



Centers for Medicare & Medicaid Services

State Innovation Model Progress Report

Award Detail

Award Title	Vermont:Test R1	Round	1
Organization Name	Vermont	Grants Management Specialist	Gabriel Nah
Type	Test	Project Officer	Bridget Harrison
Total Funding Amount	\$45,009,480.00		

Description

The state of Vermont proposes to develop a high performance health system that achieves full coordination and integration of care throughout a person’s lifespan, ensuring better health care, better health, and lower cost for all Vermonters. The Vermont model for health system transformation will: increase both organizational coordination and financial alignment between clinical specialists and Vermont’s Blueprint for Health advanced primary care practices; implement and evaluate value-based payment methodologies; coordinate with other payment reforms on developing a financing and delivery model for enhanced care management and new service options for Vermonters eligible for Medicare and Medicaid; and accelerate development of a learning health system infrastructure that will support delivery system redesign and state evaluation activities.

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

workforce needs; health system learning activities essential to spreading models and best practices; and enhanced telemedicine and home monitoring capabilities.

Progress Report

Progress Report	Q3 - 2015 Progress Report	Award Title	Vermont:Test R1
Report Quarter	Q3	Report Year	2015
Approval Status	Draft	Last Modified By	Georgia Maheras
WBS Not Applicable	<input type="checkbox"/>		

Executive Summary

Overview

During Quarter 3, Vermont's SIM project continued to make progress in three core areas (payment model design and implementation; practice transformation; and health data infrastructure), and engaged in project-wide strategic planning.

Payment Model Design and Implementation: Vermont finished calculating Year 1 (2014) results from the Medicaid and commercial Shared Savings Programs (SSPs) (Success Story) and updated Year 3 measures based on national changes. Vermont's SPA for Year 2 of the Medicaid SSP was approved in September (Policy Activities). A contractor began analytics for potential Medicaid episodes of care, pending leadership decisions on key operational considerations.

Practice Transformation: Vermont expanded the Learning Collaborative to nine new communities (Success Story) and released an RFP to support development of core competency training and disability-specific core competency training for front-line health care providers.

Health Data Infrastructure: Vermont's SIM-supported HIT/HIE investments have continued this quarter, with a focus on increasing HIE connectivity, gathered requirements for potential care management tools, and improving clinical data quality.

Other:

- The Population Health Work Group continued work on the Population Health Plan.
- Vermont received a report that explores the Accountable Communities for Health concept and offers recommendations to support Vermont in moving toward this model (Additional Information).
- Project leadership continued the mid-project risk assessment to support the State and the SIM project in meeting CMMI targets, and Vermont's Y2 Milestones were approved by CMMI.

Governance changes:

- As a result of the mid-project risk assessment, project leadership approved a new governance structure (Success Story).
- Susan Wehry, Commissioner of the Department of Disabilities, Aging, and Independent Living (DAIL) retired in July; she was replaced by Monica Hutt, who will represent DAIL on the Core Team.

Success Story or Best Practice

Year 1 SSP Results: DVHA and GMCB announced results for Vermont's Medicaid and Commercial SSPs during Quarter 3. Analyses showed that the Medicaid SSP generated \$14.6 million in total savings, shared between Medicaid and the program's two ACOs. Governor Shumlin held a press conference in September to announce the Medicaid SSP results. The Commercial SSP did not generate savings, in part due to challenges in setting expenditure targets based on the medical expense portion of Exchange premiums in plans' first year. DVHA, GMCB, and contractors continue to analyze data from both SSPs to pinpoint potential areas of success and improvement.

Project Governance Changes: Project leadership approved a new governance structure as a result of the mid-project risk assessment. The new structure consolidates work from VHCIP's seven work groups into four: Payment Model Design and Implementation; Practice Transformation; Health Data Infrastructure; and Workforce. The activities and membership of the Quality & Performance Measures, Population Health, and DLTSS Work Groups will be incorporated into the Payment Models, Practice Transformation, and Health Data Infrastructure Work Groups starting in October; the Workforce Work Group was created by executive order and will remain unchanged. DLTSS and Population Health will continue to meet quarterly. The VHCIP Steering Committee and Core Team remain unchanged.

