

**AMENDMENT**

It is agreed by and between the State of Vermont, Department of Vermont Health Access (hereafter called the "State") and DataStat Inc. (hereafter called the "Contractor") that the contract on the subject of Patient Experience Survey Results, effective July 28, 2014, is hereby amended effective January 1, 2015 as follows:

**1. By deleting Section 3 (Maximum Amount) on page 1 of 28 of the base agreement, substituting in lieu thereof the following Section 3:**

**3. Maximum Amount.** In consideration of the services to be performed by the Contractor, the State agrees to pay Contractor, in accordance with the payment provisions specified in Attachment B, a sum not to exceed **\$172,278.00**. See Attachment B, #1, **FUNDING and PERIOD OF PERFORMANCE AUTHORIZATON REQUIREMENT**.

**2. By adding Section 9 (Contacts for this Award) on page 1 of 28 of the base agreement, the following:**

**The contacts for this award are as follows:**

	<u>State Fiscal Manager</u>	<u>State Program Manager</u>	<u>For the Contractor</u>
Name:	Natalie Elvidge	Jenney Samuelson	Marielle S. Weindorf
Phone #:	802-879-7956	802-654-8929	734-994-0540
E-mail:	Natalie.elvidge@state.vt.us	Jenney.Samuelson@state.vt.us	mweindorf@datastat.com

**3. By deleting Attachment B (Payment Provisions) on page 10 of 28 of the base agreement, and substituting in lieu thereof the following Attachment B:**

**ATTACHMENT B  
PAYMENT PROVISIONS**

The maximum dollar amount payable under this agreement is not intended as any form of a guaranteed amount. The Contractor shall be paid for products or services actually performed as specified in Attachment A up to the maximum allowable amount specified in this agreement. State of Vermont payment terms are Net 30 days from date of invoice, payments against this contract shall comply with the State's payment terms. The payment schedule for delivered products, or rates for services performed, and any additional reimbursements, are included in this attachment. The following provisions specifying payments are:

1. **FUNDING and PERIOD OF PERFORMANCE AUTHORIZATON REQUIREMENT:** This contract is partially funded by a federal grant and subject to federal approval. No reimbursement shall be provided under this agreement without federal approval for the task, service, or product for which reimbursement is claimed.
  - a. Funding for this contract has been approved for tasks related to the State Innovation Model (SIM) grant through December 31, 2014 in the amount of \$42,278.16.

Contractor is authorized to conduct work through December 31, 2014 for SIM related tasks.

- b. In December, 2014 federal approval will be sought for the time period of January 1, 2015 through July 27, 2015 in the amount of \$ 54,999.84. Contractor may not begin work for year two, beginning January 1, 2015 and ending July 27, 2015, without written authorization from the State of Vermont. Approval for year two funding is contingent on the Centers for Medicare and Medicaid Innovation authorization.
2. Contractor invoices shall be submitted no more frequently than monthly, but no later than quarterly.
3. The Contractor shall subdivide invoicing based on deliverables survey and reporting costs. Each invoice must include:
  - a. a unique invoice number
  - b. contract number
  - c. dates of service
  - d. accurate date of invoice submission
  - e. request for payment shall be subdivided by Sampling Services (set-up fees), Data Collection Services (mailings), and Reporting Services.
4. Contractor will not be reimbursed for expenses, including supplies, benefits, or insurance.
5. Invoices should reference this contract number and be submitted to:

Natalie Elvidge  
Contract and Grant Management Specialist  
Department of Vermont Health Access (DVHA)  
312 Hurricane Lane, Suite 201  
Williston, VT 05495-2087  
[Natalie.Elvidge@state.vt.us](mailto:Natalie.Elvidge@state.vt.us)

Jenney Samuelson  
Assistant Director, Blueprint for Health  
Department of Vermont Health Access  
312 Hurricane Lane, Suite 201  
Williston, VT 05495  
802.872.7532  
[Jenney.Samuelson@state.vt.us](mailto:Jenney.Samuelson@state.vt.us)

6. The maximum amount payable under this contract for services and expenses shall not exceed \$172,278.00. The maximum allowable payable for the period of this contract, July 28, 2014 to July 27, 2015 shall be subdivided as follows:

**Sampling Services:**

The set-up fee, \$347.70 covers professional costs for costs for practice recruitment and liaison; taking in sample and preparing it for the field; securing practice logos and signatures for mail materials; mail production set-up; database construction; data management; data preparation

and analysis; field reporting; final dataset and standard report production and delivery. The Contractor shall request payment for set-up fees per practice, per sample group, upon set-up.

**Data Collection Services:**

The field cost per sample case, \$1.44, covers costs related to the project’s field work, which, for the DVHA survey project, consists of mailings: paper, ink, equipment, labor, and postage. The Contractor shall request payment for Data Collection Services work upon distributing the raw results to the practices.

<b>Total Survey Field Costs</b>				
# Providers at Site	Sample size (per NCQA)	Cost per practice per sample group*		
		Set-up fee	Field cost	Total / site
1	128	\$347.70	\$184.32	\$532.02
2-3	171	\$347.70	\$246.24	\$593.94
4-9	343	\$347.70	\$493.92	\$841.62
10-13	429	\$347.70	\$617.76	\$965.46
14-19	500	\$347.70	\$720.00	\$1,067.70
20-28	643	\$347.70	\$925.92	\$1,273.62
29+	686	\$347.70	\$987.84	\$1,335.54
<b>TOTAL FIELD COSTS ESTIMATE:</b>				<b>\$146,928</b>

\*Excludes oversampling

**Reporting Services:**

The Contractor shall request payment for Reporting Expenses upon delivery to the State.

<b>Reporting Costs</b>					
Report type	Development		Production		Total
	Cost	Number	Cost	Number	
State	\$2,450	1	\$1,000	1	\$3,450
Health Service Area	\$2,450	1	\$1,000	14	\$16,450
ACO	\$2,450	1	\$1,000	3	\$5,450
<b>TOTAL REPORT COSTS:</b>					<b>\$25,350</b>

This amendment consists of 3 pages. Except as modified by this amendment and any previous amendments, all provisions of this contract, (#26412) dated July 28, 2014 shall remain unchanged and in full force and effect.

**STATE OF VERMONT  
AMENDMENT TO PERSONAL SERVICES CONTRACT  
DATASTAT INC.**

**PAGE 4 OF 4  
CONTRACT #26412  
AMENDMENT #1**

**STATE OF VERMONT  
DEPARTMENT OF VERMONT HEALTH ACCESS**

**CONTRACTOR  
DATASTAT INC.**

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MARK LARSON, COMMISSIONER                      DATE  
312 Hurricane Lane, Suite 201  
Williston, VT 05495-2087  
Phone: 802-879-5901  
Email: Mark.Larson@state.vt.us

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MARIELLE S. WEINDORF                      DATE  
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Ann Arbor, Michigan 48108  
Phone: 734-994-0540  
Email: mweindorf@datastat.com