



Via Regular Mail & E-mail

February 23, 2017

Donna Jerry, Senior Health Policy Analyst
State of Vermont
Green Mountain Care Board
89 Main Street
Montpelier, Vermont 05620

Re: Docket No. GMCB-001-17con, Proposed Replacement of Electronic Health Record

Dear Donna,

This letter responds to the questions from your letter dated January 23, 2017. The questions are bolded followed by our responses in un-bolded font.

RESPONSES

1. Identify how much of the \$15.2 million dollar line item is for data conversion.

RESPONSE: This line item includes \$185,019 for data conversion costs across all sites. Of this amount, \$100,000 is for data conversion associated with UVM Medical Center's revenue cycle management system and ancillary clinical systems; \$59,000 is for CVPH's data conversion; \$21,594 is for CVMC; and \$4,425 is for Porter Medical Center (PMC).¹

In addition to the data conversation fees from Epic described above, UVM Health Network's (UVMHVN) internal and external staffing teams will assist with data conversion activities throughout the project. Because the staffing teams are assigned to additional implementation tasks, their time allocation, and resulting cost, associated specifically with data conversion has not been defined separately in the cost estimate. Instead, the total cost of ownership contains aggregate costs for internal and external staffing throughout the project's implementation.

2. Provide the data conversion plan for each of the 20 legacy systems. Include all policies, procedures, cleaning and mapping of data and long term archiving of that data for HIPAA compliance into new systems or backup solution.

RESPONSE:

¹ As explained in the amended and restated CON application, Porter Medical Center has been substituted for Elizabethtown Community Hospital for installation of the Epic Electronic Health Record.

Summary of Approach

Data conversion for the project will consist of moving existing and relevant patient data from legacy systems to the Epic system. It is a complex activity requiring extensive planning; however, the end goal will allow physicians, clinicians and end users to have access to historical information that will enhance patients' care and their overall experience with the consolidated electronic health record across participating UVMHN hospitals.

The sections that follow outline the detailed scope and processes UVMHN intends to follow throughout the planning and execution of the data conversion project. While the legacy systems at each facility are unique and will require flexibility in their analysis, the underlying methodology behind data elements included, interfaces, data reconciliation and mapping, and archiving will remain consistent across all entities.

Conversion Scope

The table below lists the data elements UVMHN intends to convert to Epic from the 20 legacy systems. These data elements are related to patient identity, clinical and encounter information necessary to support patient care.²

Data Elements	Description / Notes
Master Patient Indices (MPI)	<ul style="list-style-type: none">• Patient demographic information• Prerequisite to converting other data sets
Lab Results	<ul style="list-style-type: none">• Including most recent final results• Target of at least two years of lab data• Outpatient lab data holds the most value
Imaging Results	<ul style="list-style-type: none">• Include most recent final results• Target of at least two years of imaging data• Links to externally stored images should be included
Future Appointments	<ul style="list-style-type: none">• Appointments taking place after Epic go-live• Appointment will be converted manually, which is consistent with Epic's recommendations• Manual conversion is a valuable training exercise

² Final decisions about data types and the amount of data to be converted will be made by project leadership, as part of the project governance process. Data conversion will follow industry standards and guidance from Epic.

Data Elements	Description / Notes
Visits/Encounters	<ul style="list-style-type: none"> • Primarily used to view specific encounter-level information about patient's prior visits • The conversion will create shell encounters with key data elements • Will be completed prior to clinical data conversions so clinical data is linked to correct encounter
Transcriptions	<ul style="list-style-type: none"> • Including key notes and documents; H&Ps, discharge summaries and surgical notes
In-house Charges	<ul style="list-style-type: none"> • Hospital billing for in-house patients only
Scanned Documents	<ul style="list-style-type: none"> • Links to document management systems that contain documents not stored directly in Epic
Vaccinations	<ul style="list-style-type: none"> • Dependent on the source system data availability and accuracy • Vaccination query interface is useful for registry data, rather than direct data conversion
Clinical Observations	<ul style="list-style-type: none"> • Includes vitals, data and patient histories • Only discretely coded data will be converted
Mammography Results	<ul style="list-style-type: none"> • Including patient follow-up and quality reporting information
Allergies	<ul style="list-style-type: none"> • Only discretely coded, active allergies • Allergen mapping will require clinical input and review • Valuable option only when data quality is high and mapping effort is low
Outpatient Problem Lists	<ul style="list-style-type: none"> • Will include the discretely coded, active problems • Availability of quality source data may be scarce • Abstraction conversion is good alternative
Outpatient Medications	<ul style="list-style-type: none"> • Mapping medication data is complex and costly • Averages a six-month implementation timeline • Abstraction is preferred; electronic conversion will only be used for discretely coded, active ambulatory medications

Method

Interfaces used for data conversion will go through functional testing to validate data items, with multiple test runs to verify data quality. Wherever possible, UVMHN will convert discrete data elements electronically using HL7 interfaces. HL7 standards are produced by Health Level Seven International, an international standards organization. HL7 specifies a number of standards, guidelines, and methodologies by which various health care systems can communicate with each other. HL7 is extensively used by UVMHN and is supported by all of the 20 legacy system vendors.

