CMS.gov
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**	Fran Jensen
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	Q1 - 2017 Progress Report	**Award Title**	Vermont:Test R1
Report Quarter	Q1	**Report Year**	2017
Approval Status	Pending Approval	**Date Submitted**	4/28/2017
Date Approved		**Last Modified By**	Georgia Maheras

WBS Not Applicable ☐

Executive Summary

Overview

During Q1 of 2017, Vermont's SIM project continued to complete projects and plan for sustainability in our three main focus areas – payment model design and implementation, practice transformation, and health data infrastructure.
- Payment Model Design and Implementation: Vermont launched a Vermont Medicaid Next Generation ACO pilot (Success Stories; Policy Activities), and continued to plan for Accountable Communities for Health efforts.
- Practice Transformation: Vermont continued to support Regional Collaborations, and made progress on the Health Care Workforce Demand Model project (Additional Information).
- Health Data Infrastructure: Vermont's SIM-supported HIT/HIE investments have continued this quarter, including: increased HIE connectivity to Home Health Agencies, Event Notification System implementation, and continued telehealth pilot implementation (Additional Information).

Other:
- Sustainability Planning and Population Health Plan: Vermont developed second drafts of the Sustainability Plan and Population Health Plan in Q1, for review by State leadership and additional public comment early in Q2 (Success Stories).

Governance changes:
- The Core Team was reconvened in Q1 2017 with some new members due to the change in Governor's administration: Al Gobeille (former member as GMCB Chair) replaced Hal Cohen as AHS Secretary; Mary Kate Mohlman replaced Robin Lunge as Director of Health Care

Reform; Cory Gustafson replaced Steven Costantino as DVHA Commissioner; Robin Lunge replaced Al Gobeille as the GMCB representative; and two new member seats were added for DMH Commissioner (Melissa Bailey) and VDH Commissioner (Dr. Mark Levine). Paul Bengtson and Steve Voigt remain the Core Team's provider and business sector representatives. Mary Kate Mohlman will chair the Core Team.

Success Story or Best Practice

All-Payer Model: Vermont launched a Vermont Medicaid Next Generation ACO program, with CY2017 as a pilot performance year. The state also continued other APM implementation activities, including regulatory oversight development. See Policy Activities, below, for more detailed information.

Sustainability Planning: In Q1, Vermont developed a revised Sustainability Plan draft based on public comment and leadership feedback in late Q4 and early Q1. The revised draft clarifies the roles of Lead Entities and Key Partners, adds additional detail about project activities and lessons learned, and adds references to key concepts (e.g., the Vermont Model of Care) and State documents (including the Population Health Plan, Health Care Workforce Strategic Plan, and HIT Plan). The revised plan draft will be reviewed by the Core Team and distributed for additional public comment in Q2; it will be finalized and submitted to CMMI by June 30, 2017.

Population Health Plan: Vermont also developed a revised Population Health Plan draft during Q1 based on stakeholder and leadership feedback. The revised plan includes a new Resources section that includes key references and concepts. It also seeks to improve clarity in the Introduction and Background sections, and consolidates some text boxes and figures. Like the Sustainability Plan, the draft Population Health Plan will be reviewed by the Core Team and distributed for additional public comment in Q2; it will be finalized and submitted to CMMI by June 30, 2017.

Challenges Encountered & Plan to Address

Governor's Administration Transition: Vermont's new Governor, Phil Scott, started his first term in early January 2017. As part of this transition, new members were added to the Core Team (Executive Summary). Vermont's SIM staff onboarded the new Core Team members. There was particular emphasis on gaining their input on the Sustainability Plan and remaining SIM spending decisions.

SIM Engagement Activities

Public and private payers continue to play key roles in Vermont's SIM project. While SIM work group activities wrapped up in Q4 2016, Vermont's SIM team continues to meet regularly with payers as well as providers, advocates, consumers, legislators, and others to meet the goals of the project. This quarter's meetings included a combination of design and implementation meetings as well as a series of educational updates in various forums.
• ACO Operations Meetings: Discuss and resolve ongoing technical and operational aspects of the commercial Shared Savings Program and Medicaid Next Generation ACO Pilot.
• All-Payer Model Meetings: Including operational planning and stakeholder engagement.
• 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.
• Accountable Communities for Health Meetings: Meetings with Blueprint for Health, VDH, and ACO staff to plan additional Accountable Communities for Health learning activities for participating communities.
• Meetings with the ACOs and payers for status updates, early identification of implementation challenges, and other discussion.
• Meetings regarding health information infrastructure with Vermont Information Technology Leaders (VITL), ACOs, and payers.
• Meetings with Agency of Human Services departments and advisory groups to share information about project activities and progress.
• Updates provided to Legislative oversight committees regarding project status.

