

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 July 28, 2015 as follows:

1. By deleting Section 3 (Maximum Amount) on page 1 of 4 of Amendment #1, substituting in lieu thereof the following Section 3:

3. **Maximum Amount.** In consideration of the services to be performed by Contract, the State agrees to pay Contractor, in accordance with the payment provisions specified in Attachment B, a sum not to exceed **\$190,299.38**.

2. By deleting Section 4 (Contract Term) on page 1 of 28 of the base agreement, substituting in lieu thereof the following Section 4:

The period of Contractor's performance shall begin on July 28, 2014 and end on July 27, 2016. This contract may be renewed for an additional one (1), one (1) year term beyond the original term of this contract as agreed by both parties.

3. By deleting Section 2 page 1 of 4 of Amendment #1 and substituting in lieu thereof the following Section 9 (Contacts for this Award):

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	Mary Kate Mohlman	Marielle S. Weindorf
Phone #:	802-879-7956	802-654-3971	734-994-0540
E-mail:	Natalie.elvidge@state.vt.us	Marykate.Mohlman@state.vt.us	mweindorf@datastat.com

4. By deleting Attachment A (Specification of Work to be Performed) on page 3 of 28 of the base agreement, and substituting in lieu thereof the following Attachment A:

ATTACHMENT A SPECIFICATIONS OF WORK TO BE PERFORMED

Background

In January 2014, the State launched two Shared Savings Programs: Commercial and Medicaid. The state also has implemented an advanced primary care practice delivery system reform program. The design of these programs requires sampling, data collection and reporting of patient experience. This contract is for those services. Specifically, the Contractor shall work with the State on the administration of the Consumer Assessment of

Healthcare Providers and Systems (CAHPS[®]) survey to measure patient experience, in support of Vermont's assessment of the impact of a range of payment and delivery system reforms on the quality of primary care.

Project Overview

The Contractor shall use the Patient Centered Medical Homes Consumer Assessment of Healthcare Providers and Systems (PCMH CAHPS[®]) survey to assess patient care experience in practices that are part of several different payment and delivery systems, such as the Vermont Blueprint for Health (Blueprint), Accountable Care Organizations (ACO) Shared Savings Programs, and others, and to make results available for participating practices, ACOs, health service areas and the State. The Contractor shall follow National Committee for Quality Assurance (NCQA) protocols for sampling and data collection and shall field the survey on timelines that allow interested practices to submit data to NCQA. The Contractor shall work with the State to coordinate the organization of the survey and shall work closely with the State (including Blueprint for Health and Green Mountain Care Board staff), the ACOs and other stakeholders in developing reports that present the results in ways that are accessible, meaningful and support the evaluation of the quality of primary care in the wake of the payment and delivery system reforms.

The Contractor shall conduct at least one but no more than three waves of data collection, the timing of which to be determined jointly by the State and Contractor. Each wave shall include multiple practice sites. For each wave, the Contractor shall conduct a mail-only protocol based on NCQA CAHPS[®] PCMH protocol guidelines, in English only. The Contractor shall provide progress, financial and field reports during project implementation and field periods; final field reports; aggregate reports for the state, health service areas, and ACOs; and reports for each practice. The Contractor shall submit practice results to NCQA as part of the NCQA CAHPS[®] PCMH Recognition Program, for those practices that wish to earn Special Distinction in Patient Experience Reporting.

For the waves of data collection, the State shall provide a list of practice sites at least eight weeks prior to the execution of each wave, along with contact information for key staff at each site, in support of data collection and reporting. For subsequent waves, the State and the Contractor shall work together on practice recruitment and on developing practice lists with contacts. The Contractor and the State shall review and select collection protocols prior to the initiation of each wave; the mode and method for data collection could change for each wave throughout the contract period.

Project Activities

A. Sampling Services

1. The Contractor shall provide a sample format, in Excel, and request a test sample from each practice prior to finalizing production schedules for each wave of data collection. The Contractor shall work with each practice, supported by the State, to resolve any problems with content or format of the test sample. The Contractor shall schedule the practice for the next wave if the problems are not able to be resolved in a timely fashion. Once the Contractor has approved the practice's test sample, the Contractor

shall ask the practice to use the sample format to prepare the actual sample frame submitted for the sample selection process.

