



Centers for Medicare & Medicaid Services

State Innovation Model Progress Report

Award Detail

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

Progress Report	Q2 - 2016 Progress Report	Award Title	Vermont:Test R1
Report Quarter	Q2	Date Submitted	8/1/2016
Report Year	2016	Approval Status	Pending Approval
Date Approved		Last Modified By	Georgia Maheras
WBS Not Applicable	<input type="checkbox"/>		

Executive Summary

Overview

During Q2 of 2016, Vermont's SIM project continued to make progress in our three focus areas (payment model design and implementation; practice transformation; health data infrastructure) and submitted our Year 3 Operational Plan and Budget.

Payment Model Design and Implementation: Vermont held the first in-person convening of the Accountable Communities for Health (ACH) Peer Learning Laboratory (Success Story); and continued to support All-Payer Model and Medicaid Pathway negotiations and planning.

Practice Transformation: Vermont continued implementation of the Integrated Communities Care Management Learning Collaborative and core competency training series; held a third sub-grantee convening (Success Story); and launched the workforce micro-simulation demand modeling project (Success Story).

Health Data Infrastructure: Vermont's SIM-supported HIT/HIE investments have continued this quarter, including: launch of an Event Notification System; completed deployment of Terminology Services system; and development of a data repository for Vermont's Designated Mental Health and Specialized Service Agencies.

Other:

- Evaluation: Vermont received a draft environmental scan report and learning dissemination plan from the SIM Self-Evaluation vendor, which joined the project in March 2016 (Self-Evaluation Activities).
- Year 3 Operational Plan: Vermont submitted a Year 3 Operational Plan and Budget to CMMI on April 28, 2016; the Operational Plan was accepted in May, and budget approved in June.

- Sustainability Planning: Vermont continued to ramp up sustainability planning efforts in coordination with the All-Payer Model team and AHS staff leading Medicaid Pathway efforts, and will convene a stakeholder group in Q3 to support sustainability planning (Success Story).

Governance changes: None.

Success Story or Best Practice

Sustainability Planning: In June, Vermont executed an agreement with Myers and Stauffer to support the SIM sustainability planning process. Sustainability planning has intensified during Q1 and Q2 in partnership with the All-Payer Model team and AHS staff working to further define which SIM activities will continue following the end of the grant, and which will taper off. For activities that will continue, staff are collaborating to identify where this work will live, who will be responsible, and which governance structures will be in place. In addition to State efforts to support sustainability planning, SIM will convene a group of private-sector stakeholders to inform this process in July.

Micro-Simulation Demand Modeling Project Launch: In May, Vermont executed an agreement with IHS Global to develop and run a micro-simulation demand model for Vermont's health care workforce. (Project launch was initially planned for early Q1 2016, but was delayed due to protracted contract negotiations.) Vermont submitted preliminary data to the vendor in May, and held the first monthly project meeting with the vendor in June. Vermont will continue to provide quantitative and qualitative data to vendor for further model refinement in the coming months.

ACH Peer Learning Lab: The ACH Peer Learning Lab held the first of 3 day-long in-person convenings in June. Ten regional teams came together for a participatory peer-learning experience designed to help each community progress on the nine key elements of an ACH identified through Vermont's previous research. Local facilitation to support communities in developing ACH competencies also began in June.

Sub-Grantee Convening: Vermont held a third convening of Sub-Grantees in June 2016 to allow grantees and other project partners/stakeholders to learn about one another's work and gather lessons learned. The "Additional Information" section of this quarter's report highlights projects from the Sub-Grant Program.

Challenges Encountered & Plan to Address

Staff Departures: Vermont's SIM project has experienced the departures of seven SIM-funded staff since Q1 2016: DVHA Health Senior Policy Analyst Amanda Ciecior in April; VDH Public Health Analyst III Matt Bradstreet, DAIL Health Policy Analyst Gabe Epstein, DVHA Senior Policy Advisor Brad Wilhelm, and AHS Business Administrator Carolyn Hatin in May; and GMCB Evaluation Director Annie Paumgarten and DVHA Medicaid Data Analyst Brian Borowski in June. In addition, SIM key personnel GMCB Director of Payment Reform Richard Slusky retired in May. As noted in Q1, Vermont's SIM-funded positions are limited service and the majority are scheduled to conclude in December 2016, so staff departures are not unexpected; however, they do create challenges for our staff team. Vermont's SIM leadership reassigned responsibilities to ensure we continue to meet program goals and milestones, while identifying which work requires additional staffing to be filled by new State staff and which can be delegated to SIM contractors. A new full-time Project Manager contracted through UMass was added during Q1 to address this anticipated issue, and new hires replaced Amanda Ciecior, Matt Bradstreet, and Annie Paumgarten in July 2016.

