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JUN 22 2011
DEPARTMENT OF VERMONT HEALTH ACCESS

It is agreed by and between the State of Vermont, Agency of Human Services, **Department of Vermont Health Access** (hereinafter called "State") and **Vermont Information Technology Leaders, Inc.** (hereinafter called "Grantee") that the grant agreement between the State and Grantee for creating and managing the Vermont Health Information Exchange Network, dated January 1, 2011 is hereby amended effective upon execution by both parties, as follows:

By deleting on page 1 of 26, Item # 3 (Maximum Amount) and substituting in lieu of thereof the following:

3. Maximum Amount: In consideration of the services to be performed by Grantee, the State agrees to pay Grantee, in accordance with the payment provisions specified in Attachment B, at sum not exceed $7,959,898.

By deleting on page 1 of 26, Item #4 (Grant Term) and substituting in lieu of thereof the following:

4. Grant Term: The period of Grantee's performance shall begin on January 1st 2011 and end on June 30th 2012.

By deleting on page 1 of 26, Item #5 (Source of Funds) and substituting in lieu of thereof the following:

5. Source of Funds: HIT Fund
ARRA Section 3013

By deleting on pages 3 through 9 of 26, Attachment A in its entirety, and substituting in lieu of thereof the following Attachment A:

ATTACHMENT A
Specification of Work to be Performed

Pursuant to 18 V.S.A. Chapter 219 § 9352, the State is awarding this procurement grant to the Grantee so that they may continue to operate and expand the use of the Vermont Health Information Exchange (VHIE) network.

The State has a series of additional Contracts and Grants which supplement the scope of work described herein:

- Contract #17216 for work on Electronic Health Record (EHR) interfaces in support of connectivity to the Blueprint for Health clinical data repository (Covisint) (executed between the Department of Health and the Grantee) which terminates on May 31, 2011; the on-going work after that date related to supporting Blueprint IT infrastructure will be included in this grant as revised,
- Contract #17938 to allow standards-based, immunization event transactions to be submitted to the Vermont Immunization Registry (executed between the Department of Health and the Grantee), and
- Grant # 03410-257-11 to support the expansion of EHR and provider readiness for Meaningful Use incentives as a match to the Grantee's Section 3012 Cooperative Agreement from the Office of the National Coordinator (ONC) to operate the Regional Extension Center for Vermont.

Responsibilities of the Grantee:

The Grantee has a place of business in Montpelier. The Grantee's place of business has sufficient room and electronic capacity so that the Grantee will not need to be located at a State building. The Grantee's customary business hours are Monday – Friday 9 AM – 5 PM. The Grantee will be using all of its own equipment to fulfill the deliverables of this grant and will not be using any state equipment to complete the deliverables noted in this grant. The Grantee will not be assigned a State e-mail account. The Grantee will not be connected to State data systems and will not be transferring data to or extracting data from State data systems unless a specific amendment to this Grant Agreement is executed to provide for such functionality as may be developed to synchronize State and VHIE Master Persons Indexes and State and VHIE Provider Directories.

The Grantee operates the VHIE network and provides interfaces for the flow of health information from EHR systems to the VHIE, as well as on to the Blueprint Registry (operated by Covisint), a disease management registry and clinical data repository operated for the Vermont Blueprint for Health. These interfaces contain security features to protect health information. The Grantee and its contractors shall utilize and maintain all hardware and software for the VHIE. The data will not be stored with the State of Vermont or any of its departments or agencies. The Grantee shall employ a Privacy Officer. All data that the Grantee: collects; stores; or, transfers shall comply with applicable HIPAA regulation for security and privacy.

The Grantee maintains and will provide the State at reasonable request, with their current Security Plan which will include results of most recent risk assessments, and the Grantee compliance with relevant National Institute of Standards and Technology (NIST) standards where applicable.