2. The Contractor shall accept practice sample frame files that are submitted to the Contractor by practices in the format specified in the most recent version of *Specifications for the CAHPS[®] PCMH Survey*, in Excel with all required data file elements included in the sample frame and an accompanying data file layout. The Contractor shall accept optional data elements that are appended to the end of the standard set of elements.
3. The Contractor shall provide a transfer center for practice submission of sample frames; the transfer center is a website utilizing 128-bit encryption through SSL that allows for secure transfer of files using a web browser. The Contractor shall also accept files submitted on physical media (e.g., diskette, CD-ROM) or by e-mail that is compressed, encrypted, and secured by a password.
4. The Contractor shall instruct practices on patient eligibility and that sample frames should represent all eligible patient files, using guidelines in *Specifications for the CAHPS[®] PCMH Survey* to define eligibility. The Contractor shall also instruct practices that practices are responsible for ensuring that any patient who does not meet these criteria is removed from the sample frame.
5. Upon receiving the sample frame, the Contractor shall check the file for accuracy and completeness. The Contractor shall review and refine the list for its appropriateness as a sampling frame, following guidelines in *Specifications for the CAHPS[®] PCMH Survey*. The Contractor shall work with practices, as needed, to resolve any sample frame data file issues.
6. The Contractor shall de-duplicate the data files to ensure that each patient is represented only once in the sampling frame.
7. The Contractor shall remove from the data files any patient who does not meet the age criterion for the adult or child survey, as appropriate, using the designated cutoff date, which shall be the last day of the measurement period, per NCQA guidelines. The specific date shall be determined by the Contractor and the State. The measurement period is defined as the 12 months prior to the date when the eligible population file is generated by the practice.
8. From all eligible cases in the sample frame at each practice, the Contractor shall draw the number of cases corresponding to the number of eligible clinicians in the practice found in the received sample frame, using standard random selection procedures. If fewer than the required number of sample cases are available at a practice, the Contractor shall ensure that the sample includes all eligible patients in the practice.
9. The Contractor shall conduct oversampling for practices, as requested in writing by the State or the practice.

10. Based on estimated eligible provider counts from participating practices, the Contractor shall identify the total sample to be selected. Additional samples or oversampling may be requested by the State after consultation with individual practices. The Contractor and the State shall update practice and sample sizes prior to beginning work on any wave.
11. The Contractor shall secure NCQA approval, if needed, for any enhanced sampling options.
12. After the sample has been randomly selected, the Contractor shall employ a National Change of Address (NCOA) service to update address information.
13. The Contractor shall de-duplicate the selected samples to ensure that only one member of a household is included.
14. The Contractor shall merge a flag identifying respondents who are attributed to each of the Vermont's ACO Shared Savings Programs and other health care reform initiatives. The State shall ensure that the Contractor receives the information needed to accomplish such flagging or identification.

B. Data Collection Services

Once selection is completed, the Contractor shall incorporate the selected sample cases into a mail-only field protocol consisting of one survey packet mailing to all selected cases, and a second survey packet mailing to non-respondents, over a 6-week field period. The Contractor shall customize mail materials with logos, if available, and signatures from each participating practice. In cases where no logo is provided by a practice, the Contractor shall print the name of the practice in black, or a logo may be provided by the State. In cases where no signature is provided by a practice, the State shall designate the appropriate representative signature to be used. The Contractor shall communicate with each practice regarding the transfer of the logo and signature to the Contractor.

Survey instrument

1. The Contractor shall utilize the current version of the CAHPS[®] PCMH adult survey instrument (the questionnaire), made available by NCQA, with 52 items, or the current version of the CAHPS[®] PCMH child survey instrument, made available by NCQA, with 64 items, as appropriate.
2. The State anticipates adding up to 10 supplemental items to the questionnaire. The State and the Contractor shall ensure that the addition of supplemental items shall follow guidelines in the *Specifications for the CAHPS[®] PCMH survey*. Since questionnaire length is a key element in project costs, the Contractor and the State understand that the addition of supplemental items may incur additional costs if their inclusion requires additional pages.
3. For mail surveys, the Contractor shall print questionnaires in English. The Contractor shall customize the questionnaires with the Contractor's logo and the practice logo, if

available, and the name of the clinician who provided care at the patient's most recent visit during the measurement period. If the practice logo is not available, the Contractor shall print the practice name in black on the survey. The Contractor shall deliver a proof of the final logo image or practice name to the practice for approval. The Contractor shall format the questionnaires using the Contractor's current standard layout and design, which is expected to produce an 8-page booklet.

Cover Letter

1. The Contractor shall obtain cover letter text from NCQA CAHPS[®] PCMH materials and provide them to the State for review and possible revision. The State and the Contractor shall ensure that the length of the text shall allow for the Contractor's standard formatting and shall accommodate use of the Contractor's standard outgoing envelope. The State shall approve the cover letter template within one week of receipt.
2. The Contractor shall customize and print cover letters in English. The Contractor shall customize each cover letter with the name and address of the selected respondent ("To the Parent/Guardian of" for a child survey). The Contractor shall ensure that cover letters include a practice logo, if available, printed in black. If no practice logo is available, the Contractor shall print the practice name in black on the cover letter.
3. The Contractor shall ensure that each cover letter contains one signature block of the appropriate practice representative. The Contractor shall communicate with each practice regarding the transfer of the signature, full name and title of practice representative to the Contractor. In cases where no signature is provided by a practice, the Contractor shall print the full name and title of the practice representative in black on the cover letter. The Contractor shall deliver a sample of the full name and title and/or the signature image, to the practice, for approval.
4. The Contractor shall provide practice staff with examples of all survey materials for final approval, before submitting materials to NCQA for approval, for practices submitting to NCQA. The State will assist in obtaining such approval within two weeks of the materials being provided to practice staff.

