AMENDMENT

It is agreed by and between the State of Vermont, Department of Vermont Health Access (hereafter called the "State") and **Compuware Corporation** (hereafter called the "Contractor") that the contract on the subject of providing a disease registry system, effective 12/9/2010, is hereby amended effective May 8, 2012, as follows:

1. **By deleting on page 1 of 26, Section 3 (Maximum Amount) and 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 $2,552,460.00.

2. **By adding to the beginning of Attachment A, on page 3 of 26 the following:**

   Definitions:

   For the purpose of this Amendment, the following definitions shall apply:

   "Condition" means a disease, illness or health issue for which tracking, documentation or intervention is desired

   "Condition and Measure Set" means a logical relationship setup between a specific Condition and set of associated Measures.

   "Covisint DocSite Enterprise Service" means Covisint's hosted service for Patient centric, all-condition chronic disease management with registry, point-of-care decision support and community connectivity functionality that is used to manage chronic, complex and preventive health needs for individual Patients at the point-of-care and for populations of Patients over time.

   "Covisint ProviderLink Service" or "Covisint ProviderLink" means Covisint's internet-based, hosted application that provides a communication and workflow engine to enable the sharing of administrative and clinical personal health information.

   "Measure" means a quantifiable basis for comparison; a reference point against which other things can be evaluated; a method for evaluating or tracking a point of data. Measures are derived from evidence-based clinical guidelines and indicate whether or not, or how often, a process of care or outcome of care occurs. Each Measure contains attributes (e.g., measure responses, unit of measure, goals, category for display that facilitates standardization and reporting of data and workflow.

   "User" means a person authorized by Company to use the Covisint ProviderLink Service or Covisint DocSite Enterprise Service.

3. **By adding the following to the "Task" section of Attachment A (Specification of Work to be Performed), the following:**

   20. ProviderLink Implementation Services

   Contractor shall provide ProviderLink Implementation Services as specified below for SASH, Blueprint Community Health Team, Medicaid Utilization Management (UM), and Medicaid Care Management groups. The set up of and training for Covisint ProviderLink Service

   - SASH
     - SASH intake process
     - SASH discharge planning/transition of care

- ❖ Medication management
- Community Health Teams
  - ❖ Fax/other communications between CHT , practices and community providers
  - ❖ Referrals
  - ❖ Coordination of communications with patient – follow up appointments, referrals, etc.
  - ❖ Transitions of care
- Medicaid UM:
  - ❖ Medical/dental prior authorizations
    - This item would also involve creating a standard "PA" form and functionality that would not accept a PA form if it did not include all of the required information
  - ❖ Concurrent reviews
  - ❖ Out of State medical elective
  - ❖ Mental health concurrent review
  - ❖ Future workflows could include: second level medical review, notice of decisions with a copy to fiscal intermediary, and real-time eligibility
- Medicaid Care Management
  - ❖ Patient consent documents: uploading consents to the Department of Vermont Health Access (DVHA)/ Vermont Critical Care Initiative (VCCI) and placing into APS C3 system.
  - ❖ Faxes to PCPs: various tools, care plans and documents.
  - ❖ Discharge Planning Interface with "Northwest Medical Center" or "NWMC" "transition" committee

Implementation Services:

The following describes the various components of the Implementation Services to be performed by Contractor:

I. **Conduct Customer site implementation sessions** - Each of these sessions will be completed at the State location.

- **Planning and Work Flow Design** - This full day planning session will include several meetings involving staff, IT, and main project contacts in which detailed work flows will be designed.

- **Super User training** -This full day session will include a detailed training session for State designated "Super Users". After the training session, they will be given access to the State production system to get started. The Contractor will remain on site for the full day to work through any training or process related issues.

- **Training and Go Live** – The Contractor will tailor a training schedule to meet the needs of the State. Training sessions are typically four hours in length and should be a maximum class size of ten employees. After all employees are trained, the Contractor will remain on site at least one additional day to work with State staff to get everyone comfortable with the new process and technology.

- **Follow Up and Optimization** - Approximately one month after go live, the Contractor will contact the State facility to review work flows, provide spot training, and work through issues that may arise during the initial weeks of the project.

II. **Provide customized implementation guide** - Describing all the steps to a successful implementation of the Covisint ProviderLink Service, this guide will be provided to assist with keeping track of all the details and checklist items.

III. **Provide work flow customization** -To get the most benefit from Covisint ProviderLink Service, the Contractor will work with you to design appropriate work flows. This is a key component to a successful implementation and helps the Contractor tailor training to your specific processes.

IV. **Provide Training** – The Contractor will tailor a training schedule to meet the needs of the State. Training sessions are typically four hours in length (a morning and an afternoon session) and should be a maximum class size of ten employees. The training provided will be customized to the Customer facility and workflows.

