STATE OF VERMONT
DEPARTMENT OF VERMONT HEALTH ACCESS
VERMONT INFORMATION TECHNOLOGY LEADERS

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CONTRACT #40957
AMENDMENT #1

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, 2021, Contract # 40957, as amended to date, (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 $9,058,878.00 to $9,446,378.00, representing an increase of $387,500.00.

II. **Attachment A, Statement of Work.** The Statement of Work is amendment as follows:

Section 1 Background is hereby deleted in its entirety and replaced as set forth below to this Amendment.

1. Background:
Pursuant to 18 V.S.A. § 9352, VITL is the State designated Contractor to operate the Vermont Health Information Exchange (VHIE). This Contract describes Contractor's specific obligations to operate, maintain and enhance the VHIE and associated and supporting products, infrastructure, and services.

The terms of this Contract include Operations related to:
- Operations of the VHIE System (Systems Management), including but not limited to, the Collaborative Services modules that have were implemented in CY'20: Master Person Index, Rhapsody Integration Engine, and Terminology Services
- VHIE System Security

The terms of this Contract also include system enhancements in service of end-user needs. These enhancements are categorized as follows:
- Data Access
- Consent Management for new data types
- Connecting EMS and Other Emergency Services to the VHIE
- Data Governance
- Data Extraction and Aggregation
- Completion of the Collaborative Services/New Data Platform
- Data Quality Services
- Public Health

System transitions and upgrade work included in this contract are intended to support 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.

All work considered system enhancements (DDI) efforts performed through September 30, 2021, must be submitted for payment no later than October 29, 2021. If the Contractor fails to invoice for DDI work performed through September 30, 2021, by October 29, 2021, the payment for services performed through September 30, 2021 will not be authorized. This is not applicable to DDI efforts in pursuit of Deliverable 13.i [Implement a minimum of twenty-five (25) Interface connections that are prioritized to support Public Health in support of the COVID-19 Pandemic. Provide attestation from impacted HCO

affirming successful Interface implementation] performed during the period of October 1, 2021, through December 31, 2021.

This Contract also includes security and risk assessment consultation services for providers in support of health care organizations participating in the Promoting Interoperability Program to receive incentives for the meaningful use and adoption of health information technology. This year, that work will be expanded to include educating providers about the Cures Act and Information Blocking.

Contractor shall perform its obligations under this Contract in coordination and collaboration with the State and the State's other Contractors.

Section 6 Consent Management – Description of Services is hereby deleted in its entirety and replaced as set forth below to this Amendment.

6. **Consent Management - Description of Services**
   Contractor shall develop stakeholder informed VHIE policies and procedures that will enable a consent management process that supports aggregation and access to clinically sensitive data (to be defined through the DED process) including, but not limited to, data governed by 42 CFR Part 2. Contractor shall incorporate into the VHIE policies and procedures changes to federal rules about data access to substance use disorder data such as those resulting from the CARES Act, and act according to existing regulations until changes are made official. Contractor shall involve stakeholders in the development of the consent management process and educate stakeholders about potential changes impacting data collection and exchange of clinically sensitive data.

   Contractor shall:
   i.   Build the capacity of the VHIE to manage a sensitive data sharing solution by convening the PartII+ advisory group, and engaging providers, provider organizations, and other stakeholders in a minimum of 5 interviews and/or focus groups to inform development of data management policies and tracking of federal data sharing policy changes and national approaches to data management of clinically sensitive data.
   ii. Develop an education program to introduce the substance use disorder treatment community and mental health treatment community to the VHIE, build awareness and encourage use of VHIE data access services, and build awareness of potential for future data sharing.

Section 7 Connecting EMS and Other Emergency Services to the VHIE – Description of Services is hereby deleted in its entirety and replaced as set forth below to this Amendment.

7. **Connecting EMS and Other Emergency Services to the VHIE – Description of Services**

   Contractor shall help provide health care data to clinicians, EMT/Paramedics, and other emergency healthcare providers through a web-based platform in the event of a disaster or emergency. Contractor shall participate in a national network(s) to support nationwide access to patient data to allow the ability to support Vermonters who could be affected by emergencies in Vermont or in another state participating in the national network, and to allow emergency healthcare providers to support visitors to Vermont impacted by an emergency in Vermont. Contractor shall work to build awareness among emergency response organizations/coalitions of the opportunity to incorporate access to VITL data into their emergency response plans, solicit feedback on the implementation plan, and offer live and on-demand training to these organizations and emergency health care providers.

