STATE OF VERMONT CONTRACT SUMMARY AND CERTIFICATION — Form AA 14 (12/15/2017)

Note: All sections must be completed. Incomplete forms will be returned to the originating department.

I. CONTRACT INFORMATION:

Agency/Department: Green Mountain Care Board — **Contract #:** 36712 **Amendment #:**

Vendor Name: Vermont Association of Hospitals and Health Systems - Network Services Organization, Inc. — VISION Vendor No: 001303

Vendor Address: 148 Main Street, Montpelier, VT 05602

Starting Date: 7/6/2018 **Ending Date:** 6/30/2020 **Amendment Date:**

Summary of agreement or amendment: Collecting, processing & aggregating discharge records for health services provided in Vermont for the Vermont Uniform Hospital Discharge Data Set.

II. FINANCIAL & ACCOUNTING INFORMATION

Maximum Payable: $217,500.00 Prior Maximum: $ 0.00 Prior Contract # (If Renewal): 26911

Current Amendment: $ Cumulative amendments: $ % Cumulative Change:

Business Unit(s): 03330; ; - [notes:] **VISION Account(s):** ;

Estimated Funding Split:	40.00 % GF	60.00 % SF	% EF	% Other (name)
	% TF	% GC	% FF	

III. PROCUREMENT & PERFORMANCE INFORMATION (section A & B)

A. The agency has taken reasonable steps to control the price of the contract and to allow qualified organizations to compete for the work authorized by this contract. The agency has done this through

☒ Standard Bid/RFP ☐ Simplified ☐ Sole Source ☐ Qualification Based Selection ☐ Statutory

B. Contract includes **performance measures/guarantees** to ensure the quality and/or results of the service? ☒ Yes ☐ No

IV. TYPE OF AGREEMENT (select all that apply)

☐ Personal Service ☐ Construction ☐ Arch/Eng ☐ Marketing ☐ Info. Tech. ☐ Prof. Service

☒ Non-Personal Service

☐ Commodity ☐ Retiree/Former SOV EE ☐ Financial Trans ☐ Zero-Dollar ☐ Privatization ☒ Other Data

V. SUITABILITY FOR CONTRACT FOR SERVICE

☒ Yes ☐ No ☐ n/a Does this contract meet the determination of an Independent Contractor? If "NO", the contractor must be set up and paid on payroll through the VTHR system.

VI. CONTRACTING PLAN APPLICABLE

Is any element of this contract subject to a pre-approved Agency/Dept. Contracting Waiver Plan? ☐ Yes ☒ No

VII. CONFLICT OF INTEREST

By signing below, I (Agency/Dept. Head) certify that no person able to control or influence award of this contract had a pecuniary interest in its award or performance, either personally or through a member of his or her household, family, or business.

☐ Yes ☒ No Is there an "appearance" of a conflict of interest so that a reasonable person may conclude that this party was selected for improper reasons: (If yes, explain)

VIII. PRIOR APPROVALS REQUIRED OR REQUESTED

☒ Yes ☐ No Agreement must be Certified by the Attorney General under 3 V.S.A. § 342 (sign line #4 below)

☐ Yes ☒ No Attorney General review As To Form is required or requested: _____ (AAG initial)

☒ Yes ☐ No Agreement must be approved by the Secretary of ADS/CIO

☐ Yes ☒ No Agreement must be approved by the CMO: for Marketing services over $25,000

☐ Yes ☒ No Agreement must be approved by Comm. Human Resources for Privatization, Retirees, Former Employees, & if a Contract fails the IRS test.

☒ Yes ☐ No Agreement must be approved by the Secretary of Administration

IX. AGENCY/DEPARTMENT HEAD CERTIFICATION; APPROVAL

I have made reasonable inquiry as to the accuracy of the above information (sign in order):

1-Date	1-Agency/Department Head	2-Date	2-Agency Secretary (if required)
	e-Signed by Susan Barrett on 2018-07-03 14:24:25 GMT	7/9/18	
	e-Signed by Shawn Nailor on 2018-07-03 14:31:38 GMT		

3a-Date	3a-CIO	3b-Date	3b-CMO	3c-Date	3c-Commissioner DHR
	e-Signed by Jacob Humbert on 2018-07-03 16:00:22 GMT			7/10/18	

4-Date	4-Attorney General	5-Date	5-Secretary of Administration
	e-Signed by Peter Kipp on 2018-07-03 13:50:50 GMT		e-Signed by Kate Slocum on 2018-07-03 20:00:43 GMT

e-Signed by Kelly Murphy on 2018-07-05 15:09:55 GMT

1. ***Parties.*** This is a contract for services between the State of Vermont, Green Mountain Care Board (hereinafter called "State"), and the Vermont Association of Hospitals and Health Systems – Network Services Organization, Inc. (VAHHS-NSO), with a principal place of business in Montpelier, Vermont, (hereinafter called "Contractor"). Contractor's form of business organization is non-profit corporation. 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 on the subject of collecting, processing, and aggregating discharge records for inpatient, outpatient and emergency department services provided to both Vermont residents and non-residents for the Vermont Uniform Hospital Discharge Data Set. 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 $217,500.

4. ***Contract Term.*** The period of Contractor's performance shall begin on July 6, 2018 and end on June 30, 2020. This contract may be extended for two additional 12-month terms as agreed by both parties in contract amendments pursuant to section 6 below.

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.

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 representatives 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 prior to the effective date of termination.

8. ***Attachments.*** This contract consists of 56 pages including the following attachments which are incorporated herein:

Attachment A – Specifications of Work to be Performed

Attachment B – Payment Provisions

Attachment C – "Standard State Provisions for Contracts and Grants" a preprinted form (revision date 12/15/2017)

Attachment D – Other Contract Provisions

Attachment E – Necessary Data

Attachment F – Record Description and File Layout

Attachment G –130 Record Level Edits

Attachment H – Methodology for Flagging Principal Procedures on Outpatient Records

Attachment I – Task Order Form

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 C
(3) Attachment D
(4) Attachment A
(5) Attachment E
(6) Attachment F
(7) Attachment G
(8) Attachment H
(9) Attachment B
(10) Attachment I

WE THE UNDERSIGNED PARTIES AGREE TO BE BOUND BY THIS CONTRACT

By the State of Vermont:

Date: 7/9/18

Signature: Kevin J. Mullin

Name: KEVIN MULLIN

Title: CHAIR, GREEN MOUNTAIN CARE BOARD

By the Contractor:

Date: _____

Signature: _____

Name: _____

Title: _____

Attachment G –130 Record Level Edits

Attachment H – Methodology for Flagging Principal Procedures on Outpatient Records

Attachment I – Task Order Form

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 C
(3) Attachment D
(4) Attachment A
(5) Attachment E
(6) Attachment F
(7) Attachment G
(8) Attachment H
(9) Attachment B
(10) Attachment I

WE THE UNDERSIGNED PARTIES AGREE TO BE BOUND BY THIS CONTRACT

By the State of Vermont:

Date:_____

Signature:_____

Name:_____

Title:_____

By the Contractor:

Date: _____

Signature: e-Signed by Michael Del Trecco on 2018-07-04 04:28:39 GMT

Name: _____

Title: _____

ATTACHMENT A – SPECIFICATIONS OF WORK TO BE PERFORMED

1. Introduction

1.1. Under Act 48 of 2011 and 18 V.S.A. Sections 9405, 9410, 9453, and 9454, the Green Mountain Care Board (hereafter called "State" or "GMCB") has broad regulatory authority and responsibilities to maintain a health care database to support analyses of health care resources, expenditures and utilization. The health care database includes hospital data reported in uniform formats pertaining to financial, scope-of-services and utilization information. In order to discharge these responsibilities, the State requires Vermont's general hospitals to file or make available to the State data, reports, schedules, statistics and other information determined by the State to be necessary (the "Necessary Data"). Necessary Data pertaining to the scope of work under this contract is detailed in Attachment E. Consistent with Section 6.1 of this Attachment A, the State may change the Necessary Data required under this contract through written notification to Contractor.

1.2. In executing this contract, Contractor represents and warrants that all hospitals listed below have agreed in writing to be bound by the terms of this contract. Contractor shall provide a copy of the signed addendum and Membership Agreement (titled, "Data Services Agreement") for each hospital within 30 days of Agreement execution. It is Contractor's sole responsibility to ensure that such hospitals are legally bound by this contract. Contractor shall notify the State as soon as practicable and, in no event, in more than 30 days if any of the hospitals listed below are not bound by the terms of this contract or of any other change in hospital obligation that would impact the State's ability to perform its statutory obligations pertaining to the acquisition of the Necessary Data. The fourteen Vermont general hospitals for which Contractor is responsible for ensuring compliance with this contract are: Brattleboro Memorial Hospital, Central Vermont Medical Center, Grace Cottage Hospital, Copley Hospital, The University of Vermont Medical Center, Gifford Medical Center, Mt. Ascutney Hospital and Health Center, North Country Hospital, Northeastern Vermont Regional Hospital, Northwestern Medical Center, Porter Medical Center, Rutland Regional Medical Center, Southwestern Vermont Health Care, and Springfield Hospital (collectively "current submitters").

1.3. During the term of this contract, health care providers or health care facilities other than the current submitters identified in section 1.2 above may be required to submit, or may choose to submit, Necessary Data for inclusion in the health care database. Contractor will be responsible for the collection of data from any such health care provider or health care facility ("potential submitters"), which may include free standing clinics, ambulatory surgical centers, psychiatric hospitals, or other entities possessing discharge records. Current and potential submitters will hereafter be referred to collectively as "data submitting entities." Prior to beginning work on adding a potential submitter, Contractor shall complete a Task Order Form (Attachment I). Upon the State's approval of the Task Order Form and the Contractor's execution of a data sharing agreement with the potential submitter, Contractor shall initiate onboarding activities with the potential submitter, which shall include:

- Reviewing the Necessary Data file submission layout and accompanying data dictionary,

- Providing assistance to the potential submitter and its vendor to develop and test the data submission extract,
- Quality assurance reporting and review,
- Loading of historical data for a previous period of time agreed upon by the potential submitter, Contractor, and the State, and
- Set up for the potential submitter facility and its users in the Contractor's data collection system.

Onboarding activities shall include one-time costs, as specified in an approved Task Order, which shall not exceed $9,375 per potential submitter. In addition to any amounts payable to Contractor for onboarding of potential submitters, Contractor may charge up to $5,000 per year per potential submitter for performing the data collection, quality assurance, extract processing, and other activities described in this Attachment A, as specified in Attachment B.

2. Data Collection, Processing, and Aggregation Requirements; Hospital Record Coding Specifications, File Submission Requirements, and Documentation.

   2.1. Contractor shall collect, process, and aggregate inpatient, outpatient, and emergency department discharge records from data submitting entities and provide files with Necessary Data to the

State as specified in Attachment E and defined in Attachment F. Contractor shall ensure that data submitting entities provide the Necessary Data in an efficient, accurate, complete and timely manner that meets requirements for uniform coding and formatting. Any additional analytics or reporting services provided by Contractor for or on behalf of data submitting entities are outside the scope of this contract.

2.1.1. Attachments E and F will be reviewed every six (6) months or at the discretion of the State. Contractor will have 90 days to comply with any updates to the file layout requested by the State.

2.2. In addition to the collection, processing, and aggregation of inpatient and emergency department records, Contractor shall collect, process, and aggregate outpatient records and submit to the State files containing all the Necessary Data inclusive of all outpatient procedures and services performed in any hospital-based setting for delivery of ambulatory services including, but not limited to, operating rooms, emergency rooms, urgent treatment centers, examination and treatment rooms, clinics, surgical and ambulatory surgery centers. Contractor shall include Healthcare Common Procedure Coding System (HCPCS) in the Necessary Data as required for revenue codes included in outpatient hospital discharge records under National Uniform Billing Committee Data Specification Manual. Contractor shall assign a principle procedure flag to every applicable outpatient record based on Resource-Based Relative Value Scale (RBRVS) weights assigned to HCPCS / Current Procedural Terminology (CPT) codes as described in the method for flagging principle outpatient procedures described in Attachment H.

