

STATE OF VERMONT
DEPARTMENT OF VERMONT HEALTH ACCESS
GAINWELL TECHNOLOGIES LLC.

PAGE 1 OF 11
CONTRACT # 42868
AMENDMENT 3

STATE OF VERMONT
CONTRACT AMENDMENT

It is hereby agreed by and between the State of Vermont, Department of Vermont Health Access (the "State") and Gainwell Technologies LLC., with a principal place of business in Conway, Arkansas (the "Contractor") that the Contract between them originally dated as of January 1, 2022, Contract # 42868, 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 \$100,681,071.14 to \$101,341,071.14 representing an increase of \$660,000.00.

II. **Attachment A, Scope of Services.** The Scope of Services is amended as follows:

Section II MMIS Base Operations: System Hosting, Administration, Operations, and Maintenance on Page 11 of Attachment A of the base Contract, is amended by the addition of the following requirements as set forth below in Attachment 1 to this Amendment.

Section III Additional One-time, Ongoing, and Future MMIS Modernization Projects on Page 18 of Attachment A of the base Contract, and as previously amended, is amended by the addition of the following requirements as set forth below in Attachment 1 to this Amendment.

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

Section 8. Table B.5 Operational Invoice Payment Schedule on Page 78 of the base Contract and as previously amendment, is hereby deleted in its entirety and replaced as set forth in Attachment 2 to this Amendment 3.

Section 12. Total Budget, Table B.5 Total Operational and Project Costs on Page 86 of the base Contract and as previously amended, is hereby deleted in its entirety, and replaced as set forth in Attachment 3 to this Amendment 3.

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.

**STATE OF VERMONT
DEPARTMENT OF VERMONT HEALTH ACCESS
GAINWELL TECHNOLOGIES LLC.**

**PAGE 2 OF 11
CONTRACT # 42868
AMENDMENT 3**

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>

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.

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 Update 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> .

This document consists of 11 pages. Except as modified by this Amendment No. 3, all provisions of the Contract remain in full force and effect.

WE THE UNDERSIGNED PARTIES AGREE TO BE BOUND BY THIS CONTRACT

STATE OF VERMONT
DEPARTMENT OF VERMONT HEALTH ACCESS

CONTRACTOR
GAINWELL TECHNOLOGIES LLC

DocuSigned by:

Andrea De La Bruere 11/6/2023

DocuSigned by:

Mark Knickrehm 11/6/2023

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**STATE OF VERMONT
DEPARTMENT OF VERMONT HEALTH ACCESS
GAINWELL TECHNOLOGIES LLC.**

**PAGE 3 OF 11
CONTRACT # 42868
AMENDMENT 3**

Attachment 1. Changes to Attachment A

Section II of Attachment A, MMIS Base Operations: System Hosting, Administration, Operations, and Maintenance is amended by the addition of the following requirement to the end of the section:

“xxii. State Level Repository, Attestation, and Incentive Tracking (SLAIT) System application (State custom software).”

Section II of Attachment A, MMIS Base Operations: System Hosting, Administration, Operations, and Maintenance, Subsection A. Data and Application Services is hereby amended by the addition of the following requirements:

Operations, MDAAP Program	Online application and interfaces for provider attestations and incentive payments.	Onbase integration
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Section III of Attachment A, Additional One-time, Ongoing, and Future MMIS Modernization Projects is hereby amended by the addition of the following requirements:

N. State Level Repository, Attestation, and Incentive Tracking (SLAIT) System. Contractor shall create a State Level Repository, Attestation, and Incentive Tracking (SLAIT) system. The SLAIT system will support workflows associated with confirming eligibility for Medicaid providers, attestation requirements, suspense processing, appeals tracking, issuance of incentive payments, and data storage. The state level repository will allow Medicaid Data Aggregation and Access Program (MDAAP) participants to create an account in the data system, capture and track provider applications, evaluate eligibility, and collect attestations to make timely incentive payments to qualifying providers for reaching milestones associated with the implementation and use of health information technology, including certified Electronic Health Record (EHR) systems and approved care coordination/care management platforms and referral tools. The state level repository must interact with Vermont’s Medicaid Management Information System (MMIS) to efficiently issue incentive payments to approved providers.

