

**State Innovation Model
Year 2 No-Cost Extension Request**



**Prepared by the State of Vermont
For the Centers for Medicare and Medicaid Services
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Introduction

This document provides the narrative description of the work to be performed as part of a proposed 6-month no-cost extension of Vermont's Performance Period 2. This document should be read in conjunction with the Budget Narrative provided as part of the No-Cost Extension submitted on November 30, 2015. This document also builds on Vermont's Year 1 Operational Plan (submitted November 2013), Year 2 Operational Plan (submitted November 2014), Year 2 Operational Plan Addenda (submitted August 7, 2015), and initial application materials (submitted in September 2012 and February 2013).

Vermont is making great strides toward improving our health care delivery system through the models we are testing with the SIM grant. Vermont's SIM grant is expansive in nature and includes three prongs of work: new payment models; provider readiness activities, such as Learning Collaboratives, to support practice transformation; and the statewide infrastructure necessary to improve the delivery of care, such as improvements to allow for better exchange of electronic health information thereby reducing barriers to collaborative care in Vermont. A key feature of Vermont's SIM test grant is a multi-payer Accountable Care Organization (ACO) program. There is tremendous provider effort to improve the performance and integration of our ACOs for their initial population of attributed lives. Vermont's ACOs are improving on quality measures and reporting across payers. Together with our Blueprint for Health, ACOs have aggressively worked to create Regional Care Collaboratives that build on the primary care medical home and community health team structure established under the Blueprint for Health. Regional Care Collaborative activities, including Learning Collaboratives that promote care coordination and quality improvement, are supported by SIM funds and technical assistance. The transformation of our statewide health care delivery system would not be possible without the federal support.

However, delays in receipt of approvals for Performance Period 2 (PP2) Milestones and Contracts resulted in significant delays in contract work in 2015. In order to be fiscally responsible and prudent, the state stopped or slowed the work of many contractors for which we had not yet received federal approval. Vermont's PP2 budget for the 2015 calendar year was approved on October 9, 2015.

Overall Goal

Overall, Vermont's SIM project uses SIM funds to strive towards the Triple Aim:

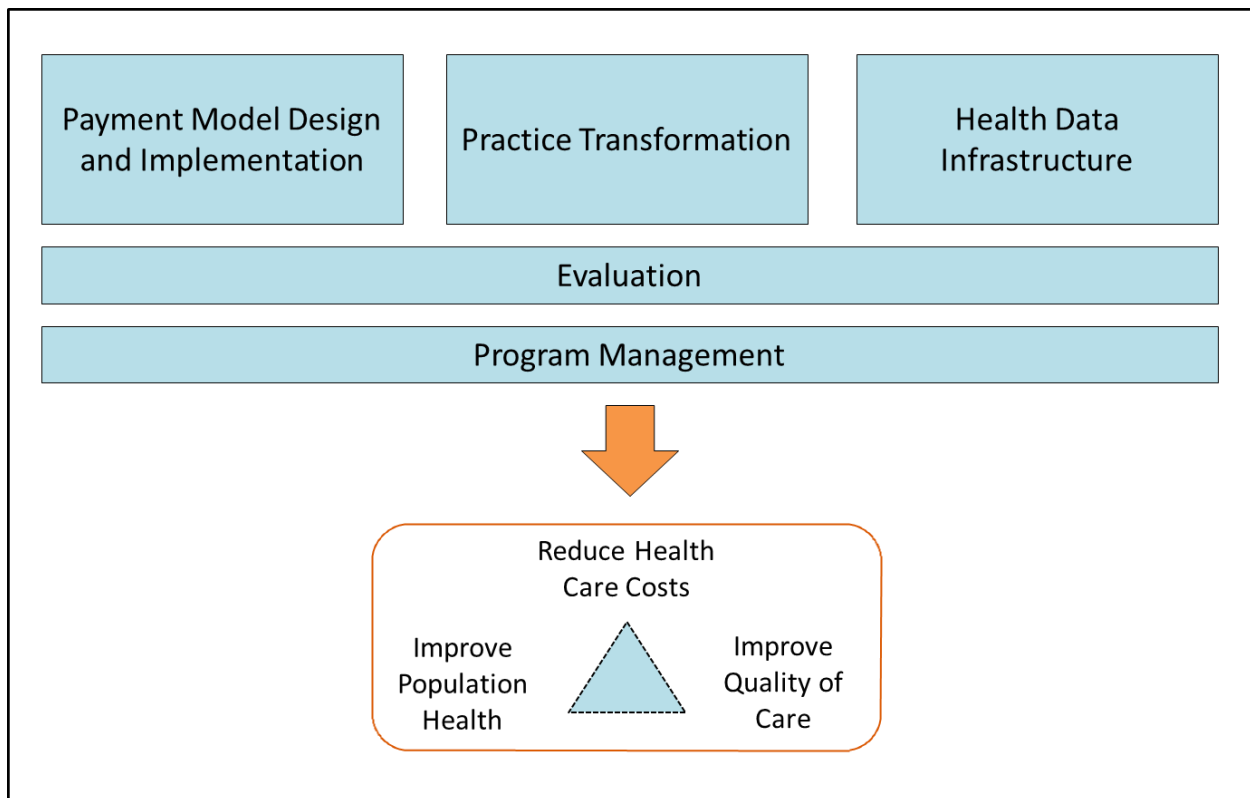
- Better care;
- Better health; and
- Lower costs.

The Triple Aim is advanced through a series of tasks that fall under five major focus areas:

- **Payment Model Design and Implementation:** Supporting creation and implementation of value-based payments for providers in Vermont across all payers.
- **Practice Transformation:** Enabling provider readiness and encouraging practice transformation to support creation of a more integrated system of care management and care coordination for Vermonters.
- **Health Data Infrastructure:** Supporting provider, payer, and State readiness to participate in alternative payment models by building an interoperable system that allows for sharing of health information to support optimal care delivery and population health management.
- **Evaluation:** Assessing whether program goals are being met.
- **Program Management and Reporting:** Ensuring an organized project.

The project's five focus areas are depicted in *Figure 1* below:

Figure 1: Vermont's SIM Focus Areas



Performance Period 2 – No-Cost Extension

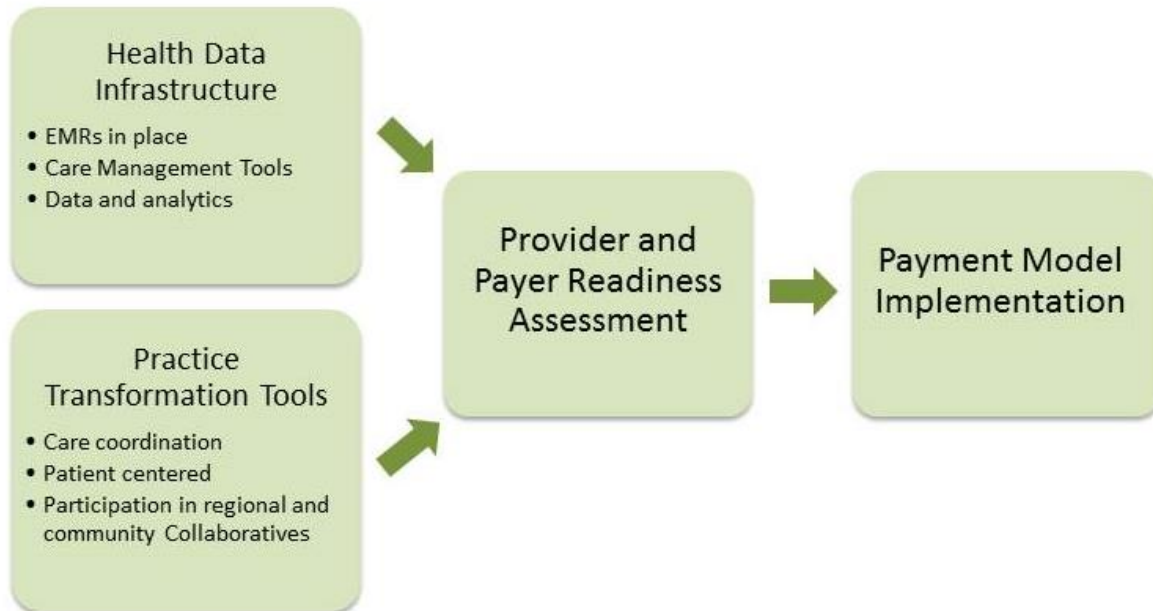
During the proposed January-June 2016 Performance Period 2 no-cost extension period, Vermont will continue activities to support payment model design and implementation, care delivery and practice transformation, health data infrastructure improvements, evaluation, and

project management. The current SIM activities support provider, payer, and state readiness for implementation of this model, but will be considered on an on-going basis as the details develop.

Payment Model Design and Implementation

Vermont's payment models are designed in a way that meets providers where they are, as some providers are more able to accept financial risk than others. They are also designed to ensure that the payers can operationalize the new structure, and the State can evaluate the programs. Provider, State, and payer readiness is critical for success of alternative payment models in Vermont. See this depicted in *Figure 2* below:

Figure 2: Alternative Payment Readiness



By establishing a path for all providers, we are phasing in reforms broadly, but responsibly. Vermont's active payment model design activities are performed on a multi-payer basis as much as possible, and include:

- Expansion of the **Advanced Primary Care Medical Home** initiative, known as the Blueprint for Health, launched in 2008.
 - In addition to Medicaid and Vermont's three largest commercial insurers, Medicare participates in the Blueprint for Health as a payer through the federal the Multi-payer Advanced Primary Care Practice Demonstration.
- Medicaid and commercial **Shared Savings ACO Programs**, launched in 2014.
 - Vermont ACOs are also participating in the Medicare Shared Savings Program.

These initiatives include the majority of Vermonters and Vermont providers: more than 55% of Vermonters are participating in the Advanced Primary Care Medical Home Initiative and Shared Savings programs. Vermont's three ACOs include the majority of our health care providers – including many of our long-term services and supports and mental health providers.

Vermont is also researching and analyzing other value-based payment models intended to promote better sustainability of health care costs and higher quality. These include: pay-for-performance, episodes of care/bundled payments, prospective payment systems, and capitation. Vermont continues to emphasize feasibility and research for Medicaid value-based purchasing.

Vermont is exploring an All-Payer Model, which is informed by the Medicare Next Generation Accountable Care Organization model. An All-Payer Model would include an agreement between the State and the federal government to target a sustainable rate of growth for health care spending in Vermont across Medicaid, Medicare and commercial payers. The agreement would include strict quality and performance measurement and Medicare waivers, if needed for restructuring payments. The model also incorporates a renewed Section 1115 Global Commitment waiver for Medicaid. Provider payments would be structured using Next Generation's value-based payment models, such as capitation or global budgets. Lastly, the Green Mountain Care Board would be the regulatory entity that would ensure that health care growth meets the targets through mechanisms such as hospital budget and payer rate reviews. The work done through the SIM grant to advance alternative payment models has helped to ensure that payers and providers are ready to move to a more aggressive payment model after the end of the grant, such as those being explored through the All-Payer Model.

Below is a list of SIM-supported projects and tasks underway in the Payment Model Design and Implementation focus area during the proposed Performance Period 2 no-cost extension period.

- Continued expansion of Vermont's *ACO Shared Savings Programs*;
- Launch of a Medicaid *Episodes of Care Program*;
- Continuation of a *Pay-for-Performance* program, implemented through the Blueprint for Health;
- Continued reporting and monitoring for the *Medicaid Health Homes program*, also known as the Hub and Spoke program;
- Design and analysis related to *Accountable Communities for Health*;
- Development of a *Prospective Payment System for Home Health*;
- Design and analysis to support decision-making related to an *All-Payer Model* with CMMI.
- Design, analysis, and launch of *Integrated Family Services in additional Health Service Areas*; and
- *State Activities to Support Model Design and Implementation* at Medicaid and GMCB.

Practice Transformation

Vermont SIM's care delivery and practice transformation activities are designed to enable provider readiness to participate in alternative payment models and accept higher levels of financial risk and accountability. This area of work includes monitoring Vermont's existing workforce, as well as designing transformation activities that support provider readiness. These activities impact a broad array of Vermont's providers and are undertaken as precursors to or in concert with alternative payment models. They are intended to ensure that the providers impacted by alternative financial models are supported in making the accompanying practice changes necessary for success, as well as to improve the health of individuals and the population through an integrated system of care management and care coordination.

Below is a list of SIM-supported projects and tasks underway in the Practice Transformation focus area during the proposed January-June 2016 Performance Period 2 no-cost extension period:

- *Learning Collaboratives* to support improved and integrated care management in Vermont communities;
- *A Sub-Grant Program* for Vermont providers, including a *technical assistance* component;
- *Regional Collaboratives* to support integration of the Blueprint for Health and Vermont's ACOs, and to enable community-wide governance and quality improvement efforts; and
- Workforce activities, including *demand and supply data collection and analysis*.

Health Data Infrastructure

Vermont SIM's health data infrastructure development activities support the development of clinical, claims, and survey data systems to support alternative payment models. The State is making strategic investments in clinical data systems to allow for passive quality measurement – reducing provider burden while ensuring accountability for health care quality – and to support real-time decision-making for clinicians through improved information sharing. SIM is also working to strengthen Vermont's data warehousing infrastructure to support interoperability of claims and clinical data and to enhance our ability to produce predictive analytics. As with Vermont's Practice Transformation activities, the activities in this focus area are intended to ensure providers, payers, and the State are prepared and have timely and accurate information that is necessary to support alternative payment models.

These investments have yielded significant improvements in the quality and quantity of data flowing from providers' electronic medical records into Vermont's Health Information Exchange (VHIE). We have also identified data gaps for non-Meaningful Use-eligible providers to support strategic planning around data use for all providers across the care continuum.

Below is a list of SIM-supported projects and tasks underway in the Health Data Infrastructure focus area during the proposed January-June 2016 Performance Period 2 no-cost extension period:

- Work to *Improve the Quality of Data Flowing into the VHIE*;
- Implementation of *Telehealth Pilots* aligned with the new Statewide Telehealth Strategy developed earlier in PP2;
- Efforts to *Expand Implementation of Electronic Medical Records* to non-Meaningful Use-eligible providers;
- Work on *Data Warehousing* to support the State and providers in improving data quality, and aggregating and analyzing health data;
- Discovery and design activities to develop *Care Management Tools*, including an electronic shared care plan solution, a universal transfer protocol, and an event notification system; and
- Various general health data activities, including a *HIT/HIE Planning Activities* and *Expert Support* as needed to support health data initiatives.

Evaluation

All of our efforts are evaluated to ensure the processes, as well as the outcomes, work for Vermont, its residents, payers, and providers. The evaluations occur by program, by population, and by region to identify successes, ensure that we are not inadvertently causing negative unintended consequences, and expand lessons learned quickly.

Below is a list of SIM-supported projects and tasks underway in the Evaluation focus area during the proposed January-June 2016 Performance Period 2 no-cost extension period:

- Execution of a *Self-Evaluation Plan*;
- *Surveys* to measure patient experience and other key factors, as identified in payment model development; and
- *Monitoring and Evaluation Activities* within payment programs.

Project Management and Reporting

SIM is supported by a project management team that oversees project-wide coordination and reporting, as well as communication and outreach. Project management is focused on achieving milestones and meeting accountability targets across the project. *Table 1* on the following page includes a summary of all Performance Period 2 milestones, lead staff, contractor support, and progress to date, which provides a global view of the project's current status and how Vermont believes it will achieve results. The Staff/Contractor Recruitment and Training section provides additional detail by contractor.

Table 1: Vermont SIM Milestone Summary – Performance Period 1, Performance Period 1 Carryover, and Performance Period 2

	Performance Period 1 (PP1) ¹		Performance Period 1 Carryover (PP1 Carryover)		Performance Period 2 (PP2)		Justification for No-Cost Extension
	Performance Period 1 Milestone	Current Status and Reporting	Performance Period 1 Carryover Milestone	Current Status, Reporting, and Contractors	Performance Period 2 Milestone	Current Status, Reporting, and Contractors	
Project Implementation	Project will be implemented statewide.	Achieved: Project is implemented statewide, implementation is ongoing. <i>Reporting:</i> Monthly reports to Core Team, quarterly reports to CMMI and Vermont Legislature.	Continue to implement project statewide. Implement all Performance Period 1 Carryover Milestones.	Ongoing. Will be complete by 12/31/15. <i>Reporting:</i> Monthly reports to Core Team, quarterly reports to CMMI and Vermont Legislature. <i>Contractors:</i> All contractors	Continue to implement project statewide. Implement all Performance Period 2 Milestones by 6/30/16.	Ongoing. Anticipated completion 6/30/16. <i>Reporting:</i> Monthly reports to Core Team, quarterly reports to CMMI and Vermont Legislature. <i>Contractors:</i> All contractors.	Delays in PP2 Budget and Contracts resulted in delays in ability to achieve PP2 Milestones.
Payment Models	N/A	N/A	50% of Vermonters in alternatives to fee-for-service.	Achieved: 55% of Vermonters in alternatives to fee-for-service as of November 2015, based on unduplicated counts. <i>Contractors:</i> Bailit Health Purchasing; Burns and Associates	60% of Vermonters in alternatives to fee-for-service by 6/30/16.	In progress: 55% of Vermonters in alternatives to fee-for-service as of November 2015, based on unduplicated counts. <i>Contractors:</i> Bailit Health Purchasing; Burns and Associates; Health Management Associates.	Delays in PP2 Budget and Contracts resulted in delays in ability to achieve PP2 Milestones.
Population Health Plan²	N/A	N/A	N/A	N/A	N/A	N/A	N/A – Population Health Plan will be developed in PP3 as required by CMMI for submission by end of SIM Test.
Sustainability Plan	N/A	N/A	N/A	N/A	N/A	N/A	N/A – Performance Period 3 milestone. Sustainability Plan will be developed in PP3 as required.
Focus Area: Payment Model Design and Implementation							
ACO Shared Savings Programs (SSPs)	1. Implement Medicaid and Commercial ACO SSPs by 1/1/14. 2. Develop ACO model standards: Approved ACO model standards. 3. Produce quarterly and year-end reports for ACO program participants and payers: Evaluation plan developed. 4. Execute Medicaid ACO contracts: Number ACO contracts executed (goal = 2). 5. Execute commercial ACO contracts: Number of commercial ACO contracts executed (goal = 2).	1. Achieved: SSPs launched 1/1/2014. 2. Achieved: ACO model standards approved. 3. Achieved: Quarterly and year-end reports produced, and evaluation plan developed. 4. Achieved: 2 Medicaid ACO contracts executed during PP1. 5. Achieved: 3 commercial ACO contracts executed during PP1.	1. Continue implementation activities in support of the initial SSP performance period according to the SSP project plan. 2. Modify program standards by 6/30/15 in preparation for subsequent performance periods. Finalize contract amendments for subsequent performance periods. 3. Complete final cost and quality calculations for initial SSP performance period by 9/15/15. 4. Maintain 2 contracts with ACOs Year 1 Medicaid ACO-SSP. 5. Maintain 3 contracts with ACOs Year 1 commercial ACO-SSP.	1. In progress: Implementation is ongoing through 12/31/15. 2. Achieved: Program standards modified and contract amendments finalized. 3. Achieved: Final cost and quality calculations for SSP Year 1 completed by 9/15/15. 4. In progress: Medicaid SSP Year 2 contracts will be executed by 12/31/15. 5. In progress: Commercial SSP Year 2 contracts are ongoing through 12/31/15.	Expand the number of people in the Shared Savings Programs in Performance Period 2 by 6/30/16: Medicaid/commercial program provider participation target: 950. Medicaid/commercial program beneficiary attribution target: 130,000.	In progress. <i>Reporting:</i> Reporting to GMCB, and DVHA, measured quarterly. <i>Contractors:</i> Bailit Health Purchasing; Burns and Associates; The Lewin Group; Pacific Health Policy Group; Deborah Lisi-Baker; Wakely Consulting; Bi-State Primary Care Association/Community Health Accountable Care; UVM	Several of Vermont’s providers withdrew from the Medicare Shared Savings Program in early 2015. The no-cost extension offers the opportunity to provide additional information about ACO participant performance (2014 data released in late Fall 2015) that can be used to expand provider participation in this program.

¹ Vermont’s milestone table organization changed as part of the discussions with CMMI around the Year One Carryover milestones. Milestones were grouped into topic areas matching Vermont’s core program areas.

² This table includes project areas that were referenced in earlier submissions to CMMI, but which do not have milestones prior to Year Three.

