



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>	Q2 - 2015 Progress Report	<b>Award Title</b>	Vermont:Test R1
<b>Report Quarter</b>	Q2	<b>Date Submitted</b>	8/14/2015
<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 Quarter 2 of Year 2, Vermont's SIM project continued to make progress in three core areas (payment model design and implementation; care delivery and practice transformation; and health data infrastructure), and engaged in project-wide strategic planning.

**Payment Model Design and Implementation:** Vermont continued to administer its Medicaid and commercial Shared Savings Programs (SSPs), analyzing Year 1 data to assess cost and quality performance; updated Year 2 measures based on national changes; and began consideration of potential program standard modifications for Year 3. Vermont's SPA for Year 1 of the Medicaid SSP was approved in June ("Policy Activities"). Staff worked to develop an RFP for a contractor to support Episode of Care analytics, to be released in Quarter 3.

**Care Delivery and Practice Transformation:** Vermont began planning to expand the Integrated Communities Care Management Learning Collaborative to up to eight new communities, and finalized six briefs to support health care providers and care managers in providing optimal care for people with disabilities ("Success Story").

**Health Data Infrastructure:** Vermont's SIM-supported HIT/HIE investments have continued this quarter, with a focus on investigating care coordination opportunities and improving clinical data quality.

#### **Other:**

- The Population Health Work Group continued work on the State's Population Health Plan.
- The Project Director and Core Team Chair continued the mid-project risk assessment to support the State and the SIM project in meeting CMMI targets.

Governance changes:

- Susan Wehry, Commissioner of the Department of Disabilities, Aging, and Independent Living (DAIL) retires in July; she will be replaced by Monica Hutt, who will represent DAIL on the VHCIP Core Team.
- Two work group co-chairs left the project (Nancy Eldridge of Care Models and Care Management Work Group and Judy Peterson of the DLTSS Work Group)..

### **Success Story or Best Practice**

**Project-Wide Convening:** Project leadership hosted a full-day meeting on June 17 for project staff, work group co-chairs, and key stakeholders (including representatives from the ACOs and Vermont Information Technology Leaders/VITL). Participants discussed project-wide progress, revised Year 2 milestones proposed to CMMI on May 26, and strategies and opportunities to support meeting these milestones across the project's three core areas. Discussions produced broad consensus on goals for the next 18 months and challenges the project faces.

**Sub-Grant Program:** Project leadership convened sub-grantees for a half-day symposium on May 27 with sub-grantees, staff, ACOs, and other key stakeholders to discuss progress and lessons learned. Sub-grantees are beginning to report measurable progress from their efforts: one, a partnership between the Vermont Medical Society Foundation and UVM Medical Center to reduce unnecessary lab tests, reported a 40-point drop in the percentage of adult inpatients with standing lab orders.

**Learning Collaborative Expansion:** Vermont's SIM Project is preparing to expand the Integrated Communities Care Management Learning Collaborative to two additional cohorts in Quarter 3 in response to strong provider interest. The Learning Collaborative supports quality improvement and innovation in communities seeking to integrate care management across health, community, and social service organizations. The first three-community cohort launched in Quarter 1; the project has approved funds for up to three additional cohorts.

**Disability Awareness Briefs:** The project has finalized six comprehensive briefs aimed at supporting health care providers and care managers in providing optimal care for people with disabilities. The briefs were designed as part of a DLTSS-specific care management effort being developed through the Learning Collaborative initiative, which will include a training curriculum to be developed in Quarter 3.

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

Delayed CMMI Approval of Year 2 Contract Request: Vermont's SIM project continues to work with CMMI to secure approval of our full Year 2 budget, and in particular our Year 2 contract request. To limit fiscal risk to the State, the State of Vermont has elected to stop work on some SIM-funded contracts; other contractors continue to work, though the state has discontinued processing invoices until CMMI approval of the Year 2 contract request is resolved. Project staff and contractors are working hard to mitigate the impact of this and work continues apace to the greatest extent possible. State leadership has continued to meet frequently with CMMI to support resolution of remaining issues, and we consider obtaining CMMI approval for our Year 2 contract request our top priority.

Sharing Lessons Learned: Vermont's SIM project supports a large and growing number of activities across our three core areas, in addition to pre-existing and parallel health care reform initiatives ongoing in our state. In this complex environment, it is a challenge to ensure that lessons learned from these efforts are continually gathered and integrated into our work – this was a common theme from our May 27th Sub-Grantee Symposium. Project leadership and staff are making concerted efforts to address this challenge; for example, new quarterly reporting templates for sub-grantees emphasize identifying early findings so they can be retained and inform our future work and plans for post-grant sustainability.