Contractor shall develop a web-based application and state level repository system compatible with modern and up-to-date web browsers, including Microsoft Edge, that supports multiple steps in the provider application process including: collecting provider information such as name, NPI, Medicaid ID, TIN, payee TIN, address, phone, email, provider type, provider specialty, provider applicant verification, provider applicant eligibility determination, provider application attestation, provider applications payee determination, application submittal confirmation/electronic signature or secure confirmation, Medicaid payment determination, and payment generation. This SLAIT system must meet the following requirements:

1. Production, user acceptance testing (UAT), and Model SLAIT environments

**STATE OF VERMONT
DEPARTMENT OF VERMONT HEALTH ACCESS
GAINWELL TECHNOLOGIES LLC.**

**PAGE 4 OF 11
CONTRACT # 42868
AMENDMENT 3**

- 1.1. The application must have both a provider facing and a user support component for use by the State Medicaid program/MDAAP incentive program team. The portal allows non-provider users (Administrators) to access the system and perform administrative functions such as approving and denying incentive payments and identifying the need to perform provider outreach services. These requirements must be configurable whenever possible.
- 1.2. There must be many user interface/screens which are customizable and can include hyperlinks.
- 1.3. Different administrative user permissions of access authority customizable by environment. For example, all state administrators may have access to most functions in UAT environment for testing purposes, but in production environment only certain users will be allowed to approve payments and other adjustments.
- 1.4. Functionality for state administrators to enter notes and attach/upload documents to SLAIT provider records.
- 1.5. Allows a manual record lock and unlock (not allow changes) function to be performed by a state administrator with the appropriate role.
- 1.6. Administrators are able to search attestations by NPI, payee TIN, name, Medicaid ID, CCN, TIN, program year, payment year, and status. Administrators must also be able to view an Application Status Display which displays the number of applications by status (such as completed, expired, denied, cancelled, denied-year forfeited, aborted) and program year.
- 1.7. The application must identify providers who have already received an incentive payment for a particular activity/milestone and prevent duplicate payments. The SLAIT system may need to use an identifier like TIN/FEIN when an umbrella organization has multiple Medicaid IDs and NPIs.
- 1.8. The application must have the ability to set financial and quantity constraints, such as the maximum number of incentive dollars or providers paid out for a particular program milestone or track.
- 1.9. Adjustment capabilities in case incentive payments are returned and ability to identify and view adjusted applications.
- 1.10. A comprehensive User Manual for applicants to support all providers utilizing the SLAIT will be developed, including login instructions, as well as step-by-step instructions for users to complete various actions within the tool. In the instance of changes to system functionality, the User Manual will be updated accordingly. Training videos will be available online.
- 1.11. A comprehensive SLAIT Administrator Manual for State administrators explaining how administrators interface with SLAIT and review and process applications, including defining or demonstrating any differences between provider portals and administrative portals.

2. Provider environment

- 2.1. The MDAAP application will be accessed through the Vermont Medicaid provider secure web portal MMIS, which is operated by Vermont's fiscal agent. Users must have a registered account to access the secure web portal (Web Account or Trading Partner Account). SLAIT operates on the principal that the provider has a User ID to access this secure Medicaid Provider Portal. The User ID for the Provider Portal is the same User ID as for the Provider Management Module. When the provider or preparer logs on to the Vermont Medicaid portal, the option to navigate to the MDAAP SLAIT system appears under "Secure Options". The link to the MDAAP application for access is only presented if the enrolled provider has a valid log on id. Provider type and provider specialty will need to be collected and validated. To be eligible to participate in MDAAP, providers must have specific Medicaid provider type and specialty

**STATE OF VERMONT
DEPARTMENT OF VERMONT HEALTH ACCESS
GAINWELL TECHNOLOGIES LLC.**

**PAGE 5 OF 11
CONTRACT # 42868
AMENDMENT 3**

codes that will be defined. Provider type codes that were eligible for HITECH incentives will not be eligible for MDAAP incentives. Specifically, the following Medicaid provider types will not be eligible for MDAAP: physicians (provider type code 005), dentists (provider type code 004), certified nurse midwives (provider type code T06 with specialty code 042 midwife), nurse practitioners (provider type code T06), physician assistants (provider type code T37), podiatrists (provider type code 006), optometrists (provider type code 007), chiropractors (provider type code 018), pediatricians (provider type code 005 with specialty code pediatric medicine 037), and acute care hospitals (provider type code 001). In instances where a provider has multiple provider types and/or specialties, SLAIT will enforce business rules based on the provider's Medicaid ID and associated provider types and specialties in the MMIS, and exclude providers with any ineligible provider types and specialties. In addition, the ability to start an application in SLAIT may be limited by other factors if only a subset of providers with a provider type/specialty type code are deemed eligible for participation at a certain time.