Learning Collaborative Expansion: During Quarter 3, Vermont's SIM Project expanded the Learning Collaborative to two additional cohorts (9 communities) in response to strong provider interest. The Learning Collaborative supports quality improvement and innovation in communities seeking to integrate care management across health, community, and social service organizations. The first Learning Collaborative cohort of three communities, which launched in Quarter 1, continues to receive learning opportunities and quality improvement facilitation.

Challenges Encountered & Plan to Address

Delayed CMMI Approval of Year 2 Contract Request: During Quarter 3, Vermont's SIM project has continued to work with CMMI to secure approval of our full Year 2 budget, and in particular our Year 2 contract request. We made major strides in this effort, including approval of our Year 1 Carryover Request and Year 2 Milestones, and will continue to meet frequently with CMMI to gain approval. Lessons learned from this approval process will inform work on Vermont's Year 3 budget and Milestones.

Year 2 VMSSP Contract Negotiations: During lengthy contract amendment negotiations with Vermont's two Medicaid ACOs, DVHA has struggled to balance the confidentiality of ongoing discussions with leadership and SIM stakeholders' desire for transparency. To satisfy both of these needs during the 10-week negotiation period, DVHA met privately with ACOs on a regular basis, with periodic debrief calls for interested parties. DVHA arrived at high level agreements with the ACOs in September, though DVHA and ACO general counsels continued to work into October to finalize exact contract language.

SIM Engagement Activities

Public and private payers continue to play key roles in Vermont's SIM project. In addition to significant payer participation in SIM Work Groups, Steering Committee, and Core Team meetings, the Vermont SIM team continues to meet regularly with payers as well as providers, advocates, legislators, and others to meet the goals of the SIM project. Vermont's SIM-funded contractors also provide technical support to the participants of these meetings. This quarter's meetings included a combination of design and implementation meetings as well as a series of educational updates in various forums.

- ACO Operations Meetings: Discuss and resolve ongoing technical and operational aspects of the Shared Savings Programs.
- ACO SSP Analytics Meetings: Focus on the financial and quality measure review for the Shared Savings Programs and ensure the correct information is flowing between all parties to support this review.
- Blueprint Meetings: Focus specifically on where there can be alignment between SIM and the Blueprint for Health in areas such as measures, analytics, surveys and data collection to minimize duplication and burden.
- Meetings with the ACOs and payers for status updates, early identification of implementation challenges, and discussion about how we can all move toward value-based payment systems.
- Meetings regarding health information infrastructure with Vermont Information Technology Leaders (VITL), ACOs, and payers.
- Meetings with Agency of Human Services departments and advisory groups to share information about project activities and progress.

Policy Activities

Medicaid SSP Year 2 SPA: SPA 15-011 (Vermont's Medicaid State Plan Amendment for Year 2 of the VMSSP) was approved by CMS in September. SPA 15-011 contained updates to the quality measurement framework for Year 2 of the VMSSP, and Vermont worked with CMS to respond to informal questions related to these updates. Vermont will give public notice for any Year 3 changes in Quarter 4 of 2015.

State Health Care Innovation Activities

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

Blueprint for Health: Vermont's SIM project is working with Blueprint staff and stakeholders to support alignment across efforts (SIM Engagement Activities). This quarter, SIM continued to support implementation of Unified Community Collaboratives, regional structures that support provider collaboration and alignment between Blueprint and ACO quality measurement, data analysis, clinical priorities, and improvement efforts. UCCs convene leaders from ACOs, the Blueprint, and health care/community organizations; they are now active in all Health Service Areas.

HIT/HIE: Vermont's SIM project continues to work with providers and VITL on various projects to improve HIT infrastructure and increase health information exchange. In Quarter 3, design work continued for a tool to support shared care planning/care transitions. Vermont continues to work with VITL, ACOs, and providers to improve the quality of data in our HIE, and with the state's Designated Mental Health Agencies to build a data repository.

