STATE OF VERMONT CONTRACT SUMMARY AND CERTIFICATION - - - - - - - - - - - Form AA-14 (1/8/2019)

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 #:** 38739 **Amendment #:** 2

Vendor Name: Onpoint Health Data VISION Vendor No: 286356

Vendor Address: 75 Washington Ave., Ste 1E, Portland, ME 04101

Starting Date: 8/15/19 **Ending Date:** 8/14/2024 **Amendment Date:** 11/20/2020

Summary of agreement or amendment: Adding DVHA's Blueprint under this contract to streamline/reduce costs and adding two GMCB tasks

II. FINANCIAL & ACCOUNTING INFORMATION

Maximum Payable: $6,369,200.00 Prior Maximum: $ 4,619,800.00 Prior Contract # (If Renewal): 20229

Current Amendment: $1,420,400.00 Cumulative amendments: $ 1,749,400.00 % Cumulative Change: 37.90

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

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
☒ Non-Personal Service
☐ Commodity

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

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

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):

1-Date	1-Agency/Department Head	2-Date	2-Agency Secretary (if required)
	E-SIGNED by Susan Barrett on 2020-11-23 20:48:12 GMT		

3a-Date	3a-CIO	3b-Date	3b-CMO	3c-Date	3c-Commissioner DHR
	E-SIGNED by John Quinn on 2020-12-02 19:24:31 GMT				

4-Date	4-Attorney General	5-Date	5-Secretary of Administration
	E-SIGNED by Jesse Moorman on 2020-11-25 18:15:00 GMT		E-SIGNED by Kristen Clouser on 2020-12-14 21:22:43 GMT

E-SIGNED by Matthew Sutter on 2020-12-14 13:48:28 GMT

STATE OF VERMONT
CONTRACT AMENDMENT

It is hereby agreed by and between the State of Vermont, Green Mountain Care Board (the "State") and Onpoint Health Data, with a principal place of business in 75 Washington Avenue, Ste. 1E, Portland, Maine 04101 (the "Contractor") that the contract between them originally dated as of August 15, 2019, Contract # 38739, as amended to date, (the "Contract") is hereby amended as follows:

I. **Maximum Amount**. The maximum amount payable under the Contract, wherever such reference appears in the Contract, shall be changed from $4,948,800.00 to $6,369,200, representing an increase of $1,420,400.

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

Attachment A Exhibit 3 is hereby deleted in its entirety and replaced by the revised Exhibit 3 attached here.

Attachment A Exhibit 5 is hereby added.

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

Attachment B is hereby deleted in its entirety and replaced by the revised payment schedule attached here.

Taxes Due to the State. Contractor certifies under the pains and penalties of perjury that, as of the date this contract amendment is signed, the Contractor is in good standing with respect to, or in full compliance with a plan to pay, any and all taxes due the State of Vermont.

Child Support (Applicable to natural persons only; not applicable to corporations, partnerships or LLCs). Contractor is under no obligation to pay child support or is in good standing with respect to or in full compliance with a plan to pay any and all child support payable under a support order as of the date of this amendment.

Certification Regarding Suspension or Debarment. Contractor certifies under the pains and penalties of perjury that, as of the date this contract amendment is signed, neither Contractor nor Contractor's principals (officers, directors, owners, or partners) are presently debarred, suspended, proposed for debarment, declared ineligible or excluded from participation in federal programs, or programs supported in whole or in part by federal funds.

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

This document consists of 29 pages. Except as modified by this Amendment No. 2, all provisions of the Contract remain in full force and effect.

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

STATE OF VERMONT	**ONPOINT HEALTH DATA**
By: _____	**By:** _____
Name: E-SIGNED by Kevin Mullin on 2020-12-14 23:46:42 GMT	**Name:** E-SIGNED by Jim Harrison on 2020-12-14 23:32:46 GMT
Title: _____	**Title:** _____
Date: _____	**Date:** _____

REVISED ATTACHMENT A
SPECIFICATIONS OF WORK TO BE PERFORMED

EXHIBIT 3
Operational Tasks/Payment Schedules

Background

The Green Mountain Care Board (GMCB) is the steward of several data resources. In this role, the GMCB is responsible for a broad set of data management and stewardship concerns. The data may be used in analysis by agencies and academic researchers interested in questions, such as access to care, expenditures, utilization, and quality.

The Vermont Health Care Uniform Reporting and Evaluation System (VHCURES) is the State's all-payer claims database. The VHCURES database includes eligibility information and medical and pharmacy claims provided by commercial health insurers as well as Medicaid and Medicare beginning in January 2007. Through data use agreements, VHCURES data is utilized by state agencies, state and federal contractors, and other approved users to support analysis of health care access, spending, utilization, and quality.

The GMCB envisions a more robust, performant solution that improves the consistency of access, including recurring reports produced by the vendor. Increasing the use of the data resource should also help improve the quality of the data and subsequent analysis. The GMCB will continue to use the data to supports its regulatory duties and inform efforts as guided by the Vermont Legislature.

The State released a Request for Proposals in September 2018 for an independent, third-party vendor to enhance the State's existing all-payer claims database.

The Vermont Blueprint for Health designs community-led strategies for improving health and well-being. In support of these strategies, the Blueprint programs are continuously informed by comprehensive evaluations of health care quality and outcomes. These evaluations have demonstrated that Vermonters served by Blueprint-supported programs have slower growth in health care costs and the same or better outcomes.
The State will provide direction to the Contractor to assume work under this contract. Work may be performed at the Contractor's office location, regular phone calls will be required, with the possibility of in-person meetings.

State of Vermont Key Personnel for Contract #38739:

- David Glavin, Data and Reporting Project Manager, GMCB – Operations Contract Manager
- Sarah Lindberg, Health Services Researcher, GMCB – Subject Matter Expert, Data and Analytics

- Kate Carter, Enterprise IT Project Manager, Agency of Digital Services – Implementation Project Manager and Vendor Manager
- Mary Kate Mohlman, Health Services Researcher, Blueprint for Health, Department for Vermont Health Access
- Tim Tremblay, Blueprint Data Analytics and Information Administrator, Blueprint for Health, Department of Vermont Health Access

The State will notify the contractor of any personnel changes in writing within 30 days and will file changes to the contract file.

Data Aggregation
Task 1: Registration and Data Submission

1.1 *Registration Requirements and Collection of Information*:

- Access
  - Provide web-based and secure access to an online system that supports State registration requirements and collection of information for mandated health insurers and related parties (e.g. TPAs, PBMs).
- Communication
  - Maintain a method for direct communication with all registering entities and the submissions of those submitting data to support notifications related to the program.
- Notification
  - Provide notifications to all registrants and submitters on program updates, annual registration reminders, required downtime, changes/modifications to data submission specifications, and notifications of upcoming webinars or training sessions. Notification for annual registration will be issued 30 days prior to date registration opens.
- Registry of Contact Information
  - Maintain contact information registry, updated annually for all registrants, for use by the Contractor and the State with adequate detail including company names, company registration or registration codes, company contacts and titles, mailing and email addresses, and telephone numbers for all registered entities and data submitters.
  - Update the registry if registrants provide new or replacement information outside the annual registration period.
- Compliance Monitoring
  - Collaborate with the State in compliance monitoring of payers with respect to registrations requirements.
  - Regularly monitor and comply with all state statutes.

1.2 *Registration*:

Conduct an annual and ongoing registration process with payers that provide coverage for Vermont residents on their enrollment. Support data submissions during the registration process and all other processes required by the State between the Vendor and the payers.