Budget and Contract Approval Delays: Vermont experienced delays in budget and contract approval throughout Performance Period 2. Issues behind these delays have been resolved through intensive collaboration with our Project Officer and OAGM over many months, and Vermont is pleased to be entering Performance Period 3 with no outstanding issues.

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, 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 present 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.
- Meetings with the ACOs and payers for status updates, early identification of implementation challenges, and discussion about how we can all move toward value-based payment systems.
- Meetings regarding health information infrastructure with Vermont Information Technology Leaders (VITL), ACOs, and payers.
- Meetings with Agency of Human Services departments and advisory groups to share information about project activities and progress.
- Updates provided to Legislative oversight committees regarding project status.
- Monthly webinars for SIM participants on topics of interest identified by staff and stakeholders (launched January 2016). Webinars are archived at <http://healthcareinnovation.vermont.gov/node/879>.

Policy Activities

Medicaid SSP Year 3 SPA: Vermont's Year 3 VMSSP SPA was approved in June.

APM and Medicaid Pathway: During Q2, Vermont saw progress on a number of key policy activities related to the All-Payer Model:

- Receipt of Draft Agreement from CMMI: CMMI provided Vermont with a draft agreement to review. The State of Vermont provided written comments to CMMI on June 30.
- Release of DVHA RFP: On April 7, the Vermont's Medicaid agency published an RFP that seeks a contract with a risk-bearing ACO that utilizes a Next Generation payment model in anticipation of the All-Payer Model. Two bids were submitted (one was withdrawn in July). A bidder will be selected in July 2016.
- CPC+ Application: Vermont submitted an application to the CPC+ program on June 8. Vermont submitted this application as a placeholder in case the All-Payer Model does not come to fruition.
- Continued Stakeholder Engagement: State APM staff and Medicaid staff have been making joint presentations on the All-Payer Model and Medicaid Pathway to various internal and external stakeholder groups, including many SIM Work Groups.

State Health Care Innovation Activities

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

-Blueprint for Health: Vermont's SIM project is working with Blueprint staff and stakeholders to support alignment across efforts (SIM Engagement Activities). This quarter, SIM continued to support implementation of Regional Collaboratives, local structures that support provider collaboration/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 Q2 2016, Vermont continued to work to improve data quality with VITL, ACOs, and providers, and with the state's Designated Mental Health Agencies to build a data repository. The State also gathered stakeholder feedback on our HIT Plan and presented it to GMCB during Q2.

-All-Payer Model: In Q2 2016, Vermont continued discussions with CMMI and local stakeholders to obtain a Medicare waiver to facilitate a statewide, all-payer approach to payment and delivery system reform, known as the All-Payer Model (APM); this work continues in Q2. By utilizing federal investments in SIM and complementary State investments, Vermont will create a strong foundation for a statewide, all-payer, transformative delivery system model. This will be a focus of Vermont's Year 3 activities, Year 3 budget, and Sustainability Plan. (For more information, see Policy Activities.)

-Community-Level Innovation: Vermont's SIM project is spurring innovation at the local level through a sub-grant program (see Q2 2015 report), Learning Collaborative (see Q3 2015 report), and Accountable Communities for Health work (see Q3 2015 report).

Self-Evaluation Findings

State-Led Evaluation Plan Implementation: In Q2, Vermont's State-Led Evaluation contractor completed the initial draft of an environmental scan report. The report provided a synthesis of information from 22 stakeholder interviews, along with a review of Vermont's SIM documents and the national literature in three focus areas: care integration, use of clinical and economic data for performance improvement, and payment reform provider incentives. Also in Q2, the State-Led Evaluation contractor submitted an initial draft of a learning dissemination plan that included a stakeholder communication matrix outlining potential knowledge brokers and communication channels for dissemination of study and project-wide evaluation findings.