All-Payer Model: In Quarter 3, Vermont continued discussions with CMMI to obtain a Medicare waiver to facilitate a statewide, all-payer approach to payment and delivery system reform. Vermont will continue to work with CMMI and will leverage VHCIP activities that support an All-Payer Model in the state. By utilizing federal investments in SIM and parallel State investments, Vermont will create a strong foundation for a statewide, all-payer, transformative delivery system model. This will be a focus of Vermont's Year 3 activities, Year 3 budget, and sustainability plan.

Community-Level Innovation: Vermont's SIM project is spurring innovation at the local level through a sub-grant program (see Quarter 2 report), the Learning Collaborative (Success Story), and our Accountable Communities for Health work (Additional Info.)

Self-Evaluation Findings

Self-Evaluation Plan Approval: CMMI has offered conditional approval of the Self-Evaluation Plan contingent on some additional elements being added to the design of the plan. The focus will be broadened to include a description of project-wide evaluation activities and a learning dissemination plan to inform and facilitate the sharing of relevant findings with appropriate parties statewide. This will be accomplished in part via a visual mapping that illustrates and links project-wide goals, activities, milestones and metrics.

Self-Evaluation Plan Implementation: Vermont is in the process of negotiating a contract amendment with the self-evaluation vendor so that the contract accurately reflects the final self-evaluation scope. Pending finalization, initial self-evaluation activities will include creation of a site visit plan that indicates which sites will be included in a qualitative study of the three self-evaluation study areas: care integration, clinical and economic data for performance improvement, and payment reform incentives.

Additional Information

Health Care Workforce Micro-Simulation Demand-Modeling RFP: Vermont SIM released its RFP for micro-simulation demand modeling for health care workforce in the Quarter 1. This model will support policy and investment decisions related to Vermont's health care workforce. Vermont selected a contractor during Quarter 2, when contract negotiations were put on hold pending approval of our Year 2 contract request; contract negotiations began during Quarter 3. Vermont expects to execute the contract during Quarter 4.

Accountable Communities for Health: During Quarter 3, Vermont released a final report from the Prevention Institute, a contractor engaged to develop a list of key characteristics of an Accountable Community for Health and perform a national and state scan to identify exemplar communities. The report informed work to assess feasibility and design of Accountable Communities for Health in the state during Quarter 3, and in September SIM population health leadership proposed a next phase of work in this area. This proposal would create a collaborative peer learning opportunity for Vermont communities interested in becoming Accountable Communities for Health, with activities modeled after the Integrated Care Management Learning Collaborative (Success Story). The proposal was approved by the VHCIP Steering Committee in September, and is expected to launch in January 2016 if approved by the Core Team in October.

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

Metrics

Metric Name	Performance Goal	Current Value
CAHPS Clinician & Group Surveys (CG-CAHPS or PCMH CAHPS)	0	0
CORE Beneficiaries impacted [VT] VT Employees	0	0
CORE Beneficiaries impacted [VT] [ACO] Commercial	40000	40290
CORE Beneficiaries impacted [VT] [ACO] Medicaid	101000	74744
CORE Beneficiaries impacted [VT] [ACO] Medicare	111000	61066
CORE Beneficiaries impacted [VT] [APMH/P4P] Commercial	341000	127889