- 2.1.1. The SLAIT system provides state Medicaid providers the ability to register, apply for, and view their incentive payment information. Providers will be able to save, alter and come back to their applications at any time up to the point of submission. After submission, the provider will be able to view the status of their application and make further changes to their application if an administrator unlocks it.
 - 2.1.2. Provides the capability to maintain provider specific information such as contact information, email addresses, etc. in SLAIT.
 - 2.1.3. Customizable emails automatically generated by SLAIT to providers based on statuses of the application, using email addresses provided by the provider.
 - 2.1.4. Supports the completion of required fields before allowing the provider to proceed to the next field.
 - 2.1.5. Collects HIT system information, such as EHR Certification ID when applicable.
 - 2.1.6. Provides screens and collects data for patient volume requirements. MDAAP will have a 20% Medicaid patient volume requirement. Providers must have a choice of patient volume reporting period between the calendar year preceding the payment year or the 12 months preceding attestation date. Providers enter start date and the SLAIT system automatically calculates a 90-day end date. SLAIT will include logic to ensure the date range is appropriate- 90-days either in the prior calendar year or 12 months prior to the attestation- otherwise the provider cannot proceed with the attestation. SLAIT will have the ability for providers to attest to either a group patient volume calculation, or an individual patient volume, based on the MDAAP Incentive Payment Protocol, approved by CMS. The SLAIT system presents a list of provider practice locations that MMIS has on record, and option to add additional practice locations. The SLAIT system requires that at least one location is selected for meeting patient volume requirements and that location is participating in MDAAP and uses or intends to use certified EHR technology or other approved HIT tools or case management systems.
 - 2.1.7. Must provide file upload capacity to allow users (state administrators and applicants) to upload files to include with their application less than 2 MB each in the following formats- pdf, doc, docx, txt, xls, xlsx, and csv.
- 2.2. The SLAIT system includes Medicaid provider convenience features such as:

**STATE OF VERMONT
DEPARTMENT OF VERMONT HEALTH ACCESS
GAINWELL TECHNOLOGIES LLC.**

**PAGE 6 OF 11
CONTRACT # 42868
AMENDMENT 3**

- 2.2.1. A "back" button is available along with other standard navigation features only until the application is finished and submitted. At that point, the provider is able to navigate, view, and print or download to a PDF (finished), but not alter the data.
 - 2.2.2. Display Provider Identification information (such as NPI, TIN, Payee/Payment Entity, Payment Milestone, Program Year, Patient Volume Period Start and End Date) at the top of all screens and printed pages to provide clarity to the provider and user.
 - 2.2.3. Provides "hover" bubbles for certain data to provide additional information regarding the information the provider is asked to enter and/or confirm.
 - 2.2.4. Provides capability for links to be displayed (configurable by state) for information such as a guide that provides users with instructions on completion of the application.
 - 2.2.5. Stores data from provider responses so that if the provider exits the application prior to completing that the data entered is available when the provider chooses to complete the application.
 - 2.2.6. Presents the entire application to the provider applicant for final confirmation.
 - 2.2.7. Requires provider applicant's electronic signature or preparer electronic signature for attestation and provides a secure mechanism for providers to electronically sign their attestations.
 - 2.2.8. Provides the capability for the provider to print their application.
- 2.3. Provides different screen and attestation question flows depending on –
- 2.3.1. Program track, for example, certified EHR, approved electronic data system, case management system, access to view data in the HIE, or referral tool;
 - 2.3.2. Milestones, for example, participation agreement, scope of services agreement, new technology purchase, credentialing and use of application to view HIE data, security risk assessment of technology, integration technology purchase, completion of technical assistance training, practice implementation of new software, upgrade or optimization of software, system go-live, connecting to the HIE, and sending data to the HIE;
 - 2.3.3. Provider type – MDAAP will include a different set of provider types than HITECH. MDAAP initial focus will be on mental health substance use disorder treatment and long-term services and supports professionals. Screen and question flows may be different for different provider types.
- 2.4. The data system created by contractor must integrate between the MMIS custom components below and other software components – includes integration with Contractor-owned Provider modules, EDI interoperability module, SLAIT module, and other third-party software systems. The system must be designed to interface with the MMIS for provider enrollment and claim information, to create transactions for payment within the MMIS and to store payment information (check date, payment date). Providers will need to have an Active Medicaid status for participation and payment in MDAAP to ensure provider is a licensed Vermont Medicaid provider and not sanctioned nor deemed ineligible to receive payments from the State. SLAIT must populate changes in Medicaid status that occur in the MMIS.

