

DVHA Routing Form

Revision Date 5/1/12

Type of Agreement: Contract Agreement #: 18943 Form of Agreement: Amendment Amendment #: 3

Name of Recipient: Onpoint Health Data Vendor #: 286356

Program Manager : ~~Lisa Watkins~~ JEFF ROSS Phone #: 802-872-7535

Agreement Manager: Kate Jones Phone #: 802-879-8256

Brief Explanation of Agreement: **Increasing maximum amount, adding one year to contract term, adding to Scope of Work, and replacing previous Payment Provisions**

Start Date: 05/172011 End Date: 12/31/2013 Maximum Amount: \$1,577,750.00

Amendments Only: Maximum Prior Amount: \$537,100.00 Percentage of Change: 193.00%

Bid Process (Contracts Only): Standard Simplified Sole Source Statutory Master Contract SOW

Funding Source

<u>Global Commitment 93.778</u>	<u>\$157,750.00</u>		

Contents of Attached Packet

- | | | |
|--|--|---|
| <input checked="" type="checkbox"/> AA-14 | <input checked="" type="checkbox"/> Attachments A, B, C & F | <input type="checkbox"/> Attachment G - Academic Research |
| <input type="checkbox"/> Sole Source Memo | <input type="checkbox"/> Attachment D - Modifications to C & F | <input type="checkbox"/> MOU |
| <input checked="" type="checkbox"/> Qualitative/Justification Memo | <input type="checkbox"/> Attachment E - Business Associate Agreement | <input checked="" type="checkbox"/> Other: Base, Amend 1 & 2 |

Reviewer	Reviewer Initials	Date In	Date Out
DVHA Grant & Contract Administrator	<u>Kate Jones</u>	<u>[Signature]</u>	<u>10/4</u>
DVHA BO	<u>Jill Gould</u>	<u>[Signature]</u>	<u>10/4/12</u>
DVHA Commissioner or Designee	<u>Lori Collins, Dpty Commissioner</u>	<u>[Signature]</u>	<u>10/5/12</u>
AHS Attorney General	<u>Seth Steinzor, AAG</u>	<u>[Signature]</u>	<u>10/22/12</u>
Following Approvals for Contracts Only:			
AHS CIO	<u>Angela Rouelle</u> <u>[Signature]</u>	<u>[Signature]</u>	<u>10/26/12</u> <u>10/30/12</u>
AHS Central Office	<u>Martha Giglio</u>	<u>[Signature]</u>	<u>11/1</u> <u>11/7/12</u>
AHS Secretary	<u>Doug Racine, Sec</u>		

Vision Account Codes:

341001 - 20405 - 507600 - 41628
 \$1,028,650
 341001 - 20405 - 507600 - 41486 \$12,000

FFATA Entry Grant Tracking Module Vision PO #: _____ Initials & Date: _____ Approval & B/C: _____

Note: All sections are required. Incomplete forms will be returned to department.

I. CONTRACT INFORMATION:

Agency/Department: AHS/ DVHA Contract #: 18943 Amendment #: 3
 Vendor Name: Onpoint Health Data VISION Vendor No: 286356
 Vendor Address: 16 Association Drive, P.O Box 360, Manchester, ME, 04351
 Starting Date: 5/17/2011 Ending Date: 12/31/2013 Amendment Date: 11/10/2012
 Summary of agreement or amendment: Increasing maximum amount, add one year to contract term, adding to Scope of Work, and replacing previous Payment Provisions

II. FINANCIAL INFORMATION

Maximum Payable: \$1,577,750.00 Prior Maximum: \$ 537,100.00 Prior Contract # (If Renewal):
 Current Amendment: \$1,014,605.00 Cumulative amendments: \$1,180,400.00 % Cumulative Change: 319.90%
 Business Unit(s): 3410; - [notes:] VISION Account(s): 507600;

III. PERFORMANCE INFORMATION

Does this Agreement include Performance Measures tied to Outcomes and/or financial reward/penalties? Yes No
 Estimated Funding Split: G-Fund % S-Fund % F-Fund % GC-Fund 100 % Other %