	Performance Period 1 (PP1) ¹		Performance Period 1 Carryover (PP1 Carryover)		Performance Period 2 (PP2)		Justification for No-Cost Extension
	Performance Period 1 Milestone	Current Status and Reporting	Performance Period 1 Carryover Milestone	Current Status, Reporting, and Contractors	Performance Period 2 Milestone	Current Status, Reporting, and Contractors	
		<i>Reporting:</i> Reporting to SIM Work Groups, GMCB, and DVHA, measured quarterly.	6. Modify initial quality measures, targets, and benchmarks for Y2 program periods by 6/30/15 (based on stakeholder input and national measure guidelines). 7. Medicaid/commercial program provider participation target: 700 Medicaid/commercial program beneficiary attribution target: 110,000	6. Achieved: measures, targets, and benchmarks modified for SSP Year 2 based on stakeholder input and national guidelines. 7. Achieved: 947 providers participating and 176,100 beneficiaries attributed as of September 2015. <i>Reporting:</i> Reporting to SIM Work Groups, GMCB, and DVHA, measured quarterly. <i>Contractors:</i> Bailit Health Purchasing; Burns and Associates; The Lewin Group; Wakely Consulting; Pacific Health Policy Group; Deborah Lisi-Baker; UVM Medical Center/ OneCare Vermont; Bi-State Primary Care Association/ Community Health Accountable Care		Medical Center/OneCare Vermont; Healthfirst.	
Episodes of Care	At least 3 episodes launched by 10/2014.	Not achieved: This activity delayed for Performance Period 2/CY2016. <i>Reporting:</i> Monthly status reports.	EOC feasibility analyses: 1. Analyze 20 episodes for potential inclusion in Medicaid EOC program by 7/31/15. 2. Develop implementation plan for EOC program by 7/31/15. 3. Convene stakeholder sub-group at least 6 times by 6/30/15.	1. Achieved: 50 episodes analyzed by 7/31/15. 2. Achieved: EOC implementation plan finalized on 11/16/15. 3. Achieved: Sub-group convened 6 times by 6/15/15. <i>Reporting:</i> Monthly status reports. <i>Contractors:</i> Burns and Associates.	3 EOCs designed for Medicaid – implementation of data reports by 3/1/16. Implementation of data reports means: episodes selected, outreach plan to providers designed, first run of historic data provided to providers participating in program.	In progress: Preparation for implementation of EOC data reports is ongoing to support 3/1/16 launch. <i>Reporting:</i> Monthly status reports. <i>Contractors:</i> Burns and Associates.	Contract support for this work was delayed due to delays in contract approval for PP2. Additionally, in conversations with CMMI regarding Vermont’s EOC program, CMMI suggested that Vermont take additional time to develop. The no-cost extension will allow for more robust episode-specific stakeholder feedback, which is key to the design of this model.
Pay-for-Performance	1. Develop Medicaid value-based purchasing plan addressing pay-for-performance initiatives:	1. Not achieved: In PP1, the Vermont Legislature appropriated additional Medicaid funds to support	1. Design modifications to the Blueprint for Health P4P program – dependent on additional appropriation in state budget.	1. Achieved: Blueprint for Health P4P modification design completed on 7/1/15.	Roll-out of new P4P investments for Blueprint Community Health Teams (CHTs) by 7/1/15 and enhanced direct payments to	In progress: New P4P investments ready to launch on 7/1/15 and 1/1/16,	Vermont’s Legislature approved an appropriation for additional investment in the Blueprint for Health

	Performance Period 1 (PP1) ¹		Performance Period 1 Carryover (PP1 Carryover)		Performance Period 2 (PP2)		Justification for No-Cost Extension
	Performance Period 1 Milestone	Current Status and Reporting	Performance Period 1 Carryover Milestone	Current Status, Reporting, and Contractors	Performance Period 2 Milestone	Current Status, Reporting, and Contractors	
	2. Medicaid value-based purchasing plan developed.	this milestone. Due to budget constraints, this activity was rescinded. 2. Achieved: Vermont began development of value-based purchasing plan. <i>Reporting:</i> Monthly status reports.	Modification design completed by 7/1/15 based on Legislative appropriation. 2. Medicaid value-based purchasing case study developed with Integrating Family Services program completed by 6/30/15.	2. Achieved: Medicaid value-based purchasing case study developed by 6/30/2015. This case study included a rubric for Medicaid value-based purchasing that will be used for Medicaid-specific reforms moving forward. ³ <i>Reporting:</i> Monthly status reports. <i>Contractors:</i> N/A	Blueprint practices by 1/1/16, according to approved P4P plan (using new funds that were appropriated by the legislature).	respectively, according to approved P4P plan. <i>Reporting:</i> Quarterly reports to CMMI and Vermont Legislature. <i>Contractors:</i> N/A	(P4P) program. The second investment is in the NCE period. This milestone is on track for 1/1/16.
Health Home (Hub & Spoke)	Health Homes.	Achieved: Model expanded statewide. <i>Reporting:</i> Quarterly reports to CMMI and Vermont Legislature.	State-wide program implementation: 1. Implement Health Home according to Health Home State Plan Amendment and federal plan for 2015. 2. Report on program participation to CMMI.	1. In progress: Implementation ongoing through 12/31/15. 2. In progress: Reporting ongoing through 12/31/15. <i>Reporting:</i> Quarterly reports to CMMI and Vermont Legislature. <i>Contractors:</i> N/A	Reporting on program's transition and progress: Quarterly reporting of program progress to CMMI, VHCIP stakeholders.	In progress: Reporting ongoing as required by CMCS and CMMI. <i>Reporting:</i> Quarterly reports to CMMI and Vermont Legislature. <i>Contractors:</i> N/A	N/A – This milestone is on track and there is no need for additional time.
Accountable Communities for Health (ACH)	N/A	N/A	Feasibility assessment: research ACH design. 1. Convene stakeholders to discuss ACH concepts at least 3 times to inform report. 2. Produce Accountable Community for Health report by 7/31/15.	1. Achieved: Stakeholders convened 3 times to inform report (April 2014, March 2015, June 2015). 2. Achieved: Report finalized in June 2015. <i>Reporting:</i> Monthly status reports. <i>Contractors:</i> Prevention Institute; James Hester.	Feasibility assessment – data analytics: 1. Discussion and planning of investments related to ACH feasibility based on research/report by 11/1/15. 2. Design/creation of ACH learning system for all 14 Vermont Health Service Areas by 1/31/16. 3. Start roll out ACH learning system to at least 3 health service areas by 2/1/16. 4. Research for implementation of a pilot incorporating a payment change (data analysis, financial analysis, stakeholder participation analysis) for at least 1 Vermont region by 2/1/16.	1. Achieved: ACH feasibility discussed in September and October 2015. 2. In progress: Basic design for an ACH peer learning opportunity for interested communities complete; work to refine and plan peer learning activities is ongoing. 3. Not yet started: ACH peer learning opportunity launch planned for 2/1/16. 4. In progress: Research with St. Johnsbury community ongoing through 2/1/16. <i>Reporting:</i> Monthly status reports.	ACH Learning System: Program design is in progress, but an additional month will allow for the contractor to be in place for activities to start. Delays in PP2 contract approvals and budget delayed release of this RFP. Pilot Implementation: There is intense work with one stakeholder community that involved more complex stakeholder participation than initially anticipated due to diversity of stakeholder goals. These issues have been worked

³ The remaining Medicaid value-based purchasing (VBP) activities are in the “State Activities to Support Model Design and Implementation – Medicaid” row below as they apply to all payment models in Vermont’s SIM Test, not just pay-for-performance.

	Performance Period 1 (PP1) ¹		Performance Period 1 Carryover (PP1 Carryover)		Performance Period 2 (PP2)		Justification for No-Cost Extension
	Performance Period 1 Milestone	Current Status and Reporting	Performance Period 1 Carryover Milestone	Current Status, Reporting, and Contractors	Performance Period 2 Milestone	Current Status, Reporting, and Contractors	
						Contractors: James Hester; TBD.	through, but data analytics were delayed while consensus was reached to avoid wasted resources.
Prospective Payment System – Home Health	N/A	N/A	N/A	N/A	1. Creation of a project plan and begin Phase 1 activities as required by project plan for PPS-HH by 12/31/15. 2. Design PPS program for home health for launch 7/1/16.	1. Achieved: Project plan created. 2. In progress: PPS design is ongoing through 6/30/16. Reporting: Monthly status reports. Contractors: N/A	N/A – This milestone will be achieved on time. The 7/1/16 deadline is a statutory deadline passed in the 2015 legislative session.
Prospective Payment System – Designated Agencies	N/A	N/A	N/A	N/A	Submit planning grant for Certified Community Behavioral Health Clinics to SAMHSA by 8/5/15. If awarded, begin alignment of new opportunity with SIM activities. (Note: No SIM funds used to support this effort.)	Achieved: Planning grant submitted by 8/5/15. Vermont has decided not to pursue this opportunity, and will replace this work with the Medicaid Value-Based Purchasing milestone category (below) in PP3.	N/A – Activity discontinued.
Medicaid Value-Based Purchasing: Mental Health and Substance Abuse	N/A	N/A	N/A	N/A	N/A	N/A	N/A – Performance Period 3 milestone.
All-Payer Model	N/A	N/A	N/A	N/A	1. Research feasibility, develop analytics, and obtain information to inform decision-making with CMMI. 2. Work with CMMI on mutually-agreed upon timeline for 2016 decision-making by 12/31/15.	1. In progress: Research, analytic development, and information gathering are ongoing to support discussions with CMMI. 2. In Progress: An initial timeline is established with CMMI; timeline will change as negotiations are completed to reflect final term sheet. Reporting: Monthly status reports.	Vermont continues to be engaged in negotiations with CMMI regarding this model. Vermont moderated the work directed to the contractor supporting this effort to minimize state exposure, due to delay in PP2 budget and contract approval.

	Performance Period 1 (PP1) ¹		Performance Period 1 Carryover (PP1 Carryover)		Performance Period 2 (PP2)		Justification for No-Cost Extension
	Performance Period 1 Milestone	Current Status and Reporting	Performance Period 1 Carryover Milestone	Current Status, Reporting, and Contractors	Performance Period 2 Milestone	Current Status, Reporting, and Contractors	
						<i>Contractors:</i> Burns and Associates, Health Management Associates.	
State Activities to Support Model Design and Implementation - GMCB	N/A	N/A	Identify quality measurement alignment opportunities. (in another section previously – the quality section): 1. Review new Blueprint (P4P) measures related to new investments by 7/1/15.	Achieved. <i>Reporting:</i> Monthly status reports (reported with Blueprint activities). <i>Contractors:</i> N/A	1. Research and planning to identify the components necessary for APM regulatory activities by 6/30/16. 2. Specific regulatory activities and timeline are dependent on discussions with CMMI.	1. In progress: Research, analytic development, and information gathering are ongoing to support discussions with CMMI. 2. In progress: Negotiations and term sheet are ongoing. <i>Reporting:</i> Monthly status reports (reported with All-Payer Model activities). <i>Contractors:</i> Health Management Associates.	Vermont continues to be engaged in negotiations with CMMI regarding this model. Vermont moderated the work directed to the contractor supporting this effort to minimize state exposure, due to delay in PP2 budget and contract approval.
State Activities to Support Model Design and Implementation - Medicaid	N/A	N/A	Pursue state plan amendments and other federal approvals as appropriate for each payment model (SSP SPA); ensure monitoring and compliance activities are performed. Ensure beneficiaries have access to call-center as appropriate. 1. Obtain SSP Year 1 State Plan Amendment by 7/31/15. 2. Procure contractor for SSP monitoring and compliance activities by 4/15/15. 3. Procure contractor for data analytics related to value-based purchasing in Medicaid by 9/30/15. 4. Ensure call center services are operational for Medicaid SSP for SSP Year 2.	1. Achieved: SPA approved in June 2015. 2. Achieved: Contractor procured. 3. Achieved: Contractor procured. 4. Achieved: Call center services operational. <i>Reporting:</i> Monthly status reports. <i>Contractors:</i> Burns and Associates; Wakely Consulting; Pacific Health Policy Group.	Pursue state plan amendments and other federal approvals as appropriate for each payment model (SSP SPA, EOC SPA); ensure monitoring and compliance activities are performed. Ensure beneficiaries have access to call-center as appropriate: 1. Ensure appropriate customer service supports are in place for Medicaid SSP program for 2016 by 11/1/15. 2. Obtain SPA for Year 2 of the Medicaid Shared Savings Program by 3/31/15. 3. Create draft SPA documents for Year 1 of the EOC program by 4/1/16. 4. Execute Year 1 and Year 2 commercial and Medicaid monitoring and compliance plans throughout Performance Period 2 according to the predetermined plan. 5. Develop monitoring and compliance plan for Year 1 EOCs by 6/30/16.	1. Achieved: Maximus contract in place. 2. Achieved: SPA for Year 2 of the Medicaid SSP was approved in September 2015. 3. In progress: Draft SPA is in development. 4. Will be achieved by 12/31/15: SSP Year 1 and Year 2 monitoring and compliance plan implementation. 5. In progress: EOC Year 1 monitoring and compliance under development. 6. In progress: design modifications are underway. New target communities identified. Stakeholder outreach underway. Contractor engaged. 7. In progress: project kicked off in November 2015 after federal contract approval was received.	EOC Program SPA: Draft SPA submission will be developed in concert with the program (details above). As that program is delayed, this milestone moves with it. Delays in PP2 contract approvals delayed contractor work in this area. IFS Program: a no-cost extension is needed due to delays in federal contract approval. Frail Elders: Due to delays in federal contract approval, this project did not start until November 2015.

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	Performance Period 1 Milestone	Current Status and Reporting	Performance Period 1 Carryover Milestone	Current Status, Reporting, and Contractors	Performance Period 2 Milestone	Current Status, Reporting, and Contractors	
					6. Design modifications to existing Integrated Family Services (IFS) Program so it can expand to at least one additional community on 7/1/16. 7. Research and design related to Frail Elders (timeline dependent upon federal contract approval) – final recommendations by 6/30/16.	<i>Reporting:</i> Monthly status report (and embedded in other reports by topic). <i>Contractors:</i> Burns and Associates; Pacific Health Policy Group; Maximus; Wakely Consulting; Vermont Medical Society Foundation; Policy Integrity.	
All Models	1. Consult with Payment Models and Duals Work Groups on financial model design: Develop ACO model standards. 2. Consult with Payment Models and Duals Work Groups on definition of analyses. 3. Define analyses: Number of meetings held with payment models and duals Work Groups on the above designs (goal = 2). 4. Procure contractor for internal Medicaid modeling: Contract for Medicaid modeling. 5. Procure contractor for internal Medicaid modeling: Number of analyses performed (goal = 5). 6. Procure contractor for additional data analytics: Contract for data analytics. 7. Define analyses: Number of analyses designed (goal = 5). 8. Procure contractor for additional data analytics: Contract for financial baseline and trend modeling. 9. Perform analyses, procure contractor for financial baseline and trend modeling, and develop model.	1. Achieved: ACO model standards developed with work group input. 2. Achieved: Analyses defined with work group input. 3. Achieved: 5 meetings held with work groups on this topic. 4. Achieved: Contractor procured. 5. Achieved: 5 analyses performed. 6. Achieved: Contractor procured. 7. Achieved: 5 analyses defined. 8. Achieved: Contractor procured. 9. Achieved: Analyses performed, contractor procured, model developed. <i>Reporting:</i> Monthly status reports.	1. Consult with stakeholders in all payment models design; implementation. 2. Consult with stakeholders in any additional design revision or analyses. 3. Maintain contract for ongoing Medicaid modeling. 4. Maintain contract for additional data analytics. 5. Maintain contract for ongoing financial baseline and trend modeling.	1. Achieved: Stakeholders consulted on payment model design through SIM work group meetings. 2. Achieved: Stakeholders consulted on payment model revision and analyses through SIM work group meetings. 3. In progress: Contract for Medicaid modeling ongoing. 4. In progress: Contract for data analytics ongoing. 5. In progress: Contract for ongoing financial baseline and trend modeling ongoing. <i>Reporting:</i> Monthly status reports. <i>Contractors:</i> Burns and Associates; Bailit Health Purchasing; Wakely Consulting; The Lewin Group; Policy Integrity; Pacific Health Policy Group; Maximus.	N/A (milestones in this category integrated into above categories for PP2).	N/A	N/A
All-Models: Quality Measurement	1. Define common sets of performance measures: Convene work group, establish measure criteria, identify potential measures, crosswalk against	1. Achieved: Performance measures defined. 2. Achieved: Provider, consumer, and payer buy-in	1. Modify initial quality measures, targets, and benchmarks for subsequent program periods (based on stakeholder input and national measure guidelines).	1. Achieved: Initial quality measures modified based on stakeholder input and national measure guidelines.	N/A (milestones in this category integrated into above categories for PP2).	N/A	N/A

	Performance Period 1 (PP1) ¹		Performance Period 1 Carryover (PP1 Carryover)		Performance Period 2 (PP2)		Justification for No-Cost Extension
	Performance Period 1 Milestone	Current Status and Reporting	Performance Period 1 Carryover Milestone	Current Status, Reporting, and Contractors	Performance Period 2 Milestone	Current Status, Reporting, and Contractors	
	<p>existing measure sets, evaluate against criteria, identify data sources, determine how each measure will be used, seek input from CMMI and Vermont independent evaluation contractors, finalize measure set, identify benchmarks and performance targets, determine reporting requirements, revisit measure set on regular basis.</p> <p>2. Ensure provider, consumer and payer buy-in during measure selection: Identification of additional mechanisms for obtaining provider and consumer representation, input and buy-in.</p> <p>3. Ensure payer alignment across endorsed measures:</p> <ul style="list-style-type: none"> • Process for payer approval. <p>4. Establish plan for target-setting with schedule for routine assessment:</p> <ul style="list-style-type: none"> • Establish target-setting process, routine assessment process, and analytic framework and reports. 	<p>maintained during measure selection.</p> <p>3. Achieved: Payers aligned across measures, measures approved by payers.</p> <p>4. Achieved: Target setting process established, along with routine assessment process and analytic framework and reports.</p> <p><i>Reporting:</i> Monthly status reports.</p>	<p>2. Maintain monthly meeting schedule for multi-stakeholder Quality & Performance Measures Work Group.</p> <p>3. Identify additional opportunities for measure alignment across programs (e.g. ACO SSPs and Blueprint for Health P4P).</p> <p>4. Complete final quality calculations for initial SSP performance period and report results. Begin interim analytics for subsequent performance period.</p>	<p>2. Achieved: QPM Work Group met monthly prior to incorporation into new Payment Model Design and Implementation Work Group in October 2015.</p> <p>3. In progress: Work to identify additional opportunities for measure alignment with Blueprint will be complete by 12/31/15 as part of new payment (see pay-for-performance row above).</p> <p>4. Achieved: SSP Year 1 quality calculations finalized; interim analytics for SSP Year 2 begun.</p> <p><i>Reporting:</i> Monthly status reports.</p> <p><i>Contractors:</i> Bailit Health Purchasing; Deborah Lisi-Baker; Pacific Health Policy Group.</p>			
Focus Area: Practice Transformation							
Learning Collaboratives	<p>1. Provide quality improvement and care transformation support to a variety of stakeholders.</p> <p>2. Procure learning collaborative and provider technical assistance contractor.</p>	<p>1. Achieved: Quality improvement and care transformation support provided through development of Care Management Learning Collaborative and sub-grant technical assistance.</p> <p>2. Achieved: Contractor procured.</p> <p><i>Reporting:</i> Monthly status reports.</p>	<p>Launch 1 cohort of Learning Collaboratives to 3-6 communities (communities defined by Vermont's Health Service Areas) by 1/15/15:</p> <p>1. Convene communities in-person and via webinar alternating format each month for 12 months.</p> <p>2. Assess impact of Learning Collaborative monthly.</p> <p>3. Propose expansion of Learning Collaborative as appropriate by 5/31/15.</p>	<p>Achieved: First Learning Collaborative cohort launched to 3 communities.</p> <p>1. Achieved: Communities convened monthly for in-person or web events monthly for 12 months.</p> <p>2. Achieved: Impact assessed monthly by community-based learning collaborative leaders and SIM staff.</p> <p>3. Achieved: Expansion proposed in April 2015.</p> <p><i>Reporting:</i> Monthly status reports.</p>	<p>Offer at least two cohorts of Learning Collaboratives to 3-6 communities:</p> <p>1. Create expansion plan for remaining Vermont HSAs that want to participate in the Learning Collaborative program by 6/15/15.</p> <p>2. Expand existing Learning Collaborative program to at least 6 additional health service areas by 6/30/16.</p>	<p>Achieved: Learning Collaborative cohorts 2 and 3 launched in 8 communities in September 2015.</p> <p>1. Achieved: Expansion plan proposed in April 2015.</p> <p>2. In progress: Expansion launched to 8 new communities began in September 2015.</p> <p><i>Reporting:</i> Monthly status reports.</p> <p><i>Contractors:</i> Deborah Lisi-Baker; Nancy Abernathey; Vermont Partners for Quality in Health Care; TBD.</p>	<p>Vermont's Learning Collaborative started with pilot communities; launch in additional communities was planned for after pilot communities were well established. The Learning Collaborative in the pilot community was a success, but this structure delayed implementation in PP2 several months. The NCE will allow us to finish the Learning Collaborative activities for the 8 new communities that were originally planned for the last 6 months of 2015.</p>