CORE Beneficiaries impacted [VT] [APMH/P4P] Medicaid	133000	110345
CORE Beneficiaries impacted [VT] [APMH/P4P] Medicare	111000	68801
CORE Beneficiaries impacted [VT] [EOC] Commercial		0
CORE Beneficiaries impacted [VT] [EOC] Medicaid		0
CORE Beneficiaries impacted [VT] [EOC] Medicare		0
CORE Beneficiaries impacted [VT] [P4P] Medicare	0	0
CORE BMI [VT]	0	0
CORE Diabetes Care [VT]	0	0
CORE ED Visits [VT]	0	0
CORE HCAHPS Patient Rating [VT]	0	0
CORE Health Info Exchange [VT]	311	345
CORE HRQL [VT]	0	0
CORE Participating Providers [VT] [ACO] Commercial	3832	903
CORE Participating Providers [VT] [ACO] Medicaid	3832	698
CORE Participating Providers [VT] [ACO] Medicare	3832	947
CORE Participating Providers [VT] [APMH]	3832	700
CORE Participating Providers [VT] [EOC]	0	0
CORE Payer Participation [VT]	4	3
CORE Provider Organizations [VT] [ACO] Commercial	3832	63
CORE Provider Organizations [VT] [ACO] Medicaid	264	45
CORE Provider Organizations [VT] [ACO] Medicare	264	73
CORE Provider Organizations [VT] [APMH]	264	62
CORE Provider Organizations [VT] [EOC]	0	0
CORE Provider Organizations [VT] [HH]	5	5
CORE Readmissions [VT]	0	0
CORE Tobacco Screening and Cessation [VT]	0	0

Risk Factors

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	VT will work with vendors to create a standard for data collection and formatting to provide for verifiable and accurate outcomes. One consistent format will enable efficient use of data by all those who come in contact with patient data regularly.	VT will continue to initiate a data governance program for its all-payer claims data to ensure data will support key business initiatives. VHCURES governance council meets regularly to review and make tactical decisions for management of the data system	Ongoing
Data Infrastructure - Connectivity challenges: data integration	3	High	High	The State will embark on a planning process for broader data integration to ensure existing challenges are remediated.	VT is expanding participants in HIE beyond hospitals, medical providers, labs and pharmacies; begin planning for integration of claims and clinical data and began a project to inventory health care reform related data sets to enable future aggregation	Ongoing, with significant steps in 2015.

Data Infrastructure - 3 Connectivity challenges: sharing claims and clinical	High	High	VT will work with existing vendors and users to identify connectivity challenges to remediate, eg slowness of data sharing processing and access to Medicare data. VT tracks these via a HIE/HIT Work Group and will update our HIT strategic plan	Vermont is actively engaged in activities intended to expand the participants in HIE beyond the initial population of hospitals, medical providers, laboratories and pharmacies. Vermont is also in the process of revising its HIT plan to address these needs	Ongoing
Data Infrastructure - 2 Data privacy	Low	High	We will continue current policy of protecting data and revisit policies annually to ensure privacy and confidentiality of the data.	VT will continue to have any organization participating in VT's HIE sign business associate agreements to detail how data is to be used between organizations. No technical work can begin on an project or interface until agreements have been signed.	Ongoing

<p>Data Infrastructure - 2 Data privacy: 42 CFR Part 2 data</p>	<p>Low</p>	<p>High</p>	<p>We will continue to protect data, ensure privacy and confidentiality of the data and work with vendors, users, providers and others to share these data securely, including Designated Mental Health Agencies, Federally-Qualified Health Centers and others.</p>	<p>DVHA will continue to distribute guidance related to data sharing with business associates, patient consents and authorizations, and general patient information. VT will seek a compliant solution to sharing Part 2 data in 2016.</p>	<p>Ongoing</p>
<p>Data Infrastructure - 4 Sustainability of HIT investments- both state and federal.</p>	<p>High</p>	<p>Medium</p>	<p>VT is developing and supporting a strong HIT infrastructure in 2015, with two gap analyses for clinical data flowing into the HIE, including a remediation plan and prioritized remediation. Funding of the dependent upon investments.</p>	<p>Vermont will continue to use SIM funding to monitor current HIT infrastructure, maintain it's capacity to function and invest in future upgrades.</p>	<p>Ongoing</p>

Data Infrastructure - 2 Telemedicine Delays	High	Low	VT has engaged a contractor for phase 1 of the telehealth project, which includes a scan of activity and development a strategic plan for investments. The second phase will launch telehealth pilots that align with this strategy, selected via RFP.	Vermont has selected a vendor for the first phase of work; as of 10/1/15 the contract is awaiting CMMI approval. The strategy was approved in August and finalized in September; an RFP for pilots was released in September, with work to begin in late fall	Pilots anticipated Q4 2015 thru Q4 2016
Data Infrastructure 4 -Data gaps	Medium	High	We will utilize and expand upon the HIE network, leverage the experience of organizations well-grounded in HIE build-out, and coordinate across the multiple organizations to leverage the best thinking about and design of our HIT enhancements.	VT is funding analyses of technical gaps that exist for ACO participating providers and for a variety of providers not eligible for EHR incentive payments, including MH agencies, home health agencies, and nursing homes and residential care facilities.	Ongoing

