

AMENDMENT

It is agreed by and between the State of Vermont, Department of Vermont Health Access (hereafter called the "State") and Capitol Health Associates, LLC (hereafter called the "Contractor") that the contract on the subject of personal services demonstrating and refining a clinician-centered approach to building Health Information infrastructure, effective December 7, 2012, is hereby amended effective June 1, 2014, as follows:

1. By deleting on page 1 of 9 of Amendment 2, 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 the Contractor, the State agrees to pay the Contractor, in accordance with the payment provisions specified in Attachment B, a sum not to exceed \$846,200.00

2. By deleting on page 1 of 9 of Amendment 2, Section 4 (Contract Term) and substituting in lieu thereof the following Section 4:

- 4. Contract Term.** The period of Contractor's performance shall begin on December 7, 2012 and end on June 30, 2015.

3. By deleting Attachment A (Specifications of Work to be Performed) in its entirety, beginning on page 3 of 20 of the base agreement, and substituting in lieu thereof the following Attachment A:

ATTACHMENT A SPECIFICATIONS OF WORK TO BE PERFORMED

The purpose of this contract is to deliver intensive project management for the Blueprint's efforts to establish reliable transmission of accurate healthcare information from electronic medical records (EMRs) and other health information sources, through Vermont Information Technology Leaders (VITL) Vermont Health Information Exchange (VHIE) or directly into the Blueprint (Covisint/DocSite) registry. The measure of success of these complex "Sprint" processes is the achievement of near flawless transmission and reporting of actionable information as demonstrated through a specific attestation by the local end users.

This contract assumes that work will be performed by Katie McGee and Hans Kastensmith. Any proposed staffing changes by the Contractor must be submitted in writing to the State and are subject to review and approval by the Blueprint Executive Director and/or designated Assistant Director(s).

The Contractor agrees to complete the following tasks:

Task 1: Program Management

This task pertains to expert consultation on the overall Health Information Technology (HIT)/Health Information Exchange (HIE) strategy and operations for the State of Vermont performed by the Principal of Capitol Health Associates, LLC, Hans Kastensmith, at a rate of \$200 per hour, and/ or by Katie McGee at a rate of \$150 per hour, and inclusive of major stakeholders and projects as requested by the Blueprint Executive Director.

Program Managers shall provide high-level oversight of and recommendations related to statewide data quality work (“Sprints”) in coordination with the primary Sprint project leader (Katie McGee), and expertise and input on other related initiatives and projects may be requested at the discretion and direction of the Blueprint Executive Director.

Deliverables:

- Any proposed staffing changes by the Contractor must be submitted in writing to the State and are subject to review and approval by the Blueprint Executive Director and/or designated Assistant Director(s).
- The Contractor shall develop and submit program reports monthly that include the following information:
 - Programs/initiatives on which consultation services were provided
 - Actual hours spent on each program/initiative included in the report
 - High-level summaries of advisory expertise given on these programs/initiatives
 - Dates and times of meetings attended
 - Anticipated next steps based on direction given
- The Contractor shall complete and submit the above reports as required for payments from the State.
- The Contractor shall coordinate with the State to implement Tasks 2-5.

Task 2: Project Management of Active Statewide Blueprint Sprints

The Contractor shall commit the necessary resources and time allotments required to perform work and continue project management of active Sprint projects to completion.

The Contractor shall complete a set of key items to outline the high-level project management tasks for each Sprint project, including a monitoring system that ensures each Sprint process contains the following components:

1. Blueprint Community Evaluation
2. Initial IT Evaluation
3. Initial Data Mapping Verification
4. Project Plan
5. First Sprint Meeting Defining Tasks and Issues
6. Weekly Progress Meetings on Continuing Work
7. Final Data Continuity and Validation
8. Sprint Completion
9. Ongoing Maintenance

Performance Measures: For Sprint projects, the Contractor shall demonstrate progress towards stated goals using a combination of performance measures as follows:

- a. Schedule Performance Measure: Project schedule status will be tracked on a weekly basis. Actual progress will be tracked against the project baseline. The actual schedule will reflect tasks as completed (100% complete), in process (50% complete), and not yet started.
- b. Earned Value Performance Measure: The Contractor will generate an earned value metric that reflects a combination of budget, schedule, and deliverable value. This metric will be updated on a bi-weekly basis with the project status report.