V. **Create custom e-forms** - Most organizations have forms that are used to structure both internal and external communication. The Covisint ProviderLink Service includes a powerful custom e-form designer.

VI. **Contractor Help desk access** - Customer support is provided via telephone and email. The help desk can assist with general system questions and problems.

VII. **Create customized online facility site** – The Contractor will create and customize the State's Covisint ProviderLink Service facility, including distribution lists, e-forms and importing fax contacts (provided in specified electronic format).

VIII. **Provide online help and documentation** - Included with the Covisint ProviderLink Service, the State will have access to online documentation and context-sensitive help.

IX. **Case study documenting the completion of the Covisint ProviderLink Service implementation** - During implementation of the Covisint ProviderLink Service, the Contractor will identify the metrics the State facility hopes to impact then measure its results. The Contractor may publish a case study, which can be used to promote Covisint ProviderLink Service used by that State facility.

X. **Optional Services**. Additional consulting services are available for full day or hourly rates.

XI. **HL7 Module Installation and Setup** – The State will provide services to get connectivity to the State's environment, define and develop the data mapping from the State HL7 information to Covisint ProviderLink Service and verify that Users can access the data.

21. <u>Asthma Management and Tobacco Cessation Initiative</u>

Background/Overview:
The Contractor will create the selected infolinks within Covisint DocSite Enterprise Service to support the asthma and tobacco cessation programs as outlined in the required services section below.

Project Objective

- Incorporate tools to into the Covisint DocSite Enterprise Service so Users can easily access and utilize asthma management and tobacco cessation programs at the point of patient contact and during post visit reporting and analysis

Required Services/ Tasks/Activities:

I. Asthma: http://healthvermont.gov/prevent/asthma/index.aspx

Background: Works in tandem with "Asthma Surveillance" group at Division of Health Promotion and Disease Prevention of the State and funded by a CDC grant. This program is committed to supporting providers and Vermont residents with asthma tools and resources.

Scope:

- State Responsibility:
  - ❖ Provide URLs to be used as infolinks in Covisint DocSite Enterprise Service (see below).
    - Includes infolink to the State's asthma action plan pdf.
  - ❖ Sign off on Contractor plan for where infolinks will be attached (to what conditions, measures).
  - ❖ Provide Contractor with frequently updated list of links – maintain/update and send list of URLs to ensure Contractor has accurate infolinks at all times.
- Contractor Responsibility:
  - ❖ Attach asthma action plan pdf form URL to asthma action plan measure in new data dictionary as infolink.
    - http://healthvermont.gov/prevent/asthma/documents/Asthma_Action_Plan_form.pdf
  - ❖ Attach other URLs to other asthma measures (or just asthma condition) – a specific list of decision support tools that the asthma program wants to be able to provide via infolinks is listed below
    - http://www.asthmacontrol.com/pdf/ACT_AdultEng.pdf
    - http://www.asthmacontrol.com/pdf/BiChildENG.pdf
    - http://www.ncbi.nlm.nih.gov/books/NBK7232/
    - http://www.ncbi.nlm.nih.gov/books/NBK7229/figure/A1916/?report=objectonly
    - http://www.ncbi.nlm.nih.gov/books/NBK7229/figure/A1933/?report=objectonly
    - http://www.ncbi.nlm.nih.gov/books/NBK7229/figure/A1934/?report=objectonly
    - http://www.ncbi.nlm.nih.gov/books/NBK7229/figure/A1935/?report=objectonly
    - http://www.ncbi.nlm.nih.gov/books/NBK7229/figure/A1936/?report=objectonly
    - http://www.ncbi.nlm.nih.gov/books/NBK7229/figure/A1937/?report=objectonly
    - http://www.ncbi.nlm.nih.gov/books/NBK7222/figure/A2212/?report=objectonly
    - http://www.ncbi.nlm.nih.gov/books/NBK7222/figure/A2213/?report=objectonly
    - http://www.ncbi.nlm.nih.gov/books/NBK7222/figure/A2214/?report=objectonly
    - http://www.ncbi.nlm.nih.gov/books/NBK7222/figure/A2219/?report=objectonly
    - http://www.ncbi.nlm.nih.gov/books/NBK7222/figure/A2220/?report=objectonly
    - http://www.ncbi.nlm.nih.gov/books/NBK7222/figure/A2221/?report=objectonly
  - ❖ Create dashboard/other report if needed
    - Asthma reports are already available in general product
  - ❖ Addition of infolinks are contingent on Covisint Docsite Enterprise Service 2011.4 upgrade.

II. Tobacco :: http://healthvermont.gov/prevent/tobacco/index.aspx

Background: This project supports the "Vermont Quit Network", which is funded by a CDC grant and is committed to reducing smoking and smoking-related health outcomes; supports various activities in addition to "Quit Line" and "NRT" therapy offerings.