	Performance Period 1 (PP1) ¹		Performance Period 1 Carryover (PP1 Carryover)		Performance Period 2 (PP2)		Justification for No-Cost Extension
	Performance Period 1 Milestone	Current Status and Reporting	Performance Period 1 Carryover Milestone	Current Status, Reporting, and Contractors	Performance Period 2 Milestone	Current Status, Reporting, and Contractors	
				<i>Contractors:</i> Nancy Abernathey.			
Sub-Grant Program – Sub-Grants	Develop technical assistance program for providers implementing payment reforms.	Achieved: 14 sub-grant awards made to 12 awardees, technical assistance program developed, and technical assistance contractors procured. <i>Reporting:</i> Monthly status reports.	Continue sub-grant program: 1. Convene sub-grantees at least once by 6/30/15. 2. Each quarter, analyze reports filed by sub-grantees using lessons from sub-grantees to inform project decision-making.	Achieved: 1. Achieved: Sub-grantees convened on 5/27/15. 2. Achieved: Sub-grantee quarterly reports reviewed quarterly to gather lessons learned to inform project decision-making. <i>Reporting:</i> Monthly status reports. <i>Contractors:</i> Vermont Medical Society Foundation; <i>Healthfirst</i> ; Central Vermont Medical Center Bi-State Primary Care Association/Community Health Accountable Care; Northwest Medical Center; Northern Vermont Medical Center; White River Family Practice; Vermont Program for Quality in Health Care; InvestEAP; Vermont Developmental Disabilities Council; Rutland VNA; Southwest Medical Center.	Continue sub-grant program: 1. Convene sub-grantees at least once by 6/30/16. 2. Each quarter, analyze reports filed by sub-grantees using lessons from sub-grantees to inform project decision-making.	Ongoing: 1. Not yet started: Plan to convene sub-grantees at least once in Spring 2016. 2. Ongoing: Analysis and incorporation of lessons learned will continue through 6/30/16. <i>Reporting:</i> Monthly status reports. <i>Contractors:</i> Vermont Medical Society Foundation; <i>Healthfirst</i> ; Central Vermont Medical Center; Bi-State/CHAC; Northwest Medical Center; Northern Vermont Medical Center; White River Family Practice; Vermont Program for Quality in Health Care; InvestEAP; Vermont Developmental Disabilities Council; Rutland VNA; Southwest Medical Center.	Vermont's sub-grant program is a key feature of our SIM Test. The program fosters innovation at the provider level and lessons learned at the payer and policymaking levels. A no-cost extension will enable Vermont to continue supporting these sub-grantees, and identifying lessons learned and challenges for future decision-making. ⁴
Sub-Grant Program – Technical Assistance	N/A	N/A	Provide technical assistance to sub-grantees as requested by sub-grantees: 1. Remind sub-grantees of availability of technical assistance on a monthly basis. 2. Ensure technical assistance contracts have sufficient resources to meet needs of sub-grantees.	Achieved: 1. Achieved: Sub-grantees reminded of technical assistance availability monthly. 2. Achieved: Technical assistance contracts sufficiently resourced to meet sub-grantee TA requests.	Provide technical assistance to sub-grantees as requested by sub-grantees: 1. Remind sub-grantees of availability of technical assistance on a monthly basis. 2. Ensure technical assistance contracts have sufficient resources to meet needs of sub-grantees.	Ongoing: 1. Ongoing: Sub-grantees will be reminded of technical assistance availability monthly through 6/30/16. 2. Ongoing: Technical assistance contracts sufficiently resourced to meet sub-grantee TA requests through 6/30/16.	Vermont's sub-grant program is a key feature of our SIM Test. The program fosters innovation at the provider level and lessons learned at the payer and policymaking levels. A no-cost extension will enable Vermont to continue supporting these sub-grantees and developing

⁴ Vermont's sub-grant program was approved in its entirety in 2014. In 2015, Vermont learned that the program should have been approved by performance period rather than in its entirety. As part of Vermont's Year 1 Carryover, Vermont modified the sub-grant program budget to provide funding for only those activities in Performance Period 1 and Performance Period 1 Carryover. As a result, we need to create a new milestone for PP2 and PP3 and provide associated funding for this program. Vermont submitted a separate request for this new PP2 milestone on 11/23/15 per CMMI communication of that same date.

	Performance Period 1 (PP1) ¹		Performance Period 1 Carryover (PP1 Carryover)		Performance Period 2 (PP2)		Justification for No-Cost Extension
	Performance Period 1 Milestone	Current Status and Reporting	Performance Period 1 Carryover Milestone	Current Status, Reporting, and Contractors	Performance Period 2 Milestone	Current Status, Reporting, and Contractors	
				<i>Reporting:</i> Monthly status reports. <i>Contractors:</i> Policy Integrity; Wakely Consulting; Truven.		<i>Reporting:</i> Monthly status reports. <i>Contractors:</i> Policy Integrity; Wakely Consulting.	lessons learned and challenges for future decision-making. Vermont offers technical assistance to its sub-grantees in the areas of evaluation, data analysis, facilitation, and actuarial support.
Regional Collaborations	N/A	N/A	Establish regional collaborations in health services areas by beginning to develop a Charter, governing body, and decision-making process: 1. Develop Charter, decision-making process, and participants for 6 HSAs by 11/30/15. 2. Require monthly updates from ACOs/Blueprint for Health.	Achieved: 1. Achieved: Charters, decision-making process, and participants for 6 HSAs developed by 11/30/15. 2. Achieved: Monthly updates from ACOs/Blueprint required. <i>Reporting:</i> Monthly status reports. <i>Contractors:</i> Bi-State Primary Care Association/ Community Health Accountable Care.	Expansion of regional collaborations to all 14 Health Service Areas (HSAs) by 6/30/16. Expansion is complete when all HSAs have a Charter, governing body, and decision-making process.	In progress: Regional collaborations active in all HSAs; as of November 2015, 13 of 14 regions have established charters. <i>Reporting:</i> Monthly status reports. <i>Contractors:</i> Bi-State Primary Care Association/ Community Health Accountable Care; UVM Medical Center/ OneCare Vermont.	Each region is working at the local level to define these components, and some communities are not as advanced in this work as others. The local nature of this work ensures better integration and buy-in by diverse providers, which optimizes the chance of success. A no-cost extension will enable all 14 regions to finalize Charters, governing and decision-making bodies.
Workforce – Care Management Inventory	N/A	N/A	Obtain snapshot of current care management activities, staffing, people served, and challenges: 1. Obtain Draft Report by 3/31/15. 2. Present to 2 work groups by 5/31/15. 3. Final Report due by 9/30/15.	Achieved: 1. Achieved: Draft report results presented to CMCM Work Group in February 2015. 2. Achieved: presented to CMCM Work Group and Workforce Work Group. 3. Achieved. <i>Reporting:</i> Monthly status reports. <i>Contractors:</i> Bailit Health Purchasing.	N/A	N/A	N/A
Workforce – Demand Data Collection and Analysis	N/A	N/A	N/A	N/A	1. Execute contract for micro-simulation demand modeling by 1/15/16 (dependent on federal approval). 2. Provide preliminary data as defined by the contract to vendor for use in model by 3/15/16.	1. In progress: Contract for demand modeling approved by CMMI in October. Pending execution. Anticipate execution by 1/15/16.	Due to delays in federal contract approvals, this contract execution was delayed several months. A no-cost extension will allow the work that was to be

	Performance Period 1 (PP1) ¹		Performance Period 1 Carryover (PP1 Carryover)		Performance Period 2 (PP2)		Justification for No-Cost Extension
	Performance Period 1 Milestone	Current Status and Reporting	Performance Period 1 Carryover Milestone	Current Status, Reporting, and Contractors	Performance Period 2 Milestone	Current Status, Reporting, and Contractors	
						<p>2. Not yet started: DVHA expects to provide data to demand modeling vendor by March 2016.</p> <p><i>Reporting:</i> Monthly status reports; reports from vendor.</p> <p><i>Contractors:</i> IHS.</p>	performed in late 2015 to be performed in early 2016.
Workforce – Supply Data Collection and Analysis	N/A	N/A	<p>Use supply data (licensure and recruitment) to inform workforce planning and updates to Workforce Strategic Plan:</p> <ol style="list-style-type: none"> 1. Present data to Workforce Work Group at least 3 times by 9/30/15. 2. Publish data reports/analyses on website by 12/31/15. 3. Distribute reports/analyses to project stakeholders by 12/31/15. 	<ol style="list-style-type: none"> 1. Achieved. 2. Achieved: Posted on the VDH website. 3. Achieved: Achieved as part of Workforce Work Group presentations. <p><i>Reporting:</i> Monthly status reports.</p> <p><i>Contractors:</i> N/A</p>	<p>Continue to use supply data (licensure and recruitment) to inform workforce planning and updates to Workforce Strategic Plan:⁵</p> <ol style="list-style-type: none"> 1. Present data to Workforce Work Group at least 4 times between 1/1/15 and 6/30/16. 2. Publish data reports/analyses on website by 12/31/15. 3. Distribute reports/analyses to project stakeholders by 12/31/15. 	<p>Not yet started: Will start 1/1/16.</p> <p><i>Contractors:</i> N/A (staff only).</p>	Vermont uses supply data to inform workforce planning activities. This information will be necessary for the sustainability planning in Year 3 and takes several months to prepare.
	Vermont Department of Labor to develop a comprehensive review of all such programs offered by each agency/department of state government - due by the end of 2013.	Achieved. <i>Reporting:</i> PP1 Annual Report.	N/A	N/A	N/A	N/A	N/A
	SIM will expand all existing efforts (Blueprint, VITL, providers, VCCI, SASH, Hub and Spoke).	Achieved. <i>Reporting:</i> PP1 Annual Report. These activities are now found in the Payment Model Design and Implementation section above for subsequent project periods.	N/A	N/A	N/A	N/A	N/A
Focus Area: Health Data Infrastructure							
Expand Connectivity to HIE – Gap Analyses	Perform gap analyses related to quality measures for each payment program, as appropriate; perform baseline gap analyses to	Achieved: Two gap analyses launched in 2014: ACO program and non-MU long-term services and supports providers.	Perform gap analyses related to quality measures for each payment program, as appropriate; perform baseline gap analyses to	Achieved: 1. Achieved: DLTSS technical gap <i>analysis</i> finalized in October 2015.	N/A	N/A	N/A

⁵ This is a new PP2 milestone. Previously, this work was part of the PP1 Carryover, and there is need to provide workforce supply information as part of the new NCE time period of January-June 2016.

	Performance Period 1 (PP1) ¹		Performance Period 1 Carryover (PP1 Carryover)		Performance Period 2 (PP2)		Justification for No-Cost Extension
	Performance Period 1 Milestone	Current Status and Reporting	Performance Period 1 Carryover Milestone	Current Status, Reporting, and Contractors	Performance Period 2 Milestone	Current Status, Reporting, and Contractors	
	understand connectivity of non-Meaningful Use (MU) providers.	<i>Reporting:</i> Monthly status reports.	understand connectivity of non-Meaningful Use (MU) providers: 1. Complete DLSS technical gap analysis by 9/30/15. 2. Conduct bimonthly SSP quality measure gap analyses for ACO providers.	2. In progress: bimonthly analyses completed to date; final analysis will be complete by 12/31/15. <i>Reporting:</i> Monthly status reports. <i>Contractors:</i> VITL (Vermont Information Technology Leaders); H.I.S. Professionals.			
Expand Connectivity to HIE – Gap Remediation	N/A	N/A	N/A	N/A	Remediate data gaps that support payment model quality measures, as identified in gap analyses: 1. Remediate 50% of data gaps for SSP quality measures by 12/31/15. 2. Develop a remediation plan for gaps identified in LTSS technical gap analysis by 12/31/15.	In progress: 1. In progress: Will be achieved by 12/31/15. 2. In progress: Remediation plan in development for finalization by 12/31/15. <i>Reporting:</i> Monthly status reports. <i>Contractors:</i> Vermont Information Technology Leaders (VITL); TBD.	N/A
Expand Connectivity to HIE – Data Extracts from HIE	N/A	N/A	Completed development of ACO Gateways with OneCare Vermont (OCV) by 3/31/15 and Community Health Accountable Care (CHAC) by 12/31/15 to support transmission of data extracts from the HIE.	Delayed: OCV Gateway estimated completion date November 2015; CHAC estimated completion date December 2015. <i>Reporting:</i> Monthly status reports. <i>Contractors:</i> VITL	N/A	N/A	N/A
Expand Connectivity to HIE	1. Begin to incorporate long-term care, mental health, home care and specialist providers into the HIE infrastructure. 2. Number of new interfaces built between provider organizations and HIE (goal = 18 additional hospital interfaces and 75 new interfaces to non-hospital health care organizations to include: at least 10 specialist practices; 4	1. Achieved (note some PP1 Carryover). 2. Achieved: 16 hospital interfaces built; 75 new interfaces to non-hospital health care organizations built. <i>Reporting:</i> Monthly status reports.	Begin to incorporate long-term care, mental health, home care and specialist providers into the HIE infrastructure and expand provider connection to HIE infrastructure: 1. Number of new interfaces built between provider organizations and HIE: Total goal for Y1 = 20 hospital interfaces and 150	1. Achieved: 20 hospital interfaces and 193 non-hospital interfaces built. <i>Reporting:</i> Monthly status reports. <i>Contractors:</i> VITL.	N/A	N/A	N/A

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	Performance Period 1 Milestone	Current Status and Reporting	Performance Period 1 Carryover Milestone	Current Status, Reporting, and Contractors	Performance Period 2 Milestone	Current Status, Reporting, and Contractors	
	home health agencies; and 4 designated mental health agencies).		interfaces to non-hospital health care organizations by 12/31/15.				
Improve Quality of Data Flowing into HIE	<p>Clinical Data:</p> <p>1. Medication history and provider portal to query the VHIE by end of 2013.</p> <p>2. State law requires statewide availability of Blueprint program and its IT infrastructure by October 2013.</p>	<p>1. Achieved: 129 queries.</p> <p>2. Achieved.</p> <p><i>Reporting:</i> Monthly status reports and contractor reports.</p>	<p>1. Data quality initiatives with the DAs/SSAs:</p> <p>Conduct data quality improvement meetings with the DAs/SSAs to focus on the analysis of the current state assessments for each agency: at least 4 meetings per month with DA/SSA leadership and 6 meetings per month with individual DAs/SSAs to review work flow.</p> <p>2. Access to medication history to support care: 150 medication queries to the VHIE by Vermont providers by 12/31/15.</p>	<p>1. Achieved.</p> <p>2. In progress: will be achieved by 12/31/15.</p> <p><i>Reporting:</i> Monthly status reports and contractor reports.</p> <p><i>Contractors:</i> VITL; Behavioral Health Network.</p>	<p>1. Implement terminology services tool to normalize data elements within the VHIE by TBD.</p> <p>2. Engage in workflow improvement activities at provider practices to improve the quality of the data flowing into the VHIE as identified in gap analyses. Start workflow improvement activities in 30% of ACO attributing practices by 6/30/16.</p>	<p>1. In progress.</p> <p>2. In progress: Workflow improvement activities begun.</p> <p><i>Reporting:</i> Monthly status reports and contractor reports.</p> <p><i>Contractors:</i> VITL; Behavioral Health Network; UVM Medical Center/OneCare Vermont; TBD.</p>	<p>Terminology Services: Delays in federal contract approvals delayed launch of terminology services. Additionally, the cost changed. A no-cost extension will allow Vermont SIM to redefine this tool, costs, and timeline.</p> <p>Workflow Improvement: A no-cost extension will allow us to continue the workflow improvement activities begun in PP2 but delayed due to delays in PP2 contract approvals.</p>
Telehealth – Strategic Plan (Year 2 Only)	N/A	N/A	N/A	N/A	Develop telehealth strategic plan by 9/15/15.	<p>Achieved: Telehealth Strategic Plan finalized in September 2015.</p> <p><i>Reporting:</i> Report completed by deadline.</p> <p><i>Contractors:</i> JBS International.</p>	N/A
Telehealth – Implementation	N/A	N/A	N/A	N/A	<p>1. Release telehealth program RFP by 9/30/15.</p> <p>2. Award at least one contract to implement the scope of work in the telehealth program RFP by 1/15/16.</p>	<p>1. Achieved: RFP released on 9/18/15.</p> <p>2. In process. Selection process delayed; selection will occur by 12/31/2015 with negotiations for the award to follow.</p> <p><i>Reporting:</i> RFP released on time; monthly status reports.</p> <p><i>Contractors:</i> TBD.</p>	RFP release and selection of vendors was delayed due to delays in federal contract approvals for the telehealth strategic plan (noted above). The no-cost extension will allow contracts to be executed and contractors to perform work originally planned for the last half of 2015.
EMR Expansion	N/A	N/A	N/A	N/A	1. Assist in procurement of EMR for non-MU providers: Vermont	1. In progress:	Due to delays in federal contract approval, the

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					State Psychiatric Hospital (by 6/30/15) and ARIS (Developmental Disability Agencies) (by 6/30/16). 2. Explore non-EMR solutions for providers without EMRs: develop plan based on LTSS technical gap analysis.	Achieved – State Psychiatric Hospital EMR guidance provided in Jan-Mar 2015. On track – ARIS/ Developmental Disability Agencies procurement will be complete by 6/30/16. 2. In progress: Remediation plan in development for finalization by 12/31/15. <i>Reporting:</i> Monthly status reports. <i>Contractors:</i> ARIS; VITL/Department of Mental Health.	procurement for non-MU providers: ARIS/ Developmental Disability Agencies was delayed. A no-cost extension will allow us to perform the tasks initially planned for the last half of 2015.
Data Warehousing	N/A	N/A	Prepare to develop infrastructure to support the transmission, aggregation, and data capability of the DAs and SSAs data into a mental health and substance abuse compliant Data Warehouse: 1. Develop data dictionary by 3/31/15. 2. Release RFP by 4/1/15. 3. Execute contract for Data Warehouse by 10/15/15. 4. Design data warehousing solution so that the solution begins implementation by 12/31/15.	1. Achieved. 2. Achieved. 3. In progress: SOV amended contract with vendor for this work. Contractor will have sub-contract by 11/30/15. 4. Achieved. <i>Reporting:</i> Monthly status reports. <i>Contractors:</i> Behavioral Health Network.	1. Implement Phase 1 of DA/SSA data warehousing solution by 12/31/15 (implementation follows implementation project plan). 2. Procure clinical registry software by 3/31/16. 3. Develop a cohesive strategy for developing data systems to support analytics by 3/31/16.	1. Achieved. 2. In progress: Federal approval was obtained. State contract pending. 3. In progress: Will be completed by 3/31/16. <i>Reporting:</i> Monthly status reports. <i>Contractors:</i> Behavioral Health Network; Covisint; Stone Environmental.	Clinical Registry: Vermont anticipates executing the clinical registry software procurement contract in Q1 2016. A no-cost extension is needed because the federal contract approval delays for this agreement delayed the registry software migration project several months. Cohesive Strategy: Due to the delays in the registry software migration project, Vermont started the cohesive strategy planning later than anticipated. A no-cost extension will allow Vermont SIM to meet this milestone.
Care Management Tools	N/A	N/A	1. Discovery project to support long- term care, mental health, home care and specialist providers through a Universal Transfer Protocol solution: Report due 4/15/15. 2. Engage in research and discovery to support selection of a	1. Achieved: Report received in February 2015. 2. Achieved: Research and discovery launched in March 2015; vendor selected in September 2015. State, VITL, and vendor currently in contract negotiations.	Engage in discovery, design and testing of shared care plan IT solutions, an event notification system, and uniform transfer protocol. Create project plans for each of these projects and implement as appropriate,	1. In progress: Vendor selected. Federal approval received. State contract pending. 2. In progress: Business and technical requirements gathered; final proposal in	Event Notification System: Due to the delays in federal milestone and contract approvals, Vermont delayed execution of a contract for the Event Notification System. A no-cost extension will allow Vermont to