   To facilitate work under this section, Contractor shall provide:
   i.   Project management and coordination of stakeholders to encourage and support incorporation of VITLAccess into emergency response planning.

ii.   Live training for emergency healthcare response/preparedness organizations to introduce organizations and staff to how to use VITLAccess.

iii. Attestation that live training has occurred, listing date and participating organizations and number of individuals.

Section 9 Data Extraction and Aggregation [VHIE Connectivity] is hereby deleted in its entirety and replaced as set forth below to this Amendment.

9. **Data Extraction and Aggregation [VHIE Connectivity]**

Contractor operates a Health Information Exchange. 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 both HCO and Patient uses. As called for in 45 CFR Parts 170 and 171, RIN 0955-AA01, CMS's Interoperability and Patient Access Final Rule (CMS-9115-F) identifies HL7 FHIR as the foundational standard to support data exchange via secure APIs and US Core Data for Interoperability (USCDI) version 1 data set for defining electronic health information (EHI). 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) and for any HCOs that are not yet able to meet the new interoperability standards, the Contractor will provide mapping services to FHIR, so that this data can be made available via the proposed new FHIR APIs. These APIs will provide a standard way for the VHIE stakeholders to exchange data seamlessly in the future, and to enable patients electronic access to their data.

9.1 Contractor shall Continue working on Connectivity projects that are already in progress but not yet completed and also continue to support Public Health initiatives based on mandates and critical program needs. See Section 13 of the contract for more details surrounding this.

Contactor's work under this section shall include the following deliverables:
i.   Develop a Tactical Interface Plan that provides the following:
   a. Results of a survey of EHR vendors known to be used by HCOs contributing data to the VHIE for their FHIR API capability and readiness in 2021;
   b. Timeline for when the FHIR API for contributing data will be ready;
   c. Projections for interface projects, specifying projects that will be completed during the remainder of the year; and
   d. Migration paths and planning for current legacy interfaces to move to the latest FHIR standards/protocols.
ii. Evaluate requirements for external facing APIs, and develop a design considerations outline for future implementation.

9.2 Develop connections to the VHIE that are compliant with new federal standards:

Contactor's work under this section shall include the following deliverables:
i.   Intentionally Omitted
ii.   Intentionally Omitted
iii. Update Contractor's existing Baseline Connectivity Evaluation Scoring document to accommodate FHIR standards.
iv.   Update the Interface Prioritization Matrix documentation for CY21 via the Subcommittee for the HIE Steering Committee to reflect the desire to move to FHIR based interfaces.
v.   Document technical approach, including a risk analysis, to inform an accurate and complete

migration of claims and clinical data from FHIR R3 to R4 in the future.
vi.   Intentionally Omitted
vii.   Intentionally Omitted
viii.   Migrate HL7 HCO data connections from Health Catalyst to the VHIE for application of the Master Patient Index, Terminology Services and translation into the FHIR DB.

9.3   Increase the volume of data flowing to the VHIE.

Contactor's work under this section shall include the following deliverables:
i.   Intentionally Omitted
ii.   Implement a minimum of (30) Interface connections that will be mapped to the FHIR DB with HCO Locations that are approved on the Interface Prioritization Matrix by the HIE Steering Committee. Attestation by the HCO or their vendor will be provided confirming that the interface is live and functioning as expected.
iii.   Provide Connectivity Dashboard, which will include data about all current and requested VHIE Connections for locations either contributing data or utilizing data.

9.4   Increase the quality of data flowing into the VHIE (at the source, translated at the VHIE, and distributed to users):

Contactor's work under this section shall include the following deliverables:
i.   Update the Connectivity Criteria for Physical Health and Mental Health and Behavioral Health to ensure consistency with USCDI & FHIR standards. The Criteria is to be approved by the HIE Steering Committee in 2021
ii.   Expand the Connectivity Criteria to include Medicaid claims data based on available standards. The Criteria is to be approved by the HIE Steering Committee in 2021.
iii.   Collaborate with Vermont Rural Health Alliance (VRHA) to establish updated data quality protocols for the VHIE (See section 10 of the Contract).
iv.   Provide Connectivity Criteria to the HIE Steering Committee for approval for inclusion in the 2021 update to the Health Information Exchange Plan.

