

AMENDMENT

It is agreed by and between the State of Vermont, Department of Vermont Health Access (hereafter called the "State") and Burns & Associates (hereafter called the "Contractor") that the contract on the subject of Medicaid payment systems consulting, effective September 24, 2010, is hereby amended effective January 28, 2014, as follows:

1. By deleting Section 3 (Maximum Amount) on page 1 of 12 the base agreement, as previously changed by amendments 1 & 2 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 \$1,708,610.00

2. By deleting Section 4 (Contract Term) on page 1 of 12 the base agreement, as previously changed by amendments 1 & 2 and substituting in lieu thereof the following Section 4:

4. Contract Term. The period of Contractor's performance shall begin on September 24, 2010 and end on December 31, 2014.

3. By adding to the end Attachment A, of the base contract, as previously changed by Amendment 2, the following Scope of Work.

ATTACHMENT A:

ADDITIONAL SPECIFICATIONS OF WORK TO BE PERFORMED

The Contractor shall assist the State with all activities related to the launch, implementation, reporting, monitoring and evaluation of the Medicaid shared savings Accountable Care Organization (ACO) program throughout the first performance year (2014). Specifically, the Contractor will perform the following tasks:

- The Contractor will assist with conducting provider attribution and other relevant programmatic analytics for reporting purposes and will also work with internal State data analytics units to prepare Limited Data Settings files for release to ACOs under the shared savings program, until the State-wide analytics contract is fulfilled. Specific activities will include: development, modification (as needed), and application of statistical programs to be used with Medicaid claims data to identify Medicaid beneficiaries who are attributed to each of the ACOs participating in the Medicaid Shared Savings Program; generation of monthly attribution reports for each ACO; and development of monthly claims extracts and risk score estimates for all attributed Medicaid beneficiaries for each ACO.
- The Contractor will work together with the state-wide data analytics contractor in the early stages of implementation on technical issues related to data feeds and reporting under the program, as well as other Medicaid data issues. The Contractor will share with both the State and the state-wide data analytics contractor all data files and statistical programs developed for ACO attribution and Total Cost of Care calculations, and will assist the state-wide analytics contractor in using and modifying these files as needed to generate required reports and extracts.
- The Contractor will conduct ongoing internal validations of the state-wide data analytics contractor's analyses of Medicaid data; will work with the state-wide data analytics contractor to understand and rectify any discrepancies or other technical issues that are identified; and will report the results of all internal validations to the State.
- The Contractor will continue to provide technical assistance on all communications and activities with Center for Medicaid Services (CMS) and Child Health Insurance Program (CHIP) Services (CMCS) and Center for Medicare & Medicaid Innovation (CMMI), including ad hoc analysis to support and explain programmatic activities as directed by the State.
- The Contractor will conduct analytics to support: the Monitoring and Evaluation components of the program (including the quarterly calculation of cost and utilization metrics for each ACO using Medicaid claims data), shadow payments, calculation of the expanded Total Cost of Care,

computation of performance measures for each ACO using Medicaid claims data, and any other ad hoc requests for information as directed by the State.

- The Contractor will develop and format an S-Log form to include the capability in the database in order to originate S-Log claims processing changes requests for the Medicaid Management Information System (MMIS) where the policy database user can draft, store, and input document tracking information into a central repository.

State Authorized Representative for State Innovation Models (SIM) Work:

Kara Suter
Director of Payment Reform and Reimbursement
312 Hurricane Lane
Williston, VT 05495
802-879-5918
Kara.Suter@state.vt.us

4. **By deleting on page 5 of 12, of the base agreement attachment B, Section III “Total Bid Amount”, and as previously changed by amendments 1 & 2, and substituting in lieu thereof the following Section 3:**

3. Total maximum amount payable under this contract shall not exceed \$1,708,610.

5. **By deleting beginning on page 2 of 11 of amendment 2, Budget for tasks: Amendment 2 – period July 1, 2013 – June 30, 2014, and substituting in lieu thereof the budget table which is an attachment to this amendment 3 beginning on page 3 of 8.**

This amendment consists of 8 pages. Except as modified by this amendment and any previous amendments, all provisions of this contract, (#18211) dated September 24, 2010 shall remain unchanged and in full force and effect.