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	Performance Period 1 Milestone	Current Status and Reporting	Performance Period 1 Carryover Milestone	Current Status, Reporting, and Contractors	Performance Period 2 Milestone	Current Status, Reporting, and Contractors	
			vendor for event notification system in Vermont by 10/1/15.	<i>Reporting:</i> Monthly status reports. <i>Contractors:</i> im21.	following SOV procedure for IT development: 1. Event Notification System: Procure solution by 1/15/16 and implement according to project plan for phased roll out. 2. SCÜP (shared care plans and uniform transfer protocol): Create project plan for this project that includes business requirements gathering by 9/30/15; technical requirements by 10/31/15; and final proposal for review by 1/31/16.	development for release in January 2016. <i>Reporting:</i> Monthly status reports. <i>Contractors:</i> PatientPing; Stone Environmental; TBD.	implement the initial phases of the project that would have previously occurred in 2015. SCÜP: Due to delays in federal milestone approvals, Vermont delayed activities related to this project. A no-cost extension will allow Vermont to complete the PP2 activities.
General Health Data – Data Inventory	Conduct data inventory.	Achieved: Data inventory launched in December 2014 following contract execution. <i>Reporting:</i> Monthly status report.	Complete data inventory: 1. Draft analysis of health care data sources that support payment and delivery system reforms by 4/15/15. 2. Final data inventory due by 10/31/15.	Delayed, on track for completion: 1. Achieved: Draft analysis of data sources completed in Spring 2015. 2. Delayed: Data inventory data collection nearly completed as of November 2015; draft report with recommendations received in November 2015. <i>Reporting:</i> Monthly status reports. <i>Contractors:</i> Stone Environmental	N/A	N/A	N/A
General Health Data – HIE Planning	Provide input to update of state HIT Plan.	Achieved: Project staff and stakeholders have provided ongoing input into Vermont HIT Plan update since 2014. <i>Reporting:</i> Monthly status report.	N/A	N/A	1. VHCIP will provide comment into the HIT Strategic Plan at least 4 times in 2015. 2. HDI work group will identify connectivity targets for 2016-2019 by 6/30/16.	1. Achieved: VHCIP has provided ongoing input into HIT Strategic Plan in 2015. 2. In progress: This work will occur in January-June 2016. <i>Reporting:</i> Monthly status reports. <i>Contractors:</i> Stone Environmental.	A no-cost extension is necessary for Vermont SIM to complete connectivity targets. Due to delays in federal milestone and contract approval, Vermont was unable to start this work in 2015.
General Health Data – Expert Support	N/A	N/A	N/A	N/A	Procure appropriate IT-specific support to further health data initiatives – depending on the	Ongoing: Vermont is procuring IT-specific support	This milestone provides general support for all of Vermont’s Health Data

	Performance Period 1 (PP1) ¹		Performance Period 1 Carryover (PP1 Carryover)		Performance Period 2 (PP2)		Justification for No-Cost Extension
	Performance Period 1 Milestone	Current Status and Reporting	Performance Period 1 Carryover Milestone	Current Status, Reporting, and Contractors	Performance Period 2 Milestone	Current Status, Reporting, and Contractors	
					design of projects described above, enterprise architects, business analysts, and others will be hired to support appropriate investments.	for health data initiatives as necessary and appropriate. <i>Reporting:</i> Monthly status reports. <i>Contractors:</i> Stone Environmental; H.I.S. Professionals.	Infrastructure activities. As those activities are extended through the NCE, Vermont needs to extend this general support milestone.
	VHCURES: 1. Update rule to include VHC information (Fall 2013). 2. Incorporate Medicare data (Fall 2013). 3. Improve data quality procedures (Fall 2014). 4. Improve data access to support analysis (Fall 2014).	1. Not met: SOV is not using these data in VHCURES due to data limitations. This was previously conveyed to CMMI. 2. Achieved. 3. Achieved. 4. Achieved. <i>Reporting:</i> 2014 Annual Report and Milestones Met/Not Met response to CMMI in May 2015.	N/A	N/A	N/A	N/A	N/A
	Medicaid Data: A combined advanced planning document for the funding to support the TMSIS is completed and submitted to CMS in July 2013.	Achieved. <i>Reporting:</i> 2014 Annual Report and Milestones Met/Not Met response to CMMI in May 2015.	N/A	N/A	N/A	N/A	N/A
Focus Area: Evaluation							
Self-Evaluation Plan and Execution	1. Procure contractor: Hire through GMCB in Sept 2013. 2. Evaluation (external): • Number of meetings held with Quality and Performance Measurement Work Group on evaluation (goal = 2). • Evaluation plan developed. • Baseline data identified	1. Achieved: Initial self-evaluation contract (Impaq) executed in September 2014. 2. Achieved: Regular meetings with QPM Work Group and other stakeholders; self-evaluation plan submitted as draft to CMMI in June 2015.	1. Design Self-Evaluation Plan for submission to CMMI by 6/30/15. a. Elicit stakeholder feedback prior to submission. 2. Once approved by CMMI, engage in Performance Period 1 Carryover activities as identified in the plan.	1. Achieved: Draft self-evaluation plan submitted to CMMI in June 2015, incorporating stakeholder feedback. 2. In progress: Plan resubmitted to CMMI on November 11, 2015. <i>Reporting:</i> Monthly status reports (contractor weekly reports).	1. Procure new self-evaluation contractor by 2/28/16 to execute contractor-led self-evaluation plan activities. ⁶ 2. Continue to execute self-evaluation plan using staff and contractor resources. ⁷ 3. Streamline reporting around other evaluation activities within 30 days of CMMI approval of self-evaluation plan.	1. In progress: RFP released in November 2015. 2. Ongoing: Self-evaluation plan execution is ongoing using staff and contractor resources. 3. In progress: This is delayed pending final approval of self-evaluation plan. <i>Reporting:</i> Monthly status reports.	A no-cost extension is necessary to allow Vermont to implement the self-evaluation plan activities approved by CMMI in late Fall 2015. This information will be used to further inform all other project activities and planning for PP3.

⁶ Vermont requested modification to this milestone by email, dated 11/23/15.

⁷ Vermont's self-evaluation plan relies on numerous staff and contractors, which are described in the Evaluation Remediation Plan submitted on November 25, 2015.

	Performance Period 1 (PP1) ¹		Performance Period 1 Carryover (PP1 Carryover)		Performance Period 2 (PP2)		Justification for No-Cost Extension
	Performance Period 1 Milestone	Current Status and Reporting	Performance Period 1 Carryover Milestone	Current Status, Reporting, and Contractors	Performance Period 2 Milestone	Current Status, Reporting, and Contractors	
		<i>Reporting:</i> Monthly status reports (contractor weekly reports).		<i>Contractors:</i> Impaq International.		<i>Contractors:</i> Burns and Associates; Impaq International; Onpoint; The Lewin Group; Truven.	
Surveys	N/A	N/A	Conduct annual patient experience survey (Performance Period 1 surveys only): 1. Surveys are completed by 6/30/15 for reporting as part of the first performance period for the Medicaid and commercial Shared Savings Programs.	Achieved: Surveys fielded. <i>Reporting:</i> Monthly status reports. <i>Contractors:</i> Datastat.	Conduct annual patient experience survey and other surveys as identified in payment model development: Field patient experience surveys to Vermonters participating in the PCMH and Shared Savings programs – phase 1 to determine impact of Performance Period 2 activities by 6/30/16.	In progress: Surveys distributed. Collection of data and reports are not yet complete. They will be complete by 6/30/16. <i>Reporting:</i> Monthly status reports (contractor reports). <i>Contractors:</i> Datastat.	A no-cost extension will allow Vermont’s SIM team to complete survey distribution. This activity was delayed as part of the delays in federal approval of PP2 contracts.
Monitoring and Evaluation Activities Within Payment Programs	N/A	N/A	Conduct analyses as required by payers related to specific payment models. • Number of meetings held with Quality and Performance Measurement Work Group on evaluation (goal = 2 by 6/30/15). • Payer-specific evaluation plan developed for Medicaid Shared Savings Program as part of State Plan Amendment approval. • Baseline data identified for monitoring and evaluation of Medicaid and commercial Shared Savings Programs by 6/30/15.	Achieved: QPM Work Group met monthly prior to consolidation with Payment Model Design and Implementation Work Group in October 2015; payer-specific evaluation plan included in approved SPA; baseline data identified for monitoring and evaluation of SSPs and included in initial analyses. <i>Reporting:</i> Monthly status reports. <i>Contractors:</i> Burns and Associates; Bailit Health Purchasing; The Lewin Group.	1. Conduct analyses of the PCMH program (non-SIM funded) according to program specifications: biannual reporting to providers. 2. Conduct analyses of the commercial and Medicaid Shared Savings Programs according to program specifications: monthly, quarterly reports depending on type.	1. Ongoing: Non-SIM funded analyses of PCMH program are conducted twice annually. 2. Ongoing: Monthly and quarterly SSP reports are ongoing. <i>Reporting:</i> Monthly status reports (embedded in SSP reports). <i>Contractors:</i> Burns and Associates; The Lewin Group.	Monitoring and Evaluation are key support activities for all of Vermont’s SIM work. As any of those activities are extended into 2016, the monitoring and evaluation need to be extended.
Focus Area: Program Management and Reporting							
Project Management and Reporting – Project Organization	1. Procure contractor: Contract for interagency coordination. 2. Hire contractor: Contract for staff training and development. 3. Develop curriculum: Training and development curriculum developed. 4. Develop interagency and inter-project communication plan:	1. Achieved: Contractor procured. 2. Achieved: Contractor hired. 3. Achieved: Training and development curriculum developed. 4. Achieved. Plan developed.	1. Ensure project is organized by procuring sufficient staff and contractor resources on an ongoing basis. 2. Continue interagency coordination across the departments and agencies involved in VHCIP activities. 3. Continue staff training and development- assess quarterly.	1. Achieved: Staff and contractor resources procured as needed on an ongoing basis. 2. Ongoing: Interagency coordination is ongoing. 3. Ongoing: Staff training and development activity is ongoing through 12/31/15.	Ensure project is organized through the following mechanisms: 1. Project Management contract scope of work and tasks performed on-time. 2. Monthly staff meetings, co-chair meetings, and Core Team meetings with reporting on budget, milestones, and policy	1. Ongoing: Project Management contract scope of work and tasks performed on time. 2. Achieved: Meetings held, reporting presented and discussed. 3. Achieved: Reports submitted.	Project Management is a key support activity of Vermont’s SIM Testing Grant. As any activities above are extended, project management is needed to support them.

	Performance Period 1 (PP1) ¹		Performance Period 1 Carryover (PP1 Carryover)		Performance Period 2 (PP2)		Justification for No-Cost Extension
	Performance Period 1 Milestone	Current Status and Reporting	Performance Period 1 Carryover Milestone	Current Status, Reporting, and Contractors	Performance Period 2 Milestone	Current Status, Reporting, and Contractors	
	Interagency and inter-project communications plan developed. 5. Implement plan: Results of survey of project participants re: communications.	5. Achieved: Survey deployed; results compiled. <i>Reporting:</i> Monthly status reports, monthly staff meetings, monthly Core Team meetings.	4. Continue to deploy training and development curriculum- assess curriculum quarterly. 5. Implement communications plan by 12/31/15.	4. Ongoing: Staff training and development activity is ongoing through 12/31/15. 5. In progress: Communications plan developed and will be implemented by 12/31/15. <i>Reporting:</i> Monthly status reports, monthly staff meetings, monthly Core Team meetings. <i>Contractors:</i> The Coaching Center; PDI Creative; University of Massachusetts; Arrowhead Health Analytics; University of Vermont.	decisions presented and discussed at each meeting. 3. Submit quarterly reports to CMMI and the Vermont Legislature.	<i>Reporting:</i> Monthly report to Core Team. <i>Contractors:</i> University of Massachusetts.	
Project Management and Reporting – Communication and Outreach	Stakeholder engagement: Work groups and more broadly.	Achieved: Robust public and private stakeholder engagement in project activities and decision-making through project work groups, sub-groups, project-specific steering committees, bid review teams, key informant interviews, and more. <i>Reporting:</i> Monthly status reports, monthly staff meetings, monthly Core Team meetings.	1. Engage stakeholders in project focus areas through work groups, Steering Committee, Core Team, Symposia, and other convenings. 2. Target convening 10 Core Team; 5 Steering Committee, and 10 Work Group meetings during this period. 3. Stakeholder engagement plan developed and implemented – revised plan due 8/31/15.	1. Achieved: Robust public and private stakeholder engagement in project focus areas through work groups, Steering Committee, Core Team, Symposia, and other convenings. 2. Achieved. 3. Achieved. <i>Reporting:</i> Monthly status reports, monthly staff meetings, monthly Core Team meetings. <i>Contractors:</i> PDI Creative; University of Massachusetts.	Engage stakeholders in project focus areas by: 1. Convening 5 Core Team, 5 Steering Committee, and 10 work group public meetings by 6/30/16. 2. Distributing all-participant emails at least once a month. 3. Updating website at least once a week.	1. Achieved: Meetings held in 2015. Additional meetings needed in the NCE period. 2. Achieved: All-participant emails distributed as needed, at least monthly. Additional communications needed in the NCE period. 3. Achieved: Website updated continually, at least weekly. Additional updates needed in the NCE period. <i>Reporting:</i> Monthly report to Core Team; quarterly report to CMMI. <i>Contractors:</i> University of Massachusetts; PDI Creative.	As Vermont SIM extends PP2 through a no-cost extension, we will need to communicate and perform outreach and engagement activities. These activities provide critical information to inform investments, policy decisions, and planning for PP3.
	Implement “How’s Your Health” Tool by June 2014.	Achieved: Implemented through sub-grant to White River Family Practice Sub-Grant.	N/A	N/A	N/A	N/A	

Focus Area: Payment Model Design and Implementation

Since the submission of Vermont's Year 2 Operational Plan on November 3, 2014, Vermont's SIM program has continued to support the implementation of the Medicaid and commercial ACO Shared Savings Programs, and has advanced the development of alternative payment models based on Episodes of Care, Pay-for-Performance, and Prospective Payment Systems. In addition, Vermont is continuing to develop a framework for an All-Payer Model. Vermont's payment models are designed based on an analysis of provider and payer readiness, as well as an assessment of which alternative payment model is most appropriate for the services and providers. Vermont's Performance Period 2 activities for the proposed January-June 2016 no-cost extension period in the Payment Model Design and Implementation focus area intentionally focus on continued payment model implementation, and on alignment with the All-Payer Model that may launch on January 1, 2017. It is important to note that while the SIM investment in the design and implementation of these payment models is critical for Vermont's success, the SIM investments build on significant contribution of resources by Vermont's providers, payers, and the State itself. In particular, part of Vermont's SIM sustainability strategy has been to invest SIM funds into one-time use activities as much as possible, and to rely on these other resources for activities that will be ongoing past the SIM Performance Periods.

Planned work for the January-June Performance Period 2 no-cost extension period is described below, with modified Performance Period 2 milestones corresponding to Table 1 in the Introduction section of this document, and Table 3 in the Staff/Contractor Recruitment and Training section:

ACO Shared Savings Programs (SSPs)

Performance Period 2 Milestone: Expand the number of people in the Shared Savings Programs in Performance Period 2 by 6/30/16:

Medicaid/commercial program provider participation target: 950.

Medicaid/commercial program beneficiary attribution target: 130,000.

The third program year for both the Vermont Medicaid and commercial ACO Shared Savings Programs will begin on January 1, 2016. In the January-June 2016 Performance Period 2 no-cost extension period, project focus is on continued program implementation and evaluation of cost and quality results from the first and second SSP program years. Additional focus during this period is on expanding the number of Vermonters served in this alternative payment model, in particular by targeting additional beneficiary populations for attribution. The January-June 2016 Performance Period 2 no-cost extension period will also provide an opportunity for payers, ACOs, and the provider community to discuss future movement toward population-based payments upon completion of the SIM testing period.

Episodes of Care (EOCs)

Performance Period 2 Milestone: 3 EOCs designed for Medicaid – implementation of data reports by 3/1/16.

Implementation of data reports means: episodes selected, outreach plan to providers designed, first run of historic data provided to providers participating in program.

During the January-June 2016 Performance Period 2 no-cost extension period, Vermont Medicaid will continue to engage in activities to support the development of an episode-based payment model slated for launch in the third quarter of 2016. Activities thus far have included data analysis to assess which episodes would have adequate sample sizes to support payment model development and which episodes present significant opportunities for cost savings and/or complication avoidance. During the January-June 2016 Performance Period 2 no-cost extension period, following an additional phase of stakeholder input, Medicaid will begin sharing episode data reports with participating providers. The Medicaid EOC payment model, which will include three episodes, is expected to be fully operational by 7/1/16. Vermont is also considering how best to coordinate Shared Savings Program and Episode of Care model implementation activities during the January-June 2016 Performance Period 2 no-cost extension period and Performance Period 3.

Pay-for-Performance (Blueprint)

Performance Period 2 Milestone: Roll-out of new P4P investments for Blueprint Community Health Teams (CHTs) by 7/1/15 and enhanced direct payments to Blueprint practices by 1/1/16, according to approved P4P plan (using new funds that were appropriated by the legislature).

In Spring 2015, Vermont's Legislature appropriated \$2.4 million for Medicaid Blueprint payments, a portion of which will be used for a Pay-for-Performance incentive. To date, a number of quality measures have been selected as the basis for the performance incentive payment that will be incorporated in the January-June 2016 Performance Period 2 no-cost extension period and Performance Period 3; these measures are aligned with those being used for the Medicaid and commercial SSPs. A stakeholder group with payer, ACO, and provider representation is presently working to establish appropriate performance targets and benchmarks linking practice performance to incentive payment eligibility, and the new payment model will be launched in July of 2016. The continuation of this model will be incorporated into the Sustainability Plan in Performance Period 3.

Other Medicaid Value-Based Purchasing Models (Health Homes, Prospective Payment System for Home Health)

Performance Period 2 Milestone:

- ***Health Home (Hub & Spoke): Reporting on program's transition and progress: Quarterly reporting of program progress to CMMI, VHCIP stakeholders.***
- ***Prospective Payment System – Home Health***
 - 1. Creation of a project plan and begin Phase 1 activities as required by project plan for PPS-HH by 12/31/15.***
 - 2. Design PPS program for home health for launch 7/1/16.***

The January-June 2016 Performance Period 2 no-cost extension period will also see the continuation of a number of activities relating to a variety of Medicaid Value-Based Purchasing programs. Vermont Medicaid's Health Home initiative – the Hub and Spoke program for treatment of opioid addiction – has been in operation since July 2013, with statewide roll-out beginning in January 2014. During the January-June 2016 Performance Period 2 no-cost extension period, implementation activities for this program will continue, with emphasis on further expanding the state's capacity to collect and report on performance metrics specific to this program. January-June 2016 Performance Period 2 no-cost extension period activities will also include the design of a Prospective Payment System (PPS) for home health services covered by Medicaid, with launch occurring at the beginning of Performance Period 3. While the methodology for the PPS program has now been established, work will continue in the remainder of Performance Period 2 to establish a quality framework for this initiative. The program is expected to launch 7/1/16. There will also be additional work towards the potential for development of a Medicaid value-based purchasing program for mental health and substance use services building on the Medicaid value-based purchasing reports and planning to date. Following a period of research and feasibility analyses with stakeholders, the state plans to develop an implementation timeline for such a payment model that would continue beyond the life of the testing grant period.

Accountable Communities for Health

Performance Period 2 Milestone: Feasibility assessment – data analytics:

- 1. Discussion and planning of investments related to ACH feasibility based on research/report by 11/1/15.***
- 2. Design/creation of ACH learning system for all 14 Vermont Health Service Areas by 1/31/16.***
- 3. Start roll out ACH learning system to at least 3 health service areas by 2/1/16.***
- 4. Research for implementation of a pilot incorporating a payment change (data analysis, financial analysis, stakeholder participation analysis) for at least 1 Vermont region by 2/1/16.***

During the January-June 2016 Performance Period 2 no-cost extension period, the SIM grant program's Payment Model Design and Implementation and Population Health Work Groups will build upon work completed in prior Performance Periods regarding Accountable Communities

for Health (ACHs). Using Performance Period 2 funds, Vermont plans to launch a collaborative peer learning opportunity for Vermont communities interested in becoming ACHs. This will allow for the dissemination of lessons learned from the state's work with the Prevention Institute to explore the ACH concept, identify communities in Vermont that are early leaders in this field, and develop recommendations to support Vermont in moving toward this model.

