

STATE OF VERMONT
CONTRACT AMENDMENT

It is hereby agreed by and between the State of Vermont, Department of Vermont Health Access (the "State") and Vermont Information Technology Leaders, with a principal place of business in Burlington, Vermont (the "Contractor") that the contract between them originally dated as of January 1, 2022, Contract #43412 (the "Contract") is hereby amended as follows:

- I. **Maximum Amount.** The maximum amount payable under the Contract, wherever such reference appears in the Contract, shall be changed from \$9,349,410 to \$9,649,410, representing an increase of \$300,000.
- II. **Attachment A, Statement of Work.** The Statement of Work is amendment as follows:

Section 12 is hereby added to Attachment A as follows:

12. VHIE Enhancement: Data Quality Services

Contractor shall work with Vermont Rural Health Alliance (VRHA) to execute a data use process based on Institute for Healthcare Improvement methodology ("the Model"), with Vermont Health Care Organizations (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).

- A. To execute the Model for improvement, Contractor shall:
 1. 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 and Contractor ("Model Document"). Examples of work under the Model in 2022 include, but are not limited to:
 - a. 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)
 - b. Adding data sets to fill out data for a health center (such as geocoding)
 - c. Working with health centers on quality improvement projects that they have identified
 - d. Reviewing data and identifying opportunities for health centers to improve (gap analysis)
 2. Use information technology systems to support data quality and quality improvement with FQHCs. Ongoing work in this area will include, but not be limited to:
 - a. 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)
 - b. Investigating technology systems and upgrades to current systems that will provide additional functionality for health centers.
 3. Develop prototypes of business intelligence supports for the FQHCs that may be replicated for use with other HCOs.
- B. Contractor shall provide the following deliverables:
 1. A monthly report of accomplishments and plans with a summary of activities, to be submitted to the State, including but not limited to:
 - a. A summary of data and stakeholder work
 - b. Data extracts and Qlik applications that have been developed or enhanced
 - c. Status of content expert model engagements with FQHCs
 - d. FQHC education strategies and plans

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- e. Engagement with stakeholder groups and impacted HCOs to advance their understanding and use of data, and overall engagement in the improvement model
2. A data training series, including at least 4 Data Road Shows conducted in person or virtually at participating FQHCs. A Data Road show shall include at a minimum: sharing available data and services and soliciting ideas for enhancements, supporting both FQHC engagement, and continuous improvement of Model supports.
3. An annual security risk assessment conducted by an external firm, to occur before 8/31/2022, to ensure proper data protections are in place.
4. Participation in immunization data transfer planning and data quality work, and offering subject matter expertise related to immunization data needs and data use opportunities:
 - a. Documentation of FQHC immunization data needs including panel management uses
 - b. Plan for distribution of COVID-19 immunization data that Contractor provides
 - c. Documentation of FQHC EHR capabilities for ingestion of immunization data, and
 - d. Documentation of initial data validation and data quality work done to make immunization data usable by the FQHCs

III. **Attachment B, Payment Provisions.** The payment provisions are amended as follows:

By deleting Table 1.2 and replacing as follows:

Table 1.2: Payment Provisions – DDI

Project	Deliverable Detail	Payment Cycle	Amount Per Deliverable	Maximum Payable Amount
5. Connecting Patients, Providers & Other Users to Health Data	5.i. Implement a minimum of 50 interface connections as specified	Upon completion, no later than 12/31/22	\$7,500.00 each for a maximum of \$375,735.00	\$1,144,735
	5.ii VHIE Results Delivery procurement strategy, RFP and summary of responses	Upon completion, no later than 12/31/22	\$62,000.00	
	5.iii Implement a new VHIE Results Delivery solution.	Upon completion, no later than 12/31/22	\$62,000.00	
	5.iv eHealth Exchange Hub cutover plan	Upon completion, no later than 12/31/22	\$50,000.00	
	5.v Implementation and testing of VHIE connection to eHealth Exchange Hub	Upon completion, no later than 12/31/22	\$50,000.00	
	5.vi User education and training resources to support the launch of a new provider portal	Upon completion, no later than	\$95,000.00	