Policy Activities

All-Payer Model: During Q1, Vermont began implementation of the Vermont All-Payer ACO Model (APM). The APM agreement between Vermont and CMMI was signed in October 2016 with the goal of facilitating a statewide, all-payer approach to payment and delivery system reform.
- Vermont Medicaid Next Generation ACO Pilot: As a first step in the All-Payer Model implementation, the State and OneCare Vermont signed a contract in February 2017 to launch a risk-bearing Medicaid ACO under a Vermont Medicaid Next Generation program for a pilot performance period of CY2017. The program is aligned with the CMS Next Generation ACO program. It has the following features: nearly 30,000 attributed lives, a payment model aligned with Next Generation Payment Model 4, upside and downside risk for the ACO, quality measures aligned with the APM agreement, and a portion of payment contingent on quality. The contract can be extended up to four additional years.
- All-Payer Model Implementation: The Green Mountain Care Board continued to prepare for new financial, regulatory, and reporting responsibilities under the All-Payer Model, including developing regulatory oversight and policy development mechanisms. This regulatory capacity building includes creating the framework for reviewing a Medicaid all-inclusive population-based payment to an ACO in 2017 and for all payers beginning in 2018, as well as development of ACO budget and reporting guidance. During Q1, the Board developed a detailed workplan and reviewed the proposed evaluation plan in conjunction with CMMI, total cost of care and quality reporting specifications, and an analytics plan for capturing the data. In the Board's 2018 Hospital Budget Guidance and policies, health reform investments were suggested to support APM implementation, including for the ACO and to meet APM quality goals.

State Health Care Innovation Activities

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

Blueprint for Health: In Q1, SIM continued to support implementation of Regional Collaboratives, local structures that support provider collaboration/alignment between Blueprint and ACO quality measurement, data analysis, clinical priorities, and improvement efforts. Regional Collaboratives convene leaders from ACOs, Blueprint, and health care/community organizations; they are now active in all Health Service Areas.

All-Payer Model: See Policy Activities.

HIT/HIE: Vermont's SIM project continues to work with providers and VITL on various projects to improve the health data infrastructure and increase health information exchange. In Q1 2017, Vermont continued to work to improve data quality and connections to the VHIE with VITL, ACOs, and providers. This included work on the VCN Data Repository, which allows the Designated Mental Health Agencies (DAs) and Specialized Service Agencies (SSAs) to send specific data to a secure centralized data repository, and to perform advanced data analytics to improve the efficiency and effectiveness of care. In addition, Vermont continued implementing its event notification system, which was providing admission, discharge, and transfer alerts on behalf of 88,406 patients as of April 1.

Community-Level Innovation: Vermont's SIM project has spurred innovation at the local level through a sub-grant program (completed Q4 2016; see Q2 2015 and Q4 2016 reports), Learning Collaborative (completed Q4 2016; see Q3 2015 and Q4 2016 reports), and Accountable Communities for Health work (ongoing; see Q3 2015 report).

Self-Evaluation Findings

State-Led Evaluation Plan Implementation: In Q1, Vermont's State-Led Evaluation contractor fielded two surveys targeting 509 care coordination professionals and 1,007 advanced practice professionals. Core objectives of the survey are to understand perceptions and readiness pertaining to:
• Implementation status of core care coordination functions/activities and perceived quality of care coordination;
• Perspective and experience with SIM-related payment reform;
• Facilitators and barriers to readiness for participating in alternative payment models; and
• Utilization of and perceived value of data and data infrastructure.

Also in Q1, the State-led evaluation team presented to the Green Mountain Care Board, SIM Evaluation Steering Committee, and SIM Core Team on progress and preliminary findings from site visits, consumer focus groups and stakeholder interviews. Overall, VHCIP is seen as having served as a catalyst for care integration activities across the state, building on and enabling existing programs, and supporting regional and statewide collaborative structures. State guidance and local innovation have driven reform efforts statewide. Communities are engaged in capacity building, quality improvement, and advancement in care integration and coordination. There is value in having strong systems for communication, goals, and measuring impact, while including a highly flexible care model. Data infrastructure and analytics have been critical to the implementation of care coordination activities. Efforts to standardize and improve data quality have been helpful in creating richer, more accurate data, and system compatibility is seen as an important goal. Unity and cohesiveness supporting a common understanding of health care reform is emerging. SIM funding to ACOs is seen as vital to infrastructure development for payment reform activities. Shared savings and sub-grant investment have also served to enhance redesign efforts.