- c. Weekly Meetings with Blueprint staff (as needed): The Contractor will meet on a regular basis with the State's Blueprint staff to review ongoing tasks, discuss issues with tasks, and recommend modifications to ongoing activities. These meetings will ensure that the tasks are meeting the State's needs.
- d. Project Status Reporting: The Contractor will provide Blueprint Management with transparent reporting on the project on a monthly basis. Status reporting will provide both metrics-based and narrative-based information about the progress of the task. This information will serve as a secondary summary of weekly telephonic meetings on project issues.
- e. Metrics-Based Management: The Contractor will use metrics on schedule, earned value, and deliverable acceptance throughout the project.
- f. Direct Communication with End Users in Development of Deliverables: The Contractor will interface with appropriate clinicians throughout the development of deliverables. This interfacing will help to ensure greater accuracy and utility of the produced deliverables. Deliverables will be considered completed upon a satisfactory review by the State.

Deliverables: For each Sprint, the Contractor will provide the following deliverables:

- Project plan/timeline of Sprint submitted to the State within 15 days of project start
- Sprint Initiation document of Sprint submitted to the State within 15 days of project start
- Agendas for and leadership of weekly Sprint project team calls
- Attendance sheets for weekly Sprint calls
- Weekly, bi-weekly, and monthly progress reports as indicated under the Performance Measures section above
- Attendance at and (upon request) leadership of Sprint Management Team calls as scheduled
- Updates to Blueprint Executive Director and Assistant Directors as requested, including proactive escalation of issues presenting obstacles to Sprint completion and requiring timely attention

Task 3: Project Management for Onboarding of New Blueprint Sprints

The Contractor shall coordinate recruitment of practices for Sprint projects, including education and outreach activities on the Sprint process both proactively and upon request. Mentoring and management of other resources on Sprint project management and data quality work, including, for example, eHealth Specialists employed by VITL or State employees, is included in this deliverable.

The Contractor will evaluate practices for Sprint readiness based on several factors, including commitment of practice to completing data quality work in a timely manner and technical capabilities of the practice's Electronic Health Record (EHR) system for connectivity to the Vermont Health Information Exchange (VHIE) network, and prioritize new Sprints accordingly as Sprint slots and required resources become available.

Once a new Sprint is onboarded, the Contractor will perform all project management activities for the Sprint while active as defined in Task 2 and bring the Sprint to closure and completion as defined in Task 4.

The provision of technical expertise to State Health Information Exchange (HIE) partners and EHR vendors on data mapping and interface connectivity, in addition to direct work with practices

on data quality evaluation and remediation methods, is required for successful onboarding of new sites.

Deliverables: During the Sprint onboarding process, the Contractor will provide the following deliverables:

- Outreach to practices interested in the Sprint process via phone calls or on-site meetings (if required and travel approved through the Blueprint management team)
- Prioritization of practices/systems for new Sprints as project slots become available in collaboration with Blueprint Executive Director and Assistant Directors
- Tracking of prioritized Sprint projects in the queue awaiting a project slot and communication of status and level of urgency for Sprint onboarding to HIE vendors and Blueprint management team
- Provision of technical expertise on connectivity (interface) setup efforts and data quality remediation at the source (EHR) systems to Sprint project teams
- Mentoring and management of other identified Sprint project leaders
- Monthly status report related to onboarding Sprints that includes the following information:
 - Names of practices in the onboarding stage and outreach performed
 - EHR vendors involved
 - Coordination of resources for the onboarding, such as individuals at State HIE vendors upon whom the Contractor may depend for project completion
 - Obstacles encountered during the onboarding process and, if applicable, feasibility of project continuation and estimated date for Sprint slot
 - Time spent mentoring other Sprint project leaders and status update on their capability for this role

Task 4: Completion of Blueprint Sprints

This task involves the activities required to bring Sprints to closure and then secure the necessary sign off on data quality from community project teams upon Sprint completion.