## **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.

- Project-Wide Convening: A full-day meeting on June 17th with staff, work group co-chairs, and key stakeholders to review progress, introduce revised Year 2 milestones proposed to CMMI on May 26, and discuss strategies to meet milestones (“Success Story”).
- Sub-Grantee Symposium: A half-day meeting on May 27th with sub-grantees, staff, ACOs, and other key stakeholders to discuss progress and lessons learned (“Success Story”).
- 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 VITL, ACOs, and payers.
- Presentations to the Vermont Legislature: Updates on payment and delivery system reform.

## **Policy Activities**

SPA: SPA 14-017 (Vermont's Medicaid State Plan Amendment for Year 1 of the VMSSP) was approved by CMS on June 5, 2015. Throughout the Year 1 SPA process (15 months), Vermont worked with CMS to respond to formal and informal questions related to aspects of the VMSSP, particularly quality measurement and Vermont's financial trends and methodology. As reported in the State's Quarter 1 2015 quarterly report, the State and Wakely, a national actuarial firm, met with CMS and the Office of the Actuary (OACT) in May to review Vermont's financial methodology, after which Vermont made several suggested changes to its financial methodology, leading to SPA approval from CMS. Vermont continues to be committed to working with CMS throughout the duration of the VMSSP, and to working with OACT to further improve its financial methodology for Years 2 and 3 of the program. Vermont will begin work on the Year 2 VMSSP SPA (SPA 15-011) in Quarter 3 of 2015, after it gives public notice for Year 2 changes.

Governor's Legislative and Budget Agenda: At the start of Vermont's legislative session in January, the Governor proposed a health care reform package that requested new revenue to support health care reform initiatives. Below are the outcomes for two initiatives directly related to Vermont's SIM efforts:

- **Investments in Vermont's Blueprint for Health:** The Legislature approved an increase of \$2.4 million annually for Medicaid community health team (CHT) and medical home payments, the first increase since the Blueprint's inception in 2008. These investments will stabilize CHT funding through market share allocation and support increased payments to practices, including increased base payments and the addition of a performance-based component based on health service area performance on clinical quality and utilization.
- **Expand Health Home Projects:** The Governor's budget proposed \$5 million in FY16 (\$10M annually) to expand health home projects; this proposal was not funded.

## **State Health Care Innovation Activities**

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

**Blueprint for Health:** Vermont's SIM project is working with Blueprint staff and stakeholders to support alignment across efforts ("SIM Engagement Activities"). This quarter, the SIM project continued to support implementation of Regional Community Collaboratives, regional structures that support clinician and other service provider collaboration across the health system and alignment between Blueprint and ACO quality measurement, data analysis, clinical priorities, and improvement efforts. These collaboratives bring together leaders from ACOs, the Blueprint, and health care and 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 HIT infrastructure and increase health information exchange. In Quarter 2, design work continued for a tool to support shared care planning and care transitions. Vermont also continues to work with VITL, ACOs, and providers to improve the quality of data flowing into our HIE, and with the state's Designated Mental Health Agencies to build a data repository.

**All-Payer Waiver:** In the second quarter, the State of Vermont continued discussions with CMMI to obtain an All-Payer Waiver. Lawrence Miller and Al Gobeille are leading negotiations for the State. The State will continue to work with CMMI to maximally leverage VHCIP activities and build on progress to support waiver efforts. Vermont intends to leverage federal investments in SIM and parallel State investments to set a strong foundation on which the All-Payer Model can build.

**Community-Level Innovation:** Vermont's SIM project is spurring health care innovation at the local level through a sub-grant program and the Learning Collaborative ("Success Story").

## **Self-Evaluation Findings**

Vermont submitted a Self-Evaluation Plan to CMMI on June 30, 2015. Prior to submission, the plan was reviewed and input incorporated from a broad group of stakeholders including State agencies, payers, ACOs, hospitals, provider groups, the Health Care Advocate's Office, consumers, and others. The SIM Project's Core Team and the Green Mountain Care Board voted unanimously to approve the plan for submission to CMMI.