Initial Outgoing Survey Packet

1. Using its mail production equipment, the Contractor shall create and mail to each individual in the sample his or her customized CAHPS[®] PCMH adult or child questionnaire, as appropriate, in a personalized survey packet with the following format:
 - a. Outgoing Envelope:
 - White, appropriately-sized envelope chosen and provided by the Contractor
 - Black printing of practice name, the Contractor's return address, respondent name and address ("To the Parent/Guardian of" for child survey)
 - First class postage imprint
 - The USPS "Electronic Address Service" printed on the envelope

b. Questionnaire:

- Formatted Microsoft Word file based on NCQA CAHPS[®] PCMH adult or child vendor materials, as appropriate to the practice type
- Produced in English
- All printing done in-house by the Contractor
- Two 11" X 17" white sheets of paper, folded to produce an 8-page booklet
- Customized to individual respondent level with insertion of bar-coded tracking data

c. Cover Letter:

- Custom laser printing for text insertions, respondent name and address, official signature and logo printed in black
- Text from NCQA CAHPS[®] PCMH vendor materials

d. Return Envelope:

- Appropriately-sized, white return envelope, as determined by the Contractor, with the Contractor's address inserted into each outbound packet
- Business reply imprint using the Contractor's business reply account

Follow-up Outgoing Survey Packet

By 21 days after the initial survey packet mailing, the Contractor shall prepare and mail a follow-up survey packet to non-responders. The format of this mailing shall be the same as that of the initial mailing, except for the cover letter text, which shall be appropriate for a second mailing. Text for this second cover letter shall be taken from NCQA survey materials.

Processing Incoming Mail

1. As undeliverable surveys and alternate addresses are returned to the Contractor by the postal service, the Contractor shall update internal records accordingly.
2. As surveys are returned, the Contractor shall enter all received data into the appropriate computer system. After data entry has been completed, the Contractor shall conduct data cleaning and perform both format and outlier checks, according to Contractor standards with input from the State.
3. Based on NCQA CAHPS[®] PCMH guidelines, the Contractor shall consider a survey to be complete and valid if the following two criteria are met:
 - The respondent answers at least one survey question.
 - Responses indicate that the respondent meets the eligible population criteria.
4. The Contractor shall cease all follow-up efforts to any individual having expressed a desire not to participate in the survey project.

5. The Contractor shall ensure that the duration of the field period is 42 days (6 weeks).
6. The Contractor shall ensure that final data is cleaned and coded, following NCQA PCMH guidelines and specifications.

C. Respondent Support Services

Throughout the mail and telephone follow-up phases of this project, the Contractor shall maintain a toll-free Respondent Assistance Telephone Line from 10am to 8pm (EST) Monday through Friday, for English-speaking respondents. The Contractor shall ensure that calls outside these hours shall be referred to voicemail. The Contractor's toll-free number shall appear on the cover letter and the questionnaire.

D. Data Consolidation and Delivery of Data to the State's Analytic Vendor

The Contractor shall collect CAHPS Clinician & Group Survey (CG-CAHPS) survey results from survey vendors for primary care practices that use the CG-CAHPS Visit Survey as an alternative to CAHPS PCMH. The Contractor shall investigate the methods for merging and/or reporting both the CAHPS PCMH and CG-CAHPS data. The Contractor shall communicate required action steps, strategies for addressing challenges, and a timeline for achieving action steps. The Contractor shall report on progress during regular weekly communication with the State. Datasets will be submitted at a point in time and on a schedule agreed upon by the Contractor and the State. The Contractor will provide the required standard data file layout that submitting vendors must adhere to for the successive transfer of data. The submitted data from the CG-CAHPS Visit Survey datasets will be merged into the PCMH dataset collected in this State sponsored project.

E. Reporting Services

1. The Contractor shall provide the State with a project plan for sampling and data collection services. The project plan shall include a detailed timeline of activities showing all major activities and deliverables. The project plan is due two weeks after contract execution.
2. On a weekly basis, the Contractor shall provide the State with project status reports. The schedule for status report deliveries shall be determined by project milestones and by mutual agreement of the State and the Contractor. Financial reports and invoices shall be provided at least quarterly. During the field period, the Contractor shall report on a weekly basis the total survey completions to date and a summary of sample dispositions resolved since the previous report was issued.
3. After data collection, data entry and data consolidation have been completed, the Contractor shall prepare a dataset for the State, using the data file layout specified by NCQA. The dataset shall include values for each questionnaire item by completed case and shall be purged of any patient identification information (i.e., name, address, and telephone number). Both response and non-response data shall be included. The dataset shall be submitted in a choice of format (e.g., SAS, SPSS, Excel), organized as a single record for

each member composed of a string of fields containing data values. Weighting of the data is not included, but weights provided by the practice or the State can be applied, at additional cost, if desired. The Contractor shall ensure that a data file layout with defined labels and values accompanies the dataset.