- Registration Plan
  - Collaborate with the State to develop an annual registration plan by September 1 to identify potential changes to the annual process and a timeline for implementing modifications as approved by the State.
- Deadline Notification
  - Directly notify current registrants and data submitters of each impending annual registration deadline of December 31, 60 days prior to the deadline.
  - Provide direct notification following the deadline for any registrants and data submitters that have not renewed their registration.
- Registration Access
  - Provide web-based and secure access to registration tool that supports State registration requirements and collection of information for TPAs and PBMs and registration of mandated reporters to support the data submission process; file submission instructions; reporter-specific secure access for on-line file submission; and access to status and error reports and other necessary information.
- Reporting
  - Provide a list of registrants to the GMCB, including payers with enrollment below the VHCURES threshold for mandated data submission of eligibility and claims data including, but not limited to active submitters, payers who have registered but do not submit, and inactive submitters. including a final, annual report submitted for GMCB's review and approval.
  - Provide the State with up-to-date data/reports by registrant that supports compliance monitoring

1.3 *Data Submission:*

- Able to collect all the required data elements established by the GMCB. Onpoint will work the GMCB, as needed, to collect additional data elements. Depending on the scope of the work, a cost proposal will be provided.
- Adhere to the change management process agreed upon with the State when data elements change.
- Recommend modifications to the data submission requirements as needed based on the most current standards for claims, eligibility and other relevant administrative health data that will support the diverse and evolving informational needs of the State.
- Provide technical assistance to the State regarding potential modifications to data submission rules and other requirements and for discussions with other entities regarding such potential modifications.
- Training and Support
  - Onboarding Newly Identified Data Submitters

        - Hold one-on-one meetings and provide direct training and support to ensure that newly identified data submitters are provided with support and training to introduce the mechanics of the data submission process and expectations for data quality. Support group technical training sessions with data submitters for initial system implementation and as requested by the State when system requirements change.
        - Test and verify the proposed data submission processes with each data submitter prior to the submission of test data from data submitters.
    - Ongoing
        - Provide secure access to feedback and technical assistance to data submitters on data completeness, validation and quality, including processing resubmitted data files.
        - Develop and maintain materials to support data submissions, including examples of how to resolve common problems or errors.
        - Support group technical training sessions with data submitters as requested by the State when system requirements change.
        - Test and verify the proposed data submission processes with each data submitter prior to the submission of test data from data submitters.
- Reports to Data Submitters
    - Provide data summary reports to data submitters that demonstrate the data received matched the parameters that were expected, as defined by the submitter's metadata.
    - Provide a data validation report to data submitters.
- Provide and archive data summary reports for every instance of routine submission of data.
- Log the summary of data submitter for verification of data accuracy. In addition, test and fully document during the User Acceptance Testing (UAT).
- Provide access to data and reports related to file submission, status, exceptions to thresholds and other relevant information pertaining to data submission compliance.
    - Maintain documentation of data submissions, including requests for resubmissions, as well as responses to those requests and make available to GMCB upon request.
    - Provide GMCB documentation of notable modifications including, but not limited to:
        - Fields removed
        - Fields added
        - Fields with substantial changes to the data submitted significant and/or low increases
        - Additional flags that are added.

Task 2: Claims Data Collection and Consolidation Services:

Update Onpoint CDM edits for Vermont reporters to include recommended data revisions and transitional planning.

Daily processing of live data, including new and resubmitted data, noncompliance notification, and transitional planning as required.

- Collect medical claims, pharmacy claims, eligibility data, and other related data files from mandated and voluntary data submitters as referenced in applicable rules and regulations of the State of Vermont. Data submitters will include commercial health insurers, third-party administrators, pharmacy benefit managers, Medicaid, and Medicare.
- Provide registered submitters with secure access for online file submission; and access to status reports, error reports, and other necessary information.
- Provide technical assistance to new data submitters as well as established data submitters as needed to support efficient, accurate, and timely data submission and other requirements as directed by the State.
- Make a reasonable effort to accommodate data transfer methods preferred by data submitters while maintaining optimal security standards.
- Meet security standards for Medicare data containing direct identifiers as specified in Section 7 of the CMS Data Use Agreement Form CMS-R-0235 as the State's (CMS licensee) designated custodian (CMS custodian).
- Retain fields and data elements unique to Commercial, Medicaid, and Medicare that will support analytical capability of both the integrated all-payer data set and also stand-alone files for each payer type including Commercial, Medicaid, and Medicare. Covered populations will include comprehensive major medical insureds, Medicare Supplemental insurance beneficiaries, and Medicare Parts C and D beneficiaries.
- Collect and integrate files from the Centers for Medicare and Medicaid Services (CMS) provided to the State as the licensee and the Contractor as custodian.
- Integrate the following Medicare standard formats into VHCURES using the layout as defined by Vermont Regulation H-2008-01: Standard quarterly Research Identifiable (RIF) and Medicare Part D event files.
    - Standard RIF files will include eligibility and Medicare Part A and Part B files and an annual refresh file.
- Submitted File Evaluation. Evaluate submitted files for conformance to the file layout, format and metadata included in header and trailer records to ensure that submitted data satisfies basic requirements and is viable to proceed with processing. This evaluation step will include, but is not limited to, verifying satisfaction of the following conditions:
    - The file contains only one header record and one trailer record, both of which are formatted correctly
    - The file is in the proper format as specified by the State
    - The correct number of fields appears in each record
    - The number of data records matches the count reported in the header record
    - Data types and lengths are valid
    - Applicable dates within the file are within the reporting period beginning and period ending values cited in the header and trailer records
    - Data that is required to be hashed is hashed
- If data files conform to their metadata descriptions, and otherwise appear to be valid files, then the Contractor will proceed with processing the files.
- In the event transmitted files fail this evaluation, then Onpoint will provide such notification to the data submitter and apply best efforts to support the resubmission of

valid files.

- For each received submission point will maintain:
    - Retrievable records of the dates on which files were received
    - Results of the evaluation, and
    - Other pertinent information to document the acquisition of files.
- Data Evaluation: For data files that meet passable standards for data receipt, conduct an evaluation of the content of these files for soundness, completeness, and reasonableness. The evaluation will include, but not be limited to, verifying satisfaction of the following conditions:
    - Data is accurately formatted
    - The prevalence of null or missing data is below threshold levels
    - Values supplied for specific fields are logical
    - Codes are appropriately used
    - Data elements have appropriate interrelationships
    - Tolerance levels as reviewed and collaborated upon with the State on an annual basis.
    - For files that fail to meet these evaluation steps, Onpoint will provide such notification and suitable explanation to the data submitter and, if requested, to the State.
    - Onpoint will apply best efforts to support the resubmission of accurate files.
    - Onpoint will maintain retrievable records of the results of the evaluation of the content of data files.
- Work with all submitters and recipients of data to ensure that protected health information (PHI) is protected both in transmit and at rest and that the data is hashed and/or encrypted for secure transmission. When PGP encryption is used, Onpoint will work with the other party in sharing encryption keys at no cost and testing the process.
- Identify and document methods for incorporating claims across multiple payer types including one for each payer type and one for each file type.
- Integrate historical data already residing in the VHCURES consolidated database (from first service dates of January 1, 2007 onward) and continue to collect the required claims, eligibility and other related data files already residing in VHCURES, integrating commercial, Medicaid and Medicare data.
- Perform provider linkage to support the maintenance of a VHCURES provider database and a Master Provider Index (MPI) to facilitate the following:
    - Accurate attribution of claims records to single providers or provider groups;
    - Aggregation of claims for single provider or groups of providers with the same specialty code;
    - Attribution of members to single providers and provider groups that can be further categorized by specialty code type such as primary care and other specialty types; and
    - Attribution of providers to injury/illness types.
- Perform provider linkage to resolve provider identity with their unique NPI number.
- Groupers and Flags. Onpoint will provide chronic condition flags and implement risk and episode of care groupers as specified by the State. Any associated licensing fees will be covered by the State.
- Measures. The State will select and implement measures in collaboration with Onpoint

which may include HEDIS measures, PQA measure, readmission measure and/or Total Cost of Care metrics. If additional measures must be added at a later time, a cost proposal may be required.

- Mapping and GIS coding, report generation and data visualization will be made available to the State through the Tableau BI tool.

2.1 *Data Quality Assurance Plan*

Develop a comprehensive Data Quality Assurance Plan to be incorporated in the Delivery Expectation Document (DED).

- The comprehensive data quality assurance plan will include, but not limited to the following metrics:
  - completeness and validity
  - element relationships
  - trending and cross-file quality
  - submitter attestation on an annual basis for the submitters making up 80% of the claims volume
  - cross-payer validation
  - quality
  - utilization, and
  - expenditure metrics

- On a quarterly basis, conduct an evaluation of the trends implied by the files in the context of the data historically provided by their respective submitters, as well as in the context of industry accepted standards for such trends. Relevant aspects of the data to be trended shall include, but not be limited to:
  - Total medical claims counts
  - Total pharmacy claims counts
  - Total dollar value of medical claims
  - Total dollar value of pharmacy claims
  - Total eligibility counts
  - Total orphan claims
  - Per member per month medical claims cost
  - Per member per month pharmacy claims cost

- For each data submitter, these trends shall be rendered by product, and shall reflect three years of that submitter's data. If three years of data is not available, then the trends shall encompass as much of the submitter's data as is available.
- Data points for the above criteria shall be provided by month. For data files that show anomalies in trends, Onpoint will put forth best efforts to understand the causality of such discrepancies and collaborate with the State and the data submitter to determine the most suitable approach to resolution.
- Records of these trend analyses will be maintained in a retrievable manner, and made available to the State.
- Conduct quality checks and update database for past submission timeframes with additional data and corrected data.