The Grantee maintains and will provide the State at reasonable request, an operational guide including policies and procedures regarding: operations; administration; and, maintenance. In collaboration with the Division of Health Care Reform, the Grantee is and will implement a plan to expand the VHIE through a regionally based strategy that links EHR adoption, connectivity of EHRs to the VHIE, and expansion of the Blueprint for Health in a coordinated effort organized geographically by Hospital Service Area (HSA). In addition, through collaboration with Bi-State Primary Care Association and a separate grant to the Grantee from Bi-State, the Grantee is doing work complementary to the process described above for Federally Qualified Health Centers in each HSA. Grantee policies and procedures will address how data flows to the VHIE from EHRs and other data sources in all HSA's.

In order to expand the electronic sharing of health information, VITL and the Division of Health Care Reform will identify practices within each HSA with the goal of optimizing the number of patients and practices supplying data to the VHIE in support of health reform initiatives. The State, the Grantee, Bi-State, and Covisint participate in bi-weekly working sessions to update project implementation, identify issues requiring collaborative solutions, and continuously update the implementation plan and framework. The Grantee will provide updated versions of Addendum 1 and Addendum 2 when submitting invoices and as part of the reporting requirements.

The Grantee, in collaboration with the State, has responsibility for coordination of the build out of the VHIE network infrastructure across the state to support the Vermont Blueprint for Health and other delivery

system reforms. This is a multi-year effort in which the Grantee is a key partner. As such, the Grantee will regularly participate in both scheduled and *ad hoc* meetings, including but not limited to the HIE-HIT General Stakeholders monthly meetings, the Privacy and Security Work Group convened by the State, and the Blueprint Executive Committee and other Blueprint Advisory committees and work groups.

Scope of Work:

The Grantee shall complete all deliverables within the guidelines and standards of the *Vermont Health Information Technology Plan*, as revised October 26, 2010 and as further revised and approved by ONC, the legislative Joint Fiscal Committee, and the Green Mountain Care Board.

Bi-directional interfaces for the deliverables shall be defined as the ability to exchange data at the semantic level between and among participants operating on the VHIE network. This includes transfer of demographic and clinical information from hospital and provider practice Electronic Health Record (EHR) systems, transfer of laboratory orders and results, and transfer of diagnostic procedure orders and results. All interfaces must be tested and demonstrated to be fully connected and operational, stable on an ongoing basis, and useable for routine exchange to be considered operationally complete for payment purposes.

The Grantee shall be fully responsible for any work completed by sub-grantees and all work performed by sub-grantees is subject to all conditions and requirements included in this grant.

The Grantee shall tie invoiced expenditures to deliverables when submitting invoices for payment, and shall include a reporting document that follows the format in Addendum 2.

The Grantee will accomplish the following deliverables:

1. Annual management of the Vermont Health Information Exchange Network and other core operations related to development and expansion of the State HIT Infrastructure, including VHIE vendor re-procurement and contract negotiation and Support of statewide HIT Planning initiatives support of initiatives to maintain and update the Vermont HIT Plan and associated policies:
   - SFY11 Core Operations - $1,139,942
     SFY12 Core Operations - $624,560

2. Annual operation of the Vermont Health Information Exchange (VHIE) network (GE Contract Expense) for provider licensing, Enterprise Master Patient Index (EMPI), IT infrastructure, Med History, and interface development, including expansion of licenses for VHIE Enterprise Master Persons Index to ensure identity management for VHIE as additional lives are added to EMPI through connectivity deliverables: HIE SFY11 Program Expenses - $787,681

   2.1 Project management and direct expenses related to the Provider HIE operations and interface development. (Priority practices and schedule will be determined in conjunction with Blueprint staff and HIT Coordinator and tracked as described above.): $236,807 (included in program total above)

   2.2 HIE to Vermont Department of Health interface to Immunization Registry: $60,000 (included in program total above)

As detailed in Grantee/VDH Contract #17938, build an ADT (patient demographics) feed from VDH to populate the VHIE Enterprise Master Patient Index (EMPI). The EMPI will be used to provide patient matching and de-duplication functionality, such that data may be exchanged between hospitals/practices and VDH programs that use the SPHINX database.

Build an interface from the VHIE to the IMR, so that entities wanting to submit data to the IMR can do so via the VHIE.