4. The Contractor shall produce and deliver a standard PCMH CAHPS[®] practice-level report for each participating practice, in an Excel file format to allow practices to track their results over time. The Contractor shall also transmit the data to the State, in a format decided on by the Contractor and State, in order for the State to develop reports. This option may involve working with a third-party vendor chosen by the State. These reports shall present scores and descriptive statistics for all scored measures and composites, with comparison of practice scores to an overall score.
5. In addition to the practice reports, the Contractor shall develop and produce aggregate reports for the State, each of the health service areas, and each of the ACOs, or shall transmit the data to the State, in a format decided on by the Contractor and State, in order for the State to develop the reports. This option may involve working with a third-party vendor chosen by the State. It is anticipated that these reports shall present scores and descriptive statistics for all scored measures and composites, with comparison of State, health service area, and ACO scores to overall score(s) and available benchmarks. Trending over time shall be added for the second year of the contract, if requested by the State. Any reports shall be delivered as PDF files and as Word documents.
6. For practices interested in seeking NCQA PCMH Recognition or the Distinction in Patient Experience Reporting, the Contractor shall submit datasets to NCQA, in the required format, organized as a single record for each respondent, composed of a string of fields containing data, and following submission protocols and guidelines specified by NCQA in *Specifications for the CAHPS[®] PCMH survey*.
7. Post-project, the Contractor shall maintain all records and returned, completed surveys as specified by NCQA. Upon expiration of the specified contract period, the Contractor shall contact the State to discuss the disposition of these documents. The Contractor shall shred all returned questionnaires, unless other arrangements are made between the State and the Contractor.
8. For items within this contract that require express, written approval, the Contractor should request approval in writing by the State's designated representative. The State's designated representative is:

Mary Kate Mohlman
Health Services Researcher
Department of Vermont Health Access
312 Hurricane Lane, Suite 201
Williston, VT 05495
MaryKate.Mohlman@state.vt.us

9. **Subcontractor Requirements:** Per Attachment C, Section 15, if the Contractor chooses to subcontract work under this agreement, the Contractor must first fill out and submit the

Request for Approval to Subcontract Form (Appendix I – Required Forms) in order to seek approval from the State prior to signing an agreement with a third party. Upon receipt of the Request for Approval to Subcontract Form, the State shall review and respond within five (5) business days. Under no circumstance shall the Contractor enter into a sub-agreement without prior authorization from the State. The Contractor shall submit the Request for Approval to Subcontract Form to:

Natalie Elvidge
Contract and Grant Management Specialist
Department of Vermont Health Access (DVHA)
312 Hurricane Lane, Suite 201
Williston, VT 05495-2087

Mary Kate Mohlman
Health Services Researcher
Department of Vermont Health Access
312 Hurricane Lane, Suite 201
Williston, VT 05495
MaryKate.Mohlman@state.vt.us

Should the status of any third party or Subrecipient change, the Contractor is responsible for updating the State within fourteen (14) days of said change.

Where applicable in the specification of work in this contract agreement, Contractor will adhere to Federal Guidelines: Public Health (42 CFR 495), General Administration (45CFR 95), and all other Federal Regulations that may apply.”

- 5. By deleting Attachment B (Payment Provisions) on page 1 of 4 of Amendment #1, 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. Contractor invoices shall be submitted no more frequently than monthly, but no later than quarterly.
2. The Contractor shall subdivide invoicing based on deliverables in Attachment A. Each invoice must include:
 - a. a unique invoice number

- b. contract number
 - c. dates of service
 - d. accurate date of invoice submission request for payment shall be subdivided by Sampling Services, Data Collection Services, Respondent Support Services, Data Consolidation, and Delivery of Data to the State's Analytic Vendor Reporting Services
 - e. Data Collection and Sampling, Data Consolidation, Delivery of Data to the State's Analytic Vendor, and NCQA Reporting.
3. Contractor will not be reimbursed for expenses, including supplies, benefits, or insurance.
 4. 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

Mary Kate Mohlman
Health Services Researcher
Department of Vermont Health Access (DVHA)
312 Hurricane Lane, Suite 201
Williston, VT 05495
802-654-3971
Marykate.Mohlman@state.vt.us
 5. The maximum amount payable under this contract for services and expenses shall not exceed \$190,299.38. The maximum allowable payable for the period of this contract, July 28, 2014 to July 27, 2016 shall be subdivided as follows:

Task 1: Data Collection and Sampling

The Contractor shall invoice the State during the contract term for data collocation and sampling activities

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.

Total Survey Field Costs				
# 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

Task 2: Data Consolidation and Delivery of Data to the State’s Analytic Vendor

The Contractor shall invoice the State no more frequently than monthly, but no later than quarterly during the contract term, for data consolidation and program management activities at a rate of \$80 per hour for work completed by the project manager, and/or \$60 per hour for by the project coordinator. A report on the data will be delivered in a format designated by the State to the appointed analytic vendor.

Task 3: NCQA Reporting

The Contractor shall invoice the State within the contract period for actual costs and program management for reporting of patient experience data to NCQA on behalf of the practices.

The Contractor shall be able to divide billable hours amongst Tasks 1, 2, and 3 on an as needed basis, as requested by the Blueprint Health Services Researcher. The Contractor shall include in the monthly invoice related to data consolidation and program management activities the number of hours worked during the specified billing period and the total amount billed.

Budget

Beginning July 28, 2014 ending July 27, 2015

Blueprint Patient Experience Survey Budget Summary		
Task	Description	Total Amount Budgeted
Task 1	Data Collection	\$115,907.34
Task 2	Data Reporting	\$25,350.00
Total		\$141,257.34

Budget

Beginning July 28, 2015 ending July 27, 2016

Blueprint Patient Experience Survey Budget Summary		
Task	Description	Total Amount Budgeted
Task 1	Data Collection	\$36,242.04
Task 2	Data Consolidation	\$12,800.00
Total		\$49,042.04

6. By deleting Attachment C (Standard State Provisions) on page 12 of 28 of the base agreement, and substituting in lieu thereof the following Attachment C, beginning on page 13 of this agreement:

7. By deleting Attachment E (Business Associate Agreement) on page 16 of 28 of the base agreement, and substituting in lieu thereof the following Attachment E, beginning on page 18 of this agreement:

8. By adding Notices to the Parties Under This Agreement beginning on page 26 of this agreement:

This amendment consists of 26 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
 DEPARTMENT OF VERMONT HEALTH ACCESS

CONTRACTOR
 DATASTAT INC.