Additional Information

Workforce Demand Model: Vermont's microsimulation demand model for health care workforce will predict future workforce needs using assumptions about care delivery in a high-performing health care system, along with Vermont population demographics and anticipated utilization needs. Model assumptions include shifts from inpatient to outpatient settings, more effective chronic disease management, and public health interventions like smoking cessation and weight loss campaigns. Preliminary demand projections suggest increasing demand for clinicians in outpatient and team-based settings, as well as for social workers, care coordinators, and case managers. Demand for residential care facilities, home health, nursing homes, and specialties such as cardiology, radiology, and oncology are expected to rise as the population ages. Final projections will be available mid-2017.

Telehealth Pilots: Vermont funded two pilot projects that addressed a variety telehealth approaches, settings, and patient populations. The primary purpose was to explore ways in which a coordinated and efficient telehealth system can support value-based care reimbursement throughout Vermont, and projects were selected in part based on alignment with Vermont's SIM goals. Project summaries:
-The VNA of Chittenden and Grand Isle Counties is enabling timely sharing of clinical information by connecting telemedicine point of care systems to EMRs, so that vitals taken by visiting nurses are available in the EMR. These results can also be sent from the EMR into Vermont's HIE and can be shared with any provider accessing the VHIE.
-The Howard Center, a major mental health and substance use disorder treatment provider, is using telehealth technology to expand access to medication-assisted treatment (MAT) for people with opioid dependence. The Howard Center is using live video and secure, tamperproof medication dispensers to allow qualifying individuals to receive MAT in their homes with staff supervision.

Metrics

Metric Name	Performance Goal	Current Value
"Number of Provider education and	100.00	7.00
CAHPS Clinician & Group Surveys (CG-CAHPS or PCMH CAHPS)_Commercial	0.00	0.00
CAHPS Clinician & Group Surveys (CGCAHPS or PCMH CAHPS)_Medicaid		0.00
CORE Beneficiaries impacted [VT] [ACO] Commercial	63658.00	44722.00
CORE Beneficiaries impacted [VT] [ACO] Medicaid	101000.00	67515.00
CORE Beneficiaries impacted [VT] [ACO] Medicare	111000.00	64007.00

CORE Beneficiaries impacted [VT] [APMH/P4P] Commercial	341000.00	128869.00
CORE Beneficiaries impacted [VT] [APMH/P4P] Medicaid	133000.00	103110.00
CORE Beneficiaries impacted [VT] [APMH/P4P] Medicare	111000.00	75253.00
CORE Beneficiaries impacted [VT] [EOC] Commercial		0.00
CORE Beneficiaries impacted [VT] [EOC] Medicaid		0.00
CORE Beneficiaries impacted [VT] [EOC] Medicare		0.00
CORE Beneficiaries impacted [VT] [P4P] Medicare	0.00	0.00
CORE BMI [VT]_Commercial	0.00	0.00
CORE Diabetes Care [VT]_Commercial	0.00	0.00
CORE HCAHPS Patient Rating [VT]	0.00	0.00
CORE Health Info Exchange [VT]	311.00	276.00
CORE HRQL [VT]	0.00	0.00
CORE Participating Providers [VT] [ACO] Commercial	3832.00	1105.00
CORE Participating Providers [VT] [ACO] Medicaid	3832.00	996.00
CORE Participating Providers [VT] [ACO] Medicare	3832.00	933.00
CORE Participating Providers [VT] [APMH]	3832.00	783.00
CORE Participating Providers [VT] [EOC]_Medicaid	0.00	0.00
CORE Payer Participation [VT]	4.00	3.00
CORE Provider Organizations [VT] [ACO] Commercial	3832.00	60.00
CORE Provider Organizations [VT] [ACO] Medicaid	264.00	48.00
CORE Provider Organizations [VT] [ACO] Medicare	264.00	52.00
CORE Provider Organizations [VT] [APMH]	264.00	130.00
CORE Provider Organizations [VT] [EOC]	0.00	0.00
CORE Provider Organizations [VT] [HH]	5.00	5.00
CORE_BMI_[VT]_Medicaid		0.00
CORE_BMI_[VT]_Medicare		0.00

CORE_Diabetes Care_[VT]_Medicare		0.00
CORE_Diabetes Care_[VT]_Medicare		0.00
CORE_Diabetes_[VT]Medicaid		0.00
CORE_ED Visits_[VT]_Commercial	0.00	0.00
CORE_ED Visits_[VT]_Medicaid		0.00
CORE_Readmissions_[VT]_Commercial	0.00	0.00
CORE_Readmissions_[VT]_Medicaid		0.00
CORE_Tobacco Screening and Cessation_[VT]_Commercial	0.00	0.00
CORE_Tobacco Screening and Cessation_[VT]_Medicaid		0.00
CORE_Tobacco Screening and Cessation_[VT]_Medicare		0.00
Unduplicated number of beneficiaries impacted by all refrom activities_Statewide	573360.00	326511.00

