

**AMENDMENT**

It is agreed between the State of Vermont, Department of Vermont Health Access (hereinafter called "State") and Vermont Information Technology Leaders, Inc. (hereinafter called "Subrecipient"), with a principal place of business at 144 Main Street, Montpelier VT 05602, that the contract dated July 2, 2014 is to be amended December 1, 2014 as follows:

**1. By striking out on page 1, item #3 of the Base agreement as amended by Amendment 1 the following:**

**Maximum Amount.** In consideration of services to be performed by the Subrecipient, the State agrees to pay the Subrecipient, per payment provisions specified in Attachment B, a sum not to exceed \$3,377,489. See Attachment B, #1, FUNDING and PERIOD OF PERFORMANCE AUTHORIZATION REQUIREMENT.

**And substituting in lieu thereof:**

**Maximum Amount.** In consideration of services to be performed by the Subrecipient, the State agrees to pay the Subrecipient, per payment provisions specified in Attachment B, a sum not to exceed \$4,678,989. See Attachment B, #1, FUNDING and PERIOD OF PERFORMANCE AUTHORIZATION REQUIREMENT.

**2. By striking out on page 1, item #4, of the Base agreement the following:**

**Grant Term:** The effective date of this Grant Agreement shall be July 2, 2014 and end on June 30, 2016.

**And substituting in lieu thereof:**

**Grant Term:** The effective date of this Grant Agreement shall be July 2, 2014 and end on May 1, 2017. See Attachment B, #1, FUNDING and PERIOD OF PERFORMANCE AUTHORIZATION REQUIREMENT.

Work performed between December 1, 2014 and the signing or execution of this amendment that is in conformity with Attachment A may be billed under this agreement. Subrecipient agrees that in exchange for the consideration of the option to bill for services performed, all terms and conditions described in this agreement shall apply to any and all services performed for or on behalf of the State. Subrecipient agrees that by submitting invoices, bills, or otherwise seeking compensation for services performed prior to the finalization of this agreement or signing of this agreement, Subrecipient is agreeing to the application of all terms of this contract to that period and to that work. Subrecipient further agrees to defend, indemnify, and hold the State harmless for any claim, dispute, non-contractual cost or charge, or any liability whatsoever, whether in law, equity, or otherwise, which arises from or is connected to the work performed prior to the execution of this agreement. Subrecipient further agrees that these terms apply regardless of whether the work is accepted by the State, and regardless of whether payment is issued by the State to the Subrecipient for the work in question.

**3. Attachment A. By striking out Attachment A of the Base agreement as amended by Amendment 1 in its entirety and replacing in lieu thereof:**

I. **Background**

The purpose of this agreement is to develop and implement a broad-based, population-based infrastructure within Vermont's Health Information Exchange's (VHIE) capabilities, and to fully align with the emphasis of national and Vermont health care reform on collaborative, clinically integrated providers held accountable for the cost and quality of health care delivered to the populations they serve. VHIE is a secure computer network that connects the electronic health information systems of different health care providers, enabling those providers to share clinical and demographic data of patients they have in common.

This agreement encompasses the following types of Vermont health care providers: 1) Accountable Care Organizations and 2) designated and specialized service agencies including those providing long term services and support services. This agreement is divided into two scopes of work related to each of these provider classes.

II. **Scope of Work**

*Accountable Care Organization (ACO)-related scope of work:*

There are five tasks under this project: Event Notification System Implementation; Gap Analysis; Gateway Development; Customer Support for Year One; and Gap Remediation. These will be performed by the Subrecipient or the Subrecipient's sub-contractors, including Medicity, the Subrecipient's existing Health Information Exchange vendor.

The Subrecipient will assign one or more Project Managers who will ensure that the following tasks are completed efficiently and effectively. The Project Manager(s) will work on individual components of the project, ensuring that resources are maximized and that activities occur in the appropriate sequence.

The Subrecipient shall provide documents that constitute the Project Management Plan for Gap Analysis, Gateway Development, Event Notification System Implementation, and Gap Remediation, and roles and responsibilities, which describes how project objectives shall be met and provides a road map for implementing the population-based infrastructure for the VHIE. The Sub-recipient will also document Customer Support for Year One for each ACO. As part of the Project Management Plan, the State, Subrecipient and Vermont's Accountable Care Organizations will agree on the duties and responsibilities of each ACO in supporting the Subrecipient in the successful achievement of the deliverables identified in this Agreement. The approach shall be consistent with the Project Management Institute Project Management Methodologies stated in the Project Management Body of Knowledge or equivalent. The Project Management Plan shall address the initiating, planning, controlling, executing, and closing processes. The Project Management Plan should at a minimum consist of the following subsidiary management plans:

- a. Scope Management Plan — this plan documents the project vision and goals, items that are in-scope and out-of-scope and their prioritization, dependencies among the scope items, and risks associated with the inclusion and removal of items from scope. The plan also defines the process used to modify project scope.

- b. Cost Management Plan — this plan shall indicate how project costs/budget shall be incurred, controlled, and reported. The plan must include the finalized cost and budget for the project. Cost-related progress report formatting shall be developed and included by the Subrecipient, consistent with AHS requirements with inputs from State, and must include a tracking of costs to the project budget baseline.
- c. Risk Management Plan — the Subrecipient, with the support of State shall submit a Risk Assessment to the State's Program Director within one month of the grant signing.
- d. Quality Management Plan — the Subrecipient's plan must have the following elements:
  - a. Defined quality assurance responsibilities
  - b. Detailed definition of all deliverables by phase and associated acceptance criteria
  - c. Defined deliverable review process
  - d. Disciplined deliverable review process
  - e. Regularly scheduled reviews of key project phases and milestones
  - f. Identified target performance areas and proposed methods of measurement; establish the baseline metrics for the agreed upon goal areas; and assist the State in determining the level of achievement of the performance goals.
- e. The Schedule Management Plan – the plan developed by the Subrecipient must include the following:
  - a. How the project schedule shall be monitored for variances
  - b. What types of corrective actions shall be taken to address schedule variances during the life of the project
  - c. The process, roles, and responsibilities involved in making changes to the project schedule.
- f. Communication Management Plan — the plan must detail the varying levels and needs of the project's stakeholders for information regarding the project, status, accomplishments, impact on stakeholders, etc. As part of Communication Management, issues must be logged and reported monthly and the plan must detail the escalation mechanisms for issue resolution.

The Subrecipient will accomplish the following tasks under this Agreement:

### 1) Gap Analysis

The Gap Analysis will be an evaluation of the EHR capability of health care organizations, interface capability of the EHRs, and data within those interfaces, needed to ensure health data supporting the ACOs is submitted to the VHIE. The ACOs are responsible for managing data content and quality, assisted by Subrecipient and State entities involved with promoting data quality. The target data consists of the year one Medicare, Medicaid and Commercial Shared Savings ACO Program quality measures, some of which are obtained by survey or claims data. This will be a baseline determination of provider ability to capture and electronically transmit the clinical information needed for Commercial, Medicare and Medicaid Shared Savings ACO Program quality measures. The Subrecipient will evaluate the following organizations, which are ACO member providers:

- a. Hospitals – Various Systems Interfaced to the VHIE
- b. Physician/Ambulatory - EHRs Interfaced to the VHIE
- c. Community Providers Information Interfaced to the VHIE – including: Home health, skilled nursing facilities, mental health, and specialized agencies.

d. Other Information Sources Interfaced to the VHIE

**2) Gateway**

The Gateway is a way for electronic data to be routed to the ACOs' analytics vendors for Care Management and Analytic processes to support patient care. ACOs are accountable for the cost and quality of health care delivered to the populations they serve. The Subrecipient will work with each ACO to develop full-functionality for their respective analytics vendors. Full-functionality is defined as insuring only the ACO beneficiaries are selected for further analytics, the selected data only includes patient demographics, lab results, clinical summaries and immunizations (ADT, CCD, Lab, VXU), and the targeted data is received intact by the ACO's analytics vendor. The Gateway architecture is provided in Appendix I.