All-Payer Model

Performance Period 2 Milestone:

- 1. Research feasibility, develop analytics, and obtain information to inform decision-making with CMMI.**
- 2. Work with CMMI on mutually-agreed upon timeline for 2016 decision-making by 12/31/15.**

During Performance Period 2, SIM investments have allowed and will continue to allow for crucial All-Payer Model (APM) progress, including researching feasibility, developing analytics, and obtaining information to support APM negotiating team decision-making as needed to complete term sheet and waiver terms and conditions. Further, SIM investments contributed to analytics related to All-Payer Model implementation design for the State, payers, and providers. The January-June 2016 Performance Period 2 no-cost extension period and Performance Period 3 will, provided negotiations are successful, use SIM investments to assist with implementation as provided for in an APM agreement through the end of the grant term. Specific work would include, but not be limited to, Vermont finalizing detailed ACO methodology (benchmark, attribution, risk levels, quality, overlaps), development of a plan to receive updated Medicare claims data on regular basis sufficient to measure timely progress of the model, further development of Vermont's rate-setting capability and methodologies, implementation of All-Payer Model specific quality targets and methodology, and the analytics necessary to evaluate the feasibility of including additional services into the model over time. Additional investments would be made to ensure provider readiness.

State Activities to Support Model Design and Implementation – GMCB

Performance Period 2 Milestone:

- 1. Research and planning to identify the components necessary for APM regulatory activities by 6/30/16.**
- 2. Specific regulatory activities and timeline are dependent on discussions with CMMI.**

During Performance Period 2, SIM investments have allowed and will continue to allow the Green Mountain Care Board (GMCB) to engage in preparatory work that is crucial for All-Payer Model (APM) progress, including researching feasibility, developing analytics, and obtaining information to support APM negotiating team decision-making as needed to complete term sheet and waiver terms and conditions. The January-June 2016 Performance Period 2 no-cost

extension period and Performance Period 3 will, provided negotiations are successful, use SIM investments to assist with implementation as provided for in an APM agreement through the end of the grant term. Specific work would include, but not be limited to, stakeholder engagement in planning activities, further development of Vermont's rate-setting capability, and implementation of All-Payer Model specific quality targets and methodology. Additional investments would be made to ensure provider readiness.

State Activities to Support Model Design and Implementation - Medicaid

Performance Period 2 Milestone: Pursue state plan amendments and other federal approvals as appropriate for each payment model (SSP SPA, EOC SPA); ensure monitoring and compliance activities are performed. Ensure beneficiaries have access to call-center as appropriate:

- 1. Ensure appropriate customer service supports are in place for Medicaid SSP program for 2016 by 11/1/15.***
- 2. Obtain SPA for Year 2 of the Medicaid Shared Savings Program by 3/31/15.***
- 3. Create draft SPA documents for Year 1 of the EOC program by 4/1/16.***
- 4. Execute Year 1 and Year 2 commercial and Medicaid monitoring and compliance plans throughout Performance Period 2 according to the predetermined plan.***
- 5. Develop monitoring and compliance plan for Year 1 EOCs by 6/30/16.***
- 6. Design modifications to existing Integrated Family Services (IFS) Program so it can expand to at least one additional community on 7/1/16.***
- 7. Research and design related to Frail Elders (timeline dependent upon federal contract approval) – final recommendations by 6/30/16.***

During Performance Period 2, Vermont has continued to conduct a number of Medicaid-specific state activities that must occur in support of all payment models being tested. These activities ensure that Vermont Medicaid is in compliance with its Medicaid State Plan and its Global Commitment for Health (1115) waiver, and that newly established programs will be monitored for their impact on Medicaid beneficiaries. There have been ongoing activities throughout Performance Period 2 related to Medicaid Shared Savings Program monitoring and compliance, and ensuring that customer service supports are in place (including an active beneficiary call center). Also in this performance period, Vermont has obtained State Plan Amendment approval for both the first and second program years of the Vermont Medicaid Shared Savings Program, and has begun drafting amendments for the third program year in anticipation of submission in the early months of 2016. The state has also begun to draft a State Plan Amendment for the Medicaid Episodes of Care program for submission in the early months of 2016. In the January-June 2016 Performance Period 2 no-cost extension period, a corresponding monitoring and compliance plan will be developed and operationalized for the Medicaid Episodes of Care program prior to the conclusion of this performance year. In addition, significant stakeholder engagement and design modeling will take place during the

January-June 2016 Performance Period 2 no-cost extension period to ready the Integrating Family Services (IFS) program for expansion, and to research and design a model of care for a program focusing on care delivery for Frail Elders for implementation in Performance Period 3.

Focus Area: Practice Transformation

Practice Transformation activities are critical for supporting provider readiness to transition to, and participate in, alternative payment models. During the January-June 2016 Performance Period 2 no-cost extension period, Vermont's SIM project will maintain and expand successful initiatives. Activities during this period will include:

- Continuing and expanding on existing Learning Collaborative activities;
- Aligning Blueprint for Health and ACO care management activities; and
- Monitoring implementation of Learning Collaborative, Sub-Grant program, Regional Collaboratives, and Workforce Supply and Demand Data Collection and Analysis.

The Practice Transformation Work Group will recommend mechanisms for assuring greater consistency and/or coordination across these programs and models in terms of service delivery or other key model or program components. The goal will be to maximize effectiveness of the programs and models in improving Vermonters' experience of care, reducing unnecessary costs and improving health, and minimizing duplication of effort or inconsistencies between the models.

Learning Collaboratives

Performance Period 2 Milestone: Offer at least two cohorts of Learning Collaboratives to 3-6 communities:

- 1. Create expansion plan for remaining Vermont HSAs that want to participate in the Learning Collaborative program by 6/15/15.***
- 2. Expand existing Learning Collaborative program to at least 6 additional health service areas by 6/30/16.***

During the January-June 2016 Performance Period 2 no-cost extension period, Vermont will continue to implement the Integrated Communities Care Management Learning Collaborative for three cohorts with eleven total communities. These multi-community learning collaboratives are rolling out statewide to share and diffuse best practices for care coordination and to help multi-organizational teams work most effectively with at-risk Vermonters.

All participants in the Learning Collaborative receive continuous Quality Improvement (CQI) training, specifically utilizing the Plan-Do-Study-Act model. To support the goal of continuous quality improvement, communities have access to quality improvement facilitators funded by the SIM grant. Vermont has worked extensively with professional associations and individual providers to ensure that they have working knowledge of Vermont's transformation initiatives. The Learning Collaborative initiative will also continue to host monthly in-person learning sessions and webinars for participants.

Lastly, bid selection for the Core Competency and Disability-Specific Training for frontline workers will be completed by the end of 2015. Curriculum development and training will begin in early 2016, upon execution of the contract(s); work will occur during the January-June 2016 Performance Period 2 no-cost extension period and Performance Period 3.

Sub-Grant Program: Sub-Grants

Performance Period 2 Milestone: Continue sub-grant program:

- 1. Convene sub-grantees at least once by 6/30/16.***
- 2. Each quarter, analyze reports filed by sub-grantees using lessons from sub-grantees to inform project decision-making.***

The sub-grantee program is ongoing. Funds are used to directly support Vermont provider organizations, consumer organizations, and other entities engaged in payment and delivery system transformation in accordance with the terms and conditions of our SIM grant. In addition to submitting quarterly reports to SIM staff, sub-grantee progress and findings are reported to the Practice Transformation Work Group regularly, and other SIM work groups as requested. During the January-June 2016 Performance Period 2 no-cost extension period, sub-grantees will be convened once to share best practices and lessons learned.

Sub-Grant Program: Technical Assistance

Performance Period 2 Milestone: Provide technical assistance to sub-grantees as requested by sub-grantees:

- 1. Remind sub-grantees of availability of technical assistance on a monthly basis.***
- 2. Ensure technical assistance contracts have sufficient resources to meet needs of sub-grantees.***

During the January-June 2016 Performance Period 2 no-cost extension period, SIM will continue to provide technical assistance to sub-grantees. Contractors are available for technical assistance as requested by sub-grantees and approved by project leadership according to a detailed SIM process.

Regional Collaborations

Performance Period 2 Milestone: Expansion of regional collaborations to all 14 Health Service Areas (HSAs) by 6/30/16. Expansion is complete when all HSAs have a Charter, governing body, and decision-making process.

Regional Collaborations are active in all 14 Health Service Areas (HSAs) to support integration of the Blueprint for Health and Vermont's ACOs, and to enable community-wide governance and quality improvement efforts. As of November 2015, 13 of 14 regions have established charters. Several of the regional collaborations have adopted the Integrated Communities Care

Management Learning Collaborative (see above) as a priority focus area and quality improvement project. The focus for the January-June 2016 Performance Period 2 no-cost extension period is to support continued implementation of regional collaborative governance structures and priority activities.

Workforce: Demand Data Collection/Analysis

Performance Period 2 Milestone:

- 1. Execute contract for micro-simulation demand modeling by 1/15/16 (dependent on federal approval).**
- 2. Provide preliminary data as defined by the contract to vendor for use in model by 3/15/16.**

The Health Care Workforce Work Group began discussing demand modeling in Performance Period 1 as a way to project future health care demand for the state of Vermont. A “micro-simulation” demand model was determined to be the most suitable type of model for Vermont’s needs, given the state’s dynamic health care reform environment and the high degree of flexibility that this type of model affords in terms of inputting various assumptions about care delivery in a high-performing health care system. A contract for a micro-simulation demand model with vendor IHS was approved by CMMI in October 2015; DVHA expects to execute the contract by February 2016. During the January-June 2016 Performance Period 2 no-cost extension period, Vermont will work with the vendor to build the demand model and begin actual modeling.

Workforce: Supply Data Collection and Analysis

Performance Period 2 Milestone:⁸ Continue to use supply data (licensure and recruitment) to inform workforce planning and updates to Workforce Strategic Plan:

- 1. Present data to Workforce Work Group at least 4 times between 1/1/15 and 6/30/16.**
- 2. Publish data reports/analyses on website by 12/31/15.**
- 3. Distribute reports/analyses to project stakeholders by 12/31/15.**

The Vermont Department of Health has hired additional staff to develop and administer surveys to accompany provider re-licensure applications, and perform analysis on licensure data and develop provider reports on various health care professions. This VDH staff will begin reporting analysis findings to the work group on an ongoing basis, beginning in Q3 2015 and continuing through the end of Performance Period 3.

⁸ This is a new PP2 milestone. Previously, this work was part of the PP1 Carryover, and there is need to provide workforce supply information as part of the new NCE time period of January-June 2016.

Focus Area: Health Data Infrastructure

Vermont has identified sharing of high quality, timely data as a necessary component of a successfully reformed system. Vermont is implementing a statewide approach toward achieving interoperability and accessibility of clinical and patient information at the point of care, and for use in population health management. During the January-June 2016 Performance Period 2 no-cost extension period, Vermont will build on the prior periods' investments in this area, continuing work to improve the quality and interoperability of our health care data to support payment and delivery system reforms. Vermont's strategy in this area is to assess the need for health data, then identify the appropriate technical solution(s), making sure that we include all providers who will be impacted by the payment reforms described in the Payment Model Design and Implementation section of this document.

Expand Connectivity to HIE – Gap Remediation

Performance Period 2 Milestone: Remediate data gaps that support payment model quality measures, as identified in gap analyses:

- 1. Remediate 50% of data gaps for SSP quality measures by 12/31/15.***
- 2. Develop a remediation plan for gaps identified in LTSS technical gap analysis by 12/31/15.***

The scope of work identified for gap remediation during Performance Period 2 will be completed by December 31, 2015. During the first portion of Performance Period 2, significant progress has been made to accelerate connectivity to the Vermont Health Information Exchange as the ACOs and the State worked with Vermont Information Technology Leaders, Inc. (VITL) to determine the optimal way to remediate the variety of data gaps as efficiently as possible. Additionally, during Performance Period 2, Vermont's SIM team distributed broadly the LTSS remediation recommendations identified based on the LTSS Technology Assessment report completed in Performance Period 2. Gap remediation work will not continue during the January-June 2016 Performance Period 2 no-cost extension period.

Improve Quality of Data Flowing into HIE

Performance Period 2 Milestone:

- 1. Implement terminology services tool to normalize data elements within the VHIE by TBD.***
- 2. Engage in workflow improvement activities at provider practices to improve the quality of the data flowing into the VHIE as identified in gap analyses. Start workflow improvement activities in 30% of ACO attributing practices by 6/30/16.***

During the January-June 2016 Performance Period 2 no-cost extension period, Vermont's SIM Team will continue work with VITL to improve workflow at provider practices. This practice-

specific work results in higher quality clinical data flowing into Vermont's Health Information Exchange (VHIE). VITL will coordinate with Vermont's ACOs and the DAs/SSAs on data quality workflow improvement activities through the end of the Performance Period 2 Extension. The specific activities in this area include using representatives from the ACOs and Designated and Specialized Service Agencies (DAs and SSAs) to identify providers for whom we can improve the data quality on specific data elements. VITL will then works with identified practices to improve the data quality at the source. The data quality work will continue with the inclusion of technical tools to translate and standardize the data within the VHIE. These workflow and technology improvements and investments will have lasting effects in enhancing clinical data quality throughout the remainder of Performance Periods 2 and 3, as well as beyond the lifecycle of Vermont's SIM project.

Telehealth – Strategic Plan

Performance Period 2 Milestone: Develop telehealth strategic plan by 9/15/15.

To support implementation of innovative telehealth technology, Vermont developed a Telehealth Strategic Plan during Performance Period 2 through a contract with JBS International. Work on this milestone is completed and the Strategic Plan is finalized; work will not continue during the January-June 2016 Performance Period 2 no-cost extension period.

Telehealth – Implementation

Performance Period 2 Milestone:

- 1. Release telehealth program RFP by 9/30/15.***
- 2. Award at least one contract to implement the scope of work in the telehealth program RFP by 1/15/16.***

In Performance Period 2, Vermont contracted with JBS International to develop a Statewide Telehealth Strategy to guide future telehealth investments as part of the Telehealth – Strategic Plan work stream. The Strategy, developed in collaboration between the State of Vermont and private sector stakeholders, includes four core elements: a coordinating body to support telehealth activities; alignment of state policies relevant to telehealth; telehealth technology investments that are secure, accessible, interoperable, cloud-based, and aligned with Vermont's HIT infrastructure; and clinician engagement. The Strategy also includes a Roadmap based on Vermont's transition from volume-based to value-based reimbursement methodologies to guide prioritization of telehealth projects and their alignment with new clinical processes adopted as payment reform evolves.

An RFP for statewide telehealth pilots was developed based on the recommendations included in the strategy. The RFP was released in September 2015, with bids due in October. One or more contractors will be selected in late 2015. Both RFP release and pilot implementation are Performance Period 2 milestones.

During the January-June 2016 Performance Period 2 no-cost extension period, contracts will be executed and 12-month telehealth implementation pilots launched; this work will continue into Performance Period 3.

Electronic Medical Record (EMR) Expansion

Performance Period 2 Milestone:

- 1. Assist in procurement of EMR for non-MU providers: Vermont State Psychiatric Hospital (by 6/30/15) and ARIS (Developmental Disability Agencies) (by 6/30/16).**
- 2. Explore non-EMR solutions for providers without EMRs: develop plan based on LTSS technical gap analysis.**

During Performance Period 2, Vermont's SIM Team has engaged with VITL and Vermont Care Network to provide technical assistance to both ARIS (Developmental Disability Agencies) and Vermont's Department of Mental Health in the procurement of new EMR solutions. Investments were also made with ARIS to support a new EMR for five State designated non-profit developmental service agencies. Work for Vermont's Department of Mental Health is completed. Work on the ARIS (Developmental Disability Agencies) is not complete and will continue through 6/30/16.

Data Warehousing

Performance Period 2 Milestone:

- 1. Implement Phase 1 of DA/SSA data warehousing solution by 12/31/15 (implementation follows implementation project plan).**
- 2. Procure clinical registry software by 3/31/16.**
- 3. Develop a cohesive strategy for developing data systems to support analytics by 3/31/16.**

In Performance Period 2, Vermont worked with Vermont Care Network (VCN) to identify requirements, perform discovery, and begin the procurement process to implement a mental health-specific data repository. All of these agencies are 42 CFR Part 2 agencies and cannot, at this point, share data within the VHIE. This repository will aggregate, analyze, and improve the quality of stored data, as well as share extracts with appropriate entities. The contract for the preferred vendor is in final stages of development. Following contract execution, VCP will work with the preferred vendor and the State to develop the data warehouse and other supporting tools during the January-June 2016 Performance Period 2 no-cost extension period.

Also during the January-June 2016 Performance Period 2 no-cost extension period, Vermont will complete the migration of its hosted Clinical Registry tool (known as DocSite) to VITL's infrastructure. This project will include migrating the software and data from one hosted

environment to another, which will support data aggregation and reporting initiatives for the Blueprint for Health; software will be procured by 3/31/16.

Additionally, Vermont's SIM team is developing a comprehensive strategy for long-term data warehousing services. This work began in Performance Period 2 and will continue during the January-June 2016 Performance Period 2 no-cost extension period, with a strategy developed by 3/31/16.

Care Management Tools

Performance Period 2 Milestone: Engage in discovery, design and testing of shared care plan IT solutions, an event notification system, and uniform transfer protocol. Create project plans for each of these projects and implement as appropriate, following SOV procedure for IT development:

- 1. Event Notification System: Procure solution by 1/15/16 and implement according to project plan for phased roll out.***
- 2. SCÜP (shared care plans and uniform transfer protocol): Create project plan for this project that includes business requirements gathering by 9/30/15; technical requirements by 10/31/15; and final proposal for review by 1/31/16.***

The SIM team worked throughout Performance Period 2 with VITL, the Vermont ACOs, and Event Notification solution providers to identify a best-in-class technical solution for Event Notification. The solution has been identified and once contract negotiations are complete, Vermont will work with VITL and the Vermont ACOs to deploy an Event Notification system statewide throughout the January-June 2016 Performance Period 2 no-cost extension period. In addition, Vermont will continue work on the Shared Care Plan/Universal Transfer Protocol (SCÜP) Project during the January-June 2016 Performance Period 2 no-cost extension period. This project includes discovery and design work to buy or create a universal transfer protocol and shared care planning tools, both requested by Vermont providers; a final proposal will be completed by 1/31/16.

General Health Data – HIE Planning

Performance Period 2 Milestone:

- 1. VHCIP will provide comment into the HIT Strategic Plan at least 4 times in 2015.***
- 2. HDI work group will identify connectivity targets for 2016-2019 by 6/30/16.***

Vermont's SIM project has contributed to statewide HIE and HIT planning throughout the project, and will continue to do so during the January-June 2016 Performance Period 2 no-cost extension period. A focus of this work in the coming months will be identifying HIE connectivity targets for 2016-2019.

General Health Data – Expert Support

Performance Period 2 Milestone: Procure appropriate IT-specific support to further health data initiatives – depending on the design of projects described above, enterprise architects, business analysts, and others will be hired to support appropriate investments.

During Performance Period 2, Vermont’s SIM team identified expertise to provide additional IT-specific knowledge and subject matter expertise to assist in research, discovery, and support to meet the growing need across SIM related Health Information projects. This team of experts will continue provide these services throughout the January-June 2016 Performance Period 2 no-cost extension period to support identified research and development initiatives.

Focus Area: Evaluation

Vermont submitted its draft Self-Evaluation Plan design in June 2015, using Performance Period 1 Carryover funds, and anticipates submitted a revision to this plan to CMMI in late Fall 2015. During the January-June 2016 Performance Period 2 no-cost extension period, Vermont will build on the prior periods' investments in three categories of activity:

1. Self-Evaluation Plan activities performed by SIM staff and contractors.
2. Patient experience surveys performed by Datastat.
3. Monitoring and evaluation activities performed by SIM staff and key analytic contractors.

