

STATE OF VERMONT
DEPARTMENT OF VERMONT HEALTH ACCESS
VERMONT INFORMATION TECHNOLOGY LEADERS, INC.

CONTRACT # 48215
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STANDARD CONTRACT FOR TECHNOLOGY SERVICES

1. Parties. This is a Contract for services between the State of Vermont, Department of Vermont Health Access (hereinafter called “State”), and Vermont Information Technology Leaders, Inc. (VITL) with a principal place of business in Williston, Vermont (hereinafter called “Contractor”). Contractor’s form of business organization is 501(c)(3) non-profit organization. It is Contractor’s responsibility to contact the Vermont Department of Taxes to determine if, by law, Contractor is required to have a Vermont Department of Taxes Business Account Number.

2. Subject Matter. The subject matter of this Contract is services generally about development, maintenance, and operations of the Vermont Health Information Exchange (VHIE). Detailed services to be provided by Contractor are described in Attachment A.

3. Maximum Amount. In consideration of the services to be performed by Contractor, the State agrees to pay Contractor, in accordance with the payment provisions specified in Attachment B, a sum not to exceed \$12,218,392.88.

4. Contract Term. The period of Contractor's performance shall begin on July 1, 2024, and end on June 30, 2025. This contract may be extended for up to two additional years upon mutual agreement by both parties. Work performed between July 1, 2024 (retroactive date) and the execution of this Contract that is in conformity with Attachment A may be billed under this agreement. As with work performed following execution of this agreement, such work shall be payable under the terms of this agreement. Contractor agrees that in exchange for the consideration of the option to bill for services performed, all terms and conditions described in this Contract shall apply to any and all services performed for or on behalf of the State. Contractor agrees that by submitting invoices or bills or otherwise seeking compensation for services performed prior to the execution of this Contract, the Contractor is agreeing to the application of all terms of this Contract to that period and to that work. Contractor further agrees to defend, indemnify, and hold the State harmless for any claim, dispute, non-Contractual cost or charge, or any liability whatsoever, whether in law, equity, or otherwise, which arises from or is connected to the work performed prior to the execution of this Contract. Contractor further agrees that these terms apply regardless of whether payment is issued by the State to the Contractor for the work in question.

5. Prior Approvals. This Contract shall not be binding unless and until all requisite prior approvals have been obtained in accordance with current State law, bulletins, and interpretations.

5A. Sole Source Contract for Services. This Contract results from a “sole source” procurement under State of Vermont Administrative Bulletin 3.5 process and Contractor hereby certifies that it is and will remain in compliance with the campaign contribution restrictions under 17 V.S.A. § 2950.

6. Amendment. No changes, modifications, or amendments in the terms and conditions of this Contract shall be effective unless reduced to writing, numbered and signed by the duly authorized representative of the State and Contractor.

7. Termination for Convenience. This Contract may be terminated by the State at any time by giving written notice at least thirty (30) days in advance. In such event, Contractor shall be paid under the terms of this Contract for all services provided to and accepted by the State, which shall not be unreasonably refused, prior to the

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effective date of termination.

8. Attachments. This Contract consists of 96 pages, including the following attachments which are incorporated herein:

- Attachment A – Statement of Work
 - Exhibit 1– VITLAccess Terms and Conditions for State Personnel
 - Exhibit 2 – Vermont Health Information Exchange (VHIE) Service Level Agreement (SLA)
 - Exhibit 3 - MDWAS DED 6.v.2.0
- Attachment B – Payment Provisions
- Attachment C – Standard State Provisions for Contracts and Grants
- Attachment D – Other Terms and Conditions for Information Technology Contracts
- Attachment E – Business Associate Agreement
- Attachment F – Agency of Human Services’ Customary Contract/Grant Provisions
- Attachment H – Federal Terms Supplement (Non-Construction)
- Attachment I – Modifications to State Attachment D – Information Technology System Implementation
- Appendix I – Required Forms

9. Order of Precedence. Any ambiguity, conflict or inconsistency between the documents comprising this contract shall be resolved according to the following order of precedence:

- 1) Standard Contract
- 2) Attachment I – Modifications to State Attachment D – Information Technology System Implementation
- 3) Attachment D – Other Terms and Conditions for Information Technology Contracts
- 4) Attachment C – Standard State Provisions for Contracts and Grants
- 5) Attachment H – Federal Terms Supplement
- 6) Attachment A – Statement of Work with Exhibits
- 7) Attachment B – Payment Provisions
- 8) Attachment E – Business Associate Agreement
- 9) Attachment F – Agency of Human Services’ Customary Contract/Grant Provisions
- 10) Other Attachments

10. The contacts for this Contract are as follows.

	State Fiscal Manager	Authorized State Representative(s)	For the Contractor
Name:	andria golden	Kristin McClure	Beth Anderson
Phone:	(802) 241-0234	(802) 798-2668	802-861-1935
E-Mail:	andria.golden@vermont.gov	Kristin.McClure@vermont.gov	BAnderson@vitl.net

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11. Notices to Parties Under this Agreement.

To the extent notices are made under this Contract, the parties agree that such notices shall only be effective if sent to the following persons as representatives of the parties:

	STATE REPRESENTATIVE	CONTRACTOR
Name:	DVHA Legal Counsel	Beth Anderson
Address:	Dept. of Vermont Health Access 280 State Dr., NOB 1 South Waterbury, VT 05671-1010	Vermont Information Technology Leaders 150 Dorset Street Suite 245, PMB 358 South Burlington, VT 05403
Email:	AHS.DVHALegal@vermont.gov	Banderson@vitl.net

WE THE UNDERSIGNED PARTIES AGREE TO BE BOUND BY THIS CONTRACT

STATE OF VERMONT

Department of Vermont Health Access

Signed by:

Adaline Strumolo

9/4/2024

ABEDE75BDF50473...

ADALINE STRUMOLO

DATE

INTERIM COMMISSIONER

NOB 1 SOUTH, 280 STATE DRIVE

WATERBURY, VT 05671

PHONE: 802-503-7482

EMAIL: ADALINE.STRUMOLO@VERMONT.GOV

CONTRACTOR

Vermont Information Technology Leaders

DocuSigned by:

Beth Anderson

9/1/2024

79BE3F9AE223443...

BETH ANDERSON, VITL PRESIDENT & CEO

1 MILL STREET, SUITE 249

BURLINGTON, VT 05401

PHONE: 802-861-1935

EMAIL: BANDERSON@VITL.NET

ATTACHMENT A – STATEMENT OF WORK

1. Background:

Pursuant to 18 V.S.A. § 9352, Contractor is designated by the State to operate the Vermont Health Information Exchange (VHIE). This Contract describes Contractor's specific obligations to develop, operate, maintain and enhance the VHIE and associated and supporting products, infrastructure, and services. Additionally, this Contract includes clinical data access to support compliance with the federal *Patient Access & Interoperability Rules*.

The terms of this Contract include operations of the VHIE System (Systems Management), including but not limited to, the Main Person Index, Rhapsody Integration Engine and Terminology Services, and supporting system and operations Security activities, as demonstrated by direct outcomes measures or service level standards.

The terms of this Contract also include system enhancements of the VHIE and associated data services to support Medicaid operations, Medicaid providers, and Medicaid patients, as well as other health system users. The enhancements are categorized as follows:

- Connecting patients, providers & other users to health data
- Continued implementation of the VHIE Collaborative Services architecture
- Leveraging the VHIE Collaborative Services architecture to support and enhance public health efforts
- Enhancing Medicaid operations with health data and data services
- Further streamlining the VHIE Collaborative Services architecture and adding additional data types in service of enhanced population health management and health plan performance management

System operations, transitions, and upgrade work included in this Contract are intended to enable compliance with the Health and Human Services (HHS) interoperability and patient access provisions of the 21st Century Cures Act (Cures Act) related to health information exchanges.

Contractor shall perform its obligations under this Contract in coordination and collaboration with the State and the State's other Contractors, as agreed to in the relevant DEDs.

2. Definitions:

- 2.1. *ADT* means a category of Health Level 7 message format typically used for patient demographics updates and for admission, discharge, and transfer events.
- 2.2. *Aggregation* means gathering data from multiple sources into a single representation of the sources.
- 2.3. *Architectural Quality Process* means a structured process resulting in a document that supports articulation of business, application, information, and technology design considerations that together describe how a proposed or existing solution meets the defined business needs and goals.
- 2.4. *Blueprint* means the Vermont Blueprint for Health as described in 18 V.S.A. Chpt. 13.
- 2.5. *Business Associate* means Contractor and any other contractor working with Contractor to fulfill its responsibilities under this Agreement, including but not limited to contractor(s), when any of them perform services described in 45 C.F.R. § 160.103.
- 2.6. *Business Process Support* means workflow assessments and change management for the improvement of business processes.
- 2.7. *Continuity of Care Document (CCD)* means the specification which is an XML-based markup standard intended to specify the encoding, structure, and semantics of a patient summary clinical document for exchange.

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- 2.8. *Certified Electronic Health Record Technology (CEHRT)* is a health IT product that has successfully passed testing on specific standards and criteria selected by the Centers for Medicare and Medicaid Services for use in specific programs. CEHRT can be achieved through use of a single system or a combination of modules that can be used together.
- 2.9. *Collaborative Services* means a collaborative project involving Contractor, and the HIE Steering Committee to streamline data services required to improve healthcare in the State of Vermont. It encompasses the systems of the VHIE that work to provide Vermont stakeholders with a centralized resource dedicated to aggregating health data from various sources, matching patient records across systems, capturing patient consent preferences, translating local terminology into a standard format (code set), and generally making health data interoperable and most useful to those authorized to access PHI in order to provide and coordinate care, support payer operations related to treatment, inform quality review, and support, improve or evaluate health care operations. VHIE collaborative services include a M Person Index (MPI), a data integration engine, terminology services, a FHIR data repository, and a relational reporting database of FHIR data resources. VHIE collaborative services will in the future include maintenance and operations for Vermont's Unified Health Data Space.
- 2.10. *Connectivity Criteria* means the document that fulfills the obligation set forth in 18 V.S.A. § 9352(i)(2) that, "VITL, in consultation with health care providers and health care facilities, shall establish criteria for creating or maintaining connectivity to the State's health information exchange network. VITL shall provide the criteria annually on or before March 1 to the Green Mountain Care Board established pursuant to chapter 220 of this title."
- 2.11. *Cross Community Access* means the capability to query and retrieve patient medical data within the VHIE using a common set of policies and standards.
- 2.12. *Cureous Innovations (CI)* means the subsidiary of HealthInfoNet in Maine that is the currently contracted vendor for hosting Rhapsody and TermAtlas for the Contractor.
- 2.13. *21st Century Cures Act: Interoperability, and Information Blocking, and the ONC Health IT Certification Program Final Rule* means implementation of certain provisions of the 21st Century Cures Act, including Conditions and Maintenance of Certification requirements for health information technology (health IT) developers under the ONC Health IT Certification Program (Program), the voluntary certification of health IT for use by pediatric health care providers, Patient APIs, and reasonable and necessary activities that do not constitute information blocking.
- 2.14. *Deliverables Acceptance Document (DAD)* means an official document validating a deliverable has been reviewed and accepted or rejected by a State representative.
- 2.15. *Deliverables Expectations Document (DED)* means an official document representing what will be included in a deliverable before it is developed and submitted to the State by Contractor.
- 2.16. *Design, Development and Implementation (DDI)* means a process that encompasses all design, development and implementation activities required to effectively implement a technical solution.
- 2.17. *Direct Project* also known as *Direct, Direct Exchange, and Direct Secure Messaging* means the national encryption standard for securely exchanging clinical healthcare data via the internet. The Direct Project specifies the secure, scalable and standards-based method for the exchange of Protected Health Information (PHI).
- 2.18. *Electronic Health Record (EHR)* means a digital version of a patient's chart. EHRs are real-time, patient-centered records that make information available instantly and securely to authorized users.

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- 2.19. *Emergency Medical Services (EMS)* means emergency services which treat illnesses and injuries that require an urgent medical response, providing out-of-hospital treatment and transport to definitive care.
- 2.20. *FHIR* means Fast Healthcare Interoperability Resources, an HL7 standard defining how healthcare information can be exchanged between different computer systems regardless of how it is stored in those systems. CMS, in partnership with the Office of the National Coordinator for Health Information Technology (ONC), has identified Health Level 7 (HL7) Fast Healthcare Interoperability Resources (FHIR) as the foundational standard to support health data exchange via secure application programming interfaces (APIs).
- 2.21. *Go-live* means the point at which the system and/or its sub-component(s) is/are officially and formally available to users in the production environment, who can then initiate transactions in the new system.
- 2.22. *Go-live Deliverable Acceptance* means proof that the system and/or its sub-component(s) functions correctly as defined in the acceptance criteria for Go-live.
- 2.23. *Health Care Organizations (HCO)* includes licensed medical providers such as private and commercial labs, hospitals, primary care and specialist practices, and community providers.
- 2.24. *Health Information Exchange (HIE)*, when used as a verb, means the electronic movement of health-related information among organizations according to nationally recognized standards with the goal of facilitating access to and retrieval of clinical data to provide safe, timely, efficient, effective, equitable, patient-centered care. An HIE, when used as a noun, refers to an organization that collects health information electronically, manages it, and makes it available across the health care system.
- 2.25. *HealthInfoNet (HIN)* means the Maine HIE, whose subsidiary is Cureous Innovations.
- 2.26. *HL7, or Health Level Seven*, refers to a set of international standards for transfer of clinical and administrative data between software applications used by various healthcare providers.
- 2.27. *Incident* means any known successful or known unsuccessful attempt by an authorized or unauthorized individual to inappropriately use, disclose, modify, access, or destroy any information or interfere with systems operations within an information system.
- 2.28. *Integration Engine* means the engine that provides an interfacing solution for health enterprises requiring comprehensive messaging between information systems. This allows HCOs to manage and streamline message exchange between applications, databases, and external systems.
- 2.29. *Interface* means a connection used for transferring certain types of data between a source or destination organization and VHIE with the ability to exchange data at the syntactic level. This includes but is not limited to transfer of demographic and clinical information from the HCO Electronic Health Record (EHR) and other clinical or administrative systems, transfer of laboratory orders and results, and transfer of diagnostic procedure orders and results. There are two parts to every interface:
(1) an interface from the EHR vendor to the VHIE to send data and (2) the corresponding interface in the VHIE to receive the data from the EHR.
- 2.30. *Location (or interface location)* means a unique geographic location providing healthcare and can either be a single practice, hospital, or lab, or can be an offsite location of a larger healthcare system like a hospital or group of practices.
- 2.31. *Master Person Index (MPI) and Main Person Index (MPI)* both mean a unique identifier for every person in the State of Vermont regardless of where they obtained health care, which can be used to coordinate person identity across datasets. MPI is a critical service for the VHIE.
- 2.32. *Meaningful Use* shall have the same meaning as in Title 42, Part 495 of the Code of Federal Regulations.

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- 2.33. *Medicaid Data Warehouse & Analytics Solution (MDWAS)* means the State of Vermont's Medicaid data utility, including the Medicaid Data Lake (MDL), the Analytic Data Warehouse (ADW), and the Data and Analytics Reporting (DAR) module.
- 2.34. *MedicaSoft* means the vendor VITL contracted to provide the foundations of the New Data Platform.
- 2.35. *Medication History* means a compilation of filled prescription information from a medication history service based on data gathered from participating pharmacies across the US, to include Vermont, and includes information such as medication name, strength, quantity, and fill date.
- 2.36. *Office of the National Coordinator (ONC)* is the principal federal entity charged with coordination of nationwide efforts to implement and use the most advanced health information technology and the electronic exchange of health information.
- 2.37. *Onboarding* means the process by which the providers at an HCO are authenticated, granted access to a VHIE provider service, and trained in the use of that provider service. This process consists of three steps: (1) profiling the HCO, (2) enrolling authorized providers, and (3) launching the service at that HCO.
- 2.38. *Outcomes Based Certification (OBC)* means the Center for Medicare and Medicaid Services' systems certification process that aims to evaluate on how well Medicaid information technology systems support desired business outcomes.
- 2.39. *Production* environment means the setting where the system, software and other services related to the system are put into operation for their intended uses by end users.
- 2.40. *Promoting Interoperability Program (PIP)* was established by CMS as the Medicare and Medicaid EHR Incentive Programs (now known as the *Promoting Interoperability Programs*) to encourage clinicians, eligible hospitals, and CAHs to adopt, implement, upgrade (AIU), and demonstrate meaningful use of CEHRT.
- 2.41. *Rhapsody* means the integration engine used by the VHIE to accept, process, transform and route messages to various downstream locations. Rhapsody has been identified as a critical service for the VHIE.
- 2.42. *Reporting Data Repository* means the secure database where patient demographics and clinical data are stored in the VHIE for reporting use cases. Data in the repository can come from the transactional database or external sources.
- 2.43. *Security* means measures and procedures to protect the information within the VHIE and its supporting infrastructure through detailed reporting on incidents, incident notifications, restoration, and all related Security provisions. Security has been identified as a critical service for the VHIE.
- 2.44. *Single Sign On (SSO)* is the capability to log into multiple related, but independent software systems using one username and password.
- 2.45. *Stakeholder* means an individual, group, or organization, who may affect, be affected by, or perceive itself to be affected by a decision, activity, or outcome of a project.
- 2.46. *State Program Manager* means the Health Information Exchange program manager who oversees a number of projects and programs, managing performance and providing resources and oversight to the entities under their watch.
- 2.47. *Technical Support Services* means hardware and software support to resolve VHIE services issues.
- 2.48. *Terminology Services or Terminology Services Engine* means an application used to standardize data to a common terminology, including national and international code systems and value sets, enriching the data with context and meaning. Terminology Services has been identified as a critical service for the VHIE.

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- 2.49. *Third Party Vendor* means a provider procured by the State, other than Contractor, of products or services that are not within the Contractor's Scope of Work for this Contract.
- 2.50. *Transactional Warehouse* means a real-time database (DB) that consolidates data from a variety of sources, including clinical, for storage and use.
- 2.51. *Unified Health Data Space (UHDS)* means the central repository of Vermont healthcare data, to include clinical, claims, and social determinants of health data. This system will also serve as Vermont Medicaid's Analytic Data Warehouse (ADW).
- 2.52. *Unique Identity* means assigning each patient a unique identifier to create a Main Person Index and is essential to ensure data interoperability across all the points of patient care within a health system.
- 2.53. *Verato* means the currently contracted vendor that provides an MPI solution to the State, by and through a contractual relationship with Contractor, in support of the VHIE and other HIE activities.
- 2.54. *VDH* means the Vermont Department of Health.
- 2.55. *VHIE Supporting Infrastructure* means any technical infrastructure, hardware, and software utilized by Contractor to provide services, capabilities, and support to the operation, and expansion of health information exchange in Vermont.
- 2.56. *VHIE Services Modules* means foundational HIE technology deployed through the Collaborative Services project including the Main Person Index, Terminology Services, Integration Engine, Transactional Warehouse, Relational Reporting Database, and Provider Portal.
- 2.57. *VITLAccess* means one of several service offerings provided to authorized users. VITLAccess is a secure Internet portal which provides authorized users, with proper patient consent, a patient-centered view of the Personal Health Information (PHI) available through the VHIE.
- 2.58. *VITLDirect* is a secure messaging service that enables health care organizations to send messages to other providers.

3. Operations – Description of Services

Contractor shall maintain the technical infrastructure, software, hardware, and architecture of the VHIE and conduct health information exchange.

- 3.1. Contractor shall meet the service level and other operational requirements listed in this Section 3 and demonstrate efficient and effective operation of the VHIE to address the following outcomes:
- i. Outcome 1 – Direct Care/Care Coordination: Improve Medicaid providers' ability to effectively treat and coordinate care for Medicaid beneficiaries by creating one health record for every Vermonter accessible to treating providers and care coordinators.
 - ii. Outcome 2 – Direct Care/Care Coordination: Enable longitudinal, population-based evaluation of Medicaid patients to optimize Medicaid services and care delivery.
 - iii. Outcome 3 – Event Notification: Improve Medicaid providers' ability to effectively treat and coordinate care for Medicaid beneficiaries by alerting providers to admissions, discharges, and transfers of their patients.
 - iv. Outcome 4 – Results Delivery: Improve Medicaid providers' ability to effectively treat and coordinate care for Medicaid beneficiaries by delivering laboratory, radiological, and transcribed reports through the VHIE.
 - v. In consistent reporting to the State, as defined through the DED process, the Contractor shall demonstrate how the VHIE system has met the following requirements aimed at addressing the outcomes listed in this section 3.1.

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- a) Operate the VHIE Services Modules in compliance with the Service Level Agreement (SLA) in Exhibit 2 of this Attachment A.
- b) Provide the State with Contractor's downtime notification policy detailing the notification procedures in the case of downtime of any of Contractor's services provided under this Contract on an annual basis. The policy shall describe which customers are notified after what period of downtime, and which services apply to this policy.
- c) Report unplanned downtime periods exceeding two (2) hours in duration of the VHIE, VITLAccess, direct connection to State systems, or other data exchange services to the State Program Manager at the time of VHIE client notification. Contractor shall notify clients of planned downtime activities that impact use of the VHIE.
- d) Operate disaster recovery capabilities for Rhapsody and TermAtlas, as defined in the Disaster Recovery Plan provided by Cureous Innovations (CI) to the Contractor and approved by the State, to recover from unplanned downtime events in the VHIE production infrastructures.
- e) Contractor shall maintain consent management technical and operational infrastructure to support the State's consent protocols for access to data on the VHIE.
- f) Maintain network to network data exchange service implementations from EHRs such as eHealth Exchange initiator and responder capability, which is also called Cross Community Access. VHIE data is not to be shared through national interoperability networks beyond the current user set of the University of Vermont Health Network, the Veteran's Administration, and the U.S. Department of Defense, without the written approval of the HIE Steering Committee via letter.
- g) Operate and maintain a clinician-facing portal. Report on health records made available to treating providers through the VHIE demonstrated by number of VITLAccess users, number of HCOs using VITLAccess divided by the number of potential HCOs who could use VITLAccess, number of patient queries through VITLAccess.
- h) Utilize the VHIE Client Support Services Team to support client and client EHR vendor issues related to maintaining connections to the VHIE and its supporting infrastructure and respond to all client technical support inquiries within 2 business days.
- i) Maintain the levels of performance (including, but not limited to, a User Directory to maintain roles and privileges), availability, and Security for the VITLAccess web-based service as defined in the correlating DED.
- j) Provide on-demand training or support resources to help VITLAccess users learn how to use the portal, including but not limited to resources that will be accessible in emergency situations where time to train is limited and quick, task-oriented how-to's are needed. Provide a list of live trainings performed for healthcare organizations to introduce organizations and staff to how to use VITLAccess.
- k) Transmit ADTs, LAB, CCDs, and COVID immunizations for Medicaid Vermont Chronic Care Initiative (VCCI) patient records from the VHIE to the VCCI Medicaid care coordination tool to enable care coordination efforts for Medicaid beneficiaries, and report the number of those records transmitted.
- l) Report on number of audits of accessed data, and requests for records from individuals including format in which records are transmitted. Provide patient education. Provide information about patient education activities related to Vermont's consent to share health data

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via the VHIE policy. Contractor shall also support patient education about consent choices by making resources available to health care organizations and directly to patients.

- m) Report on number of ADT messages sent to event notification services.
 - n) For Medicaid beneficiaries, maintain an identity matching rate of at least 90% (i.e., Medicaid match rate).
 - o) Operate and maintain the Verato Main Person Index, including work with the contributing organizations and their vendors to address any issues related to identity management and person records.
 - p) Operate and maintain a Terminology Services (TS) engine. For this Contract Term, Contractor shall continue to standardize local codes and unmapped data elements in HL7 Version 2 (ADT, LAB, RAD, TRANS, VXU), HL7 Version 3 (CCD) message types, and FHIR Resources.
 - q) Operate and maintain the capability to support exchange of results between provider organizations. Report on number of LAB, RAD, TRANS messages captured by the VHIE and made available to health care organizations through VHIE.
 - r) Operate and maintain a data integration engine to allow for the connection and interoperability of health care data from disparate systems.
 - s) Conduct Health Information Exchange for clinical healthcare data. Performance payments will be made for the number of sending facilities (MSH4, or FHIR MessageHeader.sender) with positive inbound message or transaction volumes each quarter. The payment rate is inclusive for all needed message types (including AHS Social determinants of health (SDOH) data transmitted via HL7 or FHIR from VCCI, and Designated Agency 42CFR Part 2 data) and all physical locations for each sending facility.
 - t) Submit a copy of Contractor's annual audited financial statements to the State.
 - u) Contractor shall make available on request copies of all contracts, subcontracts or service provider agreements between the Contractor, subcontractors, and other service providers, which require prior written approval of the State under Attachment C, Section 19 ("Sub-Agreements") of this agreement or which are subject to required reporting on the "Subcontractor Compliance Form" of Appendix I of this agreement, to the Agency of Human Services and any of its departments as well as to the Center for Medicare and Medicaid Services. All such agreement copies will become part of the contract file and will become a matter of public record under the State's Public Records Act, 1 V.S.A. § 315 et seq. (the "Public Records Act"). If such copies would otherwise include material that any of the parties consider to be proprietary and confidential under the Public Records Act, the copies shall be redacted prior to submission to the State for portions that are considered proprietary and confidential. Redactions must be limited so that the reviewer may understand the nature of the information being withheld. It is typically inappropriate to redact entire pages, or to redact the titles/captions of tables and figures. Under no circumstances may an entire agreement be marked confidential.
- 3.2. Contractor shall maintain and operate the VHIE to meet the following public health outcomes and requirements:
- i. Outcome 5 – Public Health: Enhance public health management of the Medicaid population (and general population) by automating capture and exchange of public health data through the VHIE system.
 - ii. Outcome 6 – Public Health: Support response to epidemic monitoring and emergency response by

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capturing and making available related data for the State's Public Health Authority.

- iii. In reporting to the State, as defined through the DED process, the Contractor shall demonstrate how the VHIE system has met the following requirements aimed at addressing the outcomes listed in this section 3.2:
 - a) Transport and validate laboratory HL7 Electronic Laboratory Reporting (ELR) messages, including COVID-19, MPox, and other result types as approved by VDH and implemented as new development work through DDI, in accordance with the National Institute for Standards and Technology (NIST) ELR requirements, or VDH minimum requirements for other message types, and deliver messages to the State Rhapsody engine for ingestion into the National Electronic Disease Surveillance System (NEDSS) Base System (NBS).
 - b) Report on ELR messages captured in the VHIE and transmitted to the Public Health Authority, and the percent of total death records transmitted from the Death Registry that are integrated to the VHIE.
 - c) Transport and validate immunization HL7 messages, or other message types as approved VDH, in accordance with the Center for Disease Control (CDC) "Immunization Implementation Guide", as modified by the "VDH Immunization HL7 Implementation Guide", and deliver messages to the VDH Immunization Registry. Provide a list of immunization validations implemented specific to meeting the "VDH Immunization HL7 Implementation Guide" annually, or if updated, and provide a VXU immunization errors line chart to show the number of errors reported each month over time. Transport Immunization Bidirectionality (IBID) query and respond messages including all VACMAN PINs assigned by the VDH immunization program to an HCO at the practice or site level. Transport includes transmission of both immunization histories and forecasting data through IBID interfaces, for existing interfaces.
 - d) Continue to support existing hospitalization reporting to support the COVID-19 response effort, as previously defined.
- 3.3. Contractor shall operate the VHIE to meet the following outcomes and requirements related to Medicaid operations.
 - i. Outcome 7 – Medicaid operations: Availability of the HIE system to positively impact health policy priorities.
 - ii. In reporting to the State, as defined through the DED process, the Contractor shall demonstrate how the VHIE system has met the following requirements aimed at addressing the outcomes listed in this section 3.3.
 - a) Contractor shall produce the annual Blueprint for Health legacy clinical data extract based on previously-specified Blueprint priority-one data elements.
 - b) Contractor shall continue to manage the subscription process for the hosting service at Knack for the Blueprint Portal, as required by the Blueprint team. The Blueprint portal includes an interface for sharing Blueprint practice and connectivity data with Contractor for the purpose of facilitating any future data quality work conducted with Blueprint practices.
 - c) Maintain Medicaid claims data mappings to FHIR, in accordance with standards set in VHIE Connectivity Criteria and transmission requirements, as directed by Vermont Medicaid.
 - d) Contractor shall provide the Outcomes Based Certification metrics, as specified in Section 3 above, and any other metrics related to use of FHIR APIs, agreed and developed per DED, to the State on a quarterly basis, with the data broken out by month in a dashboard (spreadsheet) that can be used to support the Outcomes Based Certification commitment to the Centers for

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Medicaid and Medicare.