- a. Complete development and implementation of electronic pipeline(s) to the VHIE and analytics vendors
  - i. Supports analytic systems and payment reform efforts
  - ii. Enables full-functionality for the Northern New England Accountable Care Collaborative (NNEACC) Tool for OneCare Vermont ACO and its providers
  - iii. Enables full functionality for the tool selected by Community Health Accountable Care (CHAC)
  - iv. Enables full functionality for the tool selected by Accountable Care Coalition of the Green Mountains (ACCGM).

**3) Event Notification System**

The Subrecipient shall implement an event notification system (ENS) delivering information about a patient's medical service encounters. The system shall, for instance, supply information to a primary care provider (permitted recipient) detailing the time of hospitalization or discharge. The Subrecipient will be responsible, first, for the implementation of pilot testing the ENS. The Subrecipient and the State will use the information gathered in the pilot to consider revisions to the ENS, and for developing education materials and user guides prior to broader launch. At the start of the pilot and ensuing enhancements, the Subrecipient will expand the implementation and provide support services to each of the ACOs. This work will include: making sure subscribers have an executed VHIE Services Agreement; creating user accounts for subscribers; developing a rollout strategy by assisting initial subscribers with creating and testing notification templates; and developing a self-service implementation plan and will be supported by the Subrecipient's Service Center, for an expanded customer base until December 31, 2015. The Subrecipient will make the ENS available to providers outside of the ACOs. The services provided to those additional providers, as well as the associated charge for services, will not be covered within the scope of this Agreement.

**4) Customer and System Infrastructure Support**

The Subrecipient shall provide customer and system infrastructure support to ACOs and their members. System infrastructure support is defined as interface maintenance; upgrades and replacement (see a.ii below).

- a. Customer support to ACO participants shall encompass:

- i. patient identity management;
- ii. interface maintenance, upgrades and replacement;
- iii. continuous measuring and data quality improvement; and
- iv. provision of a twenty four hour, seven days a week support center.

## 5) Gap Remediation

There are five parts to the Gap Remediation: Interface and Electronic Health Record Installation, Data Analysis, Data Formatting, Terminology Services, and Solutions Enablement Team (SET). The ACO shall take reasonable steps to ensure that their Members comply with VITL recommendations with regards to the five parts of the Gap Remediation.

### a. Interface and Electronic Health Record Installation:

- i. The Subrecipient, in collaboration with the ACOs, will propose the appropriate infrastructure for health care organizations (HCOs) that do not have Electronic Health Records (EHRs). The Subrecipient will provide a proposal to the State and the ACOs to remediate these organizations. In each instance, the Subrecipient will recommend options to improve health data interoperability. There are three categories of organization:
  1. The HCO does not have the staff, client population, or expertise to support an Electronic Health Record.
  2. The HCO is capable of supporting an Electronic Health Record, but does not have the funds for ongoing support.
  3. The HCO has the funding to support an EHR.
- ii. The Subrecipient, in collaboration with the ACOs, will determine what interfaces are required for HCOs that have Electronic Health Records. The Subrecipient will develop interfaces and shall provide interface development work designed to develop connectivity between the VHIE networks and ACO member organizations. Grantee may rely on Medicity to provide services dedicated to Grantee. Interface development shall include:
  1. Grantee staff shall be trained to perform aspects of interface development
  2. Provision of onsite resources for interface development
  3. The deliverables for this work are defined in the "Project Deliverables and Target Dates" Section and include expansion of:
    - a) Connectivity to Hospitals;
    - b) Connectivity to patient-centered medical homes and other primary care providers;
    - c) Connectivity to Physician/Ambulatory providers; and

d) Connectivity to Community Providers including: Home health, skilled nursing facilities, mental health, and specialized agencies.

b. Data Analysis:

The Subrecipient will perform an analysis of ACO members' Electronic Health Records on each of sixteen data elements. The Subrecipient will engage providers and make workflow recommendations to change data entry to ensure the data elements are captured. The Subrecipient will use the following questions in their analysis:

- i. Is the HCO capturing the measure at all?
- ii. Is the HCO capturing the measure, but in a custom field that is not picked up by the clinical summary?
- iii. Is the HCO capturing the measure in the vendor's specified field, but the clinical summary is not picking it up?

c. Data Formatting:

Data formatting builds on tasks 5(a) and 5(b) above. The Subrecipient will perform comprehensive analyses to ensure that each data element from each HCO is formatted identically. The specific activities performed to ensure uniform data formatting vary based on vendor and HCO. The Subrecipient will work with HCOs to perform some or all of the following:

- i. The HCO can change their method of data entry
- ii. The HCO's vendor can change their format used to capture data
- iii. A third party could use a terminology service to transform the data

The Subrecipient will also investigate other approaches to data formatting to ensure data uniformity.

d. Terminology Services:

The Subrecipient will engage a subcontractor to perform terminology services. The Subrecipient will release an RFP for these services and select a vendor based on bid responses. The Subrecipient will engage this subcontractor for 24 months. The terminology services enhance clinical data quality in the VHIE by translating clinical data elements into standardized code sets. Specifically, these convert the data elements from source code to standard clinical classifications and codes readable by all electronic health records.

e. SET Services:

The Subrecipient will subcontract with Medicity to provide SET services. SET services are dedicated Medicity resources. These Medicity resources are Vermont specific and allow for rapid interface development. The SET will start with one Vermont hospital while developing priority interfaces throughout the state. The Subrecipient will identify priority interfaces in consultation with the ACOs and the State.

**Project Deliverables and Target Dates:**

The tasks to be completed, specific deliverables, and timelines are listed in the table below.