IV. PUBLIC COMPETITION

The agency has taken reasonable steps to control the price of the contract or procurement grant and to allow qualified organizations to compete for the work authorized by this contract. The agency has done this through:
 Standard bid or RFP Simplified Bid Sole Sourced Qualification Based Selection Statutory

V. TYPE OF AGREEMENT & PERFORMANCE INFORMATION

Check all that apply: Service Personal Service Architect/Engineer Construction Marketing
 Information Technology Other, describe:

VI. SUITABILITY FOR CONTRACT FOR SERVICE

Yes No n/a If this is a Personal Service contract, does this agreement meet all 3 parts of the "ABC" definition of independent contractor? (See Bulletin 3.5) If NO, then contractor must be paid through Payroll

VII. CONTRACTING PLAN APPLICABLE:

Are one or more contract or terms & conditions provisions waived under a pre-approved Contracting Plan? Yes No

VIII. CONFLICT OF INTEREST

By signing below, I certify that no person able to control or influence award of this contract had a pecuniary interest in its award or performance, either personally or through a member of his or her household, family, or business.
 Yes No Is there an "appearance" of a conflict of interest so that a reasonable person may conclude that this party was selected for improper reasons: (If yes, explain)

IX. PRIOR APPROVALS REQUIRED OR REQUESTED

Yes No Agreement must be approved by the Attorney General under 3 VSA §311(a)(10) (personal service)
 Yes No I request the Attorney General review this agreement as to form
 No, already performed by in-house AAG or counsel: _____ (initial)
 Yes No Agreement must be approved by the Comm. of DII; for IT hardware, software or services and Telecommunications over \$100,000
 Yes No Agreement must be approved by the CMO; for Marketing services over \$15,000
 Yes No Agreement must be approved by Comm. Human Resources (privatization and retiree contracts)
 Yes No Agreement must be approved by the Secretary of Administration

X. AGENCY/DEPARTMENT HEAD CERTIFICATION; APPROVAL

I have made reasonable inquiry as to the accuracy of the above information:
 10/5/12 Row Collins Date Agency / Department Head
 11/8/12 Janet E. Smith Date Agency Secretary or Other Department Head (if required)
 10/22/12 [Signature] Date Approval by Attorney General
 11/26/12 RCB Date CIO
 12/11/12 [Signature] Date Approved by Commissioner of Human Resources
 12/11/12 [Signature] Date Secretary of Administration

NOV 08 2012 [Signature]

State of Vermont
Department of Vermont Health Access
312 Hurricane Lane, Suite 201
Williston VT 05495-2807
dvha.vermont.gov

[Phone] 802-879-5900
[Fax] 802-879-5651

Agency of Human Services

MEMORANDUM

TO: Jeb Spaulding, Secretary, Agency of Administration

FROM: Lori Collins, Deputy Commissioner, Dept Vermont Health Access (DVHA) *Lori Collins*

THROUGH: Doug Racine; Secretary, Agency of Human Services *Doug Racine*

DATE: October 1, 2012

SUBJECT: Request to amend contract: Onpoint Health Data, #18943, Amendment #3
Current Duration is: May 17, 2011 – December 31, 2012;
Current Value of Contract: \$537,100: Amended Amount: \$1,577,750.00

This amendment is to further define the reporting needs as relating to Blueprint evaluation activities as well as to assist the Green Mountain Care Board to test payment reform methodologies.

Onpoint Health Data was originally selected as a result of an RFP issued on August 2, 2010 after scoring the highest on a quantitative evaluation/scoring tool completed by the DVHA team evaluating the Research, Analytical, and Reporting Services for The Vermont Healthcare Claims Uniform Reporting and Evaluation System bids.

DVHA is increasingly appropriately dependent upon the data analysis and reporting Onpoint provides in order to demonstrate the "Return on Investment" associated with the payment reforms and Global Commitment funding of the Blueprint. The deliverables described in this amendment will allow the analysis of a consolidated data set, incorporating commercial, Medicare and Vermont Medicaid data to better understand and describe the changes in utilization, cost and quality.

Payments to Onpoint are tied to performance-based deliverables outlined in the "Plan of Operations" of the contract amendment. The funding for this amendment will be covered by Global Commitment funds and complies with all mandatory provisions of AOA Bulletin 3.5.