New Deliverables added in May 2011 Amendment:

3. **Transition to new HIE Vendor:** Conversion expenses related to transfer of HIE contract from GE to Medicity, including VHIE conversion costs, practice interface conversion support, and hospital interface conversion support:

   3.1 VHIE conversion expenses for HIE side of hospital and practice interfaces, EMPI transfer, VPN connections, hosting, and other cross-exchange interoperability – not to exceed $1,102,614

   3.2 Practice side interface conversion support paid based on vendor invoices for each practice – not to exceed $151,200

   3.3 Hospital side interface conversion support paid based on vendor invoices for each hospital – not to exceed $842,875

   Total HIE Interface Conversion Expenses – not to exceed **$2,096,689**

4. Support for development and implementation of new hospital interfaces required by Act 128 of 2010 (18 V.S.A. Chapter 13 § 707) to offset hospital contract and staffing expenses:

   4.1 $10,000 payment to hospital upon signed contract covering interface Scope of Work with EHR vendor – not to exceed $120,000

   4.2 $15,000 payment to hospital upon completion of testing of connectivity, with live, on-going transmission of ADT and lab data, by September 30, 2011 – not to exceed $180,000

   4.3 $25,000 payment to non-critical access hospital upon completion of three (3) outbound interfaces by March 31, 2012: radiology, transcribed results and immunization – not to exceed $125,000.

   4.4 $10,000 payment to non-critical access hospital upon completion of one (1) outbound interface by June 30, 2012: CCD or equivalent - not to exceed $50,000.

   Total Hospital Interface support – not to exceed **$475,000**

5. **HIE Program Expense:** Annual operation of the Vermont Health Information Exchange

(VHIE) network (Medicity Contract Expense) and enabling of provider practice connectivity, including:

5.1 **MediTrust**

5.1.1 DataStage - The DataStage is a dynamic data staging environment to accommodate the clinical information essential to providers delivering care.
5.1.2 Nexus Engine - Nexus is the engine that drives the efficient exchange, transformation, and normalization of information utilizing the healthcare industry HL7 standard.
5.1.3 Nexus Manager - The Nexus Engine offers a module called the Nexus Manager that extends administrative rights through a webnative application accessed via a standard internet browser. Nexus Manager enables delegated administrators to monitor the status of designated interface connections.
5.1.4 Identity Management Services - MediTrust Identity Management Services utility that uses algorithms tailored to the data source rather than conglomerated in a single, centralized matching formula that must accommodate every contributing system.
5.1.5 Record Locator Services (RLS) - MediTrust Record Locator Services (RLS) creates a virtual patient record from information residing in many sources within a community by indexing all the clinical information published to providers by contributing systems.

5.2 **ProAccess Community Health Record -** ProAccess Community Health Record (CHR) gives authorized providers a single point of web-based access to acute care and ambulatory patient information—acquired and aggregated from multiple systems throughout the community, across care settings and organizational boundaries—and presented in a highly secure, easy-to-use portal framework.

5.3 **Medicity Novo Grid**

5.3.1 Novo Grid - The Medicity Novo Grid securely distributes and synchronizes information across disparate information systems and care locations, with providers in the community, in the most cost effective, rapidly deployable, most secure and scalable manner possible.
5.3.2 Lab Orders & Scheduled Orders - The Lab Orders and Scheduled Orders modules capture order messages from the EHR or for web-based order entry, capture such information as demographic, diagnosis, and procedure codes. They securely deliver the orders to the lab or scheduling departments for processing and patient coordination.

Total Medicity Contract Components- **$ 825,573**

5.4 **GE HIE Closeout Expenses** – No cost.

5.5 **HIE Project Management & Operations** and direct expenses related to the provider HIE operations and provider practice connectivity and interface development. (*Detailed scope of work shown below.*)
5.5.1 HIE & HIE Expansion Project Management - not to exceed $892,981
5.5.2 New Practice Interface Implementation (HIE side) – No cost
5.5.3 New Practice Interface Implementation (Practice side) – not to exceed $623,000
5.5.4 Existing Practices Interface Expansions – not to exceed $152,800

5.5.5 Support to establish a HISP (Health Information Service Provider), and support of a meaningful use core requirement to enable low cost capabilities for providers to exchange key clinical information using NHIN Direct-compliant technology. not to exceed - $191,672

Total HIE Project Management & Operations - **$1,860,453**

6 **Public Health:** Grantee staffing / support expenses related to Public Health Projects with Vermont Department of Health, including SFY12 continuation and expansion of Immunization Registry project detailed in Grantee/VDH Contract #17938 and development of syndromic surveillance and reportable lab Public Health reporting systems and support for HIE EMPI and AHS SOA Enterprise Component alignment and connectivity. No cost.