Task	Scope	Deliverable	Due No Later Than
<b>1) Gap Analysis</b>			
	Who has an EHR?	Subrecipient will identify for each participant for whom we have EHR data the EHR used by that participant.	Jul-14
	Those who are unknowns	Subrecipient will contact each participant for whom Subrecipient has no EHR information. Subrecipient will update its customer base to reduce the number of OCV participants with unknown EHRs.	Jul-14
	Hospitals sending lab results to the HIE so that data can flow to ACOs	Subrecipient has knowledge of which hospitals are sending lab results to the VHIE. This data analysis does not require information to be gathered from non-hospital practices.	Jul-14
	Health care organizations sending ADT	Subrecipient has knowledge of which health care organizations are sending Admission, Discharge and Transfer data (ADT) to the VHIE. This includes hospitals and practices. Subrecipient will also indicate which organizations <u>could</u> technically send an ADT but are not in the process of building an ADT interface.	Jul-14
	Health care organizations sending immunization	Subrecipient has knowledge of which health care organizations are sending VXU (immunizations) to the VHIE. This includes hospitals and practices. Subrecipient will also indicate which organizations <u>could</u> technically send a VXU but are not in the process of building a VXU interface.	Jul-14
	Health care organizations sending CCDs	Subrecipient knows which organizations are sending clinical data through the VHIE. Subrecipient will be able to identify which organizations are sending Continuity of Care Documents (CCDs) that could be parsed and forwarded to NNEACC in a flat file for NNEACC analytics. Subrecipient will also indicate which organizations <u>could</u> technically send a CCD but are not in the process of building a CCD interface.	Jul-14

Task	Scope	Deliverable	Due No Later Than
	For those organizations ending CCDs, what quality measures are included	Subrecipient will review data in Docsite to identify which of the quality measure data elements are included in a CCD for those organizations sending CCDs.	Jul-14
<b>2) Gateway</b>			
<b>OCV Medicare</b>			
	Build Medicity functionality - Beneficiary file	A OCV master person index is created for Medicare beneficiaries	Jul-14
	OCV Labs	OCV Medicare filtering on labs is complete, and sent to Northern New England Accountable Care Collaborative (NNEACC)	Jul-14
	OCV ADT	OCV Medicare filtering on Admission Discharge Transfer data (ADT) is complete, and sent to NNEACC	Jun-15
	OCV VXU	OCV Medicare filtering on VXU is complete, and sent to NNEACC	Jun-15
	OCV CCD	OCV Medicare filtering on CCD is complete, and sent to NNEACC	Jun-15
	Build NNEACC CCD Interfaces	Convert inbound CCDs to a flat file for NNEACC	Dec-14
<b>OCV Medicaid</b>			
	Build Medicity functionality - Beneficiary file	A OCV master person index is created for Medicaid beneficiaries	Sept 15
	OCV Labs, ADT, CCD, VXU	OCV Medicaid filtering on lab, ADT, CCD and VXU is complete, and sent to NNEACC	Sept 15
<b>OCV Commercial</b>			
	Build Medicity functionality - Beneficiary file	A OCV master person index is created for commercial beneficiaries	Sept 15
	OCV Labs, ADT, CCD, VXU	OCV commercial filtering on lab, ADT, CCD and VXU is complete, and sent to NNEACC	Sept 15
<b>CHAC</b>			
	Build Medicity functionality - Beneficiary file	A CHAC master person index is created for CHAC beneficiaries	Dec 15
	OCV Labs, ADT, CCD, VXU	CHAC beneficiary Medicare filtering on lab, ADT, CCD and VXU is complete, and sent to CHAC's analytics vendor	Dec 15



Task	Scope	Deliverable	Due No Later Than
<b>ACCGM</b>			
	Build Medicity functionality - Beneficiary file	An ACCGM master person index is created for ACCGM Medicare and commercial beneficiaries	Dec 15
	OCV Labs, ADT, CCD, VXU	ACCGM beneficiary Medicare and commercial filtering on lab, ADT, CCD and VXU is complete, and sent to ACCGM's analytics vendor	Dec 15
<b>3) Event Notification System</b>			
	One time software license purchase	Software license fee	Jun-15
	One time ENS Implementation	Implementation fee	Jun-15
	One time hosting environment setup	Build the hosting infrastructure	Jun-15
	Onboarding per provider organization	Onboarding organization who will receive event notifications	Jun-15 start
<b>4) Customer and System Infrastructure Support (Note due date in this section is commencement of the 12 month period of customer support)</b>			
	CHAC Medicaid and Commercial	Provide customer support to ACO participants and encompasses: patient identify management; interface maintenance, upgrades and replacement; continuously measuring and improving data quality; and the provision of a twenty four hours a day, seven days a week support center.	Dec-15
	ACCGM Commercial	Provide customer support to ACO participants and encompasses: patient identify management; interface maintenance, upgrades and replacement; continuously measuring and improving data quality; and the provision of a twenty four hours a day, seven days a week support center.	Sept 15

Task	Scope	Deliverable	Due No Later Than
<b>5) Gap Remediation</b>			
Interface and Electronic Health Record Installation	Identify members who do not have an EHR or are planning to replace an EHR.	Propose for each identified member the options for an EHR including but not limited to: no EHR; potential shared hosted system, or propose a vendor's system.  Identify and initiate work on installing new interfaces.	Jan 16
Data Analysis	Identify the data capability of each HCO	Work with each ACO and their respective ACO members to enable data capability across all quality measures.	Jan 16
Data Formatting	Increase the percentage of data that can meet the ACO quality measures through identifying appropriate data elements in messages, recommending EHR vendor updates, and facilitating practice workflow improvements.	ACO member organizations will be capable of sending the 22 clinical data measures electronically to cover 62% of the aggregate beneficiary population. The baseline beneficiary populations were established October 1, 2014 for the ACOs.	Jan 16
Terminology Services	Implement systems with the capability to provide terminology services including, but not limited to, mapping data, code set remediation.	Provide terminology services for 24 months.	24 months beginning August 1, 2015
SET Services and new interface development	Provide Medicity dedicated resources to develop interfaces ACO participants, selected in collaboration with the ACOs and the State.	Provide SET Services resources for 8 months.	November 2014-June 2015

*Advancing Care through Technology (ACTT) Partners Scope of Work:*

There are three tasks in this project: 1) Assist in acquisition of an Electronic Medical Record (EMR) vendor for ARIS Solutions, Inc. (ARIS); 2) Provide eHealth Specialists; and 3) Provide subject-matter expertise related to long term services and supports health information integration and data transfer and storage.

**1) Assist in acquisition of EMR vendor for ARIS**

The Subrecipient will assist ARIS in the acquisition of an EMR vendor for five specialized service agencies beginning January 1, 2015. The vendor contract is expected to be executed by May 31, 2015. The Subrecipient will assist ARIS in completing the tasks listed in Table C below:

**Table C: ARIS Vendor Selection Tasks**

#	Task	Notes	Target completion from project start date January 1, 2015
1	Complete a corporate strategy	Review objectives	+1 month
2	Conduct an RFI (Request for Information)	Review responses	+2 month
3	Establish a vendor selection committee	Review committee membership	+2 month
4	Establish an internal champion	Meet the project champion	+2 month
5	Define selection criteria	Review and modify criteria	+2 month
6	Define analysis tools (Weighted Ranking, Paired Comparison, Risk Analysis etc.)	Review tools and create new versions/ more simple	+2 month
7	Assign project manager / develop a project plan	Define skill set; propose candidates; review internal candidates	+2 month
8	Establish group(s) of expert, superusers for analysis	Review superuser skills and capacity to participate	+2 month
9	Conduct vendor semi-structured presentations (specific questions)	Review notes from presentations	+3 month

#	Task	Notes	Target completion from project start date January 1, 2015
10	Conduct vendor structured presentations (scripted scenarios)	Review notes from presentations	+3 month
11	Site visit – Aris to vendor headquarters	Assist with questions and objectives for vendor executives	+3 month
12	Complete a technology assessment	Review system architecture: security; technical capacity for expansion; backup and disaster recovery procedures, etc.	+3 month
13	Legal discussions with vendor (prior to vendor selection)	Provide terms and conditions to vendors; collate responses	+4 month
14	Select a vendor	Assist the DAs with selecting a vendor	+4 month

**2) eHealth Specialists**

The Subrecipient will provide 2.0 FTE eHealth Specialists to support data gathering and data quality improvement at Vermont’s designated and specialized service agencies for a twelve (12) month period. The Subrecipient agrees to employ sufficient eHealth Specialists and other staff to perform the work described in this section for the entire grant period.