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Project	Deliverable Detail	Payment Cycle	Amount Per Deliverable	Maximum Payable Amount
		12/31/22		
	5.vii List of live organizations transitioned for use of the new portal	Upon completion, no later than 12/31/22	\$20,000.00 each connection for a maximum of \$350,000.00	
	5.viii Demonstration of enhanced provider portal functionality: prescription fill history	Upon completion, no later than 12/31/22	\$75,000.00	
	5.ix Demonstration of eHealth Exchange querying live in provider portal		\$25,000.00	
6. Final Implementation of the VHIE Unified Health Data Architecture	6.i Test plan for the Data Repository upgrade from FHIR R3 to R4	Upon completion, no later than 12/31/22	\$120,000.00	
	6.ii. Attest to the application of standard FHIR R4 release for clinical resources	Upon completion, no later than 12/31/22	\$75,000.00	
	6.iii Attest to the application of standard FHIR R4 release for claims resources	Upon completion, no later than 12/31/22	\$70,299.00	
	6.iv. Design for use of State's Mulesoft/Okta infrastructure for development of API(s)	Upon completion, no later than 12/31/22	\$40,000.00	
	6.v. Attest to the completion of Patient API testing.	Upon completion, no later than 12/31/22	\$40,000.00	\$950,299.00
	6.vi Provide technical specifications for access and use of Patient API and attestation of live API functionality	Upon completion, no later than 12/31/22	\$30,000.00	
	6.vii Plan for defining and prioritizing user API needs.	Upon completion, no later than 12/31/22	\$30,000.00	
	6.viii Education materials for patient facing education on use of the API to access patient health data.	Upon completion, no later than 12/31/22	\$25,000.00	

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Project	Deliverable Detail	Payment Cycle	Amount Per Deliverable	Maximum Payable Amount
	6.ix Technical documentation for third-party API users, including but not limited to security and deployment protocols.	Upon completion, no later than 12/31/22	\$20,000.00	
	6.x Maintain legacy operations to ensure complete transition from legacy systems to current operating systems; required costs to be approved in advance through proposal delivered by Contractor to State no later than June 30, 2022	Upon approval, no later than 12/31/22	\$500,000.00	
7. Leveraging the Unified Technical Architecture to Support and Enhance Public Health Efforts	7.i. Design an approach to integrating the State's Immunization Registry (IMR) with the VHIE, utilizing the State's MuleSoft and Okta solutions.	Upon completion	\$50,000.00	\$80,000.00
	7.ii. Execute deliverables as approved in the designed approach to IMR and VHIE integration.	Upon completion	\$30,000.00	
8. Enhancing Medicaid Operations with Health Data and Data Services available through the VHIE	Specifications of delivery will be articulated in this contract, which will be augmented through the Specifications Order process as noted in Section 11.	Upon completion	\$300,000.00	\$300,000.00

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Project	Deliverable Detail	Payment Cycle	Amount Per Deliverable	Maximum Payable Amount
9. Streamlining HIE Architecture and adding data types	9.i To enhance reporting infrastructure, design and develop implementation strategy of data architecture for data tables, data elements, indices, referential integrity, reporting data model, and access points.	Upon Completion	\$200,000.00	\$578,000.00
	9.ii Develop a stakeholder engagement plan for documenting current and future VHIE reporting needs.	Upon Completion	\$54,000.00	
	9.iii Execute implementation activities to occur in 2022 as directed by approved reporting infrastructure implementation strategy.	Upon Completion	\$254,000.00	
	9.iv Continue the coordination of the Part II+ Group of the Health Information Exchange Steering Committee as described in the State's Health Information Technology (Exchange) Strategic Plan.	Upon Completion	\$10,000.00	
	9.v Continue the coordination of a program of education for mental health and substance use disorder treatment organizations, including but not limited to Vermont's Designated Agencies, focused on VHIE capabilities and potential uses of the VITLAccess provider portal.	Upon Completion	\$10,000.00	
	9.vi Develop requirements specifications for ingesting social determinants of health data onto the VHIE with consideration for standards set by the USCDI and the Gravity Project.	Upon Completion	\$30,000.00	
	9.vii Design an implementation approach for ingestion of social	Upon Completion	\$20,000.00	