- Consult with the State regarding the approach and methods that are used to generate unique identifiers for individual persons (i.e., patients, members, enrollees, beneficiaries) to support assignment of claims to individuals within and across insurers and payers within the VHCURES data set.
- Maintain reference data values that are customized by payer. Map the specific reference tables and to payer-specific and standard codes to the payer and be consistent across the database and implemented for the entirety of the contract.

Task 3: Data Access, Management, and Support

- Contractor shall provide copies to the State of a standardized comprehensive data extract generated from the VHCURES data warehouse at no additional cost (other than those outlined in Table 4). Incorporate claims data refreshes on a quarterly basis (or other basis depending on data submission schedule) and be subject to a mutually agreed upon DED and DAF.

- Copies of the standard state agency quarterly extract will also be generated at no additional cost for Vermont state agencies with VHCURES data use agreements and their contractors and researchers who are performing State-directed work. Contractor may bill approved users that are not Vermont State agencies or authorized State contractors for the staff time required to prepare, ship, or transmit extracts.

- At the time of execution of this contract, these charges for non-Vermont state agencies and contractors are $5,250 with no changes to the table layout. This pricing assumes delivery via SFTP or to the Vermont Analytic Enclave. There is a one-time fee of $550 for initial SFTP set-up and testing. An estimate will be provided if hard media is requested. These charges for non-Vermont state agencies and contractors are subject to change over time.

- In cases where data linkage is approved by the GMCB, Onpoint shall provide encryption keys or other necessary elements at no cost to allow an authorized user to perform linkage. Onpoint can charge an approved user if Onpoint is conducting the linkage on behalf of the approved user.

- Contractor will provide the VT Analytic File, a simplified extract consisting of five (5) core tables, annually to the GMCB. The VT Analytic File will be run on calendar year data with three (3) months of paid run-out. For deliveries outside of the Analytic Enclave or the GMCB SFTP system there is a one-time fee of $550 for initial SFTP set-up and testing.

- Provide a secure, cloud-based analytic enclave to State approved users.

- Vulnerability Testing. Onpoint shall run (or prove evidence of having been run) quarterly vulnerability assessments on externally facing assets storing or presenting state data including hosted or on premises infrastructure. Results will be delivered quarterly to the ADS security team, or technical lead for the program. Contractor shall remediate all

critical/high issues within 90 days. Contractor shall provide a risk mitigation plan for medium and low issues. Contractor shall obtain written State approval for any exceptions. Contractor will work with the state to define a reporting process.

Onpoint will provide a copy of its HITRUST certification letter, HITRUST executive summary report, and annual penetration testing, annually, upon request.

- *Pricing:* User subscription pricing is included in Table 4 for 26-30 seats in the Analytic Enclave (AE) at $12,000 per month. There is a minimum of five (5) users required per Analytic Enclave subscription. Contractor cannot support shared user accounts or concurrent users in the Analytic Enclave. Additional seats will be priced according to the following schedule:

Number of Seat	Analytic Enclave pricing, total cost per month
6	$6,050
7	$6,725
8	$7,400
9	$7,400
10	$7,400
11 to 15	$9,000
16 to 20	$10,250
21 to 25	$11,250
26 to 30	$12,000

The baseline RedShift size is 2 terabytes. If the client requires additional space, Onpoint can provision additional nodes. Each incremental node provides an additional 2 terabytes at a cost of $600 per month.

- Users within the Analytic Enclave can be provided access to Tableau Creator at GMCB's request. If GMCB does not have an existing Tableau license that can be utilized, then Contractor can purchase Tableau licenses with a one-year commitment. Tableau's pricing is subject to change and Onpoint agrees to only pass direct Tableau cost to GMCB with no additional fees.

- If more than 250GB of storage space per user is required, the additional space will be charged at $34.50 per 100GB per month (includes 14-day retention of backups).

- Changes to approved users will be communicated to Onpoint according to a mutually agreed upon procedure.

- Provision new users in the Analytic Enclave within two business days of request, with an active start date relative to monthly access. Multiple new users at the same time would require additional time, so, for example, 10 days would be required for 5 new users requested on the same day. 3 business days are required for an AE seat termination.

Onpoint will accommodate immediate terminations in the AE, as needed, for unexpected termination of employment.

- Manage all access control. Pricing assumes seats will not turn over more frequently than once every six months. The State will request support as directed in the Analytic Enclave Support document.

- The Analytic Enclave will be built out in the Amazon Web Services (AWS) cloud-based environment. The GMCB will have its own dedicated virtual private cloud (VPC). Users will connect to the Analytic Enclave using AWS workspaces. Their AWS workspace will contain a user-friendly Windows 10 environment. Microsoft Office tools (Excel, Word, PowerPoint) will be included in the AE. Licensing fees are included in the per seat subscription cost.

- Maintain HITRUST certified and HIPAA compliance. Internet access from inside the Enclave will be whitelisted based on GMCB permitted sites.

- Provide the following analytic tools in the AE:
  - The versions requested by the GMCB of: R, Python, SQL Workbench, and Anaconda.
  - Additional software can be installed in the AE at the request of the GMCB. Any applicable software license costs will be covered by the GMCB.
  - If software installation and configuration for the requested software is estimated to exceed eight hours or requires third party consultation, provide an estimated cost to accommodate the new software request.

- The database system provided in the AE will be Amazon Redshift, a columnar database service.

- The enclave will house two comprehensive VHCURES extract versions simultaneously, usually the current and prior quarter.

- Users will have a local storage drive in the AE. If permitted by the GMCB, users will have a shared drive mapped to an S3 bucket. Approved individuals may be allowed appropriate access to files placed on the shared drive.

- *Availability:* The AE will be generally available 24x7 with a guaranteed up-time of 99.9% during core business hours (defined as 8am – 5pm, Eastern Standard Time, Monday through Friday, excluding national holidays). Scheduled maintenance of the AE will generally be performed the third weekend of every month.

- *Maintenance and Back-up:* Scheduled maintenance will generally be performed the 3rd weekend of every month. Send maintenance reminders the week prior to maintenance occurring. Provide seven or more days' notice for any scheduled downtime. Data in the secure analytic environment will be backed-up daily.

- Store consolidated data in a format that is efficiently designed for querying and optimized for multiple parameter filtering.

- The State will identify and document any specific performance issues that are significant and persistent. Onpoint will work with the State to investigate and determine the root cause of such performance issues. To the extent that those causes are attributed, in whole or in part, to Onpoint, Onpoint will work to remediate those issues for which it is responsible. Create query performance benchmarks for user acceptance testing and performance monitoring, to be approved by the GMCB.

- Provide both utilization metrics as well as performance metrics for all components of the solution to the GMCB staff upon request. Utilization metrics will be both identifiable and summarized to address audit trail as well as trends in user activity.

- Maintain on and offsite backup copies of the files and datasets submitted by reporters and as consolidated and finalized by Onpoint in a secure location that meets security standards for Medicare data containing individual identifiers as specified in the CMS Data Use Agreement Form CMS-R-0235 under section #7 as the State's (CMS licensee) designated custodian (CMS custodian).

- Accommodate new data fields derived from existing data fields, as specified by the State. If the State develops an enterprise-wide master person index, in cases of disagreement, the default layouts and methods will be those of the data management vendor. Collaborate in developing specifications for the unique person identifier and for evaluating the accuracy of the identifier. Depending on the scope of the work, a cost proposal will be provided.

- Maintain a secure virtual, remote up-to-date patches, for the duration of contract.

- Participate in a State-appointed data users group and provide troubleshooting services for accessing or analyzing data.

- Ensure that historical datasets are archived and accessible to the analytic environment dating back to 2007. Historical data will be kept as long as technically feasible.

- Ensure that all planned maintenance services related to any components of the APCD solution, excluding routine monthly maintenance, must be reviewed and approved by GMCB prior to their execution. Work with the GMCB to schedule and notify users about such events.

- Maintain comprehensive change management processes.

- Maintain a comprehensive, formal process for user acceptance testing before and after production.

- Respond to all requests/questions in accordance with the Service Level Standards listed in Attachment F.