- e) Contractor shall provide a Connectivity Dashboard monthly, which will include data about all current and requested VHIE connections (interfaces) for all data types for organizations contributing data to and/or receiving data from the VHIE. On that report, interfaces shall each be operationally defined, represented, and documented by a combination of a unique sending facility code (MSH4) and a supported HL7 message (or transaction) type (e.g., ADT, MDM, VXU, or FHIR), and a separate column shall report the count of interface locations using each interface.
- f) Contractor shall provide 1) a cost allocation dashboard quarterly displaying the percentage of Medicaid data usage by downstream stakeholders broken out by month, and 2) a VITLAccess Users cost allocation dashboard displaying total Medicaid VITLAccess user percentage.
- g) Contractor must conduct maintenance and operations for, and provide, collaborative services support and ongoing, daily clinical data extracts, based on the biweekly Medicaid Member Selection File (MMSF) from Medicaid, to the Medicaid Data Warehouse & Analytics Solution (MDWAS) system, including identification, analysis, and mitigation of any data extract errors or transmission errors, according to DED defined scope. This includes providing patient-matching capabilities against the MMSF file.
- h) Contractor shall participate in data governance discussions with the State and its data governance contractor(s), including participation in data governance meetings. Contractor shall work with State to identify and agree to paths to implement data governance goals that are identified. Contractor shall also provide information on current Contractor data governance and data use practices that impact the MDWAS project.

3.4. State access to VHIE Data.

- i. Contractor must provide, in a manner consistent with applicable law and subject to the terms of the Data Use Agreement, VHIE data to the State through the provision of extracts as necessary to achieve the deliverables of this Contract.
- ii. Contractor must provide qualified State personnel access to the VHIE through its provider portal, VITLAccess, and through Single Sign On solely for Permitted Use and in accordance with the terms and conditions set forth in Exhibit 1 to this Attachment A, in a manner consistent with applicable law and subject to the terms of the Data Use Agreement.

4. Security and Secure Network – Description of Services

- 4.1. Contractor shall demonstrate that effective security measures and procedures are in place to protect the information within the VHIE and its supporting infrastructure through detailed reporting on incidents, incident notifications, restoration, and all related security provisions.
- 4.2. Contractor shall maintain security of the VHIE system and meet the following requirements in doing so:
 - i. maintain a prioritized, risk-based approach to security through maintenance of a National Institute of Standards and Technology (NIST) 800-53 moderate baseline assessment; and
 - ii. provide best practice, secure infrastructure for the VHIE and its supporting infrastructure through continuous process and procedural improvement towards NIST 800-53 moderate level compliance.
- 4.3. Security – Deliverables:

The plan of action and milestones outlined in NIST 800-53 *Security and Privacy Controls for Federal Information Systems and Organizations* shall serve as the Plan of Action and Milestones (POA&M)

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template to be used as a project plan for meeting compliance with the requirements of this Contract. Contractor shall:

- i. Present the POA&M to the Agency of Digital Services (ADS) assigned security lead on a monthly basis. Contractor’s presentation shall include progress made in remediating identified issues and any new issues that have arisen. ADS shall use security guidelines and standards set forth by the Center for Medicare and Medicaid Services (CMS) to guide the evaluation of the presented materials. Approval of Contractor’s monthly reports is contingent upon State approval of remediation timelines;
- ii. Annually obtain or perform security risk assessments for Contractor’s third parties that transmit, process, or store data under this Contract. Third parties may include but are not limited to vendors whose systems store or process VHIE data. Contractor shall deliver reports detailing each security risk assessment to the State within fifteen (15) calendar days of completion of the report, but no later than thirty (30) calendar days before the end of the Contract term;
- iii. Ensure that test environments mirror production environments in patching, security controls, and security assessments and that test environment data is scrubbed after each use. Contractor shall provide a signed attestation annually stating this occurred; and
- iv. Furnish the following reports and adhere to the reporting requirements in the National Institute of Standards and Technology (NIST) table below:

NIST Reporting Requirements				
NIST Reference	Task name	Deliverable	Periodicity	Deliverable Due Date
AC-2	Privileged Account review	<i>Signed Attestation</i>	<i>Weekly (minimum)</i>	<i>End of Each State Fiscal Year Quarter</i>
AU-6	Audit log review	<i>Signed Attestation</i>	<i>Weekly (minimum)</i>	<i>End of State Fiscal Year Each Quarter</i>
CA-7	Continuous monitoring/Security metrics report	<i>Signed Attestation</i>	<i>Monthly</i>	<i>End of Each State Fiscal Year Quarter</i>
PM-4	POAM Review	<i>POAM deliverable</i>	<i>Monthly</i>	<i>Monthly</i>
RA-5	Vulnerability Assessment	<i>Executive summary from Vulnerability scans</i>	<i>Quarterly</i>	<i>Quarterly</i>
AC-2	System Access review	<i>Signed Attestation</i>	<i>180 days</i>	<i>180 days from the last System Access Review</i>
AC-2	Roles review for separation of duties -	<i>Signed Attestation</i>	<i>Annual</i>	<i>Annual</i>

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CP-3	Contingency plan review/test	<i>Contingency Plan documentation and signed Attestation training was completed</i>	<i>Annual</i>	<i>Annual</i>
IR-2/3	Incident Response Plan review & training	<i>Incident Response Documentation and signed attestation that certifies that Incident Response Tabletop exercise has been completed</i>	<i>Annual</i>	<i>Annual</i>
RA-3	Risk Assessment	<i>Risk Assessment Documentation</i>	<i>Annual</i>	<i>Annual</i>
AT-2	Awareness training	<i>Signed Attestation</i>	<i>Annual</i>	<i>Annual</i>
CM-2	Review System Security Plan and update	<i>System Security Plan Documentation</i>	<i>Annual</i>	<i>Annual</i>
CP-2	Disaster recovery presentation and Review	<i>Disaster Recovery Documentation</i>	<i>Annual</i>	<i>Annual</i>
CA-2	System wide Security Assessment	<i>Results of independent assessment</i>	<i>Annual</i>	<i>Annual</i>
CA-8	Penetration Test	<i>Results of penetration test</i>	<i>Annual</i>	<i>Annual</i>
SA-11	Static/Dynamic Code Analysis or peer review	<i>Signed Attestation</i>	<i>Major release or when security impact triggered</i>	<i>As Needed</i>
Document wide	Contractor Security and Privacy Committee Policy review	<i>Signed Attestation</i>	<i>Annual</i>	<i>Annual</i>

Additionally, the Contractor shall collaborate in general planning in preparation to support CMS Minimum Acceptable Risk Safeguards for Exchanges (MARS-E) compliance required for maintenance and operations of the MDWAS as informed by the timelines and specifications provided by the State during regularly scheduled monthly security meetings.

5. Connect Patients, Providers & Other Users to Health Data – Description of Services

Contractor will work to increase the data sources contributing to the data in the VHIE and increase meaningful access to health data on the system through means such as a provider portal, direct feeds to EHR and care coordination systems, and providing access to patient data through third-party applications as directed by federal interoperability rules.

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To facilitate the sharing of health records, the Contractor will follow existing and new standard data exchange transport protocols including putting support for FHIR APIs in place for VHIE data transfer (inbound and outbound) and for both HCO and Patient uses. As called for in 45 CFR Parts 170 and 171, Renewable Identification Number (RIN) 0955-AA01, CMS's Interoperability and Patient Access Final Rule (CMS-9115- F) identifies HL7 FHIR as the preferred standard to support data exchange via secure APIs, and the United States Core Data for Interoperability (USCDI) for defining the minimum required data set of electronic health information (EHI) for interoperability. Contractor shall comply with this standard by the deadlines articulated in associated federal regulations. Interfaces shall be developed by Contractor in partnership with HCOs and their respective EHR vendor(s). Data in the VHIE is mapped to FHIR; data that HCOs contribute to the VHIE in a standard format will be made available via the proposed new FHIR APIs. The goal is that APIs will provide a standard way for the VHIE stakeholders to exchange data and will enable patients to access their data electronically.

In compliance with current standards and requirements of the Office of National Coordinator for Health Information Technology (ONC) and CMS, health information exchange with the VHIE for federally certified health information technology systems will be conducted via FHIR APIs. Prior to the development, remediation, or replacement of any HIE interfaces with non-FHIR interfaces, Contractor shall collect one or more technical barriers to the use of a FHIR API. The State commits to providing a decision related to the non-FHIR Prior Authorization Request Form within 5 business days of receiving the completed form from Contractor.

The following public health interfaces are exempt from this requirement, for which the State has designated Vermont specifications:

- Unsolicited vaccination – VXU
- Query by Parameter – QBP
 - Histories
 - Forecasting
- Electronic Lab Reporting - ELR

To the extent that Contractor is not able to meet State needs and timelines for interface development, Contractor will work with State to identify and support alternative means for effectively achieving the State's goals.

As specified through the DED process, Contractor shall:

- i. Develop and implement SMART-on-FHIR APIs for FHIR data delivery and ingestion utilizing Contractor's FHIR API endpoint. Scope of work under this deliverable will be subject to a DED-defined scope which aligns with this Contract schedule and available funding and will include the following:
 - a) Scoping, design, development, and implementation of one or more re-usable APIs which provide health care organizations, State agencies, or payers, secure access to VHIE clinical data using SMART-on-FHIR APIs and applications. This work will be consistent with the standards of 45 CFR Section 170.215, to access the currently available version of USCDI resources, plus 42 CFR Part 2 data and behavioral health connectivity resources once they become available.
 - b) Implementation of an initial cohort of FHIR ingestion data contributors to understand the scope, configuration, and cost of onboarding new EHRs and organizations to Contractor's FHIR API endpoint.
- ii. Use FHIR interfaces, where and when available, for health information exchange, consistent with

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the standards of 45 CFR Section 170.215.

- iii. Develop interfaces with healthcare IT systems, including those related to public health. An interface for this purpose shall be operationally defined as a network connection developed by Contractor for transferring a specific message type (e.g., ADT, MDM, or VXU) between a specific sending facility (MSH4)'s EHR system and the VHIE, and shall be distinguished from the number of physical locations (i.e., interface locations) using the sending facility's EHR system and sharing a single VHIE network connection developed by Contractor. Contractor shall, to the extent practicable, and in consultation with the State, simultaneously onboard cohorts of provider organizations that are all using the same EHR technology and that will receive the same types of interfaces. Individual-level reports or lists of developed interfaces shall include the MSH4 or FHIR MessageHeader.sender code of the interface. In reports to the State, VHIE interfaces shall be distinguished as new or replacement interfaces by a combination of a sending facility (MSH4) and message type for which there is no history of inbound message/transaction volume with the VHIE (i.e., no prior "VITL Go-Live Date").
- iv. Connect additional recipient facility locations to receive results delivered directly from the VHIE.
- v. Contractor shall provide the State with a bi-weekly status report detailing high level DDI activities project status update, including Executive Summary, Risk and Issues Log and Project Streams Timelines. The format, delivery dates and details of this report will be determined through the DED process
- vi. Design and implement multi-factor authentication capabilities to the VITLAccess clinical portal, informed by assessment of VITLAccess user capabilities, according to DED-defined scope and as supported by contract budget.
- vii. Implement tools and infrastructure required to support single sign on for the provider portal. Includes infrastructure costs and licensing for usage.
- viii. Implement VITLAccess single sign on connections to health care organizations seeking to have streamlined access to the provider portal for their staff according to DED-defined scope and as supported by contract budget.
- ix. Develop tools, workflows, and communications to encourage proactive HCO auditing of access to VHIE data by their VITLAccess users according to DED-defined scope and as supported by contract budget.
- x. Planning, migration, and testing for moving existing Results Delivery Customers to a new Results Delivery solution.

6. Implement VHIE Collaborative Services for the Unified Health Data Space

Complete implementation and technical transitions of the VHIE related to the Collaborative Services project system-wide enhancements to develop the VHIE for use as a central component of Vermont's Unified Health Data Space.

To facilitate work under this section, as specified through DED process, Contractor shall

- i. Develop new functionality and services to support the Medicaid Data Warehouse & Analytics Solution (MDWAS), according to DED-defined scope and as supported by contract budget. This will include providing VHIE-related support for CMS certification of the MDWAS. Subject to specification in the DED, this deliverable may include the following sub-deliverables or a similar scope of work:
 - a) Design an approach for use of Contractor's Collaborative Services architecture (including Main Person Index, data integration, and terminology services) to support and integrate the VHIE with the State's designated Medicaid Data Lake (MDL), Analytics Data Warehouse (ADW), and other components of the Unified Health Data Space (UHDS), as requested by State and according to DED-defined scope and as supported by Contract budget. This approach must, at a minimum,

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support and include a current version of United States Core Data for Interoperability (USCDI) Standard (to be specified by the State via DED), support the full set of the current normative FHIR resources (to be specified by the State via DED), including compatibility with future standards, and detail how the Contractor may implement within (9) nine months of commencing approach. As part of the design approach process, Contractor must collaborate and provide VHIE related requirement elicitation and definition services to support the proposed solution.

- b) Develop and test FHIR resources, APIs, and other infrastructure necessary to exchange healthcare provider data, claims data, clinical data, and social determinants of health data with the State's designated MDL, ADW, and other components of the UHDS, as requested by State and according to DED-defined scope and as supported by contract budget. This includes reuse of the VHIE's Collaborative Services architecture (including Main Person Index, data integration, and terminology services) for integration with each of these systems.
 - c) Provide VHIE system documentation and transfers of VHIE data, as requested by State and according to DED-defined scope and as supported by contract budget, to vendors for the State's designated MDL, ADW, and other components of the UHDS. This includes reuse of the VHIE's Collaborative Services architecture (including Main Person Index, data integration engine, and terminology services) for integration with each of these systems. Requirements for Vermont Medicaid access to VHIE data for payment and healthcare operations activities, including care management, are detailed in 3.4 of this Attachment A. VHIE system documentation must include at minimum a data dictionary, a topology detailing how VHIE components interact for data transfers and requests, and an interface control document. VHIE transfers of data must consist of data going back up to 10 years based on the request, and if data cannot be provided for the full period requested then the Contractor must provide evidence for State review detailing why it is not possible.
 - d) Collaborate with State Third- Party Vendor(s) on development/problems that impact transfers of VHIE data to the State's designated MDL, ADW, and other components of the UHDS according to DED-defined scope and as supported by Contract budget.
 - e) Discovery, scoping, estimation, and implementation of any additional integrations of the VHIE with the MDL, ADW, and other components of the UHDS. The specifications of delivery will be developed through the Specifications Order process as noted in Section 10.
- ii. VHIE Medicaid Extracts.
 - a) Continuation of work begun with SFY 2024 6v. deliverable, as referenced in the DED that was agreed to for SFY24 contract work included as Exhibit#3, to complete work and delivery of the final "VHIE Medical Historical Extract" initiation of the daily VHIE Medicaid Daily Extract process, and Go-Live, as agreed to in a new DED for SFY25.
 - b) Activities to support the ability to keep the VHIE Medicaid Daily Extract static, or expand the Extract to include new data types, as defined through the DED process.
 - iii. Identity Management for the Unified Health Data Space.
 - a) Manage and support the MPI to be used by the UHDS, to include integration of new data sets containing protected health information and the manual matching and identity resolution for patients as needed. Contractor and its subcontractors will work with the State and their vendor(s) to ensure the selected solution and its implementation do not include any development that might preclude future MARS-E compliance. State understands that Contractor infrastructure, including the integration engine, cannot be included in the design of matching solution for any

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data sets that require MARS-E compliance, and that the State's integration engine will need to be utilized to enable MARS-E compliance. Contractor will not be responsible for overseeing or managing Verato's MARS-E compliance, including development of the System Security Plan (SSP) or integration of security logs. Contractor to provide up to one full time equivalent support of patient and provider matching, based upon scope determined through DED planning and project scoping.

- b) Procure and implement a provider identity resolution solution to be used by the UHDS to include manual matching and identity resolution for health care providers, both individual and organizational. Contractor and its subcontractors will work with the State and their vendor(s) to ensure the selected solution and its implementation do not include any development that might preclude future MARS-E compliance. State understands that Contractor infrastructure, including the integration engine, cannot be included in the design of the solution for any data sets that require MARS-E compliance, and that the State's integration engine will need to be utilized to enable MARS-E compliance. Contractor will not be responsible for overseeing or managing Verato's MARS-E compliance, including development of the SSP or integration of security logs. Support for provider management will be included with FTE as identified in 6.iii.a based upon scope determined through DED planning and project scoping

7. Leverage the VHIE to Support and Enhance Public Health Efforts – Description of Services

Following integration efforts that occurred in response to the COVID-19 pandemic, the next phase of integration between VDH and the VHIE targets bi- directional exchange of immunization data between the State's Immunization Registry and the VHIE to ensure records on the VHIE are complete and to enhance records made available to providers at the point of care.

To facilitate work under this section, as specified through the DED process, Contractor shall:

- i. Expand Immunization Bidirectionality (IBID) program, including all VACMAN PINs, as prioritized by the VDH. VACMAN PINs are identifiers assigned by the VDH immunization program to an HCO at the practice or site level. This work includes transmission of both immunization histories and forecasting data through IBID interfaces, for new and existing interfaces.
- ii. Based upon scope and requirements agreed with VDH, finalize project plan and implement a pilot for providing masked patient data for agreed upon measures for the State and evaluate feasibility and usability of the data and selected tools.
- iii. Expand existing ELR interfaces, including required development, testing, and implementation, to transport and validate new results (other reportable conditions) as approved by the VDH. This shall be done in accordance with the National Institute for Standards and Technology (NIST) Electronic Laboratory Reporting requirements, or VDH minimum requirements, and include new results in current delivery of messages to the VDH Rhapsody engine for ingestion into the National Electronic Disease Surveillance System (NEDSS) Base System (NBS).
- iv. The Contractor shall do discovery, scoping, documentation of requirements, project planning, testing, and execution for the integration of health measurement, blood iron level, and immunization data from the VHIE into the Women, Infants, and Children Nutrition Program (WIC) vendor's system on a recurring basis. This integration will build upon an existing API developed by WIC's vendor with another member state's HIE to implement it here as defined in the DED.
- v. Discovery, scoping, documentation of requirements, project planning and execution of VDH-VHIE integration pilots according to DED-defined scope and as supported by Contract budget. Two pilots are identified in the next phase: 1) integrating Vital Records, specifically adding Birth data and 2)

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expanding the Immunization Registry file provided by VDH to integrate immunization data beyond COVID immunizations.

- vi. Discovery, scoping, documentation of requirements, project planning, and execution of an assessment that includes: 1) what is currently being collected by the VXU Route and 2) how Contractor would recommend adding insurance information to the VXU Route.

8. Reserved.

9. Develop Infrastructure for Reporting on VHIE Data, Onboard New Provider Types, and Add New Data Types

The State continues to design Medicaid population health programs with the notion that a complete understanding of a person's health experience and the factors influencing their health is essential to impacting quality of care, coordination of care, cost of care, and provider burden. The HIE is essential to ensuring that the State has the needed data to impact health policy priorities, and this funding will be used to develop and use the HIE system for this purpose. This includes, but is not limited to, consolidating and integrating data systems to streamline the HIE function of collecting health data to include clinical, claims, social determinants of health and other clinically sensitive data, and developing reporting infrastructure to use longitudinal health record data to inform Medicaid operations.

To facilitate work under this section, as specified through the DED process, Contractor shall:

- i. Report Key Performance Indicators (KPIs) for the VHIE, including data completeness and quality metrics, per DED, consistent with the Data Completeness Evaluation Plan presented to the VHIE Data Governance Council on 4/2/2024. <https://healthdata.vermont.gov/vermont-health-information-exchange-data-governance><https://healthdata.vermont.gov/vermont-health-information-exchange-data-governance>
- ii. Based upon demand by health care organizations, provide a Security Risk Assessment (SRA) consulting to Vermont's eligible health care providers to support the Medicaid Data Aggregation and Access Program (MDAAP). Security Risk Assessment Analysis is defined as follows for healthcare providers: Conduct or review a security risk analysis in accordance with the requirements in 45 CFR 164.308(a)(1), including addressing the security (to include encryption) of ePHI data created or maintained by certified electronic health record technology (CEHRT) or other eligible program-defined technology, in accordance with requirements in 45 CFR 164.312(a)(2)(iv) and 45 CFR 164.306(d)(3). (Providers are responsible to implement security updates as necessary and correct identified security deficiencies as part of the MDAAP eligible provider's risk management process.) Provide the State with a report of SRA consulting services provided during the previous month. Payment is contingent upon a) delivery of attestations from impacted entities, and b) delivery of monthly invoices detailing total Contractor labor hours per site. Contractor will work with participating entities to also obtain attestation of the work together once an SRA is complete.
 - a) Based upon demand by health care organizations, provide business process support to MDAAP-participating providers who are onboarding to the VHIE through an ADT, CCD or other connection or through a new VITLAccess user account, to improve data quality, interoperability, and facilitate provider use of VHIE resources.
 - b) Contractor will provide an e-mail with signature to known MDAAP organizations upon their completion of a data connection to the HIE confirming go-live and submission of production data.
 - c) For VITLAccess, Contractor will provide MDAAP organizations with an attestation that the organization has established service, completed trainings, and includes the number of new

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individual users at the organization.

- iii. Implement ingestion of SDOH data from the CMS Accountable Health Communities (AHC) Health-Related Social Needs (HRSN) screening tool, and/or similar tools, into the FHIR data repository and, make that data available in VITLAccess and to the Blueprint for Health, subject to data governance by the HIE Data Governance Committee. Implement relevant SDOH FHIR resources in the FHIR data repository to support this work.
 - a) Implement ingestion of SDOH data from the CMS AHC HRSN screening, into FHIR and make that data available in VITLAccess with possible exception of data determined to be sensitive through the data governance process, and to the Blueprint for Health, according to DED-defined scope and as supported by Contract budget.
 - b) If there are remaining funds after the above work is completed, and Contractor has available resources, begin development of a solution to enable providers and / or patients to enter CMS AHC HRSN screenings directly into the VHIE, according to DED-defined scope and as supported by remaining Contract budget.
- iv. Implement ingestion, transformation, and storage of SDOH General Assessment and New-To-Medicaid survey data from the State's VCCI care management system into the FHIR data repository.

10. Deliverables Expectations Document (DED) Process:

- i. DED Development:
 - a) DEDs for all deliverables described in Attachment B of this contract are required from Contractor and are subject to State approval. Contractor shall provide a schedule and plan for delivering the new DEDs to State within fifteen (15) days of Contract start date.
 - b) All DEDs shall include deliverable description, definitions, acronyms and abbreviations, timeline for the development and review processes, members of the review and approval team, deliverable requirements, and acceptance criteria.
- ii. DED Review and Approval Process:
 - a) Contractor shall work with State to develop DEDs and then submit to the State for review.
 - b) The State will have ten (10) business days to review and approve the DED, or to provide comments if the DED is not acceptable. During this ten (10) day period, the State may schedule and conduct a joint walkthrough of the DED with Contractor so that Contractor can make real-time updates based on State feedback. At the conclusion of the walkthrough, the Contractor and State shall confirm that updates to the DED are acceptable to both parties.
 - c) If State provides comments to Contractor on or before the end of the ten (10) day period, Contractor will have no more than ten (10) business days to incorporate comments and resubmit the DED to State for electronic approval.
- iii. DED Revision Process:
 - a) A DED may be reopened for modification (Revised DED) upon mutual agreement of the State Program Manager and Contractor. Until a Revised DED has been approved by the State, the existing DED criteria will continue to apply.
 - b) The State shall have five (5) business days upon receipt of Revised DED to confirm that comments provided to the Contractor have been addressed and approve or reject the DED.

11. Specification Orders:

During the Contract term Contractor and State may identify additional tasks to be performed by Contractor within the general scope of this Contract, the specific requirements of which shall be determined by mutual agreement. Contractor and State agree that these additional items of work shall be construed as "Specification

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Orders.”

Specification Orders are intended to bridge a gap in funding due to regulatory changes to approved projects and to clarify and augment the existing tasks or scope of work within this context. Specification Orders may be necessary when an Advanced Planning Document is needed to secure Federal funding; however, the work needs to comply with federal regulations that are already mandated or underway.

Clarified and/or additional tasks under the Specification Order section of this agreement shall be submitted in the form of a request for a Specification Order proposal to the Contractor by the State, or to the State from the Contractor. The Contractor has the right to submit modifications or deny any Specification Order submitted by the State. The State can submit modifications or deny proposed Specification Orders submitted by the Contractor.

The final Specification Order document shall receive approval by the State, and be signed by the Contractor, the State Authorized Representative, and the DVHA Business Office. The Specification Order must indicate: scope, intended source of funds, payment provisions, points of contact, ownership of data, applicable data use agreement, and project specifics.

No Specification Order may increase the maximum amount payable under this Contract, substantially deviate from the scope of this Contract, or deviate from any term in any part or attachment to or of this Contract. The Specification Order process shall not be used in lieu of the Change Request and amendment process where an amendment is appropriate. It is further understood and agreed that the Contract maximum amount includes an amount specified in Attachment B specifically reserved and allocated to pay for the additional items of work described in this section. If and when this reserved amount is exhausted, no additional work may be requested, ordered, or approved.

Each Specification Order must clearly define payment either by rate per hour or deliverable received and approved and must be pre-approved before any work may begin. The State will not pay for services that are not previously approved in a Specification Order by both authorized representatives responsible for the work. The State Authorized Representative and the DVHA Business Office have final authority over whether a Specification Order is initiated under this agreement. Specification Orders must be approved by the State.

12. VHIE Enhancement: Data Quality Services with Vermont Rural Health Alliance (VRHA)

Contractor shall work with VRHA to execute a data-use process based on Institute for Healthcare Improvement methodology (“the Model”), with Vermont HCOs. The Model shall aim to improve individual processes or behaviors occurring within the clinical setting that impact chronic conditions and preventive care for use with Federally Qualified Health Centers (FQHC).

In case of any delays in executing a subcontract between Contractor and VRHA for this scope of work, the subcontract shall be written to be retroactive to the start date of this Contract, such that any of the services and deliverables described in this section which are rendered during the term of this Contract will be eligible for payment by the State.

The related subcontract with VRHA shall include a requirement that, upon State's request, VRHA shall communicate with and respond directly to the State regarding these tasks and deliverables.

- i. To execute the Model for improvement, Contractor shall:
 - a) Maintain and augment the Model to support data quality and quality improvement with FQHCs. This Model was described in the document “The VHRA Improvement Model & its Lessons for Vermont Data Quality Improvement Initiatives” produced under contract #40957 with the State

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and Contractor (“Model Document”). Examples of work under the Model in 2022 include, but are not limited to:

1. Responding to requests from participants to work on a particular data point (e.g. fecal occult blood test (FOBT) answers) or implementing a new screening (e.g. Hunger Vital Signs)
 2. Adding data sets to fill out data for a health center (such as geocoding)
 3. Working with health centers on quality improvement projects that they have identified
 4. Reviewing data and identifying opportunities for health centers to improve (gap analysis)
- b) Use information technology systems and the Content Expert Model to support data quality and quality improvement with FQHCs. Ongoing work in this area will include, but not be limited to:
1. Enhancing the current Qlik analytics environment or adding additional data feeds to the Qlik environment to enhance data for health centers (e.g. immunization feeds, automated report delivery)
 2. Investigating technology systems and upgrades to current systems that will provide additional functionality for health centers.
- c) Collaborate with partners to advance health information exchange and develop business intelligence supports for the FQHCs that may be replicated for the broader health care community. Develop prototypes of business intelligence supports for the FQHCs that may be replicated for use with other HCOs.
- d) Provide subject matter expertise on topics including but not limited to Healthcare Effectiveness Data and Information Set (HEDIS) hybrid measures, FQHC reporting requirements (including move to deidentified information submission). Work with State to identify additional themes to include as topics of subject matter expertise support that are in alignment with the FQHC body of work.
- ii. Contractor shall provide the following deliverables:
- a) A monthly report of accomplishments and plans with a summary of activities, to be submitted to the State, including but not limited to:
 1. A summary of data and stakeholder work
 2. Data extracts and Qlik applications that have been developed or enhanced
 3. Status of the content expert model engagements with FQHCs
 4. Education strategies and plans for VRHA members and other stakeholders who care for Vermonters.
 5. Engagement with stakeholder groups and impacted VRHA members to advance their engagement in aspects of the model
 6. Summary of HEDIS, FQHC requirements, alignment opportunities, and/or other subject matter expertise provided to the State.
 7. Summary of facilitation work with FQHCs, Contractor, and other stakeholders for bi-directional immunization interfaces.
 8. Summary of additional health information exchange opportunities (e.g. Vermont Prescription Monitoring System).
 9. Monthly Reports will also include reporting and/or documentation of any other completed deliverables that are identified below (e.g., training summaries).
 - b) A training series, including at least 4 webinars / recorded videos open to FQHCs and the broader Vermont health care community.
 - c) An annual penetration test of VRHA's data hosting vendor to ensure proper data protections are in place.
 - d) Monthly review of VRHA's data hosting vendor's security to ensure proper data protections are

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in place

- e) A data literacy series, including at least 4 individual meetings (Data Roadshows) with VRHA members.
 - f) Support of VRHA peer meetings to support Vermont FQHCs with identification of pain points and the use of the Content Expert Model and technology systems to solve them.
 - g) An annual security training for VRHA staff to support the security and safety of PHI and PPI.
 - h) Participate in data quality work with FQHCs to review EHR data-entry workflows and improve the input of clinical data entry into standardized, structured data fields.
- iii. Contractor shall provide operational support for implementation of data quality services.