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Project	Deliverable Detail	Payment Cycle	Amount Per Deliverable	Maximum Payable Amount
	determinants of health data, due no later than August 2022, and begin implementation as approved by State.			
12. VHIE Enhancement: Data Quality Services	i. Strategy document outlining planned Model activities for 2022	Upon completion	\$97,500	\$97,500
	ii. Monthly report of accomplishments and plans with a summary of activities, to be submitted to the State.	Monthly (June – December 2022)	\$17,500.00	\$122,500.00
	iii. Engage FQHCs via Data Roadshow events: sharing available data and services and soliciting ideas for enhancements, supporting both FQHC engagement and continuous improvement of Model supports.	Per event	\$7,000.00	\$28,000.00
	iv. Complete an annual security risk assessment conducted by an external firm, to occur before 8/31/2022	Upon completion	\$15,000.00	\$15,000.00
	v. Immunization data transfer and data quality planning and subject matter expertise: a) Documentation of FQHC immunization data needs including panel management uses b) Plan for distribution of COVID-19 immunization data that Contractor provides to VRHA	Upon completion	\$7,500.00 per lettered deliverable (a-b)	\$35,000.00
	c) Documentation of FQHC EHR capabilities for ingestion of immunization data, and d) Documentation of initial data validation and data quality work done to make immunization data usable by the FQHCs	Upon completion	\$10,000.00 per lettered deliverable (c-d)	
	vi. Operational support for Data Quality Services implementation	Upon completion	\$2,000.00	\$2,000.00
	DDI Specification Order Budget Year 1			
DDI Specification Order Budget Year 2				\$50,000.00
Total DDI Amount				\$3,453,034.00

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SOV Cybersecurity Standard 19-01

All products and service provided to or for the use of the State under this Contract shall be in compliance with State of Vermont Cybersecurity Standard 19-01, which Contractor acknowledges has been provided to it, and is available on-line at the following URL: <https://digitalservices.vermont.gov/cybersecurity/cybersecurity-standards-and-directives>

Taxes Due to the State. Contractor certifies under the pains and penalties of perjury that, as of the date this contract amendment is signed, the Contractor 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 (Applicable to natural persons only; not applicable to corporations, partnerships or LLCs). Contractor is under no 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 as of the date of this amendment.

Certification Regarding Suspension or Debarment. Contractor certifies under the pains and penalties of perjury that, as of the date this contract amendment is signed, neither Contractor nor Contractor’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.

Contractor further certifies under pains and penalties of perjury that, as of the date this contract amendment is signed, Contractor is not presently debarred, suspended, nor named on the State’s debarment list at: <http://bgs.vermont.gov/purchasing-contracting/debarment>

This document consists of 7 pages. Except as modified by this Amendment No. 1 all provisions of the Contract remain in full force and effect.

The signatures of the undersigned indicate that each has read and agrees to be bound by this Amendment to the Contract.


WE THE UNDERSIGNED PARTIES AGREE TO BE BOUND BY THIS CONTRACT

STATE OF VERMONT
DEPARTMENT OF VERMONT HEALTH ACCESS

CONTRACTOR
VERMONT INFORMATION TECHNOLOGY LEADERS

DocuSigned by:

6/24/2022
201B29C84E7E41E...
ANDREA DE LA BRUERE, DVHA COMMISSIONER
NOB 1 SOUTH, 280 STATE DRIVE
WATERBURY, VT 05671
PHONE: 802-241-0246
EMAIL: ANDREA.DELABRUERE@VERMONT.GOV

DocuSigned by:

6/23/2022
79BE3F9AE223445...
BETH ANDERSON, VITL PRESIDENT & CEO
1 MILL STREET, SUITE 249
BURLINGTON, VT 05401
PHONE: 802-861-1935
EMAIL: BANDERSON@VITL.NET