Scope:

- State Responsibilities
  - ❖ Provide URLs to be used as infolinks in Covisint DocSite Enterprise Service (see below)
  - ❖ Sign off on Contractor plan for where infolinks will be attached (to what conditions, measures)
  - ❖ Provide Contractor with frequently updated list of links – maintain/update and send list of URLs to ensure the Contractor has accurate infolinks at all times
- Contractor Responsibilities

- ❖ Attach URL to pdf referral (to Quit Line program) form to tobacco cessation/intervention measure in updated data dictionary
  - http://www.healthvermont.gov/prevent/tobacco/documents/VQNFaxReferralFORM.pdf
- ❖ Attach URLs to tobacco measures as infolinks
  - http://www.vermontquitnetwork.org
  - http://www.vtquitnetwork.org/quit-phone
  - http://www.vtquitnetwork.org/quit-in-person
  - http://www.vtquitnetwork.org/quit-online
- ❖ Create dashboard/other report if needed
- ❖ Addition of infolinks is contingent on Covisint DocSite Enterprise Service 2011.4 upgrade

Production Launch:

The Production Launch component of the Covisint DocSite Enterprise Services consists of the following:

I. Contractor Responsibilities: The Services shall be considered ready for "Production Launch" when:

a) User acceptance testing ("UAT") for the services as defined in the Required Services/Tasks/Activities Section I and II above are completed by the parties.
b) Correction of issues identified during acceptance testing based on the requirements specification is completed based upon agreement of the list of corrections by both parties.
c) Provide resources to support the move to production during a Contractor standard maintenance window.
d) All deliverables as described in the Required Services/Tasks/Activities Section I and II have been accepted in writing by both parties.

II. State Responsibilities. In support of the Production Launch component of the Services, the State shall perform the following tasks:

a) Complete the State UAT.
b) Upon completion of UAT, provide test acceptance confirmation and acceptance of deliverables in writing to the Contractor prior to Production Launch.
c) If needed, provide resources to support the Production Launch during a Contractor standard maintenance window.

Means of Verification:

The State will verify successful performance on each performance issue through UAT, and provide written acceptance confirmation and acceptance of deliverables to the Contractor prior to Production Launch.

Monitoring:

The Contractor will provide bi-weekly updates to State on project status via pre-scheduled conference calls and demonstrations.

22. <u>Blueprint Tobacco Cessation Task:</u>

Support the State in the migration of the Vermont Quit Network's Tobacco Cessation Database to Covisint DocSite Enterprise Service through the design and implementation of a solution for registration, tracking, and management of the activities of the Vermont Quit Network and its clients.

Project Objectives

- Support the workflow of the Vermont Quit Network in Covisint DocSite Enterprise Service
- Create reports that are required by the "Vermont Quit Network" or "VQN" to communicate with third-parties, allow for program evaluation, and manage day-to-day activities of Users
- Migrate data from current tobacco cessation application to Covisint DocSite Enterprise Service
- Train VQN Quit Coaches, and others as appropriate, on Covisint DocSite Enterprise Service
- Support Users post deployment (as needed)

Scope:

Contractor Responsibilities:

1. Develop a condition measure set (up to 75 measures) for the Vermont Tobacco Cessation Quit in Person Program to collect data for the:
    - Intake, registration, treatment, and follow-up of patients receiving one-on-one and group tobacco cessation counseling
2. Build custom reports in the application to produce:
    - To-do lists
    - NRT Vendor reports
    - Program evaluation data output
    - Quit-line intake by date
3. Migrate data from current tobacco cessation application to Covisint DocSite Enterprise Service
    - Review data in current application
    - Map all data elements from current application to newly designed condition measure set and standard demographic data
    - Complete a one-time data migration
    - Assure quality of migrated data
4. Conduct UAT
    - Conduct UAT with NRT Users
    - Correct errors in the application identify during UAT
5. Train super Users in all 14 health service areas to input data for the intake, registration, treatment, and follow-up with patients.
    - Develop a communication plan
    - Provide 3 regional in-person training sessions for new Users
    - Provide- web-conferencing and web-based training for new Users
    - Develop a User guide for local cessation counselors
6. Execute BAAs with each User organization that uses the Covisint DocSite Enterprise Service for the Vermont Tobacco Cessation Quit in Person Program.

Timeline

Task	Due By
Signed change request	April 30, 2012
Condition Measure Set	June 12, 2012
Data Mapping and Migration	June 20, 2012
Reports (priority 1 only)	June 25, 2012
Training	June 28, 2012
Documentation verification	June 29, 2012

4. By replacing in Attachment B, Payment Provisions, the second to last paragraph with the following:

The total amount of the Contract will not exceed $2,552,460.