STATE OF VERMONT
DEPARTMENT OF VERMONT HEALTH ACCESS

CONTRACTOR
BURNS & ASSOCIATES

MARK LARSON, COMMISSIONER
312 HURRICANE LANE, SUITE 201
WILLISTON, VT 05495-2087
PHONE: 802-879-5901
EMAIL: MARK.LARSON@STATE.VT.US

DATE

PETER BURNS, PRESIDENT
3030 NORTH THIRD STREET
SUITE 200
PHOENIX, AZ. 85012
PHONE: 602-241-8520

DATE

		Hours				Costs				
						\$200.00/hr	\$180.00/hr	\$250.00/hr		
Task	Task Description	Project Manager	Programmer/Analyst	Clinical Team	Total Hours	Project Manager	Programmer/Analyst	Clinical Team	Total Costs	
Tasks I – XV are for the period of July 1, 2013 – December 31, 2014										
I	Inpatient Rate Update October 1, 2013	68	44	0	112	\$13,600	\$7,920	\$0	\$21,520	
	Read and summarize Medicare Final Rule									
1	for FFY2014	16	0	0	16	\$3,200	\$0	\$0	\$3,200	
2	Collect and analyze claims information	2	8	0	10	\$400	\$1,440	\$0	\$1,840	
3	Modeling payment scenarios	4	16	0	20	\$800	\$2,880	\$0	\$3,680	
4	Prep and attend meetings with providers	28	0	0	28	\$5,600	\$0	\$0	\$5,600	
5	Write Public Notice response, answer questions	6	4	0	10	\$1,200	\$720	\$0	\$1,920	
6	SPA submission, CMS questions, UPL test	12	16	0	28	\$2,400	\$2,880	\$0	\$5,280	
II	OPPS Rate Update Jan 1, 2014	40	44	0	84	\$8,000	\$7,920	\$0	\$15,920	
	Read and summarize Medicare Final Rule									
1	for CY2014	16	0	0	16	\$3,200	\$0	\$0	\$3,200	
2	Collect and analyze claims information	2	8	0	10	\$400	\$1,440	\$0	\$1,840	
3	Modeling payment scenarios	4	16	0	20	\$800	\$2,880	\$0	\$3,680	
4	Write Public Notice response, answer questions	6	4	0	10	\$1,200	\$720	\$0	\$1,920	
5	SPA submission, CMS questions, UPL test	12	16	0	28	\$2,400	\$2,880	\$0	\$5,280	
III	RBRVS Rate Update Jan 1, 2014	56	56	0	112	\$11,200	\$10,080	\$0	\$21,280	
	Read and summarize Medicare Final Rule									
1	for CY2014	16	0	0	16	\$3,200	\$0	\$0	\$3,200	
2	Collect and analyze claims and cost information	6	12	0	18	\$1,200	\$2,160	\$0	\$3,360	

