inventory to support planning and aggregation. | Ongoing |

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| Data Infrastructure - 3 Connectivity challenges: sharing claims and clinical | High | High | Vermont will work with existing vendors/users to identify connectivity challenges to remediate, e.g. slowness of data sharing processing and access to Medicare data. Vermont tracks these via a Health Data Infrastructure Work Group and will update VHITP. | Review current contracts and amendments to determine areas of improvement before executing contracts; work with DVHA business office to ensure adequate resources are assigned to facilitate SIM contracting process. | Ongoing |
| Data Infrastructure - 2 Data privacy | Low | High | Vermont will continue current policy of protecting data and revisit policies annually to ensure privacy and confidentiality of the data. | Vermont will work with appropriate legal resources around the new proposed federal rules on 42 CFR Part 2 data and will identify implications and potential changes to privacy and technical systems architecture. | Ongoing |

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| <p>Data Infrastructure - 2 Data privacy: 42 CFR Part 2 data</p> | <p>Low</p> | <p>High</p> | <p>Vermont will continue to 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.</p> | <p>Vermont is building a data warehouse for Designated Agencies and Specialized Services Agencies that is fully compliant with the proposed Part 2 rules and is reviewing other systems' privacy and architectural changes to ensure compliance.</p> | <p>Ongoing</p> |
| <p>Data Infrastructure - 4 Sustainability of HIT investments- both state and federal.</p> | <p>High</p> | <p>Medium</p> | <p>Vermont continues to support a strong HIT infrastructure, with close alignment to the Vermont Health Information Technology Plan (VHITP).</p> | <p>Vermont will continue to use SIM funding to monitor current HIT infrastructure, ensure functionality, and invest in future upgrades by implementing the strategy and recommendations in the VHITP.</p> | <p>Ongoing</p> |

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| Data Infrastructure - 2 Telemedicine Delays | High | Low | Phase 1 of the telehealth project is complete (strategic plan development); Phase 2 launched telehealth pilots that align with this strategy, selected via RFP. | Delays in bidder selection and contract negotiations resulted in delayed program launch. Pilots launched in Q2-Q3 2016 and will wrap up in Q2 2017; delays expected to impact timeline of this workstream, but not overall SIM timeline. | Planned pilot launch Q4 2015; actual launch delayed to Q2 2016. Pilots to continue through Q2 2017. |
| Data Infrastructure 4 -Data gaps | 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. | Vermont's state-wide Health Information Technology Plan (VHITP) contains a strategy and recommendations to ensure that health information technology continues to be built as efficiently and robustly as possible. | Ongoing |

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| <p>Eval-Distinguish impact of initiative from gross outcome changes in the system</p> | <p>2</p> | <p>Low</p> | <p>Low</p> | <p>Vermont uses a mixed-methods study design that includes site visits, focus groups, key informant interviews, and a cross-sectional survey to limit the risk of omitting key causal covariates that cannot be isolated in quantitative analysis alone.</p> | <p>Vermont's evaluation contractor will implement the evaluation plan and the use of the mixed-method design will allow a look-back and thorough review of the data throughout the process to ensure fidelity and accuracy of the measurements.</p> | <p>Ongoing</p> |
| <p>Evaluation - Insufficient rigor in evaluation design to draw conclusions.</p> | <p>2</p> | <p>Low</p> | <p>Low</p> | <p>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.</p> | <p>Vermont works with stakeholders, project teams, evaluation experts and SIM leadership to ensure the State-led evaluation contractor is taking into account all innovations within the project and applying sufficient rigor to the evaluation.</p> | <p>Ongoing</p> |

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| Evaluation - Siloed analysis | 2 | Low | Low | Safeguard against inconsistent results by eliminating duplicative analysis by 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, full transparency in data usage and analysis. State-led evaluator and SIM sustainability contractor meet regularly to share, compare, and learn. | Ongoing |
| Evaluation - Sub-grant program pilots | 1 | Low | Low | All sub-grantees are required to provide plans for evaluation to ensure 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 were submitted and results will be shared widely across the State through the Learning Dissemination Plan. | Ongoing |