The final plan design focuses on three domains: care integration, use of clinical and economic data for performance improvement, and payment reform incentives. The study of care integration investigates what approaches are being implemented, outlines the environmental and organizational features that enhance these approaches, describes national or local evidence of effectiveness, and provides recommendations for scaling models. The study of clinical/economic data use examines what data are being communicated, how, by whom and for what purpose, and evaluates data usability, mode of communication, and burdens/redundancies. The study of incentives analyzes provider perspective on existing incentives including any resulting practice adaptations, and inquires about supporting and facilitating the progression towards accepting downside financial risk.

A mixed-methods approach is proposed, including qualitative study of twenty diverse sites throughout Vermont followed by a provider survey to assess the generalizability of qualitative findings. Site visits will be conducted in 2016, with the survey to be fielded in 2017.

## **Additional Information**

**Health Care Workforce Micro-Simulation Demand-Modeling RFP:** Vermont SIM released its RFP for micro-simulation demand modeling for health care workforce in the Quarter 1 and selected a contractor during Quarter 2; contract negotiations and execution are on hold pending approval of our Year 2 contract request ("Challenge"). This model will support policy and investment decisions related to Vermont's health care workforce.

**Accountable Communities for Health:** During Quarter 2, Vermont received a final report from the Prevention Institute, a contractor engaged to develop a list of key characteristics of an Accountable Community for Health and perform a national and state scan to identify exemplar communities. Project staff will review and internally disseminate the report in Quarter 3. The report will also inform work to assess feasibility and design of Accountable Communities for Health in the state in the latter half of 2015.

**Certified Community Behavioral Health Clinics:** Vermont is also currently applying for a planning grant through SAMHSA's Planning Grants for Certified Community Behavioral Health Clinics opportunity to support creating a certification process and prospective payment system for Certified Community Behavioral Health Clinics (CCBHCs). The planning grant application is a collaborative effort between various departments within Vermont's Agency of Human Services and the association representing the state's Designated Mental Health Agencies.

## Metrics

<b>Metric Name</b>	<b>Performance Goal</b>	<b>Current Value</b>
CAHPS Clinician & Group Surveys (CG-CAHPS or PCMH CAHPS)	0	0
CORE Beneficiaries impacted [VT] VT Employees	0	0
CORE Beneficiaries impacted [VT] [ACO] Commercial	40000	42116
CORE Beneficiaries impacted [VT] [ACO] Medicaid	101000	52177
CORE Beneficiaries impacted [VT] [ACO] Medicare	111000	61560
CORE Beneficiaries impacted [VT] [APMH/P4P] Commercial	341000	119089
CORE Beneficiaries impacted [VT] [APMH/P4P] Medicaid	133000	109496
CORE Beneficiaries impacted [VT] [APMH/P4P] Medicare	111000	68448
CORE Beneficiaries impacted [VT] [EOC] Commercial		0
CORE Beneficiaries impacted [VT] [EOC] Medicaid		0
CORE Beneficiaries impacted [VT] [EOC] Medicare		0
CORE Beneficiaries impacted [VT] [P4P] Medicare	0	0
CORE BMI [VT]	0	0
CORE Diabetes Care [VT]	0	0
CORE ED Visits [VT]	0	0
CORE HCAHPS Patient Rating [VT]	0	0
CORE Health Info Exchange [VT]	311	345
CORE HRQL [VT]	0	0
CORE Participating Providers [VT] [ACO] Commercial	3832	868
CORE Participating Providers [VT] [ACO] Medicaid	3832	713



CORE Participating Providers [VT] [ACO] Medicare	3832	949
CORE Participating Providers [VT] [APMH]	3832	698
CORE Participating Providers [VT] [EOC]	0	0
CORE Payer Participation [VT]	4	3
CORE Provider Organizations [VT] [ACO] Commercial	3832	63
CORE Provider Organizations [VT] [ACO] Medicaid	264	42
CORE Provider Organizations [VT] [ACO] Medicare	264	72
CORE Provider Organizations [VT] [APMH]	264	62
CORE Provider Organizations [VT] [EOC]	0	0
CORE Provider Organizations [VT] [HH]	5	5
CORE Readmissions [VT]	0	0
CORE Tobacco Screening and Cessation [VT]	0	0

## 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, with significant steps in 2015.

<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 an project or interface until agreements have been signed.</p>	<p>Ongoing</p>