7 **Full Spectrum Providers:** Grantee staffing / support and interface development, implementation, and testing expenses related to connectivity projects for Home Health Agencies, Designated Agencies (Community Mental Health Centers and Developmental Services Agencies), and independent Mental Health, Behavioral Health, and Substance Abuse Counseling providers, and Nursing Home and other Long Term Care providers. Not to exceed - **$150,000**

Provider Practice Connectivity:

With the May 2011 revision to this grant, both the practice EHR side of interface development and the HIE side of interface development performed by the Grantee are included here, incorporating Scope of Work formerly included in contract #17216. This reflects the programmatic integration of the Vermont Blueprint for Health (Blueprint) and the Division of Health Care Reform's HIT-HIE initiatives at DVHA, enabling further alignment and integration of the work by the Grantee to support accelerated EHR adoption, VHIE connectivity, and connectivity to Covisint/DocSite by practice EHR systems. As they develop, inclusion of DVHA's Payment Reform pilot Accountable Care Partnership participants will also be included through this same process.

Accordingly, the Grantee shall perform this detailed Scope of Work related to Deliverable 5.2 above:

1. Identify key contact person(s) in each participating practice to assist in assessing EHR capabilities and capacities.

2. Prioritize implementation initiatives by HSA with the goal of connecting practice-level EHRs with the VHIE. These practices become Implementation Practices. (Implementation Practices shall be counted by individual geographic practice site location, not by organizational or institutional practice owner.)

3. If not already in place, initiate a Business Associate Agreement (BAA) between the Grantee and each Participating Implementation Practice. (As appropriate, the BAA may be with an organization or institution rather than individual Implementation Practice sites.)

4. Complete a written EHR assessment for each Implementation Practice that identifies the capacity for practice-level data exchange with the VHIE.

5. In collaboration with DVHA leadership, develop and maintain project management timelines and

practice specific work plans to create interfaces between the EHRs and the VHIE.

6. Configure each practice EHR to include data currently available in a structured format, as prioritized by the Blueprint leadership and participating practices.

7. Work with EHR vendors to reduce the costs of deploying their standard interfaces to practices participating in the Blueprint or participating in DVHA Payment Reform Accountable Care Partnership pilots.

8. Deploy those interfaces between Implementation Practice EHRs and the VHIE using current IHE and/or HL7 standards.

9. Test / revise / re-test those interfaces until connectivity, data transfer, and accuracy between EHRs and the VHIE is verified.

10. Support this Scope of Work with sufficient project management staff resources.

Grantee may sub-contract to other entities to complete these deliverables with the State's prior approval of identified sub-contractor.

Grantee shall provide a regular update of Implementation Practices prior to scheduled bi-weekly project management team calls with Blueprint and other DVHA staff, Covisint/DocSite staff, and representatives of the Bi-State Primary Care Association Health Center Controlled Network (HCCN) grant project. that includes:

1. List of Implementation Practices covered by this Grant agreement by Practice Name and Address
2. List of additional Federally Qualified Health Center (FQHC) Implementation Practices funded through the Bi-State Health Center Controlled Networks grant by Practice Name and Address
3. Status of signed BAA (Yes/No)
4. Status (Live, Testing, or Priority ranking)
5. Other indicators as jointly agreed upon by the project management team.

The State shall:

1. Provide Grantee with a regularly updated list of Blueprint community project managers and the practices which those project managers and Blueprint leadership have identified as prospective Implementation Practices.
2. As the Accountable Care Partnership Payment Reform pilot develops, provide Grantee with a regularly updated list of those specialty practices or other participating organizations or institutions that will be part of the regional pilots.
3. Facilitate contact between the Grantee and Covisint and collaborative work on revisions to and maintenance of the Covisint data dictionary and related template and interface design issues.
4. Provide Grantee with liaison or facilitator to work with Grantee to assist in the testing and transmission of data between the Implementation Practices and Covisint.