Self-Evaluation Plan and Execution

Performance Period 2 Milestone:

- 1. Procure new self-evaluation contractor by 2/28/16 to execute contractor-led self-evaluation plan activities.⁹***
- 2. Continue to execute self-evaluation plan using staff and contractor resources.¹⁰***
- 3. Streamline reporting around other evaluation activities within 30 days of CMMI approval of self-evaluation plan.***

Through the Self-Evaluation Plan, Vermont proposes to answer research questions in three topical areas, all key to Vermont's progress towards achieving an integrated delivery system that rewards value-based care: Care Integration and Coordination; Use of Clinical and Economic Data to Promote Value-Based Care; and Payment Reform and Incentive Structures. The Self-Evaluation Plan combines a review of information on various reporting cycles to assist in programmatic decisions within the SIM Testing period, as well as inform Vermont's sustainability planning. There are two areas of work in the Self-Evaluation Plan and Execution work stream: the state-led evaluation study, and other continuous improvement activities in the Self-Evaluation Plan.

State-Led Evaluation Study

Vermont is committed to hiring a State-led Evaluation contractor on an expedited timeline, and has begun the procurement with an RFP release date of November 17, 2015. Securing a contractor will that ensure Vermont: 1) Will have access to meaningful quality improvement data in three areas stakeholders deem key to our success; 2) Can adequately harvest and disseminate best practices throughout VHCIP; and 3) Receives actionable recommendations on the scaling of VHCIP models and practices from a synthesis of information culled from project-

⁹ Vermont requested modification to this milestone by email, dated 11/23/15.

¹⁰ Vermont's self-evaluation plan relies on numerous staff and contractors, which are described in the Evaluation Remediation Plan submitted on November 25, 2015.

wide evaluation activity. Vermont intends to have a contract fully executed by January 22, 2015, and will do everything possible to ensure timelines are not disrupted.

Immediately following contract execution in January 2016, the State-led Evaluation contractor will begin doing an environmental scan and writing a site visit plan. Once the site plan is finalized, the contractor will begin conducting site visits, initiating the first phase of data collection in the study; some (though not all) of the proposed site visits are expected to occur during the January-June 2016 Performance Period 2 no-cost extension period. (Note that our estimated timeline for these activities is dependent on final contract details.)

Other Continuous Improvement Activities in the State-led Evaluation Plan

SIM staff will perform a wide variety of continuous quality improvement activities during the January-June 2016 Performance Period 2 no-cost extension period. During this period, Vermont will continue to monitor its progress towards project goals and do rigorous continuous improvement by sharing information through a diverse set of vehicles, including SIM work groups, multi-community learning collaboratives, stakeholder symposiums, public presentations, and regional community collaboratives. These continuous improvement activities help to inform SIM programmatic decision-making, facilitate shared learning across the project, and directly support quality improvement efforts at the regional, community, and organizational levels.

A primary source for SIM continuous improvement information is metrics results – the SIM Core measure set, the Shared Savings Program measure sets, a select sub-set of PCMH measures, and the RTI federal evaluation measure set. Other important sources include risk assessments, subject matter experts, State-led evaluation reporting, surveys, and internal payer data analytics. Via the above varied means, continuous improvement information is regularly shared with administrators, ACOs, providers, payers, advocates, community leaders, and consumers. This helps keep SIM on track to achieve project goals and milestones, and informs any course corrections as needed.

SIM Core metrics and progress on SIM milestones will be collected and reported in both Q1 and Q2 of 2016, externally to CMMI and internally to the SIM Core Team. Work is underway to further align SIM Core metrics with SIM's high-level goal statements, and to align the set with Shared Savings Program measures, Blueprint measures, and Healthy Vermonters 2020 goals.

The Federal SIM evaluation will continue to inform SIM administration, and a second annual report is anticipated from RTI during the January-June 2016 Performance Period 2 no-cost extension period. The mixed-methods SIM federal evaluation results include qualitative analysis of stakeholder interviews, consumer and provider survey results, and quantitative analysis of SIM impacts statewide and at the ACO level. Federal evaluation results will be shared with SIM stakeholders annually.

Vermont will continue quarterly internal reporting on SIM investments vis-a-vis specific milestones, facilitating funding decisions that are strategic and reflect where progress and investment is sufficient or where additional staff focus and grant resources are warranted.

The SIM work groups have revised their work plans post work group consolidation, and will continue to meet regularly to advance the project's milestones. At the functional area level, each SIM work group has individual work plans with more detailed milestones and targets applicable to the content of the work group. Work plans are cross-walked across groups and regularly updated to assess progress within the groups' area of focus. Such cross-walking allowed for clear links across groups by topical areas, and points to where one group might benefit from receipt of information from another. Often subject matter experts inform work group activities, provide relevant information, and help advise work group members when obstacles arise and/or make suggestions to maximize progress.

Monthly SIM staff meetings are utilized to report on functional area activities, and to discuss successes, and brainstorm ways to mitigate and overcome any problems. Other information that will be used for continuous improvement includes monthly data reviews by payers, ACO operations team meetings, and All-Payer Waiver alignment meetings.

SIM will continue to actively facilitate shared learning via SIM work groups, sub-grantee symposia, on-going learning collaborative meetings, and public presentations at the legislature and in other settings. Shared learning mechanisms directly contribute to the teamwork and team building that influences stakeholder willingness to engage in the significant transformation activities funded by the grant. Shared learning provides inspiration through case study presentations, shared programmatic successes, and results that demonstrate the effectiveness of innovations underway that create positive change in the lives of Vermonters. This willingness is a key ingredient in moving forward with sometimes difficult and novel changes in payment and delivery system reforms. As stakeholders present on existing projects in each work group area of focus, connections are drawn that enhance sharing of resources, fostering the ability for SIM initiatives to build off of existing programs and infrastructure, and allow for better communication across previously siloed activities.

SIM work groups will host subject matter experts, presentations about program models, successes, challenges, and other information relevant to learning and sharing about the work groups' functional areas. Provider grant symposiums, organized by topical area, will be held in June and will create an important learning exchange mechanism for what is working well and brainstorming how to mitigate challenges both at the administrative level and on the front lines of care. A symposium evaluation survey will be conducted to improve the format and content of the symposiums and elicit stakeholder comments on the project.

Multi-community learning collaboratives will continue to roll out statewide to share and diffuse best practices for care coordination and to help multi-organizational teams work most effectively with at-risk Vermonters. A peer learning opportunity focused on Accountable

Communities for Health will be piloted in multiple communities to maximize the effectiveness of the effort.

The SIM project director and staff will do public presentations to the Legislature, Green Mountain Care Board, ACOs, work groups and others with the level of specificity of metric or other results appropriate to the audience. These meetings provide an opportunity for stakeholders to provide input on project activities and share their ideas for improvement. Ad-hoc education about SIM activities has also helped build connections and reduce duplication of efforts.

Surveys

Performance Period 2 Milestone: Conduct annual patient experience survey and other surveys as identified in payment model development:

Field patient experience surveys to Vermonters participating in the PCMH and Shared Savings programs – phase 1 to determine impact of Performance Period 2 activities by 6/30/16.

DataStat will be fielding CAHPS PCMH surveys to primary care practices for 2015 during the January-June 2016 Performance Period 2 no-cost extension period. Datastat sent out surveys to the first wave of primary care practices recently, and will send surveys to a second wave of practices during the no-cost extension period. The surveys will provide practice-level and ACO-level results.

Monitoring and Evaluation Activities Within Payment Programs

Performance Period 2 Milestone:

1. Conduct analyses of the PCMH program (non-SIM funded) according to program specifications: biannual reporting to providers.

2. Conduct analyses of the commercial and Medicaid Shared Savings Programs according to program specifications: monthly, quarterly reports depending on type.

Monitoring and evaluation activities during the January-June 2016 Performance Period 2 no-cost extension period will support continued implementation of the Shared Savings Programs, as well as launch of the Medicaid Episodes of Care program.

- *Shared Savings Programs:* Earlier in Performance Period 2, Shared Savings Program Year 1 measure results were shared with stakeholders and providers in a variety of settings, with detailed analysis provided to the ACOs. During the January-June 2016 Performance Period 2 no-cost extension period, results will continue to be used to support a variety of strategies for continuous quality improvement on the frontlines of care. ACO and Payer analytics will be also used for targeted quality improvement. State-led Study site visit reporting on care integration, data use and payment reform incentives may be available during this period to inform programmatic design.

- *Episodes of Care:* During the January-June 2016 Performance Period 2 no-cost extension period, Vermont SIM contractors will continue to use analytics to refine episodes for the launch of Medicaid's Episodes of Care program, planned for 7/1/16.

Implementation Timeline: October 2015-June 2017

Work Stream	Oct 2015	Nov 2015	Dec 2015	Jan 2016	Feb 2016	March 2016	April 2016	May 2016	June 2016	July 2016	Aug 2016	Sep 2016	Oct 2016	Nov 2016	Dec 2016	Jan 2017	Feb 2017	March 2017	April 2017	May 2017	June 2017
Payment Models																					
Shared Savings Program												Year 2 Results available			Meet SSP participation goals	All Payer ACO Payment ¹¹					
Episodes of Care										★						Maintained for non-ACO providers ¹²					
Pay for Performance				Enhanced direct payments						Roll out new P4P investments for CHTs						Maintained, but may be modified under APM. ¹³					
Health Home (Hub and Spoke)															Meet beneficiary and provider targets	Maintained, but may be modified under APM. ¹⁴					
Accountable Communities for Health				Complete feasibility research	★												TBD All-Sustainability Plan				
Population Health Plan										★											

¹¹ This will be developed through the All Payer Model Agreement or through Medicare Next Generation Agreement with state-level alignment for Medicaid and Commercial. This will also be addressed in the SIM Sustainability Plan.

¹² The APM assumes some providers and services may remain outside of the ACO, so some providers will continue to be paid this way. This will be further developed through APM Agreement and would continue absent an agreement being reached. This will be addressed in the SIM Sustainability Plan.

¹³ This will be further developed through the APM Agreement and will also apply to providers outside of the ACO. This will be addressed in the SIM Sustainability Plan.

¹⁴ This will be further developed through the APM Agreement and will also apply to providers outside of the ACO. This will be addressed in the SIM Sustainability Plan.

Work Stream	Oct 2015	Nov 2015	Dec 2015	Jan 2016	Feb 2016	March 2016	April 2016	May 2016	June 2016	July 2016	Aug 2016	Sep 2016	Oct 2016	Nov 2016	Dec 2016	Jan 2017	Feb 2017	March 2017	April 2017	May 2017	June 2017	
PPS – Home Health										★						Maintain; Services likely outside of APM ¹⁵						
Medicaid VBP: Mental Health and Substance Abuse															★	TBD. Services likely outside of the APM ¹⁶						
Integrated Family Services Expansion ¹⁷										★						Services likely outside of the APM ¹⁸						
Practice Transformation																						
Learning Collaboratives															Reach 500 VT Providers	TBD Sustainability Plan						
Core Competency/ Disability Awareness Training ¹⁹										★						TBD Sustainability Plan						
Sub-grant program: Sub-grants								Convene sub-grantees							Convene sub-grantees	TBD Sustainability Plan						
Sub-grant Program: Technical Assistance																TBD Sustainability Plan						
Regional Collaborations															★	TBD Sustainability Plan						

¹⁵ The timeline for including services outside of the current Medicaid shared savings program is under development. This will be determined in the APM Agreement & SIM Sustainability Plan.

¹⁶ The timeline for including services outside of the current Medicaid shared savings program is under development. This will be determined in the APM Agreement & SIM Sustainability Plan.

¹⁷ Integrated Family Services Expansion is part of the State Activities to Support Model Design and Implementation – Medicaid milestone, however due to the amount of work being done for this specific work stream it is being illustrated in its own row.

¹⁸ The timeline for including services outside of the current Medicaid shared savings program is under development. This will be determined in the APM Agreement & SIM Sustainability Plan.



¹⁹ Core Competency Training is part of the Learning Collaborative milestone, however, due to the amount of work being done for this specific work stream it is being illustrated in its own row.

Work Stream	Oct 2015	Nov 2015	Dec 2015	Jan 2016	Feb 2016	March 2016	April 2016	May 2016	June 2016	July 2016	Aug 2016	Sep 2016	Oct 2016	Nov 2016	Dec 2016	Jan 2017	Feb 2017	March 2017	April 2017	May 2017	June 2017	
Workforce – Demand Data Collection/Analysis															Transfer model to Dept. of Labor	TBD Sustainability Plan						
Workforce – Supply Data Collection/Analysis																TBD Sustainability Plan						
Health Data Infrastructure																						
Expand Connectivity to HIE – Gap Remediation																TBD Sustainability Plan						
Improve Quality of Data Flowing into HIE																Complete workflow improvement	TBD Sustainability Plan					
Telehealth – Implementation																TBD Sustainability Plan						
Data Warehousing						Develop strategy for developing data systems																
Care Management: Event notification system																Target: 30 Vermont providers sending and/or receiving event notifications	TBD Sustainability Plan					
Care Management: SCUP																						Impact 45 providers
General Health Data – HIE Planning																TBD Sustainability Plan						

Work Stream	Oct 2015	Nov 2015	Dec 2015	Jan 2016	Feb 2016	March 2016	April 2016	May 2016	June 2016	July 2016	Aug 2016	Sep 2016	Oct 2016	Nov 2016	Dec 2016	Jan 2017	Feb 2017	March 2017	April 2017	May 2017	June 2017	
General Health Data – Expert Support																TBD Sustainability Plan						
Evaluation																						
Self- Evaluation Plan and Execution																						
Surveys											★				★							
Monitoring and Evaluation Activities Within Payment Programs					Conduct analysis of PCMH program				State-led Evaluation Interim Reporting on Qualitative Site Visits		Conduct analysis of SSP				Conduct analysis of EOC program							
Project Management and Reporting																						
Project Organization																						
Communication and Outreach					Solicit feedback for website modifications				• Website Overhaul complete • Stakeholder outreach plan													
Coordination and Alignment: APM ²⁰																TBD Term Sheet						

²⁰ All-Payer Model has its own project plan. It is incorporated by reference into this timeline.

Timeline Key

	Feasibility Study – Research/Program Design
	Ongoing Monitoring and Reporting
	Quarterly Report to CMMI
	Submit SPA
	Update to Work Group, Steering Committee or Core Team
	Include in Sustainability Plan
	Launch date
	Program Implementation and monitoring

Staff/Contractor Recruitment and Training

This section provides detailed information on Vermont’s Year 2 milestones, the planned activities that will support those milestones during the January-June 2016 Performance Period 2 no-cost extension period, and the contractor and staff resources needed to accomplish them. The State relies on a mix of staff and contractors to implement and evaluate the success of initiatives planned during the testing period supporting Vermont’s SIM Project.

State staff involved in Vermont’s SIM activities work in three state agencies: the Agency of Administration (AOA), the Green Mountain Care Board (GMCB), and the Agency of Human Services (AHS). AHS staff from three departments participate: the Department of Vermont Health Access (DVHA), the Department of Health (VDH), and the Department of Disabilities, Aging, and Independent Living (DAIL). In a matrixed staffing approach, the SIM staff work under the general direction of the SIM Project Director, who works within the AOA. *Figure 3* below shows Vermont’s program management structure.

Figure 3: Vermont SIM Project Program Management Structure

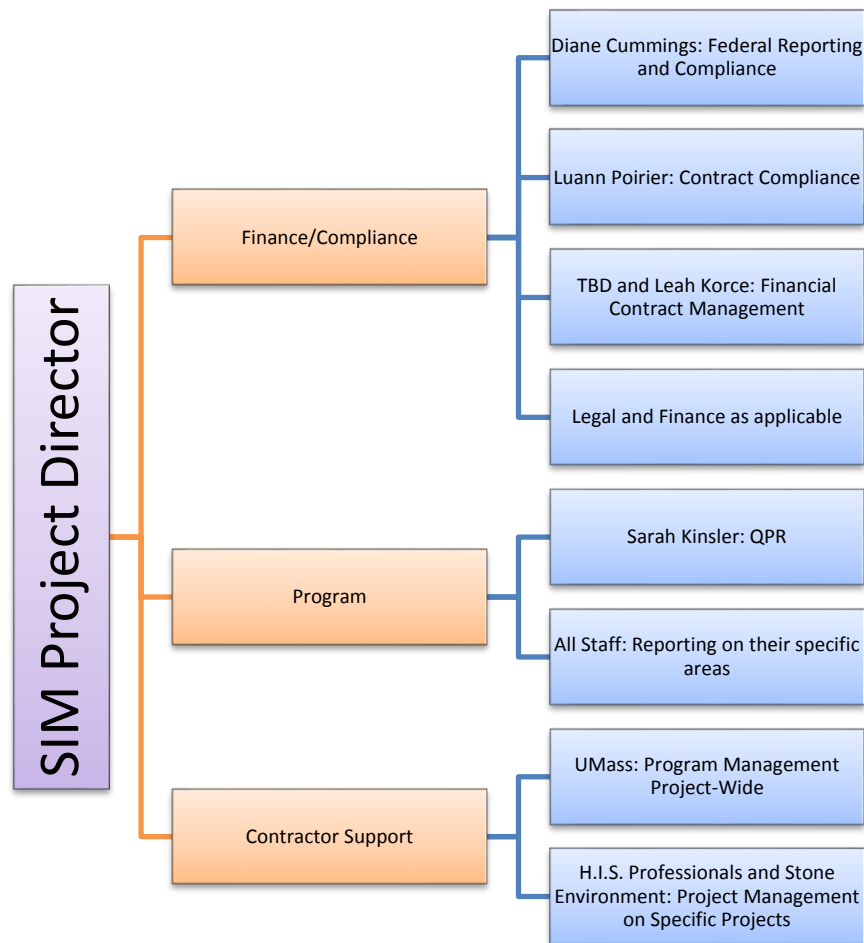
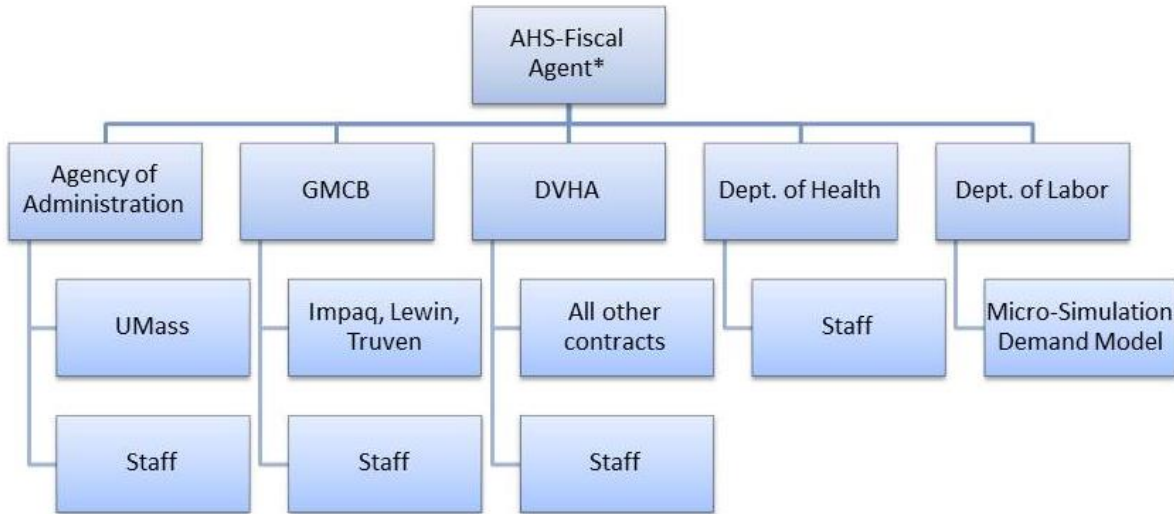


Figure 4 below depicts the flow of funds across the State of Vermont Agencies and Departments participating in the SIM project.

Figure 4: Flow of SIM Funds between State of Vermont Agencies and Departments



*AHS enters into Memoranda of Understanding with the other agencies/departments for staff and/or contracts.

Tables 2-7 below augment Table 1: Milestone Summary, found above in the Introduction section of this document. Vermont’s revised Year 2 Budget Narrative, submitted as part of our No-Cost Extension request, includes additional detail about personnel and contractors. When reviewing the tables below, please note there are several State of Vermont Key Personnel who support all of Vermont’s Performance Period 2 milestones:

- Lawrence Miller: Chief of Health Care Reform, Chair, Core Team;
- Robin Lunge: Director of Health Care Reform, Member, Core Team;
- Al Gobeille: Chair, Green Mountain Care Board, Member, Core Team;
- Steven Costantino, Commissioner, Department of Vermont Health Access, Member, Core Team;
- Hal Cohen, Secretary, Agency of Human Services, Member, Core Team;
- Monica Hutt, Commissioner, Department of Disabilities, Aging, and Independent Living, Member, Core Team;
- Georgia Maheras, Deputy Director for Health Care Reform, Project Director;
- Richard Slusky, Director of Payment and Delivery System Reform, Green Mountain Care Board, Lead – GMCB; and
- Alicia Cooper, Health Care Project Director, Department of Vermont Health Access, Lead – DVHA.

