

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 May 30, 2016 as follows:

1. By deleting Section 3 (Maximum Amount) on page 1 of 11 of Amendment #3, 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 **\$457,296.17**.

2. By deleting Section 4 (Contract Term) on page 1 of 11 of Amendment #3, substituting in lieu thereof the following Section 4:

The period of Contractor's performance shall begin on July 28, 2014 and end on June 30, 2017.

Work performed between May 1, 2016 (retroactive date) and the signing or execution of this agreement that is in conformity with Attachment A may be billed under this agreement.

3. By adding to Section 9 (Contacts for this Award) on page 1 of 26, and substituting in lieu thereof the following Section 9:

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	CONTRACTOR/GRANTEE
Name	Office of General Counsel	Marielle Weindorf
Address	NOB 1 South, 280 State Drive Waterbury, VT 05671	3975 Research Park Dr. Ann Arbor, Michigan 48108
Email	AHS.DVHALegal@vermont.gov	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.

4. By deleting Attachment A (Specification of Work to be Performed) on page 1 of 25 of Amendment #2, and substituting in lieu thereof the following Attachment A:

**ATTACHMENT A
SPECIFICATIONS OF WORK TO BE PERFORMED**

The services provided under this agreement are ongoing and required; all deliverables described herein must be completed in a satisfactory manner on an annual basis.

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. Furthermore, the state is required to report on patient experience for children enrolled in Medicaid. This contract is for those services. Specifically, the Contractor shall work with the State on the administration of two Consumer Assessment of Healthcare Providers and Systems (CAHPS[®]) surveys to 1) 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 and 2) measure the experience of care for those enrolled in Medicaid.

Project Overview

For the first aim, measuring patient experience in advanced primary care, 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.

For the second aim, measuring patient experience for children enrolled in Medicaid, the contractor will conduct the survey administration of the 2016 Consumer Assessment of Healthcare Providers and Systems (CAHPS®) Survey Project for the State of Vermont Medicaid Program for its child population.

The sample will include one (1) statewide sample that includes eligible Medicaid beneficiaries. The CAHPS 5.0H Child Medicaid Survey without the Children with Chronic Conditions (CCC) measurement set will be used. The data collected will not be submitted to NCQA.

Task 1: PCMH CAHPS® Project Activities – Data Sampling and Collection

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.

Task 2: PCMH CAHPS® Project Activities – Data Reporting

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 who complete the PCMH CAHPS® prior to June 30, 2016 and are interested in seeking NCQA PCMH 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*. This service will not be available to practices who complete the survey after June 30, 2016.

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.

Task 3: CAHPS[®] 5.0 Child Medicaid Survey Project Activities

Project Specifications: State of Vermont Medicaid 2016 Child Medicaid CAHPS 5.0 Survey Project

The Contractor will conduct the survey administration phase of the 2016 Consumer Assessment of Healthcare Providers and Systems (CAHPS^{®1}) Survey Project for the State of Vermont Medicaid Program for its child population.

The sample will include **one (1) Statewide sample** that includes eligible Medicaid beneficiaries. The CAHPS 5.0H Child Medicaid Survey **without** the Children with Chronic Conditions (CCC) measurement set will be used. The data collected will **not** be submitted to NCQA.

The following is a description of the draft anticipated 2016 Vermont Child CAHPS 5.0 activities:

A. Sampling

- Child Medicaid sample: 1,650
- Total Sample n = 1,650
- VT Medicaid will provide eligible sample frame
- Sample with Replacements for insufficient addresses and telephone numbers, and when duplicate household records are encountered
- NCOA, DataMentor: Land updates, Cell flags

B. Mail Materials and Protocol

Materials

- Child Medicaid (without CCC) CAHPS 5.0H survey instrument
- Child survey: 8 pages
- No supplemental questions
- The Contractor will provide Spanish translations of the cover letters
- VT Medicaid logo on Cover letters and Questionnaire
- VT Medicaid Signature on Cover letters

¹ CAHPS[®] is a registered trademark of the Agency for Healthcare Research and Quality.

- English and Spanish Cover letters to include non-customized text on the backside with toll-free number for members to call and request the survey in alternate language (i.e., Spanish or English).