9.5   Expand the quality and quantity of feeds from the VHIE to HCOs:

Contactor's work under this section shall include the following deliverables:
i.   Intentionally Omitted
ii.   Develop requirements for an identity management solution to support requested identity for the Patient API.
iii.   Evaluate the State's identity management solution for fit and perform market scan for connectivity solutions.

Section 11 VHIE Enhancement: Collaborative Services/New Data Platform is hereby deleted in its entirety and replaced as set forth below to this Amendment.

Contractor shall continue to implement the new data platform that will enable the Health Information Exchange to meet the new Federal interoperability guidelines, improve existing services for healthcare organizations, and enable future services.

11.1   Roadmap

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Contactor's work under this section shall include the following deliverables:

i. Contractor shall develop a Platform roadmap for CY2021 and beyond that provides the following:

a. Timeline for when Transactional DB will be available.

b. Timeline for when Relational DB will be available.

c. Timeline for when Provider portal will be available.

d. Projections for any other services.

ii. Contractor shall provide Status reports to DVHA twice a month detailing the progress on implementing the different phases of the new platform.

11.2 Databases

The databases that hold the clinical information contributed to the VHIE are critical for multiple use cases, including clinical decision making in real time at the point of care for providers, data quality reporting to understand the data and work to improve where Terminology Services can be applied or where there are data gaps from the sending facilities, and to perform reporting that is needed to support statewide initiatives. This work is to develop, test and implement transactional and relational databases for the VHIE that are compliant with new federal standards, and support data quality and reporting needs now and in the future.

Contactor's work under this section shall include the following deliverables:

i. Integrate Terminology Services into the FHIR transactional database, so that any new terminology mappings applied now and in the future can be applied retroactively to data already stored in the database. Contractor shall provide State an attestation affirming successful integration.

ii. Integrate the MPI tool into the FHIR transactional database, so that any updates to the identities of a person based on new data received can be applied retroactively to the data already stored in the database. Provide an attestation affirming successful integration.

iii. Create a cutover planning document with all affected systems for the FHIR transactional database move to Production that describes the plan and timing for Go Live.

iv. Determine data model for relational database that will support internal and external reporting needs. This needs to support multiple stakeholders, support all the standardized elements from the FHIR database, and be flexible enough to support future use cases. Data model should follow modular design principles.

v. Complete relational database implementation to ensure database model components exist and are configured to transfer data from the FHIR transactional database into the new relational database. Contractor shall provide an attestation affirming successful implementation when completed.

vi. Complete relational database testing to ensure data is being translated and stored appropriately from the FHIR transactional database in the relational database. Contractor shall provide an attestation affirming testing is completed.

vii. Create a Cutover planning document with all affected systems for the relational database move to Production that describes the plan and timing for Go Live.

viii. Evaluate and define which legacy system reports can be replaced by other functionality and any steps to enable these in the new platform, which reports are no longer needed and which reports will need to be rewritten against the new databases and document the plan.

ix. Intentionally Omitted

x. In preparation for decommissioning the legacy HIE database functionality, an evaluation of all existing functionality must occur to determine if it is still needed, can be retired, or is still needed in a modified solution. The results of the evaluation will be documented.

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xi. Complete a plan for decommissioning of legacy HIE databases based on the evaluation of needed functionality. The plan will include timing for decommissioning or migration of the different functionality.

xii. Medicaid Claims data requirements development to include FHIR Mapping table that will enable streamlined development, if any is needed, and be used to accurately test once the data has been ingested into the FHIR database.

xiii. Intentionally Omitted

xiv. Contractor shall provide proof that the transactional FHIR database is live in Production and processing real time message flow, by providing an attestation affirming successful data flow.

xv. Contractor shall provide proof that the relational database is live in Production and contains the data needed for analysis and reporting. Provide attestation affirming successful data transfer from the Production FHIR database.

xvi. Contractor will develop Consent Test Plans to ensure that all the necessary Consent scenarios are tested to include minor consent, default settings, and auditing, as well as Part 2 consent pending availability of final guidance.