2.3. Contractor shall collect, process, and aggregate the Necessary Data from data submitting entities and provide files to the State beginning with the first discharge record for January 1, 2018 and ending with the final discharge record for the first quarter of 2020 ending on March 31, 2020. Contractor shall submit all the Necessary Data to the State including diagnosis, procedure, and treatment detail as coded for billing purposes using ICD-10 codes (and ICD-9 codes when required for relevant historical data), CPT/HCPC codes as used for billing for outpatient procedures and services, and 3-digit revenue codes in the format as required by Contractor for their data collection system.

2.4. Contractor shall submit the Necessary Data along with data integrity reports as specified in section 3 of this Attachment A to the State no later than the dates specified in the table below. Under this contract, the quarterly files are defined by the date of discharge within each calendar year for each record in the data set as follows: First quarter includes January 1 through March 31; second quarter includes April 1 through June 30; third quarter includes July 1 through September 30; and fourth quarter includes October 1 through December 31.

2.4.1. Contractor shall resubmit files that have been updated past the dates of delivery identified in the Table 1 below or the dates of what resulted in file deliveries due to corrective actions and/or resubmissions that significantly change the data in a manner that improves data quality and accuracy.

Table 1: Schedule for Required File Submissions to State:

Data Year	Data Period	Final Due Date
Cycle Year 2018	First Quarter	July 15 of Cycle Year
	Second Quarter	September 15 of Cycle Year
	Third Quarter	December 15 of Cycle Year
	Draft Annual Cycle Year	March 15 of year following Cycle Year
	Final Annual Cycle Year	June 15 of year following Cycle Year
Cycle Year 2019	First Quarter	July 15 of Cycle Year
	Second Quarter	September 15 of Cycle Year
	Third Quarter	December 15 of Cycle Year
	Draft Annual Cycle Year	March 15 of year following Cycle Year
	Final Annual Cycle Year	June 15 of year following Cycle Year
Cycle Year 2020	First Quarter	June 30 of Cycle Year

2.5. Contractor shall notify the State in writing regarding anticipated delays in meeting the file submission due dates stipulated in section 2.4, Table 1 no later than 30 days prior to each deadline. In written notification to the State regarding anticipated delays, Contractor shall include a detailed explanation including identification of the reasons for delayed delivery including specific issues and data submitting entities causing the delay, corrective actions being taken to rectify anticipated delays, and proposed alternative due dates for file submissions that are anticipated to be delayed.

2.6. In the event of unanticipated delays in meeting the file submission deadlines stipulated in sections 2.4, Table 1, Contractor shall notify the State within two (2) business days regarding the delay and provide a detailed written explanation within five (5) business days for delays anticipated to be more than 10 business days from file submission deadlines.

2.7. Failure of Contractor to comply with the submission requirements for the Necessary Data and / or failure to notify the State as required in sections 2.5 - 2.6 may, at the sole discretion of the State, be deemed a material breach of this contract. The State reserves the right to decrease payment for failure to provide the Necessary Data, as required by this contract, consistent with applicable law. Failure to meet deadlines and due dates as outlined in these sections may result in up to a 10% reduction in overall payment for the calendar year of data impacted as specified in Attachment B.

2.8. Under the direction of the State, Contractor shall notify all data submitting entities in writing regarding changes to the Necessary Data required by the State.

2.9. Contractor shall provide the State with current and updated data collection documentation including the file layout, data dictionary, data collection manual (including methodology) and any other pertinent documentation related to changes in the Uniform Billing Code (UBC) specifications and State data submission requirements. Updated data collection documentation shall also be available on the Vermont Explor © website.

3. Data Quality Assurance

3.1. Contractor shall apply record-level edits to the Necessary Data provided by data submitting entities, and request corrections from data submitting entities to achieve acceptable error threshold determined at the time of review taking into consideration the circumstances related to the errors. Contractor will work with hospitals/clinics to achieve the thresholds outline in Attachment G, Section 3.5. Thresholds in Attachment G, Section 3.5 shall be applied on an entity by entity basis, not solely applied to the data set as a whole, to ensure that ultimately the data as a whole meets data quality standards for completeness, consistency across data submitting entities, and accuracy.

3.1.1. Contractor shall prioritize compliance with submission requirements for complete, properly coded and accurate data elements with error thresholds of zero percent as identified in Attachment G. Contractor shall take timely and persistent actions to obtain corrections and data resubmissions from data submitting entities for edits coded as "0% required" that the State has identified as "fatal" errors. Contractor shall also pursue corrections from data submitting entities for submission of a high number of records with poor quality data for data elements with higher level error thresholds that are also important components of the Necessary Data.

3.1.2. Contractor shall notify the State in writing within 30 days from the date of notice to data submitting entities requesting corrections in the event such entities do not respond to requests for corrections or refuse to make requested corrections to the Necessary Data. In written notification to the State, Contractor shall specify the data quality problem and actions taken to request corrections. Contractor shall attach copies of any written notification sent requesting corrections.

3.1.3. The record-level edits in Attachment G may be updated at any time with mutual agreement between the State and the Contractor.

3.2. Contractor shall audit the data set as a whole on monthly, quarterly, and annual bases prior to submitting files to the State to identify potentially duplicate, missing, and miscoded records. Contractor shall edit and evaluate each data submitting entity's data files, comparing the most current reporting period to prior comparable reports, to identify variations from expected patterns and trends including but not limited to record counts by bill type and setting; patient characteristics such as age, gender, and ZIP code distribution; payer mix; and utilization patterns by MDC, DRG, CCS, and CPT-grouped categories as applicable to identify notable variations.

3.2.1. Contractor shall ensure that the files submitted to the State contain no duplicate records for the same patient per discharge and that the total charge equals the sum of all charges reported by revenue code categories on each record.

3.2.2. Contractor shall follow up with each data submitting entity regarding notable variations from prior patterns and trends to obtain either an explanation or corrections in a timely manner. Contractor shall include this information on quarterly and annual data quality integrity reports provided to the State as provided in section 3.3.

3.3. Contractor shall provide quarterly and annual data integrity reports to the State including:

3.3.1. Analysis of resolved and unresolved instances of failure to file the Necessary Data and/or

correct fatal errors by data submitting entities; assessment of progress by data submitting entities in meeting goals for reduced error rates for edits that require 0% errors and for those with goals that contribute to overall data quality; corrective action taken by data submitting entities in response to Contractor's request for corrective actions for non-filing and or fatal errors; and final accounting of unresolved issues by data submitting entities and for the data set as a whole.

3.3.2. Quarterly and annual analysis of validation reports that describe comparative trends and patterns in reporting by data submitting entities and across the system for key attributes including but not limited to record counts by record type and setting; payer mix; patient characteristics including age, gender, and ZIP code distributions; distribution of discharges across diagnostic and procedure categories; distribution of charges across record types and diagnostic and procedure categories; comparison of total charges to the sum of revenue code charges by data submitting entities and record type, etc. Contractor shall provide an executive summary on findings as described above addressing data integrity, reporting anomalies or actual changes in trends, steps taken on actionable items, and status report on pending issues.

3.4. Contractor shall respond to the State's review and concerns addressing the data integrity finding described in section 3.3. Contractor shall consult with the State in a timely manner to address persistent and systemic data quality issues that threaten data integrity and delay timely availability of the Necessary Data to the State.

4. Other General Contract Requirements

4.1. Contractor shall provide a preliminary response to inquiries from the State related to the scope of work and any issues related to this contract within two business days and a detailed response within five business days, or within a State specified time frame that will ensure timely continuation of work.

4.2. Contractor shall establish and manage the Data Coordinators Group effective on the start date of this contract and shall include the State as a member of the group. Contractor shall include the State in Data Coordinators Meetings that address the Necessary Data due to the State under this contract to meets the State's reporting mandate. Contractor shall convene the group as needed or as requested by the State to address the collection, processing, and aggregation of the Necessary Data addressing:

(1) Data integrity, completeness, and timeliness of reporting.
(2) Data requirements and definitions, coding, edits, error rates, corrections, recurring problems.
(3) Any proposed changes to state-mandated reporting requirements.

Contractor shall consult with the State before making any substantive or technical decisions affecting the scope, collection, processing, and aggregation of the Necessary Data.

4.3. Contractor shall participate in any group convened by the State to address the scope, collection, aggregation, and quality of the Necessary Data.

4.4. Contractor's President and Chief Executive Officer and the GMCB Chair, or their designees, shall consult during the term of this contract, as each party deems necessary, to address issues as requested by the State, Contractor, and or data submitting entities pertaining to state mandated reporting requirements.

4.5. State and Contractor shall work in good faith to meet the spirit and intent of the terms of this contract.

4.6. State shall pay fees to the Contractor as set forth in Attachment B only after delivery of the Necessary Data in accordance with the provisions set forth in this contract.

5. Confidentiality and Data Re-disclosure

5.1. The Contractor shall manage the Necessary Data collected on behalf of the State under this contract in accordance with applicable state and federal laws and rules addressing HIPAA and protection of individual identities and protected health information. Pursuant to 18 V.S.A. § 9457, neither individual patients nor providers can be directly or indirectly identifiable through use of the Necessary Data. Starred ("*") items in Attachment E comprise the "non-public" data elements of the Necessary Data. Non-public data elements at a record level shall only be made available if the State grants a limited use data use agreement to a requestor. Release of data categorized as non-public shall be at the sole discretion of the State.

6. Modifications

6.1. The State reserves the right to modify the Necessary Data listed in Attachment E at any time and shall give written notice of any such changes to Contractor at the address herein. The State's modifications to the Necessary Data listed in Attachment E, if any, shall be effective ninety (90) days after written notice has been sent.

6.2. Except as expressly stated in this subsection, only a written agreement signed by both Contractor and the State may modify this contract.

ATTACHMENT B – PAYMENT PROVISIONS

The maximum dollar amount payable under this contract is not intended as any form of a guaranteed amount. The Contractor will 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 30** days from the date the State receives an error-free invoice with all necessary and complete supporting documentation.
3. Contractor shall submit detailed invoices itemizing all work performed during the invoice period, including the dates of service, rates of pay, hours of work performed, and any other information and/or documentation appropriate and sufficient to substantiate the amount invoiced for payment by the State. All invoices must include the Contract # for this contract.
4. 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.
5. Invoices shall be submitted to the State at the following address:

   Jean Stetter
   Green Mountain Care Board
   144 State Street
   Montpelier, VT 05602

6. The payment schedule for delivered products, or rates for services performed, are as follows:
   a. Invoicing for Non-Onboarding Activities: Contractor shall submit two invoices, one for calendar year 2018 and one for calendar year 2019 and the first quarter of calendar year 2020, following its submission of the Necessary Data for those periods according to the schedule identified in Attachment A, Section 2.4, Table 1. In these invoices, Contractor shall separate charges for current and potential submitters, as follows:
      i. Current Submitters. For each invoicing period described above, the State agrees to pay Contractor $70,000 for the Necessary Data collected from current submitters, following receipt of an invoice showing that Contractor has submitted the Necessary Data according to the schedule in Attachment A, Section 2.4, Table 1.
      ii. Potential Submitters: For each invoicing period described above, the State agrees to pay Contractor $5,000 for the Necessary Data collected from each potential submitter, following receipt of an invoice showing that Contractor has submitted the Necessary Data according to the schedule in Attachment A, Section 2.4, Table 1.

b. Invoicing for the Onboarding of Potential Submitters: Upon completion of all onboarding activities described in an approved Task Order, Contractor shall submit an invoice for payment of those tasks. The State agrees to pay Contractor for the costs described in the approved Task Order, up to a maximum amount of $9,375 per potential submitter.

c. Reduction of Payment: As specified in Attachment A, Section 2.7, Contractor's failure to meet deadlines and due dates in Attachment A, sections 2.5 – 2.6 may result in up to a 10% reduction in overall payment for the calendar year of data impacted.

2. Payments for subcontractors will only be made upon approval by State (See Attachment C).

ATTACHMENT C – STANDARD STATE PROVISIONS

FOR CONTRACTS AND GRANTS

REVISED DECEMBER 15, 2017

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.

3. Governing Law, Jurisdiction and Venue; No Waiver of Jury Trial: This Agreement will be governed by the laws of the State of Vermont. 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 with regard to 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: 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 defense of any claim. The State shall have the right to approve all proposed settlements of such claims or suits.

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.

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.

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: Before commencing work on this Agreement the Party must provide certificates of insurance to show that the following minimum coverages are in effect. It is the responsibility of the Party to maintain current certificates of insurance on file with the State through the term of this Agreement. No warranty is made that the coverages and limits listed herein are adequate to cover and protect the interests of the Party for the Party's operations. These are solely minimums that have been established to protect the interests of the State.