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

DATE

 MARIELLE S. WEINDORF
 3975 Research Park Dr,
 Ann Arbor, Michigan 48108
 Phone: 734-994-0540
 Email: mweindorf@datastat.com

DATE

**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 \$1,000,000 per occurrence, and \$3,000,000 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.

(End of Standard Provisions)

AHS -State of Vermont – Attachment C_3-1-2015_rev

**ATTACHMENT E
BUSINESS ASSOCIATE AGREEMENT**

This Business Associate Agreement (“Agreement”) is entered into by and between the State of Vermont Agency of Human Services, operating by and through **its Department of Vermont Health Access** (“Covered Entity”) and **DataStat Inc.** (“Business Associate”) as of **July 28, 2014** (“Effective Date”). This Agreement supplements and is made a part of the contract/grant to which it is attached.

Covered Entity and Business Associate enter into this Agreement to comply with standards promulgated under the Health Insurance Portability and Accountability Act of 1996 (“HIPAA”), including the Standards for the Privacy of Individually Identifiable Health Information, at 45 CFR Parts 160 and 164 (“Privacy Rule”), and the Security Standards, at 45 CFR Parts 160 and 164 (“Security Rule”), as amended by Subtitle D of the Health Information Technology for Economic and Clinical Health Act (HITECH), and any associated federal rules and regulations.

The parties agree as follows:

1. Definitions. All capitalized terms used but not otherwise defined in this Agreement have the meanings set forth in 45 CFR Parts 160 and 164 as amended by HITECH and associated federal rules and regulations.

“Agent” means those person(s) who are agents(s) of the Business Associate, in accordance with the Federal common law of agency, as referenced in 45 CFR § 160.402(c).

“Breach” means the acquisition, access, use or disclosure of protected health information (PHI) which compromises the security or privacy of the PHI, except as excluded in the definition of Breach in 45 CFR § 164.402.

“Business Associate shall have the meaning given in 45 CFR § 160.103.

“Individual” includes a person who qualifies as a personal representative in accordance with 45 CFR § 164.502(g).

“Protected Health Information” or PHI shall have the meaning given in 45 CFR § 160.103, limited to the information created or received by Business Associate from or on behalf of Agency.

“Security Incident” means any known successful or unsuccessful attempt by an authorized or unauthorized individual to inappropriately use, disclose, modify, access, or destroy any information or interference with system operations in an information system.

“Services” includes all work performed by the Business Associate for or on behalf of Covered Entity that requires the use and/or disclosure of protected health information to perform a business associate function described in 45 CFR § 160.103 under the definition of Business Associate.

“Subcontractor” means a person or organization to whom a Business Associate delegates a function, activity or service, other than in the capacity of a member of the workforce of the Business Associate. For purposes of this Agreement, the term Subcontractor includes Subgrantees.

2. **Identification and Disclosure of Privacy and Security Offices.** Business Associate and Subcontractors shall provide, within ten (10) days of the execution of this agreement, written notice to the Covered Entity's contract/grant manager the names and contact information of both the HIPAA Privacy Officer and HIPAA Security Officer. This information must be updated any time either of these contacts changes.

3. **Permitted and Required Uses/Disclosures of PHI.**

3.1 Except as limited in this Agreement, Business Associate may use or disclose PHI to perform Services, as specified in the underlying grant or contract with Covered Entity. The uses and disclosures of Business Associate are limited to the minimum necessary, to complete the tasks or to provide the services associated with the terms of the underlying agreement. Business Associate shall not use or disclose PHI in any manner that would constitute a violation of the Privacy Rule if used or disclosed by Covered Entity in that manner. Business Associate may not use or disclose PHI other than as permitted or required by this Agreement or as Required by Law.

3.2 Business Associate may make PHI available to its employees who need access to perform Services provided that Business Associate makes such employees aware of the use and disclosure restrictions in this Agreement and binds them to comply with such restrictions. Business Associate may only disclose PHI for the purposes authorized by this Agreement: (a) to its agents and Subcontractors in accordance with Sections 9 and 17 or, (b) as otherwise permitted by Section 3.

3.3 Business Associate shall be directly liable under HIPAA for impermissible uses and disclosures of the PHI it handles on behalf of Covered Entity, and for impermissible uses and disclosures, by Business Associate's Subcontractor(s), of the PHI that Business Associate handles on behalf of Covered Entity and that it passes on to Subcontractors.