xvii. Contractor will implement and execute the test plans developed to ensure that the Provider Portal general consent functionality is working as expected and follows the state consent policy.

xviii. Intentionally Omitted

xix. Contractor shall evaluate usage and need for COVID reporting in future months. Contractor shall work with Dept. of Health to develop and implement a COVID reporting transition strategy.

xx. Intentionally Omitted

xxi. Intentionally Omitted

xxii. Build an interface to accept one (1) SDoH pilot file (Medicaid Screening data), enrich it with the Master Patient Index tool with needed patient identifiers, and deliver the file to the stakeholders on a monthly basis for the remainder of the contract period.

xxiii. Decommission of the initial group of legacy databases as addressed in the plan. This is a key first step to reduce the number of legacy VHIE databases that are in production and to fully decommissioning the legacy systems in favor of the new platform and cloud based alternatives which align with the VHIE strategic technology goals.

xxiv. Participate in the Gravity Project and engage with other national SDOH forums and learning opportunities

11.3 Provider Portal/Direct Secure Messaging/Results Delivery

The VHIE provides data services to users at the point of care to facilitate better outcomes when treating Vermont patients, which include :

- A provider portal where providers can look up their patients' aggregated longitudinal healthcare data that includes data from across the state for all the data contributors to the VHIE.

- Direct secure Messaging which enables providers to securely email clinical data to one another to support transitions of care between facilities.

- Results delivery which delivers laboratory, radiology, and transcribed reports electronically directly into the provider EMR for their use within their preferred workflow.

These key services will need to be migrated to solutions that can utilize the new Transactional FHIR database and message data flows to include the Master Patient Index, and Terminology Services that have been implemented as part of the Collaborative Services project over the past year.

Contactor's work under this section shall include the following deliverables:

i. Contractor shall develop and document requirements for new Direct Secure Messaging platform. Create selection criteria for new solution.

ii. Contractor shall perform market scan for new solution, identify target set of solutions

iii. Intentionally Omitted

iv. Contractor shall select and contract for a Provider Portal that can utilize the FHIR API on the Transactional FHIR database to obtain the necessary data and be a modular component of the HIE technology stack going forward. This shall include developing requirements for a medication management solution.

v. Contractor will integrate and test the Master Patient Index with provider portal solution to ensure that there is a consolidated view of all the known patient records for a person.

vi. Contractor will implement and test the functionality and the data presentation of the provider portal, to ensure the application and the data shown are what is expected based on the underlying data. This step will also identify if there are any functionality gaps that need to be closed in the future and is a critical step in preparation for go live.

vii. Contractor shall update all VHIE Policies and Procedures for provider portal to include items like setting up new organizations, provisioning new users, and auditing user accounts.

viii. Contractor shall configure at least two (2) pilot organizations for provider portal.

ix. Contractor shall create a Cutover planning document with all affected systems for the provider portal move to Production that describes the plan and timing for Go Live.

x. Contractor shall determine the requirements needed for a Results Delivery solution based on current and future needs. This will be a document that can influence the requirements in a vendor contract.

xi. Contractor shall perform market scan and develop approach for investigation of capabilities of EHRs of existing clients to inform solution design and selection.

xii. Intentionally Omitted

xiii. Intentionally Omitted

xiv. Intentionally Omitted

xv. Contractor shall provide proof that the Provider Portal is live in Production for pilot organizations and is functioning as expected. Provide attestation affirming successful move to Production and Production data is available in the Portal.

xvi. Contractor shall initiate and train users for pilot of provider portal with at least 2 pilot organizations for feedback.

11.4 VHIE System Development: Claims

Contractor shall work to develop the capability to ingest claims data into the VHIE, and to show the ability to develop a report that includes a patient record that links all of the individual's claims and clinical data to one record. Contractor shall work with the Medicaid Team to develop a file specification, expected to be similar to the file specification used for Vermont's All Payer Claims Database. Contractor shall develop documentation to be used by payers to deliver files capable of being ingested to the VHIE. In addition, Contractor will work in partnership with DVHA staff to engage commercial payers to submit their claims data to the VHIE following the designated format. DVHA will be responsible for obtaining the commitment of commercial payers to work with the Contractor to develop, test, and go live with the ability to deliver claims files to the Contractor.