Workers Compensation: With respect to all operations performed, the Party shall carry workers' compensation insurance in accordance with the laws of the State of Vermont. Vermont will accept an out-of-state employer's workers' compensation coverage while operating in Vermont provided that the insurance carrier is licensed to write insurance in Vermont and an amendatory endorsement is added to the policy adding Vermont for coverage purposes. Otherwise, the party shall secure a Vermont workers' compensation policy, if necessary to comply with Vermont law.

General Liability and Property Damage: With respect to all operations performed under this Agreement, the Party shall carry general liability insurance having all major divisions of coverage including, but not limited to:

Premises - Operations

Products and Completed Operations

Personal Injury Liability

Contractual Liability

The policy shall be on an occurrence form and limits shall not be less than:

$1,000,000 Each Occurrence

$2,000,000 General Aggregate

$1,000,000 Products/Completed Operations Aggregate

$1,000,000 Personal & Advertising Injury

Automotive Liability: The Party shall carry automotive liability insurance covering all motor vehicles, including hired and non-owned coverage, used in connection with the Agreement. Limits of coverage shall not be less than $500,000 combined single limit. If performance of this Agreement involves construction, or the transport of persons or hazardous materials, limits of coverage shall not be less than $1,000,000 combined single limit.

Additional Insured. The General Liability and Property Damage coverages required for performance of this Agreement shall include the State of Vermont and its agencies, departments, officers and employees as Additional Insureds. If performance of this Agreement involves construction, or the transport of persons or hazardous materials, then the required Automotive Liability coverage shall include the State of Vermont and its agencies, departments, officers and employees as Additional Insureds. Coverage shall be primary and non-contributory with any other insurance and self-insurance.

Notice of Cancellation or Change. There shall be no cancellation, change, potential exhaustion of aggregate limits or non-renewal of insurance coverage(s) without thirty (30) days written prior written notice to the State.

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: The Party acknowledges that it is subject to the Vermont False Claims Act as set forth in 32 V.S.A. § 630 *et seq.* If the Party violates the Vermont False Claims Act it shall be liable to the State for civil penalties, treble damages and the costs of the investigation and prosecution of such violation, including attorney's fees, except as the same may be reduced by a court of competent jurisdiction. The Party's liability to the State under the False Claims Act 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. Location of State Data: No 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 continental United States, except with the express written permission of the State.

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 the 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. 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.

15. Set Off: The State may set off any sums which the Party owes the State against any sums due the Party 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 hereinafter.

16. Taxes Due to the State:

A. Party understands and acknowledges responsibility, if applicable, for compliance with State tax laws, including income tax withholding for employees performing services within the State, payment of use tax on property used within the State, corporate and/or personal income tax on income earned within the State.

B. 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.

C. Party understands that final payment under this Agreement may be withheld if the Commissioner of Taxes determines that the Party is not in good standing with respect to or in full compliance with a plan to pay any and all taxes due to the State of Vermont.

D. Party also understands the State may set off taxes (and related penalties, interest and fees) due to the State of Vermont, but only if the Party has failed to make an appeal within the time allowed by law, or an appeal has been taken and finally determined and the Party has no further legal recourse to contest the amounts due.

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, he/she:

A. is not under any obligation to pay child support; or

B. is under such an obligation and is in good standing with respect to that obligation; or

C. has agreed to a payment plan with the Vermont Office of Child Support Services and is in full compliance with that plan.

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).

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 ("Location of State Data"); 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. Copies: Party shall use reasonable best efforts to ensure that all written reports prepared under this Agreement are printed using both sides of the paper.

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: http://bgs.vermont.gov/purchasing/debarment

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

24. Confidentiality: Party acknowledges and agrees that this Agreement and any and all information obtained by the State from the Party in connection with this Agreement 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 lock-outs) ("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 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 at the end of the fiscal year, or otherwise upon the expiration of existing appropriation authority. In the case that this Agreement is a Grant that 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 Grant immediately, and the State shall have no obligation to pay Subrecipient 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.

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 granting Party within 9 months. If a single audit is not required, only the Subrecipient Annual Report is required.

For fiscal years ending before December 25, 2015, a Single Audit is required if the subrecipient expends $500,000 or more in Federal assistance during its fiscal year and must be conducted in accordance with OMB Circular A-133. For fiscal years ending on or after December 25, 2015, 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 (COSO).

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 $1,001, 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.

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
OTHER CONTRACT PROVISIONS

1. OWNERSHIP AND LICENSE IN DELIVERABLES

1.1 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 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.

1.2 State Intellectual Property. The State shall retain all right, title and interest in and to (i) all content and all property, data and information furnished by or on behalf of the State or any agency, commission or board thereof, and to 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 for the State and used by Contractor hereunder, and all other rights, tangible or intangible; and (ii) 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 (collectively, "State Intellectual Property").

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 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.

1.3 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 or third party intellectual property.

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.

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

If the Contractor is operating a system or application on behalf of the State of Vermont, then the Contractor 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 Contractor Intellectual Property or Contractor Intellectual Property developed outside of this Contract with no assistance from State.

2. CONFIDENTIALITY AND NON-DISCLOSURE; SECURITY BREACH REPORTING

2.1 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 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.

2.2 Confidentiality of State Information. In performance of this Contract, and any exhibit or schedule hereunder, the Party acknowledges that certain State Data (as defined below and to include Necessary Data), to which the Contractor may have access may contain individual federal tax information, personal protected health information and other individually identifiable information protected by State or federal law or otherwise exempt from disclosure under the State of Vermont Access to Public Records Act, 1 V.S.A. § 315 et seq ("State Data"). Before receiving or controlling 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.

State Data shall not be stored, accessed from, or transferred to any location outside the United States.

The Contractor agrees that (a) it will use the State Data only as may be necessary in the course of performing duties or exercising rights under this Contract; (b) it will provide at a minimum the same care to avoid disclosure or unauthorized use of State Data as it provides to protect its own similar confidential and proprietary information; (c) it will not publish, reproduce, or otherwise divulge any State Data in whole or in part, in any manner or form orally or in writing to any third party unless it has received written approval from the State and 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 State'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 will take reasonable measures as are necessary to restrict access to State Data in the Contractor's possession to only those employees on its staff who must have the information on a "need to know" basis. The Contractor shall not retain any State Data except to the extent required to perform the services under this Contract.

Contractor shall not access State user accounts or State Data, except in the course of data center operations, response to service or technical issues, as required by the express terms of this Contract, or at State's written request.

Contractor may not share State Data with its parent company or other affiliate without State's express written consent.

The Contractor shall promptly notify the State of any request or demand by any court, governmental agency or other person asserting a demand or request for State Data to which the Contractor or any third party hosting service of the Contractor may have access, so that the State may seek an appropriate protective order.

3. AUTHORIZED USES OF STATE DATA

Notwithstanding sections 1-2 of this Attachment D or section 5 of Attachment A, the Contractor may use Necessary Data collected under this Agreement, provided that such uses 1) are expressly authorized by the data submitting entity or entities from which the data was collected, and 2) comply in all respects with applicable state and federal laws, including the Health Insurance Portability and Accountability Act of 1996, as amended by Subtitle D of the Health Information Technology for Economic and Clinical Health Act, and any associated federal rules and regulations.

Upon request, the Contractor shall provide the State with a list of its uses and disclosures of the data and representatives of the Contractor shall meet with representatives of State to discuss such uses and disclosures.

4. SECURITY OF STATE INFORMATION.

4.1 Security Standards. To the extent Contractor has access to, processes, handles, collects, transmits, stores 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 highest industry standard administrative, technical, and physical safeguards and controls consistent with NIST *Special Publication 800-53* (version 4 or higher) and *Federal Information Processing Standards Publication* 200 and designed to (i) ensure the security 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 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.

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

4.3 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. **Further Obligations Regarding Protected Health Information.** Contractor shall ensure compliance by State and Contractor with any and all obligations the State or Contractor may have 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

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 pending 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 services 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 services 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:

(i) 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.

(ii) 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.

(iii) 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.

7. 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 $1,000,000 per claim, $2,000,000 aggregate. To the extent Contractor has access to, processes, handles, collects, transmits, stores or otherwise deals with State Data, Contractor shall maintain 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.

8. REMEDIES FOR DEFAULT. 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.

9. TERMINATION

9.1 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 Data, State Intellectual Property or other State information and materials are to be transferred in connection with termination. Contractor shall assist the State in exporting and extracting any and all State data, 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.

9.2 Return of Property. Upon termination of this Contract for any reason whatsoever, Contractor shall immediately deliver to State all State Intellectual Property and State Data (including without limitation any Deliverables for which State has made payment in whole or in part), 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.

10. AUDIT RIGHTS

Contractor will maintain and 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.

11. CONFLICTS OF INTEREST

Contractor agrees that during the term of this Contract, its performance shall be solely in the best interest of the State. The Contractor shall fully disclose, in writing, in accordance with section 23 of AttachmentC of this Contract, any conflicts of interest or potential conflicts of interest. The Contractor agrees that failure to disclose any such conflicts or potential conflicts of interest shall be deemed a material breach of this Contract and that this Contract shall be terminable immediately by the State under section 27.B of Attachment C.

If the State determines that a conflict of interest exists between the State and a member or members of the Contractor's staff, the Contractor shall substitute similarly qualified individuals for the conflicted members. If the State determines that a conflict of interest exists between Contractor and a regulated entity, the State may immediately remove the assignment from the Contractor, or may invoke its right to terminate this Contract. The State reserves the right to make the ultimate determination as to whether a conflict of interest exists.

12. NO THIRD PARTY BENEFICIARIES

This Contract is not intended to and shall not be construed to give any third parties, including any data submitting entity, as defined in Attachment A, rights (including, without limitation, any third-party

beneficiary rights) with respect to or in connection with any provision contained herein or contemplated hereby.

13. NO FEDERAL OR STATE-FUNDED GRANTS

With respect to section 31 (Requirements Pertaining Only to Federal Grants and Subrecipient Agreements) and section 32 (Requirements Pertaining Only to State-Funded Grants) of Attachment C, the Parties agree that no federal or State-funded grants (directly or as a Subrecipient) shall be issued to and received by Contractor pursuant to this Agreement.

ATTACHMENT E
NECESSARY DATA

Field Name	Field Description	Inpatient Discharges	Outpatient Discharges	Emergency Department Discharges**	Special Notes
UPI	Unique Person ID	●	●	●	
NPI	National Provider ID	●	●	●	
MRN	Medical Record Number*	●	●	●	
DKEY	Discharge Key	●	●	●	
BTYPE	Bill Type	●	●	●	
HOSP	Hospital Number	●	●	●	
AHR	Admission Hour*	●	●	●	
DDAT	Discharge Date (MMDDYYYY)*	●	●	●	
ADAT	Admission Date (MMDDYYYY)*	●	●	●	
DOB	Birth date (MMDDYYYY)*	●	●	●	
ACON	Admission Type	●	●	●	
AFRO	Admission Source	●	●	●	
READ	Readmission*	●			
ZIP	Zip Code*	●	●	●	
SA	Street Address*	●	●	●	
CODE	Town Code*	●	●	●	
SEX	Sex Code	●	●	●	
RACE	Race Code*	●	●	●	
ETHNICITY	ETHNICITY Code*	●	●	●	
DISP	Discharge Status	●	●	●	
PPAY	Principal Payment Source	●	●	●	
SPAY	Secondary Payer	●	●	●	
CHRG	Total Charges	●	●	●	
APHY	Attending Physician*	●	●	●	Attending Physician - NPI
OPERP	Operating Physician*	●	●	●	Operating Physician – NPI New!
OPHY1	Other Physician 1*	●	●	●	Other Physician – NPI**
OPHY2	Other Physician 2*	●	●	●	Other Physician – NPI**
SCUD	SCU Days	●			
DRG	CMS Diagnosis Related Group	●			
MDC	CMS Major Diagnostic Category	●			
ECODE1	1st ECODE	●			Not collected for OBS
ECODE2	2nd ECODE	●			
ECODE3	3rd ECODE	●			
REASON	Reason for Visit	●	●	●	
ADX	Admitting Diagnosis Code	●	●	●	
PDX	Principal Diagnosis Code	●	●	●	
PDXPOA	Principal Diagnosis POA	●			
DX2	Second Diagnosis Code	●	●	●	Required if applicable