Implementation Practice Performance Goals

A total of $802,214.50 of this grant award is at risk, subject to the quarterly milestone targets included as Addendum 1.

Reporting:

a. **Annual Reports.** No later than January 15 of each year, VITL shall file a report with the Commission on Health care reform; the Secretary of Administration; the Commissioner of Information and Innovation; the Commissioner of Banking, Insurance, Securities, and Health Care Administration; the Commissioner of the Department of Vermont Health Access; the Secretary of Human Services; the Commissioner of Health; the Commissioner of Mental Health; the Commissioner of Disabilities, Aging, and Independent Living; the Senate Committee on Health and Welfare; and the House Committee on Health Care. The report shall include an assessment of progress in implementing health information technology in Vermont and recommendations for additional funding and legislation required. In addition, VITL shall publish minutes of VITL meetings and any other relevant information on a public website.

b. **Progress Reports and Expenditure Reports.** Grantee shall file progress and expenditure reports with the State monthly or upon submission of invoices against this grant. The State reserves the right to request that the Grantee provide additional information as necessary. The Grantee shall submit a year-end report by August 15 providing a detailed summary of expenditures for the grant period and progress achieved through those expenditures.

Grantee Operations Metrics Reports. The Grantee shall submit monthly Operations Metrics Reports (sample included as Addendum 2) to document the monthly progress toward the deliverables of this grant and the Grantee's overall progress on HIT expansion.

Addendum 1

	Milestone total		**$ 795,989.80**	
Connectivity (50%)				
	iNEXX milestone		**$ 395,989.80**	#
	Quarter	**# practice participants**	**Milestone percent**	
	Baseline	49	0%	$ -
	Sep 2011	49	0%	$ -
	Dec 2011	85	25%	$ 100,000
	Mar 2012	115	35%	$ 140,000
	Jun 2012	169	40%	$ 155,989.80
	Net new	*120*	100%	$ 395,989.80

Interface Implementation (50%)

RESULTS milestone			**$ 200,000**	#
Quarter	**# practice participants**	**Milestone percent**		
Baseline	59	0%	$ -	
Sep 2011	59	0%	$ -	
Dec 2011	75	25%	$ 50,000	
Mar 2012	105	35%	$ 70,000	
Jun 2012	149	40%	$ 80,000	
Net new	*90*	100%	$ 200,000	

CLINICAL SUMMARY outbound milestone			**$ 200,000**	#
Quarter	**# practice participants**	**Milestone percent**		
Baseline	34	0%	$ -	
Sep 2011	34	0%	$ -	
Dec 2011	40	25%	$ 50,000	
Mar 2012	60	35%	$ 70,000	
Jun 2012	90	40%	$ 80,000	
Net new	*56*	100%	$ 200,000	

Metric

Agent = Number of **new iNexx practices connected**. Will account for practices that may not have an interface but could do referrals.

Results = Number of **new practices** receiving RESULTS: any of lab, radiology, transcribed reports, or CCD

Clinical Summary = Number of **new practices** sending CLINICAL SUMMARY: any of CCD or MDM