4. **Business Activities.** Business Associate may use PHI received in its capacity as a Business Associate to Covered Entity if necessary for Business Associate's proper management and administration or to carry out its legal responsibilities. Business Associate may disclose PHI received in its capacity as Business Associate to Covered Entity for Business Associate's proper management and administration or to carry out its legal responsibilities if a disclosure is Required by Law or if Business Associate obtains reasonable written assurances via a written agreement from the person to whom the information is to be disclosed that the PHI shall remain confidential and be used or further disclosed only as Required by Law or for the purpose for which it was disclosed to the person, and the Agreement requires the person or entity to notify Business Associate, within two (2) business days (who in turn will notify Covered Entity within two (2) business days after receiving notice of a Breach as specified in Section 6.1), in writing of any Breach of Unsecured PHI of which it is aware. Uses and disclosures of PHI for the purposes identified in Section 3 must be of the minimum amount of PHI necessary to accomplish such purposes.

5. **Safeguards.** Business Associate, its Agent(s) and Subcontractor(s) shall implement and use appropriate safeguards to prevent the use or disclosure of PHI other than as provided for by this Agreement. With respect to any PHI that is maintained in or transmitted by electronic media, Business Associate or its Subcontractor(s) shall comply with 45 CFR sections 164.308 (administrative

safeguards), 164.310 (physical safeguards), 164.312 (technical safeguards) and 164.316 (policies and procedures and documentation requirements). Business Associate or its Agent(s) and Subcontractor(s) shall identify in writing upon request from Covered Entity all of the safeguards that it uses to prevent impermissible uses or disclosures of PHI.

6. Documenting and Reporting Breaches.

6.1 Business Associate shall report to Covered Entity any Breach of Unsecured PHI, including Breaches reported to it by a Subcontractor, as soon as it (or any of its employees or agents) becomes aware of any such Breach, and in no case later than two (2) business days after it (or any of its employees or agents) becomes aware of the Breach, except when a law enforcement official determines that a notification would impede a criminal investigation or cause damage to national security.

6.2 Business Associate shall provide Covered Entity with the names of the individuals whose Unsecured PHI has been, or is reasonably believed to have been, the subject of the Breach and any other available information that is required to be given to the affected individuals, as set forth in 45 CFR § 164.404(c), and, if requested by Covered Entity, information necessary for Covered Entity to investigate the impermissible use or disclosure. Business Associate shall continue to provide to Covered Entity information concerning the Breach as it becomes available to it. Business Associate shall require its Subcontractor(s) to agree to these same terms and conditions.

6.3 When Business Associate determines that an impermissible acquisition, use or disclosure of PHI by a member of its workforce is not a Breach, as that term is defined in 45 CFR § 164.402, and therefore does not necessitate notice to the impacted individual(s), it shall document its assessment of risk, conducted as set forth in 45 CFR § 402(2). When requested by Covered Entity, Business Associate shall make its risk assessments available to Covered Entity. It shall also provide Covered Entity with 1) the name of the person(s) making the assessment, 2) a brief summary of the facts, and 3) a brief statement of the reasons supporting the determination of low probability that the PHI had been compromised. When a breach is the responsibility of a member of its Subcontractor's workforce, Business Associate shall either 1) conduct its own risk assessment and draft a summary of the event and assessment or 2) require its Subcontractor to conduct the assessment and draft a summary of the event. In either case, Business Associate shall make these assessments and reports available to Covered Entity.

6.4 Business Associate shall require, by contract, a Subcontractor to report to Business Associate and Covered Entity any Breach of which the Subcontractor becomes aware, no later than two (2) business days after becomes aware of the Breach.

7. Mitigation and Corrective Action. Business Associate shall mitigate, to the extent practicable, any harmful effect that is known to it of an impermissible use or disclosure of PHI, even if the impermissible use or disclosure does not constitute a Breach. Business Associate shall draft and carry out a plan of corrective action to address any incident of impermissible use or disclosure of PHI. If requested by Covered Entity, Business Associate shall make its mitigation and corrective action plans available to Covered Entity. Business Associate shall require a Subcontractor to agree to these same terms and conditions.

8. Providing Notice of Breaches.

8.1 If Covered Entity determines that an impermissible acquisition, access, use or disclosure of PHI for which one of Business Associate's employees or agents was responsible constitutes a Breach as defined in 45 CFR § 164.402, and if requested by Covered Entity, Business Associate shall provide notice to the individual(s) whose PHI has been the subject of the Breach. When requested to provide notice, Business Associate shall consult with Covered Entity about the timeliness, content and method of notice, and shall receive Covered Entity's approval concerning these elements. The cost of notice and related remedies shall be borne by Business Associate.

8.2 If Covered Entity or Business Associate determines that an impermissible acquisition, access, use or disclosure of PHI by a Subcontractor of Business Associate constitutes a Breach as defined in 45 CFR § 164.402, and if requested by Covered Entity or Business Associate, Subcontractor shall provide notice to the individual(s) whose PHI has been the subject of the Breach. When Covered Entity requests that Business Associate or its Subcontractor provide notice, Business Associate shall either 1) consult with Covered Entity about the specifics of the notice as set forth in section 8.1, above, or 2) require, by contract, its Subcontractor to consult with Covered Entity about the specifics of the notice as set forth in section 8.1

8.3 The notice to affected individuals shall be provided as soon as reasonably possible and in no case later than 60 calendar days after Business Associate reported the Breach to Covered Entity.