Contractor will maintain a sub-contract with BiState Primary Care Association and the Vermont Rural Health Alliance to support the activities outlined above in this section.

13. FHIR for 42 CFR Part 2 Data and Other Sensitive Data

Discovery, scoping, and planning for ongoing security labeling for exchanging sensitive data, including capturing and applying data-type specific patient consent from data submitting organizations. Develop and implement security labeling and granular consent management, including compliance with the updated standards and requirements of 42 CFR Part 2, according to DED-defined scope and as supported by contract budget. Provide methodology (including FHIR mappings), and test results.

- i. Define requirements, develop design and plan, and implement capabilities required for sharing 42 CFR Part 2 data, including developing clear specifications for receipt of required notice by data submitters and ensuring that required notifications are captured and maintained with substance use disorder data that is received and shared according to DED-defined scope and as supported by contract budget.
- ii. Discovery, scoping, and planning for identifying and exchanging sensitive data (e.g. sensitive data, substance use data), including capturing and applying patient consent to enable individuals to control the sharing of their sensitive data. The design and strategy should address enabling VHIE participation in interoperability activities (e.g. TEFCA).
- iii. Develop and implement capabilities to support capturing and applying patient consent for sharing sensitive data according to DED-defined scope and as supported by contract budget. Provide methodology (including FHIR mappings if relevant), and test results.

14. Provider Outreach and Education

- i. Conduct outreach and education for providers about the Vermont Health Information Exchange and Contractor services, in order to help them make full and effective use of these services and inform future services that will benefit them and their patients.
- ii. Conduct webinars, trainings, presentations and meetings, and an email outreach program, according to DED-defined scope and as supported by contract budget.
- iii. Engage content expertise from external subject matter experts to support provider education.

15. Federal Tax Information

Federal Tax Information (FTI) is out of scope for this Contract. The State will not provide any FTI under this Contract, and Contractor does not intend to perform any services under this Contract that involve the processing or storage of FTI.

EXHIBIT 1 TO ATTACHMENT A

VITL Access Terms and Conditions for State Personnel

Exhibit 1 sets forth the terms under which Contractor shall provide access to records in the Vermont Health Information Exchange (“VHIE”) to AHS personnel for Permitted Use for administration of Vermont Medicaid and for public health purposes as authorized in Appendix A under the Vermont Health Information Exchange Strategic Plan and as authorized by the VHIE Services Agreements. Nothing in this Exhibit limits the State’s ability to access and use VHIE data extracts for Secondary Uses under its Data Use Agreement and VITL’s policy on Secondary Use of PHI on the VHIE.

Section 1 - Definitions

As used in this Exhibit 1, the following terms shall have the definitions as described below:

- (a) [Reserved]
- (b) “Data” means the patient record data elements including all written or electronic patient information relating to patient identity, medical history, diagnosis, treatment, tests or prognosis which is accessible to a Participating Health Care Organization in the VHIE. Such information may include, but not be limited to, admission, discharge, transfer, medical, prescription, billing, and/or other data.
- (c) “Data Services” means access to Data for Vermont Medicaid beneficiaries through VITL Access, which is a secure internet portal allowing State staff to view patient data from other healthcare organizations through the VHIE.
- (d) [Reserved]
- (e) “Data Subcontractor” means the vendor(s) with whom Contractor has subcontracted as its Business Associate(s) pursuant to the terms of this Contract to assist it in meeting its obligations under this Exhibit 1 and as the operator of the VHIE. Contractor shall obtain adequate written assurances from any Data Subcontractor that it will comply with all applicable laws, including but not limited to the HIPAA Privacy and Security Regulations.
- (f) “Documentation” means user and administrator manuals and guides for the scope and use of Data Services that are available from Contractor, including on its website (www.vitl.net) and include Policies and Procedures, as such terms are defined in Section 3.
- (g) “HIPAA Privacy and Security Regulations” means the Standards for Privacy of Individually Identifiable Health Information at 45 C.F.R. Parts 160 and 164 and the Security Standards for the Protection of Electronic Protected Health Information at 45 C.F.R. Parts 160 and 164.
- (h) “Participating Health Care Organization” means an individual hospital, medical practice, physician practice, home health care agency or other health care provider who has entered into a VHIE Services Agreement with Contractor or a substantially similar agreement, agreeing to participate in the exchange of Data on the VHIE.
- (i) “Patient” means an individual who has received or will receive treatment or health care services from a Participating Health Care Organization.
- (j) “Permitted Use” means the use of any Data available on the VHIE only for the purposes of treatment, payment or health care operations by the State staff or a Participating Health Care Organization as

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permitted under State and federal law and the Policies and Procedures of VITL. “Permitted Use” includes query-based access by other national exchanges for permitted purposes as defined by the Restatement II of the Data Use and Reciprocal Support Agreement (“DURSA”), April 13, 2019. “Permitted Use” may include the use of Data available on the VHIE for public health purposes with public health authorities to the extent that access is authorized under applicable law.

- (k) “Project Charter” means a document agreed to by Contractor and the State which includes, among other things, a plan of implementation for Data Services.
- (l) “Protected Health Information” and the abbreviation “PHI” shall have the same meaning as the term “protected health information” in 45 C.F.R. § 160.103, limited to the individually identifiable health information created or received by a Business Associate from or on behalf of a Participating Health Care Organization. Such term shall also include Electronic Protected Health Information.
- (m) “Quality Review” shall mean the review of Data for the purpose of disease management, utilization review or quality assessment or improvement. Utilization review includes precertification and preauthorization of services, and concurrent and retrospective review of services. It does not include post-payment audits of services rendered.
- (n) “Treatment” shall have the definition assigned to it by the HIPAA Privacy and Security Regulations at 45 C.F.R. § 164.501, namely the provision, coordination, or management of health care and related services by one or more health care providers, including but not limited to, services for the diagnosis, prevention, cure or relief of a health care injury or disease. It may also include the coordination or management of health care by a health care provider with a third party, consultation between health care providers relating to a patient, or the referral of a patient for health care from one health care provider to another.
- (o) “Vermont Health Information Exchange” or “VHIE” means the Vermont Health Information Exchange, an integrated electronic health information infrastructure for the sharing of PHI and Data among Participating Health Care Organizations and the State’s staff.

Section 2: Reserved

Section 3 – Policies and Procedures of the Vermont Health Information Exchange

Contractor will establish policies and procedures, including but not limited to policies covering patient consent and use of Data (respectively, “Policies” and “Procedures”) that will govern activities of participants and users of the VHIE, and these Policies and Procedures are available at Contractor’s website (www.vitl.net). These Policies and Procedures govern use of the VHIE and Data provided to and available on the VHIE. The State’s use of the VHIE constitutes acceptance of those Policies and Procedures. No Policy or Procedure shall allow any use of Data for any purpose other than a Permitted Use. Contractor may provide access to Data in the VHIE for the services related to Permitted Use, and may provide access to such Data for Treatment, Payment, and Health Care Operations consistent with its Policy on Secondary Use of PHI on the VHIE which provides for use by Accountable Care Organizations or Health Plans under a Data Use Agreement.

- (a) Changes to Policies and Procedures. Contractor may change or amend the Policies and Procedures from time to time at its discretion and will post notice of final changes at Contractor’s website (www.vitl.net). Contractor shall provide the State and Participating Health Care Organizations notice of such changes to Policies and Procedures by electronic mail or other electronic notification such as by posting

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such notice on its website. Any changes will be effective sixty (60) days following adoption by Contractor, unless Contractor determines that an earlier effective date is required to address a legal requirement, a concern relating to the privacy or security of Data or an emergency situation. Except as expressly provided herein, Participating Health Care Organizations and the State will have no ownership or other property rights in the Policies and Procedures or other materials or services provided by Contractor.

Section 4 – State’s Role and the Vermont Health Information Exchange

(a) The State may access and receive Data in accordance with the terms of this Exhibit 1 and the Documentation incorporated herein.

(b) The State agrees that it shall be responsible for all costs charged by its vendors, internet service providers or telecommunications providers in connection with connecting its computer network to the VHIE.

Section 5 – Ownership of Exchange Equipment and Rights

(a) Any equipment or communication lines supplied by the State shall remain the sole property of the State. Equipment, software, intellectual property, or communication lines owned by Contractor shall remain the sole property of Contractor.

(b) Contractor grants to the State a non-exclusive, nontransferable, non-sublicensable license to access and use the Data and to use the software comprising the VHIE system solely for Permitted Uses and subject to the other limitations described in this Exhibit 1. Neither party, nor any of their respective employees, agents, affiliates or subcontractors, will acquire any rights to any intellectual property, software, information or other materials owned by the other party (or any employee, agent, affiliate or subcontractor thereof) prior to the effectiveness of this Exhibit 1 unless expressly agreed otherwise.

Section 6 – Medical Judgment Required

The State acknowledges that neither Contractor nor the VHIE provides Treatment or makes clinical, medical, or other similar decisions, and that participation in the VHIE is not a substitute for competent, properly trained and knowledgeable staff who bring professional judgment and analysis to the Data provided through the VHIE. Each party further acknowledges that, as between Contractor and its Data Subcontractors on the one hand and the State and its subcontractors on the other, the State is solely responsible for verifying the accuracy of all Data and determining the data necessary for its health care provider staff to make Treatment decisions, as well as complying with all laws, regulations, licensing requirements applicable to its delivery of health care services.

Section 7 – Disclaimer of Warranties

EACH PARTY ACKNOWLEDGES THAT, EXCEPT AS EXPRESSLY PROVIDED IN THIS EXHIBIT OR THE CONTRACT TO WHICH IT RELATES, NO WARRANTIES HAVE BEEN MADE BY ANY OTHER PARTY, EXPRESS OR IMPLIED, WITH RESPECT TO THE DATA SERVICES DESCRIBED AND DELIVERED HEREUNDER OR WITH RESPECT TO CLINICAL DATA, INFORMATION, OR THE VHIE.

Section 8 – No Fees

Data Services shall be provided by Contractor to the State under this Exhibit 1 at no cost.

Section 9 – Single Sign On Access

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(a) VITL offers Single Sign On Access and the State seeks to establish Single Sign On functionality between its electronic health record network and the VHIE in order to facilitate the treatment of patients. VITL is willing to provide Single Sign On Access to the State during the term of the Agreement, so long as the State agrees to meet certain requirements (1) for training its end users, (2) for monitoring all VHIE access by its end users consistent with VITL's Policies and Procedures and (3) for auditing use.

(b) VITL agrees to provide the State Single Sign On access to the VHIE during the term of the Agreement. The State agrees that Single Sign On access to the VHIE shall only be granted to end users ("Single Sign On End Users") for purposes related to the diagnosis and treatment, payment for treatment or necessary health care operations related to that treatment of the State's patients.

(c) The State agrees that it will provide orientation and regular training to each of its designated Single Sign On End Users who may use the Single Sign On functionality on the terms and conditions which apply to the State's access to Protected Health Information on the VHIE which includes the following:

(1) that access to the Protected Health Information is restricted to individuals for whom the Single Sign On End User is, or will be, involved in their diagnosis and treatment, payment for this treatment or necessary health care operations related to such treatment;

(2) that access to the VHIE is not allowed for:

- (i) the Single Sign On End User to access his or her own medical record or the medical records of family members;
- (ii) education purposes; or
- (iii) research purposes.

(3) the confidentiality requirements for Protected Health Information accessed from the VHIE under the VHIE Patient Consent Policy and all other VHIE Policies and Procedures, as well as under state and federal law, including the HIPAA Privacy and Security Regulations;

(4) privacy and security compliance procedures, including safeguarding passwords and related measures; and

(5) that all Single Sign On End User access is subject to periodic compliance audits at any time conducted by the State and/or VITL.

The State agrees to provide a record of orientation and training of any VHIE Single Sign On end user upon request by VITL.

(d) The State is responsible for the compliance of its designated Single Sign On End Users with the VHIE Policies and Procedures and federal and state privacy and security law, notwithstanding its fulfilling the orientation and training requirements as set forth in paragraph (c) of this Section.

(e) The State agrees to regularly monitor and audit the use and appropriateness of its VHIE Single Sign On End Users' access to the VHIE and agrees to discipline, including to terminate the access of, any VHIE Single Sign On End User in the event that it determines that such user has violated any State or VHIE Policies or Procedures related to VHIE access, and to promptly, and within forty-eight (48) hours,

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notify VITL of the termination and circumstances involved. The State agrees to fully cooperate with and assist VITL in investigating any potential breach activity and in making all notifications and taking steps to mitigate any harm.

(f) Either VITL or the State may terminate the State's Single Sign On Access contemplated by this Section: (i) without cause upon no less than 90 days' prior written notice of termination to the other party; or (ii) for cause at any time for material failure of the other party to comply with the terms and conditions hereof, if such material failure is not corrected within a period of thirty (30) days after receipt of written notice from the other party specifying such failure or, in the event that such material failure cannot be cured within such period, commence and pursue diligent efforts to cure within such time period.

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**EXHIBIT 2 TO ATTACHMENT A
VERMONT HEALTH INFORMATION EXCHANGE (VHIE) SERVICE LEVEL AGREEMENT (SLA)**

Service Availability Commitment

Contractor must make maintain Monthly Uptime of 99.5% for each of the services named in this Service Level Agreement (SLA) during the contract term. Additionally, Contractor will make reasonable efforts to ensure no interruptions to services are longer than 8 consecutive hours in a 24-hour period and such outages do not occur more than twice per month, unless otherwise agreed to by the parties in writing to address specific situations.

Monthly Uptime Percentage Calculation

The following formula will be used to calculate the Monthly Uptime percentage:

$$(\text{total minutes in month} - \text{unplanned downtime during month}) / (\text{total minutes in month})$$

Unplanned Downtime

Service unavailability will be measured by the number of minutes in a calendar month that a service is not available due to unplanned system outages. For the purpose of calculating the number of unplanned downtime minutes for this SLA, downtime shall include the following:

- Any unplanned critical or high severity issue recorded against a system managed by Contractor or its named subcontractors which prevents the State or Contractor end-users from accessing or receiving the benefits of the service.

** Subcontractors named under this SLA include MedicaSoft, Verato, Health Catalyst (Results Delivery), and Cureous Innovations (Rhapsody and Term Services)*

Planned Downtime Exclusions

For the purpose of calculating planned downtime exclusions for this SLA, the following will be excluded from downtime calculations:

- Scheduled Maintenance
- Outages of 3rd party utilities or communications networks which are not operated or under the control of Contractor or its Named Subcontractors.
- Outages, actions, or inactions of the State or any of Contractor's data contributors
- Force majeure events
- Unavailability of non-production environments

Scheduled Maintenance

Contractor will perform regularly scheduled maintenance of the platform during non-core business hours. Except in the case of emergencies, Contractor shall provide at least forty-eight (48) hours prior notice of any scheduled maintenance activity outside of any standing scheduled maintenance windows.

Contractor currently maintains a standing scheduled maintenance window of 12:00am-2:00am (EST) every weeknight; this schedule is subject to change with notice.

Service Availability Credits

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If the monthly uptime percentage of any service named in this SLA fails to meet Contractor’s service commitment, the State will be eligible to receive a credit, as outlined in the table below.

Named Service	Effective Period	Uptime greater than or equal to 99.5%	Credits for Monthly Uptime less than 99.5% (associated contract deliverables noted in parenthesis)
Provider Portal	24x7x365	No Credit	5% of associated monthly M&O 6% if an individual downtime exceeds 8 consecutive hours in a 24-hour period (FY25: 3.1.v(g))
Data Ingestion	8x5 business days*	No Credit	5% of associated monthly M&O 6% if an individual downtime exceeds 8 consecutive hours in a 24-hour period (FY25: 3.1.v(a), 3.1.v(o), 3.1.v(p), 3.1.v(r))
Results Delivery	8x5 business days*	No Credit	5% of associated monthly M&O 6% if an individual downtime exceeds 8 consecutive hours in a 24-hour period (FY25: 3.1.v(q))
Data Delivery to VCCI	8x5 business days*	No Credit	5% of associated monthly M&O 6% if an individual downtime exceeds 8 consecutive hours in a 24-hour period (FY25: 3.1.v(k))
Immunization data delivery to VDH IMR	8x5 business days*	No Credit	5% of associated monthly M&O 6% if an individual downtime exceeds 8 consecutive hours in a 24-hour period (FY25: 85% of 3.2.iii(c))
Lab data delivery to VDH	8x5 business days*	No Credit	5% of associated monthly M&O 6% if an individual downtime exceeds 8 consecutive hours in a 24-hour period (FY25: 3.2.iii(a))
Immunization Query between EHR and VDH	24x7x365	No Credit	5% of associated monthly M&O 6% if an individual downtime exceeds 8 consecutive hours in a 24-hour period (FY25: 15% of 3.2.iii(c))
VHIE Medicaid Daily Extract (MDL Extract)	24x7x365	No Credit	5% of associated monthly M&O 6% if an individual downtime exceeds 8 consecutive hours in a 24-hour period (FY25: 15% of 3.3.ii(g))

*Excluding State and Federal Holidays, the Friday after Thanksgiving, and up to two additional days during the contract year that require one months’ notice to the State.

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Incident Management

Contractor’s Helpdesk will be the single point of contact for customers to request support or report incidents. Contractor’s Helpdesk operates Monday-Friday between the hours of 9 a.m. and 5 p.m., excluding State and Federal holidays, the Friday after Thanksgiving and up to two additional days during the contract year that require one month’s notice to the State.

Incident Classification

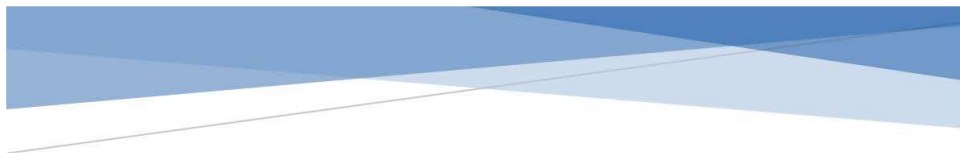
Severity Level	Impact	Description
Severity 1	Critical	Complete loss of some or all of the functionality provided by a service in a production environment whereby operations cannot continue, and no reasonable workaround is possible.
Severity 2	High	A significant loss of some or all of the functionality provided by a service in a production environment whereby operations are severely limited, and no reasonable workaround is possible.
Severity 3	Moderate	A minimal loss of some or all of the functionality provided by a service in a production or non-production environment whereby loss of operations create inconvenience, and no reasonable workaround is possible.
Severity 4	Minor	A request for new services or a request related to an incident that in no way impedes current operations.

Service Credits

Any monthly service credit(s) shall be deducted from the monthly M&O deliverables submitted by Contractor, as outlined in the State contract and as specified in the table above. The total monthly service credit payable by Contractor shall not exceed \$12,000 for any month.

EXHIBIT 3 – MDWAS DED 6.v2.0

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DELIVERABLE EXPECTATIONS DOCUMENT

45815 /6.v

**Implement VHIE Collaborative Services for the Unified Health
Data Space**

AHS/DVHA – HIE HIT Program

Prepared by:

Sue Fritz, VITL Technology Director

Submission Date:

04/11/2024



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Deliverable Expectations Document

*Note: Deliverable Acceptance Criteria – To be reviewed by State and Approved by the State’s Authorized Representative.
Signature at the end of the document on last page titled “Approval” constitutes acceptance of this document.*

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Deliverable Expectations Document

Deliverable Definitions, Acronyms, and Abbreviations

The following acronyms are referenced within this document:

Acronym	Definition
AHS	Agency of Human Services
API	Application Programming Interface
CEO	Chief Executive Officer
DED	Deliverable Expectation Document
DAD	Deliverable Acceptance Document
DDD	Detailed Design Document
DVHA	Department of Vermont Health Access
HLD	High-Level Design
MDWAS	Medicaid Data Warehouse & Analytics Solution
MDLAS	Medicaid Data Lake and Analytics Solution
MDL	Medicaid Data Lake
MPI	Master Person Index
USCDI	United States Core Data for Interoperability
VHIE	Vermont Health Information Exchange
VITL	Vermont Information Technology Leaders

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Deliverable Expectations Document

Deliverable Development and Review Process Timeline

Original

WBS	Task Name	Duration	Start	Finish
1.5.1.1.3	VITL Deliverable Expectation Document (DED)	57 days	Thu 8/17/23	Mon 11/6/23
1.5.1.1.3.1	Determine DED approach and timeline	1 day	Thu 8/17/23	Thu 8/17/23
1.5.1.1.3.2	Define section 6.v requirements	6 days	Wed 8/23/23	Wed 8/30/23
1.5.1.1.3.3	Submit section 6.v requirements to VITL	1 day	Thu 8/31/23	Thu 8/31/23
1.5.1.1.3.4	Draft DED	10 days	Fri 9/1/23	Fri 9/15/23
1.5.1.1.3.5	1st Submission of DED	1 day	Fri 9/15/23	Fri 9/15/23
1.5.1.1.3.6	State Review of DED	5 days	Mon 9/18/23	Fri 9/22/23
1.5.1.1.3.7	Update DED based on State Review	3 days	Mon 9/25/23	Wed 9/27/23
1.5.1.1.3.8	2nd Submission of DED	1 day	Wed 9/27/23	Wed 9/27/23
1.5.1.1.3.9	Collaborative Review of DED	2 days	Mon 10/2/23	Tue 10/3/23
1.5.1.1.3.10	Update DED with finalized requirements	1 day	Thu 10/26/23	Thu 10/26/23
1.5.1.1.3.11	3rd Submission of DED	1 day	Thu 10/26/23	Thu 10/26/23
1.5.1.1.3.12	State Review of DED	3 days	Fri 10/27/23	Tue 10/31/23
1.5.1.1.3.13	Finalize DED	3 days	Wed 11/1/23	Fri 11/3/23
1.5.1.1.3.14	Route DED for approval via DocuSign	1 day	Mon 11/6/23	Mon 11/6/23
1.5.1.1.3.15	VITL DED Complete	0 days	Mon 11/6/23	Mon 11/6/23

Updated

WBS	Task Name	Duration	Start	Finish
1.4.11.3.4.1.5	Update DED 6.v	17 days	Fri 3/22/24	Mon 4/15/24
1.4.11.3.4.1.5.1	Updated DED Requirements	3 days	Fri 3/22/24	Tue 3/26/24
1.4.11.3.4.1.5.2	Submit to State	0 days	Tue 3/26/24	Tue 3/26/24
1.4.11.3.4.1.5.3	State Review of DED	5 days	Wed 3/27/24	Tue 4/2/24
1.4.11.3.4.1.5.4	Submit DED Feedback to VITL	0 days	Tue 4/2/24	Tue 4/2/24
1.4.11.3.4.1.5.5	Joint Review of DED	1 day	Wed 4/3/24	Wed 4/3/24
1.4.11.3.4.1.5.6	Finalize DED	2 days	Thu 4/4/24	Fri 4/5/24
1.4.11.3.4.1.5.7	Route and approval of DED 6.v	2 days	Fri 4/12/24	Mon 4/15/24
1.4.11.3.4.1.5.8	DED 6.v Complete	0 days	Mon 4/15/24	Mon 4/15/24

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Deliverable Description and Requirements

Deliverable 6.v:

Contractor shall provide an automated daily clinical file API feed for the Vermont Medicaid Data Lake, according to DED-defined scope and as supported by contract budget. Contractor shall supply, at a minimum, all data elements for current Medicaid members as defined by the Version 2 of the United States Core Data for Interoperability (USCDI) to the State's designated contractor in a daily API feed containing data received within the past 24 hours.

Description: In order to develop the best approach for delivering data to the Medicaid Data Lake (MDL), Contractor will collaborate with the State and its Medicaid Data Lake and Analytics Solution (MDLAS) vendor to (1) develop and implement a process for receiving current Medicaid membership from the State; (2) develop a data integration strategy that identifies data, data sources, data ingestion methods, and any data standards and formats that must be applied to the clinical data sent to the MDL; and (3) implement a daily feed as well as a historical data extract of up to 10 years as that data is available in the Vermont Health Information Exchange (VHIE) for Medicaid members. The business requirements provided in Appendix A further define the objectives for this deliverable.

The project will include the following phases with corresponding deliverables at the completion of each phase.

Ideation

As part of the initial kickoff of the MDL project, VITL leadership will share and discuss relevant details on VHIE data and processes needed to set up the ongoing data integration to the MDL solution.

End Phase Deliverable: N/A

Initiation

VITL subject matter experts will participate in business analysis and planning sessions with the State and its MDL vendor to define a detailed set of requirements and strategy for identifying appropriate Medicaid segments and delivering data to the MDL. A High-Level Design (HLD) will be provided to the State at the completion of this phase of the deliverable outlining the integration strategy. State acceptance of the HLD will represent mutual understanding of project scope and the State's authorization for VITL to continue with the Planning phase.

End Phase Deliverable: HLD

Planning

Based on the HLD, VITL will scope an integration strategy and deliver a Detailed Design Document (DDD) and an Implementation and Maintenance Breakout for the MDL daily clinical feed. The DDD will include a data dictionary describing all data elements, integration standards supported, integration configurations, and interface maintenance activities. These documents will be provided to the State at the completion of this phase. State acceptance of these documents will represent mutual understanding of the MDL integration strategy and State's authorization for VITL to continue with the Execution phase.

End Phase Deliverables: DDD, Implementation and Maintenance Breakout

Execution

VITL will collaborate with the MDLAS vendor to schedule all planned work in alignment with the MDWAS master project schedule. VITL will design, test, initiate, and support the defined clinical data transfers for SIT and UAT.

End Phase Deliverable: SIT and UAT full historical and incremental extracts

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Dates:

Start Date: 8/17/2023
Initiation Phase Submission Date: 12/23/2023
Planning Phase Submission Date: 03/27/2024
Target Execution Phase Submission Date: 9/05/2024
Target MDL Go Live: 09/09/2024 – 10/03/2024

Maximum Payable: \$120,000.00

Action	Estimated Cost
1. Ideation	No charge
2. Initiation	\$15,750.00
3. Planning	\$15,750.00
4. Execution	\$88,500.00
System Integration Test (SIT)	\$44,250.00
User Acceptance Test (UAT)	\$44,250.00
TOTAL	\$120,000.00

Frequency:

Upon Completion

Requirements:

#1: Ideation

Format: N/A
Acceptance Criteria: N/A

#2: Initiation Phase

Format: PDF, Word, Visio and/or Excel
Acceptance Criteria: VITL will deliver a completed HLD for the daily clinical feed to the MDL. State acceptance of the HLD will provide authorization to move to the Planning phase.
Report shall include:

- Initial high-level Functional and Non-Functional Requirements
- Overview of anticipated hardware, software, systems, services, platforms
- Flow charts and diagrams (e.g., data flow, database design, architectural design, network interconnections)

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#3: Planning Phase

Format: PDF, Word, Visio and/or Excel

Acceptance Criteria: VITL will deliver a DDD for the daily clinical feed to the MDL. State acceptance of the DDD will provide authorization to move to the Execution phase.

Report shall include:

- Finalized Functional and Non-Functional Requirements
- Finalized inventory of required hardware, software, systems, services, platforms
- Finalized flowcharts and diagrams
- Breakdowns of implementation and ongoing maintenance and operational costs

#4: Execution Phase

Format: Parquet files

Acceptance Criteria: Delivery of the full VHIE Medicaid Historical Extract to the State S3 bucket

- Delivery of the full SIT VHIE Medicaid Historical Extract
- Delivery of the full UAT VHIE Medicaid Historical Extract

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Approvals

The undersigned acknowledge they have reviewed the DED and authorize further work to proceed on the work stream. Vendor recognizes that by the granting of this Preliminary Approval they are still obligated to produce a final version of this deliverable, which will be reviewed and accepted as a prerequisite to the State of Vermont issuing a Delivery Acceptance Document (DAD) for this Work Stream. Changes to this Deliverable Expectation Document (DED) will be coordinated with and approved by the undersigned or their designated representatives.

I have reviewed this DED and approve of all its contents, upon which the corresponding deliverable will be developed and accepted.