Deliverable: Attestation of quality data, either demographic, clinical, or both, depending on the specific focus of the Sprint work, through lead clinician and Blueprint Executive Director signatures acquired on the Sprint Attestation form (Appendix A)

Task 5: Involvement in IT Projects Supporting Data Quality Work

Given the Contractor's technical and functional expertise in data quality work related to data mapping out of EHR source systems, establishing interface connections to State HIE systems and evaluating data quality within those systems, flat file transfers, data quality reporting mechanisms, master patient index (MPI) functionality, and in-the-field practice usage of the system, the Contractor will provide support to the Blueprint management team on IT projects related to data quality work, but not specifically part of Sprints.

Examples of projects supporting data quality work that require the Contractor's involvement and expertise include, but are not limited to, the following:

- Design, requirements writing, review, user acceptance testing, and approval of items, such as the Sprint Maintenance report by Covisint, the current State vendor for the Blueprint clinical registry (DocSite)

- Project management of the CINA integration work
- Identification of duplicate patient records and assistance with remediation of these duplicates in coordination with Covisint
- Participation in strategic planning sessions for future tool selection where technical expertise of the Contractor and risk assessment is brought to bear

Deliverables:

- As directed by the Blueprint Executive Director or as required for proper support of Sprint project work, the Contractor shall participate in IT projects related to data quality efforts
 - The Contractor shall submit a monthly status report related to these projects (formatted as one status report listing all projects under subheadings) that includes the following information:
 - Name of project based on specific work in which the Contractor is involved, i.e. “DocSite Duplicate Remediation”
 - Report of work performed, including but not limited to: time spent on the project, meetings attended, etc.
 - Coordination of resources on the project, if needed, such as individuals at State HIE vendors upon whom the Contractor may depend for project completion
 - Report of project’s current status including but not limited to: Obstacles encountered, project successes, anticipated timeline, upcoming project plans, etc.
- 4. By deleting Attachment B (Payment Provisions) in its entirety, beginning on page 1 of 9 of Amendment 2, 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 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 30 days from date of invoice, and 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. The Contractor shall submit invoices with a current date of submission, invoice number, and contract number on or by the 15th of each month for the prior month’s expenses. The Contractor shall invoice the State monthly, for staff time, travel and operating expenses for work associated with Tasks 1 through 5 specified in Attachment A. Invoices shall include the actual expenses incurred for each Task.
2. Monthly invoices shall be accompanied by a completed financial reporting form (Appendix B). All reports and invoices related to this contract should be submitted in electronic format to:

Natalie Elvidge
Department of Vermont Health Access
312 Hurricane Lane, Suite 201

Williston, Vermont 05495-2806

Natalie.Elvidge@state.vt.us

Miki Olszewski

Blueprint Assistant Director

Department of Vermont Health Access

312 Hurricane Lane, Suite 201

Williston, Vermont 05495-2806

Miki.Olszewski@state.vt.us

3. The Contractor shall be reimbursed based on actual expenses incurred and acceptance by the State of progress reports and deliverables as completed. Payment for activities under each Task will only be issued after all monthly progress reports are received and accepted by the State.
4. Services performed between February 1, 2014, and the start of this contract amendment that are in conformity with Attachment A can be billed under this contract amendment.
5. All payments to the Contractor shall be based upon the State's acceptance of the deliverables outlined in Attachment A.
6. The State reserves the right to withhold part or all of the contract funds if the State does not receive timely documentation of the successful completion of grant deliverables outlined in Attachment A. Any work product deemed unacceptable by the State will be subject to revision by the Contractor based upon a remediation plan that the State and the Contractor agree upon.
7. The estimated travel budget is set at a maximum of \$1,000 per trip for a total not to exceed \$12,000 for the entire contract term. The State will be billed the actual documented cost of each trip. Reasonable expenses for State approved travel will be reimbursed on an as-incurred basis at the State required per diem rates and limits as outlined in Bulletin 3.4. The Contractor will not be reimbursed for other expenses, including supplies, benefits, or insurance.
8. The total maximum amount payable under this contract shall not exceed \$846,200.00
9. The State shall pay the Contractor at the following rates:

Task 1: HIT/HIE and Sprint (Data Quality) Program Management

The Contractor shall invoice the State monthly up to the sum of \$10,000 for HIT/HIE and Sprint (Data Quality) Program Management activities at a rate of \$200 per hour for work completed by Hans Kastensmith, and/ or by Katie McGee at a rate of \$150 per hour.

Task 2: Project Management of Active Sprints

The Contractor shall invoice the State up to a maximum of \$85,000 within the contract period for Project Management of Active Sprints at a rate of \$150 per hour.

The Contractor shall be able to divide billable hours amongst deliverables 2, 3, and 5 on an as needed basis, as requested by the Blueprint Executive Director. The Contractor may bill

for a maximum of 100 hours per month amongst the three tasks, not to exceed \$15,000 per month.

Task 3: Project Management for Onboarding of New Blueprint Sprints

The Contractor shall invoice the State up to a maximum of \$85,000 within the contract period for Project Management for Onboarding of New Blueprint Sprints at a rate of \$150 per hour.

The Contractor shall be able to divide billable hours amongst deliverables 2, 3, and 5 on an as needed basis, as requested by the Blueprint Executive Director. The Contractor may bill for a maximum of 100 hours per month amongst the three tasks, not to exceed \$15,000 per month.

Task 4: Completion of Sprints

The Contractor shall invoice the State a maximum amount of \$4,360 for each completed Sprint for up to 10 sprints during the contract term. Data quality Attestation forms (Appendix A) signed by both the lead clinician for the Sprint project and the Blueprint Executive Director, or alternate delegate on the Blueprint Management team, must be submitted and approved prior to invoicing for completed sprints.

Task 5: Involvement in IT Projects Supporting Data Quality Work

The Contractor shall invoice the State up to a maximum of \$85,000 within the contract period for Involvement in IT Projects Supporting Data Quality Work at a rate of \$150 per hour.

The Contractor shall be able to divide billable hours amongst deliverables 2, 3, and 5 on an as needed basis, as requested by the Blueprint Executive Director. The Contractor may bill for a maximum of 100 hours monthly amongst the three tasks, not to exceed \$15,000 per month.

5. By adding to Attachment B (Payment Provisions), following budget table for the period of June 1, 2014- June 30, 2015:

Cost for Amendment 1

Blueprint Sprint and Data Quality Budget Summary			
Task	Description	Unit Amount	Total Amount Budgeted
Task 1	Program Management	Maximum of \$10,000 per month	\$170,000
Task 2	Active Sprint Project Management	Maximum of \$15,000 per month for deliverables 2,3, and 5	\$85,000
Task 3	Onboarding New Sprints	Maximum of \$15,000 per month for deliverables 2,3, and 5	\$85,000
Task 4	Sprint Completion Incentives	\$4,360 per Sprint	\$43,600
Task 5	Data Quality IT Projects	Maximum of \$15,000 per month for deliverables 2,3, and 5	\$85,000

**STATE OF VERMONT
AMENDMENT TO PERSONAL SERVICES CONTRACT
CAPITOL HEALTH ASSOCIATES, LLC**

**PAGE 8 OF 11
CONTRACT 23423
AMENDMENT #3**

N/A	Expenses and Travel	\$1,000 per trip	\$12,000
Total Amendment 3 Budget			\$480,600

This amendment consists of 11 pages. Except as modified by this amendment and any previous amendments, all provisions of this contract, (#23423) dated December 7, 2012 shall remain unchanged and in full force and effect.