Risk Factors

Risk Factors	Current Priority Level	Current Probability	Current Impact	Prioritized Risk Mitigation Strategy	Current Next Steps	Current Timeline
Data Infrastructure - Clinical or claims data quality is weak	3	Medium	Medium	Vermont will work with providers and vendors on practice workflow/standardizations to enhance efficiencies, implement terminology services (data cleansing and standardization) into the HIE, and develop PDSA cycles to ensure data quality improvement.	Vermont has implemented systemic terminology services within the HIE, provided SIM funding for data quality efforts at Designated Agencies and Specialized Services Agencies, and implemented provider workflow enhancements to improve efficiencies.	Ongoing
Data Infrastructure - Connectivity challenges: data integration	3	High	High	The State will embark on a planning process for broader data integration to ensure existing challenges are remediated.	Vermont is expanding participants in HIE beyond initial users (hospitals, medical providers, labs, pharmacies), began planning for integration of claims/clinical data, and completed a health data inventory to support planning and aggregation.	Ongoing

Data Infrastructure - Connectivity challenges: sharing claims and clinical	3	High	High	Vermont will work with existing vendors/users to identify connectivity challenges to remediate, e.g. slowness of data sharing processing and access to Medicare data.	Review current contracts and amendments to determine areas of improvement before executing contracts; work with DVHA business office to ensure adequate resources are assigned to facilitate SIM contracting process.	Ongoing
Data Infrastructure - Data privacy	2	Low	High	"Vermont will continue current policy of protecting data and revisit policies annually to ensure privacy and confidentiality of the data. "	Vermont will work with appropriate legal resources around the new proposed federal rules on 42 CFR Part 2 data and will identify implications and potential changes to privacy and technical systems architecture.	Ongoing

Data Infrastructure - Data privacy: 42 CFR Part 2 data	2	Low	High	Vermont will continue to ensure privacy and confidentiality of the data and work with vendors, users, providers, and others to share these data securely, including Designated Mental Health Agencies, Federally Qualified Health Centers, and others.	Vermont is building a data warehouse for Designated Agencies and Specialized Services Agencies that is fully compliant with the proposed Part 2 rules and is reviewing other systems' privacy and architectural changes to ensure compliance.	Ongoing
Data Infrastructure - Sustainability of HIT investments- both state and federal.	4	High	Medium	Vermont continues to support a strong HIT infrastructure, with close alignment to the Vermont Health Information Technology Plan (VHITP).	Vermont will continue to use SIM funding to monitor current HIT infrastructure, ensure functionality, and invest in future upgrades by implementing the strategy and recommendations in the VHITP.	Ongoing

Data Infrastructure - Telemedicine Delays	2	High	Low	Phase 1 of the telehealth project is complete (strategic plan development); Phase 2 launched telehealth pilots that align with this strategy, selected via RFP.	Delays in bidder selection and contract negotiations resulted in delayed program launch. Pilots launched in Q2-Q3 2016 and will wrap up in Q2 2017; delays expected to impact timeline of this workstream, but not overall SIM timeline.	Planned pilot launch Q4 2015; actual launch delayed to Q2 2016. Pilots to continue through Q2 2017.
Data Infrastructure -Data gaps	4	Medium	High	We will utilize and expand upon the HIE network, leverage the experience of organizations well-grounded in HIE build-out, and coordinate across the multiple organizations to leverage the best thinking about and design of our HIT enhancements.	Vermont's state-wide Health Information Technology Plan (VHITP) contains a strategy and recommendations to ensure that health information technology continues to be built as efficiently and robustly as possible.	Ongoing

Eval-Distinguish impact of initiative from gross outcome changes in the system	2	Low	Low	Vermont uses a mixed-methods study design that includes site visits, focus groups, key informant interviews, and a cross-sectional survey to limit the risk of omitting key causal covariates that cannot be isolated in quantitative analysis alone.	Vermont's evaluation contractor is implementing the evaluation plan and the use of the mixed-method design will allow a look-back and thorough review of the data throughout the process to ensure fidelity and accuracy of the measurements.	Ongoing
Evaluation - Insufficient rigor in evaluation design to draw conclusions.	2	Low	Low	Vermont has contracted with an outside vendor to ensure that the self-evaluation is as robust as possible while also reflecting the unique nature of the innovations being tested.	Vermont works with stakeholders, project teams, evaluation experts and SIM leadership to ensure the State-led evaluation contractor is taking into account all innovations within the project and applying sufficient rigor to the evaluation.	Ongoing