The Subrecipient shall:

2.1 Work toward Data Quality Initiatives at 16 designated and specialized service agencies. Within 30 days of execution of this amendment, the Subrecipient and the State will define a mutually agreed upon set of specific tasks related to this activity.

- 3) Provide subject-matter expertise related to health information integration and data transfer and storage that supports the deliverables of this agreement. The Subrecipient will submit monthly invoices to the State. The Subrecipient will invoice the State on an hourly basis for the following subject-matter experts:

Personnel	Rate
VITL Leadership: John Evans, Mike Gagnon, Sandy McDowell, Rob Gibson, Judith Franz, Nancy Rowden Brock, Kristina Choquette	\$200
VITL Project Managers and technical staff: TBD	\$125

**Significance of the Use of Federal Monies**

To protect grant funds from federal disallowance and recovery from the State or the Subrecipient, the Subrecipient promises to comply with the following:

Work invoiced by the Subrecipient for the purpose of expending funds against this Agreement will include only work defined in Attachment A of this Agreement.

Subrecipient shall provide written notification to the State upon entering into a contractual relationship for work defined by this Agreement to be performed by the Subrecipient for another entity.

- a. The State reserves the right to audit the Subrecipient to ensure compliance with State and Federal regulations, including the cost allocation methodologies referenced below.
- b. The Subrecipient must separate accounting between projects to the extent it has different sources of funding for projects.
- c. Any work performed outside of the direction of the State will not be reimbursed. The State contact to authorize direct work is the State's representative referenced on Page 1, Section 8 of this Agreement.

The Subrecipient shall be fully responsible for any work completed by its contractors and consultants. All work performed by contractors and consultants is subject to all conditions and requirements included in this Agreement. The Subrecipient shall receive written permission from the State prior to entering into an agreement with a contractor or consultant if utilizing funds awarded under this Agreement. The State will respond within five (5) business days to review a request for the Subrecipient to contract for any non-emergency services. The State will respond within twenty-four (24) hours to review a request for the Subrecipient to contract for any emergency services, recognizing that in certain circumstances the Subrecipient may need to take action in less than 24 hours. The Subcontractor Approval Form is located in Appendix I – Required Forms.

The Subrecipient shall utilize proper cost allocation methodology under this Agreement. The State currently funds the Subrecipient under an array of agreements and funding streams that have the capability of spanning multiple State Fiscal years.

Subrecipient shall abide by Federal cost allocation regulations as they pertain to the funding that the State is awarding to the Subrecipient for its use.

The Subrecipient warrants that they are aware of and shall comply with the following federal regulations as they pertain to straight or matched federal dollars received under its agreement(s) with the State:

- 2 CFR Chapter I, Chapter II, Part 200, et al.: "Uniform Administrative Requirements, Cost Principles, and Audit Requirements for Federal Awards; Final Rule" <http://www.gpo.gov/fdsys/pkg/FR-2013-12-26/pdf/2013-30465.pdf>.

The Subrecipient is responsible for compliance to any and all other applicable federal regulations or guidelines specific to supporting the funding defined in this agreement.

**Subcontractor**

Through this the State approves the Subrecipient to subcontract with Medicity as the administrator of the Vermont Health Information Exchange (VHIE). The Subrecipient has held a contract with Medicity contract since March 2010 with which the State is in agreement. Should the Subrecipient decide to modify this relationship or any other subcontracting under this agreement, it will in good faith notify and seek approval from the State prior to engagement.

**4. Attachment B: By striking out Attachment B of the Base agreement as amended in Amendment 1 in its entirety and replacing in lieu thereof:**

The maximum dollar amount payable under this agreement is not intended as any form of a guaranteed amount. The Subrecipient will be paid for services specified in Attachment A, or services actually performed, up to the maximum allowable amount specified within this agreement.

1. FUNDING and PERIOD OF PERFORMANCE AUTHORIZATION REQUIREMENT: This contract is funded by a federal grant and subject to federal approval by the Center for Medicare and Medicaid Innovation (CMMI). No reimbursement shall be provided under this agreement without federal approval for the task, service, or product for which reimbursement is claimed.
  - a. In August 2015, funding was sought for the time period of January 1, 2015 through December 31, 2015 in the amount of \$3,125,943.00. Subrecipient may not begin work for the time period beginning January 1, 2015 and ending December 31, 2015, without written authorization from the State of Vermont. Approval for year two funding is contingent on CMMI authorization.
  - b. In November, 2015 funding will be sought for an amount to be determined for the time period of January 1, 2016 through December 31, 2016. Subrecipient may not begin work for year three, beginning January 1, 2016 and ending December 31, 2016, without written authorization from the State of Vermont. Approval for year three funding is contingent on CMMI authorization.
  - c. In November, 2016 funding will be sought via a No Cost Extension for an amount to be determined for the time period of January 1, 2017 through May 1, 2017. Subrecipient may not begin work for year four, beginning January 1, 2017 and ending May 1, 2017, without written authorization from the State of Vermont. Approval for year four funding is contingent on CMMI authorization.
2. The Subrecipient shall submit monthly invoices to the State on the 20th of the month for the prior month's spending and contain the current date of submission, invoice number, and grant number.
  - a. The Subrecipient's monthly billing invoice will include the following:
    - i. For "per member per month" support - show number of members, monthly charge per the agreement, extension. In backup, provide source of membership number.
    - ii. For "deliverables" - indicate completion and discuss in progress report (see below), show amount due upon completion per the agreement.
    - iii. For hourly charges - show number of hours worked by staff category, hourly rate per

the agreement, and activities performed:

1. Subject Matter Experts at \$200 per hour
  2. Project Managers at \$125 per hour
  3. eHealth Specialists at \$48.08 per hour
- b. Out-of-State Travel is not an allowable expense under this agreement. In-State travel mileage shall not exceed the State approved mileage rates at the time at which the expense occurred. The Contractor is responsible for submitting invoices in compliance with the current mileage rates, which change periodically.