Addendum 2

VITL Operations Metrics by Funding Source FY2011-2012

Projects by Source of Funds				Metric	Universe	Forecast FY10	Actuals FY10	FY10 Variance	Forecast FY11 Q1	Forecast FY11 Q2	Forecast FY11 Q3	Forecast FY11 Q4	Forecast FY11 Total	Actuals FY11 Q1	Actuals FY11 Q2	Actuals FY11 Q3	Actuals FY11 Q4	Actuals FY11 Total	YTD Variance
REC 3012 Grant	No EHR Practices	Milestone 1	Signed Agreements	# of PPC Providers	800	60	78	18	300	325	175	0	800	38				38	(262)
		Milestone 2	PPCPs with functional EHRs		800	0	0	0	0	0	150	475	625	0				0	0
		Milestone 3	PPCPs to Meaningful Use		800	0	0	0	0	0	0	0	0	0				0	0
	EHR Practices	Milestone 1	Signed Agreements	# of PPC Providers	300	160	142	(18)	41	85	123	51	300	67				67	26
		Milestone 3	PPCPs to Meaningful Use		300	0	0	0	0	3	38	85	126	0				0	0
HIE 3013 Grant	Hospital Connectivity to VHIE		Participation Agreements	# of VT Hospitals	14	10	9	(1)	1	1	1	1	4	0				0	(1)
			Demographic Data (ADT)		14	5	6	1	1	1	1	2	5	0				0	(1)
			Lab Results, Lab Orders, Immunizations		14	7	7	0	1	1	1	2	5	0				0	(1)
			Transmit Clinical Summary		14	2	1	(1)	1	2	2	3	8	0				0	(1)
	Practice Connectivity to VHIE		Participation Agreements	# of Practices (does not include Blueprint)	310	20	25	5	3	6	9	12	30	7				7	4
			Demographic Data (ADT)		310	7	6	(1)	3	6	9	12	30	0				0	(3)

			Lab Results, Lab Orders, Immunizations		310	11	14	3	3	6	9	12	30	4				4	1
			Transmit Clinical Summary		310	0	6	6	3	6	9	12	30	0				0	(3)
	Commercial Labs Connectivity to VHIE		Results/Orders	# of labs	?	0	0	0	1	1	0	0	2	0				0	(1)
VDH	**Blueprint**		HIE Services to Blueprint Practices	new practices	**30**	15	2	(13)	7	7	8	8	30	2					(5)
HRSA	**Bi-state**		HIE Services to FQHCs	FQHCs	**8**	1	1	0	1	1	1	1	4	0					(1)
HRSA	**HIT Grant**		Incent Practices with EHRs to use e-Rx	SureScripts Licenses	**50**	27	10	(17)	2	4	6	8	20	3					1
			Incent Practices without EHRs to use e-Rx	SureScripts Licenses	**57**	47	19	(28)	1	2	3	3	9	9					8
			Incent Pharmacies to use e-Rx	# pharmacies	**15**	6	6	0	1	2	2	3	8	5					4

By deleting pages 10 through 12 of 26, Attachment B (Payment Provisions) in its entirety, and substituting in lieu of thereof the following Attachment B:

ATTACHMENT B
PAYMENT PROVISIONS

The funds used to support this agreement, in full or in part, are provided through the federal American Recovery & Reinvestment Act (ARRA or the Act); this agreement therefore is subject to payment criteria and specific reporting requirements mandated by the Act. A periodic report, certified by an authorized agent of the Grantee, utilizing the form provided by the State of Vermont and attached hereto, shall be submitted as required. Failure to submit timely, accurate and fully executed reports will result in a mandate to return to the State funds already disbursed under this agreement, or the withholding of current and future payments under this agreement until such time as the reporting irregularities are resolved to the State's satisfaction.

For subrecipients who report awards of federal funds to the State, said subrecipient agrees to include information of ARRA funding separately from other federal awards reported on their Statement of Expenditures of Federal Awards (SEFA).

The parties to this agreement are further bound by the Act that they shall promptly refer to an appropriate federal inspector general any credible evidence that a principal, employee, agent, contractor, subrecipient, contractor, or other person has submitted a false claim under the False Claims Act or has committed a criminal or civil violation of laws pertaining to fraud, conflict of interest, bribery, gratuity, or similar misconduct involving the ARRA funds used to support this agreement.