DX3	Third Diagnosis Code	●	●	●	Required if applicable
DX4	Fourth Diagnosis Code	●	●	●	Required if applicable
DX5	Fifth Diagnosis Code	●	●	●	Required if applicable
DX6	Sixth Diagnosis Code	●	●	●	Required if applicable
DX7	Seventh Diagnosis Code	●	●	●	Required if applicable
DX8	Eighth Diagnosis Code	●	●	●	Required if applicable
DX9	Ninth Diagnosis Code	●	●	●	Required if applicable
DX10	Tenth Diagnosis Code	●	●	●	Required if applicable
DX11	Eleventh Diagnosis Code	●	●	●	Required if applicable
DX12	Twelfth Diagnosis Code	●	●	●	Required if applicable
DX13	Thirteenth Diagnosis Code	●	●	●	Required if applicable
DX14	Fourteenth Diagnosis Code	●	●	●	Required if applicable
DX15	Fifteenth Diagnosis Code	●	●	●	Required if applicable
DX16	Sixteenth Diagnosis Code	●	●	●	Required if applicable
DX17	Seventeenth Diagnosis Code	●	●	●	Required if applicable
DX18	Eighteenth Diagnosis Code	●	●	●	Required if applicable
DX19	Nineteenth Diagnosis Code	●	●	●	Required if applicable
DX20	Twentieth Diagnosis Code	●	●	●	Required if applicable
DX2POA – DX20POA	2nd – 20th Diagnosis POA	●			Required if applicable
PPX	Principal Procedure Code	●			
PPD	Principal Procedure Date*	●			
PX2	Second Procedure Code	●			Required if applicable
PX2D	Second Procedure Date*	●			Required if applicable
PX3	Third Procedure Code	●			Required if applicable
PX3D	Third Procedure Date*	●			Required if applicable
PX4	Fourth Procedure Code	●			Required if applicable
PX4D	Fourth Procedure Date*	●			Required if applicable
PX5	Fifth Procedure Code	●			Required if applicable
PX5D	Fifth Procedure Date*	●			Required if applicable
PX6	Sixth Procedure Code	●			Required if applicable
PX6D	Sixth Procedure Date*	●			Required if applicable
PX7	Seventh Procedure Code	●			Required if applicable
PX7D	Seventh Procedure Date*	●			Required if applicable
PX8	Eighth Procedure Code	●			Required if applicable
PX8D	Eighth Procedure Date*	●			Required if applicable
PX9	Ninth Procedure Code	●			Required if applicable
PX9D	Ninth Procedure Date*	●			Required if applicable
PX10	Tenth Procedure Code	●			Required if applicable
PX10D	Tenth Procedure Date*	●			Required if applicable
PX11	Eleventh Procedure Code	●			Required if applicable
PX11D	Eleventh Procedure Date*	●			Required if applicable
PX12	Twelfth Procedure Code	●			Required if applicable
PX12D	Twelfth Procedure Date*	●			Required if applicable
PX13	Thirteenth Procedure Code	●			Required if applicable
PX13D	Thirteenth Procedure Date*	●			Required if applicable

PX14	Fourteenth Procedure Code	●			Required if applicable
PX14D	Fourteenth Procedure Date*	●			Required if applicable
PX15	Fifteenth Procedure Code	●			Required if applicable
PX15D	Fifteenth Procedure Date*	●			Required if applicable
PX16	Sixteenth Procedure Code	●			Required if applicable
PX16D	Sixteenth Procedure Date*	●			Required if applicable
PX17	Seventeenth Procedure Code	●			Required if applicable
PX17D	Seventeenth Procedure Date*	●			Required if applicable
PX18	Eighteenth Procedure Code	●			Required if applicable
PX18D	Eighteenth Procedure Date*	●			Required if applicable
PX19	Nineteenth Procedure Code	●			Required if applicable
PX19D	Nineteenth Procedure Date*	●			Required if applicable
PX20	Twentieth Procedure Code	●			Required if applicable
PX20D	Twentieth Procedure Date*	●			Required if applicable
AGE	AGE*	●	●	●	
LOS	Length of Stay	●	●	●	
BIRTHWT	Birth weight of Newborn*	●			
UNIQ	Unique Record ID to link REV	●	●	●	
OVFLAG	Observation Bed Flag	●	●	●	Required if applicable
OSFLAG	Outpatient Surgery Flag		●	●	Required if applicable
EVFLAG	Emergency Dept. Flag	●	●	●	Required if applicable
PVFLAG	Cancelled Procedure Flag	●	●	●	Required if applicable
HCPCS	HCPCS CPTCODE/RATE	●	●	●	All applicable codes
REVCODE	Revenue Code	●	●	●	All applicable codes
REVCHRGS	Revenue Charges	●	●	●	All applicable codes
REVDTE	Revenue Date*	●	●	●	All applicable codes
REVUNITS	Revenue Units	●	●	●	All applicable codes
HCPCS	HCPCS/CPTCODE/INP Rate	●	●	●	All applicable codes
LANG	Language*	●	●	●	Added starting 2011

* Are codes that are not available in the Public Use File.
** Outpatient records will include HCPCS as required for revenue codes on outpatient records.

ATTACHMENT F - RECORD DESCRIPTION AND FILE LAYOUT: INPATIENT

Record Name: Inpatient Data File

Legend: [1]A = Alpha N = Numeric b = Blank AN = Alphanumeric

Starting Position	Length Chars	Field Type	Field Name	English Description	Not Recorded	VALID CONTENTS Recorded
1	9	AN	FILLER	Blank fill	-	
10	3	N	BTYPE	Bill Type	-	111 = Hospital based, inpatient, final bill 117 = Hospital based, inpatient, Replacement 121 = Hospital based, inpatient, final bill Part B 127 = Hospital based, inpatient Replacement Part B
13	4	N	HOSP	Hospital Number (Inpatient and Ambulatory Surgery)	-	6950 = Central Vermont Medical Center 6952 = Southwest Medical Center 6953 = Brattleboro Memorial Hospital 6954 = University of Vermont Medical Center 6955 = Copley Hospital 6956 = North Country Hospital 6957 = Gifford Medical Center 6958 = Rutland Regional Medical Center 6959 = Northwest Medical Center 6961 = Northeastern Vermont Regional Hospital 6962 = Springfield Hospital 6963 = Grace Cottage Hospital 6964 = Mt. Ascutney Hospital 6967 = Porter Medical Center 5188 = Veterans' Affairs Medical Center
17	2	N	AHR	Admission Hour	-	00 -23

ATTACHMENT F - RECORD DESCRIPTION AND FILE LAYOUT: INPATIENT

Record Name: Inpatient Data File

Legend: A = Alpha N = Numeric b = Blank AN = Alphanumeric

Starting Position	Length Chars	Field Type	Field Name	English Description	Not Recorded	VALID CONTENTS Recorded
19	8	AN	DDAT	Discharge Date (MMDDYYYY)	0	MM = 01-12, DD = 01-31, YYYY = 0000 - 9999
27	8	AN	ADAT	Admission Date (MMDDYYYY)	0	MM = 01-12, DD = 01-31, YYYY = 0000 - 9999
35	8	AN	DOB	Birth Date (MMDDYYYY)	0	MM = 01-12, DD = 01-31, YYYY = 0000 - 9999
43	1	N	ACON	Admission Type	0	**See Admit Codes Tab for Definitions**
44	1	AN	AFRO	Admission Source	0	**See Admit Codes Tab for Definitions**
45	1	AN	READ	Readmission	0	Y = Yes N = No U = Unknown
46	9	AN	ZIP	Zip Code		Standard US or Canadian ZIP code XXXXX - Other Foreign resident YYYYY - Unknown
Xx	Xxx	xx	xxx	Street Address		
55	4	N	CODE	Town Code	0	EC = 0 - 9
59	1	AN	SEX	Sex Code	0	M = Male F = Female U = Unknown
60	1	N	RACE	Race Code	0	1 = American Indian/Alaska Native 2 = Asian or Pacific Islander 3 = Black/Non-Hispanic 4 = White/Non-Hispanic 5 = Other Race 6 = Unknown 7 = Hispanic-White 8 = Hispanic-Black 9 = Multiple Selections

ATTACHMENT F - RECORD DESCRIPTION AND FILE LAYOUT: INPATIENT						
Record Name: Inpatient Data File						
Legend: [1]A = Alpha N = Numeric ~~b~~= Blank AN = Alphanumeric						VALID CONTENTS
Starting Position	Length Chars	Field Type	Field Name	English Description	Not Recorded	Recorded
61	2	N	DISP (DSTAT)	Discharge Status	0	**See Discharge Disposition Codes Tab for definitions**
63	2	AN	PPAY	Principal Payment Source	0	**See Payer Codes Tab for Definitions**
65	4	N	SUBP1	Principal Payer Sub ID	0	**See Payer Codes Tab for Sub ID Definitions**
69	2	AN	PAYR2	Secondary Payer	0	**See Payer Codes Tab for Definitions**
71	4	N	SUBP2	Secondary Payer Sub ID	0	**See Payer Codes Tab for Sub ID Definitions**
75	2	AN	PAYR3	Tertiary Payer	0	**See Payer Codes Tab for Definitions**
77	4	N	SUBP3	Tertiary Payer Sub ID	0	**See Payer Codes Tab for Sub ID Definitions**
81	10	N	CHRG	Total Charges	0	Number, includes two digit decimal
91	22	AN	APHY	Attending Physician	0	Attending Physician - NPI
113	22	AN	OPERP	Operating Physician	0	Operating Physician – NPI
135	22	AN	OPHY1	Other Physician 1	0	Other Physician – NPI
157	22	AN	OPHY2	Other Physician 2	0	Other Physician – NPI
179	2	N	SCUD	SCU Days	0	00 – 99
181	3	N	DRG	CMS Diagnosis Related Group	0	000 – 999 (Valid DRG based on fiscal year)
184	2	AN	MDC	CMS Major Diagnostic Category	0	00 – 99 (Valid MDC based on fiscal year)
186	7	AN	ADMDX	Admitting Diagnosis Code	~~b~~	ICD-10-CM Code
193	7	AN	ECODE1	ECODE1	~~b~~	ICD-10-CM Code
200	1	AN	EPOA1	Present on Admission Code for ECODE1	~~b~~	POA Code
201	7	AN	ECODE2	ECODE2	~~b~~	ICD-10-CM Code
208	1	AN	EPOA2	POA code for ECODE2	~~b~~	POA Code

ATTACHMENT F - RECORD DESCRIPTION AND FILE LAYOUT: INPATIENT						
Record Name: Inpatient Data File						
Legend: [1]A = Alpha N = Numeric ~~b~~ = Blank AN = Alphanumeric						VALID CONTENTS
Starting Position	Length Chars	Field Type	Field Name	English Description	Not Recorded	Recorded
209	7	AN	ECODE3	ECODE3	~~b~~	ICD-10-CM Code
216	1	AN	EPOA3	POA code for ECODE3	~~b~~	POA Code
217	7	AN	PDX	Principal Diagnosis Code	~~b~~	ICD-10-CM Code
224	1	AN	DPOA1	POA code for Principal Diagnosis	~~b~~	POA Code
225	7	AN	DX2	Second Diagnosis Code	~~b~~	ICD-10-CM Code
232	1	AN	DPOA2	POA code for DX2	~~b~~	POA Code
233	7	AN	DX3	Third Diagnosis Code	~~b~~	ICD-10-CM Code
240	1	AN	DPOA3	POA code for DX3	~~b~~	POA Code
241	7	AN	DX4	Fourth Diagnosis Code	~~b~~	ICD-10-CM Code
248	1	AN	DPOA4	POA code for DX4	~~b~~	POA Code
249	7	AN	DX5	Fifth Diagnosis Code	~~b~~	ICD-10-CM Code
256	1	AN	DPOA5	POA code for DX5	~~b~~	POA Code
257	7	AN	DX6	Sixth Diagnosis Code	~~b~~	ICD-10-CM Code
264	1	AN	DPOA6	POA code for DX6	~~b~~	POA Code
265	7	AN	DX7	Seventh Diagnosis Code	~~b~~	ICD-10-CM Code
272	1	AN	DPOA7	POA code for DX7	~~b~~	POA Code
273	7	AN	DX8	Eighth Diagnosis Code	~~b~~	ICD-10-CM Code
280	1	AN	DPOA8	POA code for DX8	~~b~~	POA Code
281	7	AN	DX9	Ninth Diagnosis Code	~~b~~	ICD-10-CM Code
288	1	AN	DPOA9	POA code for DX9	~~b~~	POA Code
289	7	AN	DX10	Tenth Diagnosis Code	~~b~~	ICD-10-CM Code
296	1	AN	DPOA10	POA code for DX10	~~b~~	POA Code
297	7	AN	DX11	Eleventh Diagnosis Code	~~b~~	ICD-10-CM Code
304	1	AN	DPOA11	POA code for DX11	~~b~~	POA Code
305	7	AN	DX12	Twelfth Diagnosis Code	~~b~~	ICD-10-CM Code
312	1	AN	DPOA12	POA code for DX12	~~b~~	POA Code
313	7	AN	DX13	Thirteenth Diagnosis Code	~~b~~	ICD-10-CM Code

