

### AMENDMENT

It is agreed between the State of Vermont, Department of Vermont Health Access (hereinafter called "State") and University of Vermont Medical Center, Inc. (hereinafter called "Contractor") with principal place of business in Colchester, VT that the contract dated December 22, 2014 is to be amended January 1, 2017 as follows:

- 1. By striking out on page 1, item #3, of the Base agreement and as amended by Amendment #3, and substituting in lieu thereof:**

**3. Maximum Amount.** In consideration of the services to be performed by Contractor, the State agrees to pay Contractor, in accordance with the payment provisions specified in Attachment B, a sum not to exceed \$6,359,340.

- 2. By striking out on page 1, item #4, of the Base agreement and as amended by Amendment #3, and substituting in lieu thereof:**

**4. Contract Term.** The period of Contractor's performance shall begin on **December 22, 2014** and end on **June 30, 2017**.

Work performed between **January 1, 2017** and the signing or execution of this amendment that is in conformity with Attachment A shall be billed under this agreement.

This amended agreement has an effective date that is an earlier date than the date on which it is signed by the parties. The effective date of this amended agreement shall be January 1, 2017 and end on June 30, 2017. All terms and conditions described in this amended agreement shall apply to any and all services performed for or on behalf of the State. The Contractor agrees that by submitting invoices, bills, or otherwise seeking compensation for services performed prior to the finalization of this amended agreement or signing of this amended agreement, Contractor is agreeing to and reaffirming the application of all terms of this amended agreement to that period and to that work. Contractor further agrees to defend, indemnify, and hold the State harmless for any claim, dispute, non-contractual cost or charge, or any liability whatsoever, whether in law, equity, or otherwise, which arises from or is connected to the work performed prior to the execution of this amended agreement. Contractor further agrees that these terms apply regardless of whether the work is accepted by the State, and regardless of whether payment is issued by the State to the Contractor for the work in question.

- 3. By striking out on page 2, item #8, of the Base agreement and as amended by Amendment #3, and substituting in lieu thereof:**

**8. Attachments.** This contract consists of 28 pages including the following attachments, which are incorporated herein:

- Attachment A – Scope of Work to be Performed
- Attachment B – Payment Provisions
- Attachment C – Standard State Provisions: For Grants and Contracts
- Attachment D – Modification of Customary Provisions of Attachment C
- Attachment E – Business Associate Agreement
- Attachment F – Standard State Provisions: AHS Customary Contract Provisions
- Appendix I – Required Forms

The order of precedence of documents shall be as follows:

- 1). This document
- 2). Attachment D – Modification of Customary Provisions of Attachment C
- 3). Attachment C – Standard State Provisions: For Grants and Contracts
- 4). Attachment A – Scope of Work to be Performed
- 5). Attachment B – Payment Provisions
- 6). Attachment E – Business Associate Agreement
- 7). Attachment F – Standard State Provisions: AHS Customary Contract Provisions
- 8). Appendix I – Required Forms

**4. Attachment A: By replacing in its entirety with the following revised version:**

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

**I. Background:**

The Vermont Health Care Innovation Project (VCHIP) Core Team approved funding to support medical leadership, quality improvement training/support, analytics and data, and clinical facilitation to benefit Vermont's Accountable Care Organizations (ACOs). The Contractor will perform these tasks through its ACO, OneCare Vermont Accountable Care Organization, LLC (OneCare) and will provide funding to OneCare through these grant funds.

**II. Scope of Work:**

The Contractor will support the development of OneCare's capacity to collect, analyze and use data for targeted health care performance improvement collaboratives that are consistent with the goals established by the OneCare's Clinical Advisory Board.