Surveys: In Q2, Vermont's patient experience survey vendor, DataStat, finished fielding surveys for Year 2 of the Medicaid and Commercial ACO Shared Savings Programs; analysis of results will occur during Q3. The same survey is used to evaluate experience with patient centered medical homes.

Additional Information

The Provider Sub-Grant Program continues to produce notable outcomes. Highlights include:

- The Pursuing High Value Care for Vermonters Project, led by the Vermont Medical Society Foundation, is a collaborative of 10 hospitals seeking to reduce unnecessary lab testing and associated blood draws. Targeting five procedures, the project reports an annual estimated reduction of 2,917 lab tests and a 105-liter reduction in blood drawn from hospitalized patients.
- Community Health Accountable Care implemented a telemonitoring pilot which reported a 41% reduction in admissions. The program utilizes a 4-step program to identify, enroll, engage, and monitor patients through daily telecommunication with patients and tailored workflows that allow the care team to closely follow patient progress.
- The Transitional Care Program at Southwestern Vermont Medical Center reports a 25.8% reduction in ED encounters and a 68% reduction in inpatient admissions, measured 120-days pre-and post-program intervention. The program focuses on moving care from acute settings into community-based settings across the continuum of care. Focusing on high risk populations, patient self-management, and shared decision making, the program receives high patient satisfaction ratings, with 82% indicating the highest satisfaction level.
- The RiseVT coalition in Franklin/Grand Isle counties has facilitated a number of community wide policy changes to improve the health of its residents, including: Alburgh schools extended their school day by 15 minutes to provide recess to all students K-8; Swanton schools designated one 'Walking Wednesday' per month; the St. Albans City Pool removed all candy and soda from concession stands; Swanton, St. Albans, and Highgate collaborated to improve their sidewalks, walkability, and bikeability by engaging professional municipal planning services; and the St. Albans Select Board recently voted to mandate the creation of sidewalks as part of any city development project.

Metrics

Metric Name	Performance Goal	Current Value
"Number of Provider education and	100.00	27.00
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	44839.00
CORE Beneficiaries impacted [VT] [ACO] Medicaid	101000.00	79139.00
CORE Beneficiaries impacted [VT] [ACO] Medicare	111000.00	55889.00
CORE Beneficiaries impacted [VT] [APMH/P4P] Commercial	341000.00	120809.00
CORE Beneficiaries impacted [VT] [APMH/P4P] Medicaid	133000.00	105758.00
CORE Beneficiaries impacted [VT] [APMH/P4P] Medicare	111000.00	70330.00
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	70330.00
CORE BMI [VT]_Commercial	0.00	59.00
CORE Diabetes Care [VT]_Commercial	0.00	34.00
CORE HCAHPS Patient Rating [VT]	0.00	0.00
CORE Health Info Exchange [VT]	311.00	276.00
CORE HRQL [VT]	0.00	10.00
CORE Participating Providers [VT] [ACO] Commercial	3832.00	1015.00
CORE Participating Providers [VT] [ACO] Medicaid	3832.00	960.00

CORE Participating Providers [VT] [ACO] Medicare	3832.00	610.00
CORE Participating Providers [VT] [APMH]	3832.00	729.00
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	61.00
CORE Provider Organizations [VT] [ACO] Medicaid	264.00	43.00
CORE Provider Organizations [VT] [ACO] Medicare	264.00	54.00
CORE Provider Organizations [VT] [APMH]	264.00	128.00
CORE Provider Organizations [VT] [EOC]	0.00	0.00
CORE Provider Organizations [VT] [HH]	5.00	5.00
CORE_BMI_[VT]_Medicaid		41.00
CORE_BMI_[VT]_Medicare		65.00
CORE_Diabetes Care_[VT]_Medicare		24.00
CORE_Diabetes Care_[VT]_Medicare		24.00
CORE_Diabetes_[VT]Medicaid		24.00
CORE_ED Visits_[VT]_Commercial	0.00	25.00
CORE_ED Visits_[VT]_Medicaid		15.20
CORE_Readmissions_[VT]_Commercial	0.00	0.00
CORE_Readmissions_[VT]_Medicaid		17.00
CORE_Tobacco Screening and Cessation_[VT]_Commercial	0.00	0.00
CORE_Tobacco Screening and Cessation_[VT]_Medicaid		0.00
CORE_Tobacco Screening and Cessation_[VT]_Medicare		0.00
Unduplicated number of beneficiaries impacted by all refrom activities_Statewide	573360.00	309387.00