Evaluation - Siloed analysis	2	Low	Low	Safeguard against inconsistent results by eliminating duplicative analysis by contractors using different data sources, the same source with different specs, and/or data transformation/data normalization techniques.	Work with evaluation contractor and other SIM contractors to ensure data analyses are as consistent as possible, full transparency in data usage and analysis. State-led evaluator and sustainability contractor meet regularly to share, compare, and learn.	Ongoing
Evaluation - Sub-grant program pilots	1	Low	Low	All sub-grantees are required to provide plans for evaluation to ensure documentation of impact and success. They will provide this as part of quarterly reports and as part of the final report on their respective projects	Final sub-grant evaluations were submitted results have been analyzed and will be shared widely across the State through the Learning Dissemination Plan and Data Visualization project.	No longer a risk

Evaluation - The timeframe of the SIM project is short	2	Low	Low	Vermont's SSP, launched in 2014, will provide three full years of testing. Additionally, we extended Performance Period 2 by six months to accommodate SIM project milestones.	Vermont engages in continual review of milestones and resources to ensure resource alignment to meet project deadlines. Staff and contractor resources shift as necessary to meet needs. Two Vermont ACOs have agreed to participate in a fourth year of SSP.	Ongoing
External (to the project) influences - Impact of activities in border states	3	Medium	Medium	Much of the care Vermonters are seeking outside of the State and where the most impact will be felt is near White River Junction, where Dartmouth works collaboratively with the State and will continue to do for the foreseeable future.	Continue to foster a good working relationship with Dartmouth Hitchcock Medical Center.	Ongoing

External (to the project) influences -Provider recruitment	3	Medium	Medium	By adjusting the payment structure for physicians in Vermont to better align with the care they are being compelled to provide, the State believes there will be a greater desire for physicians to relocate and remain in the State.	Continue to advocate for alternative payment models that will encourage providers to come to and remain in the state. Vermont is also engaging in workforce supply assessment and demand modeling to predict future workforce needs.	Ongoing
Federal Action - Loss of federal funding	4	Low	High	If we should lose SIM funding, planned activities would be scaled back and decelerated, and providers and payers would need more time to transform their practices without the infrastructure and other tools provided by SIM funding	Continued adherence to CMMI requirements for the SIM program.	Ongoing
Federal Action -CMMI guidance	2	Medium	Medium	The State SIM team has flexible work plans that allow for the necessary changes in direction or completion of additional work outputs as requested by CMMI.	The State will continue to have an open communication plan with the CMMI Project Officer about any issues or questions that arise.	Ongoing

Federal Action -Federal fraud and abuse laws	2	Low	Medium	Vermont has not identified any legal obstacles in the existing fraud and abuse laws, and will continue conversations with federal and state experts during model testing to ensure we have properly assessed these legal issues.	Continue to leverage current fraud and abuse protections, penalties, and performance-based terms and conditions	Ongoing
Federal Action -State Plan Amendments	1	Low	Low	The State has successfully completed the SPA process for Years 1, 2, and 3 of the Medicaid SSP.	This is no longer a risk. The State will continue to engage with CMS on a regular basis to review program results as more data become available.	No longer a risk
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 continue to encourage consumer and consumer advocate engagement in policymaking through new or existing stakeholder engagement forums.	Ongoing

Project Design -Adherence to project timelines and milestones	2	Medium	Low	Vermont's timeline is aggressive, but is supported by strong relationships and processes. We keep an updated detailed project deliverable timeline and disseminate it to stakeholders and staff to ensures we meet project milestones.	Performance Period 3 timelines and milestones are publically available and well known so that all interested parties have a stake in helping the project to meet goals; additional Project Management support added to ensure projects remain on track.	Ongoing
Project Design -Alignment with existing state activities	2	Medium	Medium	Vermont is aligning SIM activities with existing health reform activities, including the Blueprint for Health. This supports existing work to reform the State's health care system; project goals were created to align with existing activities.	Continue to leverage existing state policies and anticipate future health reform strategies in SIM planning and implementation. Specific areas of focus include care management and care coordination as well as data integration and analysis.	Ongoing