**III. Deliverables:**

- A. Contractor shall perform the following activities according to the timeline below in this Attachment of this agreement:
  1. Further existing Regional Clinical Performance Committees (Community Collaboratives) efforts towards creating innovative, reliable and evidenced based population health strategies in Vermont. OneCare will carry out the priorities set forth by OneCare's Clinical Advisory Board (CAB) and provide for a multi-HSA governance structure for quality performance improvement in HSAs where OneCare has a participation contract with the local hospital ("Primary RCPC").
    - a) The Contractor, through OneCare, for each Primary RCPC will invite the following stakeholders to participate in each RCPC:
      - i. Leaders from the CAB;
      - ii. Clinical and Quality Improvement experts from local or referring hospital systems;
      - iii. Representation from care coordination entities (e.g., Blueprint Community Health Teams, commercial payers, Support and Services at Home (SASH));
      - iv. Continuum of care providers (home health, skilled nursing, hospice, designated agencies etc.);
      - v. Content experts (pediatric mental health, palliative care, chronic care etc.);
      - vi. State agencies that serve the populations (e.g., Vermont Chronic Care Initiative (VCCI) and Integrated Family Services (IFS));





Deliverable/Milestone	Start	End	Jan	Feb	Mar	Apr	May	JUN
<b>2017 Learning Collaborative Planning</b>								
<b>Clinical Priority Selection (informed by data)</b>	1/1/2017	1/31/2017						
Review of the Data	1/1/2017	1/31/2017						
Statewide teams to gather to review results and select priorities	1/1/2017	1/31/2017						
<b>Planning for Onsite Learning Collaborative Session 1</b>	<b>2/1/2017</b>	<b>4/15/2017</b>						
Identify focus (change needed)	2/1/2017	2/29/2017						
Identify teams and stakeholders	2/1/2017	2/29/2017						
Identify resources; education, training, facilitators, speakers	2/1/2017	4/15/2017						
Develop change packets	2/1/2017	4/15/2017						
<b>2017 Learning Collaborative Implementation</b>								
<b>Collaborative (informed by data)</b>	<b>4/15/2017</b>	<b>6/30/2017</b>						
Kick Off: Statewide teams gather	4/15/2017	6/30/2017						
<b>PDSA Track 1</b>	<b>5/20/2017</b>	<b>6/30/2017</b>						
Plan: Identification of projects to implement (data collection)	4/15/2017	5/1/2017						
Do: Implementation of project chosen	5/1/2017	6/30/2017						
Study: Monitor and track results, identify improvements	5/1/2017	6/30/2017						
Act: Review the actionable results	5/1/2017	6/30/2017						
<b>2017 Learning Collaborative Evaluation</b>								
Review to prepare for session 2 and 3		6/30/2017						

9. The Contractor will provide participants in the Vermont Care Organization Network with 40 licenses to Qlikview, which is the data visualization tool that is utilized to create and publish OneCare Vermont's analytic dashboards and self-service analytic tools. OneCare has developed and internally deployed over a dozen applications that are being used by our clinical consultants in communities to inform clinical and financial programs and priorities. These tools will be used to meet the data-driven objectives of Vermont Care Organization (VCO), in order to provide actionable and transparent data to network providers, care coordinators, quality leaders, and finance professionals (with a focus on those organizations taking on financial risk in 2017). The Contractor will provide the State with attestation of the license acquisition with the invoice for the licenses.
10. The Contractor shall engage in sustainability planning with the State. The Contractor shall participate in meetings, write documents, develop workplans, develop timelines, and provide reports on sustainability to the State.

**IV. Monthly Reporting:**

- A. The Contractor shall participate in a conference call each month with the State of Vermont regarding this work. The purpose of these calls is to discuss administrative and project issues as they arise.
  1. The State and Contractor may communicate more frequently if there are additional questions or specific issues to address. The Contractor shall participate in all such calls as requested by the State. The State and Contractor shall determine a reasonable level of participation in such calls.
- B. The Contractor shall submit monthly progress reports outlining all work accomplished during the previous month and expectations for the coming month. The reports should be concise and in a simple format (e.g., bulleted list) approved by the State of Vermont.
  1. At a minimum, monthly progress reports shall cover the following items:
    - I. Activities related to consultation and support related to each task supported by this contract;
    - II. Activities planned for the forthcoming month;
    - III. Contractor's expectations of the State staff during the forthcoming month (e.g., review of deliverables submitted, deliver of data, or other items);
    - IV. Any problems or delays – encountered or foreseeable – that may affect contract performance;
    - V. Budget discrepancies greater than ten percent, i.e., cost overruns or underruns.
  2. These reports are to be submitted electronically to the VHCIP Project Director within five business days after the end of the month. These monthly progress reports shall be consistent with the work billed on the monthly invoices.
- C. The Contractor shall provide reports to the VHCIP Core Team, Work Groups and/or Steering Committee regarding the progress of this work as requested by the VHCIP Project Director.