**STATE OF VERMONT
DEPARTMENT OF VERMONT HEALTH ACCESS
GAINWELL TECHNOLOGIES LLC.**

**PAGE 7 OF 11
CONTRACT # 42868
AMENDMENT 3**

2.5. The SLAIT system must be compliant with Section 508 of the Rehabilitation Act of 1998 (508 compliant).

3. During Program Function, the Contractor's application system and State level repository must perform the following functions:

3.1. Provide yearly application customization as required by MDAAP programmatic changes. If there is a need for post-implementation SLAIT enhancements, the State will establish a separate budget and procedure.

3.2. Calculates incentive payment for Medicaid providers/practices based on type/specialty of provider, t-shirt sizes or number of individual MDAAP-eligible providers associated with the group, answers to eligibility questions, timing and payment year, program track and milestones compliant with the MDAAP Incentive Payment Protocol, approved by CMS.

3.2.1. Provides state administrators the capability to monitor provider incentive payment processing through a user view capability of the information from the provider submitted data.

3.2.2. Ensures that inappropriate payments are not generated. A provider's application is not ready for payment until the application is complete, the provider has no sanctions, and all validations have been completed.

3.2.3. The SLAIT system must use information from MMIS to confirm information Medicaid providers entered in the attestation system.

3.2.3.1. Compares the payee NPI and TIN combination received from applicants to MMIS to ensure same combination exists in MMIS.

3.2.3.2. Gainwell analytics staff will assist state administrators in developing re-usable queries to support the MDAAP such as queries to validate Medicaid recipient enrollment for specific time periods of, or summarized claim data, based on NPI or Medicaid ID and claim information, such as transaction codes, funding source codes (specific to MDAAP provider types), and service dates, which can be used to validate provider data.

3.2.3.3. When a group practice billing NPI ID is entered in the attestation for group patient volume, the SLAIT checks to verify this NPI exists in MMIS.

3.2.3.4. The SLAIT system receives and stores MMIS provider enrollment information and provider records are updated with this information.

3.2.3.5. Supports process to validate the Medicaid provider's chosen payee (typically their employer). This requires that the payee identified be correctly enrolled in the MMIS to receive payments.

3.3. Provide weekly transactions to the MMIS prior to financial processing cycle.

3.3.1. Provide weekly raw .csv data of applicant financial transaction data.

3.3.2. Contractor will work with the State administrators annually or during any program change to determine the data elements to be included and a schedule to run the report in Section 3.3.

3.4. Maintain a repository of all SLAIT activity (application data, attachments, eligibility, payment, denial, etc.). This repository must be able to configure a report of specified data elements.