ATTACHMENT F - RECORD DESCRIPTION AND FILE LAYOUT: INPATIENT						
Record Name: Inpatient Data File						
Legend: [1]A = Alpha N = Numeric ~~b~~ = Blank AN = Alphanumeric						VALID CONTENTS
Starting Position	Length Chars	Field Type	Field Name	English Description	Not Recorded	Recorded
320	1	AN	DPOA13	POA code for DX13	~~b~~	POA Code
321	7	AN	DX14	Fourteenth Diagnosis Code	~~b~~	ICD-10-CM Code
328	1	AN	DPOA14	POA code for DX14	~~b~~	POA Code
329	7	AN	DX15	Fifteenth Diagnosis Code	~~b~~	ICD-10-CM Code
336	1	AN	DPOA15	POA code for DX15	~~b~~	POA Code
337	7	AN	DX16	Sixteenth Diagnosis Code	~~b~~	ICD-10-CM Code
344	1	AN	DPOA16	POA code for DX16	~~b~~	POA Code
345	7	AN	DX17	Seventeenth Diagnosis Code	~~b~~	ICD-10-CM Code
352	1	AN	DPOA17	POA code for DX17	~~b~~	POA Code
353	7	AN	DX18	Eighteenth Diagnosis Code	~~b~~	ICD-10-CM Code
360	1	AN	DPOA18	POA code for DX18	~~b~~	POA Code
361	7	AN	DX19	Nineteenth Diagnosis Code	~~b~~	ICD-10-CM Code
368	1	AN	DPOA19	POA code for DX19	~~b~~	POA Code
369	7	AN	DX20	Twentieth Diagnosis Code	~~b~~	ICD-10-CM Code
376	1	AN	DPOA20	POA code fro DX20	~~b~~	POA Code
377	7	AN	PPX	Principal Procedure Code	~~b~~	ICD-10-CM Code
384	8	AN	PPD	Principal Procedure Date	-	MM = 01-12, DD = 01-31, YYYY = 0000 - 9999
392	7	AN	PX2	Second Procedure Code	~~b~~	ICD-10-CM Code
399	8	AN	PX2D	Second Procedure Date	-	MM = 01-12, DD = 01-31, YYYY = 0000 - 9999
407	7	AN	PX3	Third Procedure Code	~~b~~	ICD-10-CM Code
414	8	AN	PX3D	Third Procedure Date	-	MM = 01-12, DD = 01-31, YYYY = 0000 - 9999
422	7	AN	PX4	Fourth Procedure Code	~~b~~	ICD-10-CM Code
429	8	AN	PX4D	Fourth Procedure Date	-	MM = 01-12, DD = 01-31, YYYY = 0000 - 9999
437	7	AN	PX5	Fifth Procedure Code	~~b~~	ICD-10-CM Code
444	8	AN	PX5D	Fifth Procedure Date	-	MM = 01-12, DD = 01-31, YYYY = 0000 - 9999
452	7	AN	PX6	Sixth Procedure Code	~~b~~	ICD-10-CM Code
459	8	AN	PX6D	Sixth Procedure Date	-	MM = 01-12, DD = 01-31, YYYY = 0000 - 9999

ATTACHMENT F - RECORD DESCRIPTION AND FILE LAYOUT: INPATIENT

Record Name: Inpatient Data File

Legend: [1]A = Alpha N = Numeric ~~b~~ = Blank AN = Alphanumeric

Starting Position	Length Chars	Field Type	Field Name	English Description	Not Recorded	VALID CONTENTS Recorded
467	7	AN	PX7	Seventh Procedure Code	~~b~~	ICD-10-CM Code
474	8	AN	PX7D	Seventh Procedure Date	-	MM = 01-12, DD = 01-31, YYYY = 0000 - 9999
482	7	AN	PX8	Eighth Procedure Code	~~b~~	ICD-10-CM Code
489	8	AN	PX8D	Eighth Procedure Date	-	MM = 01-12, DD = 01-31, YYYY = 0000 - 9999
497	7	AN	PX9	Ninth Procedure Code	~~b~~	ICD-10-CM Code
504	8	AN	PX9D	Ninth Procedure Date	-	MM = 01-12, DD = 01-31, YYYY = 0000 - 9999
512	7	AN	PX10	Tenth Procedure Code	~~b~~	ICD-10-CM Code
519	8	AN	PX10D	Tenth Procedure Date	-	MM = 01-12 DD = 01-31, YYYY = 0000 - 9999
527	7	AN	PX11	Eleventh Procedure Code	~~b~~	ICD-10-CM Code
534	8	AN	PX11D	Eleventh Procedure Date	-	MM = 01-12 DD = 01-31, YYYY = 0000 - 9999
542	7	AN	PX12	Twelfth Procedure Code	~~b~~	ICD-10-CM Code
549	8	AN	PX12D	Twelfth Procedure Date	-	MM = 01-12 DD = 01-31, YYYY = 0000 - 9999
557	7	AN	PX13	Thirteenth Procedure Code	~~b~~	ICD-10-CM Code
564	8	AN	PX13D	Thirteenth Procedure Date	-	MM = 01-12, DD = 01-31, YYYY = 0000 - 9999
572	7	AN	PX14	Fourteenth Procedure Code	~~b~~	ICD-10-CM Code
579	8	AN	PX14D	Fourteenth Procedure Date	-	MM = 01-12, DD = 01-31, YYYY = 0000 - 9999
587	7	AN	PX15	Fifteenth Procedure Code	~~b~~	ICD-10-CM Code
594	8	AN	PX15D	Fifteenth Procedure Date	-	MM = 01-12, DD = 01-31, YYYY = 0000 - 9999
602	7	AN	PX16	Sixteenth Procedure Code	~~b~~	ICD-10-CM Code
609	8	AN	PX16D	Sixteenth Procedure Date	-	MM = 01-12, DD = 01-31, YYYY = 0000 - 9999
617	7	AN	PX17	Seventeenth Procedure Code	~~b~~	ICD-10-CM Code

ATTACHMENT F - RECORD DESCRIPTION AND FILE LAYOUT: INPATIENT						
Record Name: Inpatient Data File						
Legend: [1]A = Alpha N = Numeric ~~b~~ = Blank AN = Alphanumeric						VALID CONTENTS
Starting Position	Length Chars	Field Type	Field Name	English Description	Not Recorded	Recorded
624	8	AN	PX17D	Seventeenth Procedure Date	-	MM = 01-12, DD = 01-31, YYYY = 0000 - 9999
632	7	AN	PX18	Eighteenth Procedure Code	~~b~~	ICD-10-CM Code
639	8	AN	PX18D	Eighteenth Procedure Date	-	MM = 01-12, DD = 01-31, YYYY = 0000 - 9999
647	7	AN	PX19	Nineteenth Procedure Code	~~b~~	ICD-10-CM Code
654	8	AN	PX19D	Nineteenth Procedure Date	-	MM = 01-12, DD = 01-31, YYYY = 0000 - 9999
662	7	AN	PX20	Twentieth Procedure Code	~~b~~	ICD-10-CM Code
669	8	AN	PX20D	Twentieth Procedure Date	-	MM = 01-12, DD = 01-31, YYYY = 0000 - 9999
677	3	N	AGE	AGE	~~b~~	EC = 0-9
680	3	N	LOS	Length of Stay	-	EC = 0-9 999 = 999 days or longer
683	30	AN	DKEY	Discharge Key	~~b~~	**Unique identifier within each hospital**
713	1	AN	TYPE_A	Inpatient Procedure, per ICD-10 Proc Code with first character '0' or ICD-9 code between '003' and '8699'	-	**1 = True 0 = False**
714	1	AN	TYPE_O	Observation revenue code is present (0760 or 0762) on any record type	-	**1 = True 0 = False**
715	1	AN	TYPE_E	Emergency Room revenue code is present (045x) on any record type	-	**1 = True 0 = False**
716	1	AN	Cancelled_PX	A procedure was cancelled (presence of V641, V642, or V643 (ICD-9) and DX Z5301, Z5309, Z531, Z5320, Z5321, Z5329, Z538, Z539 (ICD-10))	-	**1 = True 0 = False**

ATTACHMENT F - RECORD DESCRIPTION AND FILE LAYOUT: INPATIENT

Record Name: Inpatient Data File

Legend: [1]A = Alpha N = Numeric ~~b~~ = Blank AN = Alphanumeric

Starting Position	Length Chars	Field Type	Field Name	English Description	Not Recorded	VALID CONTENTS Recorded
717	1	AN	Type_AS	Surgery by Rev Code (036x, 037x, 049x)	-	**1 = True 0 = False**
718	1	AN	SFLAG	Surgery Flag based on CPT code range Surgery 10021-69990		**1 = True 0 = False**
719	5	AN	BirthWeight		-	Integer greater than zero
724	10	AN	Uniq	Unique record identifier for linking to the revenue file	n/a	Sequential integer
734	15	AN	NPI	National Provider ID		
749	1	N	ETHNICITY	Ethnicity Code		1= Hispanic 2=Non-Hispanic 0= Unknown
750	7	AN	REASON	Reason for Visit		UB-04 FL 70 Patient Reason DX
757	24	AN	MRN	Medical Record Number		
781	30	AN	OP_ED_DKEY	DKEY of OP ED record associated with this IP record		**Unique identifier within each hospital**
811	9		PNUM	Unique Patient Identifier		
820	1	N	Readmit Flag	Flags record as a readmission - same patient, same hospital within 30 days of a previous discharge		**1 = True 0 = False**
821	100	A	Street Address	Patient street address		

ATTACHMENT F2 - RECORD DESCRIPTION AND FILE LAYOUT: OUTPATIENT

Record Name: Outpatient Data File

Legend: [1]A = Alpha N = Numeric ~~b~~ = Blank AN = Alphanumeric

Starting Position	Length Chars	Field Type	Field Name	English Description	Not Recorded	VALID CONTENTS Recorded
1	9	AN	FILLER	Blank fill	-	
				Unique person ID		
10	3	N	BTYPE	Bill Type	-	131 = Hospital based, outpatient, final bill 132 = Outpatient Interim - First Claim 133 = Outpatient Interim - Continuing Claims 134 = Outpatient Interim - Last Claim 137 = Hospital based, outpatient Replacement 141 = Hospital based, laboratory final bill 147 = Hospital based, laboratory Replacement 181 = Swing Bed final bill 187 = Swing Bed Replacement 721 = Hospital Renal Dialysis Clinic 727 = Hospital Renal Dialysis Replacement 831 = Ambulatory 837 = Ambulatory Replacement 851 = Critical Access 857 = Critical Access Replacement
13	4	N	HOSP	Hospital Number (Inpatient and Ambulatory Surgery)	-	6950 = Central Vermont Medical Center 6952 = Southwest Medical Center 6953 = Brattleboro Memorial Hospital 6954 = University of Vermont Medical Center 6955 = Copley Hospital 6956 = North Country Hospital 6957 = Gifford Medical Center 6958 = Rutland Regional Medical Center 6959 = Northwest Medical Center 6961 = Northeastern Vermont Regional Hospital 6962 = Springfield Hospital 6963 = Grace Cottage Hospital