- Develop a transition contingency plan, including details on Vendor-specific resources, in the event the contract expires or is terminated.
    - Before conclusion of this contract and in the event that the contract is terminated or the contract is awarded to another vendor, Contractor shall develop a transition plan for continued operations that will assist the State in maintaining timely collection of the data during contract transition. As specified by the State, upon conclusion of the contract, the Contractor shall transfer a minimum of five years of raw data files as submitted by payers, relevant archives of communications with submitters, reference materials that document the data submission history at summary and individual submitters, and any VHCURES data specified by the State as permitted by State and federal agreements.
    - Ten months prior to contract expiration, or upon request by the State, whichever comes sooner, the Contractor must provide to the State a Transition Plan. The Transition Plan must include a detailed strategy and budget which addresses all of the following:

        a) A timetable for Transition.
        b) A detailed outline and specifications of all data to be turned over. Data must include a minimum of five years of raw submission files, as well as any data derived from the process of cleansing and loading contents of those files into Contractor's data warehouse. Consolidated data will be provided via regular extracts to the State, as described in Task 3.
        c) The Transition of data to the newly awarded VHCURES vendor.
        d) The provision of any updates to the current system's data before the newly awarded bidder begins operation.
        e) The identification of Contractor staff responsible for overseeing and executing this Transition Plan.
        f) A timetable for preparation of data transfer to the newly awarded bidder.
        g) A plan for post-Transition support to resolve data conversion and production issues.
        h) Training of the newly awarded bidder, if necessary and requested by the State, to extract information contained in the Transition Plan.
        i) A timetable for acceptance testing with the newly awarded bidder to begin properly analyzing transactions.
    - Upon receipt of the Transition Plan by the State, both parties agree to meet, discuss, and resolve any issues or concerns in order to meet the terms of this section. The parties agree to personally meet and negotiate in good faith regarding the provisions outlined within the Transition Plan.
    - At the conclusion of the contract, Contractor shall, at the State's sole discretion, destroy all VHCURES data, including derived files generated from VHCURES in the possession or under the control of Contractor as acquired and processed under the contract.

- The Data Dictionary data documentation will include version control numbering information to allow for tracking of all changes made over time.

- Provide the State data documentation that includes comprehensive entity relationship diagrams covering, at a minimum, all extensions and linkages.

- Produce and maintain a Data Dictionary (similar to a Code Book Structure) documentation containing detailed specifications and documentation for the consolidated data sets, including description of files, tables, data elements, codes, and completeness of elements. In addition, any derived fields or flags will be explicitly defined, including the source fields. Specification regarding each field/flag must be outlined.

- Onpoint will work with the GMCB to develop the requirements for custom datasets/datamarts. Depending on the scope, a cost proposal will be developed.

- Onpoint is strictly prohibited from releasing or using data or information obtained in its capacity as a collector and processor of the data for any purposes other than those specifically authorized by the State, except Onpoint may disclose such data or information as required by law and may use such data or information for the proper management of Onpoint or to carry out its legal responsibilities as allowed by HIPAA. In no event will Onpoint sell the State's data or otherwise use it for purposes other than those authorized by this contract. Failure to comply could be a violation of Vermont laws and rules and lead to enforcement actions including potential voiding of the contract.

- Cooperate with other vendors as needed to determine data layouts and transmittal methods.

- Onpoint will be available upon the request of the State to consult with other parties working to build a master patient/person index or to identify unique individuals in eligibility and claims files who may have multiple payers or change payers over time to explain the method used to assign unique person identifiers in the VHCURES database.

- Create flags as needed for Health Service Areas in the State of Vermont, based on information provided by the Vermont Department of Health related to geographic assignments. The Department of Health may provide updated information on these service areas during any quarterly claims processing cycle.

- Implement claims grouping logic in the data warehouse to assist in the identification of health care events, products and services, demographic risk, clinical risk, and episodes of care.

- Apply and make available 3M's diagnosis related groups or other grouper designated by the State in the VHCURES data warehouse; shall implement provider attribution logic in VHCURES in accordance with schema provided by the Vermont Blueprint for Health as

directed by the State. Use of proprietary groupers (e.g. 3M, ACGs) assumes any licensing costs are paid by state.

- Purchase and provide the State one (1) set of comprehensive coding manuals that include commercially available coding manuals for each year of release of the coding systems. Provide documentation for any proprietary software / data sets incorporated into the extract.

- Users will access the AE by means of an AWS Workspace Client connection with DUO multi-factor authentication. User must supply full name, email address, and cell phone number for the set-up of the multi-factor authentication process. Onpoint will add users to the AE within two business days after receipt of authentication information.

- Provide each user with the appropriate user-based or role-based permission to the latest two State comprehensive extracts as directed by the GMCB. State extracts will include Commercial, Medicaid and Medicare data. Configure access to the AE in accordance with the GMCB's user specific DUA. Non-state users will not have access to Medicare data within the enclave.

- Work with GMCB to configure additional tables or materialized views that permit the appropriate level of access to groups/users. The GMCB will be responsible for data management for all users in the AE, including approval of data requests and of data leaving the AE.

- GMCB will have functionality to download data analyses (reports, charts, graphs) from the AE and copy additional data to the AE. This functionality will be provided by leveraging an Amazon S3 bucket and a GMCB specific work schema in the Redshift database.

- Collaborate with GMCB staff to create and manage user roles and rights to the data.

- Employ access controls to allow a variety of user profiles with role-appropriate access to retain data security including full read-only access to the raw data tables (or views that mirror them) and the ability to create temporary tables.

- Support the GMCB's and other State agencies' full access to the extracted data within the operational data set including raw, as-submitted values as requested for all years. In particular, access will not be impeded by Onpoint due to proprietary coding or any other business-specific reason. Act in accordance with the understanding that the State of Vermont is the primary steward of the data. There will be some configurability of value adds and standard reporting based on the GMCB's preferences.

- Provide mechanism for approved users to import external data sources to support approved linkages to VHCURES data in the Analytic Enclave at little to no cost to the approved user or State.

- Provide access to the Client Data Management system to allow GMCB-approved staff to access up-to-date information regarding registration, submission, and data processing.

Task 4: Standard Reports for Green Mountain Care Board (monthly)

- Provide monthly status reports about data submission and conformance to specifications, to support GMCB oversight of non-compliant data submitters. These reports must also be provided as requested.

- Business intelligence tools used for business analytics shall be architected with the solution, not with the VHCURES database directly and available to remote users to provide report generation and data visualization. Provide ten standard reports, produced through Tableau and updated according to a frequency agreed upon with the State. The reports will be selected from the Contractor's library of existing reports, with any agreed upon adaptations.

- Provide training and technical support to the GMCB and GMCB-approved users. Services might include troubleshooting problems with the data submitters and users, users gaining access to the data, issues pertaining to modifications and the user's ability to analyze the data from the extract including accessing and authoring reports using Tableau.

Task 5: Ad Hoc Work for Green Mountain Care Board

- Ad hoc tasks are only to be initiated, performed, and completed upon the written execution per the Maintenance & Operations Plan. Examples of potential requests include the following:

- State chooses to integrate additional file types or data elements not currently being supplied by submitters.

- At the request of the State, Onpoint will collaborate on efforts to utilize non-claims-based provider information to supplement claims-based provider information for the purpose of improving provider identity management, and the master provider index.

- At the request of the State, Onpoint will coordinate with State initiatives related to master provider directory at the Agency of Human Services, the Vermont Health Information Exchange, the Vermont Health Benefit Exchange, and other purposes as directed by the State.

- At the request of the State, Onpoint will implement additional claims grouping logic, or incorporate other claims attribution schemas in the VHCURES data warehouse.

- Support ad hoc requests for customized data queries, reports, and analyses, and design and generate ad hoc reports during the contract period as requested by the State. Prior to initiating any work on ad hoc reporting, Onpoint will propose a methodology for

performing the analysis, as well as a budget, and a timeline for completing the work. Onpoint will not begin working on any ad hoc reporting without written authorization from the State's contract manager. Ad hoc analyses may not exceed the dollar amount specified in Attachment B (Payment Provisions).

- Although Onpoint has the expertise to conduct highly sophisticated studies, Onpoint also understands that straightforward methods and timely delivery are often key to relevance, and shall always seek simple and efficient solutions where available. In order to streamline the production of ad hoc studies without compromising other work, for each ad hoc task, Onpoint will designate a task leader who will work closely with the project manager and other key staff to fulfill ad hoc requests. The task leader shall be responsible for defining the goals and methods for each ad hoc report, discussing plans with the State and ensuring that Onpoint is authorized to proceed, completing studies, and preparing appropriate reports.