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| Evaluation - The timeframe of the SIM project is short | 2 | Low | Low | Vermont's SSP, launched in 2014, will provide three full years of testing. Additionally, we extended Performance Period 2 by six months to accommodate SIM project milestones. | Vermont engages in continual review of milestones and resources allocated to them to ensure resources are aligned so that we can meet project deadlines. We shift resources (both staff and contractor) as necessary to meet new needs. | 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 Hitchcock 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. Vermont is also engaging in workforce supply assessment and demand modeling to predict future workforce needs. | Ongoing |

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| Federal Action - Loss of federal funding | 4 | Low | High | If we should lose the SIM funding, planned activities 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 by SIM funding | Continued adherence to CMMI requirements for the SIM program. | Ongoing |
| Federal Action -CMMI guidance | 2 | Medium | Medium | The State SIM team has flexible work plans that allow for the necessary changes in direction or completion of additional work outputs as requested by CMMI. | The State will continue to have an open communication plan with the CMMI Project Officer about any issues or questions that arise. | Ongoing |
| Federal Action -Federal fraud and abuse laws | 2 | Low | Medium | Vermont has not identified any legal obstacles in the existing fraud and abuse laws, and will continue conversations with federal and state experts 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 | 1 | Medium | Low | The State has successfully completed the SPA process for Years 1, 2, and 3 of the Medicaid SSP. | This is no longer a risk. The State will continue to engage with CMS on a regular basis to review program results as more data become available. | Annually |

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| 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 continue to encourage consumer and consumer advocate engagement in policymaking through new or existing stakeholder engagement forums. | Ongoing |
| Project Design -Adherence to project timelines and milestones | 2 | Medium | Low | Vermont's timeline is aggressive, but is supported by strong relationships and processes. We keep an updated detailed project deliverable timeline and disseminate it to stakeholders and staff to ensure we meet project milestones. | Performance Period 3 timelines and milestones are publically available and well known so that all interested parties have a stake in helping the project to meet goals; additional Project Management support added to ensure projects remain on track. | Ongoing |

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| Project Design -Alignment with existing state activities | 2 | Medium | Medium | Vermont is aligning SIM activities with existing health reform activities, including the Blueprint for Health. This supports existing work to reform the State's health care system; 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 | Vermont will implement policies that build on the Blueprint and ACO infrastructure and leverage quality improvement initiatives to support care transformation, and will work with providers through Learning Collaboratives to support care transformation. | Care transformation strategies will be evidence-based; Learning Collaboratives will test strategies, assess success, and provide recommendations on statewide implementation. Regional Collaborations will support care transformation regionally. | Ongoing |

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| Project Design -Implementation delays due to unforeseen issues | 3 | Medium | Low | The State has created work plans to ensure program congruence: VT's SIM project continues to move 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 in the face of strong provider opposition. | Ongoing |
| Project Design -Models are not designed well | 5 | Medium | High | Vermont will test and evaluate the models implemented through SIM 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 |

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| Project Design -Project complexity | 1 | Low | Medium | Vermont project governance and management structures support shared decision-making, open communication and a formal structure that will foster both clear assignment of tasks and accountability and coordination between discrete project components. | We completed concrete plans for the project in Performance Period 3 so accountability and timelines are clear; work groups had detailed 2016 workplans that supported collaboration and avoided duplication. Work group activities ended in December 2016. | No longer a risk |
| Project Design -Quality improvement will not be sustainable | 4 | Medium | High | Vermont works with stakeholders to make policy and funding decisions sustainable by selecting performance measures and prioritizing quality improvement initiatives, linking payment with performance, with changes supported by the health care community. | Strategies will be coordinated regionally by ACO and Blueprint leadership through Regional Collaborations, supported by activities to enhance care management, learning collaboratives, and IT projects to facilitate measurement and quality improvement. | Ongoing |

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| 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 | Vermont will provide as much information as possible in RFPs to avoid delays and contractor confusion, and reviews 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 as deemed necessary by DVHA Business Office |
| SOV Processes -Departure of key personnel/contractors | 3 | High | Medium | As staff depart, project leadership elects to recruit a replacement, reconfigure existing staff resources, or draw on contractor resources to ensure tasks are accomplished. This is particularly relevant in Performance Period 3. | Work with staff to ensure personal and professional satisfaction; develop flexible staffing structure that can reconfigure as necessary to fill gaps due to staff departures. | Ongoing |

