State Model Innovations Progress Report

Award Detail

Award Title	Vermont-Test	**Round**	1
Organization Name	Vermont	**Grants Management Specialist**	Gabriel Nah
Type	Test	**Project Officer**	Patricia Boyce
Total Funding Amount	$45,009,480.00	**Description**	The state of Vermont proposes to develop a high performance health system that achieves full coordination and integration of care throughout a person's lifespan, ensuring better health care, better health, and lower cost for all Vermonters. The Vermont model for health system transformation will: increase both organizational coordination and financial alignment between clinical specialists and Vermont's Blueprint for Health advanced primary care practices; implement and evaluate value-based payment methodologies; coordinate with other payment reforms on developing a financing and delivery model for enhanced care management and new service options for Vermonters eligible for Medicare and Medicaid; and accelerate development of a learning health system infrastructure that will support delivery system redesign and state evaluation activities.

Vermont will achieve these goals through three models: a shared-savings ACO model that involves integration of payment and services across an entire delivery system; a bundled payment model that involve integration of payment and services across multiple independent providers; and a pay-for-performance model aimed at improving the quality, performance, and efficiency of individual providers. In addition to supporting implementation of the models described above, the award will fund the following enhancements in health system infrastructure: improved clinical and claims data transmission, integration, analytics, and modeling;

expanded measurement of patient experience of care; improved capacity to measure and address health care workforce needs; health system learning activities essential to spreading models and best practices; and enhanced telemedicine and home monitoring capabilities.

Progress Report

Progress Report	Q3 - 2014 Progress Report	**Award Title**	Vermont-Test
Report Quarter	Q3	**Date Submitted**	11/10/2014
Report Year	2014	**Approval Status**	Pending Approval
Date Approved		**Last Modified By**	Patricia Boyce
WBS Not Applicable	☐		

Executive Summmary

Overview

In this quarter, Vermont's SIM team continued implementing our commercial and Medicaid Shared Savings ACO Programs. We finalized provider rosters and began to share data both between the ACOs and payers, but also between our analytics vendor and the ACOs and payers. We also reviewed Episode of Care data, focusing on 23 conditions for both the commercial and Medicaid populations.

We launched our second round request for applications to the Sub-Grant Program that fosters innovation and collaboration in Vermont's providers. This program received 28 applications and decisions will be made next quarter.

We continued implementation of the two major health information investments started in the previous quarter. We completed the first gap analysis determining whether the clinical data to support the ACO SSP quality measure review was flowing from practices to the Health Information Exchange.

We fielded a care management survey to determine where care management was occurring, what types of activities were occurring and by whom. We received a high response rate to this survey and reported on these findings to the Legislature.

We spent significant time in the Quality and Performance Measures Work Group (QPM) defining changes to the quality measures for year two of the ACO SSP. The Population Health Work Group and the DLTSS Work Group also focused on these measures in this quarter providing input to QPM. The measures review included several rounds of solicitation for public comment on proposed changes.

Vermont's Workforce Work Group approved an RFP for a micro-simulation demand model to allow the Work Group, including various state agencies, to make more informed policy and funding decisions related to our health care work force. Of note, the group recognized that the future workforce included new types of skills such as data analysts and panel managers, not traditionally considered when discussing health care workforce.

Success Story or Best Practice

Vermont's SIM Team approved a Learning Collaborative this quarter. The Learning Collaborative will formally launch in January, with heavy planning in the third and fourth quarters of 2014. This project builds on a history of collaboration in health/community/social services delivery system reforms aimed at strengthening coordination of care and services.

The integrated Community Care Management Learning Collaborative will test promising interventions, starting in three regions: Burlington, Rutland and St. Johnsbury. Health care and community service providers from each region are have been invited to develop multi-organization teams for the year-long Learning Collaborative. The Learning Collaborative will begin with kick-off webinars in November and an in-person Learning Session in January. It will use the Plan-Do-Study-Act quality improvement model, including in-person and virtual learning sessions punctuated with periods of implementation and measurement of results. Expert faculty, skilled quality improvement facilitators, and training opportunities (including a skills-building track for front-line care managers) will support participating communities and organizations.