Table 2: CMMI-Required Milestones and Accountability Metrics with Contractor, Line Item, and Staff Detail

CMMI-Required Milestones				
Milestone	Specific Tasks and Supporting Contractors –Performance Period 2 No-Cost Extension Period	Line Item and Contractor	Staff	Accountability Metrics (Performance Period 2, reported in Quarterly Reports)
Project Implementation <i>Performance Period 2:</i> Continue to implement project statewide. Implement all Performance Period 2 Milestones by 6/30/16.	All contractors.	All.	All SIM-funded staff	All metrics
Payment Models <i>Performance Period 2:</i> 60% of Vermonters in alternatives to fee-for-service by 6/30/16.	Research, alignment and design of payment models: Burns and Associates (Medicaid); Bailit Health Purchasing (all payers); Health Management Associates (all-payers).	1. Advanced Analytics: Policy and Data Analysis to Support System Design and Research for All Payers – <i>Bailit Health Purchasing, Burns and Associates.</i> 2. Advanced Analytics: Financial and Other Modeling for All Payers – <i>Health Management Associates.</i>	All SIM-funded staff	CORE_Beneficiaries impacted_[VT]_VTEmployees CORE_Beneficiaries impacted_[VT]_[ACO]_Commercial CORE_Beneficiaries impacted_[VT]_[ACO]_Medicaid CORE_Beneficiaries impacted_[VT]_[ACO]_Medicare CORE_Beneficiaries impacted_[VT]_[APMH/P4P]_Commercial CORE_Beneficiaries impacted_[VT]_[APMH/P4P]_Medicaid CORE_Beneficiaries impacted_[VT]_[APMH/P4P]_Medicare CORE_Beneficiaries impacted_[VT]_[EOC]_Commercial CORE_Beneficiaries impacted_[VT]_[EOC]_Medicaid CORE_Beneficiaries impacted_[VT]_[EOC]_Medicare
Population Health Plan²¹ <i>Performance Period 2:</i> N/A	N/A	N/A	N/A	Not reported on quarterly basis, but required reporting element by end of project.
Sustainability Plan²² <i>Performance Period 2:</i> N/A	N/A	N/A	N/A	Not reported on quarterly basis, but required reporting element by end of project.

²¹ This row is included to ensure alignment with Table 1.

²² This row is included to ensure alignment with Table 1.

Table 3: Payment Model Design and Implementation Milestones and Accountability Metrics with Contractor, Line Item, and Staff Detail

Payment Model Design and Implementation				
<i>Milestone</i>	<i>Specific Tasks and Supporting Contractors –Performance Period 2 No-Cost Extension Period</i>	<i>Line Item and Contractor</i>	<i>Staff</i>	<i>Accountability Metrics (Performance Period 2, reported in Quarterly Reports)</i>
<p>ACO Shared Savings Programs (SSPs) <u>Performance Period 2:</u> Expand the number of people in the Shared Savings Programs in Performance Period 2 by 6/30/16: Medicaid/commercial program provider participation target: 950. Medicaid/commercial program beneficiary attribution target: 130,000.</p>	<p>Bailit Health Purchasing – facilitation; Burns and Associates – Medicaid; The Lewin Group – analytics; Pacific Health Policy Group – DLTSS/Medicaid; Deborah Lisi-Baker – DLTSS; Wakely Consulting – Actuarial.</p> <p>Bi-State/CHAC, Healthfirst, and UVMHC/OneCare: ACO Implementation.</p>	<p>1. Advanced Analytics: Policy and Data Analysis to Support System Design and Research for All Payers – <i>Bailit Health Purchasing; Burns and Associates; The Lewin Group; Pacific Health Policy Group; Lisi-Baker; Wakely; Bi-State/CHAC; UVMHC/OneCare; Healthfirst.</i></p>	<p>SIM-funded staff: Julie Wasserman; Cecelia Wu; Amy Coonradt; Susan Aranoff; David Epstein; Amanda Ciecior; James Westrich; Brian Borowski; Carole Magoffin; Carolyn Hatin</p> <p>Key personnel: Spenser Wepler; Pat Jones</p>	<p>CORE_Beneficiaries impacted_[VT]_VTEmployees CORE_Beneficiaries impacted_[VT]_[ACO]_Commercial CORE_Beneficiaries impacted_[VT]_[ACO]_Medicaid CORE_Beneficiaries impacted_[VT]_[ACO]_Medicare CORE_Participating Provider_[VT]_[ACO]_Commercial CORE_Participating Provider_[VT]_[ACO]_Medicaid CORE_Participating Provider_[VT]_[ACO]_Medicare CORE_Provider Organizations_[VT]_[ACO]_Commercial CORE_Provider Organizations_[VT]_[ACO]_Medicaid CORE_Provider Organizations_[VT]_[ACO]_Medicare CORE_Payer Participation_[VT] CORE_BMI_[VT] CORE_Diabetes Care_[VT] CORE_ED Visits_[VT] CORE_Readmissions_[VT] CORE_Tobacco Screening and Cessation_[VT] CAHPS Clinical & Group Surveys</p>
<p>Episodes of Care (EOCs) <u>Performance Period 2:</u> 3 EOCs designed for Medicaid – implementation of data reports by 3/1/16. Implementation of data reports means: episodes selected, outreach plan to providers designed, first run of historic data provided to providers participating in program.</p>	<p>Burns and Associates – data analysis and program design</p>	<p>1. Advanced Analytics: Policy and Data Analysis to Support System Design and Research for all Payers: Analyses for implementation – <i>Burns and Associates/Staff.</i></p>	<p>SIM-funded staff: Julie Wasserman; Susan Aranoff; David Epstein; Amanda Ciecior; James Westrich; Brian Borowski; Carole Magoffin</p> <p>Key personnel: Spenser Wepler and Pat Jones</p>	<p>CORE_Beneficiaries impacted_[VT]_[EOC]_Commercial CORE_Beneficiaries impacted_[VT]_[EOC]_Medicaid CORE_Beneficiaries impacted_[VT]_[EOC]_Medicare CORE_Participating Providers_[VT]_[EOC] CORE_Provider Organizations_[VT]_[EOC] CORE_Payer Participation_[VT]</p>

<p>Pay-for-Performance (Blueprint)²³ <i>Performance Period 2:</i> Roll-out of new P4P investments for Blueprint Community Health Teams (CHTs) by 7/1/15 and enhanced direct payments to Blueprint practices by 1/1/16, according to approved P4P plan (using new funds that were appropriated by the legislature).</p>	<ol style="list-style-type: none"> 1. Financial standards: Non-SIM funded. 2. Care standards: Non-SIM funded. 3. Quality measures: Non-SIM funded. 4. Analyses for design and implementation: Non-SIM funded. 5. Stakeholder engagement – Medicaid and commercial: Non-SIM funded. 	<p>N/A</p>	<p>Key personnel: Craig Jones; Jenney Samuelson; Spenser Weppler</p>	<p>CORE_Beneficiaries impacted_[VT]_[APMH/P4P]_Commercial CORE_Beneficiaries impacted_[VT]_[APMH/P4P]_Medicaid CORE_Beneficiaries impacted_[VT]_[APMH/P4P]_Medicare CORE_Participating Providers_[VT]_[APMH] CORE_Provider Organizations_[VT]_[APMH] CORE_Payer Participation_[VT]</p>
<p>Health Home (Hub & Spoke) <i>Performance Period 2:</i> Reporting on program’s transition and progress: Quarterly reporting of program progress to CMMI, VHCIP stakeholders.</p>	<ol style="list-style-type: none"> 1. Financial standards: non-SIM funded. 2. Care standards: non-SIM funded. 3. Quality measures: non-SIM funded. 4. Analyses for design and implementation: non-SIM funded. 5. Stakeholder engagement: non-SIM funded. 		<p>Key personnel: Beth Tanzman</p>	<p>CORE_Provider Organizations_[VT]_[HH] CORE_Participating Providers_[VT]_[HH] CORE_Provider Organizations_[VT]_[HH]</p>
<p>Accountable Communities for Health <i>Performance Period 2:</i> Feasibility assessment – data analytics: <ol style="list-style-type: none"> 1. Discussion and planning of investments related to ACH feasibility based on research/report by 11/1/15. 2. Design/creation of ACH learning system for all 14 Vermont Health Service Areas by 1/31/16. 3. Start roll out ACH learning system to at least 3 health service areas by 2/1/16. </p>	<p>Implement ACH learning systems – James Hester; TBD: RFP pending.</p>	<p>Advanced Analytics: Policy and Data Analysis to Support System Design and Research for All Payers – James Hester; TBD.</p>	<p>SIM-funded staff: Sarah Kinsler; Amanda Ciecior Key personnel: Tracy Dolan; Heidi Klein</p>	<p>CORE_Provider Organizations_[VT]_[ACO]_Commercial CORE_Provider Organizations_[VT]_[ACO]_Medicaid CORE_Provider Organizations_[VT]_[ACO]_Medicare CORE_Participating Providers_[VT]_[ACO]_Commercial CORE_Participating Providers_[VT]_[ACO]_Medicaid CORE_Participating Providers_[VT]_[ACO]_Medicare CORE_Payer Participation_[VT]</p>

²³ The remaining Medicaid value-based purchasing (VBP) activities are in the “State Activities to Support Model Design and Implementation – Medicaid” row below as they apply to all payment models in Vermont’s SIM Test, not just pay-for-performance.

4. Research for implementation of a pilot incorporating a payment change (data analysis, financial analysis, stakeholder participation analysis) for at least 1 Vermont region by 2/1/16.				
Prospective Payment System – Home Health <u>Performance Period 2:</u> 1. Creation of a project plan and begin Phase 1 activities as required by project plan for PPS-HH by 12/31/15. 2. Design PPS program for home health for launch 7/1/16.	1. Implementation analyses – Not-SIM funded.	N/A	SIM-funded staff: Alicia Cooper Key personnel: Aaron French; Tom Boyd	CORE_Provider Organizations_[VT]_[ACO]_Commercial CORE_Provider Organizations_[VT]_[ACO]_Medicaid CORE_Provider Organizations_[VT]_[ACO]_Medicare CORE Participating Providers_[VT]_[ACO]_Commercial CORE Participating Providers_[VT]_[ACO]_Medicaid CORE Participating Providers_[VT]_[ACO]_Medicare CORE_Payer Participation_[VT]
Prospective Payment System – Designated Agencies²⁴ <u>Performance Period 2:</u> Submit planning grant for Certified Community Behavioral Health Clinics to SAMHSA by 8/5/15. If awarded, begin alignment of new opportunity with SIM activities. (Note: No SIM funds used to support this effort.)	<i>Activity discontinued; Vermont will replace this activity with the Medicaid Value-Based Purchasing milestone category (below) in PP3.</i>			
Medicaid Value-Based Purchasing – Mental Health and Substance Abuse²⁵ <u>Performance Period 2:</u> N/A	N/A	N/A	N/A	CORE_Beneficiaries impacted_[VT]_[ACO]_Medicaid CORE_Participating Provider_[VT]_[ACO]_Medicaid CORE_Provider Organizations_[VT]_[ACO]_Medicaid
All-Payer Model <u>Performance Period 2:</u> 1. Research feasibility, develop analytics, and obtain information to inform decision-making with CMMI. 2. Work with CMMI on mutually-agreed upon timeline for 2016 decision-making by 12/31/15.	1. Analyses: Health Management Associates (Health Management Associates) (actuarial, model design). 2. Financial Analyses-Medicaid: Burns and Associates.	1. Advanced Analytics: Policy and Data to Support System Design and Research for All Payers – <i>Burns and Associates, Health Management Associates;</i> 2. Advanced Analytics: Financial and Other Modeling for All Payers	SIM-funded staff: Michael Costa Key personnel: Ena Backus; Susan Barrett	CORE_Provider Organizations_[VT]_[ACO]_Commercial CORE_Provider Organizations_[VT]_[ACO]_Medicaid CORE_Provider Organizations_[VT]_[ACO]_Medicare CORE Participating Providers_[VT]_[ACO]_Commercial CORE Participating Providers_[VT]_[ACO]_Medicaid CORE Participating Providers_[VT]_[ACO]_Medicare CORE_Payer Participation_[VT]

²⁴ This row is included to ensure alignment with Table 1.

²⁵ This row is included to ensure alignment with Table 1.

		– Health Management Associates		
<p>State Activities to Support Model Design and Implementation – GMCB <u>Performance Period 2:</u> 1. Research and planning to identify the components necessary for APM regulatory activities by 6/30/16. 2. Specific regulatory activities and timeline are dependent on discussions with CMMI.</p>	<p>Research and analyses: Health Management Associates (Health Management Associates) (actuarial, model design).</p>	<p>Advanced Analytics: Policy and Data to Support System Design and Research for All Payers – <i>Health Management Associates</i></p>	<p>SIM-funded staff: Michael Costa Key personnel: Ena Backus; Susan Barrett</p>	<p>CORE_Beneficiaries impacted_[VT]_VTEmployees CORE_Beneficiaries impacted_[VT]_[ACO]_Commercial CORE_Beneficiaries impacted_[VT]_[ACO]_Medicaid CORE_Beneficiaries impacted_[VT]_[ACO]_Medicare CORE_Participating Provider_[VT]_[ACO]_Commercial CORE_Participating Provider_[VT]_[ACO]_Medicaid CORE_Participating Provider_[VT]_[ACO]_Medicare CORE_Provider Organizations_[VT]_[ACO]_Commercial CORE_Provider Organizations_[VT]_[ACO]_Medicaid CORE_Provider Organizations_[VT]_[ACO]_Medicare</p>
<p>State Activities to Support Model Design and Implementation – Medicaid <u>Performance Period 2:</u> Pursue state plan amendments and other federal approvals as appropriate for each payment model (SSP SPA, EOC SPA); ensure monitoring and compliance activities are performed. Ensure beneficiaries have access to call-center as appropriate: 1. Ensure appropriate customer service supports are in place for Medicaid SSP program for 2016 by 11/1/15. 2. Obtain SPA for Year 2 of the Medicaid Shared Savings Program by 3/31/15. 3. Create draft SPA documents for Year 1 of the EOC program by 4/1/16. 4. Execute Year 1 and Year 2 commercial and Medicaid monitoring and compliance plans throughout Performance Period 2 according to the predetermined plan. 5. Develop monitoring and compliance plan for Year 1 EOCs by 6/30/16. 6. Design modifications to existing Integrated Family Services (IFS) Program so it can expand to at least one additional community on 7/1/16.</p>	<p>Bailit Health Purchasing – facilitation, Burns and Associates – data analysis, Pacific Health Policy Group – waiver analysis/Medicaid analysis, Maximus-customer service support, Vermont Medical Society Foundation – Frail Elders; Policy Integrity-data analysis; Wakely Consulting – actuarial services.</p>	<p>Advanced Analytics: Policy and Data Analysis to Support System Design and Research for All Payers: <i>Burns and Associates, Pacific Health Policy Group, Maximus, Wakely Consulting, Vermont Medical Society Foundation, Policy Integrity.</i></p>	<p>SIM-funded staff: Brad Wilhelm; Cecelia Wu; Amy Coonradt; Amanda Ciecior; Luann Poirier. Key personnel: Spenser Weppler; Pat Jones</p>	<p>CORE_Beneficiaries impacted_[VT]_[ACO]_Medicaid CORE_Participating Provider_[VT]_[ACO]_Medicaid CORE_Provider Organizations_[VT]_[ACO]_Medicaid</p>

7. Research and design related to Frail Elders (timeline dependent upon federal contract approval) – final recommendations by 6/30/16.				
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Table 4: Practice Transformation Milestones and Accountability Metrics with Contractor, Line Item, and Staff Detail

Care Delivery and Practice Transformation				
<i>Milestone</i>	<i>Specific Tasks and Supporting Contractors – Performance Period 2 No-Cost Extension Period</i>	<i>Line Item and Contractor</i>	<i>Staff</i>	<i>Accountability Metrics (Performance Period 2, reported in Quarterly Reports)</i>
Learning Collaboratives <i>Performance Period 2:</i> Offer at least two cohorts of Learning Collaboratives to 3-6 communities: <ol style="list-style-type: none"> 1. Create expansion plan for remaining Vermont HSAs that want to participate in the Learning Collaborative program by 6/15/15. 2. Expand existing Learning Collaborative program to at least 6 additional health service areas by 6/30/16. 	1. Quality Improvement Facilitation: Nancy Abernathey, Vermont Program for Quality Health Care (VPQHC). 2. Disability core competency research and implementation: Lisi-Baker; TBD-RFP Pending. 3. Care Management core competency: TBD-RFP Pending.	Technical Assistance: Learning Collaboratives – <i>Deborah Lisi-Baker, Nancy Abernathey, VPQHC; TBD.</i>	SIM-funded staff: Erin Flynn; Julie Wasserman Key personnel: Jenney Samuelson	CORE_Participating Provider_VT_[ACO]_Commercial CORE_Participating Provider_VT_[ACO]_Medicaid CORE_Participating Provider_VT_[ACO]_Medicare CORE_Provider Organizations_VT_[ACO]_Commercial CORE_Provider Organizations_VT_[ACO]_Medicaid CORE_Provider Organizations_VT_[ACO]_Medicare CORE_Participating Providers_VT_[EOC] CORE_Provider Organizations_VT_[EOC] CORE_Participating Providers_VT_[APMH] CORE_Provider Organizations_VT_[APMH]
Sub-Grant Program – Sub-Grants <i>Performance Period 2:</i> Continue sub-grant program: <ol style="list-style-type: none"> 1. Convene sub-grantees at least once by 6/30/16. 2. Each quarter, analyze reports filed by sub-grantees using lessons from sub-grantees to inform project decision-making. 	Sub-Grantees ²⁶	Sub-Grantees	SIM-funded staff: Joelle Judge, Gabe Epstein, Julie Wasserman Key personnel: Heidi Klein	CORE_Participating Provider_VT_[ACO]_Commercial CORE_Participating Provider_VT_[ACO]_Medicaid CORE_Participating Provider_VT_[ACO]_Medicare CORE_Provider Organizations_VT_[ACO]_Commercial CORE_Provider Organizations_VT_[ACO]_Medicaid CORE_Provider Organizations_VT_[ACO]_Medicare CORE_Participating Providers_VT_[EOC] CORE_Provider Organizations_VT_[EOC] CORE_Participating Providers_VT_[APMH] CORE_Provider Organizations_VT_[APMH]
Sub-Grant Program – Technical Assistance <i>Performance Period 2:</i> Provide technical assistance to sub-grantees as requested by sub-grantees: <ol style="list-style-type: none"> 1. Remind sub-grantees of availability of technical assistance on a monthly basis. 	Sub-Grantee technical assistance: Policy Integrity; Wakely Consulting.	Technical Assistance: Technical Assistance to Providers Implementing Payment Reforms: Policy Integrity.	SIM-funded staff: Sue Aranoff; Julie Wasserman; Gabe Epstein Key personnel: Heidi Klein	CORE_Participating Provider_VT_[ACO]_Commercial CORE_Participating Provider_VT_[ACO]_Medicaid CORE_Participating Provider_VT_[ACO]_Medicare CORE_Provider Organizations_VT_[ACO]_Commercial CORE_Provider Organizations_VT_[ACO]_Medicaid

²⁶ Sub-grantees are described in detail in the Revised Budget Narrative.