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

**CONTRACTOR
CAPITOL HEALTH ASSOCIATES, LLC**

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

DATE

HANS KASTENSMITH, MANAGING PARTNER DATE
P.O Box 425
Oakton, VA 22124
Phone: 703-622-6896
Email: hck@americanhmc.com

Appendix A
Attestation Form



Department of Vermont Health Access
312 Hurricane Lane, Suite 201
Williston, VT 05495
hcr.vermont.gov
[phone] 802-879-5988



Smart choices. Powerful tools.

Attestation Form for DVHA/ Blueprint/ HIT Sprints or Demonstrations

This form is used to demonstrate that accurate and reliable data is available to and displayed in Covisint DocSite reports at _____ (name of practice). It marks the end of a DVHA/ Blueprint HIT Sprint or Demonstration, but also recognizes that ongoing maintenance will be required by the State, its HIT partners (Covisint DocSite and VITL), and the Practice named above to ensure the continued accuracy and reliability of data in reports.

The processes and activities involved in the Sprint or Demonstration have included: project management and facilitation by DVHA/ Blueprint; gathering of team members from the Practice, local provider community, DVHA/ Blueprint, Covisint DocSite, VITL, and EHR vendors; data gathering and analysis; problem identification and resolution; and successful report generation.

Attestation: I hereby attest that accurate and reliable data is available to and displayed in Covisint DocSite reports at _____ (name of practice), as follows:

- Accurate and reliable **demographic data** is available to and displayed in Covisint DocSite reports
 - Accurate and reliable **clinical data** is available to and displayed in Covisint DocSite reports
- Lead Clinician Name: _____
Lead Clinician Signature: _____
Comments: _____

DVHA/ Blueprint Acceptance of Attestation: I hereby accept this attestation on behalf of the State of Vermont:

DVHA/ Blueprint Name: _____
DVHA/ Blueprint Signature: _____

Comments/ Any Follow-Up or Next Steps:

Appendix B
 Financial Reporting Form

		Department of Vermont Health Access												Grant/Contract Number: 23423							
		Financial Report Form																			
(Report Date)		Jan	Feb	March	April	May	June	July	Aug	Sept	Oct	Nov	Dec	Jan	Feb	March	April	May	June	TOTAL EXPENDITURES TO DATE	BALANCE
Contractor Name	Capital Health Associates																				
Grantee's/Contractor's Contact Person:	Hans Kastensmith hks@verhealthinc.com																				
Grantee's/Contractor's Email Address:	hks@verhealthinc.com																				
TOTAL GRANT BUDGET																					
Task 1																					
Program Management (\$70,000 maximum)																					
Task 2																					
Active Sprint/Project Management (\$5,000 max/mo)																					
Task 3																					
Onboarding/Dev Sprints (\$5,000 max/month)																					
Task 4																					
Sprint Completion Incentives																					
Task 5																					
Data Quality/IT Projects (\$5,000 max/month)																					
Expenses and Travel (mileage @ \$0.561 max \$1,000 per trip)																					
TOTAL GRANT AMOUNT																					
SIGNATURE OF AUTHORIZING OFFICIAL:																					
State Only:																					

Please Note: Only certain white cells are unlocked for editing, please enter the funding amount on the same line as the specific subcategory; the highlighted main categories will autofill. For categories with no listed subcategories, please enter a title in the space provided for each subcategory being billed.

INVOICE

CONTRACTOR:	
ADDRESS:	
STATE:	
ZIP CODE:	

INVOICE #:	
DATE:	
CONTRACT #:	

Contractor Billing Contact: _____ Phone #: _____

Signature: _____

Dates of Service	Task #	Description of Deliverables/Work Performed	Contractor	Hours	Rate	Amount
			Hans Kastensmith Katie McGee		\$200 \$150	
TOTAL:						

REMITTANCE ADDRESS:

BILL TO ADDRESS:

NATALIE ELVIDGE
 DEPARTMENT OF VERMONT HEALTH ACCESS
 312 HURRICANE LANE, SUITE 201
 WILLISTON, VERMONT 05495-2806
NATALIE.ELVIDGE@STATE.VT.US