5. By replacing on page 26 of 26 in Appendix 1, Table II with Table II included on page 8 of this document.

This amendment consists of 8 pages. Except as modified by this amendment and any previous amendments, all provisions of this contract, (#18608) dated December 1, 2010 shall remain unchanged and in full force and effect.

STATE OF VERMONT	CONTRACTOR
DEPARTMENT OF VERMONT HEALTH ACCESS	COMPUWARE CORPORATION
E-SIGNed by Mark Larson on 2012-May-11	E-SIGNed by Mitchell Kramer on 2012-May-14
MARK LARSON, COMMISSIONER DATE	MITCHELL KRAMER, VICE PRESIDENT DATE

Table II below identifies projected numbers and associated license fees by quarter for the duration of the contract. For modifications and expansion, the figures represent completion of these developmental activities to arrive at an increasing number of supported active modifications as the quarter's progress.

Contract Activity	Now	10-Dec	1Q11	2Q11	3Q11	4Q11	1Q12	2Q12	Total
Sites									
# PC Practices sites (non-FQHC) with active access to Covisint DocSite Enterprise Service & using (active, data in system, trained Users, using)	6								
#FQHCs with active access to Covisint DocSite Enterprise Service	15								
# PC Practices with option for active use (data in system, CHT may be using, have not engaged in training)	18								
# Hospitals with active access to Covisint DocSite Enterprise Service (hospital data in system e.g. labs, radiology, test results)	4								
# CHT sites with active access	3								
Total # Sites with active access (or option) to Covisint DocSite Enterprise Service	46	50		75		100		125	
# PC Practices ready to begin using (data in system, undergoing QA, User acceptance)	3								
# Hospitals in process of loading data	1								
# CHT sites training to use									
Total # Sites with active or near term access to Covisint DocSite Enterprise Service	50								
Providers w/ Active Access (includes training & completed User acceptance)									
# Providers-Practice Based (MDs, DOs, NPs, PAsCPs with access to Covisint DocSite Enterprise Service	312								
# core CHT members with access to Covisint DocSite Enterprise Service	18								
# MCAID CCs with active access	0								
# other community service providers (extended CHT, state & non-state)	0								
Total # Providers with active access (Practice Based & CHT members)	330	350	400	500	600	700	800	900	
License Fees		**$17,000**	**$60,000**	**$75,000**	**$90,000**	**$105,000**	**$120,000**	**$135,000**	**$602,000**
Total # Users (Non-provider activities, admin, practice managers, UAT)	142								
# BP Team members	3								
# UVM Evaluation Team	3								
Modification & Expansion of Covisint DocSite Enterprise Service Capacity (Data dictionary, conditions, measures, setup, reports)									
Total # Conditions/Modules in development	3	4		4		4		4	
Total # Conditions/Modules with active & available Visit Planners	5	8		12		16		20	
Total # Conditions/Modules with active & available Outreach Reporting	5	8		12		16		20	
Total # Conditions/Modules with active & available Performance Reporting	0	5		8		12		16	
Totals (Conditions/modules fully functional)	0	5		8		12		16	
costs to support full time development		**$33,000**	**$100,000**	**$100,000**	**$100,000**	**$100,000**	**100,000**	**$197,960**	**$730,960**
Optimization of guideline based data use									
# Sites actively mapping BP data dictionary & source systems (EMRs, data warehouses)									
# Sites with site/system specific plans to optimize use of data elements & reporting (e.g. EMR templates, translation at source or receiver interface)									
# Sites assisting with plan implementation (coordinate with VITL & EMR support services, development of receiver interface & translation)									
Total (# Sites with completed work to optimize use of data dictionary)		3		25		50		75	
Costs for full time support		**$17,000**	**$100,000**	**$100,000**	**$100,000**	**$100,000**	**$100,000**	**$100,000**	**$617,000**
Registry User Support									
# Practice sites actively training for system use									
# Practice sites actively assisting with QA testing (data quality)									
# CHT Sites actively training for system use									
# Hospital sites actively training for system use									
# Hospital sites actively assisting with QA testing (data quality)									
# MCAID CC teams actively training for system use									
# SASH teams actively training for system use									
# Community service organizations actively training for system use									
# BP facilitators & coaches actively trained									
Total # Sites & teams supported actively trained		**$17,000**	**$50,000**	**$50,000**	**$50,000**	**$50,000**	**$50,000**	**$50,000**	**$317,000**
System hosting		**$12,500**	**$37,500**	**$37,500**	**$37,500**	**$37,500**	**$37,500**	**$37,500**	**$237,500**
Covisint Provider Link Setup								**$48,000**	
TOTAL		**$96,500**	**$347,500**	**$362,500**	**$377,500**	**$392,500**	**$407,500**	**$568,460**	**$2,552,460**