**V. Performance Expectations:**

No work shall be undertaken or reimbursed pursuant to this Agreement, other than obligations specifically set forth in Attachment A, without written approval by the State's designated representative. The State's designated representative is:

Sarah Kinsler  
Senior Health Policy Analyst, DVHA  
Department of Vermont Health Access

[Sarah.Kinsler@vermont.gov](mailto:Sarah.Kinsler@vermont.gov)

Attachment A contains specific deliverables, due dates and performance measures, and shall serve as the basis for quality assurance and a means for monitoring the contractor’s performance throughout the duration of this contract.

The Contractor shall provide a single point of contact who will manage all aspects of the contract including the assignment of qualified personnel to perform the work outlined herein. The Contractor’s single point of contact is:

Vicki Loner  
 OneCare Vermont  
 Accountable Care Organization LLC  
 802-847-7220  
[Victoria.Loner@uvmhealth.org](mailto:Victoria.Loner@uvmhealth.org)

The Contractor accepts full responsibility for any personnel assigned to perform the work herein. It is understood that the State will provide minimal oversight of personnel assigned to this contract.

**VI. Contract Administration Data – Key Personnel (See Attachment B for key personnel list):**

The key personnel specified in this contract are considered to be essential to work performance under this Agreement. At least 30 days prior to diverting any of the specified individuals to other programs or contracts (or as soon as possible, if an individual must be replaced, for example, as a result of leaving the employ of the Contractor), the Contractor shall notify the Contracting Officer and shall submit comprehensive justification for the diversion or replacement request (including proposed substitutions for key personnel) to permit evaluation by the State of the impact on performance under this contract. The Contractor shall not divert or otherwise replace any key personnel without the written consent of the Contracting Officer. The State may modify the contract to add or delete key personnel at the request of the Contractor or Federal government.

**VII. The Contacts for this Award are as Follows:**

	State Fiscal Manager	State Program Manager	For the Contractor
Name:	Karen Sinor	Sarah Kinsler	Vicki Loner
Phone #:	802-241-0252	802-798-2244	(802) 847-6255
E-mail:	<a href="mailto:Karen.Sinor@vermont.gov">Karen.Sinor@vermont.gov</a>	<a href="mailto:Sarah.Kinsler@vermont.gov">Sarah.Kinsler@vermont.gov</a>	<a href="mailto:Victoria.Loner@uvmhealth.org">Victoria.Loner@uvmhealth.org</a>

**VIII. 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
Name	Office of General Counsel	Vicki Loner
Address	NOB 1 South, 280 State Drive Waterbury, VT 05671	356 Mountain View Drive Colchester, Vermont 05446
Email	<a href="mailto:AHS.DVHAlegal@vermont.gov">AHS.DVHAlegal@vermont.gov</a>	<a href="mailto:Victoria.Loner@uvmhealth.org">Victoria.Loner@uvmhealth.org</a>

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.

**IX. DVHA Monitoring of Contract:**

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

**X. Subcontractor Requirements:**

Per Attachment C, Section 19, 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:

Karen Sinor, Contracts and Grants Administrator  
Business Office, Contracting Unit  
Department of Vermont Health Access  
[Karen.Sinor@vermont.gov](mailto:Karen.Sinor@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.