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| SOV Processes -Staff recruitment and retention | 3 | Medium | Low | Due to the specialized skills, small population, and rural nature of Vermont, recruitment of qualified staff is an identified challenge. Success is apparent as Vermont's SIM project has recruited an effective and highly qualified team. | Cast a wide net during recruitment to attract a range of possible candidates. | Ongoing |
| Stakeholder Activities - Meetings and activities not useful for stakeholders | 3 | Medium | Medium | Modify work groups to better engage members and streamline activities. Work groups align with project focus areas: a) Payment Model Design and Implementation; b) Practice Transformation; and c) Health Data Infrastructure. | Vermont shared work group workplans and combined agendas into comprehensive implementation plans starting mid-project. Monthly status reports are broadly shared to educate stakeholders on progress. Work group activities ended in December 2016. | No longer a risk |

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|-----------------------------------------------------------------------------|---|--------|-----|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------|
| 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 plans; only those expansions or changes in direction that have the full support of stakeholders and CMMI will be pursued 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 | Work group 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. | Vermont limited agendas to only that which can be achieved in a given work group meeting to avoid rushing and allow necessary conversations to occur, striving to ensure materials were timely and appropriate. Work group activities ended in December 2016. | No longer a risk |

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| Stakeholder Activities -Positional advocacy | 3 | Medium | Medium | Vermont 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 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

| Vendor | Category of Expense | Primary Driver | Total Unrestricted Funding (obligated funds) | Metric Name | Carry Rate/Over Unit Funds Cost | Comments/ Notes | Total Payments (spent funds) |
|--------------------------------------------|----------------------------|-----------------------|-----------------------------------------------------|-------------------------------------------------|----------------------------------------|------------------------------------------------------------------------------------------------------------|-------------------------------------|
| University of Massachusetts #25350 | Contract | Driver 1 | \$955,974 | CORE Payer Participation [VT] | Yes | Unliquidated obligations-\$64,434.46 | \$727,356 |
| Grant Provider Program-Variou s Agreements | Contract | Driver 1 | \$4,564,505 | CORE Health Info Exchange [VT] | Yes | Unliquidated Obligations-\$130,600.34 Program is closed, closeout activities are completed as of 1/25/2017 | \$4,105,132 |
| Chittenden County RPA#31697 | Contract | Driver 1 | \$78,687 | "Number of Provider education and | Yes | Unliquidated Obligation-\$32,803.63 (pending PP3 additional funding request) | \$50,814 |
| Visiting Nurses Assoc. #31163 | Contract | Driver 1 | \$229,600 | CORE Beneficiaries impacted [VT] [ACO] Medicaid | Yes | Unliquidated Obligation-\$23,428.45 | \$0 |
| Howard Center#31572 | Contract | Driver 1 | \$363,314 | CORE Beneficiaries impacted [VT] [ACO] Medicaid | Yes | Unliquidated Obligation-\$143,014.31 | \$705 |
| VT Medical Society Ed. & Research#28675 | Contract | Driver 1 | \$149,533 | CORE Beneficiaries impacted [VT] [ACO] Medicare | Yes | CLOSED CONTRACT | \$149,533 |
| Nancy Abernathey#28243 | Contract | Driver 1 | \$130,199 | CORE Beneficiaries impacted [VT] [ACO] Medicaid | Yes | Unliquidated Obligation-\$1,514.58 | \$119,970 |