<p>Data Infrastructure - 2 Data privacy: 42 CFR Part 2 data</p>	<p>Low</p>	<p>High</p>	<p>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.</p>	<p>DVHA and the Blueprint will continue to distribute their guidance related to data sharing with business associates, patient consents and authorizations, and general patient information. DVHA is partnering with VITL to meet 42 CFR Part 2 compliance in 2015</p>	<p>Ongoing</p>
<p>Data Infrastructure - 4 Sustainability of HIT investments- both state and federal.</p>	<p>High</p>	<p>Medium</p>	<p>VT is developing and supporting a strong HIT infrastructure in 2015, with two gap analyses for clinical data flowing into the HIE, including a remediation plan and prioritized remediation. Funding of the dependent upon investments.</p>	<p>Vermont will continue to use SIM funding to monitor current HIT infrastructure, maintain it's capacity to function and invest in future upgrades.</p>	<p>Ongoing</p>

Data Infrastructure - 2 Telemedicine Delays	High	Low	VT intends to invest in telehealth (telemonitoring and telemedicine), and has engaged a contractor for phase one of the project, which includes an environmental scan of activity in this area and development of criteria to support thoughtful investment.	Vermont has selected a vendor for the first phase of this work; as of April 15, 2015, this contract is awaiting CMMI approval. The telehealth (telemedicine, telemonitoring) investments will begin in fall 2015.	9/14-6/15
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.	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

<p>Eval-Distinguish impact of initiative from gross outcome changes in the system</p>	<p>3</p>	<p>Medium</p>	<p>Medium</p>	<p>VT has contracted with a vendor to finalize a research design to best address this risk. The vendor will work with us to ensure that the self-evaluation is as robust as possible while also reflecting the unique nature of the innovations being tested.</p>	<p>Continue to support the work being done by internal and external evaluators. VTis still developing its self-evaluation plan and expects a final self-evaluation plan in May.</p>	<p>first half of 2015</p>
<p>Evaluation - Insufficient rigor in evaluation design to draw conclusions.</p>	<p>3</p>	<p>Medium</p>	<p>Medium</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>ENsure all evaluations measure process; outcomes; patient, provider and caregiver experience; access to care; quality of care; reduction in the growth of health care expenditures; costs and other financial targets; and utilization.</p>	<p>first half of 2015</p>

Evaluation - Siloed analysis	2	Low	Low	Safeguard against the potential for inconsistent results by ensuring all parties are documenting their data decisions. We will use VT's HIT Plan as a guide for consistent data sharing and revisit the Plan once per year to ensure data are flowing.	Work with evaluation contractor and other SIM contractors to ensure analyses are as consistent as possible.	first half of 2015
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	The Self-Evaluation quantitative Interrupted Time Series analyses will include attribution to individual sub-grants as a covariate where feasible to consider influence on patient sub-groups and/or statewide health trends.	Ongoing

Evaluation - The timeframe of the SIM project is short	3	Medium	Medium	Vermont launched one payment reform program in 2014, which will provide three full years of testing. Vermont's other programs will have shorter timeframes, but we will work with the outside evaluation to maximize evaluation of these programs.	Vermont has contracted with an outside vendor that will factor pilot implementation timelines into research design.	first half of 2015
External (to the project) influences - Impact of activities in border states	3	Medium	Medium	Much of the care Vermonters are seeking outside of the State and where the most impact will be felt is near White River Junction, where Dartmouth works collaboratively with the State and will continue to do for the foreseeable future.	Continue to foster a good working relationship with Dartmouth Medical Center	Ongoing



External (to the project) influences -Provider recruitment	3	Medium	Medium	By adjusting the payment structure for physicians in Vermont to better align with the care they are being compelled to provide, the State believes there will be a greater desire for physicians to relocate and remain in the State.	Continue to advocate for alternative payment models that will encourage providers to come to and remain in the state.	Ongoing
Federal Action - Loss of federal funding	4	Low	High	If 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

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 Plan Amendments	3	Medium	Low	The State has successfully undergone the SPA process and learned the importance of communication with CMS and using the appropriate format throughout the process. We will employ these lessons learned for all SPA requests.	Follow best practices as learned in the past SPA completion process. Continued exploration with CMS about how to make this process completed in an expedited manner.	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 ensure we meet project milestones.	Make Year 2 timelines and milestones publically available and well known so that all interested parties have stake in helping the project to meet their goals.	Ongoing
Project Design -Alignment with existing state activities	2	Medium	Medium	VT is 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 Year 2 so accountability and timelines are clear; work groups have a comprehensive 2015 plan 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 in Year 2.	Annual Review