As of April, 2015, these rates are as follows:

- i. Mileage reimbursement = \$.575/mile
  - ii. Current rates can be found at:  
[http://humanresources.vermont.gov/salary/compensation/expense\\_reimbursement](http://humanresources.vermont.gov/salary/compensation/expense_reimbursement).
  - iii. This agreement requires that you submit to your Contract Administrator a copy of your Travel Policies no later than 30 days after contract execution.
  - iv. If mileage reimbursement is requested, the Subrecipient shall provide documentation in the invoice to support this request. Documentation should comply with the Subrecipient Travel Policies in addition to federal funding regulations as it relates to travel expenditures.
- c. All Invoices shall be accompanied by a monthly progress report and include back up detail (see Appendix A for sample monthly invoice and reports).
1. Proposed changes in scope of work shall be submitted for approval by the State. Subrecipient will undertake a new initiative in this category only upon submittal and approval by the State of a proposed scope of work and budget, and will be decided on by the State no later than quarterly. To the extent that budget increases or significant scope changes would be required, those changes would be subject to a formal amendment to this Agreement executed by the Subrecipient and the State.
  - ii. All reports shall be submitted electronically (Excel and PDF) to the following State Staff for approval.
    1. Jessica Mendizabal, Contracts and Grants Administrator,  
[jessica.mendizabal@vermont.gov](mailto:jessica.mendizabal@vermont.gov)
    2. Georgia Maheras, VHCIP Project Director, [georgia.maheras@vermont.gov](mailto:georgia.maheras@vermont.gov)

The State shall have 5 business days to provide approval or dispute any portion of submission. Upon approval invoices shall be process at Net 0 terms.

- d. The Subrecipient will maintain a running accounting of invoicing to date for each project/category in the agreement compared with the total amount per the agreement. This

will be provided quarterly in conjunction with the quarterly progress report.

3. The Subrecipient and the State shall engage in ongoing collaboration with the goal of enhancing Subrecipient's financial reporting and controls in order to strengthen the organization. In this endeavor the State shall designate a qualified individual to work with Subrecipient's CFO.
  - a. The Subrecipient shall provide a report to the State of Vermont discussing in detail their accounting systems and processes within (180) days of signing this agreement. This report should describe:
    - i. How the systems and processes track all project expenditures across multiple funding sources.
    - ii. How labor hours and rates of pay are tracked across multiple projects.
    - iii. Cost allocation processes and assumptions
    - iv. The amount of historical information the system contains.
    - v. The system's ability to create ad hoc reports to support decision-making and audit/review by the Subrecipient's management and the State.
    - vi. Recommendations for enhancements to the processes and systems, required staffing, cost and timeline to implement if adopted.
  - b. The Subrecipient shall ensure documentation for expenses (including travel reimbursement, timesheets, and vendor invoices) related to this agreement and other State contracts and grants is available for review and inspection at Subrecipient's offices upon request. The State shall provide Subrecipient feedback concerning any review of such documentation.
  - c. The Subrecipient shall provide, for reference purposes only, internal policies and procedures, including Financial, Travel and Human Resources, within (45) days of signing this agreement.
  - d. The Subrecipient shall provide the State cash flow projections in conjunction with quarterly progress reports.
  - e. The Subrecipient shall provide the State a consolidated summary balance sheet and summary profit and loss statement in conjunction with quarterly progress reports.

As a responsible steward of federal funding, the State monitors its Subrecipients and may utilize the following monitoring tools:

- a. Ensure that Subrecipient is not disbarred/suspended or excluded for any reason
- b. Execute a sub-award agreement
- c. Engage in Subrecipient meetings and regular contact with Subrecipients
- d. Required pre-approval for changes to budget or scope of grant
- e. Request quarterly financial reports
- f. Request monthly and quarterly programmatic reports
- g. Engage in a paper or site audit
- h. Engage in desk reviews

In its use of these monitoring tools, the State emphasizes clear communication to ensure a feedback loop that supports Subrecipients in maintaining compliance with federal requirements. The State may at any time elect to conduct additional Subrecipient monitoring. Subrecipients therefore should maintain grant



records accurately in the event that the State exercises this right. If, at any time, the State waives its right to certain Subrecipient monitoring activities, it will note which activities were not completed and the reasons why that activity was not necessary.

4. Table B – 1 Budget:

	Item	Units	Rate	Labor	Purchased Service	Total
<b>Salaries and Wages (Time and Materials)</b>	Project Managers	3470.4	\$125.00	\$433,800.00		\$ 433,800.00
	This section will mirror the personnel list above.					\$ 140,291
	2.0 FTE eHealth Specialists	4160	\$48.08	\$200,000		\$ 200,000
<b>Subtotal salaries, wages, and time and materials.</b>						<b>\$ 774,091</b>
<b>Systems Deliverables:</b>						
<b>OCV Medicare</b>						
	Build Medicity functionality - beneficiary	1			\$ 12,650.00	\$ 12,650.00
	OCV Labs	1			\$ 132,250.00	\$ 132,250.00
	OCV ADT	1			\$ 83,567.00	\$ 83,567.00
	OCV CCD	1			\$ 83,567.00	\$ 83,567.00
	OCVVXU	1			\$ 83,566.00	\$ 83,566.00
	Build NNEACC CCD	1			\$ 34,500.00	\$ 34,500.00
<b>OCV Medicaid</b>						
	Build Medicity functionality - beneficiary	1			\$ 12,650.00	\$ 12,650.00
	OCV Labs, ADT, CCD, VXU	1			\$ 172,500.00	\$ 172,500.00
<b>OCV Commercial</b>						
	Build Medicity functionality - beneficiary	1			\$ 12,650.00	\$ 12,650.00

	Item	Units	Rate	Labor	Purchased Service	Total
	OCV Labs, ADT, CCD, VXU	1			\$ 172,500.00	\$ 172,500.00
	Item	Units	Rate	Labor	Purchased Service	Total
<b>CHAC</b>						
	Build Medicity functionality - beneficiary	1			\$ 12,650.00	\$ 12,650.00
	CHAC Labs, ADT, CCD, VXU	1			\$ 172,500.00	\$ 172,500.00
<b>ACCGM</b>						
	Build Medicity functionality - beneficiary	1			\$ 12,650.00	\$ 12,650.00
	CHAC Labs, ADT, CCD, VXU	1			\$ 172,500.00	\$ 172,500.00
<b>ENS</b>						
	One time software license purchase	1			\$ 125,000.00	\$ 125,000.00
	One time ENS implementation	1			\$ 56,250.00	\$ 56,250.00
	One time hosting environment setup	1			\$ 31,250.00	\$ 31,250.00
	Pilot start-up	1			\$ 51,000.00	\$ 51,000.00
	Implementation and roll-out		\$ 125.00	1932		\$ 241,500.00
	Monthly Support	12	\$10,000.00			\$ 120,000.00
ARIS EMR Acquisition						\$ 13,400
<b>Subtotal Systems:</b>						<b>\$ 1,809,100</b>
<b>First Year Support (starting when an ACO goes live with at least one production interface)</b>						
	OCV Medicare	PMPM	\$0.73			\$ 465,740.00
	OCV Medicaid	PMPM	\$0.73			\$ 127,020.00
	Commercial	PMPM	\$0.73			\$ 118,552.00

	Item	Units	Rate	Labor	Purchased Service	Total
	CHAC	PMPM	\$0.73			\$ 82,986.00
<b>Subtotal First Year Support</b>						<b>\$ 794,298.00</b>
<b>Gap Remediation</b>						
SET Services: Subcontract with Medicity-8 months: 11/1/14-6/30/15						\$ 609,502
Terminology Services: Subcontract with vendor TBD after RFP- 24 months beginning 8/1/15						\$ 284,000
VITL Staff Remediation Services-12 months: 1/1/15-12/31/15						\$ 407,998
<b>Subtotal Gap Remediation:</b>						<b>\$ 1,301,500</b>
<b>Total</b>						<b>\$ 4,678,989</b>