Task 6: Transition from Hashed to Live Identifiers

- When GMCB is prepared to move forward, Onpoint to develop new data mappings for all file and paper types (i.e. commercial, Medicaid, and Medicare).
- Update quality assurance processes across all stages (e.g., completeness and validity, data quality validation, trending, etc.).
- Develop a cross-walk between historical hashed and live identifiers.
- Update member clustering methodologies.
- Deliverables to be specified and agreed using the Delivery Expectation Document and Delivery Acceptance Form (DAF) model.

Task 7: Rule Change and Redesign of Data Layout

- When GMCB is prepared to move forward, Onpoint to completely revise the VHCURES layouts.
- Deliverables to be specified and agreed using the Delivery Expectation Document and Delivery Acceptance Form (DAF) model.
- Assumes any new data elements requested by the GMCB already exist in Onpoint's data model.
- Does not include pricing for revisions to Onpoint's hashing application. Assumes that redesign of layout includes live identifiers.
- Assumes redesign of current files being collected (e.g. Eligibility, Medical, Pharmacy).

Task 8: Addition of Dental Eligibility and Claims Submissions

- When GMCB is prepared to move forward, Onpoint to add dental data to VHCURES.
- Update data submission guide and hashing application.
- Dental claim layout will be Onpoint's standard layout or the APCD Common Data Layout (CDL)
- Registration, training and onboarding of up to 10 new dental-data submitters.

- Ongoing submitter support and quality assurance of data submissions
- Inclusion of dental data in the quarterly VHCURES extracts with related documentation.

Deliverables to be specified and agreed using the Delivery Expectation Document and Delivery Acceptance Form (DAF) model.

Task 9: Transition Tasks: Medicare Claim Submission and Extract Updates to Support the Vermont All-Payer ACO Model

New data elements will be incorporated into VT Medicare Submission, and they will be delivered in a new table in the VHCURES extract.

Assumptions

- There will be no changes to the data model to accommodate the new data elements.
- No changes will be made to the hashing application.
- Dollar amounts will not be mapped to the "prepaid" field.
- End users of the data will calculate reduction amounts using the new ACO table.

Scope of Work

- Map the new Medicare fields to the Onpoint submission file.
- Update the submission generator to translate CCW Medicare format into Onpoint VT Medicare submission format.
- Update the extract process to output to a stand-alone vertical table.
- Provide data dictionary for extracted table.
- Document the process for calculating reduction amounts using the new ACO table and review with end users.

Task 10: Vulnerability Testing

Onpoint shall run (or prove evidence of having been run) quarterly vulnerability assessments on externally facing assets storing or presenting state data including hosted or on premises infrastructure. Results will be delivered quarterly to the ADS security team, or technical lead for the program. Contractor shall remediate all critical/high issues within 90 days. Contractor shall provide a risk mitigation plan for medium and low issues. Contractor shall obtain written State approval for any exceptions. Contractor will work with the state to define a reporting process.

Onpoint will provide a copy of its HITRUST certification letter, HITRUST executive summary report, and annual penetration testing, annually, upon request.

Task 11: Data Validation

Onpoint will assist in a GMCB-led effort to validate the data available in VHCURES. The project will span approximately three months, scheduled during calendar Q1, Q2 2021. Onpoint will be asked to provide support in specifying a means of comparing VHCURES information with that available in participating payers' systems. The project will focus on professional

services for commercial data only, including independent providers (not affiliated with a hospital system) for workgroup participants (i.e. BCBSVT, MVP, and United Healthcare) during a discrete point in time. Onpoint will participate in monthly workgroup meetings and follow-ups through email. Onpoint will work with the payers on how to validate results and support assessment of variances in terms of direction and magnitude.

As part of the quality validation work, Onpoint will purchase a one year license for an additional reference table (Payer Landscape) which is a validated source of medical and pharmacy enrollment data by payer and line-of-business at the CBSA level. The data has been curated using multiple sources including State Agency data, CMS publications, AIS surveys, and market research. For the data quality validation project, it is expected that the reference table will provide additional granularity around the expected number of members at multiple stratifications, and will be used to inform differences found in other areas of the validation work.

Task 12: Vital Statistics Integration

Onpoint will deliver a table containing Onpoint's internal member identification and vital statistics data that can be delivered with Vermont's comprehensive VHCURES extract to the Vermont Analytic Enclave and to the University of Vermont College of Medicine via STFP. The files will be produced from a single source and be modeled as closely as possible to previous work conducted on behalf of the Blueprint for Health The refresh schedule is dependent on the data submission schedule of the data supplier. Onpoint will complete quarterly data intake and quarterly releases. Onpoint will meet with the State weekly for the first two months and bi-weekly for the following two months during implementation

Task 13: Change Risk Methodology for Analytic All-Payer Data Set from CRGs to Johns Hopkins ACG® System

Onpoint will provide written methodology documentation for how ACGs are incorporated for use.

Task 14: Linkages to Additional Data Sets

Onpoint will hash and link Medicaid ACO capitated PMPM data to VHCURES annually to support the Blueprint annual evaluation, unless the data is already available to Onpoint through another Vermont project. The timeline for linkage is dependent on timely receipt of the Medicaid ACO capitated file from the state. The Medicaid ACO PMPM file will contain person level demographic and capitation data by month.

For 2020, Onpoint will hash and link clinical data to VHCURES to support the 2020 Blueprint annual evaluation. Onpoint will receive an annual file from VITL with 2019 clinical data from Blueprint Patient-Centered Medical Homes (PCMHs). Budget assumes that the 2019 data originated from Capital Health Associates and is in the same format and of similar quality and completeness as clinical registry data previously received and processed by Onpoint.

Onpoint will perform linkage of data sets using Onpoint's standard linkage methodology and standard data layout.

Task 15: **Load Linked Data Sets as Stand-Alone Tables to the Vermont Analytic Enclave**

Onpoint will load linked data sets as stand-alone tables to the Vermont Analytic Enclave if approved by the Green Mountain Care Board.

Task 16: Blueprint Analytics

- Onpoint will develop a person-level data set annually to support Blueprint payment measures and the Blueprint annual evaluation measures as outlined in Exhibit 5. The data set will be for a calendar year reporting period with 3 months of paid claims runout.
    - Person-Level Data Set
        - Onpoint will use the Blueprint for Health attribution algorithm and Blueprint practice roster data supplied by the state to attribute patients to individual providers and to primary care practices.
        - For HEDIS measures, the most recent HEDIS specification-year available will be used for all measurement years.
        - Johns Hopkins' ACGs risk scores will be used for risk adjustment. There will be development to transition from 3M CRGs that were used historically for Blueprint deliverables.
        - Risk adjusted methodology will be consistent with methods applied in 2019. Onpoint will continue to use regression. Methodology will vary by project (e.g., annual report HSA, annual report PCMH groups, payment measures, etc.).
        - Onpoint will provide a cost proposal for changes to the Blueprint analytic all-payer data set or for development of additional all-payer analytic data sets.
    - Annual Report Evaluation and Related Departmental Reporting
        - Onpoint will produce an Excel workbook with summary data tables on an annual basis, in calendar Q4.
        - The Blueprint Annual Report Evaluation deliverable will be developed from the all-payer analytic person level data set based on the measures outlined in Exhibit 5.
        - Onpoint and Blueprint will mutually agree to the methodology in the DED prior to initiating analysis.
        - Onpoint will meet virtually with Blueprint twelve times annually for data review and iteration for the Blueprint Annual Report Evaluation deliverable.
    - The Blueprint Performance Payment measures deliverable will be developed from the all-payer analytic data set
        - Measures will be run annually for the prior calendar year reporting period with three months of paid claims runout.

    - For HEDIS measures, the most recent HEDIS specification year available will be used for all measurement years.
    - Johns Hopkins' ACGs risk scores will be used for risk adjustment ACG risk adjustment and will be run on the prior calendar year measurement period and the current calendar year measurement period to allow for calculation of trend.
    - Onpoint will produce an Excel report of summary results for the Blueprint Performance Payment measures as outlined in Exhibit 5.
  - Certification and covered lives fees for NCQA HEDIS measures is not in scope. Onpoint agrees that there will be no covered lives nor certification fees at least until June 2021.

EXHIBIT 5
Blueprint All-Payer Claims Measures Details

The detailed list of the required Blueprint measures and measure result outputs is presented in this Exhibit 5 table.