Protocol:

- Mixed Mode: Mail with phone follow-up:
- Mail: English and Spanish (1st Survey Packet, 1st Reminder Postcard, 2nd Survey Packet)
- Reminder Calls: During the mail protocol, the Contractor may initiate one or more reminder calls to each selected respondent to encourage return of the mail questionnaire.
- Spanish: Spanish survey requests to be completed via CATI only, upon request
- Phone: Maximum of 3 callbacks

Languages:

- English
- Spanish: Spanish survey requests to be completed via CATI only, upon request

Completion Criteria:

- The respondent answers one or more survey questions.
- Responses indicate that the respondent meets the eligible population criteria

Respondent Support:

- Toll Free telephone support
- Alternate language requests handled
- Answered live: 9am – 8 pm ET

C. Reporting

Project Updates:

- Status updates throughout field period (i.e., weekly disposition reports);

Data Set:

- Standard Response data set
- VT Medicaid to provide format specifications (i.e., data file layout), if necessary
- Format: SAS or SPSS

Final Reporting:

- The Contractor Standard Overview Report
- The Contractor will maintain all records and returned, completed surveys for three (3) years. Upon expiration of the required period, the Contractor will shred all returned questionnaires, unless other arrangements are made with the Contractor Project Manager.

Standard Terms and Definitions for Sampling, Data Collection, and Reporting

A. Sampling Services

1. The sample frame file shall be submitted to the Contractor in a prescribed standard format with fixed fields, fixed length records, and no delimiters. All required data file elements must be included in the sample frame. A data file layout shall accompany the sample frame.
2. The sample frame shall be submitted to the Contractor through the DataStat Transfer Center – a website utilizing 128-bit encryption through SSL to securely transfer files using a web browser, or on physical media (CD-ROM, diskette).
3. Upon receiving the sample frame representing all eligible enrollment data files, the Contractor will check the file for accuracy and completeness, and will review and refine it for appropriateness as a sampling frame. The Contractor will work with State staff to resolve any sample frame data file problems, as needed.
4. The Contractor will de-duplicate the data files to ensure that each member is represented only once in the sampling frame.
5. From the set of all eligible members, a sample will be drawn using standard random selection procedures, per project specifications.
6. After the sample has been randomly selected, the Contractor will use a National Change of Address (NCOA) service to update address information.
7. Selected sample(s) will be de-duplicated to ensure that only one member per household appears.

B. Mailing and Data Collection Services

1. Questionnaires will be formatted using the Contractor's standard layout and design, which will produce an instrument of a length determined by project specifications. Length of survey instruments is a key element in survey cost; The Contractor will notify the State to discuss any additional costs or timeline impact if the questionnaire layout results in an instrument longer than anticipated.
2. Letter text will be based on project specifications. The length of the text will allow for the Contractor's standard formatting and accommodate the use of the Contractor's standard outgoing envelope. The Contractor will work with the State to revise the text of this letter, as needed.
3. Cover letters will be customized with the name and verified address of the selected member, and other customizations per project specifications.

4. Prior to producing final materials to be mailed, the Contractor will provide the State with examples of all materials for approval.
5. Using our in-house mail production equipment, The Contractor will create and mail to each individual in the sample their customized survey in a personalized survey packet with the following format:
 - a. Outgoing envelope:
 - White, appropriately sized envelope provided by The Contractor
 - Black printing of the State name, The Contractor return address, the selected member's name and verified address
 - First class postage imprint
 - The USPS "Electronic Address Service" will be used
 - b. Questionnaire:
 - Formatted Microsoft Word file
 - Printed in-house on white sheets of 11x17 paper, folded to produce a booklet per specified length
 - Customized to individual member level with insertion of bar-coded tracking data
 - c. Cover letter:
 - Laser printing, allowing for text insertions, member name and address, signature and other customizations per project specifications, printed in black
 - Text per project specifications; length will accommodate the Contractor's format requirements
 - d. Return envelope:
 - Appropriately-sized, white return envelope with the Contractor's address inserted into each outbound packet
 - Business reply imprint on the return envelope, using the Contractor's business reply account
6. During the mail phase and per project specifications, the Contractor may initiate one or more reminder calls to each selected respondent to encourage return of the mail questionnaire
7. As undeliverable surveys and alternate addresses are returned to the Contractor by the postal service, the Contractor will update internal records accordingly.
8. The Contractor will cease all subsequent follow-up efforts to any individual having expressed a desire not to participate in the survey project. Such responses are coded as "refusals" in the final data set.
9. As surveys are returned, the Contractor will enter all received data into the appropriate computer system. After data entry has been completed, the Contractor will conduct data cleaning and perform both format and outlier checks, according to the Contractor's standards.
10. Completeness testing will be conducted per project specifications.

11. Throughout data collection, the Contractor will maintain a project-specific toll-free Respondent Assistance Line from 9am to 8pm (EST) Monday through Friday. Calls outside these hours will be referred to voicemail.
12. The Contractor toll-free Respondent Assistance Line will appear on mailed materials and will be available to telephone interviewers should it be requested by a respondent completing an interview via telephone.
13. Alternate language or replacement survey requests may be collected via the toll-free Respondent Assistance Line and/or incorporated into the data collection protocol per project specifications.