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| UVM Medical Center/One Care#28242 | Contract | Driver 1 | \$4,859,341 | CORE Beneficiaries impacted [VT] [ACO] Commercial | Yes | Unliquidated Obligation-\$522,784.14 | \$4,336,556 |
| UVM-WF Symposium#27909 | Contract | Driver 1 | \$18,073 | CORE Health Info Exchange [VT] | No | CLOSED CONTRACT | \$18,073 |
| JBS International#28389 | Contract | Driver 1 | \$107,747 | CORE Beneficiaries impacted [VT] [ACO] Medicaid | No | CLOSED CONTRACT | \$107,747 |
| Coaching Center of Vermont#27383/29544 | Contract | Driver 1 | \$32,250 | CORE Health Info Exchange [VT] | No | CLOSED CONTRACT | \$32,250 |
| Behavioral Health Network of VT#27379/30896 | Contract | Driver 1 | \$2,243,321 | CORE Health Info Exchange [VT] | Yes | Unliquidated Obligation_\$300,174.94 | \$1,299,328 |
| Datastat#26412 | Contract | Driver 1 | \$293,324 | CORE Health Info Exchange [VT] | Yes | Unliquidated Obligation-\$60,603.50 | \$176,207 |
| Policy Integrity#26294/26266 | Contract | Driver 1 | \$210,775 | CORE Health Info Exchange [VT] | Yes | Unliquidated Obligation-\$5,700.00 | \$169,125 |
| James Hester#26319/28674 | Contract | Driver 1 | \$44,008 | CORE Health Info Exchange [VT] | Yes | | \$38,033 |
| Covisint | Contract | Driver 2 | \$1,000,000 | CORE Health Info Exchange [VT] | No | CLOSED CONTRACT | \$1,000,000 |
| VT Dept of Mental Health/VITL MOU | Contract | Driver 2 | \$11,087 | CORE Health Info Exchange [VT] | No | CLOSED CONTRACT | \$11,087 |
| Patient Ping#30642 | Contract | Driver 2 | \$475,026 | CORE Health Info Exchange [VT] | Yes | Unliquidated Obligation-\$70,184.94 | \$156,303 |
| Vermont Information Tech Leaders#3410-256-14 | Contract | Driver 2 | \$444,677 | CORE Health Info Exchange [VT] | No | CLOSED CONTRACT | \$444,677 |
| Vermont Information Tech Leaders#3410-127514/31204 | Contract | Driver 2 | \$4,845,702 | CORE Health Info Exchange [VT] | Yes | Unliquidated Obligation-\$99,985.28 | \$4,152,993 |
| Prevention Institute#28135 | Contract | Driver 2 | \$106,285 | CORE Beneficiaries impacted [VT] [ACO] Medicaid | No | CLOSED CONTRACT | \$106,285 |
| PDI-Peter Kriff#27818 | Contract | Driver 2 | \$89,989 | "Number of Provider education | No | CLOSED CONTRACT | \$89,989 |

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| im21#27806 | Contract | Driver 2 | \$160,000 | and CORE Health Info Exchange [VT] | No | CLOSED CONTRACT | \$160,000 |
| H.I.S. Professionals #27511 | Contract | Driver 2 | \$205,207 | CORE Health Info Exchange [VT] | Yes | CLOSED CONTRACT | \$205,207 |
| Burns & Associates #18211/28733 | Contract | Driver 3 | \$1,599,837 | CORE Beneficiaries impacted [VT] [ACO] Medicaid | Yes | Unliquidated Obligation-\$45,125.00 | \$1,271,101 |
| Hewlett Packard Enterprise#8430A16 | Contract | Driver 3 | \$750,000 | CORE Payer Participation [VT] | Yes | Unliquidated Obligation-\$152,919.29 | \$179,321 |
| Arrowhead Consulting#25312 | Contract | Driver 3 | \$58,961 | CORE Beneficiaries impacted [VT] [ACO] Medicaid | No | CLOSED CONTRACT | \$58,961 |
| Bi-State Primary Care Assn#3410-1456-14 | Contract | Driver 3 | \$1,707,428 | CORE Participating Providers [VT] [ACO] Medicaid | Yes | Unliquidated Obligation-\$53,027.19 | \$999,088 |
| Primary Care Development Corp.#30961 | Contract | Driver 3 | \$326,689 | CORE Beneficiaries impacted [VT] [ACO] Medicaid | Yes | Unliquidated Obligation-\$18,060.00 | \$297,490 |
| VT DDC (Learning Collaborative) MOU LC | Contract | Driver 3 | \$159,717 | CORE Beneficiaries impacted [VT] [ACO] Medicaid | Yes | Unliquidated Obligation-\$9,969.00 | \$108,136 |
| Maximus #20959 | Contract | Driver 3 | \$8,166 | CORE Beneficiaries impacted [VT] [ACO] Medicaid | No | | \$7,804 |
| Deborah Lisi-Baker#26033 | Contract | Driver 3 | \$83,875 | CORE Beneficiaries impacted [VT] [ACO] Medicaid | No | Unliquidated Obligation-\$5,500 (pending request for additional funding) | \$81,625 |
| Bailit Health Consulting#26095 | Contract | Driver 3 | \$968,795 | CORE Beneficiaries impacted [VT] | No | Unliquidated Obligation-\$6,829.37 | \$812,301 |