DVHA looks forward to approval of this amendment.

APPROVAL: N/A DATE _____
JEB SPAULDING, SECRETARY OF ADMINISTRATION

AMENDMENT

It is agreed by and between the State of Vermont, Department of Vermont Health Access (hereafter called the "State") and Onpoint Health Data (hereafter called the "Contractor") that the contract on the subject of data services, including collection, processing, editing, validation testing, consolidation, and data management, herein collectively referred to as the Vermont Healthcare Claims Uniform Reporting and Evaluation System (VHCURES), effective May 16, 2011, is hereby amended, effective December 11, 2012, as follows:

- 1) **By deleting on page 1 of 32, Section 3 (Maximum Amount) and substituting in lieu thereof the following Section 3:**

Maximum Amount. In consideration of the services to be performed, as stated in the original contract, the State agrees to pay the Contractor, in accordance with the payment provisions specified in Attachment B, a sum not to exceed \$1,551,750.

- 2) **By deleting on page 1 of 32, Section 4 (Contract Term) and substituting in lieu thereof the following Section 4:**

Contract Term. The period of the Contractor's performance shall begin upon signature of the State and end on December 31, 2013. As approved by the State, pre-award costs occurring on January 1, 2011 and thereafter, otherwise reimbursable according to the terms of Attachment A of this agreement may be allowed. This contract may be extended for an additional one year period subject to the agreement of both parties.

- 3) **By adding to Attachment A, Specification of Work, Section 5, the following:**

5.4 The Contractor will complete seven (7) phases of work as follows:

Phase 1: Blueprint Evaluation & Reporting

- Construct member attribution to Vermont Blueprint practices
- Determine non-Blueprint comparison group method for evaluations
- Build data to support evaluation of and reporting on Blueprint and other financial models
- Blueprint evaluation reporting
- Blueprint financial reporting and projections
- Blueprint practice reporting
- **Phase 1 Deliverables** - Blueprint financial reporting, projections, and Blueprint evaluation for commercial, Medicaid, and Medicare claims data with accompanying graphics and written report

Phase 2: High-Level Requirements for Clinical Data Effort

- Establish stakeholder work group to include project leads from Onpoint and Vermont, as well as subject matter experts in claim data, clinical data, and Blueprint program

- Validate and enhance Blueprint integrated clinical and claims data analytic requirements and needs
- Obtain data usage approvals, as necessary
- **Phase 2 Deliverables** - Analytics Requirements document and description of required source data. This document will describe Vermont's needs and data required to meet these needs; it will not outline potential data solutions.

Phase 3: Healthy Living Workshop and VCCI Data Assessment

- Link Blueprint program information and other data sources with claims data
- **Phase 3 Deliverables** - Assessment document detailing HLW, VCCI, and other data sources that have been analyzed, the results of data profiling, and recommendations on how these data can be used to deliver on the Analytics Requirements document identified in Phase 2. Included in this assessment will be the relative strengths/weakness of the data sources to support the stated requirements. An outcome of this phase may be a need to modify project goals.

Phase 4: DocSite (Clinical, SASH, CHT) Data Assessment

- Link Blueprint program information and DocSite data with claims data
- **Phase 4 Deliverables** - Assessment document detailing DocSite sources that have been analyzed, the results of data profiling, matching rates, and recommendations on how these data can be used to deliver on the Analytics Requirements document identified in Phase 2. Included in this assessment will be the relative strengths/weakness of the data sources to support the stated requirements. After Phase 4, a tollbooth review will be held to modify and approve direction for phases 6 and 7.

Phase 5: Initial Customized Report Development

- Develop reporting capabilities based upon the new linked claim and clinical data
- **Phase 5 Deliverables** - Critical reports and analyses required for Blueprint evaluation and reporting. Order of deliverables is as follows: Healthy Living, VCCI, Clinical/SASH/CHT.