The near-term goals are to determine if the interventions improve coordination of care and services; establish improved communication and care protocols; reduce fragmentation, duplication, and gaps in care and services; and improve the care experience and outcomes for people in need of services and their families. The longer-term goals are to reduce growth in health care costs, improve care, and improve the health of the population.

Challenges Encountered & Plan to Address

A major challenge in this quarter occurred as we designed the Episode of Care payment model. As initially conceived, the Episode of Care payment model would have two components: provision of meaningful data to those involved in that episode and providing a financial incentive for Medicaid episodes. Vermont SIM staff, consultants and members expended resources to design both aspects of this program. Unfortunately, due to revenue shortfalls in the state budget, funding was cut that would have paid for the incentive portion of this payment model. With lack of funding, implementation plans were modified and only one component will be implemented in 2015. The result of this challenge is that we have scaled back the Episode of Care program for 2015.

SIM Engagement Activities

In addition to the work groups, Steering Committee and Core Team meetings, the Vermont SIM team continues to meet regularly with providers, payers, advocates, legislators and others to meet the goals of our SIM project. Vermont's SIM-funded contractors also provide technical support to the participants of these meetings. These meetings focus on key implementation topics:
• The ACO operations meetings discuss and resolve ongoing technical and operational aspects of the Shared Shavings Programs.
• The ACO SSP Analytics meetings focus on the financial and quality measure review for the Shared Savings Programs and ensure the correct information is flowing between all parties to support this review.

• The Learning Collaborative meetings focus on developing the framework, timeline and roll-out of the collaborative.
• Managed care regulation meetings focused on reducing the duplicative reporting burden to both providers and payers who participate in the Blueprint.
• Blueprint meetings focus specifically on where there can be alignment with SIM measures, analytics, surveys and data collection to minimize duplication and burden.
• Meetings with the ACOs for status updates, early identification of implementation challenges, and discussion about how they can continue to be willing partners in the state's move away from Fee-For-Service and volume based care.
• Meetings with the payers for status updates, early identification of implementation challenges, and discussion about how they can continue to be willing partners in the state's move away from Fee-For-Service and volume based care.
• Meetings regarding health information infrastructure with VITL, ACOs, and payers.
• Presentations to the following audiences:
o RWJ Foundation Buying Value Webinar: presentation on Vermont's SSP measure development; and
o Vermont Legislature: updates on payment and delivery system reform.

Policy Activities

We are in ongoing conversation with CMS regarding Vermont's State Plan Amendment and spent significant time this quarter providing responses to both informal and formal requests.

State Health Care Innovation Activities

Vermont's SIM Team has engaged in coordination with several other health care innovation activities within the state this quarter: 1. Clinical and Quality Performance Initiatives Collaborative Meetings; 2. Integrated communities learning collaborative; and 3. Alignment with Blueprint for Health. Coordination across all three of these areas has occurred through electronic communication, phone calls, webinars and in-person meetings. We expect that all of these activities will be ongoing for the next several quarters.

1. There are a number of clinical/quality improvement initiatives and programs in different departments within the Agency of Human Services, and a primary goal of the collaborating meetings is to discover how best to leverage what is happening in both AHS and in the ACOs in order to work in tandem and not duplicate effort where possible. It is also an opportunity to discuss issues and vet uncertainties. Coordination consisted of monthly meetings with members of the State and each individual Accountable Care Organization (beginning with OneCare Vermont) for one quarter, with quarterly meetings held after that.
2. The learning collaborative requires coordination in the three regions where it is taking place. In order to meet the goals of a more coordinated and integrated care management infrastructure, we convene a broad range of representatives from each region and statewide. This groups' work will allow the learning collaborative to launch formally in January 2015.
3. Vermont's SIM Team has engaged in coordination with the Blueprint on several fronts including measure alignment, implementation of the patient experience survey, data analytics and data quality improvement.