5. By replacing Attachment C of the Base agreement with the following Attachment C revised March 1, 2015:

**ATTACHMENT C: STANDARD STATE PROVISIONS  
 FOR CONTRACTS AND GRANTS**

1. **Entire Agreement:** This Agreement, whether in the form of a Contract, State Funded Grant, or Federally Funded Grant, represents the entire agreement between the parties on the subject matter. All prior agreements, representations, statements, negotiations, and understandings shall have no effect.
2. **Applicable Law:** This Agreement will be governed by the laws of the State of Vermont.
3. **Definitions:** For purposes of this Attachment, "Party" shall mean the Contractor, Grantee or Subrecipient, with whom the State of Vermont is executing this Agreement and consistent with the form of the Agreement.
4. **Appropriations:** If this Agreement extends into more than one fiscal year of the State (July 1 to June 30), and if appropriations are insufficient to support this Agreement, the State may cancel at the end of the fiscal year, or otherwise upon the expiration of existing appropriation authority. In the case that this Agreement is a Grant that is funded in whole or in part by federal funds, and in the event federal funds become unavailable or reduced, the State may suspend or cancel this Grant immediately, and the State shall have no obligation to pay Subrecipient from State revenues.
5. **No Employee Benefits For Party:** The Party understands that the State will not provide any individual retirement benefits, group life insurance, group health and dental insurance, vacation or sick leave, workers compensation or other benefits or services available to State employees, nor will the state withhold any state or federal taxes except as required under applicable tax laws, which shall be determined in advance of execution of the Agreement. The Party understands that all tax returns required by the Internal Revenue Code and the State of Vermont, including but not limited to income, withholding, sales and use, and rooms and meals, must be filed by the Party, and information as to Agreement income will be provided by the State of Vermont to the Internal Revenue Service and the Vermont Department of Taxes.
6. **Independence, Liability:** The Party will act in an independent capacity and not as officers or employees of the State.

The Party shall defend the State and its officers and employees against all claims or suits arising in whole or in part from any act or omission of the Party or of any agent of the Party. The State shall notify the Party in the event of any such claim or suit, and the Party shall immediately retain counsel and otherwise provide a complete defense against the entire claim or suit.

After a final judgment or settlement the Party may request recoupment of specific defense costs and may file suit in Washington Superior Court requesting recoupment. The Party shall be entitled to recoup costs only upon a showing that such costs were entirely unrelated to the defense of any claim arising from an act or omission of the Party.

The Party shall indemnify the State and its officers and employees in the event that the State, its officers or employees become legally obligated to pay any damages or losses arising from any act or omission of the Party.

7. **Insurance:** Before commencing work on this Agreement the Party must provide certificates of insurance to show that the following minimum coverages are in effect. It is the responsibility of the Party to maintain current certificates of insurance on file with the state through the term of the Agreement. No warranty is made that the coverages and limits listed herein are adequate to cover and protect the interests of the Party for the Party's operations. These are solely minimums that have been established to protect the interests of the State.

Workers Compensation: With respect to all operations performed, the Party shall carry workers' compensation insurance in accordance with the laws of the State of Vermont.

General Liability and Property Damage: With respect to all operations performed under the contract, the Party shall carry general liability insurance having all major divisions of coverage including, but not limited to:

Premises - Operations

Products and Completed Operations

Personal Injury Liability

Contractual Liability

The policy shall be on an occurrence form and limits shall not be less than:

\$1,000,000 Per Occurrence

\$1,000,000 General Aggregate

\$1,000,000 Products/Completed Operations Aggregate

\$ 50,000 Fire/ Legal/Liability

Party shall name the State of Vermont and its officers and employees as additional insureds for liability arising out of this Agreement.

Automotive Liability: The Party shall carry automotive liability insurance covering all motor vehicles, including hired and non-owned coverage, used in connection with the Agreement. Limits of coverage shall not be less than: \$1,000,000 combined single limit.

Party shall name the State of Vermont and its officers and employees as additional insureds for liability arising out of this Agreement.

Professional Liability: Before commencing work on this Agreement and throughout the term of this Agreement, the Party shall procure and maintain professional liability insurance for any and all services performed under this Agreement, with minimum coverage of \$N/A per occurrence, and \$N/A aggregate.

8. **Reliance by the State on Representations:** All payments by the State under this Agreement will be made in reliance upon the accuracy of all prior representations by the Party, including but not limited to bills, invoices, progress reports and other proofs of work.
9. **Requirement to Have a Single Audit:** In the case that this Agreement is a Grant that is funded in whole or in part by federal funds, the Subrecipient will complete the Subrecipient Annual Report annually within 45 days after its fiscal year end, informing the State of Vermont whether or not a Single Audit is required for the prior fiscal year. If a Single Audit is required, the Subrecipient will submit a copy of the audit report to the granting Party within 9 months. If a single audit is not required, only the Subrecipient Annual Report is required.

For fiscal years ending before December 25, 2015, a Single Audit is required if the subrecipient expends \$500,000 or more in federal assistance during its fiscal year and must be conducted in accordance with OMB Circular A-133. For fiscal years ending on or after December 25, 2015, a Single Audit is required if the subrecipient expends \$750,000 or more in federal assistance during its fiscal year and must be conducted in accordance with 2 CFR Chapter I, Chapter II, Part 200, Subpart F. The Subrecipient Annual Report is required to be submitted within 45 days, whether or not a Single Audit is required.

10. **Records Available for Audit:** The Party shall maintain all records pertaining to performance under this agreement. "Records" means any written or recorded information, regardless of physical form or characteristics, which is produced or acquired by the Party in the performance of this agreement. Records produced or acquired in a machine readable electronic format shall be maintained in that format. The records described shall be made available at reasonable times during the period of the Agreement and for three years thereafter or for any period required by law for inspection by any authorized representatives of the State or Federal Government. If any litigation, claim, or audit is started before the expiration of the three year period, the records shall be retained until all litigation, claims or audit findings involving the records have been resolved.
11. **Fair Employment Practices and Americans with Disabilities Act:** Party agrees to comply with the requirement of Title 21V.S.A. Chapter 5, Subchapter 6, relating to fair employment practices, to the full extent applicable. Party shall also ensure, to the full extent required by the Americans with Disabilities Act of 1990, as amended, that qualified individuals with disabilities receive equitable access to the services, programs, and activities provided by the Party under this Agreement. Party further agrees to include this provision in all subcontracts.
12. **Set Off:** The State may set off any sums which the Party owes the State against any sums due the Party under this Agreement; provided, however, that any set off of amounts due the State of Vermont as taxes shall be in accordance with the procedures more specifically provided hereinafter.

13. **Taxes Due to the State:**

- a. Party understands and acknowledges responsibility, if applicable, for compliance with State tax laws, including income tax withholding for employees performing services within the State, payment of use tax on property used within the State, corporate and/or personal income tax on income earned within the State.
- b. Party certifies under the pains and penalties of perjury that, as of the date the Agreement is signed, the Party is in good standing with respect to, or in full compliance with, a plan to pay any and all taxes due the State of Vermont.
- c. Party understands that final payment under this Agreement may be withheld if the Commissioner of Taxes determines that the Party is not in good standing with respect to or in full compliance with a plan to pay any and all taxes due to the State of Vermont.
- d. Party also understands the State may set off taxes (and related penalties, interest and fees) due to the State of Vermont, but only if the Party has failed to make an appeal within the time allowed by law, or an appeal has been taken and finally determined and the Party has no further legal recourse to contest the amounts due.