**STATE OF VERMONT
DEPARTMENT OF VERMONT HEALTH ACCESS
GAINWELL TECHNOLOGIES LLC.**

**PAGE 8 OF 11
CONTRACT # 42868
AMENDMENT 3**

- 3.4.1. Provide raw data .csv file of all application data for state administrator access which may include, but will not be limited to, attestation dates; incentive payments; MDAAP provider information, patient volume data, track, and milestone; and adjustments. This report should be accessible to State administrators or issued to the State at a minimum of weekly intervals and manually accessible for State administrators. This data will be owned by the State of Vermont notwithstanding any other provision contained in this contract.
 - 3.4.2. Contractor will work with State administrators annually to determine which data elements must be contained in the data file from Section 3.4 and 3.4.1.
 - 3.4.3. Support will be provided to State administrators to design and access manual queries.
 - 3.4.4. If payments are made prior to SLAIT going live, Contractor or State administrators have the ability to enter attestation information such as provider ID, contact information, patient volume, milestone attested, etc.
- 3.5. Respond to Help Desk tickets within 7 business days- The State MDAAP team will submit tickets to Contractor for response. Contractor reports back to the State MDAAP team as part of a weekly meeting.
- 3.6. Provide a resource to the MDAAP team to provide information and answer questions related to MMIS and Medicaid billing for participating MDAAP providers in order to support the design and configuration of SLAIT to meet MDAAP program requirements and validation per the MDAAP Incentive Payment Protocol, approved by CMS.
- 3.7. Notwithstanding any other provision contained in this contract, the State shall maintain an ownership interest in the SLAIT system including the software and any program data housed within the system.
4. All deliverables under Section (N) must be approved through a Deliverable Acceptance Document signed by both the Vermont Agency of Digital Services (ADS) and the Department of Vermont Health Access (DVHA) prior to payment.
 - 4.1. Contractor must create and maintain a Solution Design Document approved by ADS and DVHA that includes (at minimum):
 - 4.1.1. SLAIT solution architecture for production and non-production environments
 - 4.1.2. Topology of how users and applications interact for the solution
 - 4.1.3. Data flow diagram
 - 4.1.4. Interface control documentation for all MMIS external interfaces
 - 4.1.5. Wireframes of user facing screens
 - 4.1.6. Security, privacy, and compliance details
 - 4.1.7. Details of any batch jobs that include name, description, runtime, dependencies, and schedules of any scripts/manual processes required to maintain the solution
 - 4.1.8. Reporting specifications, fields included, their descriptions, etc.

**STATE OF VERMONT
DEPARTMENT OF VERMONT HEALTH ACCESS
GAINWELL TECHNOLOGIES LLC.**

**PAGE 9 OF 11
CONTRACT # 42868
AMENDMENT 3**

5. Deliverables: Table 1.

Deliverable	Date Due	Amount
1. Solution Design Document which includes all items in Attachment A, Section 4.1	10/13/23	\$150,000
2. Report of the SLAIT testing results informing the State that all essential features function in accordance with Attachment A Section N	1/11/24	\$200,000
3. Production go live with all essential features function in accordance with Attachment A Section N	1/25/24	\$300,000

5.1. Any Specification Order(s) impacting the SLAIT system must be signed by ADS and DVHA prior to payment.

**STATE OF VERMONT
DEPARTMENT OF VERMONT HEALTH ACCESS
GAINWELL TECHNOLOGIES LLC.**

**PAGE 10 OF 11
CONTRACT # 42868
AMENDMENT 3**

Attachment 2. Changes to Attachment B.

Attachment B Table B.1. Operational Invoice Payment Schedule is hereby deleted in its entirety and replaced as set forth below:

MMIS Services	1/1/22- 12/31/22	1/1/23-12/31/23	1/1/24-12/31/24	1/1/25 - 12/31/25	1/1/26 - 12/31/26	Budget Subtotals
Financial Management Business Services	\$909,250.00	\$948,660.00	\$982,080.00	\$1,004,010.00	\$1,026,990.00	\$4,870,990.00
Financial Management - Third Party Liability Business Services	\$457,920.00	\$477,770.00	\$494,600.00	\$505,650.00	\$517,220.00	\$2,453,160.00
Operations & Plan Management - Claims Business Services	\$1,367,440.00	\$1,426,710.00	\$1,476,980.00	\$1,509,960.00	\$1,544,520.00	\$7,325,610.00
Operations Management - Quality, Policy, Training & Support	\$592,880.00	\$618,580.00	\$640,370.00	\$654,670.00	\$669,650.00	\$3,176,150.00
Operations Management - Audit Services	\$230,800.00	\$245,700.00	\$261,500.00	\$278,100.00	\$295,700.00	\$1,311,800.00
Provider Management Business Services	\$1,776,280.00	\$1,853,280.00	\$1,918,570.00	\$1,961,410.00	\$2,006,310.00	\$9,515,850.00
Provider Enrollment Business Services	\$916,250.00	\$955,960.00	\$989,640.00	\$1,011,740.00	\$1,034,900.00	\$4,908,490.00
Mailroom, Print, and OCR Business Services	\$743,880.00	\$776,120.00	\$803,470.00	\$821,410.00	\$840,210.00	\$3,985,090.00
Medicaid Enterprise Systems IT and Account Support Services	\$6,076,900.00	\$6,340,290.00	\$6,563,680.00	\$6,747,470.00	\$6,936,390.00	\$32,664,730.00
Medicaid Enterprise Systems Analytics and Reporting	\$451,720.00	\$471,300.00	\$487,900.00	\$498,800.00	\$510,210.00	\$2,419,930.00
Provider Management Software as a Service	\$2,515,360.00	\$2,624,380.00	\$2,716,840.00	\$2,777,510.00	\$2,841,090.00	\$13,475,180.00
Medicaid Enterprise Systems EDI Services	\$291,330.00	\$303,960.00	\$314,670.00	\$321,690.00	\$329,060.00	\$1,560,710.00
SUBTOTAL - MMIS fixed price	\$16,330,010.00	\$17,042,710.00	\$17,650,300.00	\$18,092,420.00	\$18,552,250.00	\$87,667,690.00
Medicaid Enterprise Systems Modification (SO) Enhancements	\$600,000.00	\$750,000.00	\$750,000.00	\$500,000.00	\$500,000.00	\$3,100,000.00
Passthrough Costs: Postage, Bank Charges, Mailroom Consumables	\$225,000.00	\$225,000.00	\$225,000.00	\$225,000.00	\$225,000.00	\$1,125,000.00
SUBTOTAL - MMIS as billed	\$825,000.00	\$975,000.00	\$975,000.00	\$725,000.00	\$725,000.00	\$4,225,000.00
Electronic Visit Verification (EVV) as a Service:						
EVV Support Service	\$87,280.00	\$87,280.00	\$87,280.00	\$0.00	\$0.00	\$261,840.00
EVV Monthly Min Visit Fees	\$65,249.55	\$65,249.55	\$65,249.55	\$0.00	\$0.00	\$195,748.65
EVV Recurring Visits Over Minimum	\$65,249.33	\$0.00	\$0.00	\$0.00	\$0.00	\$65,249.33
EVV Recurring Aggregator Fee Per Member	\$41,237.11	\$111,486.44	\$111,486.44	\$0.00	\$0.00	\$264,209.99
SUBTOTAL - EVV	\$259,015.99	\$264,015.99	\$264,015.99	\$0.00	\$0.00	\$787,047.97
PIE/COB on Demand M&O	\$0.00	\$75,294.00	\$100,392.00	\$100,392.00	\$100,392.00	\$376,470.00
SUBTOTAL - MMIS Core, EVV, and As Billed Budgets	\$17,414,025.99	\$18,357,019.99	\$18,989,707.99	\$18,917,812.00	\$19,377,642.00	\$93,056,207.97

**STATE OF VERMONT
DEPARTMENT OF VERMONT HEALTH ACCESS
GAINWELL TECHNOLOGIES LLC.**

**PAGE 11 OF 11
CONTRACT # 42868
AMENDMENT 3**

Attachment 3. Attachment B Section 12. Total Budget is hereby deleted in its entirety and replaced as set forth below:

Table B.5 Total Operations and Project Costs

Total Budget 01/01/2022 - 12/31/2026	
MMIS Operations 5-year cost (includes bill as utilized operations)	\$93,056,207.97
EDI Overage	\$ 100,000.00
MAPIR Integration/Customization (through 12/31/2023)	\$ 132,000.00
Payment and Delivery System (PADS) Reform (through 12/31/2026)	\$ 2,500,000.00
Technology Updates – CM Platform (complete 12/31/2022)	\$ 1,980.00
T-MSIS Enhancements (through 12/31/2026)	\$ 1,780,000.00
Electronic Visit Verification Project (EVV) Enhancements (through 12/31/2024)	\$ 1,207,288.00
Provider Initiated Eligibility (PIE) Project	\$ 155,137.49
Cost Sharing Enhancements	\$ 227,000.00
Act 48 Implementation (IHIP)	\$ 117,082.68
Family Planning Initiative	\$ 115,000.00
PIE/COB Implementation (Fixed Fee)	\$ 41,738.00
PIE/COB Population Verification (Fixed Fee)	\$ 52,218.00
Mobile Crisis Services	\$ 72,611.00
Ad Hoc DDI hours as requested by the State	\$ 500,000.00
Data Extraction Services	\$ 632,808.00
SLAIT System	\$ 650,000.00
Total Project Budget	\$ 8,284,863.17
Total 'not to exceed' Contract Budget	\$101,341,071.14