Self-Evaluation Findings

The state is developing its self-evaluation plan with the support of its contractor. We anticipate this plan will be finalized in early 2015. The plan will include a complementary array of qualitative and quantitative analyses with the goals of: determining whether VHCIP is on track to achieve its intended outcomes; informing in a timely and in-depth fashion the development and targeting of continuous quality improvement activities; understanding downstream impacts; and making recommendations regarding the future diffusion of VHCIP initiatives. The evaluation team is working to: Develop a logic model to guide the operationalization of the evaluation plan; Refine research questions that will frame measure development; Develop a flexible strategy for collecting and reporting timely, in-depth qualitative and survey data; and Develop a strategy gathering credible evidence regarding the impacts of VHCIP in the absence of a Vermont-based comparison group.
The current draft evaluation plan calls for the completion of the following:

1) Assessment of state-led implementation planning and stakeholder engagement activities;
2) Development of metrics to monitor implementation effectiveness;
3) Collection and analysis of qualitative data documenting the experiences and perceptions of frontline providers involved in VHCIP implementation and operation;
4) Collection and analysis of primary survey data documenting provider perceptions of VHCIP impacts and unintended consequences;
5) Use of secondary administrative (the Vermont Health Care Uniform Reporting and Evaluation System, or VHCURES) and survey data (e.g., the Behavioral Risk Factor Surveillance System, or BRFSS) to monitor trends in health care expenditures, care processes and population health on a state-wide basis and for subgroups based on demographic and clinical characteristics; and
6) Time series analysis informing the impact of VHCIP on health care expenditures, care processes, and population health.

Additional Information

During this quarter, Vermont's SIM Team requested and received a three-month no-cost extension. This extended our year one test to December 31, 2014 and the whole project to December 31, 2016.

Metrics

Metric Name	Performance Goal	Current Value
CAHPS Clinician & Group Surveys (CG-CAHPS or PCMH CAHPS)	0	0
CORE_Beneficiaries impacted_[VT]_Self-insured	0	0
CORE_Beneficiaries impacted_[VT]_Uninsured	0	0
CORE_Beneficiaries impacted_[VT]_VT Employees	0	0
CORE_Beneficiaries impacted_[VT]_[ACO]_Commercial	0	38135
CORE_Beneficiaries impacted_[VT]_[ACO]_Medicaid	0	47468
CORE_Beneficiaries impacted_[VT]_[ACO]_Medicare	0	68235
CORE_Beneficiaries impacted_[VT]_[APMH]_Commercial	0	0
CORE_Beneficiaries impacted_[VT]_[APMH]_Medicaid	0	0
CORE_Beneficiaries impacted_[VT]_[APMH]_Medicare	0	0
CORE_Beneficiaries impacted_[VT]_[EOC]_Commercial	0	0
CORE_Beneficiaries impacted_[VT]_[EOC]_Medicaid	0	0
CORE_Beneficiaries impacted_[VT]_[EOC]_Medicare	0	0
CORE_Beneficiaries impacted_[VT]_[P4P]_Medicare	0	0
CORE_BMI_[VT]	70	0
CORE_Cost of Care_[VT]_Commercial	0	0
CORE_Cost of Care_[VT]_Medicaid/CHIP	0	0

CORE_Cost of Care_[VT]_Self-insured	0	0
CORE_Cost of Care_[VT]_VT-employees	0	0
CORE_Diabetes Care_[VT]	20	0
CORE_ED Visits_[VT]	0	0
CORE_HCAHPS Patient Rating_[VT]	70	0
CORE_Health Info Exchange_[VT]	0	21
CORE_HRQL_[VT]	10	0
CORE_Participating Providers_[VT]_[ACO]_Commercial	0	1140
CORE_Participating Providers_[VT]_[ACO]_Commercial	0	59
CORE_Participating Providers_[VT]_[ACO]_Medicaid	0	1356
CORE_Participating Providers_[VT]_[ACO]_Medicaid	0	38
CORE_Participating Providers_[VT]_[ACO]_Medicare	0	0
CORE_Participating Providers_[VT]_[ACO]_Medicare	0	0
CORE_Participating Providers_[VT]_[APMH]	0	638
CORE_Participating Providers_[VT]_[EOC]	0	0
CORE_Participating Providers_[VT]_[HH]	100	128
CORE_Payer Participation_[VT]	0	0
CORE_Provider Organizations_[VT]_[APMH]	0	57
CORE_Provider Organizations_[VT]_[EOC]	0	0
CORE_Provider Organizations_[VT]_[HH]	100	5
CORE_Readmissions_[VT]	0.6	0
CORE_Tobacco Screening and Cessation_[VT]	85	0
Number of Provider education and engagement efforts	0	0