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3	Modeling payment scenarios	8	32	0	40	\$1,600	\$5,760	\$0	\$7,360
4	Prep and attend meetings with providers Write Public Notice response, answer	12	0	0	12	\$2,400	\$0	\$0	\$2,400
5	questions	6	4	0	10	\$1,200	\$720	\$0	\$1,920
6	SPA submission and CMS questions	8	8	0	16	\$1,600	\$1,440	\$0	\$3,040
IV	Involuntary Psych Rate Setting	28	0	0	28	\$5,600	\$0	\$0	\$5,600
1	Prepare reconciliation through 9/30/13 Collect mid-year cost information and validate reasonableness of SFY13 interim	16	0	0	16	\$3,200	\$0	\$0	\$3,200
2	rates	8	0	0	8	\$1,600	\$0	\$0	\$1,600
3	Assist with developing SFY15 rates	4	0	0	4	\$800	\$0	\$0	\$800
V	GME Methodology Annual Review	24	20	0	44	\$4,800	\$3,600	\$0	\$8,400
1	Meetings with DVHA, Fletcher Allen regarding IGTs, payment calculations	12	0	0	12	\$2,400	\$0	\$0	\$2,400
2	Analyze payment models SPA submission, CMS questions, UPL	4	16	0	20	\$800	\$2,880	\$0	\$3,680
3	test	8	4	0	12	\$1,600	\$720	\$0	\$2,320
VI	DSH FFY 2015 Payments	86	20	0	106	\$17,200	\$3,600	\$0	\$20,800
1	Collect and analyze claims and cost information	30	12	0	42	\$6,000	\$2,160	\$0	\$8,160
2	Prepare DSH Survey instrument and instructions	4	0	0	4	\$800	\$0	\$0	\$800
3	Review initial DSH Survey submissions Follow-up with hospitals on survey	12	0	0	12	\$2,400	\$0	\$0	\$2,400
4	submissions	6	0	0	6	\$1,200	\$0	\$0	\$1,200
5	Calculate final DSH payments SPA submission, CMS questions, UPL	18	0	0	18	\$3,600	\$0	\$0	\$3,600
6	test	8	8	0	16	\$1,600	\$1,440	\$0	\$3,040
7	Write methodology document	8	0	0	8	\$1,600	\$0	\$0	\$1,600

	Develop clinical summary of HP translations	1	6	6	108	120	\$1,200	\$1,080	\$27,000	\$29,280
	Meet with DVHA onsite or by phone to review	2	0	0	24	24	\$0	\$0	\$6,000	\$6,000
	Compile databook of translations for DVHA use	3	8	16	0	24	\$1,600	\$2,880	\$0	\$4,480
*XI	ICD-10: Clinical Review of Med Policy Opportunities									
	Review coverage guidelines for opportunities	1	0	0	40	40	\$0	\$0	\$10,000	\$10,000
	Meet with DVHA to review opportunities	2	0	0	8	8	\$0	\$0	\$2,000	\$2,000
	Assign ICD-10 diagnoses to a new code group	3	8	16	30	54	\$1,600	\$2,880	\$7,500	\$11,980
	Meet with DVHA to review assignments	4	0	0	16	16	\$0	\$0	\$4,000	\$4,000
*XII	ICD-10: Develop a Policy Database									
	Meet with DVHA to review business design	1	8	8	0	16	\$1,600	\$1,440	\$0	\$3,040
	Build the database platform	2	8	80	0	88	\$1,600	\$14,400	\$0	\$16,000
	Build customization per DVHA specifications to include the capability in the database to originate SLOG claims processing change requests for the MMIS where the policy database user can draft, store, and input document tracking info into a central repository. The work will include developing and formatting the SLOG form.	3	4	16	0	20	\$800	\$2,880	\$0	\$3,680
	Meet with DVHA to give tutorial on database	4	4	8	0	12	\$800	\$1,440	\$0	\$2,240
	Write documentation	5	4	12	0	16	\$800	\$2,160	\$0	\$2,960
**	SLOG – Additional programming support to enable development of SLOG process within the policy database	6	0	155.5	0	155.5	\$0	\$28,000	\$0	\$28,000