Eval-Distinguish impact of initiative from gross outcome changes in the system	3	Medium	Medium	VT has elected to use a mixed-methods study design that includes qualitative site visits and a cross-sectional survey, therefore the risk of omitting key causal co-variates that cannot be isolated in quantitative analysis is no longer a risk.	N/A	Ongoing
Evaluation - Insufficient rigor in evaluation design to draw conclusions.	3	Medium	Medium	Vermont has contracted with an outside vendor to ensure that the self-evaluation is as robust as possible while also reflecting the unique nature of the innovations being tested.	N/A	Ongoing
Evaluation - Siloed analysis	2	Low	Low	Safeguard against inconsistent results by ensuring there isn't duplicative analysis of the same measures by different contractors using different data sources, the same source with different specs, and/or data transformation/data normalization techniques.	Work with evaluation contractor and other SIM contractors to ensure analyses are as consistent as possible.	Ongoing

Evaluation - Sub-grant program pilots	1	Low	Low	All sub-grantees are required to provide plans for evaluation, so we are sure that there will be documentation of impact and success. They will provide this as part of quarterly reports and as part of the final report on their respective projects	Final sub-grant evaluations will be collected and coalesced into topical briefs that will be shared broadly across the State.	Ongoing
Evaluation - The timeframe of the SIM project is short	3	Medium	Medium	Vermont launched one payment reform program in 2014, which will provide three full years of testing. Vermont's other programs will have shorter timeframes, but we will work with the outside evaluation to maximize evaluation of these programs.	Vermont has contracted with an outside vendor that will factor pilot implementation timelines into research design.	Ongoing

External (to the project) influences - Impact of activities in border states	3	Medium	Medium	Much of the care Vermonters are seeking outside of the State and where the most impact will be felt is near White River Junction, where Dartmouth works collaboratively with the State and will continue to do for the foreseeable future.	Continue to foster a good working relationship with Dartmouth Medical Center	Ongoing
External (to the project) influences - -Provider recruitment	3	Medium	Medium	By adjusting the payment structure for physicians in Vermont to better align with the care they are being compelled to provide, the State believes there will be a greater desire for physicians to relocate and remain in the State.	Continue to advocate for alternative payment models that will encourage providers to come to and remain in the state.	Ongoing

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

Federal Action -State 3 Plan Amendments		Medium	Low	The State has successfully completed the SPA process for Years 1 and 2 of the Medicaid SSP. We will employ lessons learned for all subsequent SPA submissions to ensure timely approval.	The State will follow best practices as established in the initial SPA approval process, and will continue to engage with CMS on a regular basis to explore improvements to program methodology in Year 3.	Annually
Proj Des-Focus solely on provider perspect. instead of individ. receiving care	2	Medium	Medium	"The State has encouraged consumer advocate and consumer participation on all work groups and the Steering Committee. The State also seeks public comment throughout the decision-making process."	The State will receive the patient satisfaction survey results soon and can use this information to inform policy decisions.	Ongoing

Project Design -Adherence to project timelines and milestones	2	Medium	Low	Vermont's timeline is aggressive; we have the relationships and the processes to adhere to it. We keep an updated detailed project deliverable timeline and disseminate it to stakeholders and staff to ensure we meet project milestones.	Make Year 2 timelines and milestones publicly available and well known so that all interested parties have stake in helping the project to meet their goals.	Ongoing
Project Design -Alignment with existing state activities	2	Medium	Medium	VT is aligning SIM activities with existing health reform activities, including the Blueprint for Health, which pushes forward the existing work to reform the State's healthcare system and project goals were created to align with existing activities.	Continue to leverage existing state policies and anticipate future health reform strategies in SIM planning and implementation. Specific areas of focus include care management and care coordination as well as data integration and analysis.	Ongoing