						6964 = Mt. Ascutney Hospital 6967 = Porter Medical Center 5188 = Veterans' Affairs Medical Center
17	2	N	AHR	Admission Hour	-	00 -23
19	8	AN	DDAT	Discharge Date (MMDDYYYY)	0	MM = 01-12, DD = 01-31, YYYY = 0000 - 9999
27	8	AN	ADAT	Admission Date (MMDDYYYY)	0	MM = 01-12, DD = 01-31, YYYY = 0000 - 9999
35	8	AN	DOB	Birth Date (MMDDYYYY)	0	MM = 01-12, DD = 01-31, YYYY = 0000 - 9999
43	1	N	ACON	Admission Type	0	**See Admit Codes Tab for Definitions**
44	1	AN	AFRO	Admission Source	0	**See Admit Codes Tab for Definitions**
45	1	AN	READ	Readmission	0	Y = Yes N = No U = Unknown
46	9	AN	ZIP	Zip Code		Standard US or Canadian ZIP code XXXXX - Other Foreign resident YYYYY - Unknown
55	4	N	CODE	Town Code	0	EC = 0 - 9
				Street Address		
59	1	AN	SEX	Sex Code	0	M = Male
						F = Female U = Unknown
60	1	N	RACE	Race Code	0	1 = American Indian/Alaska Native 2 = Asian or Pacific Islander 3 = Black/Non-Hispanic 4 = White/Non-Hispanic 5 = Other Race 6 = Unknown 7 = Hispanic-White 8 = Hispanic-Black 9 = Multiple Selections
61	2	N	DISP (DSTAT)	Discharge Status	0	**See Discharge Disposition Codes Tab for definitions**
63	2	AN	PPAY	Principal Payment Source	0	**See Payer Codes Tab for Definitions**
65	4	N	SUBP1	Principal Payer Sub ID	0	**See Payer Codes Tab for Sub ID Definitions**
69	2	AN	PAYR2	Secondary Payer	0	**See Payer Codes Tab for Definitions**
71	4	N	SUBP2	Secondary Payer Sub ID	0	**See Payer Codes Tab for Sub ID Definitions**
75	2	AN	PAYR3	Tertiary Payer	0	**See Payer Codes Tab for Definitions**
77	4	N	SUBP3	Tertiary Payer Sub ID	0	**See Payer Codes Tab for Sub ID Definitions**

81	10	N	CHRG	Total Charges	0	Number, includes two digit decimal
91	22	AN	APHY	Attending Physician	0	Attending Physician - NPI
113	22	AN	OPERP	Operating Physician	0	Operating Physician – NPI
135	22	AN	OPHY1	Other Physician 1	0	Other Physician – NPI
157	22	AN	OPHY2	Other Physician 2	0	Other Physician – NPI
179	2	N	SCUD	SCU Days	0	00 – 99
181	7	AN	ADMDX	Admitting Diagnosis Code	b	ICD-10-CM Code
188	7	AN	ECODE1	ECODE1	b	ICD-10-CM Code
195	1	AN	EPOA1	Present on Admission Code for	b	POA Code
196	7	AN	ECODE2	ECODE2	b	ICD-10-CM Code
203	1	AN	EPOA2	POA code for ECODE2	b	POA Code
204	7	AN	ECODE3	ECODE3	b	ICD-10-CM Code
211	1	AN	EPOA3	POA code for ECODE3	b	POA Code
212	7	AN	PDX	Principal Diagnosis Code	b	ICD-10-CM Code
219	7	AN	DX2	Second Diagnosis Code	b	ICD-10-CM Code
226	7	AN	DX3	Third Diagnosis Code	b	ICD-10-CM Code
233	7	AN	DX4	Fourth Diagnosis Code	b	ICD-10-CM Code
240	7	AN	DX5	Fifth Diagnosis Code	b	ICD-10-CM Code
247	7	AN	DX6	Sixth Diagnosis Code	b	ICD-10-CM Code
254	7	AN	DX7	Seventh Diagnosis Code	b	ICD-10-CM Code
261	7	AN	DX8	Eighth Diagnosis Code	b	ICD-10-CM Code
268	7	AN	DX9	Ninth Diagnosis Code	b	ICD-10-CM Code
275	7	AN	DX10	Tenth Diagnosis Code	b	ICD-10-CM Code
282	7	AN	DX11	Eleventh Diagnosis Code	b	ICD-10-CM Code
289	7	AN	DX12	Twelfth Diagnosis Code	b	ICD-10-CM Code
296	7	AN	DX13	Thirteenth Diagnosis Code	b	ICD-10-CM Code
303	7	AN	DX14	Fourteenth Diagnosis Code	b	ICD-10-CM Code
310	7	AN	DX15	Fifteenth Diagnosis Code	b	ICD-10-CM Code
317	7	AN	DX16	Sixteenth Diagnosis Code	b	ICD-10-CM Code
324	7	AN	DX17	Seventeenth Diagnosis Code	b	ICD-10-CM Code
331	7	AN	DX18	Eighteenth Diagnosis Code	b	ICD-10-CM Code
338	7	AN	DX19	Nineteenth Diagnosis Code	b	ICD-10-CM Code
345	7	AN	DX20	Twentieth Diagnosis Code	b	ICD-10-CM Code
352	7	AN	PPX	Principal Procedure Code	b	ICD-10-CM Code

359	8	AN	PPD	Principal Procedure Date	-	MM = 01-12, DD = 01-31, YYYY = 0000 - 9999
367	7	AN	PX2	Second Procedure Code	b	ICD-10-CM Code
374	8	AN	PX2D	Second Procedure Date	-	MM = 01-12, DD = 01-31, YYYY = 0000 - 9999
382	7	AN	PX3	Third Procedure Code	b	ICD-10-CM Code
389	8	AN	PX3D	Third Procedure Date	-	MM = 01-12, DD = 01-31, YYYY = 0000 - 9999
397	7	AN	PX4	Fourth Procedure Code	b	ICD-10-CM Code
404	8	AN	PX4D	Fourth Procedure Date	-	MM = 01-12, DD = 01-31, YYYY = 0000 - 9999
412	7	AN	PX5	Fifth Procedure Code	b	ICD-10-CM Code
419	8	AN	PX5D	Fifth Procedure Date	-	MM = 01-12, DD = 01-31, YYYY = 0000 - 9999
427	7	AN	PX6	Sixth Procedure Code	b	ICD-10-CM Code
434	8	AN	PX6D	Sixth Procedure Date	-	MM = 01-12, DD = 01-31, YYYY = 0000 - 9999
442	7	AN	PX7	Seventh Procedure Code	b	ICD-10-CM Code
449	8	AN	PX7D	Seventh Procedure Date	-	MM = 01-12, DD = 01-31, YYYY = 0000 - 9999
457	7	AN	PX8	Eighth Procedure Code	b	ICD-10-CM Code
464	8	AN	PX8D	Eighth Procedure Date	-	MM = 01-12, DD = 01-31, YYYY = 0000 - 9999
472	7	AN	PX9	Ninth Procedure Code	b	ICD-10-CM Code
479	8	AN	PX9D	Ninth Procedure Date	-	MM = 01-12, DD = 01-31, YYYY = 0000 - 9999
487	7	AN	PX10	Tenth Procedure Code	b	ICD-10-CM Code
494	8	AN	PX10D	Tenth Procedure Date	-	MM = 01-12 DD = 01-31, YYYY = 0000 - 9999
502	7	AN	PX11	Eleventh Procedure Code	b	ICD-10-CM Code
509	8	AN	PX11D	Eleventh Procedure Date	-	MM = 01-12 DD = 01-31, YYYY = 0000 - 9999
517	7	AN	PX12	Twelfth Procedure Code	b	ICD-10-CM Code
524	8	AN	PX12D	Twelfth Procedure Date	-	MM = 01-12 DD = 01-31, YYYY = 0000 - 9999
532	7	AN	PX13	Thirteenth Procedure Code	b	ICD-10-CM Code
539	8	AN	PX13D	Thirteenth Procedure Date	-	MM = 01-12, DD = 01-31, YYYY = 0000 - 9999
547	7	AN	PX14	Fourteenth Procedure Code	b	ICD-10-CM Code
554	8	AN	PX14D	Fourteenth Procedure Date	-	MM = 01-12, DD = 01-31, YYYY = 0000 - 9999
562	7	AN	PX15	Fifteenth Procedure Code	b	ICD-10-CM Code
569	8	AN	PX15D	Fifteenth Procedure Date	-	MM = 01-12, DD = 01-31, YYYY = 0000 - 9999
577	7	AN	PX16	Sixteenth Procedure Code	b	ICD-10-CM Code
584	8	AN	PX16D	Sixteenth Procedure Date	-	MM = 01-12, DD = 01-31, YYYY = 0000 - 9999
592	7	AN	PX17	Seventeenth Procedure Code	b	ICD-10-CM Code
599	8	AN	PX17D	Seventeenth Procedure Date	-	MM = 01-12, DD = 01-31, YYYY = 0000 - 9999
607	7	AN	PX18	Eighteenth Procedure Code	b	ICD-10-CM Code

614	8	AN	PX18D	Eighteenth Procedure Date	-	MM = 01-12, DD = 01-31, YYYY = 0000 - 9999
622	7	AN	PX19	Nineteenth Procedure Code	b	ICD-10-CM Code
629	8	AN	PX19D	Nineteenth Procedure Date	-	MM = 01-12, DD = 01-31, YYYY = 0000 - 9999
637	7	AN	PX20	Twentieth Procedure Code	b	ICD-10-CM Code
644	8	AN	PX20D	Twentieth Procedure Date	-	MM = 01-12, DD = 01-31, YYYY = 0000 - 9999
652	3	N	AGE	AGE	b	EC = 0-9
655	3	N	LOS	Length of Stay	-	EC = 0-9 999 = 999 days or longer
658	30	AN	DKEY	Discharge Key	b	**Unique identifier within each hospital**
688	1	AN	TYPE_O	Observation revenue code is present (0760 or 0762) on any record type	-	**1 = True 0 = False**
689	1	AN	TYPE_E	Emergency Room revenue code is present (045x) on any record type	-	**1 = True 0 = False**
690	1	AN	Cancelled_PX	A procedure was cancelled (presence of V641, V642, or V643 (ICD-9) and DX Z5301, Z5309, Z531, Z5320, Z5321, Z5329, Z538, Z539 (ICD-10) or HCPCS modifier (53,73,74))	-	**1 = True 0 = False**
691	1	AN	TYPE_AS	Ambulatory Surgery, per Rev Codes (036x, 037x, 049x)	-	**1 = True 0 = False**
692	1	AN	SFLAG	Surgery Flag based on CPT code range Surgery 10021-69990	-	**1 = True 0 = False** New flag beginning January 1st, 2010 Replaces TYPE_AS Flag for Ambulatory Surgery
693	10	AN	Uniq	Unique record identifier for linking to the revenue file	n/a	Sequential integer
703	15	AN	NPI	National Provider ID		
718	1	N	ETHNICITY	Ethnicity Code		1= Hispanic 2= Non Hispanic 0= Unknown
719	7	AN	REASON	Reason for Visit		UB-04 FL 70 Patient Reason DX
726	24	AN	MRN	Medical Record Number		

750	30	AN	IP_ED_DKEY	IP non-ED record DKEY associated with this OP ED record		**Unique identifier within each hospital**
780	9		PNUM	Unique Patient Identifier		
789	1	N	Readmit Flag	Flags record as a readmission - same patient, same hospital within 30 days		**1 = True 0 = False**
790	100	A	Street Address	Patient street address		

ATTACHMENT F3 – REVENUE RECORD DESCRIPTION AND FILE LAYOUT: REVCODE Updated 6/16/2016						
Record Name: Revenue File						
Legend: [1]A = Alpha N = Numeric ~~b~~= Blank AN = Alphanumeric						VALID CONTENTS
Starting Position	Length Chars	Field Type	Field Name	English Description	Not Recorded	Recorded
1	4	N	HOSP	Hospital Number (Inpatient and Ambulatory Surgery)	-	6950 = Central Vermont Medical Center 6952 = Southwest Medical Center 6953 = Brattleboro Memorial Hospital 6954 = University of Vermont Medical Center 6955 = Copley Hospital 6956 = North Country Hospital 6957 = Gifford Medical Center 6958 = Rutland Regional Medical Center 6959 = Northwest Medical Center 6961 = Northeastern Vermont Regional Hospital 6962 = Springfield Hospital 6963 = Grace Cottage Hospital 6964 = Mt. Ascutney Hospital 6967 = Porter Medical Center 5188 = Veterans' Affairs Medical Center
5	30	AN	DKEY	Discharge Key	~~b~~	**Unique identifier within each hospital**
35	8	AN	DDAT	Discharge Date (MMDDYYYY)	0	MM = 01-12, DD = 01-31, YYYY = 0000 - 9999
43	1	AN	TYPE_O	Observation revenue code is present (0760 or 0762) on any record type	-	**1 = True 0 = False**
44	1	AN	TYPE_E	Emergency Room revenue code is present (045x) on any record type	-	**1 = True 0 = False**
45	1	AN	TYPE_A	Inpatient Procedure, per ICD-10 Proc Code with first character '0' or ICD-9 code between '003' and '8699'	-	**1 = True 0 = False**
46	1	AN	TYPE_AS	Ambulatory Surgery, per Rev Codes (Ambulatory on OP, all surgery on IP) (036x, 037x, 049x)	-	**1 = True 0 = False**
47	1	AN	SFLAG	Surgery Flag based on CPT code range Surgery 10021-	-	**1 = True 0 = False**