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

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

<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 with the new rule.</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 in 2016, 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>

Data Infrastructure - 2 Telemedicine Delays	High	Low	Phase 1 of the telehealth project is complete (strategic plan development); Phase 2 will launch telehealth pilots that align with this strategy, selected via RFP.	"Delays in bidder selection and contract negotiations resulted in delayed program launch. As of Q2 2016, contracts are executed; program launch is expected in Summer 2016.	Pilots anticipated Q4 2015 thru Q4 2016; launch delayed to Q2 2016
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

Eval-Distinguish impact of initiative from gross outcome changes in the system	2	Low	Low	Vermont has elected to use a mixed-methods study design that includes qualitative site visits and a cross-sectional survey, therefore the risk of omitting key causal covariates that cannot be isolated in quantitative analysis is limited	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.	Ongoing
Evaluation - Insufficient rigor in evaluation design to draw conclusions.	2	Low	Low	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.	Vermont will work with stakeholders, project teams, and evaluation experts to ensure the SIM contractor is taking into account the unique innovations within the project and applying sufficient rigor to the evaluation.	Ongoing
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.	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 will be collected and coalesced into topical briefs that will be shared broadly across the State.	Ongoing
Evaluation - The timeframe of the SIM project is short	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
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 in place 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 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 conversation 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	3	Medium	Low	The State has successfully completed the SPA process for Years 1, 2, and 3 of the Medicaid SSP.	The State will continue to engage with CMS on a regular basis to review program results as more data becomes available.	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, 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.	Make Performance Period 2 and 3 timelines and milestones publicly available and well known so that all interested parties have stake in helping the project to meet goals; additional PM support added to ensure projects remain on track.	Ongoing
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 healthcare 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
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 progress 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
Project Design -Project complexity	3	Low	Medium	Vermont project governance and management structures to 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 have comprehensive 2016 plans with touchpoints with other work groups to ensure collaboration and avoid duplication.	Ongoing

Project Design -Quality improvement will not be sustainable	4	Medium	High	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 healthcare community.	Strategies will be coordinated regionally by ACO and Blueprint leadership through Regional Collaborations. This is also supported by activities to enhance care management, learning collaboratives, and IT projects to facilitate measurement and QI.	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	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 as Vermont enters 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
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 wide 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.	Share work group workplans and combine agendas into a more comprehensive implementation plan throughout remainder of project; create monthly status reports to broadly share progress toward focus area milestones.	Ongoing
Stakeholder Activities -Expansion of project goals or work plan charters	2	Medium	Low	The SIM project has specific goals outlined in the grant application and operational 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; ongoing as needed

Stakeholder Activities -Focus/distractions	1	Low	Low	Workgroup agendas are designed to focus group activities on important presentations and votes by members, without excessive items or mundane detail that the staff and consultants are responsible for, the stakeholders can avoid unnecessary distractions.	Limit agendas to only that which can be achieved in a given workgroup meeting to avoid rushing and allow for the necessary conversations to occur. Make sure materials are timely, appropriate and not too lengthy.	Ongoing
Stakeholder Activities -Positional advocacy	3	Medium	Medium	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 complete transparency in decision making.	Ongoing
Stakeholder Activities -Project fatigue	2	Medium	Medium	The structure of this project allows for stakeholder involvement; decisions occur after significant time for comment and discussion. Allowing for open communication around project implementation goals stakeholders are likely to be continually engaged.	Continue to monitor project timelines with providers and payers to confirm feasibility of activities.	Ongoing