State Agency:

Signature: *Tim Tremblay* DocuSigned by: Tim Tremblay Date: 04/12/2024
Print Name: Timothy Tremblay
Title: HIE Data Integration Lead
Agency: Agency of Human Services
Role: Deliverables Approver

Vendor:

Signature: *Beth Anderson* DocuSigned by: Beth Anderson Date: 04/12/2024
Print Name: Beth Anderson
Title: CEO
Agency: VITL
Role: Authorized Signer

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Appendix A

Updated Business Requirements

BR#	Business Requirement
2A.1	Data in the VHIE Medicaid Daily Extract will be sourced from VITL's relational database.
2A.2	For new and retroactive Medicaid Members VHIE Medicaid Daily Extract data will include a full historical record - all clinical data according to inclusion of that member in MMSF.
2A.3	For the existing Medicaid Members VHIE Medicaid Daily Extract data will include updated clinical data according to inclusion of that member in MMSF.
2A.4	The VHIE Medicaid Daily Extract will include all data elements collected from VITL's data contributors, including USCDI when those elements have been provided.
2A.5	The VHIE Medicaid Daily Extract data will include any enrichment from the Master Person Index (MPI) and Terminology Services that was executed upstream of the extract, prior to data being stored in VHIE relational database.
2A.6	VHIE Medicaid Daily Extract data will be provided from VITL's relational database 'as is' without any kind of modification.
2A.7	All data shared with the MDL will be in alignment with VITL's patient consent policies.
2A.8	The VHIE Medicaid Daily Extract will be provided via Apache Parquet file format to an Amazon S3 bucket available for syncing downstream into the Amazon S3 bucket provisioned and managed by the State or authorized representative.
2A.9	The VHIE Medicaid Daily Extract will include the data in a time window starting at the last successful extract and ending at midnight on the day before the execution of the extract. The time window will typically be 24 hours but will be expanded to include data from previous failed attempts.
2A.10	The VHIE Medicaid Daily Extract will be provided daily no later than 12 PM Eastern Standard Time, or as mutually agreed upon by VITL and the State.
2A.11	Medicaid Daily Extract process will have a dependency on availability of the MMSF.
2A.12	VITL will continue to use the provided MMSF until State requests to stop using it and to stop the VHIE MDL Extract Service. No automation is required to stop VHIE MDL Service in relation to the date of MMSF.
3A.1	Data in the VHIE Medicaid Historical Extract will be sourced from VITL's relational database.
3A.2	The VHIE Medicaid Historical Extract will include all clinical data available for each Medicaid member in Historical MMSF regardless of period of eligibility.
3A.3	The VHIE Medicaid Historical Extract will include all data elements collected from VITL's data contributors, including USCDI when those elements have been provided.
3A.4	The VHIE Medicaid Historical Extract data will include any enrichment from the Master Person Index (MPI) and terminology services that was executed upstream of the extract, prior to data being stored in VITL's relational database.

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10A.4	The Historical MMSF must contain a full listing of Medicaid members active on the day Historical MMSF is created accounting for eligibility periods within 10 years and the corresponding run-out
10A.5	In preparation for the go live, the Historical MMSF needs to be provided to VITL a week before VHIE Medicaid Historical Extract can start
11A.1	VHIE Medicaid Daily Extract must include clinical data available for any Medicaid member identified in the latest MMSF
11A.2	In the interim phase from MDL go-live until ADW go-live, the Ongoing MMSF will be provided to VITL twice monthly - on the 5th and 20th of every month
11A.3	MMSF will be used for VHIE Medicaid Daily Extract purposes until it is replaced by the subsequent file or as mutually agreed upon by VITL and the State.
11A.4	The Ongoing MMSF needs to ensure accuracy of member selection: 1. assignment of member ids to correct persons 2. accounting for eligibility periods, active member status and a run-out period
11A.5	The Ongoing MMSF will contain a full listing of Medicaid members active on the day MMSF is created accounting for a run-out period of approximately 90 days.
11A.6	VITL is responsible identifying MMSF records as related to new or retroactive Medicaid Members by comparing them to the previous MMSF. All Medicaid member id-s in the current MMSF that are not present in the previous MMSF must be considered as new or retroactive Medicaid Members for the VHIE Medicaid Extract purposes.

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3A.5	VHIE Medicaid Historical Extract data will be provided from VITL's relational database 'as-is', without any kind of modification.
3A.6	All historical data shared with the MDL will be in alignment with VITL's patient consent policies.
3A.7	The VHIE Medicaid Historical Extract will be provided via Apache Parquet file format to an Amazon S3 bucket available for syncing downstream into the Amazon S3 bucket provisioned and managed by the State or authorized representative.
3A.8	The structure of the VHIE Medicaid Historical Extract will be the same as the structure of the VHIE Medicaid Daily Extract.
3A.9	The VHIE Medicaid Historical Extract will be a one-time data extract.
4A.1	VITL will provide samples of the VHIE Medicaid Daily Extract during the Build phase at a frequency mutually agreed upon by VITL and the State.
4A.2	VITL will provide samples of the VHIE Medicaid Historical Extract during the Build phase.
4A.3	The VHIE Medicaid Historical Extract sample file will include 2 years of messages for 10% of the roster population.
4A.4	VITL will provide test VHIE Medicaid Daily Extracts during the SIT and UAT phases.
4A.5	VITL will provide test VHIE Medicaid Historical Extracts during the SIT and UAT phases.
4A.6	The structure of the sample, test, and production extracts will be aligned with the structure approved in the Detailed Design Document (DDD).
5A.1	All Medicaid member data sent to the Medicaid Data Lake (MDL) will be secured in transit and at rest using Amazon S3 using Advanced Encryption Standard (AES) and 256-bit keys.
6A.1	VITL must provide a data dictionary describing all field attributes included in the extracts. The data dictionary for these extracts will include: - data type, - field length, - definition
7A.1	A balance control file will be provided with each VHIE Medicaid Extract to provide a count of records transferred in the extract.
7A.2	A no-data-matrix file will be provided with each VHIE Medicaid Extract and include listing of Medicaid member ids for whom VHIE data cannot be included in the extract.
7A.3	A Status file will be provided with each VHIE Medicaid Extract to indicate whether extract is or is not ready for downstream syncing.
10A.1	VITL must create a VHIE Medicaid Historical Extract for any Medicaid member identified in the Historical Medicaid Member Selection File (MMSF)
10A.2	The Historical MMSF needs to be provided to VITL to enable creation of the test and production VHIE Medicaid Historical Extracts.
10A.3	The Historical MMSF needs to ensure accuracy of member selection 1. assignment of member ids to correct persons 2. accounting for eligibility periods, active member status and a run-out period

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ATTACHMENT B – PAYMENT PROVISIONS

The maximum dollar amount payable under this Contract is not intended as any form of a guaranteed amount. The Contractor shall be paid for products or services actually delivered or performed, as specified in Attachment A, up to the maximum allowable amount specified on page 1 of this Contract.

1. Prior to commencement of work and release of any payments, Contractor shall submit to the State:
 - a. a certificate of insurance consistent with the requirements set forth in Attachment C, Section 8 (Insurance), and with any additional requirements for insurance as may be set forth elsewhere in this Contract; and
 - b. a current IRS Form W-9 (signed within the last six months).
2. Payment terms are **Net 15** days from the date State receives an error-free invoice with all necessary and complete supporting documentation.
3. Contractor shall submit detailed invoices, which shall include an invoice number, date of submission, dates of service, the Contract number, descriptions of services and deliverables performed, evidence of deliverable approval by the State, total amount billed broken down into work packages by project and shall be signed by an authorized representative of Contractor. Contractor shall not submit an invoice for any deliverable under this Contract until it has received written notice of acceptance of the deliverable by the State in the form of a Deliverable Acceptance Document (DAD).
4. A deliverable submitted by the Contractor to the State for acceptance via a DAD shall be reviewed by the State and a written determination of either acceptance or rejection shall be provided to the Contractor within fifteen (15) days following submittal.
5. If a deliverable is not accepted by the State, which shall not be unreasonably refused, the State shall not release payment. Contractor has ten (10) business days to acknowledge the rejection of the deliverable and present a timeline for revision to resubmit the deliverable. If the schedule is not adhered to, then payment is foregone.
6. Contractor shall submit invoices to the State in accordance with the schedule set forth in this Attachment B. Unless a more particular schedule is provided herein, invoices shall be submitted not more frequently than monthly.
7. Invoices and any required reports shall be submitted to the State electronically at the following address: AHS.DVHAInvoices@vermont.gov
8. **EXPENSES:** The fee for services shall be inclusive of Contractor expenses.
9. Contractor shall not invoice for travel time.
10. The payment schedule for delivered products, or rates for services performed, and any additional reimbursements, are as follows:

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Table 1.1: Payment Provisions – Maintenance and Operations (M&O)

Related Outcomes	Deliverables #	SFY 2025 Deliverable Frequency and Payment Terms (To Be Specified By DEDs)	SFY 2025 Deliverable Amount	SFY 2025 Annual Maximum
3.1 Direct Care / Care Coordination				\$4,965,165.60
1, 2	3.1.v(a) Operate the VHIE Services Modules in compliance with the Service Level Agreement (SLA) in Exhibit 2 of this Attachment A.	Monthly Fixed	\$117,265.00	\$1,407,180.00
1, 2	3.1.v(b) Provide the State with Contractor’s downtime notification policy detailing the notification procedures in the case of downtime of any of Contractor’s services provided under this Contract on an annual basis. The policy shall describe which customers are notified after what period of downtime, and which services apply to this policy.	Monthly Fixed	\$813.01	\$9,756.12
1, 2	3.1.v(c) Report unplanned downtime periods exceeding two (2) hours in duration of the VHIE, VITLAccess, direct connection to State systems, or other data exchange services to the State Program Manager at the time of VHIE client notification. Contractor shall notify clients of planned downtime activities that impact use of the VHIE.	Monthly Fixed	\$1,463.42	\$17,561.04
1, 2	3.1.v(d) Operate disaster recovery capabilities for Rhapsody and TermAtlas, as defined in the Disaster Recovery Plan provided by CI to the Contractor and approved by the State, to recover from unplanned downtime events in the VHIE production infrastructures.	Monthly Fixed	\$4,166.67	\$50,000.04
1, 2	3.1.v(e) Contractor shall maintain consent management technical and operational infrastructure to support the State’s consent protocols for access to data on the VHIE.	Monthly Fixed	\$9,729.28	\$116,751.36
1, 2	3.1.v(f) Maintain network to network data exchange service implementations from EHRs such as eHealth Exchange initiator and responder capability, which is also called Cross Community Access. VHIE data is not to be shared through national interoperability networks beyond the current user set of the University of Vermont Health Network, the Veteran’s Administration, and the U.S. Department of Defense, without the written approval of the HIE Steering Committee via letter.	Monthly Fixed	\$3,248.52	\$38,982.24

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Related Outcomes	Deliverables #	SFY 2025 Deliverable Frequency and Payment Terms (To Be Specified By DEDs)	SFY 2025 Deliverable Amount	SFY 2025 Annual Maximum
1, 2	3.1.v(g) Operate and maintain a clinician-facing portal. Report on health records made available to treating providers through the VHIE demonstrated by number of VITLAccess users, number of HCOs using VITLAccess divided by the number of potential HCOs who could use VITLAccess, number of patient queries through VITLAccess.	Monthly Fixed	\$35,686.13	\$428,233.56
1, 2	3.1.v.(h) Utilize the VHIE Client Support Services Team to support client and client EHR vendor issues related to maintaining connections to the VHIE and its supporting infrastructure and respond to all client technical support inquiries within 2 business days.	Monthly Fixed	\$23,415.04	\$280,980.48
1, 2	3.1.v.(i) Maintain the levels of performance (including, but not limited to, a User Directory to maintain roles and privileges), availability, and Security for the VITLAccess web-based service as defined in the correlating DED.	Monthly Fixed	\$4,683.01	\$56,196.12
1, 2	3.1.v.(j) Provide on-demand training or support resources to help VITLAccess users learn how to use the portal, including but not limited to resources that will be accessible in emergency situations where time to train is limited and quick, task-oriented how-to's are needed. Provide a list of live trainings performed for healthcare organizations to introduce organizations and staff to how to use VITLAccess.	Monthly Fixed	\$18,894.63	\$226,735.56
1, 2	3.1.v.(k) Transmit ADTs, CCDs, LABs, and COVID immunizations for Medicaid Vermont Chronic Care Initiative (VCCI) patient records from the VHIE to the VCCI Medicaid care coordination tool to enable care coordination efforts for Medicaid beneficiaries, and report the number of those records transmitted.	Monthly Fixed	\$1,885.23	\$22,622.76
1, 2	3.1.v.(l) Report on number of audits of accessed data, and requests for records from individuals including format in which records are transmitted. Provide patient education. Provide information about patient education activities related to Vermont's consent to share health data via the VHIE policy. Contractor shall also support patient education about consent choices by making resources available to health care organizations and directly to patients.	Monthly Fixed	\$18,767.73	\$225,212.76

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Related Outcomes	Deliverables #	SFY 2025 Deliverable Frequency and Payment Terms (To Be Specified By DEDs)	SFY 2025 Deliverable Amount	SFY 2025 Annual Maximum
3	3.1.v.(m) Report on number of ADT messages sent to event notification services.	Monthly Fixed	\$813.01	\$9,756.12
3	3.1.v.(n) For Medicaid beneficiaries, maintain an identity matching rate of at least 90% (i.e., Medicaid Match Rate)	Monthly Fixed	\$7,957.53	\$95,490.36
3	3.1.v.(o) Operate and maintain the Verato Main Person Index, including work with the contributing organizations and their vendors to address any issues related to identity management and person records.	Monthly Fixed	\$30,691.92	\$368,303.04
4	3.1.v.(p) Operate and maintain a Terminology Services (TS) engine. For this Contract Term, Contractor shall continue to operate and maintain the TS engine to standardize local codes and unmapped data elements in HL7 Version 2 (ADT, Lab, Rad, Trans, VXU), HL7 Version 3 (CCD) message types, and FHIR Resources.	Monthly Fixed	\$14,129.26	\$169,551.12
4	3.1.v.(q) Operate and maintain the capability to support exchange of results between provider organizations. Report on number of LAB, RAD, TRANS messages captured by the VHIE and made available to health care organizations through VHIE.	Monthly Fixed	\$30,917.94	\$371,015.28
1, 2	3.1.v.(r) Operate and maintain a data integration engine to allow for the connection and interoperability of health care data from disparate systems.	Monthly Fixed	\$47,923.23	\$575,078.76
1, 2	3.1.v.(s) Conduct Health Information Exchange for clinical healthcare data. Performance payments will be made for the number of Sending Facilities (MSH4, or FHIR MessageHeader.sender) with positive inbound message or transaction volumes each quarter. The payment rate is inclusive for all needed message types (including AHS SDOH data transmitted via HL7 or FHIR from VCCI, and Designated Agency 42CFR Part 2 data) and all physical locations for each sending facility: \$936 per month for each hospital sending facility and \$312 per month for each non-hospital sending facility.	Monthly Up To	\$41,313.24	\$495,758.88

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Related Outcomes	Deliverables #	SFY 2025 Deliverable Frequency and Payment Terms (To Be Specified By DEDs)	SFY 2025 Deliverable Amount	SFY 2025 Annual Maximum
1, 2	3.1.v.(t) Submit a copy of VITL's annual audited financial statements to the State.	Upon Submission	\$ -	\$ -
1, 2	3.1.v.(u). Contractor shall make available on request copies of all contracts, subcontracts or service provider agreements between the Contractor, subcontractors, and other service providers, to the Agency of Human Services and any of its departments as well as to the Center for Medicare and Medicaid Services.	Upon Submission	\$ -	\$ -
3.2. Public Health				\$243,529.56
5, 6	3.2.iii(a) Transport and validate Laboratory HL7 Electronic Laboratory Reporting (ELR) messages, including COVID-19, MPox, and other result types as approved by the VDH and implemented as new development work through DDI, in accordance with the National Institute for Standards and Technology (NIST) Electronic Laboratory Reporting requirements, or VDH minimum requirements for other message types, and deliver messages to the VDH Rhapsody engine for ingestion into the National Electronic Disease Surveillance System (NEDSS) Base System (NBS).	Monthly Fixed	\$7,153.34	\$85,840.08
5, 6	3.2.iii(b) Report on ELR messages captured in the VHIE and transmitted to the Public Health Authority, and the percent of total death records transmitted from the Death Registry that are integrated to the VHIE.	Monthly Fixed	\$1,300.81	\$15,609.72

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Related Outcomes	Deliverables #	SFY 2025 Deliverable Frequency and Payment Terms (To Be Specified By DEDs)	SFY 2025 Deliverable Amount	SFY 2025 Annual Maximum
5, 6	3.2.iii(c) Transport and validate immunization HL7 messages, or other message types as approved by the Vermont Department of Health (VDH), in accordance with the Center for Disease Control (CDC) Immunization Implementation Guide, as modified by the VDH Immunization Implementation Guide, and deliver messages to the VDH Immunization Registry. Provide a list of immunization validations implemented specific to meeting the VDH Immunization HL7 Implementation Guide annually, or if updated, and provide a VXU Immunization errors line chart to show the number of errors reported each month over time. Transport Immunization Bidirectionality (IBID) query and respond messages including all VACMAN PINs assigned by the VDH Immunization program to an HCO at the practice or site level. Transport includes transmission of both immunization histories and forecasting data through IBID interfaces, for existing interfaces.	Monthly Fixed	\$7,933.76	\$95,205.12
5, 6	3.2.iii(d) Continue to support existing hospitalization reporting to support the COVID-19 response effort, as previously defined.	Monthly Fixed	\$3,906.22	\$46,874.64
3.3 Medicaid Operations				\$329,669.45
7	3.3.ii(a) Contractor shall produce the annual Blueprint For Health legacy clinical data extract based on previously-specified Blueprint priority-one data elements.	Upon Completion Per DED	\$51,526.01	\$51,526.01
7	3.3.ii(b) Contractor shall continue to manage the subscription process for the hosting service at Knack for the Blueprint Portal, as required by the Blueprint team. The Blueprint portal includes an interface for sharing Blueprint practice and connectivity data with Contractor for the purpose of facilitating any future data quality work conducted with Blueprint practices.	Monthly Fixed	\$250.00	\$3,000.00
7	3.3.ii(c) Maintain Medicaid claims data mappings to FHIR, in accordance with standards set in VHIE Connectivity Criteria and transmission requirements, as directed by Vermont Medicaid.	Monthly Fixed	\$2,092.41	\$25,108.92

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Related Outcomes	Deliverables #	SFY 2025 Deliverable Frequency and Payment Terms (To Be Specified By DEDs)	SFY 2025 Deliverable Amount	SFY 2025 Annual Maximum
7	3.3.ii(d) Contractor shall provide the Outcomes Based Certification metrics, as specified in Section 3 above, and any other metrics related to use of FHIR APIs, as agreed and developed per DED, to DVHA on a quarterly basis, with the data broken out by month in a dashboard (spreadsheet) that can be used to support the Outcomes Based Certification commitment to the Centers for Medicaid and Medicare.	Monthly Upon Completion Per DED	\$1,138.21	\$13,658.52
7	3.3.ii(e) Contractor shall provide a Connectivity Dashboard monthly, which will include data about all current and requested VHIE Connections (Interfaces) for all data types for organizations contributing data to and/or receiving data from the VHIE. On that report, interfaces shall each be operationally defined, represented, and documented by a combination of a unique sending facility code (MSH4) and a supported HL7 message (or transaction) type (e.g., ADT, MDM, VXU, or FHIR), and a separate column must shall report the count of interface locations using each interface.	Monthly Upon Completion Per DED	\$1,463.42	\$17,561.04
7	3.3.ii(f) Contractor shall provide 1) a cost allocation dashboard quarterly displaying the percentage of Medicaid data usage by downstream stakeholders broken out by month, and 2) a VITLAccess Users cost allocation dashboard displaying total Medicaid VITLAccess user percentage.	Monthly Upon Completion Per DED	\$1,138.21	\$13,658.52
7	3.3.ii(g) Contractor shall conduct maintenance and operations for, and provide, collaborative services support and ongoing, daily clinical data extracts, based on the biweekly Medicaid Member Selection File (MMSF) from Medicaid, to the Medicaid Data Warehouse & Analytics Solution (MDWAS) system, including identification, analysis, and mitigation of any data extract errors or transmission errors, according to DED-defined scope. This includes providing patient-matching capabilities against the MMSF file.	Monthly Upon Completion Per DED	\$11,457.96	\$137,495.52

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Related Outcomes	Deliverables #	SFY 2025 Deliverable Frequency and Payment Terms (To Be Specified By DEDs)	SFY 2025 Deliverable Amount	SFY 2025 Annual Maximum
7	3.3.ii(h) Contractor shall participate in data governance discussions with the State and its data governance contractor(s), including participation in data governance meetings. Contractor shall work with State to identify and agree to paths to implement data governance goals that are identified. Contractor shall also provide information on current Contractor data governance and data use practices that impact the MDWAS project.	Monthly Upon Completion Per DED	\$5,638.41	\$67,660.92
5, 6	3.4 State access to VHIE Data. i. Contractor must provide, in a manner consistent with applicable law and subject to such Data Use Agreement terms as are deemed appropriate, VHIE data to the State through the provision of extracts as necessary to achieve the objectives of this Contract. ii. Contractor must provide qualified State personnel under the State's Medicaid Program or any other covered health plan administered by the State with access to the VHIE through its provider portal, VITLAccess, and through Single Sign On solely for Permitted Use and in accordance with the terms and conditions set forth in Exhibit 1 to this Attachment A.	Monthly Fixed	\$ -	\$ -
4. Security And Secure Network				\$1,263,170.73
Security	4.3 NIST-Compliant Reports (each monthly payment may be withheld until all reports required to date have been submitted).	Monthly Fixed	\$105,264.23	\$1,263,170.73
M&O Subtotal				\$6,801,535.34

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Table 1.2: Payment Provisions – Design, Development, and Implementation (DDI)

Related Outcomes	Deliverables #	SFY 2025 Deliverable Frequency and Payment Terms (To Be Specified By DEDs)	SFY 2025 Deliverable Amount	SFY 2025 Annual Maximum
	5. Connect Patients, Providers & Other Users to Health Data			\$2,141,470.00
	<p>5.i. Develop and implement SMART-on-FHIR APIs for FHIR data delivery and ingestion utilizing VITL's FHIR API endpoint. Scope of work under this deliverable will be subject to a DED-defined scope which aligns with FY25 contract schedule and available funding and will include the following:</p> <p>(a) Scoping, design, development, and implementation of one or more re-usable APIs which provide health care organizations, state agencies, or payers, secure access to VHIE clinical data using SMART-on-FHIR APIs and applications. This work will be consistent with the standards of 45 CFR Section 170.215, to access the currently available version of USCDI resources, plus 42 CFR Part 2 data and behavioral health connectivity resources once they become available.</p> <p>(b) Implementation of an initial cohort of FHIR ingestion data contributors to understand the scope, configuration, and cost of onboarding new EHRs and organizations to VITL's FHIR API endpoint.</p>	Upon Completion Per DED	\$350,000.00	\$ 350,000.00
	5.ii. Use FHIR interfaces, where and when available, for health information exchange, consistent with the standards of 45 CFR Section 170.215. (See payments under Deliverable 3.1.v.(s).)		\$ -	\$ -

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Related Outcomes	Deliverables #	SFY 2025 Deliverable Frequency and Payment Terms (To Be Specified By DEDs)	SFY 2025 Deliverable Amount	SFY 2025 Annual Maximum
	<p>5.iii. Develop interfaces with healthcare IT systems, including those related to public health. An interface for this purpose shall be operationally defined as a network connection developed by Contractor for transferring a specific message type (e.g., ADT, MDM, or VXU) between a specific sending facility (MSH4)'s EHR system and the VHIE, and shall be distinguished from the number of physical locations (i.e., interface locations) using the sending facility's EHR system and sharing a single VHIE network connection developed by Contractor. Contractor shall, to the extent practicable, and in consultation with the State, simultaneously onboard cohorts of provider organizations that are all using the same EHR technology and that will receive the same types of interfaces. Individual-level reports or lists of developed interfaces shall include the MSH4 or FHIR MessageHeader.sender code of the interface. In reports to the State, VHIE interfaces shall be distinguished as new or replacement interfaces by a combination of a sending facility (MSH4) and message type for which there is no history of inbound message/transaction volume with the VHIE (i.e., no prior "VITL Go-Live Date").</p>	<p>Upon Completion Per DED, Per Each Location Served by the Interface (Maximum Deliverable Amount Per Location for Non-FHIR Interfaces; Up-To This Deliverable Amount Per Location To Be Determined Per DED for FHIR Interfaces)</p>	<p>\$7,950.00</p>	<p>\$1,120,950.00</p>
	<p>5.iv. Connect additional recipient facility locations to receive results delivered directly from the VHIE.</p>	<p>Upon Completion Per DED, Per Each Interface</p>	<p>\$3,180.00</p>	<p>\$76,320.00</p>
	<p>5.v. Contractor shall provide the State with a bi-weekly status report detailing high level DDI Activities Project Status update, including Executive Summary, Risk and Issues Log and Project Streams Timelines. The format, delivery dates and details of this report will be determined through the DED process.</p>	<p>Monthly Upon Completion Per DED</p>	<p>\$900.00</p>	<p>\$10,800.00</p>
	<p>5.vi. Design and implement multi-factor authentication capabilities to the VITLAccess clinical portal, informed by assessment of VITLAccess user capabilities, according to DED-defined scope and as supported by contract budget.</p>	<p>Upon Completion Per DED</p>	<p>\$135,000.00</p>	<p>\$135,000.00</p>

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Related Outcomes	Deliverables #	SFY 2025 Deliverable Frequency and Payment Terms (To Be Specified By DEDs)	SFY 2025 Deliverable Amount	SFY 2025 Annual Maximum
	5.vii. Implement tools and infrastructure required to support single sign on for the provider portal. Includes infrastructure costs and licensing for usage.	Monthly up to	\$3,200.00	\$38,400.00
	5.viii. Implement VITLAccess single sign on connections to health care organizations seeking to have streamlined access to the provider portal for their staff according to DED-defined scope and as supported by contract budget.	Upon Completion Per DED	\$75,000.00	\$75,000.00
	5.ix. Develop tools, workflows, and communications to encourage proactive HCO auditing of access to VHIE data by their VITLAccess users according to DED-defined scope and as supported by contract budget.	Upon Completion Per DED	\$60,000.00	\$60,000.00
	5.x. Planning, migration, and testing for moving existing Results Delivery Customers to a new Results Delivery solution.	Upon Completion Per DED	\$275,000.00	\$275,000.00
	6. Implement VHIE Collaborative Services for the Unified Health Data Space			\$1,200,000.00
	6.i. Develop new functionality and services to support the Medicaid Data Warehouse & Analytics Solution (MDWAS), according to DED-defined scope and as supported by contract budget. This will include providing VHIE-related support for CMS certification of the MDWAS.	Upon Completion Per DED	\$600,000.00	\$600,000.00
	6.ii.(a) Continuation of work begun with SFY 2024 6v. deliverable, as referenced in the DED that was agreed to for SFY24 contract work included as Exhibit#3, to complete work and delivery of the final “VHIE Medical Historical Extract” initiation of the daily VHIE Medicaid Daily Extract process, and Go-Live, as agreed to in a new DED for SFY25.	Upon Completion Per DED	\$100,000.00	\$100,000.00
	6.ii.(b) Activities to support the ability to keep the VHIE Medicaid Extract static, or expand the Extract to include new data types, as defined through the DED process.	Upon Completion Per DED	\$50,000.00	\$50,000.00

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Related Outcomes	Deliverables #	SFY 2025 Deliverable Frequency and Payment Terms (To Be Specified By DEDs)	SFY 2025 Deliverable Amount	SFY 2025 Annual Maximum
	<p>6.iii.a Manage and support the MPI to be used by the Unified Health Data Space, to include integration of new data sets containing protected health information and the manual matching and identity resolution for patients as needed. Contractor and its subcontractors will work with the State and their vendor(s) to ensure the selected solution and its implementation do not include any development that might preclude future MARS-E compliance. State understands that Contractor infrastructure, including the integration engine, cannot be included in the design of matching solution for any data sets that require MARS-E compliance, and that the State's integration engine will need to be utilized to enable MARS-E compliance. Contractor will not be responsible for overseeing or managing Verato's MARS-E compliance, including development of the SSP or integration of security logs. Contractor to provide up to one full time equivalent support of patient and provider matching, based upon scope determined through DED planning and project scoping.</p> <p>6.iii.b Procure and implement a provider identity resolution solution to be used by the Unified Health Data Space, to include manual matching and identity resolution for health care providers, both individual and organizational. Contractor and its subcontractors will work with the State and their vendor(s) to ensure the selected solution and its implementation do not include any development that might preclude future MARS-E compliance. State understands that Contractor infrastructure, including the integration engine, cannot be included in the design of the solution for any data sets that require MARS-E compliance, and that the State's integration engine will need to be utilized to enable MARS-E compliance. Contractor will not be responsible for overseeing or managing Verato's MARS-E compliance, including development of the System Security Plan (SSP) or integration of security logs. Support for provider management will be included with FTE as identified in 6.iii.a based upon scope determined through DED planning and project scoping.</p>	<p>Upon Completion Per DED</p>	<p>\$450,000.00</p>	<p>\$450,000.00</p>
	<p>7. Leverage the VHIE to Support and Enhance Public Health Efforts</p>			<p>\$551,250.00</p>