Risk Factors

Risk Factors	Current Priority Level	Current Probability	Current Impact	Prioritized Risk Mitigation Strategy	Current Next Steps	Current Timeline

Data Infrastructure - Clinical or claims data quality is weak	3	Medium	High	Work with vendors to create a standard for data collection and formatting to provide for verifiable and accurate outcomes.	Continue to initiate a data governance program for its all-payer claims data to ensure that these data will properly support key business initiatives.	Ongoing
Data Infrastructure - Connectivity challenges: data integration	3	High	High	The State will work with embark on a planning process for broader data integration to ensure existing challenges are remediated.	Vermont is actively engaged in activities intended to expand the participants in HIE beyond the initial population of hospitals, medical providers, laboratories and pharmacies. Begin planning for the data integration of claims and clinical data.	Ongoing, with major activity in 2015
Data Infrastructure - Connectivity challenges: sharing claims and clinical	3	High	High	Work with existing vendors and users to identify specific connectivity challenges and work to remediate them. Track challenges through our HIE/HIT Work Group and document them in updates to our HIT strategic plan in order to address them.	Vermont is actively engaged in activities intended to expand the participants in HIE beyond the initial population of hospitals, medical providers, laboratories and pharmacies.	Ongoing

Data Infrastructure - Data privacy	2	Low	High	We will continue current policy of protecting data and revisit policies annually to ensure privacy and confidentiality of the data.	Continue to have any organization participating in Vermont's HIE sign business associate agreements spelling out in detail how data is to be used between organizations.	Ongoing
Data Infrastructure - Data privacy: 42 CFR Part 2 data	2	Low	High	Continue current policy of protecting data and revisit policies annually to ensure privacy and confidentiality of the data. Work with vendors, users, providers and others to identify ways to share these data securely.	Continue to distribute guidance related to data sharing with business associates, patient consents, patient authorizations, and information that practices may use to assist in compliance. Review new guidance from SAMSHA.	Ongoing
Data Infrastructure - Sustainability of HIT investments- both state and federal.	4	High	Medium	The State committed to developing a strong HIT infrastructure in 2004 and continues to support this work. As part of gap analyses, the State will develop a remediation plan and prioritize remediation based on funds.	Vermont will continue to use SIM funding to monitor current HIT infrastructure, maintain it's capacity to function and invest in future upgrades.	Ongoing

Data Infrastructure - Telemedicine Delays	1	High	Low	Invest in telehealth (telemonitoring and telemedicine), but engage a contractor for phase one of the project. Phase one includes an environmental scan of activity in this area and development of criteria to support thoughtful investment.	Vermont has released an RFP for the first phase of this work, which should begin on January 1st. The telehealth (telemedicine, telemonitoring) investments will begin in fall 2015.	9/2014-6/2015
Data Infrastructure -Data gaps	4	Medium	High	Utilize and expand upon the extensive HIE network built and leverage the experience of organizations well-grounded in HIE build-out. Reduce the complexity of IT infrastructure development and coordinate across the multiple organizations involved.	Fund analyses of technical exchange gaps that exist for ACO participating providers and for a providers not eligible for EHR incentive payments.	Ongoing
Eval-Distinguish impact of initiative from gross outcome changes in the system	3	Medium	Medium	Vermont has recently hired an outside vendor to assist with this activity. The vendor will work with us to ensure that the self-evaluation is as robust as possible while also reflecting the unique nature of the innovations being tested.	Continue to support the work being done by internal and external evaluators. Vermont is still developing its self-evaluation plan and expects the plan describe the approaches being taken to mitigate against this in detail.	first half of 2015

