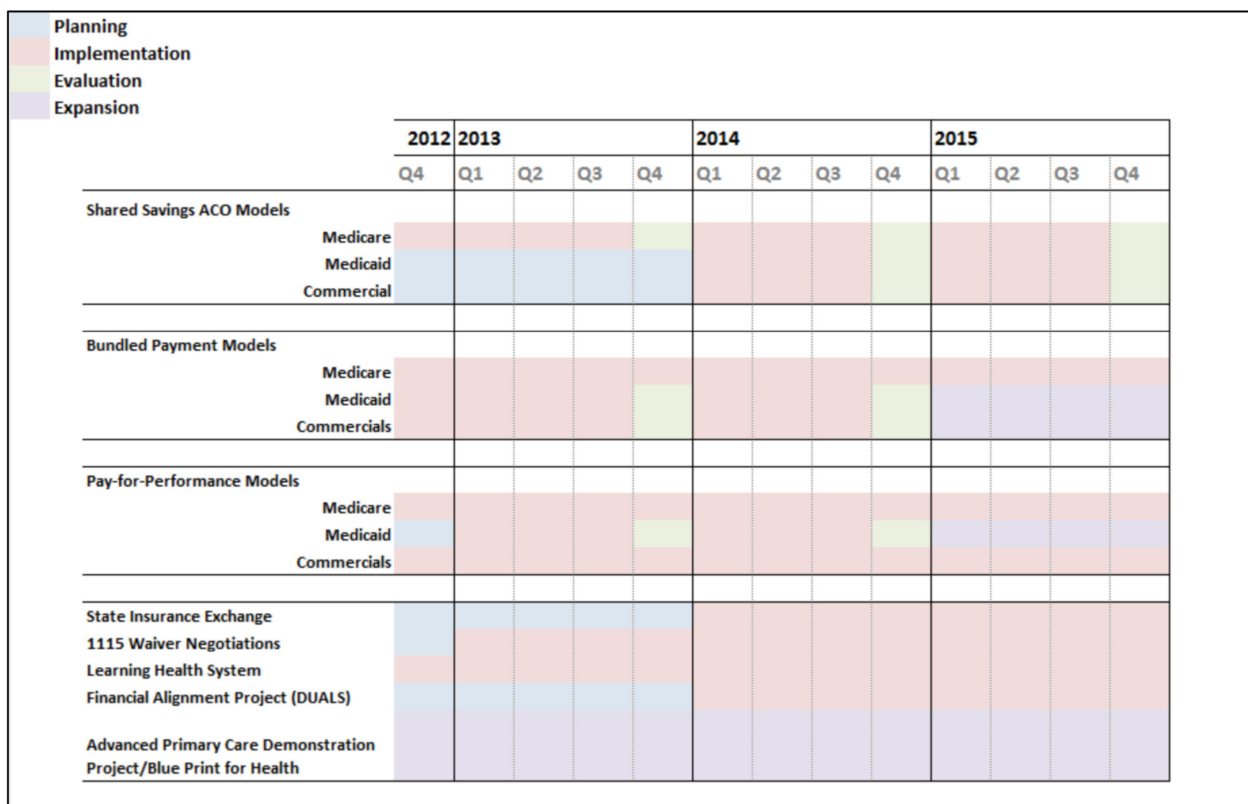
VIII. Organization Capacity, Project Plan and Timeline

Due to the multi-faceted nature of our testing models (three types of models, sub-models, multiple payers, some on a statewide basis and some regional), our implementation schedule is necessarily complex and phased. The overall timeline for our project and related activities is below. We are confident that we can implement some of our pay-for-performance models and bundled payments in Medicaid and commercial carriers within six months of receiving a SIM grant. These include the bundled payment models for oncology and substance abuse treatment. Other examples of these models will phase in throughout the grant period.

Implementation of the Medicare Shared Savings ACO will occur beginning January 1, 2013. While we recognize that CMS/CMMI will be testing the Vermont ACO(s) independently, we will also be testing some specific features that are unique to Vermont: the refinement of HIT interfaces within statewide networks of participating providers, and a statewide linkage between the SSP-ACO and our Advanced Primary Care Medical Home Model (the Blueprint), particularly around care coordination. Thus, from the start date of the Medicare model (if the second Vermont SSP-ACO receives approval), we will be implementing and testing this model in a different way than other states. Planning of the Medicaid and commercial versions of the Shared Savings ACO model will occur in 2013, for implementation January 1, 2014.



We have in place a strong, experienced leadership team within state government to guide this project. The project will be governed by a Steering Committee co-chaired by Mark Larson, Commissioner of the Department of Vermont Health Access (DVHA), and Anya Rader Wallack, Chair of the Green Mountain Care Board (GMCB). Each came to their current position within the past 15 months. Previously, Mark was a legislator and Chair of the House Health Care Committee. Anya was the Governor's Special Assistant for Health Care Reform. Both were central to the passage of Act 48 in 2011 and assumed their positions with a strong mandate from the Governor to achieve the law's intent. Both have on their staffs strong and experienced Directors of Payment Reform who collaborate closely on payment reform policy and have been deeply involved in development of this grant application. The grant will provide

additional staff to both DVHA and the GMCB to support these directors in their efforts to implement statewide payment reform.

The Agency of Human Services also possesses strong leadership throughout the Secretary's office and its Departments with a long history of implementing innovative and successful health care reform efforts. Leadership from across the Agency will be intimately involved in the implementation of this project.

The grant Steering Committee will include representatives of major payers, providers involved in payment reforms, the Agency of Human Services, and other key stakeholders. A similar structure has existed to guide payment reform efforts to date in Vermont, but under this grant the group will be reconstituted to assure focus on project tasks, appropriate representation of involved stakeholders and the ability to provide timely guidance to the project. The data and infrastructure elements of the project will have a separate steering committee, also chaired by the DVHA Commissioner and the Chair of the GMCB. The operational plan for the project involves three tracks of planning and implementation work, coordinated through the project co-leaders, their Directors of Payment Reform and the Steering Committee:

- DVHA, in collaboration with other AHS Departments, will develop operational plans for implementation of the Shared Savings ACO, bundled payments and pay-for-performance models within the Medicaid program;
- The GMCB will set statewide policy to govern the expansion of the three models from Medicare to Medicaid and commercial payers. This will include standards for Medicaid and commercial ACOs, including quality reporting requirements, necessary competencies and

patient protections.

- The co-leaders of the project, advised by Steering Committee, will assure coordination between the two elements of the project described above and between those elements and other ongoing state payment reform activities, namely the efforts to develop the Dual Eligibles project and the effort to pilot global budgets in some of Vermont's hospitals.

The basic infrastructure to support this project exists today in that the GMCB and DVHA have Directors of Payment Reform, and the GMCB has some staffing and contracting dollars for this effort (supported by state appropriations, a grant from the Robert Wood Johnson Foundation and the State's Exchange implementation grants). The SIM grant will augment those resources and, in particular, provide for additional capacity at DVHA and other departments within the Agency of Human Services to carry out Medicaid-related payment reform. DVHA will be responsible for project reporting.

Our ability to collect data related to the project and support evaluation are well-documented in our State Healthcare Innovation Plan and in work products produced previously by DVHA and other state departments utilizing the state's all-payer claims dataset. This includes use of that dataset for purposes of patient attribution to Blueprint practices, calculation of payer contributions to Blueprint enhanced payments and evaluation of the Blueprint model (see http://hcr.vermont.gov/sites/hcr/files/Blueprint%20Annual%20Report%20Final%2001%2026%2012%20_Final_.pdf).