The State shall pay the Grantee for work performed as described in Attachment A in conjunction with the Grantee budget set forth below. The maximum payable amount under this Grant shall not exceed $8,022,145

Approved Budget for SFY 2011 and SFY 2012

Column:	A	B	C
VITL Scope of Services Core VITL Operations in Support of VHIE Operations	**Current #256 Grant Budget**	**Proposed 256 Amendment**	**Total 256 Amended Value**
Administrative Salaries & Benefits	313,699	514,738	828,437
Insurance	96,123	(15,501)	80,622
Professional/Legal	235,080	329,247	564,327
Marketing/Education	67,435	13,217	80,652
Occupancy/Rent	80,944	(10,422)	70,522
Operational Expense	100,491	(16,851)	83,640
Meetings, Professional Development	138,511	(100,810)	37,701
Miscellaneous	6,875	(4,478)	2,397
Depreciation	41,784	(25,580)	16,204
VHIE Contract Renegotiation (consulting, travel)	59,000	(59,000)	-
Total Core Operations Expenses:	**$1,139,942**	**$624,560**	**$1,764,502**
		-	-
HIE Program Expense:		-	-
HIE & HIE Expansion Project Management		-	-
Direct Salary & Benefits	201,477	609,844	811,321
Travel, Meetings & Supplies / Consulting + Legal	35,330	46,330	81,660
Total HIE Ops Cost:	**236,807**	**656,174**	**892,981**
HIE Technology & Contract Expense:		-	-
VHIE to VDH interface to Immunization Registry	60,000	(60,000)	-
GE Med History, BP Data Expenses	797,248	(797,248)	-
GE HIE Contract Expenses	1,086,794	(299,113)	787,681
Medicity Contract Expenses		825,573	825,573
New Practice Interface Implementation - HIE side		-	-

New Practice Interface Implementation - practice side		62	623,000
Existing Practice Interface Expansions		15	152,800
Development of HISP capacity & support for Direct		19	191,672
Total HIE Technology Cost:	**1,944,042**	**63**	**2,580,726**
Total HIE Program Expenses:	**$2,180,849**	**$1,46**	**$3,473,707**
			-
Medicity Conversion Related Expenses			-
General conversion expenses		1,10	1,102,614
Practice interface conversion support		15	151,200
Hospital interface conversion support		84	842,875
Total Conversion Expenses:	**$0**	**$2,09**	**$2,096,689**
			-
Other New Items Added for Grant Agreement Extension			-
Act 128 Hospital Interface Support		30	475,000
Continuation and Expansion of Public Health / HIE connectivity			-
Full Spectrum Provider Support		15	150,000
Total New Items:	**$0**	**$45**	**$625,000**
Total Grant Expenses:	**$3,320,791**	**$4,63**	**$7,959,898**

Variances of the budgeted lines items shall not exceed 10% without prior approval from State. Written requests for such approvals must first be submitted by the Grantee prior to the expenditure of funds in excess of the above budgeted line items.

The Grantee will submit a quarterly expenditure report in the format of the above line items detailing work performed pursuant to this Grant.

The State will pay invoices of actual expenses monthly upon receipt of the Monthly Expenditure report with documentation of expenses and all other required reports in Attachment A. Allowable costs may be reimbursed for a work period beginning on July 1st, 2010.

A final expenditure report is due no later than 45 days after the end of the grant, and will be reconciled to actual costs incurred for the grant term (01/01/11 - 06/30/12). Any overpayment of expenses will be returned to the State no later than September 15, 2012.

Ten percent (10%) will be withheld from each invoice as retainage for Milestone payments outlined in Addendum 1. Upon their completion, Grantee may invoice the State for Milestone payments on a quarterly basis. Grantee shall be prepared to provide appropriate substantiation that the milestone(s) has been completed upon request from the State.

Payments to the Grantee under this grant agreement shall not exceed **$7,959,898.**

Invoices and quarterly expenditure reports shall be signed by an authorized representative of Grantee and submitted to:

Kate Jones
Department of Vermont Health Access
312 Hurricane Lane, Suite 201
Williston, VT 05498-2087

This amendment consists of 15 pages. Except as modified by this amendment and any previous amendments, all provisions of this grant (#03410-256-11) dated January 1, 2011 shall remain unchanged and in full force and effect.

WE, THE UNDERSIGNED PARTIES, AGREE TO BE BOUND BY THIS GRANT.

STATE OF VERMONT	**GRANTEE**
By: Susan W Besio	**By:**
Susan Besio, Commissioner	**Name:** (Print) David Cochran
AHS/DVHA	**Title:** President + CEO
Date: 6/22/11	**Date:** 6/20/11