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| Pacific Health Policy Group#26096 | Contract | Driver 3 | \$89,963 | [ACO] Commercial CORE Beneficiaries impacted [VT] [ACO] Medicaid | No | CLOSED CONTRACT | \$89,963 |
| Pacific Health Policy Group#28062/30595 | Contract | Driver 3 | \$381,804 | CORE Beneficiaries impacted [VT] [ACO] Medicaid | Yes | Unliquidated Obligation-\$14,748.75 | \$292,365 |
| Pacific Health Policy Group#27087/29584 | Contract | Driver 3 | \$70,532 | CORE Beneficiaries impacted [VT] [ACO] Medicaid | No | CLOSED CONTRACT | \$70,532 |
| Wakely Consulting#26303 | Contract | Driver 3 | \$546,669 | CORE Beneficiaries impacted [VT] [ACO] Medicaid | Yes | Unliquidated Obligation-\$301,348.75 | \$145,786 |
| Truven/Brandeis#26305/29267 | Contract | Driver 3 | \$9,905 | CORE Beneficiaries impacted [VT] [ACO] Medicaid | No | CLOSED CONTRACT | \$9,905 |
| Healthfirst #3410-1457-15 | Contract | Driver 3 | \$54,220 | CORE Beneficiaries impacted [VT] [ACO] Commercial | No | CLOSED CONTRACT | \$54,220 |
| The Lewin Group#27060 | Contract | Driver 3 | \$2,078,598 | CORE Beneficiaries impacted [VT] [ACO] Commercial | Yes | Unliquidated Obligation-\$45,902.85 | \$1,391,738 |
| IMPAQ#27426 | Contract | Driver 3 | \$532,547 | CORE Payer Participation [VT] | No | CLOSED CONTRACT | \$532,547 |
| Stone Environmental#27909 | Contract | Driver 3 | \$101,539 | CORE Health Info Exchange [VT] | No | CLOSED CONTRACT | \$101,539 |
| Stone Environmental#28427 | Contract | Driver 3 | \$163,404 | CORE Health Info Exchange [VT] | Yes | Unliquidated Obligation-\$30,811.55 | \$92,827 |
| VPQHC#28362 | Contract | Driver 4 | \$228,546 | CORE Beneficiaries | Yes | Unliquidated Obligation-\$9,533.10 | \$219,013 |

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| ARIS Solutions#3410-1380-15 | Contract | Driver 4 | \$269,790 | impacted [VT] [ACO] Medicaid CORE Beneficiaries impacted [VT] [ACO] Medicaid | No | CLOSED CONTRACT | \$269,790 |
| Health Management Associates#28821 | Contract | Driver 4 | \$1,548,000 | CORE Participating Providers [VT] [ACO] Medicare | Yes | Unliquidated Obligation-\$198,304.22 | \$588,202 |
| IHS Global, Inc.#31309 | Contract | Driver 4 | \$295,000 | CORE Payer Participation [VT] | Yes | Unliquidated Obligation-\$65,000.00 (pending additional funding request) | \$272,000 |
| Vermont Public Health Institute #31145 | Contract | Driver 4 | \$207,393 | "Number of Provider education and | No | Unliquidated Obligation-\$7,100.00 | \$117,033 |
| JSI#30773 | Contract | Driver 4 | \$572,030 | CORE Payer Participation [VT] | Yes | Unliquidated Obligation-\$11,127.35 | \$127,508 |
| Kim Friedman#28258 | Contract | Driver 4 | \$10,000 | CORE Payer Participation [VT] | Yes | Unliquidated Obligation-\$2,125.00 | \$5,000 |
| Vermont Public Health Assn #31551 | Contract | Driver 4 | \$30,000 | "Number of Provider education and | No | Unliquidated Obligation-\$6,000.00 | \$21,600 |
| Myers & Stauffer #31521 | Contract | Driver 4 | \$200,000 | Unduplicated number of beneficiaries impacted by all refrom activities_Statewide | No | Unliquidated Obligation-\$19,333.34 | \$99,667 |



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