Contactor's work under this section shall include the following deliverables:

i. Project Plan with outlined milestones and tasks detailing how Contractor will develop the VHIE system to aggregate and extract Medicaid and commercial claims.

ii. Technical specifications for ingesting claims from Medicaid and commercial payers.

iii. Establish capability to receive electronic claims data from Medicaid and commercial payers.

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   iv.   Demonstration of Contractor's ability to parse data stream, normalize and structure claims data into the VHIE data platform.

   v.   Demonstrate ability to link Medicaid clinical and claims data for a Medicaid beneficiary. Initial demonstration due 9/30/21, final report due 12/31/21.

Section 13 Public Health is hereby deleted in its entirety and replaced as set forth below to this Amendment.

13. **Public Health**

Contractor will continue to execute on ongoing activities that not only align with national guidance from the ONC but with guidance from the CDC which promotes new targets for data system interoperability in the CDC Data Modernization Initiative. Those activities aim to help facilitate data collection and availability, including aggregation of Immunization and Laboratory data, for the Vermont Immunization Registry, the VDH Epidemiology team and others in the State addressing the COVID-19 Pandemic. The Contractor will work in partnership with VDH and the Vermont Agency of Digital Services, and HCOs, Pharmacies, Commercial Laboratories, as well as any other organizations identified by the VDH to support and supplement their data collection and reporting needs, including implementing interfaces to electronically capture needed information. The data from each interface will be transformed into the FHIR transactional database once live, where it will be available for extraction and analysis.

Contractor shall:

- Move high volume immunizers like pharmacies from a monthly batch file to daily automated HL7 files to help VDH with the CDC's daily reporting requirements for COVID-19 vaccine administration.
- Automate sharing of statewide testing results and enhance vaccine collection through the VHIE. Additional sites may include long term care facilities and additional commercial labs.
- Continue data sharing to support ongoing surveillance through the VHIE, beyond COVID-19.
- Connect additional VDH registries to the VHIE to make essential data available to providers (e.g., death registry).
- Establish direct feeds of lab results to health care organizations and offer reporting to stakeholders for specialized care needs.
- Connect providers to direct lab feeds across the state to ensure they have the real-time information they need to provide care.
- Leverage the VHIE's connection to EMResource to support the automation of hospital reporting in future emergencies.
- Continue to expand emergency medical service agency, and other provider, use of the provider portal (VITLAccess) to support COVID and public health needs.

Contactor's work under this section shall include the following deliverables:

   i.   Implement a minimum of twenty-five (25) Interface connections that are prioritized to support Public Health in support of the COVID-19 Pandemic. These interfaces will allow for real time electronic exchange of Laboratory and Immunization data and allow the VDH to meet Federal reporting guidelines for COVID-19 data.

   ii.   Establish ability to receive and load immunization data from the Vermont Immunization Registry to the VHIE

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iii.   Expand access to statewide health data for up to 15 Emergency Medical Services (EMS) or other providers to support their COVID-19 response efforts through VITLAccess Onboardings, by giving them access to timely clinical data for the patients they are supporting.

iv.   Maintain daily operation of the COVID Hospitalization report that reports data on behalf of VT Hospitals to the State Dashboards, and also, eventually, to the HHS Teletracker system for mandated COVID-19 data reporting, until no longer deemed necessary.

v.   Create an interface to electronically ingest the Death Registry flat file from the VDH and update the Master Patient Index Tool appropriately for use by multiple VHIE stakeholders.

vi.   Develop a report and daily validation of high-risk individuals for COVID immunizations to support scheduling during priority immunization rollout.

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

Attachment B, Number 3 is hereby deleted in its entirety and replaced as set forth below to this Amendment.

3. Contractor shall submit invoices for all DDI work performed through September 30, 2021, no later than October 29, 2021. If the Contractor fails to invoice for DDI work performed through September 30, 2021, by October 29, 2021, the payment for services performed through September 30, 2021, will not be authorized. This is not applicable to DDI efforts in pursuit of 13.i [Implement a minimum of twenty-five (25) Interface connections that are prioritized to support Public Health in support of the COVID-19 Pandemic. Provide attestation from impacted HCO affirming successful Interface implementation] performed during the period of October 1, 2021, through December 31, 2021.

