

## AMENDMENT

It is agreed by and between the State of Vermont, Department of Vermont Health Access (hereafter called the "State") and North Country Hospital (hereafter called the "Grantee") that the grant on the subject of administering the Vermont Blueprint Integrated Health Services in the Newport Health Service Area, effective October 1, 2013, is hereby amended effective March 28, 2014 as follows:

1. **By deleting Section 3 (Maximum Amount) on page 1 of 44 of the base contract and substituting in lieu thereof the following Section 3:**

3. **Maximum Amount:** In consideration of services to be performed by the Grantee, the State agrees to pay the Grantee, per payment provisions specified in Attachment B, a sum not to exceed \$230,756.00.

2. **By deleting Section 5 (Source of Funds) on page 1 of 44 of the base contract and substituting in lieu thereof the following Section 5:**

**Source of Funds:** State GC \$ 169,600 Special HIT \$ 20,000 Federal \$41,156

3. **By deleting in Attachment B (Payment Provisions) on page 24 of 44 of the base agreement, the section headed "Project Management" and substituting the following:**

### Project Management

The Grantee shall invoice the State monthly up to the sum of \$6,000 per 1.0 FTE for project management activities based on expenses incurred and completion of grant deliverables.

In addition to the monthly payments, Grantee can invoice the State for milestone payments, which will be paid as follows:

Up to \$6,000, for which the Grantee can invoice the State on January 15, 2014, March 15, 2014, and July 15, 2014, and which will be paid as follows:

- CHT will enter patient encounter data into DocSite. For payment, encounter data should be entered and up-to-date by the end of each quarter: \$2,000.00 per quarter.

4. **By deleting in Attachment B (Payment Provisions) on page 24 of 44 of the base agreement, the section headed "Navigator" and substituting the following:**

### Navigator

The Grantee shall invoice the State monthly up to the sum of \$3,750 per month for 9 months for navigator activities in Attachment A on expenses incurred and completion of grant deliverables. For activities incurred during the month of July, the Grantee can invoice for a total of \$2,406.00. Payments for navigator activities will only be issued after all reports due quarterly are received by the State.

### Navigator Milestone Payments

The Grantee shall invoice the State \$500 per 150 enrollees up to \$5,000.

5. By deleting in Attachment B (Payment Provisions) on page 24 of 44 of the base agreement, the section headed “Health Information Technology” and substituting the following:

**Health Information Technology Interface with State Health Information Exchange and Covisint DocSite Registry**

With approval of the assigned State’s Blueprint Assistant Director, the Grantee may invoice for up to \$20,000 for information technology projects, examples of which may include:

- Payments outlined under the VITL/ Blueprint Connectivity and Data Quality Improvement Program
- Payments to vendors for necessary EMR modification to meet the NCQA PCMH standards, to generate panel management reports, or for quality improvement data reports
- One-time short-term data entry projects to correct historic data which will be used to meet the NCQA PCMH standards, to generate reliable panel management reports, or for quality improvement data reports

6. By deleting on page 27 of 44 of the base agreement, Approved Budget for October 1, 2013 to September 30, 2014 and substituting in lieu thereof the following budget chart:

Newport	Amount	Source
Project Management	\$72,000.00	GC
Project Management Milestones	\$6,000.00	GC
Practice Facilitation	\$36,000.00	GC
Practice Facilitation Milestones	\$4,000.00	GC
Vermont Health Connect Navigation	\$ 36,156.00	Federal
Navigation Milestones	\$5,000.00	Federal
Health Information Technology Interfaces	\$20,000.00	HIT
Self-Management Programs	\$30,000.00	GC
Self-Management Master Trainer	\$0.00	GC
Self-management Completers (\$200 each)	\$11,600.00	GC
Training, Travel, Flexible Funding	\$10,000.00	GC
Total	<b>\$230,756.00</b>	
GC	\$169,600.00	
Federal	\$41,156.00	
HIT	\$20,000.00	

This amendment consists of 3 pages. Except as modified by this amendment and any previous amendments, all provisions of this grant, (#03410-1195-14) dated October 1, 2013 shall remain unchanged and in full force and effect.

**STATE OF VERMONT  
PROCUREMENT AMENDMENT  
NORTH COUNTRY HOSPITAL**

**PAGE 3 OF 3  
GRANT #: 03410-1195-14  
AMENDMENT 1**

**STATE OF VERMONT  
DEPARTMENT OF VERMONT HEALTH ACCESS**

**GRANTEE  
NORTH COUNTRY HOSPITAL**

---

MARK LARSON, COMMISSIONER      DATE  
312 Hurricane Lane, Suite 201  
Williston, VT 05495-2087  
Phone: 802-879-5901  
Email: [Mark.Larson@state.vt.us](mailto:Mark.Larson@state.vt.us)

---

CLAUDIO FORT, PRESIDENT      DATE  
189 Prouty Drive  
Newport, VT 05855  
Phone: 802-334-7331