Blueprint Deliverable	Measure Category	Measure Group	Onpoint Measure Num	Previously Sent In Tim's 10/29/2020 List	Measure Name	HSA or Practice Risk-Adjustment vs. Statewide Avg.	Data Years	Count of Data Years	Result Values Needed	Count of Result Values Needed Per Population	Count of Result Values Needed	Count of Population Breakouts Needed	Total VHCURES (Excluding Self-Insured)	PCMH Primary Care Attributed	Other Primary Care Attributed	No Primary Care Attributed	Medicaid Primary Payer	Medicare Primary Payer	Commercial Primary Payer	All-Payer Opioid Use Disorder (OUD) MAT	All-Payer Opioid Use Disorder (OUD) Other Tx	All-Payer Women Ages 15-44	Barre HSA	Bennington HSA	Brattleboro HSA	Burlington HSA	Middlebury HSA	Morrisville HSA	Newport HSA	Randolph HSA	Rutland HSA	Springfield HSA	St. Albans HSA	St. Johnsbury HSA	White River Jct. HSA	Breakout By Each PCMH Practice
Blueprint Performance Payments	Characteristics	Population Size		1	N Adults 18+	Unadjusted	2019	1	Denominator N, Rate, LCL, UCL.	4	576	144	0	1	0	0	1	1	1	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	140
Blueprint Performance Payments	Characteristics	Population Size		1	N Pediatric 1-17	Unadjusted	2019	1	Denominator N, Rate, LCL, UCL.	4	576	144	0	1	0	0	1	1	1	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	140
Blueprint Performance Payments	Characteristics	Demographic Characteristics	67	0	% Medicare	Unadjusted	2019	1	Denominator N, Rate, LCL, UCL.	4	564	141	0	1	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	140
Blueprint Performance Payments	Utilization	Healthcare Utilization	30	1	Resource Use Index Total Adults 18+	Adjusted	2019	1	Denominator N, Rate, LCL, UCL.	4	564	141	0	1	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	140
Blueprint Performance Payments	Utilization	Healthcare Utilization	30	1	Resource Use Index Total Pediatric 1-17	Adjusted	2019	1	Denominator N, Rate, LCL, UCL.	4	564	141	0	1	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	140
Blueprint Performance Payments	Quality	Healthcare Quality	148	1	HEDIS Adolescent Well-Care (AWC) Visit 12-21y Risk-Adjusted	Adjusted	2018, 2019	2	Denominator N, Rate, LCL, UCL.	4	112	14	0	1	0	0	0	0	0	0	0	0	1	1	1	1	1	1	1	1	1	1	1	1	1	0
Blueprint Performance Payments	Quality	Healthcare Quality	146	1	NQF1448 Developmental Screening in the First Three Years of Life Risk-Adjusted (DEV)	Adjusted	2018, 2019	2	Denominator N, Rate, LCL, UCL.	4	112	14	0	1	0	0	0	0	0	0	0	0	1	1	1	1	1	1	1	1	1	1	1	1	1	0
Blueprint Performance Payments	Quality	Healthcare Quality	142b	1	NQF0018 HEDIS Hypertension With BP in Control (<140/90 mmHg) (CBP) Risk-Adjusted	Adjusted	2018, 2019	2	Denominator N, Rate, LCL, UCL.	4	112	14	0	1	0	0	0	0	0	0	0	0	1	1	1	1	1	1	1	1	1	1	1	1	1	0
Blueprint Performance Payments	Quality	Healthcare Quality	144	1	NQF0059 Diabetes HbA1c Not in Control (>9%) Risk-Adjusted (DPC)	Adjusted	2018, 2019	2	Denominator N, Rate, LCL, UCL.	4	112	14	0	1	0	0	0	0	0	0	0	0	1	1	1	1	1	1	1	1	1	1	1	1	1	0
DVHA Scorecard (For Annual Evaluation)	Operations	Operations		1	Number of Blueprint PCMHs.	Unadjusted	2019	1	Denominator N, Rate, LCL, UCL.	4	4	1	1	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
DVHA Scorecard (For Annual Evaluation)	Operations	Operations		1	% of BP patients w/ recorded measures in the VCR	Unadjusted	2019	1	Denominator N, Rate, LCL, UCL.	4	4	1	1	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
DVHA Scorecard (For Annual Evaluation)	Operations	Operations		1	Percent of patients served by PCMHs.	Unadjusted	2019	1	Denominator N, Rate, LCL, UCL.	4	4	1	1	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Blueprint Program Evaluation; Annual Report	Characteristics	Population Size		1	Population N	Unadjusted	2013, 2018	2	Denominator N, Rate, LCL, UCL.	4	184	23	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	0
Blueprint Program Evaluation; Annual Report	Characteristics	Demographic Characteristics	64	1	Avg. Age	Unadjusted	2013, 2019	2	Denominator N, Rate, LCL, UCL.	4	160	20	1	1	1	1	0	0	0	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	0
Blueprint Program Evaluation; Annual Report	Characteristics	Demographic Characteristics	65	1	% Female	Unadjusted	2013, 2019	2	Denominator N, Rate, LCL, UCL.	4	160	20	1	1	1	1	0	0	0	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	0
Blueprint Program Evaluation; Annual Report	Characteristics	Demographic Characteristics	66	1	% Medicaid	Unadjusted	2013, 2019	2	Denominator N, Rate, LCL, UCL.	4	160	20	1	1	1	1	0	0	0	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	0
Blueprint Program Evaluation; Annual Report	Characteristics	Demographic Characteristics	67	1	% Medicare	Unadjusted	2013, 2019	2	Denominator N, Rate, LCL, UCL.	4	160	20	1	1	1	1	0	0	0	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	0
Blueprint Program Evaluation; Annual Report	Characteristics	Demographic Characteristics		1	% Commercial	Unadjusted	2013, 2019	2	Denominator N, Rate, LCL, UCL.	4	160	20	1	1	1	1	0	0	0	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	0
Blueprint Program Evaluation; Annual Report	Characteristics	ACG Health Status		1	% ACG Low Risk	Unadjusted	2013, 2019	2	Denominator N, Rate, LCL, UCL.	4	56	7	1	1	1	1	0	0	0	1	1	1	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Blueprint Program Evaluation; Annual Report	Characteristics	ACG Health Status		1	% ACG Medium Risk	Unadjusted	2013, 2019	2	Denominator N, Rate, LCL, UCL.	4	56	7	1	1	1	1	0	0	0	1	1	1	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Blueprint Program Evaluation; Annual Report	Characteristics	ACG Health Status		1	% ACG High Risk	Unadjusted	2013, 2019	2	Denominator N, Rate, LCL, UCL.	4	56	7	1	1	1	1	0	0	0	1	1	1	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Blueprint Program Evaluation; Annual Report	Characteristics	ACG Health Status		1	% ACG Very High Risk	Unadjusted	2013, 2019	2	Denominator N, Rate, LCL, UCL.	4	56	7	1	1	1	1	0	0	0	1	1	1	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Blueprint Program Evaluation; Annual Report	Expenditure	Total Expenditures (Inflation-Adjusted)		1	Expenditures Total PMPY	Unadjusted	2013, 2019	2	Denominator N, Rate, LCL, UCL.	4	56	7	1	1	1	1	0	0	0	1	1	1	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Blueprint Program Evaluation; Annual Report	Expenditure	SMS Expenditures (Inflation-Adjusted)		0	Expenditures SMS PMPY	Unadjusted	2013, 2019	2	Denominator N, Rate, LCL, UCL.	4	56	7	1	1	1	1	0	0	0	1	1	1	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Blueprint Program Evaluation; Annual Report	Utilization	Utilization of Primary Care	43	1	Primary Care Encounters / 1000 Member Years	Unadjusted	2013, 2019	2	Denominator N, Rate, LCL, UCL.	4	56	7	1	1	1	1	0	0	0	1	1	1	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Blueprint Program Evaluation; Annual Report	Utilization	Utilization of Primary Care		1	% with Primary Care Visit in Year	Unadjusted	2013, 2019	2	Denominator N, Rate, LCL, UCL.	4	56	7	1	1	1	1	0	0	0	1	1	1	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Blueprint Program Evaluation; Annual Report	Utilization	Utilization of Primary Care	60	1	HEDIS Adolescent Well-Care (AWC) Visit 12-21y	Unadjusted	2013-2019	7	Denominator N, Rate, LCL, UCL.	4	196	7	1	1	1	1	0	0	0	1	1	1	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Blueprint Program Evaluation; Annual Report	Utilization	Utilization of Primary Care	108	1	NQF1448 Developmental Screening in the First Three Years of Life (DEV)	Unadjusted	2013-2019	7	Denominator N, Rate, LCL, UCL.	4	112	4	1	1	1	1	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Blueprint Program Evaluation; Annual Report	Utilization	Utilization of Other Care	44	1	Medical Specialist Encounters / 1000 Member Years	Unadjusted	2013, 2019	2	Denominator N, Rate, LCL, UCL.	4	56	7	1	1	1	1	0	0	0	1	1	1	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Blueprint Program Evaluation; Annual Report	Utilization	Utilization of Other Care	45	1	Surgical Specialist Encounters / 1000 Member Years	Unadjusted	2013, 2019	2	Denominator N, Rate, LCL, UCL.	4	56	7	1	1	1	1	0	0	0	1	1	1	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Blueprint Program Evaluation; Annual Report	Utilization	Emergency Department Visits	39	1	Outpatient ED Visits / 1000 Member Years	Unadjusted	2013-2019	7	Denominator N, Rate, LCL, UCL.	4	196	7	1	1	1	1	0	0	0	1	1	1	0	0	0	0	0	0	0	0	0	0	0	0	0	0