C. Telephone Services

1. The Contractor will program the State's customized telephone survey for our Computer Assisted Telephone Interviewing (CATI) system.
2. The Contractor will use the Telematch telephone number verification service to locate and update telephone numbers.
3. Call attempts will be made to each sample case in the telephone follow-up database; calls will be distributed by our sample management system across daytimes, evenings and weekends to determine viability of the number.
4. Will use best efforts and practices to interview as many difficult to reach respondents as possible.. This will include:
 - a. After determining that the telephone number in the sample database is incorrect, steps will be taken to find the correct number, up to and including accepting new telephone numbers for the respondent taken from another member of the household.
 - b. If a respondent is away from the household, a firm appointment at a specific time and date will be made to attempt re-contact when the respondent returns.
 - c. If a respondent is too ill at the time of the call, a firm appointment at a specific time and date will be set to attempt re-contact at a later date within the data collection period.
5. The Contractor will comply with the rules and regulations of the Telephone Consumer Protection Act (TCPA) and the Federal Communications Commission (FCC).

E. Reporting Services

1. The Contractor shall provide the State with a project plan. The plan shall include a detailed schedule of activities showing all critical paths, major activities and deliverables. The final plan and schedule will be developed by mutual agreement between the State and the Contractor.
2. On a periodic basis as appropriate, the Contractor shall provide the State with update reports on project status. The schedule for these updates will be determined by project milestones and by mutual agreement between the State and the Contractor. During the data collection period, this report shall include the total survey completes to date, a summary of

sample dispositions resolved since the previous report was issued, and any problems encountered and their resolution.

3. After interviewing and data entry have been completed, a dataset will be prepared for the State. The dataset will include values for each questionnaire item by completed case and will be purged of any patient identification information (i.e., name, address, and telephone number). The dataset will be submitted in a choice of format (SAS, SPSS, Excel, etc.), 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 can be included at an additional cost upon approval by the State. A data file layout with defined labels and values will accompany each dataset.
4. Banner book or Graphical reporting will be conducted according to the project specification. The Contractor will work with the State to develop and produce customized reports if the State elects this option under the agreed budget.
5. The Contractor will shred all returned questionnaires upon completion of the project, unless other arrangements are made with the Contractor Project Manager.
6. 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
NOB 1 South, 280 State Drive
Waterbury, Vermont 05671-1010
MaryKate.Mohlman@vermont.gov

I. 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 Contractor Compliance 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 Contractor Compliance Form, the State shall review and respond within ten (10) business days. Under no circumstance shall the Contractor enter into a sub-agreement without prior authorization from the State. The Contractor shall submit the Contractor Compliance Form to:

Natalie Elvidge
Contract and Grant Management Specialist
Department of Vermont Health Access (DVHA)
NOB 1 South, 280 State Drive
Waterbury, Vermont 05671-1010
Natalie.Elvidge@vermont.gov

Mary Kate Mohlman
Health Services Researcher

Department of Vermont Health Access
NOB 1 South, 280 State Drive
Waterbury, Vermont 05671-1010
MaryKate.Mohlman@vermont.gov

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 11 of Amendment #3, 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 AUTHORIZATION REQUIREMENT: Tasks 1 and 2, but not Task 3, of this contract are partially funded by a federal State Innovation Model (SIM) grant and subject to federal approval from the Centers for Medicare and Medicaid Innovation (CMMI). No reimbursement shall be provided under this agreement without federal approval for Tasks 1 and 2 and included services and products for which reimbursement is claimed.
 - a. In April, 2016 federal approval was sought for the time period of July 1, 2016 through June 30, 2017 in the amount of \$102,596.97 for tasks related to the SIM grant. Contractor may not begin work on PCMH CAHPS® Project activities before the time period beginning July 1, 2016 through June 30, 2017, without written authorization from the State of Vermont. Approval for funding is contingent on CMMI authorization.

Contractor may not begin work on Tasks 1 and 2 using any federal funds without written authorization from the State of Vermont. Approval for year three funding is contingent on the Centers for Medicare and Medicaid Innovation authorization.

Work performed on Task 3 between May 1, 2016 (retroactive date) and the signing or execution of this agreement that is in conformity with Attachment A may be billed under this agreement.