Project Design -Care transformation will not be sustainable	4	Medium	High	VT will implement policies which build on the Blueprint and ACO infrastructure and leverage quality improvement initiatives to support care transformation. VT will work closely with providers through Learning Collaboratives to support care transformation.	Care transformation strategies will be evidence based and Learning Collaboratives will test these, assess their success and provide recommendations on statewide implementation. Unified community health systems will support care transformation regionally.	Ongoing
Project Design -Implementation delays due to unforeseen issues	3	Medium	Low	The State has created work plans to ensure progress of the SIM project continues forward despite potential setbacks. Staff can be allocated where necessary in order to complete delayed or unforeseen tasks.	Orient staff to various components of the SIM project, so they can help with and ensure progress is being made despite potential set backs or delays in other areas.	Ongoing

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

Project Design -Project complexity	3	Low	Medium	We have project governance and management structures to provide for shared decision-making, open communication and a formal structure that will foster both clear assignment of tasks and accountabilities and coordination between discrete project components	Develop concrete plans for the project for Year 2 so accountability and timelines are clear; work groups have a comprehensive 2015 plan with touchpoints with other work groups to ensure collaboration and avoid duplication.	Ongoing
Project Design -Quality improvement will not be sustainable	4	Medium	High	In policy and funding decisions VT works with stakeholders to select important performance measures and prioritize quality improvement initiatives, linking payment with performance, with changes supported by the healthcare community and sustainable.	Strategies will be coordinated regionally by ACO and Blueprint leadership through unified community health systems. Also coordinate care management, learning collaboratives, and IT projects to facilitate performance measurement and quality improvement.	Ongoing

Project Design -Weak model design	5	Medium	High	Test and evaluate models implemented through formal retrospective analysis and real-time testing of assumptions about incentives, causation and outcomes with project participants and stakeholders; modify models over the time if they show deficiencies.	Evaluate models at critical milestone and decision points to ensure they are meeting desired outcomes	Ongoing
SOV Processes -Contract procurement delays	2	Medium	Low	VT will provide as much information as possible in RFPs to avoid delays and contractor confusion, review the contracting plan with all state entities involved in the process to understand the timelines.	Review current contracts and amendments to determine areas of improvement before releasing contracts in Year 2.	Annual Review

SOV Processes -Departure of key personnel/contractors	3	Medium	Medium	Certain personnel are beneficial to the overall project success; this team was selected to enable success. Should any member depart, we will recruit a replacement and the rest of the team would reconfigure as necessary to accomplish the SIM Project.	Work with staff to ensure personal and professional satisfaction.	Ongoing
SOV Processes -Staff recruitment and retention	3	Medium	Low	Due to the specialized skills, small population and rural nature of VT, recruitment of qualified staff is an identified challenge. Success is apparent as current staffing levels are at an all time high.	Cast a wide net during recruitment to attract a wide range of possible candidates.	Ongoing

Stakeholder Activities - Meetings and activities not useful for stakeholders	3	Medium	Medium	Modify workgroups to better engage members and streamline activities. Workgroups will be combined into three workstreams: a) Payment Model Design and Implementation b) Care Delivery and Practice Transformation and c) Health Data Infrastructure.	Move forward with modified workgroups by sharing workplans and devise a plan to combine agendas into a more comprehensive implementation plan throughout Year 3.	Ongoing
Stakeholder Activities -Expansion of project goals or work plan charters	2	Medium	Low	The SIM project has specific goals outlined in the grant application and operational plan; only those expansions or changes in direction that have the full support of stakeholders and CMMI will be acted on to continue the project's forward momentum.	Be pragmatic in expectations around how much the State can get done in each year. Lessons from the Year 1 will help staff to more accurately project what can be accomplished in Year 2.	Annual Review