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Attachment B, Table 1.2 Payment Provisions - DDI is hereby deleted in its entirety and replaced as set forth below to this Amendment.

Project	Deliverable Detail	Payment Cycle	Amount Per Deliverable	Maximum Payable Amount
5. VHIE Enhancement: Data Access	5.3.i. Expand access to patient data through the onboarding of new entities on VITLAccess, SSO, Cross Community Access	Upon completion	$7,500.00 each for a maximum of $37,500.00	$537,500.00
	5.3.ii. Implement data access expansion in the form of direct feeds of transcribed reports and laboratory and radiology data to EHR systems in accordance with the prioritized implementation list	Upon completion	$10,000.00 each to a maximum of $230,000.00	
	5.3.iii. Implement data access remediation.	Upon completion	$7,500.00 each to a maximum of $270,000.00	
6. Consent Management	6.i Build foundation for future development of a sensitive data sharing solution	Upon completion	$40,000.00	$105,000.00
	6.ii. Develop an education program to introduce the substance use disorder treatment community and mental health treatment community to the VHIE, build awareness and encourage use of VHIE data access services, and build awareness of potential for future data sharing.	Upon completion	$65,000.00	
7. Connecting EMS and Other Emergency Services to the VHIE	7.i. Project management and coordination of stakeholders to encourage and support incorporation of VITLAccess in emergency response plans and trainings	Monthly	$4,000.00/month for four months Up to a maximum of $16,000.00	$26,000.00
	7.ii. Agenda and materials for a live training for emergency healthcare response /preparedness organizations to introduce organizations and staff to how to use	Upon completion	$8,000.00	

Project	Deliverable Detail	Payment Cycle	Amount Per Deliverable	Maximum Payable Amount
	VITLAccess			
	7.iii. Attestation that live training has occurred, listing date and participating organizations and number of individuals (pdf)	Upon completion	$2,000.00	
8. Architectural Quality Process - VITL Data Governance Implementation	8.i. Complete and deliver documentation of all relevant policies and procedures supporting data governance identified in chapter 8 of the VITL Data Governance Implementation Charter created in CY20 for all existing data types and new data types planned in the CY 21 contract.	Upon completion	$40,000.00	$100,000.00
	8.ii. Develop and deliver documentation of a data dictionary that consists of a centralized repository of information about VHIE data such as meaning, relationships to other data, origin, usage, and format.	Upon completion	$30,000.00	
	8.iii. Complete and deliver documentation of a Data Governance Policy that is approved by the Contractor's Board of Directors.	Upon completion	$15,000.00	
	8.iv. Create and deliver documentation of a stakeholder engagement plan to Educate select stakeholders, including but not limited to the HIE Steering Committee, VHIE data contributors, and VHIE data users, on VITL's Data Governance Policy.	Upon completion	$15,000.00	
9. VHIE Enhancement: Data Extraction and Aggregation (Connectivity)	9.1.i. Tactical Interface Plan	Upon Completion	$105,000.00	$1,853,250.00
	9.1.ii. Evaluate requirements for external facing APIs, and develop a design considerations outline	Upon Completion	$495,125.00	

Project	Deliverable Detail	Payment Cycle	Amount Per Deliverable	Maximum Payable Amount
	for future implementation			
	9.2.iii. Update Baseline Connectivity Evaluation Scoring to accommodate FHIR standards.	Upon Completion	$30,000.00	
	9.2.iv. Update the Interface Prioritization Matrix via the Subcommittee for the HIESC.	Upon Completion	$10,000.00	
	9.2.v. Document technical approach to migration of claims and clinical data from R3 to R4	Upon Completion	$495,125.00	
	9.2.viii. Migrate HL7 HCO Connections from Health Catalyst to the VHIE first	Upon Completion	$3,000.00 each migration to FHIR DB, up to a maximum of $90,000.00	
	9.3.ii. Implement a minimum of thirty (30) interfaces that will be mapped into the FHIR DB	Upon Completion	$6000.00 per interface up to a maximum of $302,000.00	
	9.3.iii. Provide Connectivity Dashboard	Due by the 10th day after the end of each month beginning January 2021	$20,000.00 each, up to a maximum of $180,000.00	
	9.4.i. Update Connectivity Criteria for Physical Health, Mental Health and Behavioral Health	Approved by the HIE Steering Committee by Oct 10	$15,000.00	
	9.4.ii. Expand Connectivity Criteria to include Medicaid claims	Approved by the HIE Steering Committee by Oct 10	$26,000.00	
	9.4.iii. Collaborate with VRHA to establish updated data quality protocols	Upon completion	$20,000.00	
	9.5.ii Develop requirements for identity management solution for API	Upon completion	$75,000.00	
	9.5.iii. Evaluate State identity management solution for fit	Upon completion	$10,000.00	