8.4 The notice to affected individuals shall be written in plain language and shall include, to the extent possible, 1) a brief description of what happened, 2) a description of the types of Unsecured PHI that were involved in the Breach, 3) any steps individuals can take to protect themselves from potential harm resulting from the Breach, 4) a brief description of what the Business Associate is doing to investigate the Breach, to mitigate harm to individuals and to protect against further Breaches, and 5) contact procedures for individuals to ask questions or obtain additional information, as set forth in 45 CFR § 164.404(c).

8.5 Business Associate shall notify individuals of Breaches as specified in 45 CFR § 164.404(d) (methods of individual notice). In addition, when a Breach involves more than 500 residents of Vermont, Business Associate shall, if requested by Covered Entity, notify prominent media outlets serving Vermont, following the requirements set forth in 45 CFR § 164.406.

9. Agreements with Subcontractors. Business Associate shall enter into a Business Associate Agreement with any Subcontractor to whom it provides PHI received from Covered Entity or created or received by Business Associate on behalf of Covered Entity in which the Subcontractor agrees to the same restrictions and conditions that apply through this Agreement to Business Associate with respect to such PHI. Business Associate must enter into this Business Associate Agreement before any use by or disclosure of PHI to such agent. The written agreement must identify Covered Entity as a direct and intended third party beneficiary with the right to enforce any breach of the agreement concerning the use or disclosure of PHI. Business Associate shall provide a copy of the Business Associate Agreement it enters into with a subcontractor to Covered Entity upon request. Business

associate may not make any disclosure of PHI to any Subcontractor without prior written consent of Covered Entity.

10. Access to PHI. Business Associate shall provide access to PHI in a Designated Record Set to Covered Entity or as directed by Covered Entity to an Individual to meet the requirements under 45 CFR § 164.524. Business Associate shall provide such access in the time and manner reasonably designated by Covered Entity. Within three (3) business days, Business Associate shall forward to Covered Entity for handling any request for access to PHI that Business Associate directly receives from an Individual.

11. Amendment of PHI. Business Associate shall make any amendments to PHI in a Designated Record Set that Covered Entity directs or agrees to pursuant to 45 CFR § 164.526, whether at the request of Covered Entity or an Individual. Business Associate shall make such amendments in the time and manner reasonably designated by Covered Entity. Within three (3) business days, Business Associate shall forward to Covered Entity for handling any request for amendment to PHI that Business Associate directly receives from an Individual.

12. Accounting of Disclosures. Business Associate shall document disclosures of PHI and all information related to such disclosures as would be required for Covered Entity to respond to a request by an Individual for an accounting of disclosures of PHI in accordance with 45 CFR § 164.528. Business Associate shall provide such information to Covered Entity or as directed by Covered Entity to an Individual, to permit Covered Entity to respond to an accounting request. Business Associate shall provide such information in the time and manner reasonably designated by Covered Entity. Within three (3) business days, Business Associate shall forward to Covered Entity for handling any accounting request that Business Associate directly receives from an Individual.

13. Books and Records. Subject to the attorney-client and other applicable legal privileges, Business Associate shall make its internal practices, books, and records (including policies and procedures and PHI) relating to the use and disclosure of PHI received from Covered Entity or created or received by Business Associate on behalf of Covered Entity available to the Secretary in the time and manner designated by the Secretary. Business Associate shall make the same information available to Covered Entity, upon Covered Entity's request, in the time and manner reasonably designated by Covered Entity so that Covered Entity may determine whether Business Associate is in compliance with this Agreement.

14. Termination.

14.1 This Agreement commences on the Effective Date and shall remain in effect until terminated by Covered Entity or until all of the PHI provided by Covered Entity to Business Associate or created or received by Business Associate on behalf of Covered Entity is destroyed or returned to Covered Entity subject to Section 18.8.

14.2 If Business Associate breaches any material term of this Agreement, Covered Entity may either: (a) provide an opportunity for Business Associate to cure the breach and Covered Entity may terminate the contract or grant without liability or penalty if Business Associate does not cure the breach within the time specified by Covered Entity; or (b) immediately terminate the contract or grant without liability or penalty if Covered Entity believes that cure is not reasonably possible; or (c) if neither termination nor cure are feasible, Covered Entity

shall report the breach to the Secretary. Covered Entity has the right to seek to cure any breach by Business Associate and this right, regardless of whether Covered Entity cures such breach, does not lessen any right or remedy available to Covered Entity at law, in equity, or under the contract or grant, nor does it lessen Business Associate's responsibility for such breach or its duty to cure such breach.

15. Return/Destruction of PHI.

15.1 Business Associate in connection with the expiration or termination of the contract or grant shall return or destroy, at the discretion of the Covered Entity, all PHI received from Covered Entity or created or received by Business Associate on behalf of Covered Entity pursuant to this contract or grant that Business Associate still maintains in any form or medium (including electronic) within thirty (30) days after such expiration or termination. Business Associate shall not retain any copies of the PHI. Business Associate shall certify in writing for Covered Entity (1) when all PHI has been returned or destroyed and (2) that Business Associate does not continue to maintain any PHI. Business Associate is to provide this certification during this thirty (30) day period.

15.2 Business Associate shall provide to Covered Entity notification of any conditions that Business Associate believes make the return or destruction of PHI infeasible. If Covered Entity agrees that return or destruction is infeasible, Business Associate shall extend the protections of this Agreement to such PHI and limit further uses and disclosures of such PHI to those purposes that make the return or destruction infeasible for so long as Business Associate maintains such PHI. This shall also apply to all Agents and Subcontractors of Business Associate.