Evaluation - Insufficient rigor in evaluation design to draw conclusions.	3	Medium	Medium	Vermont has recently hired an outside vendor to assist with this activity. The vendor will work with us to ensure that the self-evaluation is as robust as possible while also reflecting the unique nature of the innovations being tested.	Request that all evaluations measure process; outcomes; patient, provider and caregiver experience; access to care; quality of care; reduction in the growth of health care expenditures; costs and other financial targets; and utilization.	first half of 2015
Evaluation - Siloed analysis	2	Low	Low	Ensure all parties are documenting their data quality and data transformation decisions. Use VT's HIT Plan as a guide for consistent data sharing and we will revisit the HIT Plan at least once per year to ensure data are flowing according to the Plan.	Work with evaluation contractor and other SIM contractors to ensure analyses are as consistent as possible.	first half of 2015
Evaluation - Sub-grant program pilots	1	Low	Low	Sub-grant awardees are required to do their own evaluation. There will be documentation of impact and success provided on a quarterly basis to the state.	Self-evaluation of sub-grantees performance in Round 1 will undergo a thorough review to aid in selection of Round 2 recipients. Round 2 recipients will be required to provide evaluation information.	Ongoing

Evaluation - The timeframe of the SIM project is short	3	Medium	Medium	Vermont launched one payment reform program in 2014, which will provide three full years of testing. Vermont's other programs will have shorter timeframes, but we will work with the outside evaluation to maximize evaluation of these programs.	Evaluate both internally and externally on a periodic basis so that short term project goals can be measured in addition to those that might not be seen until the end of the project.	Ongoing
External (to the project) influences - Impact of activities in border states	2	Medium	Medium	Much of the care Vermonters are seeking outside of the State and where the most impact will be felt is near White River Junction, where Dartmouth works collaboratively with the State and will continue to do for the foreseeable future.	Continue to foster a good working relationship with Dartmouth Medical Center	Ongoing
External (to the project) influences -Provider recruitment	3	Medium	Medium	By adjusting the payment structure for physicians in Vermont to better align with the care they are being compelled to provide, the State believes there will be a greater desire for physicians to relocate and remain in the State.	Continue to advocate for alternative payment models that will encourage providers to come to and remain in the state.	Ongoing

Federal Action - Loss of federal funding	4	Low	High	If we should lose the SIM funding, the activities described in this plan would be scaled back and decelerated. Expect that providers and payers would need more time to transform their practices without the information infrastructure and other tools.	Continued adherence to CMMI requirements for the SIM program.	Ongoing
Federal Action -CMMI guidance	2	Medium	Medium	The State SIM team has in place flexible work plans that allow for the occasional change in direction or completion of additional work outputs as requested by CMMI.	The State will continue to have an open communication plan with CMMI Project Officer about any issues or questions that arise.	Ongoing
Federal Action -Federal fraud and abuse laws	2	Low	Medium	Vermont has not identified any legal obstacles in the existing fraud and abuse laws. We will continue to engage federal partners to ensure we have properly assessed these legal issues.	Continue to leverage current fraud and abuse protections, penalties, and performance-based terms and conditions	Ongoing

Federal Action -State Plan Amendments	4	Medium	Low	The State has successfully undergone the SPA process and learned the importance of communication with CMS and using the appropriate format throughout the process. We will employ these lessons learned for all SPA requests.	Follow best practices as learned in the past SPA completion process. Continued exploration with CMS about how to make this process completed in an expedited manner.	Annually
Proj Des-Focus solely on provider perspect. instead of individ. receiving care	2	Medium	Medium	The State has encouraged consumer advocate and consumer participation on all work groups and the Steering Committee. The State also seeks public comment throughout the decision-making process.	The State will receive the patient satisfaction survey results soon and can use this information to inform policy decisions.	Ongoing
Project Design -Adherence to project timelines and milestones	2	Medium	Low	We have developed the relationships and the processes to adhere to our timeline. We have a detailed project deliverable timeline that we revise as project tasks change.	Make Year 2 timelines and milestones publically available and well known so that all interested parties have stake in helping the project to meet their goals.	Ongoing

Project Design -Alignment with existing state activities	2	Medium	Medium	Focus is on aligning SIM activities with existing health reform activities, including the Blueprint for Health. Continue to push forward the existing work to reform the State's healthcare system.	Continue to leverage existing state policies and anticipate future health reform strategies in SIM planning and implementation. Specific areas of focus include care management and care coordination as well as data integration and analysis.	Ongoing
Project Design -Care transformation will not be sustainable	4	Medium	High	The State will implement policies which build on the Blueprint infrastructure and leverage the quality improvement initiatives. The State will work closely with providers through Learning Collaboratives to support care transformation.	Care transformation strategies will be evidence based and must receive heavy stakeholder support before going forward in Year 2.	Ongoing
Project Design -Implementation delays due to unforeseen issues	3	Medium	Low	The State has created work plans to ensure progress of the SIM project continues forward despite potential setbacks. Staff can be allocated where necessary in order to complete delayed or unforeseen tasks.	Orient staff to various components of the SIM project, so they can help with and ensure progress is being made despite potential set backs or delays in other areas.	Ongoing