**14. Child Support:** (Applicable if the Party is a natural person, not a corporation or partnership.) Party states that, as of the date the Agreement is signed, he/she:

- a. is not under any obligation to pay child support; or
- b. is under such an obligation and is in good standing with respect to that obligation; or
- c. has agreed to a payment plan with the Vermont Office of Child Support Services and is in full compliance with that plan.

Party makes this statement with regard to support owed to any and all children residing in Vermont. In addition, if the Party is a resident of Vermont, Party makes this statement with regard to support owed to any and all children residing in any other state or territory of the United States.

**15. Sub-Agreements:** Party shall not assign, subcontract or subgrant the performance of this Agreement or any portion thereof to any other Party without the prior written approval of the State. Party also agrees to include in all subcontract or subgrant agreements a tax certification in accordance with paragraph 13 above.

**16. No Gifts or Gratuities:** Party shall not give title or possession of any thing of substantial value (including property, currency, travel and/or education programs) to any officer or employee of the State during the term of this Agreement.

**17. Copies:** All written reports prepared under this Agreement will be printed using both sides of the paper.

**18. Certification Regarding Debarment:** Party certifies under pains and penalties of perjury that, as of the date that this Agreement is signed, neither Party nor Party's principals (officers, directors, owners, or partners) are presently debarred, suspended, proposed for debarment, declared ineligible or excluded from participation in federal programs, or programs supported in whole or in part by federal funds.

Party further certifies under pains and penalties of perjury that, as of the date that this Agreement is signed, Party is not presently debarred, suspended, nor named on the State's debarment list at:

<http://bgs.vermont.gov/purchasing/debarment>

19. **Certification Regarding Use of State Funds:** In the case that Party is an employer and this Agreement is a State Funded Grant in excess of \$1,001, Party certifies that none of these State funds will be used to interfere with or restrain the exercise of Party's employee's rights with respect to unionization.
20. **Internal Controls:** In the case that this Agreement is an award that is funded in whole or in part by Federal funds, in accordance with 2 CFR Part II, §200.303, the Party must establish and maintain effective internal control over the Federal award to provide reasonable assurance that the Party is managing the Federal award in compliance with Federal statutes, regulations, and the terms and conditions of the award. These internal controls should be in compliance with guidance in "Standards for Internal Control in the Federal Government" issued by the Comptroller General of the United States and the "Internal Control Integrated Framework", issued by the Committee of Sponsoring Organizations of the Treadway Commission (COSO).
21. **Mandatory Disclosures:** In the case that this Agreement is an award funded in whole or in part by Federal funds, in accordance with 2CFR Part II, §200.113, Party must disclose, in a timely manner, in writing to the State, all violations of Federal criminal law involving fraud, bribery, or gratuity violations potentially affecting the Federal award. Failure to make required disclosures may result in the imposition of sanctions which may include disallowance of costs incurred, withholding of payments, termination of the Agreement, suspension/debarment, etc.
22. **Conflict of Interest:** Party must disclose in writing any potential conflict of interest in accordance with Uniform Guidance §200.112, Bulletin 5 Section IX and Bulletin 3.5 Section IV.B.

State of Vermont – Attachment C  
Revised AHS – 3-1-2015

6. By incorporating the following Attachment D:

**Attachment D**  
**Modifications of Requirements in Attachment C**

1. The Professional Liability requirement contained in Attachment C, Paragraph 7 is hereby modified:

**Professional Liability:** Before commencing work on this Agreement and throughout the term of this Agreement, the Party shall procure and maintain professional liability insurance for any and all services performed under this Agreement, with minimum coverage of **\$2,000,000** per occurrence, and **\$4,000,000** aggregate and first party Breach Notification Coverage of not less than **\$3,000,000**.

Approval:

Assistant Attorney General: \_\_\_\_\_ Date: \_\_\_\_\_

AHS – revised 10/30/10

7. By incorporating the following documents into Appendix I:

The following are for illustration purposes only; actual detail will depend on monthly services and billing occurring.

VITL SFY15 Invoice Template

Date		Invoice number									
SIM payments through the DVHA SIM agreement:	Line item: Tech assistance: practice transformation	ACO PMPM DELIVERABLES	PMPM Rate	Beneficiaries	Period (months)	Amount	Notes:	Agreement Amount	Previously Invoiced	Total Invoiced Including Current	Remaining
			\$ 0.73			\$ -				\$ -	\$ -
									\$ -	\$ -	\$ -
									\$ -	\$ -	\$ -
									\$ -	\$ -	\$ -
<b>Personnel</b>			<b>Hourly Rate</b>		<b>Hours</b>		<b>Notes:</b>	<b>Amount</b>			
Subject Matter Experts			\$200.00			\$ -	See attached for detail of activities			\$ -	\$ -
eHealth specialists			\$48.08			\$ -	See attached for detail of activities			\$ -	\$ -



STATE OF VERMONT  
 AMENDMENT TO STANDARD GRANT AGREEMENT  
 VERMONT INFORMATION TECHNOLOGY LEADERS, INC.

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 CONTRACT # 03410-1275-14  
 AMENDMENT #2

Line Item: Tech and infrastructure between SOV and ACOs/providers	Completion Date	Hourly Rate	Hours	Amount	Notes:				
GATEWAY DELIVERABLES									
OCV Medicare									
Build Medicity functionality - beneficiary								\$ -	\$ -
OCV Labs								\$ -	\$ -
OCV ADT							\$ -	\$ -	\$ -
OCV CCD							\$ -	\$ -	\$ -
OCV VXU							\$ -	\$ -	\$ -
Build NNEACC CCD							\$ -	\$ -	\$ -
OCV Medicaid									
Build Medicity functionality - beneficiary								\$ -	\$ -
OCV Labs, ADT, CCD, VXU							\$ -	\$ -	\$ -
OCV Commercial									
Build Medicity functionality - beneficiary								\$ -	\$ -
OCV Labs, ADT, CCD, VXU							\$ -	\$ -	\$ -
CHAC									
Build Medicity functionality - beneficiary								\$ -	\$ -
CHAC Labs, ADT, CCD, VXU							\$ -	\$ -	\$ -

AMENDMENT TO STANDARD GRANT AGREEMENT  
VERMONT INFORMATION TECHNOLOGY LEADERS, INC.