State Processes - 2
State fraud and abuse
laws

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 Over Funds	Rate/ Unit Cost	Comments/ Notes	Total Payments (spent funds)
University of Massachusetts#25350	Contract	Driver 1	\$661,160	CORE Payer Participation [VT]	Yes		Un-liquidated Obligations-\$59,790.85	\$614,332
Grant Provider Program-Variou	Contract	Driver 1	\$4,538,659	CORE Health Info Exchange [VT]	Yes		Un-liquidated Obligations-\$263,950.58	\$3,322,768
Chittenden County Regional PC-Opiate#31697	Contract	Driver 1	\$30,000	"Number of Provider education and	No		Un-liquidated Obligations-\$8,687.18	\$0
VMS Education & Research Fdn#28675	Contract	Driver 1	\$151,829	CORE Participating Providers [VT] [ACO] Medicare	No		Un-liquidated Obligations-\$11,371.75	\$138,162
Nancy Abernathey#28243	Contract	Driver 1	\$125,250	CORE Participating Providers [VT] [ACO] Medicaid	Yes		Un-liquidated Obligations-\$2,821.52	\$107,878
UVM One Care#28242	Contract	Driver 1	\$3,813,771	CORE Participating Providers [VT] [ACO] Commercial	Yes		Un-liquidated Obligations-\$174,262.00	\$3,639,509
UVM-Workforce Symposium#27909	Contract	Driver 1	\$18,073	CORE Health Info Exchange [VT]	Yes		Closed Contract	\$18,073
JBS International#28389	Contract	Driver 1	\$107,748	CORE	No		Closed Contract	\$107,748

				Participating Providers [VT] [ACO] Medicaid			
Coaching Center of Vermont#27383/29544	Contract	Driver 1	\$32,450	CORE Health Info Exchange [VT]	Yes	Closed Contract	\$32,450
Behavioral Health Network of VT#27379	Contract	Driver 1	\$1,206,460	CORE Health Info Exchange [VT]	Yes	Un-liquidated Obligations-\$730,637.51	\$572,330
Datastat#26412	Contract	Driver 1	\$173,139	CORE HCAHPS Patient Rating [VT]	Yes	Un-liquidated Obligations-\$17,863.32	\$158,344
Policy Integrity #26294/29266	Contract	Driver 1	\$149,775	CORE Health Info Exchange [VT]	Yes	Un-liquidated Obligations-\$21,000.00	\$134,775
James Hester #26319	Contract	Driver 1	\$16,945	CORE Health Info Exchange [VT]	Yes	Closed Contract	\$16,945
James Hester#28674	Contract	Driver 1	\$17,000	CORE Health Info Exchange [VT]	Yes	Un-liquidated Obligations-\$350.00	\$16,712
Covisint	Contract	Driver 2	\$1,000,000	CORE Health Info Exchange [VT]	No	Closed Contract	\$1,000,000
Patient Ping#30642	Contract	Driver 2	\$475,026	CORE Health Info Exchange [VT]	No	Un-liquidated Obligations-\$26,085.87	\$117,518
VT Information Tech. Leaders#3410-1275-14/31204	Contract	Driver 2	\$4,150,509	CORE Health Info Exchange [VT]	Yes	Un-liquidated Obligations-\$151,915.39	\$3,321,766
VT Information Tech. Leaders#3410-256-14	Contract	Driver 2	\$444,678	CORE Health Info Exchange [VT]	Yes	Closed Contract	\$444,678
VT Information Tech. Leaders/VT DMH	Contract	Driver 2	\$11,088	CORE Health Info Exchange	Yes	Closed Contract	\$11,088

Prevention Institute	Contract	Driver 2	\$106,285	[VT] CORE Beneficiaries impacted [VT] [ACO] Medicaid	No	Closed Contract	\$106,285
PDI-Peter Kriff#27818	Contract	Driver 2	\$89,989	"Number of Provider education and	Yes	Closed Contract Note addition of \$688 for authorized travel add to contract amount.	\$89,989
im21#27806	Contract	Driver 2	\$160,000	CORE Health Info Exchange [VT]	Yes	Closed Contract	\$160,000
H.I.S. Professionals #27511	Contract	Driver 2	\$257,852	CORE Health Info Exchange [VT]	Yes	Un-liquidated Obligations-\$5,940.00	\$191,302
Burns & Associates #18211/28733	Contract	Driver 3	\$855,230	CORE Beneficiaries impacted [VT] [ACO] Medicaid	Yes	Un-liquidated Obligations-\$123,265.00	\$756,572
Hewlett Packard Enterprise#8430A16	Contract	Driver 3	\$750,000	CORE Payer Participation [VT]	No	Un-liquidated Obligations-\$66,654.85	\$0
Arrowhead Consulting#25312	Contract	Driver 3	\$58,962	CORE Beneficiaries impacted [VT] [ACO] Medicaid	Yes	Closed Contract	\$58,962
Bi-State Primary Care Assn.#3410-1456-14	Contract	Driver 3	\$961,439	CORE Participating Providers [VT] [ACO] Medicaid	Yes	Un-liquidated Obligations-\$112,418.33	\$634,016
Primary Care Development Corp#30961	Contract	Driver 3	\$147,465	CORE Beneficiaries impacted [VT]	No	Un-liquidated Obligations-\$5,460.00	\$118,239