Risk						
Project Design -Care transformation will not be sustainable	4	Medium	High	Vermont will implement policies that build on the Blueprint and ACO infrastructure and leverage quality improvement initiatives to support care transformation, and will work with providers through Learning Collaboratives to support care transformation.	Care transformation strategies will be evidence-based; Learning Collaboratives will test strategies, assess success, and provide recommendations on statewide implementation. Regional Collaborations will support care transformation regionally.	Ongoing
Project Design -Implementation delays due to unforeseen issues	3	Medium	Low	The State has created work plans to ensure program congruence: VT's SIM project continues to move 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.	Ogoing
Project Design -Low provider and payer participation	3	Medium	Medium	We have significant payer and provider participation in the SIM Project with processes to enable us to address issues that might lead to a lack of participation. Our communications are relevant, timely, clear, predictable, appealing and multi-modal.	Continue to ask for provider input as SIM implementation continues to ensure no decisions made are in the face of strong provider opposition.	Ongoing

Project Design -Models are not designed well	5	Medium	High	Vermont will test and evaluate the models implemented through SIM both through formal, retrospective analysis and through real-time testing of our assumptions about incentives, causation, and likely outcomes with project participants and stakeholders.	Continue rapid cycle review of models during design and implementation.	Ongoing
Project Design -Project complexity	1	Low	Medium	Vermont project governance and management structures support shared decision-making, open communication and a formal structure that will foster both clear assignment of tasks and accountability and coordination between discrete project components.	We completed concrete plans for the project in Performance Period 3 so accountability and timelines are clear; work groups had detailed 2016 workplans that supported collaboration and avoided duplication. Work group activities ended in December 2016.	No longer a risk

Project Design -Quality improvement will not be sustainable	4	Medium	High	Vermont works with stakeholders to make policy and funding decisions sustainable by selecting performance measures and prioritizing quality improvement initiatives, linking payment with performance, with changes supported by the health care community.	Strategies will be coordinated regionally by ACO and Blueprint leadership through Regional Collaborations, supported by activities to enhance care management, learning collaboratives, and IT projects to facilitate 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	Vermont will provide as much information as possible in RFPs to avoid delays and contractor confusion, and reviews the contracting plan with all state entities involved in the process to understand the timelines.	Review current contracts and amendments to determine areas of improvement before releasing contracts. Work with DVHA business office to ensure adequate resources are assigned to facilitate SIM contracting process.	Annual Review, or as deemed necessary by DVHA Business Office
SOV Processes -Departure of key personnel/contractors	3	High	Medium	As staff depart, project leadership elects to recruit a replacement, reconfigure existing staff resources, or draw on contractor resources to ensure tasks are accomplished. This is particularly relevant in Performance Period 3.	Work with staff to ensure personal and professional satisfaction; develop flexible staffing structure that can reconfigure as necessary to fill gaps due to staff departures.	Ongoing
SOV Processes -Staff recruitment and retention	1	Low	Low	Due to the specialized skills, small population, and rural nature of Vermont, recruitment of qualified staff is an identified challenge. Success is apparent as Vermont's SIM project has recruited an effective and highly qualified team.	Cast a wide net during recruitment to attract a range of possible candidates. This is no longer a risk.	No longer a risk

Stakeholder Activities - Meetings and activities not useful for stakeholders	1	Low	Low	Modify work groups to better engage members and streamline activities. Work groups align with project focus areas: a) Payment Model Design and Implementation; b) Practice Transformation; and c) Health Data Infrastructure.	Vermont shared work group workplans and combined agendas into comprehensive implementation plans starting mid-project. Monthly status reports are broadly shared to educate stakeholders on progress. Work group activities ended in December 2016.	No longer a risk
Stakeholder Activities -Expansion of project goals or work plan charters	2	Medium	Low	The SIM project has specific goals outlined in the grant application and operational plans; only those expansions or changes in direction that have the full support of stakeholders and CMMI will be pursued to continue the project's forward momentum.	Vermont has worked extensively with our federal partners and stakeholders to establish achievable milestones for the remainder of the project; we will continue to monitor progress toward those milestones.	Annual Review

Stakeholder Activities -Focus/distractions	1	Low	Low	Work group 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.	Vermont limited agendas to only that which can be achieved in a given work group meeting to avoid rushing and allow necessary conversations to occur, striving to ensure materials were timely and appropriate. Work group activities ended in December 2016	No longer a risk
Stakeholder Activities -Positional advocacy	3	Medium	Medium	Vermont structured this project to protect against the advancement of any one group's agenda. The open and collaborative forum and necessary approval of all decisions by the Steering and Core teams ensures all sides have a voice in the process.	Continue to allow for ample public comment periods and transparency in decision making.	Ongoing
Stakeholder Activities -Project fatigue	2	Medium	Medium	The structure of this project allows for stakeholder involvement; decisions occur after significant time for comment and discussion, allowing for open communication around project implementation goals.	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 | VT has not identified any legal obstacles in the existing fraud and abuse laws, with one conversation with federal experts and will continue the conversation with them during model testing to ensure we have properly assessed these legal issues. | Continue to leverage current fraud and abuse protections, penalties, and performance-based terms and conditions. | Ongoing |