The following subcontractors have been approved under this contract:

**OneCare Vermont**

356 Mountain View Drive  
Colchester, Vermont, 05446

**Value Institute**

Dartmouth-Hitchcock Medical Center  
One Medical Center Drive  
Lebanon, NH 03756

**The James M. Jeffords Institute for Quality and Operational Effectiveness**

University of Vermont Medical Center  
111 Colchester Avenue  
Burlington, VT 05401

Prior contract year(s) subcontractors included (included for prior year billing purposes):

**Vermont Information Technology Leaders, Inc.**

1 Mill Street, Suite 249  
Burlington, VT 05401

**Northern New England Accountable Care Collaborative**

110 Free Street



Portland, Maine 04101

**5. Attachment B: By replacing in its entirety with the following revised version:**

**ATTACHMENT B  
PAYMENT PROVISIONS**

The maximum dollar amount payable under this agreement is not intended as any form of a guaranteed amount. The Contractor will 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 00 days from date of invoice, payments against this contract will 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. This contract is funded by federal grants and is subject to federal approval by the Centers for Medicare and Medicaid Innovation (CMMI). No reimbursement shall be provided under this agreement without federal approval for the task, service, or product for which reimbursement is claimed. The maximum amount payable under this contract for services and expenses shall not exceed \$6,359,340.
  - a. In December 2014 and October 2015, the State received federal approval for \$2,768,200.
  - b. In December 2015, the State sought and received federal approval for the time period January 1, 2016-June 30, 2016 in the amount of \$1,045,570.
  - c. In Spring 2016, the State sought and received federal approval for the time period of July 1, 2016-December 31, 2016 in the amount of \$1,045,570
  - d. In December 2016, the State sought federal approval for the time period of December 1, 2016-June 30, 2017 in the amount of \$300,000.
  - e. In January 2017, the State sought federal approval for the time period of January 1, 2017-June 30, 2017 in the amount of \$1,200,000. Contractor may not begin work for that time period without written authorization from the State of Vermont. Approval for funding is contingent on CMMI authorization.
  
2. Contractor invoices shall be submitted quarterly or monthly, based on the following tables:





STRATEGY FOR REPORTING AND PAYMENT														
	1st Quarter			2nd Quarter			3rd Quarter Amended			4th Quarter Amended				TOTAL
	Dec - 14	Jan - 15	Feb - 15	Mar - 15	Apr - 15	May - 15	Jun - 14	Jul - 15	Aug - 15	Sep - 14	Oct - 15	Nov - 15	Dec - 15	
<b>GENERAL CONTINUOUS PAYMENTS</b>														
Develop and initiate statewide Clinical Advisory Board & Regional Clinical Performance Committees	*	*	*	*	*	*	*	*	*	*	*	*	*	
Assess, track, and sustain improvement efforts	*	*	*	*	*	*	*	*	*	*	*	*	*	
Identify statewide clinical improvement targets	*	*	*	*	*	*	*	*	*	*	*	*	*	
Develop protocols and project plans for improvement targets	*	*	*	*	*	*	*	*	*	*	*	*	*	
	79,500	79,500	79,500	79,500	79,500	79,500	79,500	79,500	79,500	79,500	79,500	79,500	79,500	<b>1,033,500</b>
General Overhead	8,710	8,710	8,710	8,710	8,710	8,710	8,710	8,710	8,710	8,710	8,710	8,710	8,710	<b>113,229</b>
<b>GENERAL CONTINUOUS PAYMENTS SUBTOTAL</b>	<b>88,210</b>	<b>88,210</b>	<b>88,210</b>	<b>88,210</b>	<b>88,210</b>	<b>88,210</b>	<b>88,210</b>	<b>88,210</b>	<b>88,210</b>	<b>88,210</b>	<b>88,210</b>	<b>88,210</b>	<b>88,210</b>	<b>1,146,729</b>
<b>DISCRETE PAYMENTS</b>														
Provide data analytic support for Regional Clinical Performance Committees (VITL, Health Catalyst & Qlik Technologies as they are paid)	60,233	-	-	30,777	-	-	37,306	158,713	166,045	43,415	43,415	43,415	43,415	<b>626,732</b>
Contract with 14 Regional Clinician Representatives (each as they are contracted)	162,500	-	-	-	-	6,250	-	175,000	-	-	-	-	-	<b>343,750</b>
Employ 6 Clinical and Quality Consultants (each as they are employed)	382,500	-	-	-	-	-	-	76,500	-	-	-	-	-	<b>459,000</b>
Regional Care Coordinator (Karen Ploof at 75% as utilized for RCPC support)	-	-	-	-	-	-	-	4,781	4,781	4,781	4,781	4,781	4,781	<b>28,688</b>
Complete Medicaid and Commercial data collection (upon completion)	-	-	-	-	-	150,000	-	-	-	-	-	-	-	<b>150,000</b>
Training program to support Regional Clinical Performance Committees (Value Inst & Jeffords as they are paid)	-	-	-	-	-	13,301	-	-	-	-	-	-	-	<b>13,301</b>
<b>DISCRETE PAYMENTS SUBTOTAL</b>	<b>605,233</b>	<b>-</b>	<b>-</b>	<b>30,777</b>	<b>-</b>	<b>169,551</b>	<b>37,306</b>	<b>414,994</b>	<b>170,826</b>	<b>48,196</b>	<b>48,196</b>	<b>48,196</b>	<b>48,196</b>	<b>1,621,471</b>
<b>TOTAL BUDGET</b>	<b>693,443</b>	<b>88,210</b>	<b>88,210</b>	<b>118,987</b>	<b>88,210</b>	<b>257,761</b>	<b>125,516</b>	<b>503,204</b>	<b>259,036</b>	<b>136,406</b>	<b>136,406</b>	<b>136,406</b>	<b>136,406</b>	<b>2,768,200</b>
<b>ORIGINAL QUARTERLY BUDGET</b>			<b>832,799</b>			<b>1,075,134</b>			<b>442,634</b>				<b>417,634</b>	
<b>REVISED AMOUNT</b>			<b>869,863</b>			<b>464,959</b>			<b>887,756</b>				<b>545,623</b>	