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Project	Deliverable Detail	Payment Cycle	Amount Per Deliverable	Maximum Payable Amount
	and perform market scan for other solutions			
10. VHIE Enhancement: Data Quality Services	10.i. Monthly report of accomplishments and plans with a summary of activities.	Monthly (January – September)	$33,111.11 up to a maximum of $298,000.00	$300,000.00
	10.ii Operational support for Data Quality Services implementation	Upon completion	$2,000.00	
11. VHIE Enhancement: Collaborative Services/New Data Platform	**11.1. ROADMAP**			
	11.1.i. Create a platform roadmap & plan for CY2021 and beyond	Upon Completion	$100,000.00	$190,000.00
	11.1.ii. Deliver Platform Status Reports twice a month	2 per month, paid on a monthly basis	$10,000.00 per month, up to $90,000.00	
	11.2. DATABASES			
	11.2.i. Integration of Terminology Services into FHIR Database	Upon Completion	$30,000.00	$935,000.00
	11.2.ii. Integration of MPI into FHIR DB	Upon Completion	$50,000.00	
	11.2.iii. FHIR DB Cutover Plan Document	Upon Completion	$45,000.00	
	11.2.iv. Provide new Relational DB Data Model document	Upon Completion	$75,000.00	
	11.2.v. Relational DB implementation complete	Upon Completion	$75,000.00	
	11.2.vi. Relational DB testing complete	Upon Completion	$75,000.00	
	11.2.vii.Provide Relational database Cutover Planning Document	Upon Completion	$50,000.00	
	11.2.viii. Provide Reports Evaluation and Plan Document	Upon Completion	$50,000.00	
	11.2.x. Provide HIE Database Evaluation Document	Upon Completion	$50,000.00	
	11.2.xi. Provide HIE Database Decommissioning Plan	Upon Completion	$50,000.00	
	11.2.xii. Medicaid Claims Data requirements developed	Upon Completion	$50,000.00	

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Project	Deliverable Detail	Payment Cycle	Amount Per Deliverable	Maximum Payable Amount
	11.2.xiv. Transactional FHIR database Go Live	Upon Completion	$75,000.00	
	11.2.xv. Relational database is live	Upon Completion	$40,000.00	
	11.2.xvi. Develop Consent Test Plans for provider Portal (Medicasoft Platform)	Upon Completion	$40,000.00	
	11.2.xvii. Implement and Test General Consent in Provider Portal (Medicasoft Platform)	Upon Completion	$40,000.00	
	11.2.xix. Evaluate usage and need for COVID report going forward. Develop plan to transition, as necessary	Upon Completion	$50,000.00	
	11.2.xxii. One SDoH interface to enrich data with Master Patient Index	Upon Completion	$30,000.00	
	11.2.xxiii. Decommission of initial group of legacy databases.	Upon Completion	$50,000.00	
	11.2.xxiv. Participate in the Gravity Project and engage with other national SDOH forums and learning opportunities	Upon Completion	$10,000.00	
	11.3. PROVIDER PORTAL, SECURE MESSAGING, RESULTS DELIVERY			
	11.3.i. Develop and document requirements for new Direct Secure Messaging platform. Create selection criteria for new solution.	Upon Completion	$40,000.00	
	11.3.ii. Perform market scan for new solution, identify target set of solutions	Upon Completion	$20,000.00	$580,000.00
	11.3.iv. Provider Portal Selection and Contracting, including developing requirements for a medication management solution	Upon Completion	$50,000.00	