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Related Outcomes	Deliverables #	SFY 2025 Deliverable Frequency and Payment Terms (To Be Specified By DEDs)	SFY 2025 Deliverable Amount	SFY 2025 Annual Maximum
	7.i. Expand Immunization Bidirectionality (IBID) program, including all VACMAN PINs, as prioritized by the VDH. VACMAN PINs are identifiers assigned by the VDH Immunization program to an HCO at the practice or site level. This work includes transmission of both immunization histories and forecasting data through IBID interfaces, for new and existing interfaces.	Upon Completion Per DED: \$13,500 per organization for 16, plus a single \$4,500 bonus for completing all.	\$13,500.00	\$220,500.00
	7.ii. Based upon scope and requirements agreed with VDH, finalize project plan and implement a pilot for providing masked patient data for agreed upon measures for the Division of Health Statistics and evaluate feasibility and usability of the data and selected tools.	Upon Completion Per DED	\$30,000.00	\$30,000.00
	7.iii. Expand existing ELR interfaces, including required development, testing, and implementation, to transport and validate new results (other reportable conditions) as approved by the VDH. This shall be done in accordance with the National Institute for Standards and Technology (NIST) Electronic Laboratory Reporting requirements, or VDH minimum requirements, and include new results in current delivery of messages to the VDH Rhapsody engine for ingestion into the National Electronic Disease Surveillance System (NEDSS) Base System (NBS).	Upon Completion Per DED	\$132,000.00	\$132,000.00
	7.iv. The contractor shall do discovery, scoping, documentation of requirements, project planning, testing, and execution for the integration of health measurement, blood iron level, and immunization data from the Vermont Health Information Exchange (VHIE) into the WIC vendor's system on a recurring basis. This integration will build upon an existing API developed by WIC's vendor with another member state's HIE to implement it here as defined in the DED.	Upon Completion Per DED	\$45,000.00	\$45,000.00

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Related Outcomes	Deliverables #	SFY 2025 Deliverable Frequency and Payment Terms (To Be Specified By DEDs)	SFY 2025 Deliverable Amount	SFY 2025 Annual Maximum
	7.v. Discovery, scoping, documentation of requirements, project planning and execution of a VDH-VHIE Integration Pilots according to DED-defined scope and as supported by contract budget. Two pilots are identified in the next phase coming out of the VDH-VHIE Integration Strategy work under the FY24 contract. The two pilots are 1) integrating Vital Records, specifically adding Birth data and 2) expanding the Immunization Registry file provided by VDH to integrate immunization data beyond COVID immunizations.	Upon Completion Per DED	\$107,750.00	\$107,750.00
	7.vi. Discovery, scoping, documentation of requirements, project planning, and execution of an assessment that includes: 1) what is currently being collected by the VXU Route and 2) how Contractor would recommend adding insurance information to the VXU Route.	Upon Completion Per DED	\$16,000.00	\$16,000.00
	9.a. Develop Infrastructure for Reporting on VHIE Data			\$32,631.24
	9.i. Report Key Performance Indicators (KPIs) for the VHIE, including data completeness and quality metrics, per DED, consistent with the Data Completeness Evaluation Plan presented to the VHIE Data Governance Council on 4/2/2024. https://healthdata.vermont.gov/vermont-health-information-exchange-data-governance	Monthly Fixed	\$2,719.27	\$32,631.24
	9.b. Onboard New Provider Types: MDAAP Provider Support			\$230,000.00

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Related Outcomes	Deliverables #	SFY 2025 Deliverable Frequency and Payment Terms (To Be Specified By DEDs)	SFY 2025 Deliverable Amount	SFY 2025 Annual Maximum
	<p>9.ii. Provide Security Risk Assessment (SRA) consulting to Vermont’s eligible health care providers to support the Medicaid Data Aggregation and Access Program (MDAAP). Security Risk Assessment Analysis is defined as follows for healthcare providers: Conduct or review a security risk analysis in accordance with the requirements in 45 CFR 164.308(a)(1), including addressing the security (to include encryption) of ePHI data created or maintained by certified electronic health record technology (CEHRT) or other eligible program-defined technology, in accordance with requirements in 45 CFR 164.312(a)(2)(iv) and 45 CFR 164.306(d)(3). (Providers are responsible to implement security updates as necessary and correct identified security deficiencies as part of the MDAAP eligible provider’s risk management process.) Provide the State with a report of Security Risk Assessment (SRA) consulting services provided during the previous month. Payment is contingent upon a) delivery of attestations from impacted entities, and b) delivery of monthly invoices detailing total Contractor labor hours per site. Contractor will work with participating entities to also obtain attestation of the work together once an SRA is complete.</p>	<p>Upon Completion Per DED</p>	<p>\$150,000.00</p>	<p>\$150,000.00</p>
	<p>9.ii.(a) Provide business process support to MDAAP-participating providers who are onboarding to the VHIE through an ADT, CCD or other connection or through a new VITLAccess user account, to improve data quality, interoperability, and facilitate provider use of VHIE resources. 9.ii.(b) Contractor will provide an e-mail with signature to known MDAAP organizations upon their completion of a data connection to the HIE confirming Go-live and submission of production data. 9.ii.(c) For VITLAccess, Contractor will provide MDAAP organizations with an attestation that the organization has established service, completed trainings, and includes the number of new individual users at the organization.</p>	<p>Upon Completion Per DED</p>	<p>\$80,000.00</p>	<p>\$80,000.00</p>
	<p>9.c. Add New Data Types: SDOH Data</p>			<p>\$200,000.00</p>

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Related Outcomes	Deliverables #	SFY 2025 Deliverable Frequency and Payment Terms (To Be Specified By DEDs)	SFY 2025 Deliverable Amount	SFY 2025 Annual Maximum
	<p>9.iii. Implement ingestion of SDOH data from the CMS Accountable Health Communities (AHC) Health-Related Social Needs (HRSN) screening tool, and/or similar tools, into the FHIR data repository and, make that data available in VITLAccess and to the Blueprint for Health, subject to data governance by the HIE Data Governance Committee. Implement relevant SDOH FHIR resources in the FHIR data repository to support this work.</p> <p>9.iii.(a) Implement ingestion of SDOH data from the CMS AHC HRSN screening, into FHIR and make that data available in VITLAccess with possible exception of data determined to be sensitive through the data governance process, and to the Blueprint for Health, according to DED-defined scope and as supported by contract budget.</p> <p>9.iii.(b) If there are remaining funds after the above work is completed, begin development of a solution to enable providers and / or patients to enter CMS AHC HRSN screenings directly into the VHIE, according to DED-defined scope and as supported by remaining contract budget.</p>	Upon Completion Per DED	\$200,000.00	\$200,000.00
	9.d. Add New Data Types: SDOH for Medicaid			\$18,000.00
	9.iv. Implement ingestion, transformation, and storage of SDOH General Assessment and New-To-Medicaid survey data from the State's VCCI care management system into the FHIR data repository.	Upon Completion Per DED	\$18,000.00	\$18,000.00
	11. Task Orders			\$200,000.00
	11. DDI Specification Order Budget Year 1 (beyond that of other deliverables)	Upon Completion Per DED	\$200,000.00	\$200,000.00
	12. VHIE Enhancement: Data Quality Services with VRHA			\$377,020.00
	12.ii.a. A monthly report of accomplishments and plans with a summary of activities, to be submitted to the State, including but not limited to: [items 1 through 9].	Monthly Fixed	\$18,900.00	\$226,800.00

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Related Outcomes	Deliverables #	SFY 2025 Deliverable Frequency and Payment Terms (To Be Specified By DEDs)	SFY 2025 Deliverable Amount	SFY 2025 Annual Maximum
	12.ii.b. A training series, including at least 4 webinars / recorded videos open to FQHCs and the broader Vermont health care community.	Upon Completion Per DED per event	\$5,000.00	\$20,000.00
	12.ii.c.. An annual penetration test of VRHA's data hosting vendor to ensure proper data protections are in place.	Upon Completion Per DED	\$4,000.00	\$4,000.00
	12.ii.d.. Monthly review of VRHA's data hosting vendor's security to ensure proper data protections are in place.	Upon Completion Per DED Each Month	\$500.00	\$6,000.00
	12.ii.e. A data literacy series, including at least 4 individual meetings (Data Roadshows) with VRHA members.	Upon Completion Per DED Per Event	\$8,000.00	\$32,000.00
	12.ii.f. Support of VRHA peer meetings to support Vermont FQHCs with identification of pain points and the use of the Content Expert Model and technology systems to solve them. (Up to 28 events.)	Upon Completion Per DED Per Event	\$1,000.00	\$28,000.00
	12.ii.g. An annual security training for VRHA staff to support the security and safety of PHI and PPI.	Upon Completion Per DED	\$4,000.00	\$4,000.00
	12.ii.h. Participate in data quality work with FQHCs to review EHR data-entry workflows and improve the input of clinical data entry into standardized, structured data fields. (For up to 6 FQHC organizations.)	Upon Completion Per DED Each: \$3,000 for each initial meeting; \$5,000 for each sprint Completion Per DED.	\$8,000.00	\$48,000.00
	12.iii. Contractor shall provide operational support for implementation of data quality services	Monthly Upon Completion Per DED	\$685.00	\$8,220.00

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Related Outcomes	Deliverables #	SFY 2025 Deliverable Frequency and Payment Terms (To Be Specified By DEDs)	SFY 2025 Deliverable Amount	SFY 2025 Annual Maximum
	13. FHIR for 42 CFR Part 2 Data And Other Sensitive Data			\$266,486.34
	<p>13.Discovery, scoping, and planning for ongoing security labeling for exchanging sensitive data, including capturing and applying data-type specific patient consent from data submitting organizations. Develop and implement security labeling and granular consent management, including compliance with the updated standards and requirements of 42 CFR Part 2, according to DED-defined scope and as supported by contract budget. Provide methodology (including FHIR mappings), and test results.</p> <p>13.i. Define requirements, develop design and plan, and implement capabilities required for sharing 42 CFR Part 2 data, including developing clear specifications for receipt of required notice by data submitters and ensuring that required notifications are captured and maintained with substance use disorder data that is received and shared according to DED-defined scope and as supported by contract budget</p> <p>13.ii. Discovery, scoping, and planning for identifying and exchanging sensitive data (e.g. sensitive data, substance use data), including capturing and applying patient consent to enable individuals to control the sharing of their sensitive data. . The design and strategy should address enabling VHIE participation in interoperability activities (e.g.TEFCA).</p> <p>13.iii Develop and implement capabilities to support capturing and applying patient consent for sharing sensitive data according to DED-defined scope and as supported by contract budget. Provide methodology (including FHIR mappings if relevant), and test results.</p>	Upon Completion Per DED	\$266,486.34	\$266,486.34
	14. Provider Outreach and Education			\$199,999.96
	14.i. Conduct outreach and education for providers about the Vermont Health Information Exchange and Contractor services, in order to help them make full and effective use of these services and inform future services that will benefit them and their patients.	Monthly Fixed	\$11,520.83	\$138,249.96

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Related Outcomes	Deliverables #	SFY 2025 Deliverable Frequency and Payment Terms (To Be Specified By DEDs)	SFY 2025 Deliverable Amount	SFY 2025 Annual Maximum
	14.ii. Conduct webinars, trainings, presentations and meetings, and an email outreach program, according to DED-defined scope and as supported by contract budget.	Upon Completion Per DED	\$41,750.00	\$41,750.00
	14.iii. Engage content expertise from external subject matter experts to support provider education.	Upon Completion Per DED	\$20,000.00	\$20,000.00
	DDI Subtotal			\$5,416,857.54
	TOTAL CONTRACT MAXIMUM			\$12,218,392.88

ATTACHMENT C: STANDARD STATE PROVISIONS
FOR CONTRACTS AND GRANTS
REVISED DECEMBER 7, 2023

1. Definitions: For purposes of this Attachment, “Party” shall mean the Contractor, Grantee, or Subrecipient, with whom the State of Vermont is executing this Agreement and consistent with the form of the Agreement. “Agreement” shall mean the specific contract or grant to which this form is attached.

2. Entire Agreement: This Agreement, whether in the form of a contract, State-funded grant, or Federally-funded grant, represents the entire agreement between the parties on the subject matter. All prior agreements, representations, statements, negotiations, and understandings shall have no effect. Where an authorized individual is either required to click-through or otherwise accept, or made subject to, any electronic terms and conditions to use or access any product or service provided hereunder, such terms and conditions are not binding and shall have no force or effect. Further, any terms and conditions of Party’s invoice, acknowledgment, confirmation, or similar document, shall not apply, and any such terms and conditions on any such document are objected to without need of further notice or objection.

3. Governing Law, Jurisdiction and Venue; No Waiver of Jury Trial: This Agreement will be governed by the laws of the State of Vermont without resort to conflict of laws principles. Any action or proceeding brought by either the State or the Party in connection with this Agreement shall be brought and enforced in the Superior Court of the State of Vermont, Civil Division, Washington Unit. The Party irrevocably submits to the jurisdiction of this court for any action or proceeding regarding this Agreement. The Party agrees that it must first exhaust any applicable administrative remedies with respect to any cause of action that it may have against the State regarding its performance under this Agreement. Party agrees that the State shall not be required to submit to binding arbitration or waive its right to a jury trial.

4. Sovereign Immunity: The State reserves all immunities, defenses, rights, or actions arising out of the State’s sovereign status or under the Eleventh Amendment to the United States Constitution. No waiver of the State’s immunities, defenses, rights, or actions shall be implied or otherwise deemed to exist by reason of the State’s entry into this Agreement.

5. No Employee Benefits For Party: The Party understands that the State will not provide any individual retirement benefits, group life insurance, group health and dental insurance, vacation or sick leave, workers compensation or other benefits or services available to State employees, nor will the State withhold any state or Federal taxes except as required under applicable tax laws, which shall be determined in advance of execution of the Agreement. The Party understands that all tax returns required by the Internal Revenue Code and the State of Vermont, including but not limited to income, withholding, sales and use, and rooms and meals, must be filed by the Party, and information as to Agreement income will be provided by the State of Vermont to the Internal Revenue Service and the Vermont Department of Taxes.

6. Independence: The Party will act in an independent capacity and not as officers or employees of the State.

7. Defense and Indemnity:

- A.** The Party shall defend the State and its officers and employees against all third-party claims or suits arising in whole or in part from any act or omission of the Party or of any agent of the Party in connection with the performance of this Agreement. The State shall notify the Party in the event of any such claim or suit, and the Party shall immediately retain counsel and otherwise provide a complete defense against the entire claim or suit. The State retains the right to participate at its own expense in the

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defense of any claim. The State shall have the right to approve all proposed settlements of such claims or suits.

- B.** After a final judgment or settlement, the Party may request recoupment of specific defense costs and may file suit in Washington Superior Court requesting recoupment. The Party shall be entitled to recoup costs only upon a showing that such costs were entirely unrelated to the defense of any claim arising from an act or omission of the Party in connection with the performance of this Agreement.
- C.** The Party shall indemnify the State and its officers and employees if the State, its officers, or employees become legally obligated to pay any damages or losses arising from any act or omission of the Party or an agent of the Party in connection with the performance of this Agreement.
- D.** Notwithstanding any contrary language anywhere, in no event shall the terms of this Agreement or any document furnished by the Party in connection with its performance under this Agreement obligate the State to (1) defend or indemnify the Party or any third party, or (2) otherwise be liable for the expenses or reimbursement, including attorneys' fees, collection costs or other costs of the Party or any third party.

8. Insurance: During the term of this Agreement, Party, at its expense, shall maintain in full force and effect the insurance coverages set forth in the Vermont State Insurance Specification in effect at the time of incorporation of this Attachment C into this Agreement. The terms of the Vermont State Insurance Specification are hereby incorporated by reference into this Attachment C as if fully set forth herein. A copy of the Vermont State Insurance Specification is available at: <https://aoa.vermont.gov/Risk-Claims-COI>.

9. Reliance by the State on Representations: All payments by the State under this Agreement will be made in reliance upon the accuracy of all representations made by the Party in accordance with this Agreement, including but not limited to bills, invoices, progress reports, and other proofs of work.

10. False Claims Act: Any liability to the State under the Vermont False Claims Act (32 V.S.A. § 630 et seq.) shall not be limited notwithstanding any agreement of the State to otherwise limit Party's liability.

11. Whistleblower Protections: The Party shall not discriminate or retaliate against one of its employees or agents for disclosing information concerning a violation of law, fraud, waste, abuse of authority, or acts threatening health or safety, including but not limited to allegations concerning the False Claims Act. Further, the Party shall not require such employees or agents to forego monetary awards as a result of such disclosures, nor should they be required to report misconduct to the Party or its agents prior to reporting to any governmental entity and/or the public.

12. Use and Protection of State Information:

- A.** As between the State and Party, "State Data" includes all data received, obtained, or generated by the Party in connection with performance under this Agreement. Party acknowledges that certain State Data to which the Party may have access may contain information that is deemed confidential by the State, or which is otherwise confidential by law, rule, or practice, or otherwise exempt from disclosure under the State of Vermont Access to Public Records Act, 1 V.S.A. § 315 et seq. ("Confidential State Data").
- B.** With respect to State Data, Party shall:
 - i. take reasonable precautions for its protection;
 - ii. not rent, sell, publish, share, or otherwise appropriate it; and
 - iii. upon termination of this Agreement for any reason, Party shall dispose of or retain State Data if and to the extent required by this Agreement, law, or regulation, or otherwise requested in writing by the State.
- C.** With respect to Confidential State Data, Party shall:
 - i. strictly maintain its confidentiality;
 - ii. not collect, access, use, or disclose it except as necessary to provide services to the State under this Agreement;

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- iii. provide at a minimum the same care to avoid disclosure or unauthorized use as it provides to protect its own similar confidential and proprietary information;
 - iv. implement and maintain administrative, technical, and physical safeguards and controls to protect against any anticipated threats or hazards or unauthorized access or use;
 - v. promptly notify the State of any request or demand by any court, governmental agency or other person asserting a demand or request for Confidential State Data so that the State may seek an appropriate protective order; and
 - vi. upon termination of this Agreement for any reason, and except as necessary to comply with subsection B.iii above in this section, return or destroy, all Confidential State Data remaining in its possession or control.
- D.** If Party is provided or accesses, creates, collects, processes, receives, stores, or transmits Confidential State Data in any electronic form or media, Party shall utilize:
- i. industry-standard firewall protection;
 - ii. multi-factor authentication controls;
 - iii. encryption of electronic Confidential State Data while in transit and at rest;
 - iv. measures to ensure that the State Data shall not be altered without the prior written consent of the State;
 - v. measures to protect against destruction, loss, or damage of State Data due to potential environmental hazards, such as fire and water damage;
 - vi. training to implement the information security measures; and
 - vii. monitoring of the security of any portions of the Party's systems that are used in the provision of the services against intrusion.
- E.** No Confidential State Data received, obtained, or generated by the Party in connection with performance under this Agreement shall be processed, transmitted, stored, or transferred by any means outside the United States, except with the express written permission of the State.
- F.** Party shall notify the State within twenty-four hours after becoming aware of any unauthorized destruction, loss, alteration, disclosure of, or access to, any State Data.
- G.** State of Vermont Cybersecurity Standard Update: Party confirms that all products and services provided to or for the use of the State under this Agreement shall be in compliance with State of Vermont Cybersecurity Standard Update in effect at the time of incorporation of this Attachment C into this Agreement. The State of Vermont Cybersecurity Standard Update prohibits the use of certain branded products in State information systems or any vendor system, and a copy is available at: <https://digitalservices.vermont.gov/cybersecurity/cybersecurity-standards-and-directives>.
- H.** In addition to the requirements of this Section 12, Party shall comply with any additional requirements regarding the protection of data that may be included in this Agreement or required by law or regulation.

13. Records Available for Audit: The Party shall maintain all records pertaining to performance under this Agreement. "Records" means any written or recorded information, regardless of physical form or characteristics, which is produced or acquired by the Party in the performance of this Agreement. Records produced or acquired in a machine-readable electronic format shall be maintained in that format. The records described shall be made available at reasonable times during the period of this Agreement and for three years thereafter or for any period required by law for inspection by any authorized representatives of the State or Federal Government. If any litigation, claim, or audit is started before the expiration of the three-year period, the records shall be retained until all litigation, claims, or audit findings involving the records have been resolved.

14. Fair Employment Practices and Americans with Disabilities Act: Party agrees to comply with the requirement of 21 V.S.A. Chapter 5, Subchapter 6, relating to fair employment practices, to the full extent applicable, and shall include this provision in all subcontracts for work performed in Vermont. Party shall also ensure, to the full extent required by the Americans with Disabilities Act of 1990, as amended, that qualified individuals with disabilities receive equitable access to the services, programs, and activities provided by the Party under this Agreement.

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15. Offset: The State may offset any sums which the Party owes the State against any sums due the Party under this Agreement; provided, however, that any offset of amounts due the State of Vermont as taxes shall be in accordance with the procedures more specifically provided in 32 V.S.A. § 3113.

16. Taxes Due to the State: Party certifies under the pains and penalties of perjury that, as of the date this Agreement is signed, the Party is in good standing with respect to, or in full compliance with, a plan to pay any and all taxes due the State of Vermont.

17. Taxation of Purchases: All State purchases must be invoiced tax free. An exemption certificate will be furnished upon request with respect to otherwise taxable items.

18. Child Support: (Only applicable if the Party is a natural person, not a corporation or partnership.) Party states that, as of the date this Agreement is signed, Party is not under an obligation to pay child support or is in good standing with respect to or in full compliance with a plan to pay any and all child support payable under a support order. Party makes this statement with regard to support owed to any and all children residing in Vermont. In addition, if the Party is a resident of Vermont, Party makes this statement with regard to support owed to any and all children residing in any other state or territory of the United States.

19. Sub-Agreements: Party shall not assign, subcontract, or subgrant the performance of this Agreement or any portion thereof to any other Party without the prior written approval of the State. Party shall be responsible and liable to the State for all acts or omissions of subcontractors and any other person performing work under this Agreement pursuant to an agreement with Party or any subcontractor.

In the case this Agreement is a contract with a total cost in excess of \$250,000, the Party shall provide to the State a list of all proposed subcontractors and subcontractors' subcontractors, together with the identity of those subcontractors' workers compensation insurance providers, and additional required or requested information, as applicable, in accordance with Section 32 of The Vermont Recovery and Reinvestment Act of 2009 (Act No. 54), as amended by Section 17 of Act No. 142 (2010) and by Section 6 of Act No. 50 (2011).

Party shall include the following provisions of this Attachment C in all subcontracts for work performed solely for the State of Vermont and subcontracts for work performed in the State of Vermont: Section 10 ("False Claims Act"); Section 11 ("Whistleblower Protections"); Section 12 ("Confidentiality and Protection of State Information"); Section 14 ("Fair Employment Practices and Americans with Disabilities Act"); Section 16 ("Taxes Due the State"); Section 18 ("Child Support"); Section 20 ("No Gifts or Gratuities"); Section 22 ("Certification Regarding Debarment"); Section 30 ("State Facilities"); and Section 32.A ("Certification Regarding Use of State Funds").

20. No Gifts or Gratuities: Party shall not give title or possession of anything of substantial value (including property, currency, travel, and/or education programs) to any officer or employee of the State during the term of this Agreement.

21. Regulation of Hydrofluorocarbons: Party confirms that all products provided to or for the use of the State under this Agreement shall not contain hydrofluorocarbons, as prohibited under 10 V.S.A. § 586.

22. Certification Regarding Debarment: Party certifies under pains and penalties of perjury that, as of the date that this Agreement is signed, neither Party nor Party's principals (officers, directors, owners, or partners) are presently debarred, suspended, proposed for debarment, declared ineligible, or excluded from participation in Federal programs, or programs supported in whole or in part by Federal funds. Party further certifies under pains and penalties of perjury that, as of the date that this Agreement is signed, Party is not presently debarred, suspended, nor named on the State's debarment list at: <https://bgs.vermont.gov/purchasing-contracting/debarment>.

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23. Conflict of Interest: Party shall fully disclose, in writing, any conflicts of interest or potential conflicts of interest.

24. Vermont Public Records Act: Party acknowledges and agrees that this Agreement, any and all information obtained by the State from the Party in connection with this Agreement, and any obligations of the State to maintain the confidentiality of information are subject to the State of Vermont Access to Public Records Act, 1 V.S.A. § 315 *et seq.*

25. Force Majeure: Neither the State nor the Party shall be liable to the other for any failure or delay of performance of any obligations under this Agreement to the extent such failure or delay shall have been wholly or principally caused by acts or events beyond its reasonable control rendering performance illegal or impossible (excluding strikes or lockouts) (“Force Majeure”). Where Force Majeure is asserted, the nonperforming party must prove that it made all reasonable efforts to remove, eliminate or minimize such cause of delay or damages, diligently pursued performance of its obligations under this Agreement, substantially fulfilled all non-excused obligations, and timely notified the other party of the likelihood or actual occurrence of an event described in this paragraph.

26. Marketing: Party shall not use the State’s logo or otherwise refer to the State in any publicity materials, information pamphlets, press releases, research reports, advertising, sales promotions, trade shows, or marketing materials or similar communications to third parties except with the prior written consent of the State.

27. Termination:

- A. Non-Appropriation:** If this Agreement extends into more than one fiscal year of the State (July 1 to June 30), and if appropriations are insufficient to support this Agreement, the State may cancel this Agreement at the end of the fiscal year, or otherwise upon the expiration of existing appropriation authority. In the case that this Agreement is funded in whole or in part by Federal funds, and in the event Federal funds become unavailable or reduced, the State may suspend or cancel this Agreement immediately, and the State shall have no obligation to pay Party from State revenues.
- B. Termination for Cause:** Either party may terminate this Agreement if a party materially breaches its obligations under this Agreement, and such breach is not cured within thirty (30) days after delivery of the non-breaching party’s notice or such longer time as the non-breaching party may specify in the notice.
- C. Termination Assistance:** Upon nearing the end of the final term or termination of this Agreement, without respect to cause, the Party shall take all reasonable and prudent measures to facilitate any transition required by the State. All State property, tangible and intangible, shall be returned to the State upon demand at no additional cost to the State in a format acceptable to the State.

28. Continuity of Performance: In the event of a dispute between the Party and the State, each party will continue to perform its obligations under this Agreement during the resolution of the dispute until this Agreement is terminated in accordance with its terms.

29. No Implied Waiver of Remedies: Either party’s delay or failure to exercise any right, power, or remedy under this Agreement shall not impair any such right, power, or remedy, or be construed as a waiver of any such right, power, or remedy. All waivers must be in writing.

30. State Facilities: If the State makes space available to the Party in any State facility during the term of this Agreement for purposes of the Party’s performance under this Agreement, the Party shall only use the space in accordance with all policies and procedures governing access to, and use of, State facilities, which shall be made available upon request. State facilities will be made available to Party on an “AS IS, WHERE IS” basis, with no warranties whatsoever.

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31. Requirements Pertaining Only to Federal Grants and Subrecipient Agreements: If this Agreement is a grant that is funded in whole or in part by Federal funds:

- A. Requirement to Have a Single Audit:** The Subrecipient will complete the Subrecipient Annual Report annually within 45 days after its fiscal year end, informing the State of Vermont whether or not a Single Audit is required for the prior fiscal year. If a Single Audit is required, the Subrecipient will submit a copy of the audit report to the Federal Audit Clearinghouse within nine months. If a single audit is not required, only the Subrecipient Annual Report is required. A Single Audit is required if the subrecipient expends \$750,000 or more in Federal assistance during its fiscal year and must be conducted in accordance with 2 CFR Chapter I, Chapter II, Part 200, Subpart F. The Subrecipient Annual Report is required to be submitted within 45 days, whether or not a Single Audit is required.
- B. Internal Controls:** In accordance with 2 CFR Part II, §200.303, the Party must establish and maintain effective internal control over the Federal award to provide reasonable assurance that the Party is managing the Federal award in compliance with Federal statutes, regulations, and the terms and conditions of the award. These internal controls should be in compliance with guidance in “Standards for Internal Control in the Federal Government” issued by the Comptroller General of the United States and the “Internal Control Integrated Framework” issued by the Committee of Sponsoring Organizations of the Treadway Commission.
- C. Mandatory Disclosures:** In accordance with 2 CFR Part II, §200.113, Party must disclose, in a timely manner, in writing to the State, all violations of Federal criminal law involving fraud, bribery, or gratuity violations potentially affecting the Federal award. Failure to make required disclosures may result in the imposition of sanctions which may include disallowance of costs incurred, withholding of payments, termination of the Agreement, suspension/debarment, etc.