				69990		
48	3	N	BTYPE	Bill Type	-	111 = Hospital based, inpatient, final bill 117 = Hospital based, inpatient, Replacement 121 = Hospital based, inpatient, final bill Part B 127 = Hospital based, inpatient Replacement Part B 131 = Hospital based, outpatient, final bill 132 = Outpatient Interim - First Claim 133 = Outpatient Interim - Continuing Claims 134 = Outpatient Interim - Last Claim 137 = Hospital based, outpatient Replacement 141 = Hospital based, laboratory final bill 147 = Hospital based, laboratory Replacement 181 = Swing Bed final bill 187 = Swing Bed Replacement 721 = Hospital Renal Dialysis Clinic 727 = Hospital Renal Dialysis Replacement 831 = Ambulatory 837 = Ambulatory Replacement 851 = Critical Access 857 = Critical Access Replacement
51	4	N	REVCODE	Revenue Code		
55	10	N	REVCHRG	Revenue Charge	0	Number, includes two digit decimal
65	8	AN	REVDATE	Revenue Date (MMDDYYYY)	0	MM = 01-12, DD = 01-31, YYYY = 0000 - 9999
73	6	N	REVUNITS	Revenue Units		
79	5	AN	HCPCS	HCPCS/CPTCODE/RATE		
84	2	AN	HCPCMOD 1	HCPC Modifer 1		
86	2	AN	HCPCMOD 2	HCPC Modifer 2		
88	2	AN	HCPCMOD 3	HCPC Modifer 3		
90	2	AN	HCPCMOD 4	HCPC Modifer 4		
92	2	AN	HCPCMOD 5	HCPC Modifer 5		
94	10	AN	Uniq	Unique record identifier for	n/a	**Sequential integer**

				linking to the revenue file		
104	6	N	primary_flag	Primary Procedure Identifier		1 = Primary Procedure
110	7	N	RVU_Value	Relative Value Units		RVU values for corresponding HCPCS/CPT Codes

Vermont Association of Hospitals

Payer Codes for Vermont

Payer Code	Payer Description	Payer Sub ID	Payer Sub ID Description
B	Blue Cross	1001	Maine
		1002	Massachusetts
		1003	National
		1004	New Hampshire
		1005	New York
		1006	Vermont
		9009	Other
C	Champus	8888	No Sub ID Needed
D	Medicaid	1001	Maine
		1002	Massachusetts
		1004	New Hampshire
		1005	New York
		1006	Vermont
		2001	BC
		2002	CHP Kaiser
		2003	VHAP
		9009	Other
E	Other Government Plans	8888	No Sub ID Needed
H	HMO	2002	CHP Kaiser
		3001	Healthsource/Cigna
		3002	TVHP
		3003	Matthew Thornton
		3004	MVHP
		9009	Other
I	Commercial	8888	No Sub ID Needed
M	Medicare	4001	Standard Medicare
		4002	Managed Care
P	Self Pay	8888	No Sub ID Needed
U	Unknown	8888	No Sub ID Needed
W	Workers Comp	8888	No Sub ID Needed
X	Charity		

Z	Medically Indigent/Free	8888	No Sub ID Needed

HIDI 400
10/26/06

Discharge Disposition

Code	Discharge Disposition
01	Home or Self Care
02	Other Acute Hospital
03	SNF
04	ICF
05	Other Health Care Facility
06	Organized Home Health Service
07	Against Medical Advice
09	Inpatient to this Hospital
20	Expired
21	Jail, prison, other detention facilities
30	Still Patient
41	Hospice patient expired in a medical facility such as a hospital, SNF, ICF or freestanding hospice
43	Discharged/Transferred to a Federal Hospital
50	Hospice-Home
51	Hospice- Medical Facility
61	Swing Bed- SNF
62	Discharged/transferred to another Rehab. Facility
63	Discharged/transferred to a long term care hospital
64	Discharged/Transferred to a nursing fac Medicaid certified
65	Discharged/Transferred to a psychiatric hospital or psychiatric distinct unit.
66	Discharged/Transferred to a CAH
69	Discharged/transferred to a designated disaster alternative care site
70	Discharged/transferred to another type of Health Care Institution not defined
81	Discharged to home or self-care with a planned acute care hospital readmit
82	Discharged/transferred to a short term hospital for IP care with a planned acute hospital IP readmit
83	Discharged/transferred to a SNF with Medicare cert with a planned acute care hospital IP readmit
84	Discharged/transferred to custodial/supportive care facility with planned acute hospital IP readmit
85	Discharged/transferred to cancer center/children's hospital with planned acute hospital IP readmit
86	Discharged/transferred to home under home health org with planned acute hospital IP readmit
87	Discharged/transferred to court/law enforcement with a planned acute hospital IP readmit
88	Discharged/transferred to a federal health care facility with a planned acute hospital IP readmit
89	Discharged/transferred to swing bed with a planned acute hospital IP readmit
90	Discharged/transferred to IRF/rehab distinct units of hosp with planned acute hosp IP readmit
91	Discharged/transferred to a Medicare cert LTCH with a planned acute hospital IP readmit
92	Discharged/transferred to nursing facility cert by Medicaid with a planned acute hospital IP readmit
93	Discharged/transferred to psych hosp/distinct unit of hosp with planned acute care hosp IP readmit
94	Discharged/transferred to a critical access hospital (CAH) with a planned acute hospital IP readmit
95	Discharged/transferred to other health care institution with a planned acute hospital IP readmit

Race Code	Race	Ethnicity Code	Ethnicity
1	American Indian/Alaska Native	0	Unknown or NA
2	Asian or Pacific Islander	1	Hispanic or Latino
3	Black	2	Neither Hispanic or Latino
4	White		
5	Other Race		
6	Unknown		
7	Hispanic-White		
8	Hispanic-Black		
9	Multiple Selections		
C	White		

Admit Type Code	Admit Type
1	Emergency
2	Urgent
3	Elective
4	Newborn
5	Trauma Center
9	Information not Available

Admit Source Code	Admit Source
1	Physician Referral
2	Clinic Referral
3	HMO Referral
4	Transfer From a Hospital
5	Transfer from a Skilled Nursing Facility
6	Transfer from Another Health Care Facility
7	Emergency Room
8	Court/Law Enforcement
9	Information not Available
A	Transfer from Critical Access Hospital
B	Transfer from another home health agency
C	Re-Admission to Same Home Health Agency
D	Transfer Inpt same facility with separate claim
E	Transfer From Abulatory Surgury Center
F	Transfer From an Enrolled Hospice Plan

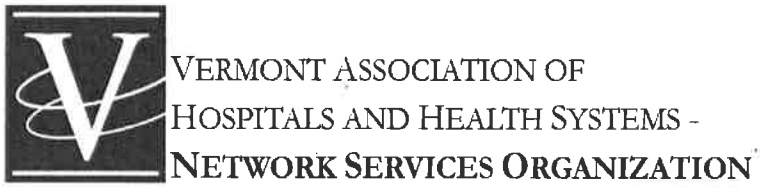
Newborn Admit Source Code	Newborn Admit Source
1	Normal Birth
2	Premature Birth
3	Sick Baby
4	Extramural Birth
5	Born Inside this Hospital
6	Born Outside this Hospital
9	Information not Available

Attachment G
Record Level Edits and Thresholds

EDIT CODE	AUDIT MESSAGE DESCRIPTION	HIGHLIGHTED FIEL	IP	OP
1010	Date of Birth is a required field.	BDAT	0% Required	0% Required
1030	Zip Code is a required field.	ZIP	0% Required	0% Required
1040	Sex is a required field.	SEX	0% Required	0% Required
1050	Race is a required field.	RACE	<2% Required	<2% Required
1060	Source of Admission is a required field.	ADMS	<2% Required	<2% Required
1070	Type of Admission is a required field.	ADMT	0% Required	0% Required
1080	Admission Date is a required field.	ADAT	0% Required	0% Required
1090	Principal Diagnosis is a required field.	DXP	0% Required	<2% Required
1100	Admitting diagnosis is a required field for inpatients.	DXA	<2% Required	n/a
1130	Patient Status is a required field.	PTSTATUS	0% Required	0% Required
1140	Primary Payer is a required field.	SOP	0% Required	0% Required
1160	Type of Bill is a required field.	BILLTYPE	0% Required	0% Required
1180	Medical Records Number is a required field.	MRN	<2% Required	<2% Required
1220	Revenue Code is a required field.	REVCODE	<2% Required	<2% Required
1230	Service Date is a required field.	SERVDATE	<2% Required	<2% Required
1240	Units of Service is a required field when Revenue Charge is greater than zero.	UNITSERV	<2% Required	<2% Required
1260	Additional Diagnosis is a required field.	DX	<2% Required	<2% Required
1270	Additional Procedure is a required field.	PR	<2% Required	<2% Required
1280	Additional Procedure Date is a required field.	PRD	<2% Required	<2% Required
1300	Principal Procedure is required when Additional Procedures are present.	PRP	<2% Required	<2% Required
1310	Admission Hour is required.	ADMH	<2% Required	<2% Required
1320	Discharge Hour is a required field.	DHOUR	<2% Required	<2% Required
1350	Revenue Code 0001 should appear only once.	REVCODE	<2% Required	<2% Required
1360	Town/County code is a required field.	TOWNCOUNTY	0% Required	0% Required
1370	Readmit Flag is required for this type of patient.	READMIT	<2% Required	n/a
1380	Sub Primary Payer Code is a required field.	SUBPRIMPAY	<2% Required	<2% Required
1390	Discharge Date is a required field.	DDAT	0% Required	0% Required
2010	Date of Birth does not correspond to a valid date (mmddyyyy).	BDAT	0% Required	0% Required
2020	Admission Date does not correspond to a valid date (mmddyyyy).	ADAT	0% Required	0% Required
2030	Principal Procedure Date does not correspond to a valid date (mmddyyyy).	PRPD	0% Required	0% Required
2040	Discharge Date does not correspond to a valid date (mmddyyyy).	DDAT	0% Required	0% Required
2050	Statement Covers Period From does not correspond to a valid date (mmddyyyy).	STPERIODF	n/a	n/a
2060	Statement Covers Period To does not correspond to a valid date (mmddyyyy).	STPERIODT	n/a	n/a
2070	Service Date does not correspond to a valid date (mmddyyyy).	SERVDATE	<2% Required	<2% Required
2080	Additional Procedure Date does not correspond to a valid date (mmddyyyy).	PRD	0% Required	0% Required
2110	Revenue Charge must be a signed numeric data type.	REVCHG	<2% Required	<2% Required
2130	Admit hour must be two-digit hour of the day (00 to 23).	ADMH	<2% Required	<2% Required
2140	Discharge hour must be two-digit hour of the day (00 to 23).	DHOUR	n/a	n/a
2150	Infant Birth Weight must be numeric.	BW	0% Required	n/a
2160	SCU Days must be numeric.	SCU	<2% Required	n/a
3020	Zip Code does not correspond to accepted values.	ZIP	0% Required	0% Required
3030	Sex does not correspond to accepted values.	SEX	0% Required	0% Required
3040	Race does not correspond to accepted values.	RACE	<2% Required	<2% Required
3050	Source of Admission does not correspond to accepted values.	ADMS	<2% Required	<2% Required
3060	Type of Admission does not correspond to accepted values.	ADMT	0% Required	0% Required
3070	Principal Diagnosis does not correspond to accepted values.	DXP	0% Required	0% Required
3072	Present on Admission code does not correspond to accepted values.	DXP	0% Required	<2% Required
3080	Admitting Diagnosis does not correspond to accepted values.	DXA	0% Required	0% Required
3140	Principal Procedure does not correspond to accepted values.	PRP	<2% Required	<2% Required
3150	Patient Status does not correspond to accepted values.	PTSTATUS	0% Required	0% Required
3160	Primary Payer does not correspond to accepted values.	SOP	0% Required	0% Required
3170	Secondary Payer does not correspond to accepted values.	SOP2	0% Required	0% Required
3175	Tertiary Payer does not correspond to accepted values.	SOP3	0% Required	0% Required
3180	Type of Bill does not correspond to accepted values.	BILLTYPE	0% Required	0% Required
3210	Revenue Code does not correspond to accepted values.	REVCODE	<2% Required	<2% Required
3230	Additional Diagnosis does not correspond to accepted values.	DX	0% Required	<2% Required
3232	Present on Admission code does not correspond to accepted values.	DX	0% Required	<2% Required
3240	Additional Procedure does not correspond to accepted values.	PR	0% Required	<2% Required
3260	Ethnicity does not correspond to accepted values.	ETHNICITY	n/a	n/a
3270	Diagnosis Version (9 = ICD-9 or 0 = ICD-10) is invalid.	DXVERSION	0% Required	0% Required
3280	Town/County code does not match accepted values.	TOWNCOUNTY	0% Required	0% Required
3290	Readmit Flag does not match accepted values.	READMIT	<2% Required	n/a
3300	Sub Primary Payer Code does not correspond to accepted values.	SUBPRIMPAY	<2% Required	<2% Required
3310	Sub Secondary Payer Code does not correspond to accepted values.	SUBPRIMPAY2	<2% Required	<2% Required
3320	Sub Tertiary Payer Code does not correspond to accepted values.	SUBPRIMPAY3	<2% Required	<2% Required
3340	External Cause of Injury does not correspond to accepted values.	DXE	0% Required	0% Required
3341	External Cause of Injury 2 does not correspond to accepted values.	DXE2	0% Required	0% Required
3342	External Cause of Injury 3 does not correspond to accepted values.	DXE3	0% Required	0% Required
3350	Present on Admission code does not correspond to accepted values.	DXE	0% Required	0% Required
3351	Present on Admission code does not correspond to accepted values.	DXE2	0% Required	0% Required