Vermont DDC MOU LC	Contract	Driver 3	\$98,056	[ACO] Medicaid CORE Beneficiaries impacted [VT]	No	Un-liquidated Obligations-\$29,218.00	\$34,435
Maximus#20959	Contract	Driver 3	\$7,966	[ACO] Medicaid CORE Beneficiaries impacted [VT]	Yes		\$7,804
Deborah Lisi-Baker #26033	Contract	Driver 3	\$74,427	[ACO] Medicaid CORE Beneficiaries impacted [VT]	Yes	Un-liquidated Obligations-\$4,125.00	\$63,750
Bailit Health Consulting #26095	Contract	Driver 3	\$880,155	[ACO] Medicaid Commercial CORE Beneficiaries impacted [VT]	Yes	Un-liquidated Obligations-\$11,758.03	\$713,117
Pacific Health Policy Group #26096	Contract	Driver 3	\$89,963	[ACO] Medicaid CORE Beneficiaries impacted [VT]	Yes	Closed Contract	\$89,963
Pacific Health Policy Group#28062/30595	Contract	Driver 3	\$246,280	[ACO] Medicaid CORE Beneficiaries impacted [VT]	Yes	Un-liquidated Obligations-\$26,433.75	\$175,370
Pacific Health Policy Group #27087/29584	Contract	Driver 3	\$70,532	[ACO] Medicaid CORE Beneficiaries impacted [VT]	Yes	Closed Contract	\$70,532
Wakely Consulting #26303	Contract	Driver 3	\$124,413	[ACO] Medicaid CORE	Yes	Un-liquidated	\$60,856

				Beneficiaries impacted [VT] [ACO] Medicaid		Obligations-\$15,812.50	
Truven/Brandis#26305/29267	Contract	Driver 3	\$9,905	CORE Beneficiaries impacted [VT] [ACO] Medicaid	Yes		\$9,905
Healthfirst#3410-1457-15	Contract	Driver 3	\$55,000	CORE Beneficiaries impacted [VT] [ACO] Medicaid	No	Closed Contract	\$54,220
The Lewin Group#27060	Contract	Driver 3	\$1,346,334	CORE Beneficiaries impacted [VT] [ACO] Commercial	Yes	Un-liquidated Obligations-\$91,805.70	\$1,208,126
IMPAQ#27426	Contract	Driver 3	\$532,547	CORE Payer Participation [VT]	Yes	Closed Contract	\$532,547
Stone Environmental#28079/29502	Contract	Driver 3	\$145,138	CORE Health Info Exchange [VT]	Yes		\$101,539
Stone Environmental#28427	Contract	Driver 3	\$57,000	CORE Health Info Exchange [VT]	No	Un-liquidated Obligations-\$5,347.90	\$38,057
VPQHC#28362	Contract	Driver 4	\$169,657	CORE Beneficiaries impacted [VT] [ACO] Medicaid	No	Un-liquidated Obligations-\$10,533.10	\$155,814
ARIS Solutions #3410-1380-15	Contract	Driver 4	\$275,000	CORE Beneficiaries impacted [VT] [ACO] Medicaid	No		\$269,790

Health Management Assoc.#28821	Contract	Driver 4	\$1,248,000	CORE Provider Organizations [VT] [ACO] Medicare	No	Un-liquidated Obligations-\$29,737.37	\$476,043
IHS Global#31309	Contract	Driver 4	\$182,000	CORE Payer Participation [VT]	No	Un-liquidated Obligations-\$50,000.00	\$0
Vermont Public Health Assn#31145	Contract	Driver 4	\$50,000	"Number of Provider education and	No		\$47,393
JSI #30773	Contract	Driver 4	\$253,872	CORE Payer Participation [VT]	No	Un-liquidated Obligations-\$219,420.00	\$0
Kim Friedman#28258	Contract	Driver 4	\$5,000	CORE Payer Participation [VT]	No	Un-liquidated Obligations-\$5,000.00	\$0



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