

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 #: 43274 Amendment #:
 Vendor Name: Health Management Associates, Inc. VISION Vendor No: 325084
 Vendor Address: One Michigan Avenue Bldg., 120 North Washington Square, Lansing MI 48933
 Starting Date: 2/15/2022 Ending Date: 3/31/2024 Amendment Date: April 10, 2023
 Summary of agreement or amendment: Amend Technical Assistance in Health Care Data Analytics, Calculations and Reporting for time and money.

II. FINANCIAL & ACCOUNTING INFORMATION

Maximum Payable: \$200,000.00 Prior Maximum: \$ 99,995.00 Prior Contract # (If Renewal): 39252 100%
 Current Amendment: \$100,005.00 Cumulative amendments: \$ 100,005.00 % Cumulative Change:

Business Unit(s): 3330; ; - [notes:] VISION Account(s): 507600;

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

III. PROCUREMENT & PERFORMANCE INFORMATION

A. Identify applicable procurement process utilized.
 Standard Bid/RFP Simplified Sole Source (See B.) Qualification Based Selection Statutory
 B. If Sole Source Contract, contract form includes self-certification language? Yes N/A
 C. 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 Retiree/Former SOV EE Financial Trans Zero-Dollar Privatization Other
 Commodity

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 (\$25,000 and above) or otherwise 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):

3/30/2023	DocuSigned by: Susan Barnett				
1-Date	1-Agency/Department Head		2-Date	2-Agency Secretary (if required)	
4/12/2023	DocuSigned by: [Signature]				
3a-Date	3a-CIO	3b-Date	3b-CMO	3c-Date	3c-Commissioner DHR
4/7/2023	DocuSigned by: Jesse Moorman		4/25/2023	DocuSigned by: Douglas Farneham	
4-Date	4-Attorney General		5-Date	5-Secretary of Administration	

DocuSigned by:
 Emma Felton/4/24/2023
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