Blueprint Deliverable	Measure Category	Measure Group	Onpoint Measure Num	Previously Sent In Tim's 10/29/2020 List	Measure Name	HSA or Practice Risk-Adjustment vs. Statewide Avg.	Data Years	Count of Data Years	Result Values Needed	Count of Result Values Needed Per Population	Count of Result Values Needed	Count of Population Breakouts Needed	Total VHCURES (Excluding Self-Insured)	PCMH Primary Care Attributed	Other Primary Care Attributed	No Primary Care Attributed	Medicaid Primary Payer	Medicare Primary Payer	Commercial Primary Payer	All-Payer Opioid Use Disorder (OUD) MAT	All-Payer Opioid Use Disorder (OUD) Other Tx	All-Payer Women Ages 15-44	Barre HSA	Bennington HSA	Brattleboro HSA	Burlington HSA	Middlebury HSA	Morrisville HSA	Newport HSA	Randolph HSA	Rutland HSA	Springfield HSA	St. Albans HSA	St. Johnsbury HSA	White River Jct. HSA	Breakout By Each PCMH Practice
Blueprint Program Evaluation; Annual Report	Utilization	Emergency Department Visits	40	1	Outpatient Potentially Avoidable ED Visits / 1000 Member Years	Unadjusted	2013-2019	7	Denominator N, Rate, LCL, UCL.	4	196	7	1	1	1	1	0	0	0	1	1	1	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Blueprint Program Evaluation; Annual Report	Utilization	Inpatient Discharges	35	1	Inpatient Discharges / 1000 Member Years	Unadjusted	2013-2019	7	Denominator N, Rate, LCL, UCL.	4	196	7	1	1	1	1	0	0	0	1	1	1	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Blueprint Program Evaluation; Annual Report	Utilization	Inpatient Discharges	125	1	PQI92 Chronic Composite ACSC IP Discharges / 1000 Member Years	Unadjusted	2013-2019	7	Denominator N, Rate, LCL, UCL.	4	196	7	1	1	1	1	0	0	0	1	1	1	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Blueprint Program Evaluation; Annual Report	Utilization	Inpatient Discharges	38	1	Rate of All-Cause Hospital Readmissions within 30 Days (%)	Unadjusted	2013, 2019	2	Denominator N, Rate, LCL, UCL.	4	56	7	1	1	1	1	0	0	0	1	1	1	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Blueprint Program Evaluation; Annual Report	Quality	Engagement for Alcohol and Other Drug Dependence		1	Index Diagnosis N for NQF0004 HEDIS Initiation of Alcohold and Drug Treatment (IET)	Unadjusted	2019	1	Denominator N, Rate, LCL, UCL.	4	28	7	1	1	1	1	0	0	0	1	1	1	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Blueprint Program Evaluation; Annual Report	Quality	Engagement for Alcohol and Other Drug Dependence	105	1	NQF0004 HEDIS Initiation of Alcohol and Drug Treatment (IET)	Unadjusted	2016, 2019	2	Denominator N, Rate, LCL, UCL.	4	56	7	1	1	1	1	0	0	0	1	1	1	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Blueprint Program Evaluation; Annual Report	Quality	Engagement for Alcohol and Other Drug Dependence	106	1	NQF0004 HEDIS Engagement of Alcohol and Drug Treatment (IET)	Unadjusted	2016, 2019	2	Denominator N, Rate, LCL, UCL.	4	56	7	1	1	1	1	0	0	0	1	1	1	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Blueprint Program Evaluation; Annual Report	Quality	Visit for Alcohol and Other Drug Dependence (FUA)		1	NQF3488 HEDIS ED Visits for SUD N (FUA)	Unadjusted	2019	1	Denominator N, Rate, LCL, UCL.	4	28	7	1	1	1	1	0	0	0	1	1	1	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Blueprint Program Evaluation; Annual Report	Quality	Visit for Alcohol and Other Drug Dependence (FUA)		1	NQF3488 HEDIS 7-Day % With Follow-Up (FUA)	Unadjusted	2016, 2019	2	Denominator N, Rate, LCL, UCL.	4	56	7	1	1	1	1	0	0	0	1	1	1	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Blueprint Program Evaluation; Annual Report	Quality	Visit for Alcohol and Other Drug Dependence (FUA)		1	NQF3488 HEDIS 30-Day % With Follow-Up (FUA)	Unadjusted	2016, 2019	2	Denominator N, Rate, LCL, UCL.	4	56	7	1	1	1	1	0	0	0	1	1	1	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Blueprint Program Evaluation; Annual Report	Quality	Follow-Up after ED Visit for Mental Illness (FUM)		1	NQF3489 HEDIS ED Visits for Mental Illness N (FUM)	Unadjusted	2019	1	Denominator N, Rate, LCL, UCL.	4	28	7	1	1	1	1	0	0	0	1	1	1	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Blueprint Program Evaluation; Annual Report	Quality	Follow-Up after ED Visit for Mental Illness (FUM)		1	NQF3489 HEDIS 7-Day % With Follow-Up (FUM)	Unadjusted	2016, 2019	2	Denominator N, Rate, LCL, UCL.	4	56	7	1	1	1	1	0	0	0	1	1	1	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Blueprint Program Evaluation; Annual Report	Quality	Follow-Up after ED Visit for Mental Illness (FUM)		1	NQF3489 HEDIS 30-Day % With Follow-Up (FUM)	Unadjusted	2016, 2019	2	Denominator N, Rate, LCL, UCL.	4	56	7	1	1	1	1	0	0	0	1	1	1	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Blueprint Program Evaluation; Annual Report	Quality	Asthma Medication Ratio (AMR)		1	With Asthma N	Unadjusted	2019	1	Denominator N, Rate, LCL, UCL.	4	28	7	1	1	1	1	0	0	0	1	1	1	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Blueprint Program Evaluation; Annual Report	Quality	Asthma Medication Ratio (AMR)		1	NQF1800 HEDIS Asthma Medication Ratio (AMR) of controller meds to total asthma meds of .50 or greater	Unadjusted	2016, 2019	2	Denominator N, Rate, LCL, UCL.	4	56	7	1	1	1	1	0	0	0	1	1	1	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Blueprint Program Evaluation; Annual Report	Quality	Cervical Cancer Screening	57	1	NQF0032 HEDIS Cervical Cancer Screening (CSS	Unadjusted	2016, 2019	2	Denominator N, Rate, LCL, UCL.	4	56	7	1	1	1	1	0	0	0	1	1	1	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Blueprint Program Evaluation; Annual Report	Quality	Chlamydia Screening in Women	102	1	NQF0033 HEDIS Chlamydia Screening in Women, 16-24y (CHL)	Unadjusted	2016, 2019	2	Denominator N, Rate, LCL, UCL.	4	56	7	1	1	1	1	0	0	0	1	1	1	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Blueprint Program Evaluation; Annual Report	Quality	Diabetes Composite	116	1	NQF0729 Diabetes Composite 4 Measures (HbA1c, LDL, BP, Tob) (ODC)	Unadjusted	2016, 2019	2	Denominator N, Rate, LCL, UCL.	4	56	7	1	1	1	1	0	0	0	1	1	1	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Blueprint Program Evaluation; Annual Report	Quality	COPD & Asthma Admissions	123	1	NQF0275 COPD & Asthma Admissions, 40y+ (COPD-PQ105)	Unadjusted	2016, 2019	2	Denominator N, Rate, LCL, UCL.	4	56	7	1	1	1	1	0	0	0	1	1	1	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Blueprint Program Evaluation; Annual Report	Quality	Heart Failure Admissions	126	1	NQF0277 Heart Failure Admissions (PQI08)	Unadjusted	2016, 2019	2	Denominator N, Rate, LCL, UCL.	4	56	7	1	1	1	1	0	0	0	1	1	1	0	0	0	0	0	0	0	0	0	0	0	0	0	0

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. The payment schedule for services performed, and any additional reimbursements, are included in this Attachment. The following provisions specifying payment are:

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. Payments for subcontractors, if any, will only be made upon approval (See Attachment C, #15).
3. The Contractor will be paid based on documentation and itemization of work performed and included in invoicing as required by 32 VSA §463. On a monthly basis, the Contractor shall submit a detailed invoice itemizing all work performed during the invoice period, including the dates of service and, where applicable, 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.