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	In Year 2 there will be more collaboration between workgroups, cross workgroup presentations and sharing of work plans and timelines so that stakeholders find meetings more beneficial and more successfully aid in achieving overall program goals.	Continue process of evaluating all workgroups to identify best practices and common themes that have arisen in the past year, and how to address any areas of concern.	Ongoing
Stakeholder Activities -Expansion of project goals or work plan charters	2	Medium	Low	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.	Be pragmatic in expectations around how much the State can get done in each year. Lessons from the Year 1 will help staff to more accurately project what can be accomplished in Year 2.	Annual Review

Stakeholder Activities -Focus/distractions	1	Low	Low	Workgroup agendas are designed to focus group activities on important presentations and votes by members, 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	2	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	<p>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.</p>	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	<p>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.</p>	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>
Grant Provider Program-Misc Award #s	Contract	Driver 18	\$2,182,284	CORE Health Info Exchange [VT]	Yes		Obligated Funds Total = Year 1 Actuals plus Year 1 C/O Amount requested 7/29/15	\$964,202
Univ of Massachusetts #25350	Contract	Driver 19	\$533,523	CORE Health Info Exchange [VT]	Yes		Obligated Funds Total = Year 1 Actuals plus Year 1 C/O Amount requested 7/29/15	\$393,523
Nancy Abernathey#28243	Contract	Driver 19	\$100,000	CORE Participating Providers [VT] [APMH]	Yes		Obligated Funds Total = Year 1 Actuals plus Year 1 C/O Amount requested 7/29/15	\$35,268
UVM Medical Center/One Care#28242	Contract	Driver 19	\$2,066,718	CORE Provider Organizations [VT] [ACO] Commercial	Yes		Obligated Funds Total = Year 1 Actuals plus Year 1 C/O Amount requested 7/29/15	\$512,710
University of Vermont	Contract	Driver 19	\$18,073	CORE Health Info Exchange [VT]	Yes		Obligated Funds Total = Year 1 Actuals	\$18,073
Coaching Center of VT#27383	Contract	Driver 19	\$28,000	CORE Health Info Exchange [VT]	Yes		Obligated Funds Total = Year 1 Actuals plus Year 1 C/O Amount requested 7/29/15	\$13,500
Bi-State PCA#3410145614	Contract	Driver 19	\$535,757	CORE Participating	Yes		Obligated Funds Total = Year 1	\$180,000

				Providers [VT] [ACO] Medicaid	Actuals plus Year 1 C/O Amount requested 7/29/15
Datastat#26412	Contract	Driver 19	\$85,639	CORE Health Info Yes Exchange [VT]	Obligated Funds \$85,639 Total = Year 1 Actuals plus Year 1 C/O Amount requested 7/29/15
Policy Integrity#26294	Contract	Driver 19	\$94,775	CORE Health Info Yes Exchange [VT]	Obligated Funds \$54,775 Total = Year 1 Actuals plus Year 1 C/O Amount requested 7/29/15
James Hester#28674	Contract	Driver 19	\$10,000	CORE Health Info Yes Exchange [VT]	Obligated Funds \$0 Total = Year 1 Actuals plus Year 1 C/O Amount requested 7/29/15
James Hester#26319	Contract	Driver 19	\$16,945	CORE Health Info Yes Exchange [VT]	Obligated Funds \$16,945 Total = Year 1 Actuals plus Year 1 C/O Amount requested 7/29/15
Pacific Health Policy Group#28062	Contract	Driver 20	\$226,280	CORE Beneficiaries impacted [VT] [ACO] Medicaid Yes	Obligated Funds \$36,000 Total = Year 1 Actuals plus Year 1 C/O Amount requested 7/29/15
Vermont Information Tech Leaders#341025614	Contract	Driver 20	\$444,677	CORE Health Info Yes Exchange [VT]	Obligated Funds \$444,677 Total = Year 1 Actuals plus Year 1 C/O Amount requested 7/29/15
Vermont Information Tech Leaders#3410127514	Contract	Driver 20	\$2,421,559	CORE Health Info Yes Exchange [VT]	Obligated Funds \$1,769,402 Total = Year 1 Actuals plus Year 1 C/O Amount requested 7/29/15