3352	Present on Admission code does not correspond to accepted values.	DXE3	0% Required	0% Required
4010	Discharge Date outside boundaries for selected quarter.	DDAT	0% Required	0% Required
4020	Service Date occurs outside boundaries of the admission and discharge dates (72 hours prior to admission i	SERVDATE	<2% Required	<2% Required
4030	Principal Procedure Date occurs outside boundaries of the admission and discharge dates (72 hours prior to	PRPD	0% Required	0% Required
4040	Date of Birth exceeds human lifespan of 120 years.	BDAT	n/a	n/a
4090	Procedure Date occurs outside boundaries of the admission and discharge dates (72 hours prior to admissio	PRD	0% Required	0% Required
4130	Medicare requires CPT/HCPCS for this Revenue Code.	HCPCSRATE	<2% Required	<2% Required
4140	Infant Birth Weight is required if Inpatient and Admission Type = 4 (NB).	BW	0% Required	n/a
4150	Infant Birth Weight cannot be specified unless Inpatient and Admission Type = 4 (NB).	BW	0% Required	n/a
4170	Total Charges cannot be a negative value.	REVCODE	0% Required	0% Required
5010	Admission Date must be equal to Birth Date when Principal Diagnosis is V30-V37 with a fifth digit of "0".	ADAT	0% Required	<2% Required
5020	Admission Date can be no more than two days after Birth Date when Principal Diagnosis is V30-V37 with	ADAT	0% Required	<2% Required
5030	Sex must match the Procedure for any sex specific procedure.	PRP	<2% Required	<2% Required
5040	Sex must match the Procedure for any sex specific procedure.	PR	0% Required	<2% Required
5050	Discharge Date cannot occur before Admission Date.	DDAT	0% Required	0% Required
5070	Date of Birth must be less than or equal to the Admission Date.	BDAT	0% Required	0% Required
5120	Duplicates of the Principal Diagnosis code are not permitted in Additional Diagnosis.	DX	0% Required	0% Required
5130	Additional Diagnosis of V27 must have a corresponding Principal Diagnosis of 650, or 640-676 with a 5th	DX	<2% Required	n/a
5140	Principal Diagnosis code 650 should not appear with Additional Diagnosis codes 640-676.	DX	<2% Required	n/a
5180	The total of all Revenue Charges does not equal the Total Charges.	REVCHG	0% Required	0% Required
5200	Principal Diagnosis of V3x with a fifth digit of 0 requires Type of Admission to be 4 (newborn).	ADMT	<2% Required	<2% Required
5210	Operating Physician is required if Principal Procedure has been specified.	PINB	<2% Required	<2% Required
5230	The Zip Code specified does not correspond to the State.	ZIP	0% Required	0% Required
5240	Principal Diagnosis is gender specific and does not match the Sex specified.	DXP	0% Required	<2% Required
5250	Admitting Diagnosis is gender specific and does not match the Sex specified.	DXA	<2% Required	n/a
5251	Reason for Visit is gender specific and does not match the Sex specified.	REASVISIT	0% Required	0% Required
5252	Reason for Visit 2 is gender specific and does not match the Sex specified.	REASVISIT2	0% Required	0% Required
5253	Reason for Visit 3 is gender specific and does not match the Sex specified.	REASVISIT3	0% Required	0% Required
5260	Additional Diagnosis is gender specific and does not match the Sex specified.	DX	<2% Required	n/a
5280	Additional Diagnosis of 640-676 with Principal Diagnosis of 640-676 requires the fifth digit of both to be p	DX	<2% Required	n/a
5290	Principal Procedure and Principal Procedure Date must be paired.	PRPD	0% Required	0% Required
5310	Duplicate Additional Diagnosis codes are not permitted.	DX	<2% Required	<2% Required
5330	HCPCS/CPT code is gender specific and does not match the Sex specified.	HCPCSRATE	<2% Required	<2% Required
5350	At least one revenue code needs to indicate room charges unless the Primary Payer is Medically Indigent/Fr	ALL_REV	<2% Required	n/a
5400	Principal Diagnosis does not contain a valid Principal Diagnosis code.	DXP	0% Required	<2% Required
5410	Principal Diagnosis does not match Adult age requirement.	DXP	<2% Required	n/a
5420	Principal Diagnosis does not match Newborn age requirement.	DXP	<2% Required	n/a
5430	Principal Diagnosis does not match Pediatric age requirement.	DXP	<2% Required	n/a
5440	Principal Diagnosis does not match Maternity age requirement.	DXP	<2% Required	n/a
5450	Admitting Diagnosis does not match Adult age requirement.	DXA	<2% Required	n/a
5451	Reason for Visit does not match Adult age requirement.	REASVISIT	<2% Required	n/a
5452	Reason for Visit 2 does not match Adult age requirement.	REASVISIT2	<2% Required	n/a
5453	Reason for Visit 3 does not match Adult age requirement.	REASVISIT3	<2% Required	n/a
5460	Admitting Diagnosis does not match Newborn age requirement.	DXA	<2% Required	n/a
5461	Reason for Visit does not match Newborn age requirement.	REASVISIT	<2% Required	n/a
5462	Reason for Visit 2 does not match Newborn age requirement.	REASVISIT2	<2% Required	n/a
5463	Reason for Visit 3 does not match Newborn age requirement.	REASVISIT3	<2% Required	n/a
5470	Admitting Diagnosis does not match Pediatric age requirement.	DXA	<2% Required	n/a
5471	Reason for Visit does not match Pediatric age requirement.	REASVISIT	<2% Required	n/a
5472	Reason for Visit 2 does not match Pediatric age requirement.	REASVISIT2	<2% Required	n/a
5473	Reason for Visit 3 does not match Pediatric age requirement.	REASVISIT3	<2% Required	n/a
5480	Admitting Diagnosis does not match Maternity age requirement.	DXA	<2% Required	n/a
5481	Reason for Visit does not match Maternity age requirement.	REASVISIT	<2% Required	n/a
5482	Reason for Visit 2 does not match Maternity age requirement.	REASVISIT2	<2% Required	n/a
5483	Reason for Visit 3 does not match Maternity age requirement.	REASVISIT3	<2% Required	n/a
5490	Additional Diagnosis does not match Adult age requirement.	DX	<2% Required	n/a
5500	Additional Diagnosis does not match Newborn age requirement.	DX	<2% Required	n/a
5510	Additional Diagnosis does not match Pediatric age requirement.	DX	<2% Required	n/a
5520	Additional Diagnosis does not match Maternity age requirement.	DX	<2% Required	n/a
5530	Principal Diagnosis of 650 is inconsistent with C-section procedure code.	DXP	0% Required	n/a
5540	Principal diagnosis indciates poison or injury but no E-code present.	DXE	0% Required	<2% Required
5541	Principal diagnosis indciates poison or injury but no E-code present.	DXE2	0% Required	<2% Required
5542	Principal diagnosis indciates poison or injury but no E-code present.	DXE3	0% Required	<2% Required
5550	Additional diagnosis indciates poison or injury but no E-code present.	DXE	0% Required	<2% Required
5551	Additional diagnosis indciates poison or injury but no E-code present.	DXE2	0% Required	<2% Required
5552	Additional diagnosis indciates poison or injury but no E-code present.	DXE3	0% Required	<2% Required
6010	Another record from this facility with the same Patient Control Number has been located.	PCONTROL	0% Required	0% Required
6020	Patient record is blank.	PCONTROL	0% Required	0% Required
6021	Unique ID	UNIQ	85% Required	85% Required
6022	Street Address	SA	80% Required	80% Required

Attachment H: Methodology for Flagging Principal Procedures on Outpatient Records



Methodology for Flagging Principal Procedures: Technical Description for Ranking HCPCS Codes

Due to the elimination of the requirement to report ICD-9 procedure codes on outpatient visits, VAHHS-NSO has developed an algorithm to rank the HCPCs codes in order to ascertain primary procedures.

The ranking algorithm has two parts. The first uses the CMS physician fee schedule payment amount formula to calculate CMS Relative Value Units (RVUs) (see attached RVUPUF13.docx).

Total Procedure RVUs =

[(Work RVU * Work GPCI) +

(Facility PE RVU * PE GPCI) +

(MP RVU * MP GPCI)] * Conversion Factor

The RVUs are an indicator of the intensity of the each procedure. An updated version of RVUs is released at the beginning of each calendar year. There are three types of RVUs: Work, Practice Expense (PE) and Malpractice (MP). Work RVUs are a measure of physician work involved in the procedure. PE RVUs are a measure of business overhead attributed to the procedure. MP RVUs are based on malpractice insurance expense attributed to each procedure.

The geographic practice cost index (GPCI) is a multiplier that adjusts each of the RVU amounts based on location. Vermont has only one GPCI for the entire state.

The conversion factor is another multiplier that adjusts for anesthesia procedures based on location.

In cases where no RVUs can be calculated (37% of encounters), the line item charge amount is used to rank procedures, where the highest charge indicates the principal procedure. The website below gives a more detailed explanation of RVUs and their history:

https://www.federalregister.gov/articles/2013/12/10/2013-28696/medicare-program-revisions-to-payment-policies-under-the-physician-fee-schedule-clinical-laboratory#h-18

ATTACHMENT I: TASK ORDER FORM

GMCB Task Order Form

[Contractor name]-[Contract number]-[Task Order #]

Start Date: [MM/DD/YY] **End Date: [MM/DD/YY]**

Total Cost:

DATA SUBMITTING ENTITY NAME:

Subtask	Estimated completion date	Comments	Cost
Completion of data sharing agreement			
Review of file layout and data dictionary			
Extract development assistance, working with the entity and their vendor			
Extract testing and review			
Quality Assurance (QA) reporting and review			
Historical data load		Time period:	
Facility and user setup in Contractor's data collection system			

Additional comments:

Contractor Representative (Name and Title):		
Approval Signature		Date
State Authorized Rep:		
Approval Signature		Date
GMCB Contract Administrator:		
Approval Signature		Date