Phase 6: Integrated Database & Report Suite Development

- Onpoint will integrate claims and clinical data and expand reporting capabilities
- **Phase 6 Deliverable** - A suite of reports based on integrated data from multiple claim and clinical data sources

Phase 7: Self-service Reporting Capabilities

- Onpoint will incorporate reports from phases 5 and 6 into the Onpoint DRS portal for Blueprint and other approved user reporting

- **Phase 7 Deliverable** - DRS reports and tools, developed by the Contractor, to incorporate integrated claim and clinical data

- 4) **By deleting on page 8 of 32, Attachment A, Exhibit 1, and substituting for it Exhibit 1 to Attachment A which is included within this amendment on page 7.**
- 5) **By deleting on page 9 of 32, Attachment B in its entirety and substituting in lieu thereof the following Attachment B:**

The maximum dollar amount payable under this agreement is not intended as any form of a guaranteed amount. The Contractor will be paid for services specified in Attachment A, for services actually performed, up to the maximum allowable amount specified in this agreement. State of Vermont payment terms are Net 30 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. The maximum amount payable under this contract for service and expenses shall not exceed \$1,551,750 including maximum payable travel expenses specified below under section 3. The maximum allowable payable under this contract, excluding the maximum payable travel expenses, shall be subdivided as follows:

A. Custom Medicaid Studies	\$ 122,450.00
B. Custom Blueprint Studies	\$ 269,950.00
C. Blueprint Chronic Conditions special study	\$ 15,750.00
D. Special Reports and Studies for Other Departments	\$ 114,950.00
E. Phases 1-7 in Table 1, below	<u>\$1,002,650.00</u>
Total	\$1,525,750.00

The hourly rate for staff is as follows:

- A. Custom Medicaid Studies
Principal: \$250/hour
Senior Manager: \$225/hour
Analyst: \$125/hour
Data: \$125/hour
- B. Custom Blueprint Studies
Principal: \$250/hour
Senior Manager: \$225/hour
Analyst: \$125/hour
Data: \$125/hour
- C./D. Special Reports and Studies for Other Departments
Principal: \$250/hour
Senior Manager: \$225/hour

Table 1: Total Estimated Cost of Phases 1-7

Task	Staff	Estimated Hours	Contract Rates	Pricing	Phase Totals
Phase 1	Sr Manager	620	\$225.00	\$139,500	
	Analyst	632	\$125.00	\$79,000	
	Principal - Compass	300	\$250.00	\$75,000	
	Principal - Gottlieb	40	\$250.00	\$10,000	
				-	\$303,500
Phase 2	Sr Manager	171	\$225.00	\$38,475	
	Analyst	19	\$125.00	\$2,375	
				-	\$40,850
Phase 3	Sr Manager	66	\$225.00	\$14,850	
	Analyst	94	\$125.00	\$11,750	
				-	\$26,600
Phase 4	Sr Manager	96	\$225.00	\$21,600	
	Analyst	144	\$125.00	\$18,000	
				-	\$39,600
Phase 5	Sr Manager	415	\$225.00	\$93,375	
	Analyst	425	\$125.00	\$53,125	
				-	\$146,500
Phase 6	Sr Manager	768	\$225.00	\$172,800	
	Analyst	1,126	\$125.00	\$140,750	
				-	\$313,550
Phase 7	Sr Manager	328	\$225.00	\$73,800	
	Analyst	466	\$125.00	\$58,250	
				-	\$132,050
Subtotal Staff Costs					\$1,002,650
Estimated Travel (1 trip each month for two staff)					\$26,000
Total Estimated Cost					\$1,028,650

The total cost for each employee category, as specified above, includes any indirect rate that covers the administrative expenses, occupancy fees, utilities, repair and maintenance of equipment, office maintenance, audit and legal fees, insurance, telephone, postage, supplies, etc. The State does not guarantee the assignment of any minimum number of hours or other work under this contract.

This amendment consists of 7 pages. Except as modified by this amendment and any previous amendments, all provisions of this contract, (#18943) dated May 16, 2011, shall remain unchanged and in full force and effect.

STATE OF VERMONT:

 E-SIGNED by Mark Larson
on 2012-Dec-08

Mark Larson, Commissioner
AHS/DVHA

CONTRACTOR:

 E-SIGNED by James Harrison
on 2012-Dec-08

James H. Harrison, President/CEO
Onpoint Health Data