   The maximum amount payable under the Ad Hoc tasks of this contract shall not exceed $356,250.00 over five years. The State does not guarantee the assignment of any minimum number of hours or other work under this contract.
4. Invoices shall be submitted to the State at the following email address: gmcb.invoice@vermont.gov
5. Contractor shall submit invoices to the State upon State Acceptance of a deliverable in accordance with the schedule for delivered products, or rates for services performed set forth below:

Table 1: Payment Schedule, Summary

	Implement a-tion Services	Fixed Cost, Monthly Fees	Payment Timing Based on GMCB Acceptance of Deliverable	Total Available for Ad Hoc Tasks	Total Available for Optional Tasks - Impleme ntation	Total Available for Optional Tasks – Annual Fees	Fixed Cost, Annual Fee, Johns Hopkins ACG© System	Total
	(Table 2)	(Table 3)	(Table 4)	(Table 5)	(Table 6)	(Table 6)	(Table 7)	
Year 1	$61,400	$728,804	$49,010				$65,800	
Year 2		732,500	49,010				$65,800	
Year 3		736,208	49,010				$65,800	
Year 4		739,892	49,010				$65,800	
Year 5		743,596	49,010				$65,800	
Total	**$61,400**	**$3,681,000**	**$245,050**	**$356,250**	**$314,500**	**$1,382,000**	**$329,000**	**$6,369,200**

Table 2: Payment Schedule, Implementation – Payable Upon GMCB Acceptance of Phase

Task	Deliverable Date	Payment
Transition Tasks Deliverable (Exhibit 2) Update VT Medicare Data Submission to include All-Payer ACO claim fields		$11,200
Implementation (Exhibit 2)		
Project Initiation		5,020
New Analytic Tools Implementation		5,020
Transition and Train Users to New Claims Data Manager (CDM)		10,040
Initial Analytic Enclave (AE) and Tableau Setup		10,040
BI Standard Reports, first five (5) reports		5,020
BI Standard Reports, second five (5) reports		5,020
Post Implementation Support		5,020
Project Close Out (Payment for 10% retainage for implementation is made)		5,020
Total		**$50,200**
Total		**$61,400**

Table 3: Payment Schedule, Monthly Costs – invoiced the first of every month for prior month services					
License and Hosting Fees	**Year 1**	**Year 2**	**Year 3**	**Year 4**	**Year 5**
Monthly Totals					
Fixed:					
Enterprise Application: License Fees	$16,667	$16,667	$16,667	$16,667	$16,667
Data Aggregation Services	27,867	28,175	28,484	28,791	29,100
Data Analytics Services	3,025	3,025	3,025	3,025	3,025
Variable:					
Business Intelligence (BI) Tool (Tableau)	1,175	1,175	1,175	1,175	1,175
Hosting Fees-Amazon Web Services (AWS) Analytic Enclave seats (Q=26-30)	12,000	12,000	12,000	12,000	12,000
Total License and Hosting Fees	**$60,734**	**$61,042**	**$61,351**	**$61,658**	**$61,966**
Annual Total	**$728,804**	**$732,500**	**$736,208**	**$739,892**	**$743,596**
Retainage of 10% will be withheld from every monthly payment, then paid with payment for subsequent quarterly extract					

Table 4: Payment Schedule, Timing Based on GMCB Acceptance of Deliverable Tasks		
Task	**Invoicing Frequency**	**Annual Total Amount**
Annual Registration Process (25% December, 25% January, 50% upon Acceptance of Annual Registration Report using DED and DAF)	See Left	$11,200
Consolidated Claims Data Set (Extract) including Data Dictionary and other items that support the data. Payable upon GMCB acceptance of Extract and Task 10 Vulnerability Testing (DED, DAF)	Quarterly	$21,000
Standard Reports Issued for Green Mountain Care Board (including monthly status reports, as detailed in the Project Plan)	Quarterly (tied to the extract)	$16,810
Total		**$49,010**

Table 5: Ad Hoc

Total available over contract term is $356,250 at billable rates listed below.

Title	Project Role	Example Name	Billable Rate
Client Account Manager	Dedicated Project Manager	Carolyne Conrad	$175
Senior Director of Client Services	Lead Client Support	Janice Bourgault, CPC	$250
Director of Data Analytics & Operations	Operations Management & Quality Assurance Lead	Joanna Duncan, PhD, CPC	$250

Title	Project Role	Example Name	Billable Rate
Director of Software Engineering	Technical Infrastructure Lead & Data Security Officer	Devon Holgate	$250
Director of Analytic Development	Analytic Solution Lead	Karl Finison, MA	$250
Lead Systems Developer	System Development Lead	Jeff Cain	$175
Senior Health Data Analyst	Data Analyst Lead	Adam Bakopolus	$175
Operations Analyst	Dedicated Operations Analyst	Taylor Vaillancourt	$125
Health Data Analyst	Dedicated Data Analyst	Sofia Trogu	$150

Table 6: Payment Schedule for Conditional Tasks

Task	Invoicing Frequency	Implementation Not to Exceed	Annual Not to Exceed
Task 6: Transition from Hashed to Live Identifiers – Initial Implementation	Per DED, DAF	$62,500	N/A
Task 7: Rule Change and Redesign of Data Layout	Per DED, DAF	$80,000	N/A
Task 8: Addition of Dental Eligibility and Claims Submissions. Implementation includes $4,300 for one quarter cost. Annual ongoing cost = $4,300 per quarter	Per DED, DAF	$47,600	$17,200
Task 9: Transition Tasks: Medicare Claim Submission and Extract Updates to Support the Vermont All-Payer ACO Model	N/A	N/A	N/A
Task 10: Vulnerability Testing	N/A	N/A	N/A
Task 11: Data Validation	(DED, DAF)	$52,000	N/A
Task 12: Vital Statistics Integration	(DED, DAF)	$54,900	$3,000
Task 13: Blueprint Conversion of Risk Methodology for All-Payer Data Set from CRGs to Johns Hopkins ACG System. Payable upon completion and acceptance of methodology documentation as detailed in DED	(DED, DAF)	$17,500	N/A
Task 14: Data Linkage – Medicaid ACO PMPM file will contain person level demographic and capitation data by month. Payable upon completion and acceptance of results summary table as detailed in DED	(DED, DAF)	N/A	$6,950
Task 14: Data Linkage – Clinical Data Extract. Payable upon acceptance of linkage step down tables as detailed in DED	(DED, DAF)	N/A	$6,950
Task 15: Load Linked Data Sets		N/A	N/A
Task 16: Development of Analytic All-Payer Data Set (33% on fully signed DAF for Production of Blueprint Performance Payment Measures and 67% on fully signed DAF for Program Evaluation Annual Report)	See Left	N/A	$218,600

Task 16: All-Payer Practice-Patient Attribution. Payable upon acceptance of attribution result tables per DED	(DED, DAF)	N/A	$17,200
Task 16: Production of Blueprint Performance Payment Measures. Payable upon acceptance of measure results as detailed in DED	(DED, DAF)	N/A	$19,900
Task 16: Annual Report and Program Evaluation. Payable upon acceptance of annual report measure results and methodology per DED	(DED, DAF)	N/A	$51,400
Total		**$314,500**	**$341,200**

Table 7: Payment Schedule Johns Hopkins ACG© System, Annual Costs – invoiced annually during the month of this amendment

	Year 1	Year 2	Year 3	Year 4	Year 5
Johns Hopkins ACG© System	$65,800	$65,800	$65,800	$65,800	$65,800

EXPENSES: The fee for services shall be inclusive of Contractor expenses.

RETAINAGE: Contractor agrees to a 10% retainage of the total cost of those services specified in Tables two (2) and three (3) above as being subject to retainage pending State's review, approval, and acceptance of Contractor's quarterly extract. The State shall determine retainage, including any withholding or proration, of the total cost of these services by determining whether Contractor's performance has met, to State's satisfaction, Contractor's requirements under Attachment A. Upon satisfactory completion of all services subject to retainage, Contractor shall submit a retainage statement to request funds withheld.