WBS

Vendor	Category of Expense	Primary Driver	Total Unrestricted Funding (obligated funds)	Metric Name	Carry Over Funds	Rate/ Unit Cost	Comments/ Notes	Total Payments (spent funds)
University of Massachusetts#25350	Contract	Driver 1	$791,791	CORE Payer Participation [VT]	Yes		CLOSED	$791,791
Grant Provider Program-Various Agreements	Contract	Driver 1	$4,235,732	CORE Health Info Exchange [VT]	Yes		PROGRAM CLOSED	$4,235,732
Chittenden County RPA#31697	Contract	Driver 1	$100,000	"Number of Provider education and	Yes			$96,169
Visiting Nurses Assoc.#31163	Contract	Driver 1	$373,314	CORE Beneficiaries impacted [VT] [ACO] Medicaid	Yes			$98,368
Howard Center #31572	Contract	Driver 1	$229,600	CORE Beneficiaries impacted [VT] [ACO] Medicaid	Yes			$119,015
VT Medical Society Ed & Research#28675	Contract	Driver 1	$149,533	CORE Beneficiaries impacted [VT] [ACO] Medicare	Yes		CLOSED	$149,533
Nancy Abernathey#28243	Contract	Driver 1	$130,200	CORE Beneficiaries impacted [VT] [ACO] Medicaid	Yes		CLOSED	$121,484
UVM Medical Center/One Care #28242	Contract	Driver 1	$6,539,341	CORE Beneficiaries impacted [VT] [ACO] Commercial	Yes			$5,159,340

UVM-WF Symposium #27909	Contract	Driver 1	$18,073	CORE Health Info Exchange [VT]	No	CLOSED	$18,073
JBS International #28389	Contract	Driver 1	$107,747	CORE Beneficiaries impacted [VT] [ACO] Medicaid	No	CLOSED	$107,747
Coaching Center of Vermont#27383/29544	Contract	Driver 1	$32,250	CORE Health Info Exchange [VT]	No	CLOSED	$32,250
Behavior Health Network of VT#27379/30896	Contract	Driver 1	$2,243,321	CORE Health Info Exchange [VT]	Yes		$1,861,009
Datastat #26412	Contract	Driver 1	$293,324	CORE Health Info Exchange [VT]	Yes	Unliquidated Obligation-$40,138.47	$238,666
Policy Integrity #26294/29266	Contract	Driver 1	$210,775	CORE Health Info Exchange [VT]	Yes		$174,825
James Hester #26319/28674	Contract	Driver 1	$44,008	CORE Health Info Exchange [VT]	Yes	CLOSED	$38,033
Covisint	Contract	Driver 2	$1,000,000	CORE Health Info Exchange [VT]	No	CLOSED	$1,000,000
VT Dept of Mental Health/VITL MOU	Contract	Driver 2	$11,087	CORE Health Info Exchange [VT]	No	CLOSED	$11,087
Patient Ping #30642	Contract	Driver 2	$475,026	CORE Health Info Exchange [VT]	Yes	Unliquidated Obligation-$3,662.77	$226,488
Vermont Information Tech Leaders#3410-256-14	Contract	Driver 2	$444,677	CORE Health Info Exchange [VT]	No	CLOSED	$444,677
Vermont Information Tech Leaders#3410-127514/31204	Contract	Driver 2	$4,845,701	CORE Health Info Exchange [VT]	Yes	Unliquidated Obligation-$10,729.54	$4,333,919
Prevention Institute #28135	Contract	Driver 2	$106,285	CORE Beneficiaries impacted [VT] [ACO] Medicaid	No	CLOSED	$106,285
PDI-Peter Kriff #27818	Contract	Driver 2	$89,989	"Number of Provider education and	No	CLOSED	$89,989
im21 #27806	Contract	Driver 2	$160,000	CORE Health Info Exchange [VT]	No	CLOSED	$160,000
HIS Professionals #27511	Contract	Driver 2	$205,207	CORE Health Info	Yes	CLOSED	$205,207