Stakeholder Activities -Focus/distractions	1	Low	Low	Workgroup agendas are designed to focus group activities on important presentations and votes by members, without excessive items or mundane detail that the staff and consultants are responsible for, the stakeholders can avoid unnecessary distractions.	Limit agendas to only that which can be achieved in a given workgroup meeting to avoid rushing and allow for the necessary conversations to occur. Make sure materials are timely, appropriate and not too lengthy.	Ongoing
Stakeholder Activities -Positional advocacy	3	Medium	Medium	VT structured this project to protect against the advancement of any one group's agenda. The open and collaborative forum and necessary approval of all decisions by the Steering and Core teams ensures all sides have a voice in the process.	Continue to allow for ample public comment periods and complete transparency in decision making.	Ongoing

Stakeholder Activities -Project fatigue	2	Medium	Medium	<p>The structure of this project allows for stakeholder involvement; decisions occur after significant time for comment and discussion. Allowing for open communication around project implementation goals stakeholders are likely to be continually engaged.</p>	Continue to monitor project timelines with providers and payers to confirm feasibility of activities.	Ongoing
State Processes - State fraud and abuse laws	2	Low	Medium	<p>VT has not identified any legal obstacles in the existing fraud and abuse laws, with one conversation with federal experts and will continue the conversation with them during model testing to ensure we have properly assessed these legal issues.</p>	Continue to leverage current fraud and abuse protections, penalties, and performance-based terms and conditions	Ongoing

WBS

Vendor	Category of Expense	Primary Driver	Total Unrestricted Funding (obligated funds)	Metric Name	Carry Over Funds	Rate/ Unit Cost	Comments/ Notes	Total Payments (spent funds)
University of Massachusetts #25350	Contract	Driver 1	\$533,524	CORE Health Info Exchange [VT]	Yes			\$393,523
Grant Provider Program#MISC	Contract	Driver 1	\$2,182,284	CORE Health Info Exchange [VT]	Yes			\$1,529,612
Bi-State PCA#03410-1456-14	Contract	Driver 1	\$535,757	CORE Participating Providers [VT] [ACO] Medicaid	Yes			\$300,216
Vermont Medical Society#28675	Contract	Driver 1	\$130,329	CORE Participating Providers [VT] [ACO] Medicare	No			\$0
Nancy Abernathey#28243	Contract	Driver 1	\$106,630	CORE Participating Providers [VT] [ACO] Medicaid	Yes			\$56,956
UVM MC/One Care #28242	Contract	Driver 1	\$2,892,999	CORE Provider Organizations [VT] [ACO] Commercial	Yes			\$1,334,822
UVM-Work Force#27909	Contract	Driver 1	\$18,073	CORE Health Info Exchange [VT]	Yes			\$18,073
JBS International#28389	Contract	Driver 1	\$140,442	CORE Participating Providers [VT] [ACO] Medicaid	No			\$0

Coaching Center of VT#27383	Contract	Driver 1	\$28,000	CORE Health Info Exchange [VT]	Yes	\$18,750
Datastat#26412	Contract	Driver 1	\$165,639	CORE Health Info Exchange [VT]	Yes	\$85,639
Policy Integrity#29266	Contract	Driver 1	\$40,000	CORE Health Info Exchange [VT]	Yes	\$40,000
Policy Integrity#26294	Contract	Driver 1	\$54,775	CORE Health Info Exchange [VT]	Yes	\$54,775
James Hester#28674	Contract	Driver 1	\$17,000	CORE Health Info Exchange [VT]	Yes	\$0
James Hester #26319	Contract	Driver 1	\$16,946	CORE Health Info Exchange [VT]	Yes	\$16,946
Covisint-TBA	Contract	Driver 2	\$1,000,000	CORE Health Info Exchange [VT]	No	\$0
HIS Global#TBA	Contract	Driver 2	\$250,000	CORE Health Info Exchange [VT]	No	\$0
VITL#03410-256-14	Contract	Driver 2	\$444,678	CORE Health Info Exchange [VT]	No	\$444,678
VITL#03410-1275-14	Contract	Driver 2	\$3,734,148	CORE Health Info Exchange [VT]	Yes	\$1,920,048
Prevention Institute#28135	Contract	Driver 2	\$106,285	CORE Beneficiaries impacted [VT] [ACO] Medicaid	Yes	\$106,285
PDI-Peter Kriff#27818	Contract	Driver 2	\$149,500	CAHPS Clinician & Group Surveys (CG-CAHPS or	Yes	\$37,524