Project	Deliverable Detail	Payment Cycle	Amount Per Deliverable	Maximum Payable Amount
	11.3.v. MPI integration into Provider Portal	Upon Completion	$30,000.00	
	11.3.vi. Implement and test Provider Portal	Upon Completion	$100,000.00	
	11.3.vii. VHIE Policies and Procedures updated for the Provider Portal.	Upon Completion	$50,000.00	
	11.3.viii. Set up and configure at least 2 pilot organizations for provider portal	Upon Completion	$15,000.00	
	11.3.ix. Provider Portal Cutover plan	Upon Completion	$50,000.00	
	11.3.x. Results Delivery Requirements documentation	Upon Completion	$50,000.00	
	11.3.xi. Perform market scan and identify short list of possible solutions. Develop approach for investigation of capabilities of EHRs of existing clients to inform solution design and selection.	Upon Completion	$50,000.00	
	11.3.xv. Provider Portal Pilot Go Live	Upon Completion	$75,000.00	
	11.3.xvi. Initiate and train users for pilot of provider portal with at least 2 pilot organizations for feedback	Upon Completion	$50,000.00	
	11.4. CLAIMS			$986,000.00
	11.4.i. Provide Claims Project Plan	Upon Completion	$121,500.00	
	11.4.ii Develop Technical specifications for ingesting claims from Medicaid and commercial payers.	Upon Completion	$121,500.00	
	11.4.iii Establish capability to receive electronic claims data from Medicaid	Upon Completion	$121,500.00	
	11.4.iv Provide demonstration of Contractor's ability to parse	Upon Completion	$121,500.00	

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Project	Deliverable Detail	Payment Cycle	Amount Per Deliverable	Maximum Payable Amount
	data stream and normalize and structure data into the VHIE data platform.			
	11.4.v. Demonstrate ability to link Medicaid clinical and claims data for a Medicaid beneficiary. Initial demonstration due 9/30/21, final report due 12/31/21.	Upon Completion	$500,000.00	
12. Client Services Meaningful Use and Security Risk Assessment Consulting:	12.i. Provide the State with a list and attestations from impacted entities of Meaningful Use and Security Risk Assessment consulting services provided during the previous month. Payment is contingent upon: 12.ii. Delivery of attestations from impacted entities (3+ hours), or attestation from VITL in lieu of practice attestation (< 3 Hours) and; 12.iii. Delivery of list, attestations and monthly invoices detailing total VITL labor hours per site.	Monthly on the 10th day of each month	$10,416.67/month Plus $125/hour labor rate Up to a maximum of $161,250.00	$161,250.00
13. Public Health	13.i Implement a minimum of twenty-five (25) Interface connections that are prioritized to support Public Health in support of the COVID-19 Pandemic. Provide attestation from impacted HCO affirming successful Interface implementation.	Upon Completion	For Interface connections performed through 9/30/21 - $7,661.29.00 each, up to a maximum of $237,500.00 For Interface connections performed between 10/1/21 through 12/31/21, the Contractor shall bill a total fixed fee of $80,000.00 at the end of the contract	$665,000.00

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Project	Deliverable Detail	Payment Cycle	Amount Per Deliverable	Maximum Payable Amount
			term inclusive of any and all work performed under this Deliverable 13.1 during the specified time period.	
	13.ii Establish ability to receive and load immunization data from the Vermont Immunization Registry to the VHIE	Upon Completion	$50,000.00	
	13.iii Up to 15 VITLAccess Onboardings for emergency medical service providers and others to support COVID response	Upon Completion	$7500.00 each, up to a maximum of $112,500.00	
	13. iv Daily COVID Hospitalization Reporting	Monthly	$13,333.33 per month, up to a maximum of $120,000.00	
	13.v Implement the Death Registry Interface	Upon Completion	$50,000.00	
	13.vi Development of report and daily validation of high-risk individuals for COVID immunizations	Upon Completion	$15,000.00	
Total Payable Amount				**$6,439,000.00**

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<u>Taxes Due to the State</u>. 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.

<u>Child Support (Applicable to natural persons only; not applicable to corporations, partnerships or LLCs)</u>. 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.

<u>Certification Regarding Suspension or Debarment</u>. 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 18 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:
Adaline Strumolo   11/4/2021
ABEDE75BDF50473...

ADALINE STRUMOLO, DVHA ACTING COMMISSIONER
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EMAIL: ADALINE.STRUMOLO@VERMONT.GOV

DocuSigned by:
Beth Anderson   11/4/2021
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