				Exchange [VT]			
Burns & Associates #18211/28733	Contract	Driver 3	$1,857,438	CORE Beneficiaries impacted [VT] [ACO] Medicaid	Yes	Unliquidated Obligations-$34,015.00	$1,354,946
Hewlett Packard Enterprise #8430A16	Contract	Driver 3	$750,000	CORE Payer Participation [VT]	Yes	Unliquidated Obligation-$27,408.62	$343,126
Arrowhead Consulting #25312	Contract	Driver 3	$58,961	CORE Beneficiaries impacted [VT] [ACO] Medicaid	No	CLOSED	$58,961
Bi-State Primary Care Assn#3410-1456-14	Contract	Driver 3	$1,607,428	CORE Beneficiaries impacted [VT] [ACO] Medicaid	Yes	Unliquidated Obligation-$47,095.87	$1,207,733
Primary Care Development Corp.#30961	Contract	Driver 3	$315,550	CORE Beneficiaries impacted [VT] [ACO] Medicaid	Yes	CLOSED	$315,550
VT DDC (Learning Collaborative) MOU LC	Contract	Driver 3	$209,815	CORE Beneficiaries impacted [VT] [ACO] Medicaid	Yes	Unliquidated Obligation-$23,305.00	$170,449
Maximus #20959	Contract	Driver 3	$8,004	CORE Beneficiaries impacted [VT] [ACO] Medicaid	No		$7,804
Deborah Lisi-Baker #26033	Contract	Driver 3	$87,125	CORE Beneficiaries impacted [VT] [ACO] Medicaid	No	CLOSED	$87,125
Bailit Health Consulting #26095	Contract	Driver 3	$968,795	CORE Beneficiaries impacted [VT] [ACO] Commercial	No	Unliquidated Obligation-$11,098.21	$838,011
Pacific Health Policy Group #26096	Contract	Driver 3	$89,964	CORE Beneficiaries	No	CLOSED	$89,964

				impacted [VT] [ACO] Medicaid			
Pacific Health Policy Group #28062/30595	Contract	Driver 3	$381,804	CORE Beneficiaries impacted [VT] [ACO] Medicaid	Yes		$309,464
Pacific Health Policy Group #27087/29584	Contract	Driver 3	$70,533	CORE Beneficiaries impacted [VT] [ACO] Medicaid	No	CLOSED	$70,533
Wakely Consulting #26303	Contract	Driver 3	$546,669	CORE Beneficiaries impacted [VT] [ACO] Medicaid	Yes	Unliquidated Obligation-$35,751.25	$487,003
Truven/Brandeis #26305/29267	Contract	Driver 3	$9,905	CORE Beneficiaries impacted [VT] [ACO] Medicaid	No	CLOSED	$9,905
Healthfirst, Inc. #3410-1457-15	Contract	Driver 3	$54,220	CORE Beneficiaries impacted [VT] [ACO] Commercial	No	CLOSED	$54,220
The Lewin Group #27060	Contract	Driver 3	$2,078,598	CORE Beneficiaries impacted [VT] [ACO] Commercial	Yes	Unliquidated Obligation-$80,319.10	$1,529,446
IMPAQ#27426	Contract	Driver 3	$532,547	CORE Payer Participation [VT]	No	CLOSED	$532,547
Stone Environmental #28079/29502	Contract	Driver 3	$101,539	CORE Health Info Exchange [VT]	No	CLOSED	$101,539
Stone Environmental #28427	Contract	Driver 3	$163,404	CORE Health Info Exchange [VT]	Yes	Unliquidated Obligation-$513.70	$123,638
VPQHC #28362	Contract	Driver 4	$228,546	CORE Beneficiaries impacted [VT] [ACO] Medicaid	Yes	CLOSED	$228,546
ARIS Solutions	Contract	Driver 4	$269,790	CORE	No	CLOSED	$269,790

#3410-1380-15

Entity	Type	Driver	Amount	Measure	Impacted	Unliquidated Obligation	Amount
				Beneficiaries impacted [VT] [ACO] Medicaid			
Health Management Associates #28821	Contract	Driver 4	$1,548,000	CORE Provider Organizations [VT] [ACO] Medicare	Yes	Unliquidated Obligation-$84,480.65	$776,591
IHS Global, Inc. #31309	Contract	Driver 4	$377,000	CORE Payer Participation [VT]	Yes	Unliquidated Obligation-$20,000.00	$337,000
Vermont Public Health Inst. #31145	Contract	Driver 4	$180,495	"Number of Provider education and	No	Unliquidated Obligation-$56,362.50	$124,133
JSI#30773	Contract	Driver 4	$572,030	CORE Payer Participation [VT]	Yes		$134,635
Kim Friedman #28258	Contract	Driver 4	$15,000	CORE Payer Participation [VT]	Yes		$10,000
Vermont Public Health Assn #31551	Contract	Driver 4	$30,000	"Number of Provider education and	No	Unliquidated Obligation-$400.00	$28,400
Myers & Stauffer #31521	Contract	Driver 4	$200,000	Unduplicated number of beneficiaries impacted by all refrom activities_Statewide	No	Unliquidated Obligation-$25,333.34	$128,667