- a. Monthly payments shall be made in equal amounts for services provided under “General Continuous Payments”.
3. In addition, the Contractor shall bill for the acquisition of Qlikview licenses by providing attestation of the acquisition and certification that 40 session licenses were procured for a total purchase amount of \$300,000.
4. The Key Personnel for this contract are:

Position Title	Name
Director, Quality and Clinical Operations	Sara Barry
VP, Chief Operating Officer	Vicki Loner
Chief Medical Officer	Norman Ward, MD

Manager of Analytics	Rebecca Lindstrom
Director of Analytics	Leah Fullem

5. No benefits or insurance will be reimbursed by the State.
6. Contractor shall bill monthly for work performed each quarter. There are no monthly minimum or maximum payments. If Contractors doesn't do any work in a given month, the State does not incur any expense for that month, but will make quarterly payments when invoiced.
7. The Contractor may bill for travel related to this contract that has been expressly approved by the State in writing in advance of travel. The Contract will bill at the IRS approved rate for mileage and submit requests for out-of-state travel to the State for approval in writing.
8. Work conforming to the requirements of Attachment A that was performed on or after December 22, 2014, may be reimbursed under this agreement.
9. **Invoices.** All requests for reimbursements shall be made using the Invoice – Contracts Agreements form attached, see Appendix I – Required Forms, or a similar format agreed upon by the State and Contractor. All payments are subject to payment terms of Net 00 days. The Contractor shall submit invoices to the State quarterly. The State shall reimburse the Contractor for Subcontractor costs up to the total maximum amount of this agreement.

The Contractor shall submit each invoice along with the paid subcontractor invoice as supporting documentation for all reimbursed payments. The State shall reimburse the Contractor for Subcontractor costs up to the total maximum amount of this agreement.

Payments and/or reimbursement for travel, lodging, training/registration and other approved expenses shall only be issued after all supporting documentation and receipts are received and accepted by the State. Invoices with such expenses shall be accompanied by a Travel and Expense Form, see Appendix I: Required Forms.