Project Design -Low provider and payer participation	3	Medium	Medium	we have achieved significant payer and provider participation in the SIM Project. Governance includes an enhanced role for providers, payers and individuals. Design communications to be relevant, timely, clear, predictable, appealing and multi-modal.	Continue to ask for provider input as SIM implementation continues to ensure no decisions made are ostracizing a large number of providers.	Ongoing
Project Design -Models are not designed well	5	Medium	High	We will test and evaluate the models implemented through this project both through formal, retrospective analysis and through real-time testing of our assumptions about incentives, causation and likely outcomes with project participants and stakeholders.	Continue rapid cycle review of models during design and implementation.	Ongoing

Project Design -Project complexity	3	Low	Medium	Governance and management structures provide for shared decision-making among project participants, open communication and a formal structure foster both clear assignment of tasks and accountabilities.	Develop concrete plans for the project for year two so accountability and timelines are clear to project participants.	Ongoing
Project Design -Quality improvement will not be sustainable	4	Medium	High	In policy and funding decisions, the State works with stakeholders to prioritize quality improvement initiatives. Through this process, the State believes that any changes made will be heavily supported by the healthcare community and sustainable.	QI strategies will be evidence-based and must receive heavy stakeholder support before going forward. The project coordinates care management, learning collaboratives, and information technology projects to maximize engagement and sustainability.	Ongoing
Project Design -Weak model design	5	Medium	High	Test and evaluate the models implemented through formal, retrospective analysis and real-time testing of our assumptions about incentives, causation and likely outcomes. Will modify the models if they show deficiencies.	Evaluate models at critical milestone and decision points to ensure they are meeting desired outcomes.	Ongoing

SOV Processes -Contract procurement delays	2	Medium	Low	Provide as much information as possible in RFPs to avoid delays and contractor confusion. Go over the contracting plan with the purchasing and contracting departments and legal offices so that all understand the timelines.	Review current contracts and amendments to determine areas of improvement before releasing contracts in Yr 2.	Annual
SOV Processes -Departure of key personnel/contractors	3	Medium	Medium	The project does not rely on any one individual, but rather a team. Should any member of the team depart, we would be able to recruit a replacement and the rest of the team would reconfigure as necessary to accomplish the SIM Project.	Work with staff to ensure personal and professional satisfaction.	Ongoing
SOV Processes -Staff recruitment and retention	3	Medium	Low	Continue putting resources towards recruitment and retention. Success of this effort is shown in recent months where there have been many new hires and current staffing levels are at an all time high.	Cast a wide net during recruitment to attract a wide range of possible candidates.	Ongoing

Stakeholder Activities - Meetings and activities not useful for stakeholders	3	Medium	Medium	Take steps to ensure stakeholders have a broad understanding of project components. There will be more collaboration between work groups, cross work group presentations and sharing of work plans and timelines.	Continue process of evaluating all workgroups to identify best practices and common themes that have arisen in the past year, and how to address any areas of concern.	Ongoing
Stakeholder Activities -Expansion of project goals or work plan charters	2	Medium	Low	Only those expansions or changes in direction that have the full support of stakeholders and CMMI will be acted on so that the project can continue it's forward momentum.	Be pragmatic in expectations around how much the State can get done in each year. Lessons from the Yr 1 will help staff to more accurately project what can be accomplished in Yr 2.	Annual
Stakeholder Activities -Focus/distractions	1	Low	Low	Design agendas to focus on important presentations and votes by members. Not overwhelm the work groups with excessive agenda items or mundane detail for which the staff and consutants are responsible.	Limit agendas to only that which can be achieved in a given workgroup meeting to avoid rushing and allow for the necessary conversations to occur. Make sure materials are timely, appropriate and not too lengthy.	Ongoing