32. Requirements Pertaining Only to State-Funded Grants:

- A. Certification Regarding Use of State Funds:** If Party is an employer and this Agreement is a State-funded grant in excess of \$1,000, Party certifies that none of these State funds will be used to interfere with or restrain the exercise of Party’s employee’s rights with respect to unionization.
- B. Good Standing Certification (Act 154 of 2016):** If this Agreement is a State-funded grant, Party hereby represents: (i) that it has signed and provided to the State the form prescribed by the Secretary of Administration for purposes of certifying that it is in good standing (as provided in Section 13(a)(2) of Act 154) with the Agency of Natural Resources and the Agency of Agriculture, Food and Markets, or otherwise explaining the circumstances surrounding the inability to so certify; and (ii) that it will comply with the requirements stated therein.

(End of Standard Provisions)

ATTACHMENT D
INFORMATION TECHNOLOGY SYSTEM IMPLEMENTATION
TERMS AND CONDITIONS (rev. 01/12/2024; modified)

1. NO SUBSEQUENT, UNILATERAL MODIFICATION OF TERMS BY CONTRACTOR

Notwithstanding any other provision or other unilateral license terms which may be issued by Contractor during the Term of this Contract, and irrespective of whether any such provisions have been proposed prior to or after the issuance of an order for the products and services being purchased by the State, as applicable, the components of which are licensed under the Contractor Documents, or the fact that such other agreement may be affixed to or accompany the products and services being purchased by the State, as applicable, upon delivery, the terms and conditions set forth herein shall supersede and govern licensing and delivery of all products and services hereunder.

2. TERM OF CONTRACTOR'S DOCUMENTS; PAYMENT TERMS

Contractor acknowledges and agrees that, to the extent a Contractor Document provides for alternate term or termination provisions, including automatic renewals, such sections shall be waived and shall have no force and effect. All Contractor Documents shall run concurrently with the term of this Contract; provided, however, to the extent the State has purchased a perpetual license to use the Contractor's software, hardware or other services, such license shall remain in place unless expressly terminated in accordance with the terms of this Contract. Contractor acknowledges and agrees that, to the extent a Contractor Document provides for payment terms which differ from the payment terms set forth in Attachment B, such sections shall be waived and shall have no force and effect and the terms in Attachment B shall govern.

3. OWNERSHIP AND LICENSE IN DELIVERABLES

3.1 Contractor Intellectual Property. Contractor shall retain all right, title and interest in and to any work, ideas, inventions, discoveries, tools, methodology, computer programs, processes and improvements and any other intellectual property, tangible or intangible, that has been created by Contractor or a third-party prior to entering into this Contract ("Contractor Intellectual Property"). Should the State require a license for the use of Contractor Intellectual Property in connection with the development or use of the items that Contractor is required to deliver to the State under this Contract, including Work Product ("Deliverables"), the Contractor shall grant the State a royalty-free license for such development and use. For the avoidance of doubt, Work Product shall not be deemed to include Contractor Intellectual Property, provided the State shall be granted an irrevocable, perpetual, non-exclusive royalty-free license to use any such Contractor Intellectual Property that is incorporated into Work Product.

3.2 State Intellectual Property. Subject only to the limitation provided below, the State shall retain all right, title, and interest in and to State Intellectual Property, meaning (i) all content and all property, data and information furnished by or on behalf of the State or any agency, commission or board thereof, (ii) all information that is created under this Contract including, but not limited to, all data that is generated under this Contract as a result of the use by Contractor, the State or any third party of any technology systems or knowledge bases that are developed or otherwise made available for the benefit of the State under this Contract (iii) all State trademarks, trade names, logos and other State identifiers, Internet uniform resource locators, State user name or names, Internet addresses and e-mail addresses obtained or developed pursuant to this Contract.

Contractor may not use State Intellectual Property for any purpose other than as specified in this Contract. Upon expiration or termination of this Contract, Contractor shall return or destroy all State Intellectual Property and all

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copies thereof, and Contractor shall have no further right or license to such State Intellectual Property.

Contractor acquires no rights or licenses, including, without limitation, intellectual property rights or licenses, to use State Intellectual Property for its own purposes. In no event shall the Contractor claim any security interest in State Intellectual Property.

3.3 Work Product. All Work Product shall belong exclusively to the State, with the State having the sole and exclusive right to apply for, obtain, register, hold and renew, in its own name and/or for its own benefit, all patents and copyrights, and all applications and registrations, renewals and continuations thereof and/or any and all other appropriate protection. To the extent exclusive title and/or complete and exclusive ownership rights in and to any Work Product may not originally vest in the State by operation of law or otherwise as contemplated hereunder, Contractor shall immediately upon request, unconditionally and irrevocably assign, transfer and convey to the State all right, title and interest therein.

“Work Product” means any tangible or intangible ideas, inventions, improvements, modifications, discoveries, development, customization, configuration, methodologies or processes, designs, models, drawings, photographs, reports, formulas, algorithms, patterns, devices, compilations, databases, computer programs, work of authorship, specifications, operating instructions, procedures manuals or other documentation, technique, know-how, secret, or intellectual property right whatsoever or any interest therein (whether patentable or not patentable or registerable under copyright or similar statutes or subject to analogous protection), that is specifically made, conceived, discovered or reduced to practice by Contractor, either solely or jointly with others, pursuant to this Contract. Work Product does not include Contractor Intellectual Property. For the avoidance of doubt, the VHIE shall not be considered as Work Product.

To the extent delivered under this Contract, upon full payment to Contractor in accordance with Attachment B, and subject to the terms and conditions contained herein, Contractor hereby (i) assigns to State all rights in and to all Deliverables, except to the extent they include any Contractor Intellectual Property; and (ii) grants to State a perpetual, non-exclusive, irrevocable, royalty-free license to use for State’s internal business purposes, any Contractor Intellectual Property included in the Deliverables in connection with its use of the Deliverables and, subject to the State’s obligations with respect to Confidential Information, authorize others to do the same on the State’s behalf. Except for the foregoing license grant, Contractor or its licensors retain all rights in and to all Contractor Intellectual Property.

Contractor shall reserve to the Department of Health and Human Services (HHS) a royalty-free, nonexclusive, and irrevocable license to reproduce, publish, or otherwise use and authorize others to use for Federal government purposes, in any software, modifications to software, and associated documentation that is designed, developed, or installed under this Contract except to the extent they include Proprietary Software, as defined in Federal regulation. 45 C.F.R. § 95.617.

The Contractor shall not sell or copyright a Deliverable without explicit permission from the State.

3.4 Third Party Records in Custody of Contractor. Neither State nor Contractor shall make any claim of rights, title, or ownership over third-party records submitted to or created by Contractor in the course of providing such third party with use of the system developed and maintained under this Contract or related services. Such records shall not be considered State Intellectual Property, Contractor Intellectual Property, Work Product, or Deliverables but may be included in or used to create Work Product or Deliverables to the extent that doing so would be consistent with the terms of service between Contractor and such third party. For the avoidance of doubt, furnishing any content, property, data, or information to the VHIE shall not establish, vest, or otherwise transfer any rights, ownership, or other claims to the VHIE by virtue of such a submission.

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4. CONFIDENTIALITY AND NON-DISCLOSURE; SECURITY BREACH REPORTING

4.1 For purposes of this Contract, confidential information will not include information or material which (a) enters the public domain (other than as a result of a breach of this Contract); (b) was in the receiving party's possession prior to its receipt from the disclosing party; (c) is independently developed by the receiving party without the use of confidential information; (d) is obtained by the receiving party from a third party under no obligation of confidentiality to the disclosing party; or (e) is not exempt from disclosure under applicable State law.

4.2 Confidentiality of Contractor Information. The Contractor acknowledges and agrees that this Contract and any and all Contractor information obtained by the State in connection with the performance of this Contract are subject to the State of Vermont Access to Public Records Act, 1 V.S.A. § 315 et seq. The State will not disclose information for which a reasonable claim of exemption can be made pursuant to 1 V.S.A. § 317(c), including, but not limited to, trade secrets, proprietary information or financial information, including any formulae, plan, pattern, process, tool, mechanism, compound, procedure, production data, or compilation of information which is not patented, which is known only to the Contractor, and which gives the Contractor an opportunity to obtain business advantage over competitors who do not know it or use it.

The State shall immediately notify Contractor of any request made under the Access to Public Records Act, or any request or demand by any court, governmental agency or other person asserting a demand or request for Contractor information. Contractor may, in its discretion, seek an appropriate protective order, or otherwise defend any right it may have to maintain the confidentiality of such information under applicable State law within three business days of the State's receipt of any such request. Contractor agrees that it will not make any claim against the State if the State makes available to the public any information in accordance with the Access to Public Records Act or in response to a binding order from a court or governmental body or agency compelling its production. Contractor shall indemnify the State for any costs or expenses incurred by the State, including, but not limited to, attorneys' fees awarded in accordance with 1 V.S.A. § 320, in connection with any action brought in connection with Contractor's attempts to prevent or unreasonably delay public disclosure of Contractor's information if a final decision of a court of competent jurisdiction determines that the State improperly withheld such information and that the improper withholding was based on Contractor's attempts to prevent public disclosure of Contractor's information.

The State agrees that (a) it will use the Contractor information only as may be necessary in the course of performing duties, receiving services or exercising rights under this Contract; (b) it will provide at a minimum the same care to avoid disclosure or unauthorized use of Contractor information as it provides to protect its own similar confidential and proprietary information; (c) except as required by the Access to Records Act, it will not disclose such information orally or in writing to any third party unless that third party is subject to a written confidentiality agreement that contains restrictions and safeguards at least as restrictive as those contained in this Contract; (d) it will take all reasonable precautions to protect the Contractor's information; and (e) it will not otherwise appropriate such information to its own use or to the use of any other person or entity.

Contractor may affix an appropriate legend to Contractor information that is provided under this Contract to reflect the Contractor's determination that any such information is a trade secret, proprietary information or financial information at time of delivery or disclosure.

5. SECURITY OF STATE INFORMATION

5.1 Security Standards. To the extent the Contractor or its subcontractors, affiliates or agents handles, collects, stores, disseminates or otherwise deals with State Data, the Contractor represents and warrants that it has implemented and it shall maintain during the term of this Contract the administrative, technical, and physical safeguards and controls consistent with NIST *Special Publication 800-53* (version 4 or higher) moderate baseline and *Federal Information Processing Standards Publication 200* and designed to (i) ensure the security

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and confidentiality of State Data; (ii) protect against any anticipated security threats or hazards to the security or integrity of the State Data; and (iii) protect against unauthorized access to or use of State Data. Such measures shall include at a minimum: (1) access controls on information systems, including controls to authenticate and permit access to State Data only to authorized individuals and controls to prevent the Contractor employees from providing State Data to unauthorized individuals who may seek to obtain this information (whether through fraudulent means or otherwise); (2) industry-standard firewall protection; (3) encryption of electronic State Data while in transit from the Contractor networks to external networks; (4) measures to store in a secure fashion all State Data which shall include, but not be limited to, encryption at rest and multiple levels of authentication; (5) dual control procedures, segregation of duties, and pre-employment criminal background checks for employees with responsibilities for or access to State Data; (6) measures to ensure that the State Data shall not be altered or corrupted without the prior written consent of the State; (7) measures to protect against destruction, loss or damage of State Data due to potential environmental hazards, such as fire and water damage; (8) staff training to implement the information security measures; and (9) monitoring of the security of any portions of the Contractor systems that are used in the provision of the services against intrusion on a twenty-four (24) hour a day basis.

5.2 Security Breach Notice and Reporting. The Contractor shall have policies and procedures in place for the effective management of Security Breaches, as defined below, which shall be made available to the State upon request.

In addition to the requirements set forth in any applicable Business Associate Agreement as may be attached to this Contract, in the event of any actual security breach or reasonable belief of an actual security breach the Contractor either suffers or learns of that either compromises or could compromise State Data (a “Security Breach”), the Contractor shall notify the State within 24 hours of its discovery. Contractor shall immediately determine the nature and extent of the Security Breach, contain the incident by stopping the unauthorized practice, recover records, shut down the system that was breached, revoke access and/or correct weaknesses in physical security. Contractor shall report to the State: (i) the nature of the Security Breach; (ii) the State Data used or disclosed; (iii) who made the unauthorized use or received the unauthorized disclosure; (iv) what the Contractor has done or shall do to mitigate any deleterious effect of the unauthorized use or disclosure; and (v) what corrective action the Contractor has taken or shall take to prevent future similar unauthorized use or disclosure. The Contractor shall provide such other information, including a written report, as reasonably requested by the State. Contractor shall analyze and document the incident and provide all notices required by applicable law.

In accordance with Section 9 V.S.A. §2435(b)(3), the Contractor shall notify the Office of the Attorney General, or, if applicable, Vermont Department of Financial Regulation (“DFR”), within fourteen (14) business days of the Contractor’s discovery of the Security Breach. The notice shall provide a preliminary description of the breach. The foregoing notice requirement shall be included in the subcontracts of any of Contractor’s subcontractors, affiliates or agents which may be “data collectors” hereunder.

The Contractor agrees to fully cooperate with the State and assume responsibility at its own expense for the following, to be determined in the sole discretion of the State: (i) notice to affected consumers if the State determines it to be appropriate under the circumstances of any particular Security Breach, in a form recommended by the AGO; and (ii) investigation and remediation associated with a Security Breach, including but not limited to, outside investigation, forensics, counsel, crisis management and credit monitoring, in the sole determination of the State.

The Contractor agrees to comply with all applicable laws, as such laws may be amended from time to time (including, but not limited to, Chapter 62 of Title 9 of the Vermont Statutes and all applicable State and federal laws, rules or regulations) that require notification in the event of unauthorized release of personally-identifiable information or other event requiring notification.

In addition to any other indemnification obligations in this Contract, the Contractor shall fully indemnify and save harmless the State from any costs, loss or damage to the State resulting from a Security Breach or the

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unauthorized disclosure of State Data by the Contractor, its officers, agents, employees, and subcontractors.

5.3 Security Policies. To the extent the Contractor or its subcontractors, affiliates or agents handles, collects, stores, disseminates or otherwise deals with State Data, the Contractor will have an information security policy that protects its systems and processes and media that may contain State Data from internal and external security threats and State Data from unauthorized disclosure, and will have provided a copy of such policy to the State. The Contractor shall provide the State with not less than thirty (30) days advance written notice of any material amendment or modification of such policies.

5.4 Operations Security. To the extent the Contractor or its subcontractors, affiliates or agents process, transmit, and store State Data, the Contractor shall cause an SSAE 18 SOC 2 Type 2 audit report to be conducted annually. The audit results and the Contractor's plan for addressing or resolution of the audit results shall be shared with the State within sixty (60) days of the Contractor's receipt of the audit results. Further, on an annual basis, within 90 days of the end of the Contractor's fiscal year, the Contractor shall transmit its annual audited financial statements to the State.

5.5 Redundant Back-Up. The Contractor shall maintain a fully redundant backup data center geographically separated from its main data center that maintains near real-time replication of State data from the main data center. The Contractor's back-up policies shall be made available to the State upon request. The Contractor shall provide the State with not less than thirty (30) days advance written notice of any material amendment or modification of such policies.

5.6 Vulnerability Testing. The Contractor shall run quarterly vulnerability assessments and promptly report results to the State. Contractor shall remediate all critical issues within 90 days, all medium issues within 120 days and low issues within 180 days. Contractor shall obtain written State approval for any exceptions. Once remediation is complete, Contractor shall re-perform the test.

6. CONTRACTOR'S REPRESENTATIONS AND WARRANTIES

6.1 General Representations and Warranties. The Contractor represents, warrants and covenants that:

(i) The Contractor has all requisite power and authority to execute, deliver and perform its obligations under this Contract and the execution, delivery and performance of this Contract by the Contractor has been duly authorized by the Contractor.

(ii) There is no outstanding litigation, arbitrated matter or other dispute to which the Contractor is a party which, if decided unfavorably to the Contractor, would reasonably be expected to have a material adverse effect on the Contractor's ability to fulfill its obligations under this Contract.

(iii) The Contractor will comply with all laws applicable to its performance of the services and otherwise to the Contractor in connection with its obligations under this Contract.

(iv) The Contractor (a) owns, or has the right to use under valid and enforceable agreements, all intellectual property rights reasonably necessary for and related to delivery of the services and provision of the Deliverables as set forth in this Contract; (b) shall be responsible for and have full authority to license all proprietary and/or third party software modules, including algorithms and protocols, that Contractor incorporates into its product; and (c) none of the Deliverables or other materials or technology provided by the Contractor to the State will infringe upon or misappropriate the intellectual property rights of any third party.

(v) The Contractor has adequate resources to fulfill its obligations under this Contract.

(vi) Neither Contractor nor Contractor's subcontractors has past state or federal violations, convictions or suspensions relating to miscoding of employees in NCCI job codes for purposes of differentiating between independent contractors and employees.

6.2 Contractor's Performance Warranties. Contractor represents and warrants to the State that:

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- (i) All Deliverables will be free from material errors and shall perform in accordance with the specifications therefor for a period of at least one year.
- (ii) Contractor will provide to the State commercially reasonable continuous and uninterrupted access to the Service, and will not interfere with the State's access to and use of the Service during the term of this Contract;
- (iii) The Service is compatible with and will operate successfully with any environment (including web browser and operating system) specified by the Contractor in its documentation;
- (iv) Each and all of the services shall be performed in a timely, diligent, professional and skillful manner, in accordance with the highest professional or technical standards applicable to such services, by qualified persons with the technical skills, training and experience to perform such services in the planned environment.
- (v) All Deliverables supplied by the Contractor to the State shall be transferred free and clear of any and all restrictions on the conditions of transfer, modification, licensing, sublicensing and free and clear of any and all liens, claims, mortgages, security interests, liabilities and encumbrances or any kind.
- (vi) Any time software is delivered to the State, whether delivered via electronic media or the internet, no portion of such software or the media upon which it is stored or delivered will have any type of software routine or other element which is designed to facilitate unauthorized access to or intrusion upon; or unrequested disabling or erasure of; or unauthorized interference with the operation of any hardware, software, data or peripheral equipment of or utilized by the State. Without limiting the generality of the foregoing, if the State believes that harmful code may be present in any software delivered hereunder, Contractor will, upon State's request, provide a new or clean install of the software. Notwithstanding the foregoing, Contractor assumes no responsibility for the State's negligence or failure to protect data from viruses, or any unintended modification, destruction or disclosure.
- (vii) To the extent Contractor resells commercial hardware or software it purchased from a third party, Contractor will, to the extent it is legally able to do so, pass through any such third party warranties to the State and will reasonably cooperate in enforcing them. Such warranty pass-through will not relieve the Contractor from Contractor's warranty obligations set forth herein.

6.3 Limitation on Disclaimer. The express warranties set forth in this Contract shall be in lieu of all other warranties, express or implied.

6.4 Effect of Breach of Warranty. If, at any time during the term of this Contract, software or the results of Contractor's work fail to perform according to any warranty of Contractor under this Contract, the State shall promptly notify Contractor in writing of such alleged nonconformance, and Contractor shall, at its own expense and without limiting any other rights or remedies of the State hereunder, re-perform or replace any services that the State has determined to be unsatisfactory in its reasonable discretion. Alternatively, with State consent, the Contractor may refund of all amounts paid by State for the nonconforming deliverable or service.

7. TRADE SECRET, PATENT AND COPYRIGHT INFRINGEMENT

The State shall not be deemed to waive any of its rights or remedies at law or in equity in the event of Contractor's trade secret, patent and/or copyright infringement.

8. REMEDIES FOR DEFAULT; NO WAIVER OF REMEDIES

In the event either party is in default under this Contract, the non-defaulting party may, at its option, pursue any or all of the remedies available to it under this Contract, including termination for cause, and at law or in equity.

No delay or failure to exercise any right, power or remedy accruing to either party upon breach or default by

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the other under this Contract shall impair any such right, power or remedy, or shall be construed as a waiver of any such right, power or remedy, nor shall any waiver of a single breach or default be deemed a waiver of any subsequent breach or default. All waivers must be in writing.

9. NO ASSUMPTION OF COSTS

Any requirement that the State defend or indemnify Contractor or otherwise be liable for the expenses or reimbursement, including attorneys' fees, collection costs or license verification costs of Contractor, is hereby deleted from the Contractor Documents.

10. TERMINATION

Upon termination of this Contract for any reason whatsoever, Contractor shall immediately deliver to the State all State information, State Intellectual Property or State Data (including without limitation any Deliverables for which State has made payment in whole or in part) ("State Materials"), that are in the possession or under the control of Contractor in whatever stage of development and form of recordation such State property is expressed or embodied at that time.

In the event the Contractor ceases conducting business in the normal course, becomes insolvent, makes a general assignment for the benefit of creditors, suffers or permits the appointment of a receiver for its business or assets or avails itself of or becomes subject to any proceeding under the Federal Bankruptcy Act or any statute of any state relating to insolvency or the protection of rights of creditors, the Contractor shall immediately return all State Materials to State control; including, but not limited to, making all necessary access to applicable remote systems available to the State for purposes of downloading all State Materials.

Contractor shall reasonably cooperate with other parties in connection with all services to be delivered under this Contract, including without limitation any successor provider to whom State Materials are to be transferred in connection with termination. Contractor shall assist the State in exporting and extracting the State Materials, in a format usable without the use of the Services and as agreed to by State, at no additional cost.

Any transition services requested by State involving additional knowledge transfer and support may be subject to a contract amendment for a fixed fee or at rates to be mutually agreed upon by the parties.

If the State determines in its sole discretion that a documented transition plan is necessary, then no later than sixty (60) days prior to termination, Contractor and the State shall mutually prepare a Transition Plan identifying transition services to be provided.

11. ACCESS TO STATE DATA:

Except for State Materials which applicable law does not permit the State to access, the State may import or export State Materials in part or in whole at its sole discretion at any time (24 hours a day, seven (7) days a week, 365 days a year), during the term of this Contract or for up to [three (3) months] after the Term (so long as the State Materials remain in the Contractor's possession) without interference from the Contractor in a format usable without the Service and in an agreed-upon file format and medium at no additional cost to the State.

The Contractor must allow the State access to information such as system logs and latency statistics that affect its State Materials and or processes.

The Contractor's policies regarding the retrieval of data upon the termination of services have been made available to the State upon execution of this Contract under separate cover. The Contractor shall provide the State with not less than thirty (30) days advance written notice of any material amendment or modification of such policies.

12. AUDIT RIGHTS

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Contractor will maintain and will update its agreements with permitted contractors upon renewal to cause its permitted contractors to maintain a complete audit trail of all transactions and activities, financial and non-financial, in connection with this Contract. Contractor will provide to the State, its internal or external auditors, clients, inspectors, regulators and other designated representatives, at reasonable times (and in the case of State or federal regulators, at any time required by such regulators) access to Contractor personnel and to any and all Contractor facilities or where the required information, data and records are maintained, for the purpose of performing audits and inspections (including unannounced and random audits) of Contractor and/or Contractor personnel and/or any or all of the records, data and information applicable to this Contract.

At a minimum, such audits, inspections and access shall be conducted to the extent permitted or required by any laws applicable to the State or Contractor (or such higher or more rigorous standards, if any, as State or Contractor applies to its own similar businesses, operations or activities), to (i) verify the accuracy of charges and invoices; (ii) verify the integrity of State Data and examine the systems that process, store, maintain, support and transmit that data; (iii) examine and verify Contractor's and/or its permitted contractors' operations and security procedures and controls; (iv) examine and verify Contractor's and/or its permitted contractors' disaster recovery planning and testing, business resumption and continuity planning and testing, contingency arrangements and insurance coverage; and (v) examine Contractor's and/or its permitted contractors' performance of the Services including audits of: (1) practices and procedures; (2) systems, communications and information technology; (3) general controls and physical and data/information security practices and procedures; (4) quality initiatives and quality assurance, (5) contingency and continuity planning, disaster recovery and back-up procedures for processes, resources and data; (6) Contractor's and/or its permitted contractors' efficiency and costs in performing Services; (7) compliance with the terms of this Contract and applicable laws, and (9) any other matters reasonably requested by the State. Contractor shall provide and cause its permitted contractors to provide full cooperation to such auditors, inspectors, regulators and representatives in connection with audit functions and with regard to examinations by regulatory authorities, including the installation and operation of audit software.

13. DESTRUCTION OF STATE DATA

At any time during the term of this Contract within (i) thirty days of the State's written request or (ii) three (3) months of termination or expiration of this Contract for any reason, and in any event after the State has had an opportunity to export and recover the State Materials, Contractor shall at its own expense, and shall require its permitted contractors upon renewal of their respective agreements to securely destroy and erase from all systems it directly or indirectly uses or controls all tangible or intangible forms of the State Materials, in whole or in part, and all copies thereof except such records as are required by law. The destruction of State Data and State Intellectual Property shall be performed according to National Institute of Standards and Technology (NIST) approved methods. Contractor shall certify in writing to the State that such State Data has been disposed of securely. To the extent that any applicable law prevents Contractor from destroying or erasing State Materials as set forth herein, Contractor shall retain, in its then current state, all such State Materials then within its right of control or possession in accordance with the confidentiality, security and other requirements of this Contract, and perform its obligations under this section as soon as such law no longer prevents it from doing so.

Further, upon the relocation of State Data, Contractor shall securely dispose of such copies from the former data location and certify in writing to the State that such State Data has been disposed of securely. Contractor shall comply with all reasonable directions provided by the State with respect to the disposal of State Data.

14. CONTRACTOR BANKRUPTCY.

Contractor acknowledges that if Contractor, as a debtor in possession, or a trustee in bankruptcy in a case under Section 365(n) of Title 11, United States Code (the "Bankruptcy Code"), rejects this Contract, the State may elect to retain its rights under this Contract as provided in Section 365(n) of the Bankruptcy Code. Upon written request of the State to Contractor or the Bankruptcy Trustee, Contractor or such Bankruptcy Trustee shall not

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interfere with the rights of the State as provided in this Contract, including the right to obtain the State Intellectual Property.

15. SOV Cybersecurity Standard Update 2023-01: Contractor confirms that all products and services provided to or for the use of the State under this Agreement shall be in compliance with *State of Vermont Cybersecurity Standard 2023-01*, which prohibits the use of certain branded products in State information systems or any vendor system that is supporting State information systems, and is available on-line at:

<https://digitalservices.vermont.gov/cybersecurity/cybersecurity-standards-and-directives>

16. PROFESSIONAL LIABILITY AND CYBER LIABILITY INSURANCE COVERAGE

In addition to the insurance required in Attachment C to this Contract, before commencing work on this Contract and throughout the term of this Contract, Contractor agrees to procure and maintain (a) Technology Professional Liability insurance for any and all services performed under this Contract, with minimum third party coverage of \$2,000,000 per claim, \$4,000,000 aggregate; and (b) first party Breach Notification Coverage of not less than \$2,000,000.

Before commencing work on this Contract the Contractor must provide certificates of insurance to show that the foregoing minimum coverages are in effect.

With respect to the first party Breach Notification Coverage, Contractor shall name the State of Vermont and its officers and employees as additional insureds for liability arising out of this Contract.

17. LIMITATION OF LIABILITY.

CONTRACTOR'S LIABILITY FOR DAMAGES TO THE STATE ARISING OUT OF THE SUBJECT MATTER OF THIS CONTRACT SHALL NOT EXCEED TWO TIMES THE MAXIMUM AMOUNT PAYABLE UNDER THIS CONTRACT. LIMITS OF LIABILITY FOR STATE CLAIMS SHALL NOT APPLY TO STATE CLAIMS ARISING OUT OF: (A) CONTRACTOR'S OBLIGATION TO INDEMNIFY THE STATE; (B) CONTRACTOR'S CONFIDENTIALITY OBLIGATIONS TO THE STATE; (C) PERSONAL INJURY OR DAMAGE TO REAL OR PERSONAL PROPERTY; (D) CONTRACTOR'S GROSS NEGLIGENCE, FRAUD, OR INTENTIONAL MISCONDUCT; OR (E) VIOLATIONS OF THE STATE OF VERMONT FRAUDULENT CLAIMS ACT. IN NO EVENT SHALL THIS LIMIT OF LIABILITY BE CONSTRUED TO LIMIT CONTRACTOR'S LIABILITY FOR THIRD PARTY CLAIMS AGAINST THE CONTRACTOR WHICH MAY ARISE OUT OF CONTRACTOR'S ACTS OR OMISSIONS IN THE PERFORMANCE OF THIS CONTRACT. NOTWITHSTANDING THE FOREGOING, THE CONTRACTOR'S LIABILITY FOR CLAIMS ARISING OUT OF ITS CONFIDENTIALITY OBLIGATIONS TO THE STATE IS LIMITED TO \$5,000,000 AGGREGATE.