Prevention Institute#28135	Contract	Driver 20	\$106,285	CORE Beneficiaries impacted [VT] [ACO] Medicaid	Yes	Obligated Funds Total = Year 1 Actuals plus Year 1 C/O Amount requested 7/29/15	\$65,576
PDI-Peter Kriff#27818	Contract	Driver 20	\$149,500	CAHPS Clinician & Group Surveys (CG-CAHPS or PCMH CAHPS)	Yes	Obligated Funds Total = Year 1 Actuals plus Year 1 C/O Amount requested 7/29/15	\$30,288
im21#27806	Contract	Driver 20	\$160,000	CORE Health Info Exchange [VT]	Yes	Obligated Funds Total = Year 1 Actuals plus Year 1 C/O Amount requested 7/29/15	\$160,000
HIS Professionals#27511	Contract	Driver 20	\$187,852	CORE Health Info Exchange [VT]	Yes	Obligated Funds Total = Year 1 Actuals plus Year 1 C/O Amount requested 7/29/15	\$123,575
Behavioral Health Network of VT#27379	Contract	Driver 20	\$287,710	CORE Beneficiaries impacted [VT] [ACO] Medicaid	Yes	Obligated Funds Total = Year 1 Actuals plus Year 1 C/O Amount requested 7/29/15	\$115,775
Burns & Associates #18211	Contract	Driver 21	\$202,230	CORE Beneficiaries impacted [VT] [ACO] Medicaid	Yes	Obligated Funds Total = Year 1 Actuals plus Year 1 C/O Amount requested 7/29/15	\$200,000
Maximus #20959	Contract	Driver 21	\$7,966	CORE Beneficiaries impacted [VT] [ACO] Medicaid	Yes	Obligated Funds Total = Year 1 Actuals plus Year 1 C/O Amount requested 7/29/15	\$7,766
Deborah Lisi-Baker #26033	Contract	Driver 21	\$56,062	CORE Beneficiaries impacted [VT]	Yes	Obligated Funds Total = Year 1 Actuals plus Year	\$27,562

Bailit Health Consulting#26095	Contract	Driver 21	\$625,075	[ACO] Medicaid CORE Beneficiaries impacted [VT]	Yes	1 C/O Amount requested 7/29/15 Obligated Funds \$297,117 Total = Year 1 Actuals plus Year 1 C/O Amount requested 7/29/15
Pacific Health Policy Group#26096	Contract	Driver 21	\$89,963	[ACO] Medicaid CORE Beneficiaries impacted [VT]	Yes	1 C/O Amount requested 7/29/15 Obligated Funds \$89,963 Total = Year 1 Actuals plus Year 1 C/O Amount requested 7/29/15
Pacific Health Policy Group#27087	Contract	Driver 21	\$100,000	[ACO] Medicaid CORE Beneficiaries impacted [VT]	Yes	1 C/O Amount requested 7/29/15 Obligated Funds \$56,432 Total = Year 1 Actuals plus Year 1 C/O Amount requested 7/29/15
Wakely#26303	Contract	Driver 21	\$64,412	[ACO] Medicaid CORE Beneficiaries impacted [VT]	Yes	1 C/O Amount requested 7/29/15 Obligated Funds \$34,627 Total = Year 1 Actuals plus Year 1 C/O Amount requested 7/29/15
Truven/Brandeis#25350	Contract	Driver 21	\$19,905	[ACO] Medicaid CORE Beneficiaries impacted [VT]	Yes	1 C/O Amount requested 7/29/15 Obligated Funds \$9,905 Total = Year 1 Actuals plus Year 1 C/O Amount requested 7/29/15
The Lewin Group#27060	Contract	Driver 21	\$868,471	[ACO] Commercial CORE Beneficiaries impacted [VT]	Yes	1 C/O Amount requested 7/29/15 Obligated Funds \$285,644 Total = Year 1 Actuals plus Year 1 C/O Amount requested 7/29/15
IMPAQ#27426	Contract	Driver 21	\$400,000	[ACO] Commercial CORE HCAHPS Patient Rating [VT]	Yes	1 C/O Amount requested 7/29/15 Obligated Funds \$218,117 Total = Year 1 Actuals plus Year 1 C/O Amount requested 7/29/15
Stone	Contract	Driver 21	\$145,138	CORE Health Info	Yes	Obligated Funds \$45,156

Environmental#28079

Exchange [VT]

Total = Year 1  
Actuals plus Year  
1 C/O Amount  
requested 7/29/15

Arrowhead  
Consulting#25312

Contract

Driver 21

\$58,961

CORE  
Beneficiaries  
impacted [VT]  
[ACO] Medicaid

Yes

Obligated Funds \$37,797  
Total = Year 1  
Actuals plus Year  
1 C/O Amount  
requested 7/29/15



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