Stakeholder Activities -Positional advocacy	3	Medium	Medium	The project is structured to protect against the advancement of any one group's agenda. Open and collaborative forums and necessary approval of decisions by the Steering and Core teams ensures that all sides have a sufficient voice in the process.	Continue to allow for ample public comment periods and complete transparency in decision making.	Ongoing
Stakeholder Activities -Project fatigue	2	Medium	Medium	The project to allow for significant stakeholder involvement. Decisions occur after significant time for open comment and discussion. The State will also work with stakeholders to modify project timelines as necessary to alleviate this fatigue.	Continue to monitor project timelines with providers and payers to confirm feasibility of activities.	Ongoing
State Processes - State fraud and abuse laws	2	Low	Medium	Vermont has not identified any legal obstacles in the existing fraud and abuse laws. We will continue to engage federal and state partners regarding fraud and abuse.	Continue to leverage current fraud and abuse protections, penalties, and performance-based terms and conditions.	Ongoing

WBS

Vendor	Category of Expense	Primary Driver	Total Expenditure	Metric Name	Carry Over Funds	Rate Cost
Grant Provider Program- Misc Grants	Contract	Driver 19	$3,292,296	CORE_Provider Organizations_[VT]_[APMH]	No	1
University of Vermont #27909	Contract	Driver 19	$10,000	CORE_Participating Providers_[VT]_[ACO]_Commercial	No	N/A
Policy Integrity #26294	Contract	Driver 19	$100,000	CORE_Participating Providers_[VT]_[ACO]_Commercial	No	
Datastat #25412	Contract	Driver 19	$115,278	CORE_Beneficiaries impacted_[VT]_[APMH]_Commercial	No	
Coaching Center #27383	Contract	Driver 19	$15,000	CORE_Beneficiaries impacted_[VT]_VT Employees	No	
James Hester #26319	Contract	Driver 19	$31,000	CORE_BMI_[VT]	No	
University of Massachusetts#25350	Contract	Driver 19	$1,000,000	CORE_Beneficiaries impacted_[VT]_VT Employees	No	
VPQHC #27427	Contract	Driver 19	$20,000	CORE_Participating Providers_[VT]_[ACO]_Medicaid	No	
Behavioral Health Network of VT #27379	Contract	Driver 20	$105,000	CORE_Health Info Exchange_[VT]	No	

HIS Professionals #27511	Contract	Driver 20	$227,287	CORE_Health Info Exchange_[VT]	No
Vermont Information Technology Leaders #0341025614	Contract	Driver 20	$1,177,846	CORE_Health Info Exchange_[VT]	Yes
im21 #27806	Contract	Driver 20	$96,000	CORE_Health Info Exchange_[VT]	No
Vermont Information Technology Leaders #0341027514	Contract	Driver 20	$3,210,464	CORE_Health Info Exchange_[VT]	No
Deborah Lisi-Baker #26033	Contract	Driver 21	$35,000	CORE_Beneficiaries impacted_[VT]_[ACO]_Medicaid	No
Arrowhead Health Analytics #25312	Contract	Driver 21	$37,797	CORE_Beneficiaries impacted_[VT]_[ACO]_Medicaid	No
Burns & Associates #18211	Contract	Driver 21	$150,000	CORE_Cost of Care_[VT]_Medicaid/CHIP	No
Pacific Health Policy Group #27087	Contract	Driver 21	$57,820	CORE_Beneficiaries impacted_[VT]_[ACO]_Medicaid	No
The Lewin Group #27060	Contract	Driver 21	$285,644	CORE_Participating Providers_[VT]_[ACO]_Medicaid	No

Impaq International #27426	Contract	Driver 21	$354,967	CORE_Cost of Care_[VT]_Commercial	No
Pacific Health Policy Group #26096	Contract	Driver 21	$90,000	CORE_Beneficiaries impacted_[VT]_[ACO]_Medicaid	No
Truven #26305	Contract	Driver 21	$40,000	CORE_Beneficiaries impacted_[VT]_[EOC]_Medicaid	No
Maximus #20959	Contract	Driver 21	$40,000	CORE_Beneficiaries impacted_[VT]_[ACO]_Medicaid	No
Bailit Health Purchasing #26095	Contract	Driver 21	$603,460	CORE_Beneficiaries impacted_[VT]_[ACO]_Commercial	No

CMS.gov

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