NEITHER PARTY SHALL BE LIABLE TO THE OTHER FOR ANY INDIRECT, INCIDENTAL OR SPECIAL DAMAGES, DAMAGES WHICH ARE UNFORESEEABLE TO THE PARTIES AT THE TIME OF CONTRACTING, DAMAGES WHICH ARE NOT PROXIMATELY CAUSED BY A PARTY, SUCH AS LOSS OF ANTICIPATED BUSINESS, OR LOST PROFITS, INCOME, GOODWILL, OR REVENUE IN CONNECTION WITH OR ARISING OUT OF THE SUBJECT MATTER OF THIS CONTRACT.

18. SOFTWARE LICENSEE COMPLIANCE REPORT.

In lieu of any requirement that may be in a Contractor Document that the State provide the Contractor with

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access to its System for the purpose of determining State compliance with the terms of the Contractor Document, upon request and not more frequently than annually, the State will provide Contractor with a certified report concerning the State's use of any software licensed for State use pursuant this Contract. The parties agree that any non-compliance indicated by the report shall not constitute infringement of the licensor's intellectual property rights, and that settlement payment mutually agreeable to the parties shall be the exclusive remedy for any such non-compliance.

Revised January 12, 2024; Modified

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ATTACHMENT E
BUSINESS ASSOCIATE AGREEMENT

SOV CONTRACTOR/GRANTEE/BUSINESS ASSOCIATE:
VERMONT INFORMATION TECHNOLOGY LEADERS, INC.

SOV CONTRACT NO. 48215 CONTRACT EFFECTIVE DATE: 7/1/2024

This Business Associate Agreement (“Agreement”) is entered into by and between the State of Vermont Agency of Human Services, operating by and through its **Department of Vermont Health Access** (“Covered Entity”) and Party identified in this Agreement as Contractor or Grantee above (“Business Associate”). This Agreement supplements and is made a part of the contract or grant (“Contract or Grant”) to which it is attached.

Covered Entity and Business Associate enter into this Agreement to comply with the standards promulgated under the Health Insurance Portability and Accountability Act of 1996 (“HIPAA”), including the Standards for the Privacy of Individually Identifiable Health Information, at 45 CFR Parts 160 and 164 (“Privacy Rule”), and the Security Standards, at 45 CFR Parts 160 and 164 (“Security Rule”), as amended by Subtitle D of the Health Information Technology for Economic and Clinical Health Act (HITECH), and any associated federal rules and regulations.

The parties agree as follows:

1. **Definitions.** All capitalized terms used but not otherwise defined in this Agreement have the meanings set forth in 45 CFR Parts 160 and 164 as amended by HITECH and associated federal rules and regulations. Terms defined in this Agreement are italicized. Unless otherwise specified, when used in this Agreement, defined terms used in the singular shall be understood if appropriate in their context to include the plural when applicable.

“*Agent*” means an *Individual* acting within the scope of the agency of the *Business Associate*, in accordance with the Federal common law of agency, as referenced in 45 CFR § 160.402(c) and includes Workforce members and *Subcontractors*.

“*Breach*” means the acquisition, Access, Use or Disclosure of *Protected Health Information (PHI)* which compromises the Security or privacy of the *PHI*, except as excluded in the definition of *Breach* in 45 CFR § 164.402.

“*Business Associate*” shall have the meaning given for “Business Associate” in 45 CFR § 160.103 and means Contractor or Grantee and includes its Workforce, *Agents* and *Subcontractors*.

“*Electronic PHPI*” shall mean *PHI* created, received, maintained or transmitted electronically in accordance with 45 CFR § 160.103.

“*Individual*” includes a Person who qualifies as a personal representative in accordance with 45 CFR § 164.502(g).

“*Protected Health Information*” (“*PHI*”) shall have the meaning given in 45 CFR § 160.103, limited to the *PHI* created or received by *Business Associate* from or on behalf of Covered Entity.

“*Required by Law*” means a mandate contained in law that compels an entity to make a use or disclosure of *PHI* and that is enforceable in a court of law and shall have the meaning given in 45 CFR § 164.103.

“*Report*” means submissions required by this Agreement as provided in section 2.3.

“*Security Incident*” means the attempted or successful unauthorized Access, Use, Disclosure, modification, or destruction of Information or interference with system operations in an Information System relating to *PHI* in accordance with 45 CFR § 164.304.

“*Services*” includes all work performed by the *Business Associate* for or on behalf of Covered Entity that requires the Use and/or Disclosure of *PHI* to perform a *Business Associate* function described in 45 CFR § 160.103.

“*Subcontractor*” means a Person to whom *Business Associate* delegates a function, activity, or service, other than in

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the capacity of a member of the workforce of such *Business Associate*.

“*Successful Security Incident*” shall mean a *Security Incident* that results in the unauthorized Access, Use, Disclosure, modification, or destruction of information or interference with system operations in an Information System.

“*Unsuccessful Security Incident*” shall mean a *Security Incident* such as routine occurrences that do not result in unauthorized Access, Use, Disclosure, modification, or destruction of information or interference with system operations in an Information System, such as: (i) unsuccessful attempts to penetrate computer networks or services maintained by *Business Associate*; and (ii) immaterial incidents such as pings and other broadcast attacks on *Business Associate's* firewall, port scans, unsuccessful log-on attempts, denials of service and any combination of the above with respect to *Business Associate's* Information System.

“*Targeted Unsuccessful Security Incident*” means an *Unsuccessful Security Incident* that appears to be an attempt to obtain unauthorized Access, Use, Disclosure, modification or destruction of the Covered Entity's *Electronic PHI*.

2. Contact Information for Privacy and Security Officers and Reports.

2.1 *Business Associate* shall provide, within ten (10) days of the execution of this Agreement, written notice to the Contract or Grant manager the names and contact information of both the HIPAA Privacy Officer and HIPAA Security Officer of the *Business Associate*. This information must be updated by *Business Associate* any time these contacts change.

2.2 Covered Entity's HIPAA Privacy Officer and HIPAA Security Officer contact information is posted at: <https://humanservices.vermont.gov/rules-policies/health-insurance-portability-and-accountability-act-hipaa>

2.3 *Business Associate* shall submit all *Reports* required by this Agreement to the following email address: AHS.PrivacyAndSecurity@vermont.gov

3. Permitted and Required Uses/Disclosures of PHI.

3.1 Subject to the terms in this Agreement, *Business Associate* may Use or Disclose *PHI* to perform *Services*, as specified in the Contract or Grant. Such Uses and Disclosures are limited to the minimum necessary to provide the *Services*. *Business Associate* shall not Use or Disclose *PHI* in any manner that would constitute a violation of the Privacy Rule if Used or Disclosed by Covered Entity in that manner. *Business Associate* may not Use or Disclose *PHI* other than as permitted or required by this Agreement or as *Required by Law* and only in compliance with applicable laws and regulations.

3.2 *Business Associate* may make *PHI* available to its Workforce, *Agent* and *Subcontractor* who need Access to perform *Services* as permitted by this Agreement, provided that *Business Associate* makes them aware of the Use and Disclosure restrictions in this Agreement and binds them to comply with such restrictions.

3.3 *Business Associate* shall be directly liable under HIPAA for impermissible Uses and Disclosures of *PHI*.

4. Business Activities. *Business Associate* may Use *PHI* if necessary for *Business Associate's* proper management and administration or to carry out its legal responsibilities. *Business Associate* may Disclose *PHI* for *Business Associate's* proper management and administration or to carry out its legal responsibilities if a Disclosure is *Required by Law* or if *Business Associate* obtains reasonable written assurances via a written agreement from the Person to whom the information is to be Disclosed that such *PHI* shall remain confidential and be Used or further Disclosed only as *Required by Law* or for the purpose for which it was Disclosed to the Person, and the Agreement requires the Person to notify *Business Associate*, within five (5) business days, in writing of any *Breach* of Unsecured *PHI* of which it is aware. Such Uses and Disclosures of *PHI* must be of the minimum amount necessary to

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accomplish such purposes.

5. Electronic PHI Security Rule Obligations.

5.1 With respect to *Electronic PHI*, *Business Associate* shall:

- a) Implement and use Administrative, Physical, and Technical Safeguards in compliance with 45 CFR sections 164.308, 164.310, and 164.312;
- b) Identify in writing upon request from Covered Entity all the safeguards that it uses to protect such *Electronic PHI*;
- c) Prior to any Use or Disclosure of *Electronic PHI* by an *Agent* or *Subcontractor*, ensure that any *Agent* or *Subcontractor* to whom it provides *Electronic PHI* agrees in writing to implement and use Administrative, Physical, and Technical Safeguards that reasonably and appropriately protect the Confidentiality, Integrity and Availability of *Electronic PHI*. The written agreement must identify Covered Entity as a direct and intended third party beneficiary with the right to enforce any breach of the agreement concerning the Use or Disclosure of *Electronic PHI*, and be provided to Covered Entity upon request;
- d) Report in writing to Covered Entity any *Successful Security Incident* or *Targeted Unsuccessful Security Incident* as soon as it becomes aware of such incident and in no event later than five (5) business days after such awareness. Such *Report* shall be timely made notwithstanding the fact that little information may be known at the time of the *Report* and need only include such information then available;
- e) Following such *Report*, provide Covered Entity with the information necessary for Covered Entity to investigate any such incident; and
- f) Continue to provide to Covered Entity information concerning the incident as it becomes available to it.

5.2 Reporting *Unsuccessful Security Incidents*. *Business Associate* shall provide Covered Entity upon written request a *Report* that: (a) identifies the categories of *Unsuccessful Security Incidents*; (b) indicates whether *Business Associate* believes its current defensive security measures are adequate to address all *Unsuccessful Security Incidents*, given the scope and nature of such attempts; and (c) if the security measures are not adequate, the measures *Business Associate* will implement to address the security inadequacies.

5.3 *Business Associate* shall comply with any reasonable policies and procedures Covered Entity implements to obtain compliance under the Security Rule.

6. Reporting and Documenting Breaches.

6.1 *Business Associate* shall *Report* to Covered Entity any *Breach* of Unsecured *PHI* as soon as it, or any Person to whom *PHI* is disclosed under this Agreement, becomes aware of any such *Breach*, and in no event later than five (5) business days after such awareness, except when a law enforcement official determines that a notification would impede a criminal investigation or cause damage to national security. Such *Report* shall be timely made notwithstanding the fact that little information may be known at the time of the *Report* and need only include such information then available.

6.2 Following the *Report* described in 6.1, *Business Associate* shall conduct a risk assessment and provide it to Covered Entity with a summary of the event. *Business Associate* shall provide Covered Entity

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with the names of any *Individual* whose Unsecured *PHI* has been, or is reasonably believed to have been, the subject of the *Breach* and any other available information that is required to be given to the affected *Individual*, as set forth in 45 CFR § 164.404(c). Upon request by Covered Entity, *Business Associate* shall provide information necessary for Covered Entity to investigate the impermissible Use or Disclosure. *Business Associate* shall continue to provide to Covered Entity information concerning the *Breach* as it becomes available.

6.3 When *Business Associate* determines that an impermissible acquisition, Access, Use or Disclosure of *PHI* for which it is responsible is not a *Breach*, and therefore does not necessitate notice to the impacted *Individual*, it shall document its assessment of risk, conducted as set forth in 45 CFR § 402(2). *Business Associate* shall make its risk assessment available to Covered Entity upon request. It shall include 1) the name of the person making the assessment, 2) a brief summary of the facts, and 3) a brief statement of the reasons supporting the determination of low probability that the *PHI* had been compromised.

7. **Mitigation and Corrective Action.** *Business Associate* shall mitigate, to the extent practicable, any harmful effect that is known to it of an impermissible Use or Disclosure of *PHI*, even if the impermissible Use or Disclosure does not constitute a *Breach*. *Business Associate* shall draft and carry out a plan of corrective action to address any incident of impermissible Use or Disclosure of *PHI*. *Business Associate* shall make its mitigation and corrective action plans available to Covered Entity upon request.

8. **Providing Notice of Breaches.**

8.1 If Covered Entity determines that a *Breach* of *PHI* for which *Business Associate* was responsible, and if requested by Covered Entity, *Business Associate* shall provide notice to the *Individual* whose *PHI* has been the subject of the *Breach*. When so requested, *Business Associate* shall consult with Covered Entity about the timeliness, content and method of notice, and shall receive Covered Entity's approval concerning these elements. *Business Associate* shall be responsible for the cost of notice and related remedies.

8.2 The notice to affected *Individuals* shall be provided as soon as reasonably possible and in no case later than sixty (60) calendar days after *Business Associate* reported the *Breach* to Covered Entity.

8.3 The notice to affected *Individuals* shall be written in plain language and shall include, to the extent possible: 1) a brief description of what happened; 2) a description of the types of Unsecured *PHI* that were involved in the *Breach*; 3) any steps *Individuals* can take to protect themselves from potential harm resulting from the *Breach*; 4) a brief description of what the *Business Associate* is doing to investigate the *Breach* to mitigate harm to *Individuals* and to protect against further *Breaches*; and 5) contact procedures for *Individuals* to ask questions or obtain additional information, as set forth in 45 CFR § 164.404(c).

8.4 *Business Associate* shall notify *Individuals* of *Breaches* as specified in 45 CFR § 164.404(d) (methods of *Individual* notice). In addition, when a *Breach* involves more than 500 residents of Vermont, *Business Associate* shall, if requested by Covered Entity, notify prominent media outlets serving Vermont, following the requirements set forth in 45 CFR § 164.406.

9. **Agreements with Subcontractors.** *Business Associate* shall enter into a Business Associate Agreement with any *Subcontractor* to whom it provides *PHI* to require compliance with HIPAA and to ensure *Business Associate* and *Subcontractor* comply with the terms and conditions of this Agreement. *Business Associate* must enter into such written agreement before any Use by or Disclosure of *PHI* to such *Subcontractor*. The written agreement must identify Covered Entity as a direct and intended third party beneficiary with the right to enforce any breach of the agreement concerning the Use or Disclosure of *PHI*. *Business Associate* shall provide a copy of the written agreement it enters into with a *Subcontractor* to Covered Entity upon request. *Business Associate* may not

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make any Disclosure of *PHI* to any *Subcontractor* without prior written consent of Covered Entity.

10. Access to PHI. *Business Associate* shall provide access to *PHI* in a Designated Record Set to Covered Entity or as directed by Covered Entity to an *Individual* to meet the requirements under 45 CFR § 164.524. *Business Associate* shall provide such access in the time and manner reasonably designated by Covered Entity. Within five (5) business days, *Business Associate* shall forward to Covered Entity for handling any request for Access to *PHI* that *Business Associate* directly receives from an *Individual*.

11. Amendment of PHI. *Business Associate* shall make any amendments to *PHI* in a Designated Record Set that Covered Entity directs or agrees to pursuant to 45 CFR § 164.526, whether at the request of Covered Entity or an *Individual*. *Business Associate* shall make such amendments in the time and manner reasonably designated by Covered Entity. Within five (5) business days, *Business Associate* shall forward to Covered Entity for handling any request for amendment to *PHI* that *Business Associate* directly receives from an *Individual*.

12. Accounting of Disclosures. *Business Associate* shall document Disclosures of *PHI* and all information related to such Disclosures as would be required for Covered Entity to respond to a request by an *Individual* for an accounting of disclosures of *PHI* in accordance with 45 CFR § 164.528. *Business Associate* shall provide such information to Covered Entity or as directed by Covered Entity to an *Individual*, to permit Covered Entity to respond to an accounting request. *Business Associate* shall provide such information in the time and manner reasonably designated by Covered Entity. Within five (5) business days, *Business Associate* shall forward to Covered Entity for handling any accounting request that *Business Associate* directly receives from an *Individual*.

13. Books and Records. Subject to the attorney-client and other applicable legal privileges, *Business Associate* shall make its internal practices, books, and records (including policies and procedures and *PHI*) relating to the Use and Disclosure of *PHI* available to the Secretary of Health and Human Services (HHS) in the time and manner designated by the Secretary. *Business Associate* shall make the same information available to Covered Entity, upon Covered Entity's request, in the time and manner reasonably designated by Covered Entity so that Covered Entity may determine whether *Business Associate* is in compliance with this Agreement.

14. Termination.

14.1 This Agreement commences on the Effective Date and shall remain in effect until terminated by Covered Entity or until all the *PHI* is destroyed or returned to Covered Entity subject to Section 18.8.

14.2 If *Business Associate* fails to comply with any material term of this Agreement, Covered Entity may provide an opportunity for *Business Associate* to cure. If *Business Associate* does not cure within the time specified by Covered Entity or if Covered Entity believes that cure is not reasonably possible, Covered Entity may immediately terminate the Contract or Grant without incurring liability or penalty for such termination. If neither termination nor cure are feasible, Covered Entity shall report the breach to the Secretary of HHS. Covered Entity has the right to seek to cure such failure by *Business Associate*. Regardless of whether Covered Entity cures, it retains any right or remedy available at law, in equity, or under the Contract or Grant and *Business Associate* retains its responsibility for such failure.

15. Return/Destruction of PHI.

15.1 *Business Associate* in connection with the expiration or termination of the Contract or Grant shall return or destroy, at the discretion of the Covered Entity, *PHI* that *Business Associate* still maintains in any form or medium (including electronic) within thirty (30) days after such expiration or termination. *Business Associate* shall not retain any copies of *PHI*. *Business Associate* shall certify in writing and report to Covered Entity (1) when all *PHI* has been returned or destroyed and (2) that *Business Associate* does not continue to

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maintain any *PHI*. *Business Associate* is to provide this certification during this thirty (30) day period.

15.2 *Business Associate* shall report to Covered Entity any conditions that *Business Associate* believes make the return or destruction of *PHI* infeasible. *Business Associate* shall extend the protections of this Agreement to such *PHI* and limit further Uses and Disclosures to those purposes that make the return or destruction infeasible for so long as *Business Associate* maintains such *PHI*.

16. **Penalties.** *Business Associate* understands that: (a) there may be civil or criminal penalties for misuse or misappropriation of *PHI* and (b) violations of this Agreement may result in notification by Covered Entity to law enforcement officials and regulatory, accreditation, and licensure organizations.

17. **Training.** *Business Associate* understands its obligation to comply with the law and shall provide appropriate training and education to ensure compliance with this Agreement. If requested by Covered Entity, *Business Associate* shall participate in Covered Entity's training regarding the Use, Confidentiality, and Security of *PHI*; however, participation in such training shall not supplant nor relieve *Business Associate* of its obligations under this Agreement to independently assure compliance with the law and this Agreement.

18. **Miscellaneous.**

18.1 In the event of any conflict or inconsistency between the terms of this Agreement and the terms of the Contract or Grant, the terms of this Agreement shall govern with respect to its subject matter. Otherwise, the terms of the Contract or Grant continue in effect.

18.2 Each party shall cooperate with the other party to amend this Agreement from time to time as is necessary for such party to comply with the Privacy Rule, the Security Rule, or any other standards promulgated under HIPAA. This Agreement may not be amended, except by a writing signed by all parties hereto.

18.3 Any ambiguity in this Agreement shall be resolved to permit the parties to comply with the Privacy Rule, Security Rule, or any other standards promulgated under HIPAA.

18.4 In addition to applicable Vermont law, the parties shall rely on applicable federal law (e.g., HIPAA, the Privacy Rule, Security Rule, and HITECH) in construing the meaning and effect of this Agreement.

18.5 *Business Associate* shall not have or claim any ownership of *PHI*.

18.6 *Business Associate* shall abide by the terms and conditions of this Agreement with respect to all *PHI* even if some of that information relates to specific services for which *Business Associate* may not be a "*Business Associate*" of Covered Entity under the Privacy Rule.

18.7 *Business Associate* is prohibited from directly or indirectly receiving any remuneration in exchange for an *Individual's PHI*. *Business Associate* will refrain from marketing activities that would violate HIPAA, including specifically Section 13406 of the HITECH Act. *Reports* or data containing *PHI* may not be sold without Covered Entity's or the affected *Individual's* written consent.

18.8 The provisions of this Agreement that by their terms encompass continuing rights or responsibilities shall survive the expiration or termination of this Agreement. For example: (a) the provisions of this Agreement shall continue to apply if Covered Entity determines that it would be infeasible for *Business Associate* to return or destroy *PHI* as provided in Section 14.2 and (b) the obligation of *Business Associate* to provide an accounting of disclosures as set forth in Section 12 survives the expiration or termination of this Agreement with respect to accounting requests, if any, made after such expiration or termination.

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**ATTACHMENT F
AGENCY OF HUMAN SERVICES' CUSTOMARY CONTRACT/GRANT PROVISIONS**

1. Definitions: For purposes of this Attachment F, the term "Agreement" shall mean the form of the contract or grant, with all of its parts, into which this Attachment F is incorporated. The meaning of the term "Party" when used in this Attachment F shall mean any named party to this Agreement other than the State of Vermont, the Agency of Human Services (AHS) and any of the departments, boards, offices and business units named in this Agreement. As such, the term "Party" shall mean, when used in this Attachment F, the Contractor or Grantee with whom the State of Vermont is executing this Agreement. If Party, when permitted to do so under this Agreement, seeks by way of any subcontract, sub-grant or other form of provider agreement to employ any other person or entity to perform any of the obligations of Party under this Agreement, Party shall be obligated to ensure that all terms of this Attachment F are followed. As such, the term "Party" as used herein shall also be construed as applicable to, and describing the obligations of, any subcontractor, sub-recipient or sub-grantee of this Agreement. Any such use or construction of the term "Party" shall not, however, give any subcontractor, sub-recipient or sub-grantee any substantive right in this Agreement without an express written agreement to that effect by the State of Vermont.

2. Agency of Human Services: The Agency of Human Services is responsible for overseeing all contracts and grants entered by any of its departments, boards, offices and business units, however denominated. The Agency of Human Services, through the business office of the Office of the Secretary, and through its Field Services Directors, will share with any named AHS-associated party to this Agreement oversight, monitoring and enforcement responsibilities. Party agrees to cooperate with both the named AHS-associated party to this contract and with the Agency of Human Services itself with respect to the resolution of any issues relating to the performance and interpretation of this Agreement, payment matters and legal compliance.

3. Medicaid Program Parties (applicable to any Party providing services and supports paid for under Vermont's Medicaid program and Vermont's Global Commitment to Health Waiver):

Inspection and Retention of Records: In addition to any other requirement under this Agreement or at law, Party must fulfill all state and federal legal requirements, and will comply with all requests appropriate to enable the Agency of Human Services, the U.S. Department of Health and Human Services (along with its Inspector General and the Centers for Medicare and Medicaid Services), the Comptroller General, the Government Accounting Office, or any of their designees: (i) to evaluate through inspection or other means the quality, appropriateness, and timeliness of services performed under this Agreement; and (ii) to inspect and audit any records, financial data, contracts, computer or other electronic systems of Party relating to the performance of services under Vermont's Medicaid program and Vermont's Global Commitment to Health Waiver. Party will retain for ten years all documents required to be retained pursuant to 42 CFR 438.3(u).

Subcontracting for Medicaid Services: Notwithstanding any permitted subcontracting of services to be performed under this Agreement, Party shall remain responsible for ensuring that this Agreement is fully performed according to its terms, that subcontractor remains in compliance with the terms hereof, and that subcontractor complies with all state and federal laws and regulations relating to the Medicaid program in Vermont. Subcontracts, and any service provider agreements entered into by Party in connection with the performance of this Agreement, must clearly specify in writing the responsibilities of the subcontractor or other service provider and Party must retain the authority to revoke its subcontract or service provider agreement or to impose other sanctions if the performance of the subcontractor or service provider is inadequate or if its performance deviates from any requirement of this Agreement. Party shall make available on request all contracts, subcontracts and service provider agreements between the Party, subcontractors and other service providers to the Agency of Human Services and any of its departments as well as to the Center for Medicare and Medicaid Services.

Medicaid Notification of Termination Requirements: Party shall follow the Department of Vermont Health Access Managed-Care-Organization enrollee-notification requirements, to include the requirement that Party provide timely notice of any termination of its practice.

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Encounter Data: Party shall provide encounter data to the Agency of Human Services and/or its departments and ensure further that the data and services provided can be linked to and supported by enrollee eligibility files maintained by the State.

Federal Medicaid System Security Requirements Compliance: Party shall provide a security plan, risk assessment, and security controls review document within three months of the start date of this Agreement (and update it annually thereafter) in order to support audit compliance with 45 CFR 95.621 subpart F, ADP System Security Requirements and Review Process.

4. Workplace Violence Prevention and Crisis Response (applicable to any Party and any subcontractors and sub-grantees whose employees or other service providers deliver social or mental health services directly to individual recipients of such services):

Party shall establish a written workplace violence prevention and crisis response policy meeting the requirements of Act 109 (2016), 33 VSA §8201(b), for the benefit of employees delivering direct social or mental health services. Party shall, in preparing its policy, consult with the guidelines promulgated by the U.S. Occupational Safety and Health Administration for Preventing Workplace Violence for Healthcare and Social Services Workers, as those guidelines may from time to time be amended.

Party, through its violence protection and crisis response committee, shall evaluate the efficacy of its policy, and update the policy as appropriate, at least annually. The policy and any written evaluations thereof shall be provided to employees delivering direct social or mental health services.

Party will ensure that any subcontractor and sub-grantee who hires employees (or contracts with service providers) who deliver social or mental health services directly to individual recipients of such services, complies with all requirements of this Section.

5. Non-Discrimination:

Party shall not discriminate, and will prohibit its employees, agents, subcontractors, sub-grantees and other service providers from discrimination, on the basis of age under the Age Discrimination Act of 1975, on the basis of handicap under section 504 of the Rehabilitation Act of 1973, on the basis of sex under Title IX of the Education Amendments of 1972, and on the basis of race, color or national origin under Title VI of the Civil Rights Act of 1964. Party shall not refuse, withhold from or deny to any person the benefit of services, facilities, goods, privileges, advantages, or benefits of public accommodation on the basis of disability, race, creed, color, national origin, marital status, sex, sexual orientation or gender identity as provided by Title 9 V.S.A. Chapter 139.

No person shall on the grounds of religion or on the grounds of sex (including, on the grounds that a woman is pregnant), be excluded from participation in, be denied the benefits of, or be subjected to discrimination, to include sexual harassment, under any program or activity supported by State of Vermont and/or federal funds.

Party further shall comply with the non-discrimination requirements of Title VI of the Civil Rights Act of 1964, 42 USC Section 2000d, et seq., and with the federal guidelines promulgated pursuant to Executive Order 13166 of 2000, requiring that contractors and subcontractors receiving federal funds assure that persons with limited English proficiency can meaningfully access services. To the extent Party provides assistance to individuals with limited English proficiency through the use of oral or written translation or interpretive services, such individuals cannot be required to pay for such services.

6. Employees and Independent Contractors:

Party agrees that it shall comply with the laws of the State of Vermont with respect to the appropriate classification of its workers and service providers as “employees” and “independent contractors” for all purposes, to include for purposes related to unemployment compensation insurance and workers compensation coverage, and proper payment and reporting of wages. Party agrees to ensure that all of its subcontractors or sub-grantees also remain in legal compliance as to the appropriate classification of “workers” and “independent

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contractors” relating to unemployment compensation insurance and workers compensation coverage, and proper payment and reporting of wages. Party will on request provide to the Agency of Human Services information pertaining to the classification of its employees to include the basis for the classification. Failure to comply with these obligations may result in termination of this Agreement.

7. Data Protection and Privacy:

Protected Health Information: Party shall maintain the privacy and security of all individually identifiable health information acquired by or provided to it as a part of the performance of this Agreement. Party shall follow federal and state law relating to privacy and security of individually identifiable health information as applicable, including the Health Insurance Portability and Accountability Act (HIPAA) and its federal regulations.

Substance Abuse Treatment Information: Substance abuse treatment information shall be maintained in compliance with 42 C.F.R. Part 2 if the Party or subcontractor(s) are Part 2 covered programs, or if substance abuse treatment information is received from a Part 2 covered program by the Party or subcontractor(s).