PCMH CAHPS)

im21#27806	Contract	Driver 2	\$160,000	CORE Health Info Exchange [VT]	Yes	\$160,000
HIS Professionals#27511	Contract	Driver 2	\$187,853	CORE Health Info Exchange [VT]	Yes	\$143,480
Behavior Health Network#27379	Contract	Driver 2	\$637,710	CORE Beneficiaries impacted [VT] [ACO] Medicaid	Yes	\$191,575
Burns & Assoc. #18211	Contract	Driver 3	\$202,230	CORE Beneficiaries impacted [VT] [ACO] Medicaid	Yes	\$202,230
Arrowhead Consulting#25312	Contract	Driver 3	\$58,962	CORE Beneficiaries impacted [VT] [ACO] Medicaid	Yes	\$37,797
Stone Environmental#28427	Contract	Driver 3	\$80,000	CORE Health Info Exchange [VT]	No	\$0
Stone Environmental#28079	Contract	Driver 3	\$145,138	CORE Health Info Exchange [VT]	Yes	\$70,294
IMPAQ#27426	Contract	Driver 3	\$400,000	CORE HCAHPS Patient Rating [VT]	Yes	\$218,117
The Lewin Group#27060	Contract	Driver 3	\$868,471	CORE Beneficiaries impacted [VT] [ACO] Commercial	Yes	\$593,471
Burns & Assoc. #28733	Contract	Driver 3	\$33,130	CORE Beneficiaries impacted [VT] [ACO] Medicaid	Yes	\$0

Maximus #20959	Contract	Driver 3	\$7,966	CORE Beneficiaries impacted [VT] [ACO] Medicaid	Yes	\$7,766
Deborah Lisi-Baker #26033	Contract	Driver 3	\$36,188	CORE Beneficiaries impacted [VT] [ACO] Medicaid	Yes	\$36,188
Deborah Lisi-Baker #29534	Contract	Driver 3	\$59,875	CORE Beneficiaries impacted [VT] [ACO] Medicaid	Yes	\$0
Bailit #26095	Contract	Driver 3	\$625,075	CORE Beneficiaries impacted [VT] [ACO] Commercial	Yes	\$394,488
Pacific Health Policy Group #26096	Contract	Driver 3	\$89,964	CORE Beneficiaries impacted [VT] [ACO] Medicaid	Yes	\$89,964
Pacific Health Policy Group #28062	Contract	Driver 3	\$226,280	CORE Beneficiaries impacted [VT] [ACO] Medicaid	Yes	\$72,440
Pacific Health Policy Group #27087	Contract	Driver 3	\$100,000	CORE Beneficiaries impacted [VT] [ACO] Medicaid	Yes	\$56,433
Wakely #26303	Contract	Driver 3	\$64,413	CORE Beneficiaries impacted [VT] [ACO] Medicaid	Yes	\$39,413
Truven/Brandeis #26305	Contract	Driver 3	\$19,906	CORE Beneficiaries impacted [VT] [ACO] Medicaid	Yes	\$9,905

Healthfirst #03410-1457-015	Contract	Driver 4	\$41,940	CORE Beneficiaries impacted [VT] [ACO] Commercial	No	\$41,560
VPQHC#28362	Contract	Driver 4	\$102,527	CORE Participating Providers [VT] [ACO] Medicaid	No	\$0
ARIS Solutions#03410-1380-15	Contract	Driver 4	\$275,000	CORE Beneficiaries impacted [VT] [ACO] Medicaid	No	\$0
HMA#28821	Contract	Driver 4	\$698,000	CORE Provider Organizations [VT] [ACO] Medicare	No	\$0



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