Invoices should reference this contract number, contain a unique invoice number, and current date of submission. Invoices should be submitted electronically with all other reports to:

Karen Sinor, Contracts & Grants Administrator  
Business Office, Contracting Unit  
Department of Vermont Health Access  
[Karen.Sinor@vermont.gov](mailto:Karen.Sinor@vermont.gov)

7. **Appendix I: By replacing in its entirety with the following revised version:**

**Appendix I – REQUIRED FORMS**  
**Invoice – Contract Agreements**

Contractor:	
Address:	
State:	
Zip Code:	
Invoice #:	
Date:	
Contract #:	

Contractor Billing Contact: \_\_\_\_\_ Phone #: \_\_\_\_\_

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

Date (if applicable)	Description of Deliverables/Work Performed	Rate (if applicable)	Amount
<b>TOTAL:</b>			

Remittance Address:

Bill to:  
Business Office  
Department of Vermont Health Access  
NOB 1 South, 280 State Drive  
Waterbury, VT 05671

**INVOICE PAYMENTS ARE NET 00 TERMS, UNLESS STATED OTHERWISE.**

**APPENDIX I – REQUIRED FORMS**  
**Department of Vermont Health Access**  
**Subcontractor Compliance**

Date: \_\_\_\_\_

Original Contractor/Grantee Name: \_\_\_\_\_ Contract/Grant #: \_\_\_\_\_

Subcontractor Name: \_\_\_\_\_ Amount: \_\_\_\_\_

Scope of Subcontracted Services:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Is any portion of the work being outsourced outside of the United States?

YES

NO

**(If yes, do not proceed)**

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.**

### Appendix I – REQUIRED FORMS Travel and Expense Form

Travel and Expense Form																	
Grantee/ Contractor Name: Starting Location Address: Grant Contract Number:											Invoice #: Invoice Date:						
Travel Start Date	Travel End Date	Name of Traveler	Description (name of meeting, reason for travel, etc.)	Travel				Meal Expenses			Other Expenses (Receipts Required)						
				Starting Address	Destination Address	End Address	Miles	Amount	Breakfast	Lunch	Dinner	Lodging	Airfare	Training/Registration	Other	Total	
																	\$ -
																	\$ -
																	\$ -
																	\$ -
																	\$ -
																	\$ -
																	\$ -
																	\$ -
																	\$ -
																	\$ -
<b>TOTALS</b>									0	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -

We the undersigned do hereby certify under that the reported information is accurate to the best of our knowledge and that all requests for services and expenses were incurred while performing work for the State of Vermont. The expenses I am requesting reimbursement for are in compliance with the State of Vermont Allowable Rates and Per Diem. **The State reserves the right to withhold payment if the State does not receive required documentation and receipts.**

Claimant's Signature	Date

Current State Reimbursement Rates: <a href="http://www.vermont.gov/commerce/department/business-entrepreneur">http://www.vermont.gov/commerce/department/business-entrepreneur</a>
Bulletin 3.4: <a href="http://www.vermont.gov/commerce/department/business-entrepreneur/bulletin-3-4">http://www.vermont.gov/commerce/department/business-entrepreneur/bulletin-3-4</a>



This amendment consists of 17 pages. Except as modified by this amendment and any previous amendments, all provisions of this contract #28242 dated December 22, 2014 shall remain unchanged and in full force and effect.

**By the STATE OF VERMONT**

**By the CONTRACTOR**

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Cory Gustafson, Commissioner      Date  
Department of Vermont Health Access (DVHA)  
NOB 1 South, 280 State Drive  
Waterbury, Vermont 05671  
Phone: (802) 241-0246  
Email: [cory.gustafson@vermont.gov](mailto:cory.gustafson@vermont.gov)

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John Brumsted, CEO      Date  
University of Vermont Medical Center, Inc.  
462 Shelburne Road, Suite 301  
Burlington, VT 05401  
Phone: 802-847-1124  
Email: [john.brumsted@vtmednet.org](mailto:john.brumsted@vtmednet.org)