Protection of Personal Information: Party agrees to comply with all applicable state and federal statutes to assure protection and security of personal information, or of any personally identifiable information (PII), including the Security Breach Notice Act, 9 V.S.A. § 2435, the Social Security Number Protection Act, 9 V.S.A. § 2440, the Document Safe Destruction Act, 9 V.S.A. § 2445 and 45 CFR 155.260. As used here, PII shall include any information, in any medium, including electronic, which can be used to distinguish or trace an individual’s identity, such as his/her name, social security number, biometric records, etc., either alone or when combined with any other personal or identifiable information that is linked or linkable to a specific person, such as date and place or birth, mother’s maiden name, etc.

Other Confidential Consumer Information: Party agrees to comply with the requirements of AHS Rule No. 08-048 concerning access to and uses of personal information relating to any beneficiary or recipient of goods, services or other forms of support. Party further agrees to comply with any applicable Vermont State Statute and other regulations respecting the right to individual privacy. Party shall ensure that all of its employees, subcontractors and other service providers performing services under this agreement understand and preserve the sensitive, confidential and non-public nature of information to which they may have access.

Data Breaches: The notice required under the Use and Protection of State Information terms of Attachment C shall be provided to the Agency of Digital Services Chief Information Security Officer. <https://digitalservices.vermont.gov/about-us/contacts>. Party shall in addition comply with any other data breach notification requirements required under federal or state law or Attachment E.

8. Abuse and Neglect of Children and Vulnerable Adults:

Abuse Registry. Party agrees not to employ any individual, to use any volunteer or other service provider, or to otherwise provide reimbursement to any individual who in the performance of services connected with this agreement provides care, custody, treatment, transportation, or supervision to children or to vulnerable adults if there has been a substantiation of abuse or neglect or exploitation involving that individual. Party is responsible for confirming as to each individual having such contact with children or vulnerable adults the non-existence of a substantiated allegation of abuse, neglect or exploitation by verifying that fact through (a) as to vulnerable adults, the Adult Abuse Registry maintained by the Department of Disabilities, Aging and Independent Living and (b) as to children, the Central Child Protection Registry (unless the Party holds a valid child care license or registration from the Division of Child Development, Department for Children and Families). See 33 V.S.A. §4919(a)(3) and 33 V.S.A. §6911(c)(3).

Reporting of Abuse, Neglect, or Exploitation. Consistent with provisions of 33 V.S.A. §4913(a) and §6903, Party and any of its agents or employees who, in the performance of services connected with this agreement, (a) is a caregiver or has any other contact with clients and (b) has reasonable cause to believe that a child or vulnerable adult has been abused or neglected as defined in Chapter 49 or abused, neglected, or exploited as defined in Chapter 69 of Title 33 V.S.A. shall: as to children, make a

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report containing the information required by 33 V.S.A. §4914 to the Commissioner of the Department for Children and Families within 24 hours; or, as to a vulnerable adult, make a report containing the information required by 33 V.S.A. §6904 to the Division of

Licensing and Protection at the Department of Disabilities, Aging, and Independent Living within 48 hours. Party will ensure that its agents or employees receive training on the reporting of abuse or neglect to children and abuse, neglect or exploitation of vulnerable adults.

9. Information Technology Systems:

Computing and Communication: Party shall select, in consultation with the Agency of Human Services' Information Technology unit, one of the approved methods for secure access to the State's systems and data, if required. Approved methods are based on the type of work performed by the Party as part of this agreement. Options include, but are not limited to:

1. Party's provision of certified computing equipment, peripherals and mobile devices, on a separate Party's network with separate internet access. The Agency of Human Services' accounts may or may not be provided.
2. State supplied and managed equipment and accounts to access state applications and data, including State issued active directory accounts and application specific accounts, which follow the National Institutes of Standards and Technology (NIST) security and the Health Insurance Portability & Accountability Act (HIPAA) standards.

Intellectual Property/Work Product Ownership: All data, technical information, materials first gathered, originated, developed, prepared, or obtained as a condition of this agreement and used in the performance of this agreement -- including, but not limited to all reports, surveys, plans, charts, literature, brochures, mailings, recordings (video or audio), pictures, drawings, analyses, graphic representations, software computer programs and accompanying documentation and printouts, notes and memoranda, written procedures and documents, which are prepared for or obtained specifically for this agreement, or are a result of the services required under this grant -- shall be considered "work for hire" and remain the property of the State of Vermont, regardless of the state of completion unless otherwise specified in this agreement. Such items shall be delivered to the State of Vermont upon 30-days notice by the State. With respect to software computer programs and / or source codes first developed for the State, all the work shall be considered "work for hire," i.e., the State, not the Party (or subcontractor or sub-grantee), shall have full and complete ownership of all software computer programs, documentation and/or source codes developed.

Party shall not sell or copyright a work product or item produced under this agreement without explicit permission from the State of Vermont.

If Party is operating a system or application on behalf of the State of Vermont, Party shall not make information entered into the system or application available for uses by any other party than the State of Vermont, without prior authorization by the State. Nothing herein shall entitle the State to pre-existing Party's materials.

Party acknowledges and agrees that should this agreement be in support of the State's implementation of the Patient Protection and Affordable Care Act of 2010, Party is subject to the certain property rights provisions of the Code of Federal Regulations and a Grant from the Department of Health and Human Services, Centers for Medicare & Medicaid Services. Such agreement will be subject to, and incorporates here by reference, 45 CFR 74.36, 45 CFR 92.34 and 45 CFR 95.617 governing rights to intangible property.

Security and Data Transfers: Party shall comply with all applicable State and Agency of Human Services' policies and standards, especially those related to privacy and security. The State will advise the Party of any new policies, procedures, or protocols developed during the term of this agreement as they are issued and will work with the Party to implement any required.

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Party will ensure the physical and data security associated with computer equipment, including desktops, notebooks, and other portable devices, used in connection with this Agreement. Party will also assure that any media or mechanism used to store or transfer data to or from the State includes industry standard security mechanisms such as continually up-to-date malware protection and encryption. Party will make every reasonable effort to ensure media or data files transferred to the State are virus and spyware free. At the

conclusion of this agreement and after successful delivery of the data to the State, Party shall securely delete data (including archival backups) from Party's equipment that contains individually identifiable records, in accordance with standards adopted by the Agency of Human Services.

Party, in the event of a data breach, shall comply with the terms of Section 7 above.

10. Other Provisions:

Environmental Tobacco Smoke. Public Law 103-227 (also known as the Pro-Children Act of 1994) and Vermont's Act 135 (2014) (An act relating to smoking in lodging establishments, hospitals, and child care facilities, and on State lands) restrict the use of tobacco products in certain settings. Party shall ensure that no person is permitted: (i) to use tobacco products or tobacco substitutes as defined in 7 V.S.A. § 1001 on the premises, both indoor and outdoor, of any licensed child care center or afterschool program at any time; (ii) to use tobacco products or tobacco substitutes on the premises, both indoor and in any outdoor area designated for child care, health or day care services, kindergarten, pre-kindergarten, elementary, or secondary education or library services; and (iii) to use tobacco products or tobacco substitutes on the premises of a licensed or registered family child care home while children are present and in care. Party will refrain from promoting the use of tobacco products for all clients and from making tobacco products available to minors.

Failure to comply with the provisions of the federal law may result in the imposition of a civil monetary penalty of up to \$1,000 for each violation and/or the imposition of an administrative compliance order on the responsible entity. The federal Pro-Children Act of 1994, however, does not apply to portions of facilities used for inpatient drug or alcohol treatment; service providers whose sole source of applicable federal funds is Medicare or Medicaid; or facilities where Women, Infants, & Children (WIC) coupons are redeemed.

2-1-1 Database: If Party provides health or human services within Vermont, or if Party provides such services near the Vermont border readily accessible to residents of Vermont, Party shall adhere to the "Inclusion/Exclusion" policy of Vermont's United Way/Vermont 211 (Vermont 211), and will provide to Vermont 211 relevant descriptive information regarding its agency, programs and/or contact information as well as accurate and up to date information to its database as requested. The "Inclusion/Exclusion" policy can be found at www.vermont211.org.

Voter Registration: When designated by the Secretary of State, Party agrees to become a voter registration agency as defined by 17 V.S.A. §2103 (41), and to comply with the requirements of state and federal law pertaining to such agencies.

Drug Free Workplace Act: Party will assure a drug-free workplace in accordance with 45 CFR Part 76.

Lobbying: No federal funds under this agreement may be used to influence or attempt to influence an officer or employee of any agency, a member of Congress, an officer or employee of Congress, or an employee of a member of Congress in connection with the awarding of any federal contract, continuation, renewal, amendments other than federal appropriated funds.

AHS ATT. F 6/19/2024

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**ATTACHMENT H
STATE OF VERMONT- FEDERAL TERMS SUPPLEMENT (Non-Construction)
(Revision date: 5/24/2024)**

PROCUREMENT OF RECOVERED MATERIALS

In the performance of this contract, the Contractor shall make maximum use of products containing recovered materials that are EPA-designated Items unless the products cannot be acquired-

1. Competitively within a time frame providing for compliance with the contract performance schedule;
2. Meeting contract performance requirements; or
3. At a reasonable price

Information about this requirement, along with the list of EPA-designated items, is available at the EPA's Comprehensive Procurement Guidelines web site, <https://www.epa.gov/smm/comprehensive-procurement-guideline-cpg-program>.

The Contractor also agrees to comply with all other applicable requirements of section 6002 of the Solid Waste Disposal Act.

CLEAN AIR ACT

1. The contractor agrees to comply with all applicable standards, orders or regulations issued pursuant to the Clean Air Act, as amended, 42 U.S.C. § 7401 et seq.
2. The contractor agrees to report each violation to the State of Vermont and understands and agrees that the State of Vermont will, in turn, report each violation as required to assure notification to the Federal Emergency Management Agency, and the appropriate Environmental Protection Agency Regional Office.
3. The contractor agrees to include these requirements in each subcontract exceeding \$150,000 financed in whole or in part with Federal assistance provided by FEMA.

FEDERAL WATER POLLUTION CONTROL ACT

1. The contractor agrees to comply with all applicable standards, orders, or regulations issued pursuant to the Federal Water Pollution Control Act, as amended, 33 U.S.C. 1251 et seq.
2. The contractor agrees to report each violation to the State of Vermont and understands and agrees that the State of Vermont will, in turn, report each violation as required to assure notification to the Federal Emergency Management Agency, and the appropriate Environmental Protection Agency Regional Office.
3. The contractor agrees to include these requirements in each subcontract exceeding \$150,000 financed in whole or in part with Federal assistance provided by FEMA. **a.** Standard. Non-Federal entities and contractors are subject to the debarment and suspension regulations implementing Executive Order 12549, *Debarment and Suspension* (1986) and Executive Order 12689, *Debarment and Suspension* (1989) at 2 C.F.R. Part 180 and the Department of Homeland Security's regulations at 2 C.F.R. Part 3000 (Nonprocurement Debarment and Suspension).

CONTRACTOR BREACH, ERRORS AND OMISSIONS

1. Any breach of the terms of this contract, or material errors and omissions in the work product of the contractor must be corrected by the contractor at no cost to the State, and a contractor may be liable for the State's costs and other damages resulting from errors or deficiencies in its performance.

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2. Neither the States' review, approval or acceptance of nor payment for, the services required under this contract shall be construed to operate as a waiver of any rights under this contract or of any cause of action arising out of the performance of this contract.
3. The rights and remedies of the State provided for under this contract are in addition to any other rights and remedies provided by law or elsewhere in the contract.

TERMINATION FOR CONVENIENCE

1. General
 - a. Any termination for convenience shall be effected by delivery to the Contractor an Order of Termination specifying the termination is for the convenience of the Agency, the extent to which performance of work under the Contract is terminated, and the effective date of the termination.
 - b. In the event such termination occurs, without fault and for reasons beyond the control of the Contractor, all completed or partially completed items of work as of the date of termination will be paid for in accordance with the contract payment terms.
 - c. No compensation will be allowed for items eliminated from the Contract.
 - d. Termination of the Contract, or portion thereof, shall not relieve the Contractor of its contractual responsibilities for work completed and shall not relieve the Contractor's Surety of its obligation for and concerning any just claim arising out of the work performed.

2. Contractor Obligations

After receipt of the Notice of Termination and except as otherwise directed by the State, the Contractor shall immediately proceed to:

- a. To the extent specified in the Notice of Termination, stop work under the Contract on the date specified.
- b. Place no further orders or subcontracts for materials, services, and/or facilities except as may be necessary for completion of such portion(s) of the work under the Contract as is (are) not terminated.
- c. Terminate and cancel any orders or subcontracts for related to the services, except as may be necessary for completion of such portion(s) of the work under the Contract as is (are) not terminated.
- d. Transfer to the State all completed or partially completed plans, drawings, information, and other property which, if the Contract had been completed, would be required to be furnished to the State.
- e. Take other action as may be necessary or as directed by the State for the protection and preservation of the property related to the contract which is in the possession of the contractor and in which the State has or may acquire any interest.
- f. Make available to the State all cost and other records relevant to a determination of an equitable settlement.

3. Claim by Contractor

After receipt of the Notice of Termination from the state, the Contractor shall submit any claim for additional costs not covered herein or elsewhere in the Contract within 60 days of the effective termination date, and not thereafter. Should

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the Contractor fail to submit a claim within the 60-day period, the State may, at its sole discretion, based on information available to it, determine what, if any, compensation is due the Contractor and pay the Contractor the determined amount.

4. Negotiation

Negotiation to settle a timely claim shall be for the sole purpose of reaching a settlement equitable to both the Contractor and the State. To the extent settlement is properly based on Contractor costs, settlement shall be based on actual costs incurred by the Contractor, as reflected by the contract rates. Consequential damages, loss of overhead, loss of overhead contribution of any kind, and/or loss of anticipated profits on work not performed shall not be included in the Contractor's claim and will not be considered, allowed, or included as part of any settlement.

PROHIBITION ON CERTAIN TELECOMMUNICATIONS AND VIDEO SURVEILLANCE SERVICES OR EQUIPMENT- this clause must be included in all subcontracts.

In connection with this contract, Contractors and Subcontractors are prohibited from:

- (a) Utilizing, procuring or obtaining equipment, services, or systems that use covered telecommunications equipment or services as a substantial or essential component of any system, or as critical technology as part of any system. As described in [Public Law 115-232](#), section 889, covered telecommunications equipment is telecommunications equipment produced by Huawei Technologies Company or ZTE Corporation (or any subsidiary or affiliate of such entities).
 - (i) For the purpose of public safety, security of government facilities, physical security surveillance of critical infrastructure, and other national security purposes, video surveillance and telecommunications equipment produced by Hytera Communications Corporation, Hangzhou Hikvision Digital Technology Company, or Dahua Technology Company (or any subsidiary or affiliate of such entities).
 - (ii) Telecommunications or video surveillance services provided by such entities or using such equipment.
 - (iii) Telecommunications or video surveillance equipment or services produced or provided by an entity that the Secretary of Defense, in consultation with the Director of the National Intelligence or the Director of the Federal Bureau of Investigation, reasonably believes to be an entity owned or controlled by, or otherwise connected to, the government of a covered foreign country.
- (b) In implementing the prohibition under [Public Law 115-232](#), section 889, subsection (f), paragraph (1), heads of executive agencies administering loan, grant, or subsidy programs shall prioritize available funding and technical support to assist affected businesses, institutions and organizations as is reasonably necessary for those affected entities to transition from covered communications equipment and services, to procure replacement equipment and services, and to ensure that communications service to users and customers is sustained.
- (c) See [Public Law 115-232](#), section 889 for additional information.
- (d) See also [§ 200.471](#).

SUSPENSION AND DEBARMENT - This clause must be included in all subcontracts

This contract is a covered transaction for purposes of 2 C.F.R. Part 180 and 2 C.F.R. Part 3000. As such, the contractor is required to verify that none of the contractor's principals (defined at 2 C.F.R. § 180.995) or its affiliates (defined at 2 C.F.R. § 180.905) are excluded (defined at 2 C.F.R. § 180.940) or disqualified (defined at 2 C.F.R. § 180.935). The contractor must comply with 2 C.F.R. Part 180, subpart C and 2 C.F.R. Part 3000, subpart C, and must include a requirement to comply with these regulations in any lower tier covered transaction it enters into. This certification is a material representation of fact relied upon by (insert name of the recipient/subrecipient/applicant). If it is later determined that the contractor did not comply with 2 C.F.R. Part 180, subpart C and 2 C.F.R. Part 3000, subpart C, in addition to remedies available to (insert name of recipient/subrecipient/applicant), the federal government may pursue available remedies, including but not limited to suspension and/or debarment. The bidder or proposer agrees to comply with the requirements of 2 C.F.R. Part 180, subpart C and 2 C.F.R. Part 3000, subpart C while this offer is valid and throughout the period of any contract that may arise from this offer. The bidder or proposer further agrees to include a provision requiring such compliance in its lower tier covered transactions

BYRD ANTI-LOBBYING CERTIFICATION - Applicable to contracts over \$100,000.00- this clause must be included in all subcontracts over \$100,000.00.

Contractor has provided the certification required by the Byrd Anti-Lobbying Amendment, 31 U.S.C. § 1352 (as amended, and will follow the requirements for certification of each lower tier (subcontract) to disclose any lobbying with non-federal funds that takes place in

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connection with obtaining any federal award. Such disclosures will be forwarded from tier to tier up to the Contractor who in turn will forward the certification(s) to the federal awarding agency.

DOMESTIC PREFERENCE FOR PROCUREMENTS

As appropriate, and to the extent consistent with law, the contractor should, to the greatest extent practicable, provide a preference for the purchase, acquisition, or use of goods, products, or materials produced in the United States. This includes, but is not limited to iron, aluminum, steel, cement, and other manufactured products. For purposes of this clause: Produced in the United States means, for iron and steel products, that all manufacturing processes, from the initial melting stage through the application of coatings, occurred in the United States. Manufactured products mean items and construction materials composed in whole or in part of non-ferrous metals such as aluminum; plastics and polymer-based products such as polyvinyl chloride pipe; aggregates such as concrete; glass, including optical fiber; and lumber.”

CONTRACTING WITH SMALL AND MINORITY BUSINESSES, WOMEN’S BUSINESS ENTERPRISES, AND LABOR SURPLUS FIRMS.

- (a) Contractor entity must take all necessary affirmative steps to assure that minority businesses, women's business enterprises, and labor surplus area firms are used when possible.
- (b) Affirmative steps must include:
 - (1) Placing qualified small and minority businesses and women's business enterprises on solicitation lists;
 - (2) Assuring that small and minority businesses, and women's business enterprises are solicited whenever they are potential sources;
 - (3) Dividing total requirements, when economically feasible, into smaller tasks or quantities to permit maximum participation by small and minority businesses, and women's business enterprises;
 - (4) Establishing delivery schedules, where the requirement permits, which encourage participation by small and minority businesses, and women's business enterprises;
 - (5) Using the services and assistance, as appropriate, of such organizations as the Small Business Administration and the Minority Business Development Agency of the Department of Commerce; and
 - (6) Requiring the prime contractor, if subcontracts are to be let, to take the affirmative steps listed in [paragraphs \(b\)\(1\) through \(5\)](#) of this section

**ATTACHMENT I
MODIFICATIONS TO STATE ATTACHMENT D –
INFORMATION TECHNOLOGY SYSTEM IMPLEMENTATION**

Whereas: Vermont Information Technology Leaders, Inc. ("VITL") and the State of Vermont, Department of Vermont Health Access ("State") have entered into this Contract,

In order to meet some of the requirements of the contract, VITL has determined it must enter into a subcontract with Health Catalyst, Inc. ("HCI").

HCI is not willing to commit in its subcontract with VITL to some of the terms and conditions set forth in the Contract contained in State Attachment D – Information Technology System Implementation – Terms and Conditions (rev. 1/12/2024; modified).

VITL does not wish to commit to terms in the Contract with respect to the work performed by HCI in its subcontract that are in excess of the commitment made by HCI.

The following modifications shall apply so long as VITL, in good faith, acts to replace HCI in no event later than June 30, 2025.

The State is willing to continue the modification of the terms of the Contract with VITL, limited to the terms as set forth below, and only for the portion of the work that will be performed by HCI and only through the period of July 1, 2024 until June 30, 2025. All terms and conditions of the Contract remain unchanged for all portions of the work required by the Contract, that are not performed by HCI. Attachment D is hereby modified or amended as follows with respect to work performed by VITL Subcontractor HIC:

1. Section 5.3 Security Policies is amended to add the following:
HCI may provide a summary of its Security Policy to VITL
2. Section 16 Professional Liability and Cyber Liability Insurance Coverage is modified to add the following to the final paragraph:
HCI's insurance policy is not required to list the state as an additional insured.
3. Section 17 Limitation of Liability is modified to add the following language after the first paragraph:
NOTWITHSTANDING THE FOREGOING, AND ONLY WITH RESPECT TO WORK PERFORMED BY HCI, THE CONTRACTOR'S LIABILITY FOR CLAIMS ARISING OUT OF ITS CONFIDENTIALITY OBLIGATIONS TO THE STATE IS LIMITED TO \$2,000,000 PER CLAIM, \$4,000,000 AGGREGATE.
4. Section 12 Audit Rights, is modified to add the following language:
This section does not apply to HCI, although all other audit provisions in the contract remain in full force and effect.
5. Section 13 Destruction of State Data is modified to add the following language:
With respect to HCI, the destruction of State Data and State Intellectual Property shall be performed according to National Institute of Standards and Technology (NIST) sanitization "Clear" techniques, rather than "National Institute of Standards and Technology (NIST) approved methods."

Except as modified by this Attachment I, all other terms and conditions of the Contract remain in full force and effect.

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Appendix I – Required Forms

**Department of Vermont Health Access
Subcontractor Compliance Form**

Date: _____

Original Contractor/Grantee Name:Contract/Grant #:

Subcontractor Name: _____

Scope of Subcontracted Services:

Is any portion of the work being outsourced outside of the United States? YES NO
(If yes, do not proceed)

All vendors under contract, grant, or agreement with the State of Vermont, are responsible for the performance and compliance of their subcontractors with the Standard State Terms and Conditions in Attachment C. This document certifies that the Vendor is aware of and in agreement with the State expectation and has confirmed the subcontractor is in full compliance (or has a compliance plan on file) in relation to the following:

- Subcontractor does not owe, is in good standing, or is in compliance with a plan for payment of any taxes due to the State of Vermont
- Subcontractor (if an individual) does not owe, is in good standing, or is in compliance with a plan for payment of Child Support due to the State of Vermont.
- Subcontractor is not on the State’s disbarment list.

In accordance with State Standard Contract Provisions (Attachment C), the State may set off any sums which the subcontractor owes the State against any sums due the Vendor under this Agreement; provided, however, that any set off of amounts due the State of Vermont as taxes shall be in accordance with the procedures more specifically provided in Attachment C.

Signature of Subcontractor

Date

Signature of Vendor

Date

Received by DVHA Business Office

Date

Required: Contractor cannot subcontract until this form has been returned to DVHA Contracts & Grants Unit.

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Language to be included from State of Vermont Bulletin 3.5 in all subcontracting agreements:

Fair Employment Practices and Americans with Disabilities Act: Party agrees to comply with the requirement of 21 V.S.A. Chapter 5, Subchapter 6, relating to fair employment practices, to the full extent applicable. Party shall also ensure, to the full extent required by the Americans with Disabilities Act of 1990, as amended, that qualified individuals with disabilities receive equitable access to the services, programs, and activities provided by the Party under this Agreement.

False Claims Act: Any liability to the State under the Vermont False Claims Act (32 V.S.A. § 630 et seq.) shall not be limited notwithstanding any agreement of the State to otherwise limit Party's liability

Whistleblower Protections: The Party shall not discriminate or retaliate against one of its employees or agents for disclosing information concerning a violation of law, fraud, waste, abuse of authority or acts threatening health or safety, including but not limited to allegations concerning the False Claims Act. Further, the Party shall not require such employees or agents to forego monetary awards as a result of such disclosures, nor should they be required to report misconduct to the Party or its agents prior to reporting to any governmental entity and/or the public.

Taxes Due to the State:

Party certifies under the pains and penalties of perjury that, as of the date this Agreement is signed, the Party is in good standing with respect to, or in full compliance with, a plan to pay any and all taxes due the State of Vermont.

Child Support: (Only applicable if the Party is a natural person, not a corporation or partnership.) Party states that, as of the date this Agreement is signed, Party is not under an obligation to pay child support or is in good standing with respect to or in full compliance with a plan to pay any and all child support payable under a support order. Party makes this statement with regard to support owed to any and all children residing in Vermont. In addition, if the Party is a resident of Vermont, Party makes this statement with regard to support owed to any and all children residing in any other state or territory of the United States.

No Gifts or Gratuities: Party shall not give title or possession of anything of substantial value (including property, currency, travel and/or education programs) to any officer or employee of the State during the term of this Agreement.

Certification Regarding Debarment: Party certifies under pains and penalties of perjury that, as of the date that this Agreement is signed, neither Party nor Party's principals (officers, directors, owners, or partners) are presently debarred, suspended, proposed for debarment, declared ineligible or excluded from participation in federal programs, or programs supported in whole or in part by federal funds. Party further certifies under pains and penalties of perjury that, as of the date that this Agreement is signed, Party is not presently debarred, suspended, nor named on the State's debarment list at: <http://bgs.vermont.gov/purchasing/debarment>

Certification Regarding Use of State Funds: In the case that Party is an employer and this Agreement is a State Funded Grant in excess of \$1,001, Party certifies that none of these State funds will be used to interfere with or restrain the exercise of Party's employee's rights with respect to unionization.

State Facilities: If the State makes space available to the Party in any State facility during the term of this Agreement for purposes of the Party's performance under this Agreement, the Party shall only use the space in accordance with all policies and procedures governing access to and use of State facilities which shall be made available upon request. State facilities will be made available to Party on an "AS IS, WHERE IS" basis, with no warranties whatsoever.

Use and Protection of State Information:

A. As between the State and Party, "State Data" includes all data received, obtained, or generated by the Party in connection with performance under this Agreement. Party acknowledges that certain State Data to which the Party may have access may contain information that is deemed confidential by the State, or which is otherwise confidential by law, rule, or practice, or otherwise exempt from disclosure under the State of Vermont Access to Public Records Act, 1 V.S.A. § 315 et seq. ("Confidential State Data").

B. With respect to State Data, Party shall:

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- i. take reasonable precautions for its protection;
 - ii. not rent, sell, publish, share, or otherwise appropriate it; and
 - iii. upon termination of this Agreement for any reason, Party shall dispose of or retain State Data if and to the extent required by this Agreement, law, or regulation, or otherwise requested in writing by the State.
- C.** With respect to Confidential State Data, Party shall:
- i. strictly maintain its confidentiality;
 - ii. not collect, access, use, or disclose it except as necessary to provide services to the State under this Agreement;
 - iii. provide at a minimum the same care to avoid disclosure or unauthorized use as it provides to protect its own similar confidential and proprietary information;
 - iv. implement and maintain administrative, technical, and physical safeguards and controls to protect against any anticipated threats or hazards or unauthorized access or use;
 - v. promptly notify the State of any request or demand by any court, governmental agency or other person asserting a demand or request for Confidential State Data so that the State may seek an appropriate protective order; and
 - vi. upon termination of this Agreement for any reason, and except as necessary to comply with subsection B.iii above in this section, return or destroy all Confidential State Data remaining in its possession or control.
- D.** If Party is provided or accesses, creates, collects, processes, receives, stores, or transmits Confidential State Data in any electronic form or media, Party shall utilize:
- i. industry-standard firewall protection;
 - ii. multi-factor authentication controls;
 - iii. encryption of electronic Confidential State Data while in transit and at rest;
 - iv. measures to ensure that the State Data shall not be altered without the prior written consent of the State;
 - v. measures to protect against destruction, loss, or damage of State Data due to potential environmental hazards, such as fire and water damage;
 - vi. training to implement the information security measures; and
 - vii. monitoring of the security of any portions of the Party's systems that are used in the provision of the services against intrusion.
- E.** No Confidential State Data received, obtained, or generated by the Party in connection with performance under this Agreement shall be processed, transmitted, stored, or transferred by any means outside the United States, except with the express written permission of the State.
- F.** Party shall notify the State within twenty-four hours after becoming aware of any unauthorized destruction, loss, alteration, disclosure of, or access to, any State Data.
- G.** State of Vermont Cybersecurity Standard Update: Party confirms that all products and services provided to or for the use of the State under this Agreement shall be in compliance with State of Vermont Cybersecurity Standard Update in effect at the time of incorporation of this Attachment C into this Agreement. The State of Vermont Cybersecurity Standard Update prohibits the use of certain branded products in State information systems or any vendor system, and a copy is available at: <https://digitalservices.vermont.gov/cybersecurity/cybersecurity-standards-and-directives>
- H.** In addition to the requirements of this Section 12, Party shall comply with any additional requirements regarding the protection of data that may be included in this Agreement or required by law or regulation.