*XIII	ICD-10: Provider Education and Communication								
	Assist HP in developing education								
1	seminars	32	60	0	92	\$6,400	\$10,800	\$0	\$17,200
	Assist in conducting provider education								
2	seminars	88	88	0	176	\$17,600	\$15,840	\$0	\$33,440
3	Identify providers for systems testing	4	16	0	20	\$800	\$2,880	\$0	\$3,680
	Create/review documentation for website,								
4	emails, etc.	24	40	0	64	\$4,800	\$7,200	\$0	\$12,000
5	Write documentation for CMS	4	12	0	16	\$800	\$2,160	\$0	\$2,960
*XIV	ICD-10: Assist with Risk Assessments								
1	Assist HP in developing risk assessments	24	40	0	64	\$4,800	\$7,200	\$0	\$12,000
	Meet with providers on performing								
2	assessments	24	24	0	48	\$4,800	\$4,320	\$0	\$9,120
	Review results from provider submissions								
3	for testing	28	80	0	108	\$5,600	\$14,400	\$0	\$20,000
4	Run independent financial impact tests	16	48	0	64	\$3,200	\$8,640	\$0	\$11,840
5	Write documentation for CMS	4	12	0	16	\$800	\$2,160	\$0	\$2,960
XV	Home Health Payment Redesign	157	270	0	427	\$31,400	\$48,600	\$0	\$80,000
	Read and summarize Medicare Final Rule								
1	for FY2014	25	0	0	25	\$5,000	0	\$0	5,000
2	Collect and analyze claims information	8	24	0	32	\$1,600	\$4,320	\$0	5,920
	Collect and analyze OASIS (Outcome and								
	Assessment Information Set) data and								
3	HRGs (Home Health Resource Groups)	14	60	0	74	\$2,800	\$10,800	\$0	\$13,600
	Modeling payment using pure Medicare								
4	methodology	14	80	0	94	\$2,800	\$14,400	\$0	\$17,200
	Modeling payment scenarios under								
5	DVHA policies	24	66	0	90	\$4,800	\$11,880	\$0	\$16,680
6	Prep and attend meetings with providers	44	32	0	76	\$8,800	\$5,760	\$0	\$14,560
	Write Public Notice response, answer								
7	questions	12	0	0	12	\$2,400	\$0	\$0	\$2,400
	SPA submission, CMS questions, UPL								
8	test	16	8	0	24	\$3,200	\$1,440	\$0	\$4,640

Task XVI Budget is for the period of January 1, 2014 – December 31, 2014

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***XVI Ongoing Technical Assistance for DVHA's SSP	264	540	0	804	\$52,800	\$97,200	\$0	\$150,000
1 Conduct provider attribution as requested by DVHA	28	64	0	92	\$5,600	\$11,520	\$0	\$17,120
2 Prepare files for release to the ACO's throughout Year 1 of DVHA's SSP	44	116	0	160	\$8,800	\$20,880	\$0	\$29,680
3 Work with the statewide analytics contractor to transition data collection and reporting for DVHA's SSP	24	60	0	84	\$4,800	\$10,800	\$0	\$15,600
4 Conduct data validation of analysis completed by the statewide analytics contractor for DVHA's SSP	16	80	0	96	\$3,200	\$14,400	\$0	\$17,600
5 Provide technical assistance, as required, for DVHA with CMCS and CMMI related to the SSP	60	24	0	84	\$12,000	\$4,320	\$0	\$16,320
6 Conduct analysis related to monitoring and evaluation, shadow payments, expanded Total Cost of Care, performance measures and other hoc requests	92	196	0	288	\$18,400	\$35,280	\$0	\$53,680
SUBTOTALS	1540	2258	226	4024	\$340,000	\$406,440	\$56,500	\$798,940
ICD10 Trips (20 person trips in the year @ \$850 per trip)								\$17,000
Non-ICD10 Trips (8 person trips in the year @ \$850 per trip)								\$6,800
TOTAL								\$822,740

Tasks I through VI fall under the original contract Work Statement Task I: Rate Setting.
 Tasks VII and VIII fall under the original contract Work Statement Task II: Fiscal Analysis.
 Task IX falls under the original contract Work Statement Task III: Edits and Audits.
 Tasks X, XI and XIV fall under the original contract Work Statement Task IV: Evaluations.
 Tasks XII, XIII fall under the original contract Work Statement Task VI: Other.
 *notes estimate of work breakdown. ICD10 categories can vary within maximum amount
 **notes added ICD 10 funds for Amendment 3
 Task XV is a reassignment from original task "Other Technical Assistance Requested"
 *** notes added SIM funds for Amendment 3