<p>2. Ensure technical assistance contracts have sufficient resources to meet needs of sub-grantees.</p>				<p>CORE_Provider Organizations_[VT]_[ACO]_Medicare CORE_Participating Providers_[VT]_[EOC] CORE_Provider Organizations_[VT]_[EOC] CORE_Participating Providers_[VT]_[APMH] CORE_Provider Organizations_[VT]_[APMH]</p>
<p>Regional Collaborations <u>Performance Period 2:</u> Expansion of regional collaborations to all 14 Health Service Areas (HSAs) by 6/30/16. Expansion is complete when all HSAs have a Charter, governing body, and decision-making process.</p>	<p>Bi-State/CHAC – ACO activities; UVMMC/OneCare – ACO Activities</p>	<p>Advanced Analytics: Policy and Data Analysis to Support System Design and Research for All Payers: Bi-State/CHAC and UVMMC/OneCare.</p>		<p>CORE_Participating Provider_[VT]_[ACO]_Commercial CORE_Participating Provider_[VT]_[ACO]_Medicaid CORE_Participating Provider_[VT]_[ACO]_Medicare CORE_Provider Organizations_[VT]_[ACO]_Commercial CORE_Provider Organizations_[VT]_[ACO]_Medicaid CORE_Provider Organizations_[VT]_[ACO]_Medicare CORE_Participating Providers_[VT]_[EOC] CORE_Provider Organizations_[VT]_[EOC] CORE_Participating Providers_[VT]_[APMH] CORE_Provider Organizations_[VT]_[APMH]</p>
<p>Workforce – Care Management Inventory²⁷ <u>Performance Period 2:</u> N/A</p>	<p>N/A</p>	<p>N/A</p>	<p>N/A</p>	<p>CORE_Participating Provider_[VT]_[ACO]_Commercial CORE_Participating Provider_[VT]_[ACO]_Medicaid CORE_Participating Provider_[VT]_[ACO]_Medicare CORE_Provider Organizations_[VT]_[ACO]_Commercial CORE_Provider Organizations_[VT]_[ACO]_Medicaid CORE_Provider Organizations_[VT]_[ACO]_Medicare CORE_Participating Providers_[VT]_[EOC] CORE_Provider Organizations_[VT]_[EOC] CORE_Participating Providers_[VT]_[APMH] CORE_Provider Organizations_[VT]_[APMH]</p>
<p>Workforce – Demand Data Collection and Analysis <u>Performance Period 2:</u> 1. Execute contract for micro-simulation demand modeling by 1/15/16 (dependent on federal approval). 2. Provide preliminary data as defined by the contract to vendor for use in model by 3/15/16.</p>	<p>Micro-simulation demand model: IHS.</p>	<p><i>Workforce Assessment:</i> System-Wide Capacity: IHS.</p>	<p>SIM-funded staff: Amy Coonradt Key personnel: Mat Barewicz</p>	<p>CORE_Participating Provider_[VT]_[ACO]_Commercial CORE_Participating Provider_[VT]_[ACO]_Medicaid CORE_Participating Provider_[VT]_[ACO]_Medicare CORE_Provider Organizations_[VT]_[ACO]_Commercial CORE_Provider Organizations_[VT]_[ACO]_Medicaid CORE_Provider Organizations_[VT]_[ACO]_Medicare CORE_Participating Providers_[VT]_[EOC] CORE_Provider Organizations_[VT]_[EOC] CORE_Participating Providers_[VT]_[APMH] CORE_Provider Organizations_[VT]_[APMH]</p>

²⁷ This row is included to ensure alignment with Table 1.

<p>Workforce – Supply Data Collection and Analysis <i>Performance Period 2:</i> Continue to use supply data (licensure and recruitment) to inform workforce planning and updates to Workforce Strategic Plan: 1. Present data to Workforce Work Group at least 4 times between 1/1/15 and 6/30/16. 2. Publish data reports/analyses on website by 12/31/15. 3. Distribute reports/analyses to project stakeholders by 12/31/15.</p>	<p><i>Staff Only.</i></p>	<p><i>Staff Only.</i></p>	<p>SIM-funded staff: Matt Bradstreet; Amy Coonradt Key personnel: VDH and OPR licensing staff</p>	<p>CORE_Participating Provider_[VT]_[ACO]_Commercial CORE_Participating Provider_[VT]_[ACO]_Medicaid CORE_Participating Provider_[VT]_[ACO]_Medicare CORE_Provider Organizations_[VT]_[ACO]_Commercial CORE_Provider Organizations_[VT]_[ACO]_Medicaid CORE_Provider Organizations_[VT]_[ACO]_Medicare CORE_Participating Providers_[VT]_[EOC] CORE_Provider Organizations_[VT]_[EOC] CORE_Participating Providers_[VT]_[APMH] CORE_Provider Organizations_[VT]_[APMH]</p>
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Table 5: Health Data Infrastructure Milestones and Accountability Metrics with Contractor, Line Item, and Staff Detail

Health Data Infrastructure				
<i>Milestone</i>	<i>Specific Tasks and Supporting Contractors –Performance Period 2 No-Cost Extension Period</i>	<i>Line Item and Contractor</i>	<i>Staff</i>	<i>Accountability Metrics (Performance Period 2, reported in Quarterly Reports)</i>
Expand Connectivity to HIE – Gap Analyses²⁸ <i>Performance Period 2: N/A</i>	N/A	N/A	N/A	CORE_Health Info Exchange_[VT]
Expand Connectivity to HIE – Gap Remediation <i>Performance Period 2: Remediate data gaps that support payment model quality measures, as identified in gap analyses:</i> <ol style="list-style-type: none"> Remediate 50% of data gaps for SSP quality measures by 12/31/15. Develop a remediation plan for gaps identified in LTSS technical gap analysis by 12/31/15. 	Remediation of data gaps – VITL; TBD.	<ol style="list-style-type: none"> Technology and Infrastructure: Expanded Connectivity to the HIE Infrastructure: <i>VITL</i>. Technical Assistance: Practice Transformation & Data Quality Facilitation: <i>TBD</i>. 	SIM-funded staff: Susan Aranoff; Julie Wasserman; David Epstein Key personnel: Steve Maier; Spenser Wepler; Larry Sandage	CORE_Health Info Exchange_[VT]
Expand Connectivity to HIE – Data Extracts from HIE <i>Performance Period 2: N/A</i>	N/A	N/A	N/A	CORE_Health Info Exchange_[VT]
Improve Quality of Data Flowing into HIE <i>Performance Period 2:</i> <ol style="list-style-type: none"> Implement terminology services tool to normalize data elements within the VHIE by TBD. Engage in workflow improvement activities at provider practices to improve the quality of the data flowing into the VHIE as identified in gap analyses. Start workflow improvement activities in 30% of ACO attributing practices by 6/30/16. 	<ol style="list-style-type: none"> TBD; Workflow improvement: VITL, Behavioral Health Network, TBD, UVM Medical Center/OneCare Vermont. 	<ol style="list-style-type: none"> Technology and Infrastructure: Expanded Connectivity to the HIE Infrastructure: TBD. Technical Assistance: Practice Transformation & Data Quality Facilitation: <i>VITL/TBD</i>. 	Key personnel: Larry Sandage	CORE_Health Info Exchange_[VT]
Telehealth – Strategic Plan <i>Performance Period 2: Develop Telehealth Strategic Plan by 9/15/15.</i>	Develop Telehealth Strategic Plan – JBS International.	Technology and Infrastructure: Telemedicine – JBS International.	SIM-funded staff: Sarah Kinsler	CORE_Health Info Exchange_[VT]
Telehealth – Implementation <i>Performance Period 2:</i> <ol style="list-style-type: none"> Release telehealth program RFP by 9/30/15. Award at least one contract to implement the scope of work in the telehealth program RFP by 1/15/16. 	Implement Telehealth Pilots – TBD – RFP pending.	Technology and Infrastructure: Telemedicine – TBD.	SIM-funded staff: Jim Westrich	CORE_Health Info Exchange_[VT]

²⁸ This row is included to ensure alignment with Table 1.

<p>EMR Expansion <u>Performance Period 2:</u> 1. Assist in procurement of EMR for non-MU providers: Vermont State Psychiatric Hospital (by 6/30/15) and ARIS (Developmental Disability Agencies) (by 6/30/16). 2. Explore non-EMR solutions for providers without EMRs: develop plan based on LTSS technical gap analysis.</p>	<p>1. Implement EMR at 5 developmental disabilities agencies: ARIS. 2. Technical assistance for EMR procurement for Department of Mental Health and developmental disabilities agencies: VITL.</p>	<p>Technical Assistance: Practice Transformation & Data Quality Facilitation – <i>ARIS, VITL/Department of Mental Health.</i></p>	<p>Key personnel: Larry Sandage</p>	<p>CORE_Health Info Exchange_[VT]</p>
<p>Data Warehousing <u>Performance Period 2:</u> 1. Implement Phase 1 of DA/SSA data warehousing solution by 12/31/15 (implementation follows implementation project plan). 2. Procure clinical registry software by 3/31/16. 3. Develop a cohesive strategy for developing data systems to support analytics by 3/31/16.</p>	<p>1. Stakeholder Engagement: Behavioral Health Network. 2. Clinical Registry Procurement: Covisint. 3. Development of strategy: Stone Environmental.</p>	<p>Technology and Infrastructure: Enhancement to Centralized Clinical Registry & Reporting Systems – <i>Behavioral Health Network; Covisint; Stone Environmental.</i></p>	<p>Key personnel: Larry Sandage</p>	<p>CORE_Health Info Exchange_[VT]</p>
<p>Care Management Tools <u>Performance Period 2:</u> Engage in discovery, design and testing of shared care plan IT solutions, an event notification system, and uniform transfer protocol. Create project plans for each of these projects and implement as appropriate, following SOV procedure for IT development: 1. Event Notification System: Procure solution by 1/15/16 and implement according to project plan for phased roll out. 2. SCÜP (shared care plans and uniform transfer protocol): Create project plan for this project that includes business requirements gathering by 9/30/15; technical requirements by 10/31/15; and final proposal for review by 1/31/16.</p>	<p>1. Event Notification System: PatientPing. 2. SCÜP: Research project: Stone Environmental. Implement project: TBD.</p>	<p>1. Advanced Analytics: Policy and Data Analysis to Support System Design and Research for All Payers – <i>Stone Environmental;</i> 2. Technology and Infrastructure: Enhancement to Centralized Clinical Registry & Reporting Systems – PatientPing; Stone Environmental; TBD.</p>	<p>Key personnel: Larry Sandage</p>	<p>CORE_Health Info Exchange_[VT]</p>
<p>General Health Data – Data Inventory²⁹ <u>Performance Period 2:</u> N/A</p>	<p>N/A</p>	<p>N/A</p>	<p>N/A</p>	<p>CORE_Health Info Exchange_[VT]</p>
<p>General Health Data – HIE Planning <u>Performance Period 2:</u> 1. VHCIP will provide comment into the HIT Strategic Plan at least 4 times in 2015. 2. HDI work group will identify connectivity targets for 2016-2019 by 6/30/16.</p>	<p>Support HIE Planning – Stone Environmental.</p>	<p>Advanced Analytics: Policy and Data Analysis to Support System Design and Research for All Payers – <i>Stone Environmental.</i></p>	<p>Key personnel: Larry Sandage</p>	<p>CORE_Health Info Exchange_[VT]</p>

²⁹ This row included to ensure alignment with Table 1.

<p>General Health Data – Expert Support <i>Performance Period 2:</i> Procure appropriate IT-specific support to further health data initiatives – depending on the design of projects described above, enterprise architects, business analysts, and others will be hired to support appropriate investments.</p>	<p>1. Research and analyses: Stone Environmental. 2. Project Management and Subject Management Expertise: H.I.S. Professionals.</p>	<p>1. Advanced Analytics: Policy and Data Analysis to Support System Design and Research for All Payers – <i>Stone Environmental</i>; 2. Technology and Infrastructure: Expanded Connectivity of HIE Infrastructure – <i>H.I.S. Professionals</i>.</p>	<p>Key personnel: Larry Sandage</p>	<p>CORE_Health Info Exchange_[VT]</p>
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Table 6: Evaluation Milestones and Accountability Metrics with Contractor, Line Item, and Staff Detail

Evaluation				
Milestone	Specific Tasks and Supporting Contractors –Performance Period 2 No-Cost Extension Period	Line Item and Contractor	Staff	Accountability Metrics (Performance Period 2, reported in Quarterly Reports)
Self-Evaluation Plan and Execution <u>Performance Period 2:</u> 1. Procure new self-evaluation contractor by 2/28/16 to execute contractor-led self-evaluation plan activities. ³⁰ 2. Continue to execute self-evaluation plan using staff and contractor resources. ³¹ 3. Streamline reporting around other evaluation activities within 30 days of CMMI approval of self-evaluation plan.	1. Development of self-evaluation plan: Impaq International. 2. Implementation of self-evaluation plan: monitoring and evaluation—The Lewin Group; Burns and Associates. 3. Implementation of self-evaluation plan: provider surveys and analyses—TBD-RFP Pending. 4. Provision of data extracts for federal evaluation: Truven; Onpoint.	Evaluation: Self-Evaluation: Impaq International; Truven; Onpoint; TBD. Advanced Analytics: Policy and Data Analysis to Support System Design and Research for All Payers –The Lewin Group; Burns and Associates.	SIM-funded staff: Annie Paumgarten Key personnel: Susan Barrett	All metrics
Surveys <u>Performance Period 2:</u> Conduct annual patient experience survey and other surveys as identified in payment model development: Field patient experience surveys to Vermonters participating in the PCMH and Shared Savings programs – phase 1 to determine impact of Performance Period 2 activities by 6/30/16.	1. Field patient experience survey: Datastat. 2. Develop survey report: Datastat.	Model Testing: Quality Measures – Datastat.	SIM-funded staff: Annie Paumgarten Key personnel: Pat Jones, Jenney Samuelson	CAHPS Clinical & Group Surveys CORE_HCAHPS Patient Rating_[VT]
Monitoring and Evaluation Activities Within Payment Programs <u>Performance Period 2:</u>	Financial and quality analysis for new programs: The Lewin Group (SSP); Burns and Associates (Medicaid).	Advanced Analytics: Policy and Data Analysis to Support System Design and Research for All Payers –The Lewin Group; Burns and Associates.	SIM-funded staff: Cecelia Wu; Amy Coonrad; James Westrich; Brian Borowski; Carole Magoffin	CORE_BMI_[VT] CORE_Diabetes Care_[VT] CORE_ED Visits_[VT] CORE_HRQL_[VT] CORE_Readmissions_[VT]

³⁰ Vermont requested modification to this milestone by email, dated 11/23/15.

³¹ Vermont’s self-evaluation plan relies on numerous staff and contractors, which are described in the Evaluation Remediation Plan submitted on November 25, 2015.

<p>1. Conduct analyses of the PCMH program (non-SIM funded) according to program specifications: biannual reporting to providers. 2. Conduct analyses of the commercial and Medicaid Shared Savings Programs according to program specifications: monthly, quarterly reports depending on type.</p>			<p>Key personnel: Spenser Wepler, Pat Jones</p>	<p>CORE_Tobacco Screening and Cessation_[VT] CAHPS Clinical & Group Surveys</p>
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Table 7: Project Management and Reporting Milestones and Accountability Metrics with Contractor, Line Item, and Staff Detail

Project Management and Reporting				
<i>Milestone</i>	<i>Specific Tasks and Supporting Contractors – Performance Period 2 No-Cost Extension Period</i>	<i>Line Item and Contractor</i>	<i>Staff</i>	<i>Accountability Metrics (Performance Period 2, reported in Quarterly Reports)</i>
Project Management and Reporting – Project Organization <i>Performance Period 2:</i> Ensure project is organized through the following mechanisms: <ol style="list-style-type: none"> 1. Project Management contract scope of work and tasks performed on-time. 2. Monthly staff meetings, co-chair meetings, and Core Team meetings with reporting on budget, milestones, and policy decisions presented and discussed at each meeting. 3. Submit quarterly reports to CMMI and the Vermont Legislature. 	Project Management – University of Massachusetts.	Project Management: <i>University of Massachusetts.</i>	SIM-funded staff: Christine Geiler; Amanda Ciecior	All metrics
Project Management and Reporting – Communication and Outreach <i>Performance Period 2:</i> Engage stakeholders in project focus areas by: <ol style="list-style-type: none"> 1. Convening 5 Core Team, 5 Steering Committee, and 10 work group public meetings by 6/30/16. 2. Distributing all-participant emails at least once a month. 3. Updating website at least once a week. 	Project Management – <i>University of Massachusetts.</i> Outreach and engagement: PDI Creative.	<ol style="list-style-type: none"> 1. Project Management: <i>University of Massachusetts.</i> 2. Outreach: <i>PDI Creative.</i> 	SIM-funded staff: Christine Geiler; Amanda Ciecior	All metrics

Glossary

ACG – Adjusted Clinical Groups
ACH – Accountable Communities for Health
ACO – Accountable Care Organization
ACS-NSQIP – American College of Surgeons National Surgical Quality Improvement Program
ADAP – Alcohol and Drug Abuse Programs
AHS – Agency of Human Services
AOA – Agency of Administration
APM – All-Payer Model
APMH – Advanced Practice Medical Home
BHN – Behavioral Health Network
BRFSS – Behavioral Risk Factor Surveillance System
CAGR – Cumulative Average Growth Rate
CAHPS – Consumer Assessment of Healthcare Providers and Systems
CBC – Complete Blood Count
CCHL – Community Committee on Healthy Lifestyle
CCIIO – The Center for Consumer Information & Insurance Oversight
CCMR – Care Coordination Medical Record
CCT – Community Care Team
CD – Clinical Director
CDM – Chronic Disease Management
CHA – Community Health Advocate
CHAC – Community Health Accountable Care, LLC
CHF – Congestive Heart Failure
CHIP – Children’s Health Insurance Program
CHT – Community Health Team
CMMI – Center for Medicare and Medicaid Innovation
CMO – Chief Medical Officer
CMS – Centers for Medicare and Medicaid Services
COPD – Chronic Obstructive Pulmonary Disease
CSA – Community Supported Agriculture
DAIL – Department of Disabilities, Aging, and Independent Living
DAs – Designated (mental health) Agencies
DHMC – Dartmouth Hitchcock Medical Center
DID – Difference in differences
DLTSS – Disability and Long Term Services and Supports
DUA – Data Use Agreement
DVHA – Department of Vermont Health Access
ED – Emergency Department
EHR – Electronic Health Record
EMR – Electronic Medical Record
EMT – Emergency Medical Technician
EOC – Episodes of Care

ERG – Episode Risk Grouper
FAHC – Fletcher Allen Health Care
FEDU – Frequent ED Use
FICA – Federal Insurance Contributions Act
FQHC – Federally Qualified Health Center
FTE – Full Time Equivalent
GMCB – Green Mountain Care Board
HC – Health Care
HCM – Health Confidence Measures
HDI – Health Data Infrastructure
HF – Healthfirst
HH – Health Home
HIE – Health Information Exchange
HIPPA – Health Insurance Portability and Accountability Act
HIT – Health Information Technology
HP – Hospital Readmissions
HPA – Health Promotion Advocate
HRQL – Health Related Quality of Life
HSA – Health Service Area
IBNR – Incurred But Not Reported
IFS – Integrated Family Services
INTERACT – Interventions to Reduce Acute Care Transfers
IOM – Institute of Medicine
IT – Information Technology
LS – Learning Session
LTSS – Long-Term Services and Supports
MA – Medical Assistant
MD – Medical Doctor
NAACO – National Association of ACO’s
NMC – Northwestern Medical Center
NQF – National Quality Forum
OCV – OneCare Vermont
P4P – Pay for Performance
PCMH – Patient Centered Medical Home
PCP – Primary Care Physician
PPS – Prospective Payment System
PRG – Pharmacy Risk Grouper
QCCM – Quality and Care Coordination Manager
QI – Quality Improvement
RFP – Request for Proposal
RN – Registered Nurse
RUI – Resource Use Index
SAS – Statistical Analysis System
SBIRT – Screening, Brief Intervention, and Referral to Treatment

SC – Surgical Champion
SCR – Surgical Care Reviewers
SCÜP – Shared Care Plan/Universal Transfer Protocol
SIM – State Innovation Model
SMS – Short Message Service
SOV – State of Vermont
SPA – State Plan Amendment
SPC – Statistical Process Control
SSA – Specialized Service Agency
SSCPC – Statewide Surgical Collaborative Project Coordinator
SSP – Shared Savings Program
SVHC – Southwestern Vermont Health Care
SVMC – Southwestern Vermont Medical Center
SW – Social Worker
SWOT – Strengths, Weaknesses, Opportunities, and Threats
TACO – Totally Accountable Care Organization
TBD – To be determined
TCI – Total Cost Index
TCM – Transitional Care Model
TCN – Transitional Care Nurse
TCOC – Total Cost of Care
TCRRV – Total Care Relative Resource Value
UCC – Unified Community Collaborative
VCN – Vermont Care Network
VCP – Vermont Care Partners
VCP – Vermont Collaborative Physicians
VDH – Vermont Department of Health
VHCIP – Vermont Health Care Innovation Project
VHCURES – Vermont Healthcare Claims Uniform Reporting and Evaluation System
VHIE – Vermont’s Health Information Exchange
VITL – Vermont Information Technology Leaders
VPQHC – Vermont Program for Quality in Health Care
VT – Vermont
WRFP – White River Family Practice
XSSP – Commercial Shared Savings Program