CONTRACT # 03410-1275-14  
AMENDMENT #2

ACGM	Build Medicity functionality - beneficiary							
ACGM Labs, ADT, CCD, VXU	Project Management							
Line item: Tech and infrastructure: Expanded connectivity to the HIE infrastructure								
	Rate	Hours/Periods	Amount	Notes:		Amount	Notes:	
ENS DELIVERABLES	Completion Date							
One time software license purchase								
One time ENS implementation								
One time hosting environment setup								
Pilot start-up								
Implementation and roll-out			\$			\$		
Monthly Support			\$			\$		
<b>GAP REMEDIATION DELIVERABLES</b>								



**VITL SFY15 Progress Report**

<b>VITL – DVHA SFY15 GRANT PROJECTS</b>	
<b>PREPARED BY:</b>	<b>PERIOD (M/Q/A):</b>
	<b>DATE:</b>
<b>Major Accomplishments this Period</b> (Please share any major accomplishments within the scope of this agreement for this period):	

--

<b>Concerns/Risks/Issues</b> (Please share any major concerns, issues, or risks within the scope of this agreement for this period):

**Deliverable Report** (Please follow the directions detailed in the Deliverable column):

<b>PROJECT</b>	<b>DELIVERABLE</b>	<b>REPORT</b> (Progress this period/Planned activities for next period/Any possible risks to achieving expected goals in upcoming periods)
4.2.1 Medication History Deployment and Evaluation	Provide report on the total number of medication history queries	
4.2.1 Medication History Deployment and Evaluation	<b>QUARTERLY:</b> Provide a report that assesses the completeness of medication history information by randomly	

	<p>sampling 5 patient medication histories and performing a validation with the applicable Vermont based providers of record.</p> <p>ANNUAL: Final annual report on work completed in FY15. Report shall define how the scope of work defined in section 4.2.1 above was completed and shall be accompanied by any supporting documentation.</p> <p>Provide report on number, site, and interface types:</p> <ul style="list-style-type: none"> <li>- In Progress</li> <li>- Completed</li> </ul> <p>ANNUAL: Final annual report on work completed in FY15. Report shall define how the scope work defined in section 4.2.2 above was completed and shall be accompanied by any supporting documentation.</p> <p>Provide report on the identity, number, assigned resources, and status of Sprint projects in progress (Please attach updated Pipeline Report)</p> <p>Progress report on work completed towards this project's objectives in the previous month.</p> <p>ANNUAL: Final annual report on work completed in FY15. Report shall define how the scope work defined in section 4.4.1 above was completed and shall be accompanied by any</p>
4.2.1 Medication History Deployment and Evaluation	
4.2.2 Expanded Connectivity of HIE infrastructure	
4.2.2 Expanded Connectivity of HIE infrastructure	
4.3.1 Statewide eHealth Specialist Consulting – Data Quality Initiatives	
4.4.1 Connection to Healthway	
4.4.1 Connection to Healthway	

<i>supporting documentation.</i>	
VITL – DVHA SFY15 CONTRACT PROJECTS	PERIOD (M/Q/A):
PREPARED BY:	DATE:
Major Accomplishments this Period (Please share any major concerns, issues, or risks within the scope of this agreement for this period):	
Concerns/Risks/Issues (Please share any major accomplishments within the scope of this agreement for this period):	
Deliverable Report (Please follow the directions detailed in the Deliverable column):	
<b>PROJECT</b>	<b>DELIVERABLE</b>
4.3.1 Statewide eHealth Specialist Consulting – VITLAccess Onboarding	Provide report on number of health care organizations that have been: <ul style="list-style-type: none"> <li>- Profiled</li> <li>- Enrolled</li> <li>- Launched</li> </ul> <b>ANNUAL: Final annual report on work completed in FY15. Report shall define how the</b>
4.3.1 Statewide eHealth Specialist Consulting – VITLAccess Onboarding	<b>REPORT (Progress this period/Planned activities for next period/Any possible risks to achieving expected goals in upcoming periods)</b>

	<i>scope work defined in section 4.3.1 above was completed and shall be accompanied by any supporting documentation.</i>	
Data Quality Tools and Services	<i>Update on any deliverables currently in process.</i>	
HIXNY Implementation	<i>Update on any deliverables currently in process.</i>	
Security Enhancements	<i>Update on any deliverables currently in process.</i>	
Replace MyViti	<i>Update on any deliverables currently in process.</i>	
VITL Infrastructure Upgrades	<i>Update on any deliverables currently in process.</i>	
42 CFR Part 2 Project	<i>Update on any deliverables currently in process.</i>	
Annual Public Health IT Survey	TBD	
Provider and General Public Awareness Campaign	TBD	
<b>VITL – VHICIP AGREEMENT PROJECTS</b>		
<b>PREPARED BY:</b>		<b>PERIOD (M/Q/A):</b>
		<b>DATE:</b>
<b>Major Accomplishments this Period (Please share any major accomplishments within the scope of this agreement for this period):</b>		

Concerns/Risks/Issues (Please share any major concerns, issues, or risks within the scope of this agreement for this period):

Deliverable Report (Please follow the directions detailed in the Deliverable column):		
Task	DELIVERABLE	REPORT (Progress this period/Planned activities for next period/Any possible risks to achieving expected goals in upcoming periods)
1 Gap Analysis	Provide report on progress on deliverables for this task	
2 Gateway	Provide report on progress on deliverables for this task	
OCV		
CHAC		
ACGM		
3 Event Notification System	Provide report on progress on deliverables for this task	
Vendor selection		
System implementation		
Pilot project		
Full deployment		
4 Customer Support	Provide report on progress and number of support tickets for this period	
5 Gap Remediation		
5a. Interface and EHR Installation	Status of interface and EHR development to identified target: <ul style="list-style-type: none"> <li>Hospitals</li> </ul>	



	<ul style="list-style-type: none"> <li>• Patient-centered medical homes and other primary care providers</li> <li>• Physician/Ambulatory providers</li> <li>• Community Providers</li> </ul>	
5b. Data Analysis	<p><i>Status on analysis and improvement of ACO members:</i></p> <ul style="list-style-type: none"> <li>• Data element quality workflow</li> <li>• Quality of 16 identified data elements</li> </ul>	
5c. Data Formatting	<p><i>Status on working with ACO member or ACO member's vendor on uniform data formatting.</i></p>	
5d. Terminology Services	<p><i>Status on implementation of terminology services engine and mapping coded terms.</i></p>	
5e. SET Services	<p><i>SET progress on developing interfaces throughout the state.</i></p>	
<b>6. ACTT Partners</b>		
6a. Assist in acquisition of EMR vendor for ARIS	<p><i>Provide report on progress on deliverables for this task</i></p>	
6b. eHealth Specialist work towards Data quality initiatives at DAs/SSAs	<p><i>Provide report on progress on deliverables for this task</i></p>	
6c. Subject Matter Expertise in support of the DLTSS Data Quality project	<p><i>Provide report on progress on deliverables for this task</i></p>	

**STATE OF VERMONT  
AMENDMENT TO STANDARD GRANT AGREEMENT  
VERMONT INFORMATION TECHNOLOGY LEADERS, INC.**

**PAGE 34 OF 34  
CONTRACT # 03410-1275-14  
AMENDMENT #2**

This amendment consists of 34 pages. Except as modified by this amendment and any previous amendments, all provisions of this agreement #03410-1275-14 dated July 2, 2014 shall remain unchanged and in full force and effect.

By the STATE OF VERMONT

By the SUBRECIPIENT

Signature: \_\_\_\_\_

Steven Costantino, Commissioner      Date

312 Hurricane Lane, Suite 201

Williston, VT 05495-2087

Phone: 802-879-5901

Email: [steven.costantino@vermont.gov](mailto:steven.costantino@vermont.gov)

Signature: \_\_\_\_\_

John K. Evans, President & CEO      Date

144 Main Street

Montpelier, VT 05602

Phone: 802-223-4100

Email: [jevans@vitl.net](mailto:jevans@vitl.net)