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 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.
4. Contractor will not be reimbursed for expenses, including supplies, benefits, or insurance.
5. Invoices should reference this contract number and be submitted electronically to:

Natalie Elvidge
Natalie.Elvidge@vermont.gov

Mary Kate Mohlman
MaryKate.Mohlman@vermont.gov

6. Invoices shall be accompanied by a:
 - a. Financial Reporting Form (Appendix I) and in Excel format. A final Financial Report Form (Appendix I) will be due no later than 30 days after the end date of the agreement. The final financial report will report actual approved expenditures against payments received.
 - b. Master list of practices as maintained by the Contractor, in a format determined by the State
7. Up to 10 % of the total maximum amount payable under this contract may be reallocated among these tasks and budget categories upon written authorization from the Blueprint Executive Director.
8. The maximum amount payable under this contract for services and expenses shall not exceed \$457,296.57. The maximum allowable payable for the period of this contract, July 28, 2014 to June 30, 2017 shall be subdivided as follows:

Task 1: Data Collection and Sampling for the PCMH CAHPS® Project

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
<u>20-28</u>	<u>643</u>	<u>\$347.70</u>	<u>\$925.92</u>	<u>\$1,273.62</u>
29+	686	\$347.70	\$987.84	\$1,335.54

Task 2: PCMH Reporting for the PCMH CAHPS® Project

The Contractor shall invoice the State within the contract period for actual costs and program management for reporting patient experience data to practices, ACOs, the Blueprint for Health (or analytic contractor as designated by the Blueprint Health Services Researcher), and NCQA on behalf of the practices.

The Contractor shall be able to divide billable hours amongst Tasks 1, and 2 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.

Task 3: Data Collection and Sampling for the CAHPS® 5.0 Child Medicaid Survey Project

The Contractor shall invoice the State during the contract term for data collocation and sampling activities. The following table identifies anticipated costs for professional services, sampling and mailing services, and other direct costs for the CAHPS® 5.0 Child Medicaid Survey portion of the contract.

Category	Subcategory	Units (N)	Costs
Professional Staff Resources CATI			\$0.00
Professional Staff Resources Mail			\$3,999.00
CATI Resources	Total Cases	165	
	Total Field Costs	\$26.2/case	\$4,323.85

Mail Resources	Total Pieces Mailed	1650 *\$2.98	\$4,919.71
Other Direct Costs			\$1,200.00
Total Project Costs			\$14,442.56

Budget

Tasks 1 and 2: Year 1
 Beginning July 28, 2014 ending July 27, 2015

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

Tasks 1 and 2: Year 2
 Beginning July 28, 2015 ending June 30, 2016

Blueprint Patient Experience Survey Budget Summary		
Task	Description	Total Amount Budgeted
Task 1	PCMH Data Collection	\$122,419.30
Task 2	PCMH Data Reporting	\$26,580.00
Total		\$148,999.30

Tasks 1 and 2: Year 3
 Beginning July 1, 2016 ending June 30, 2017

Blueprint and Medicaid Patient Experience Survey Budget Summary		
Task	Description	Total Amount Budgeted
Task 1	PCMH Data Collection	\$131,466.97
Task 2	PCMH Data Reporting	\$21,130.00
Total		\$152,596.97

Task 3: Year 2 and 3
 Beginning May 1, 2016 ending December 30, 2016

Blueprint and Medicaid Patient Experience Survey Budget Summary		
Task	Description	Total Amount Budgeted
Task 3	Medicaid Data Collection and Reporting	\$14,442.56
Total		\$14,442.56

- 6. By deleting Request to Subcontract form on page 27 of 28 of Amendment #1, substituting in lieu thereof the following Subcontractor Compliance Form, beginning on page 20 of this agreement:**

This amendment consists of 20 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
Department of Vermont Health Access
NOB 1 South, 280 State Drive
Waterbury, Vermont 05671-1010 Email:
steven.costantino@vermont.gov

MARIELLE S. WEINDORF
3975 Research Park Dr,
Ann Arbor, Michigan 48108
Phone: 734-994-0540
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APPENDIX 1: REQUIRED FORMS
Department of Vermont Health Access
Subcontractor Compliance

Date: _____

Original Contractor/Grantee Name: _____

Contract/Grant #: _____

Subcontractor Name: _____

Scope of Subcontracted Services:

Is any portion of the work being outsourced outside of the United States?
(If yes, **do not proceed**)

YES

NO

All vendors under contract, grant, or agreement with the State of Vermont, are responsible for the performance and compliance of their subcontractors with the Standard State Terms and Conditions in Attachment C. This document certifies that the Vendor is aware of and in agreement with the State expectation and has confirmed the subcontractor is in full compliance (or has a compliance plan on file) in relation to the following;

- Subcontractor does not owe, is in good standing, or is in compliance with a plan for payment of any taxes due to the State of Vermont
- Subcontractor (if an individual) does not owe, is in good standing, or is in compliance with a plan for payment of Child Support due to the State of Vermont.
- Subcontractor is not on the State's disbarment list.

In accordance with State Standard Contract Provisions (Attachment C), The State may set off any sums which the subcontractor owes the State against any sums due the Vendor 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 in Attachment C.

Signature of Subcontractor

Date

Signature of Vendor

Date

Received by DVHA Business Office

Date

Required: Contractor cannot subcontract until this form has been returned to DVHA Contracts & Grants Unit