16. Penalties and Training. Business Associate understands that: (a) there may be civil or criminal penalties for misuse or misappropriation of PHI and (b) violations of this Agreement may result in notification by Covered Entity to law enforcement officials and regulatory, accreditation, and licensure organizations. If requested by Covered Entity, Business Associate shall participate in training regarding the use, confidentiality, and security of PHI.

17. Security Rule Obligations. The following provisions of this section apply to the extent that Business Associate creates, receives, maintains or transmits Electronic PHI on behalf of Covered Entity.

17.1 Business Associate shall implement and use administrative, physical, and technical safeguards in compliance with 45 CFR sections 164.308, 164.310, and 164.312 with respect to the Electronic PHI that it creates, receives, maintains or transmits on behalf of Covered Entity. Business Associate shall identify in writing upon request from Covered Entity all of the safeguards that it uses to protect such Electronic PHI.

17.2 Business Associate shall ensure that any Agent and Subcontractor to whom it provides Electronic PHI agrees in a written agreement to implement and use administrative, physical, and technical safeguards that reasonably and appropriately protect the Confidentiality, Integrity and Availability of the Electronic PHI. Business Associate must enter into this written agreement before any use or disclosure of Electronic PHI by such Agent or Subcontractor. The written agreement must identify Covered Entity as a direct and intended third party beneficiary

with the right to enforce any breach of the agreement concerning the use or disclosure of Electronic PHI. Business Associate shall provide a copy of the written agreement to Covered Entity upon request. Business Associate may not make any disclosure of Electronic PHI to any Agent or Subcontractor without the prior written consent of Covered Entity.

17.3 Business Associate shall report in writing to Covered Entity any Security Incident pertaining to such Electronic PHI (whether involving Business Associate or an Agent or Subcontractor). Business Associate shall provide this written report as soon as it becomes aware of any such Security Incident, and in no case later than two (2) business days after it becomes aware of the incident. Business Associate shall provide Covered Entity with the information necessary for Covered Entity to investigate any such Security Incident.

17.4 Business Associate shall comply with any reasonable policies and procedures Covered Entity implements to obtain compliance under the Security Rule.

18. Miscellaneous.

18.1 In the event of any conflict or inconsistency between the terms of this Agreement and the terms of the contract/grant, the terms of this Agreement shall govern with respect to its subject matter. Otherwise, the terms of the contract/grant continue in effect.

18.2 Business Associate shall cooperate with Covered Entity to amend this Agreement from time to time as is necessary for Covered Entity to comply with the Privacy Rule, the Security Rule, or any other standards promulgated under HIPAA.

18.3 Any ambiguity in this Agreement shall be resolved to permit Covered Entity to comply with the Privacy Rule, Security Rule, or any other standards promulgated under HIPAA.

18.4 In addition to applicable Vermont law, the parties shall rely on applicable federal law (e.g., HIPAA, the Privacy Rule and Security Rule, and the HIPAA omnibus final rule) in construing the meaning and effect of this Agreement.

18.5 As between Business Associate and Covered Entity, Covered Entity owns all PHI provided by Covered Entity to Business Associate or created or received by Business Associate on behalf of Covered Entity.

18.6 Business Associate shall abide by the terms and conditions of this Agreement with respect to all PHI it receives from Covered Entity or creates or receives on behalf of Covered Entity even if some of that information relates to specific services for which Business Associate may not be a "Business Associate" of Covered Entity under the Privacy Rule.

18.7 Business Associate is prohibited from directly or indirectly receiving any remuneration in exchange for an individual's PHI. Business Associate will refrain from marketing activities that would violate HIPAA, including specifically Section 13406 of the HITECH Act. Reports or data containing the PHI may not be sold without Agency's or the affected individual's written consent.

18.8 The provisions of this Agreement that by their terms encompass continuing rights or responsibilities shall survive the expiration or termination of this Agreement. For example: (a) the provisions of this Agreement shall continue to apply if Covered Entity determines that it would be infeasible for Business Associate to return or destroy PHI as provided in Section 14.2 and (b) the obligation of Business Associate to provide an accounting of disclosures as set forth in Section 11 survives the expiration or termination of this Agreement with respect to accounting requests, if any, made after such expiration or termination.

(Rev: 5/5/15)

NOTICES TO THE PARTIES UNDER THIS AGREEMENT

To the extent notices are made under this agreement, the parties agree that such notices shall only be effective if sent to the following persons as representative of the parties:

	STATE REPRESENTATIVE(S)	CONTRACTOR/GRANTEE
Name	Office of General Counsel	Marielle S. Weindorf
Address	312 Hurricane Lane, Office of General Counsel Williston, VT 05495	3975 Research Park Drive Ann Arbor, MI 48108
Email	Howard.Pallotta@state.vt.us	mweindorf@datastat.com

The parties agree that notices may be sent by electronic mail except for the following notices which must be sent by United States Postal Service certified mail: termination of contract, contract actions, damage claims, breach notifications, alteration of this paragraph.

DVHA MONITORING OF CONTRACT

The parties agree that the DVHA official State Program Manager is primarily responsible for the review of invoices presented by the Contractor.