For non-discrete data and paper charts, UVMHN clinicians will abstract data. Data abstraction is a manual process. However, clinicians who abstract data from patient charts prior to patient encounters generally adopt new systems more quickly and have a shorter time to become proficient in the new system.

Not Recommended for Conversion

The table below identifies specific data elements that will not be converted to Epic. Epic does not recommend converting this information because of the complexity of the data, the amount of effort needed to plan and execute the conversion, and the low value of the historical data in the new system. Consistent with Epic's recommendations, health care organizations do not typically convert these data elements, opting instead for a fresh start in Epic.

Data Elements	Description
Insurance Information	<ul style="list-style-type: none">• A/R data<ul style="list-style-type: none">○ Claims with dates of service prior to Epic cutover will be processed in legacy systems○ Claims with dates of service after cutover will be processed in Epic• Includes Guarantors and Coverages• Converting insurance data can be overly restrictive due to different system structures• Manual abstraction or data entry is an option• Consider automatic Personal/Family account creation• Limiting payer/plan conversions is suggested

In the event that additional historical patient data is required, a built-in link (API) in Epic will be added to the external data storage system. All patient data that is seen today can be accessible via the above method if desired.

Cleaning

In order to avoid creating duplicate records and for the demographics from the source systems to translate appropriately into Epic, each organization will complete data cleansing efforts.

These steps include cleanup of source system patient indices, developing a plan for manual reconciliation, and planning for future-state reconciliation. Epic provides an application, called “Identity,” for duplicate record management, which will be used as part of this process.

It is difficult to accurately estimate the amount of time a cleanup project will take before performing the initial analysis, but we will begin this process early on in the implementation to assure that it is successfully completed.

Cleanup of Source System Patient Indices

Before generating patient extracts, patient merge activities for each source system will be resolved to prevent the duplicate from also occurring in Epic. Additionally, any test patients from the source systems will be removed from the source systems or the extracts in order to build a clean Master Patient Index (MPI).

Two types of duplicate records will be identified: inter-system and intra-system duplicates. Intra-system duplicates are pairs of records that belong to the same patient in a single source system. These duplicate records are usually the result of patient registration errors.

Inter-system duplicates, also known as crossover duplicates, are duplicates that occur in two or more patient databases. For example, a registration system for clinics with a separate registration system for a hospital, results in patients having records in each system. Consolidation of the two systems into Epic creates a duplicate pair. In addition, since UVMHN’s organizations often see the same patient populations, it will be necessary to check for and cleanup duplicates across the various entities.

Crossover duplicates typically contain similar demographic data, so they produce high confidence matches when using Epic’s Identity duplicate checking tool. This fact, in addition to the fact that no action is required in the source systems, makes crossover duplicates relatively easy to merge in Epic.

Plan for Manual Reconciliation

Because Identity will look to multiple source systems, the data conversion assessment team expects a large number of potential duplicate patients will need to be manually reviewed. Based on Epic’s guidance, we assume that each full-time dedicated resource can resolve 480 duplicate pairs a week. Additionally, Identity will generate a report on demographic fields that are not in proper format, which will need to be reconciled. For example, if the state field is used to record foreign addresses in a particular source system, Identity will reject these fields and will queue the accounts for manual reconciliation.

Intra-system duplicates will be reconciled in the source system using the current duplicate reconciliation processes, leveraging the results from the Identity duplicate algorithm. Crossover duplicates will be merged in Epic.

Plan for Future-state Reconciliation Ownership

Currently, each system manages its own patient population and tasks revolving around patient merging and unmerging. In the future Epic enterprise system, all merging and unmerging will be managed by UVMHN Health Information Management resources. UVMHN leadership will

work to structure HIM processes and resources to take advantage of Epic's centralized duplicate management capabilities.

Data Mapping

Epic does not provide access to data map specifications until the software license agreement is signed, and UVMHN will not sign the agreement until regulatory approval for the project is received. Each source system uses its own distinct terminology in the underlying data structure to store discrete data. UVMHN will leverage Epic's existing data mappings from each source system to the Epic database. Representatives from the UVMHN project team will review the provided mapping documents and make any needed adjustments. The mapping will be signed-off by stakeholders prior to development and test-runs.

Policies

UVMHN does not have network-wide policies regarding data conversion. Until such time as UVMHN has network-wide IT policies, each entity's existing policies (i.e., data retention, HIPAA compliance, etc.) will continue to govern, but UVMHN will follow the following workflows/current-state processes as part of the project's implementation:

- The future-state system will not serve as a historic Legal Medical Record
- The future-state system will not replace current data warehouses for historic information
- Data conversion technology is not advanced enough to provide comprehensive logic to automatically clean and reconcile conflicting data through migration
- Some data elements will be moved as part of conversion prior to go-live, while others will be converted as part of cutover
- Not all historic information from the legacy systems will be moved into Epic
- Continued, read-only access to all legacy systems will be required for a period of time

Procedures

The following procedures will be used for each organization that is migrating to the Epic platform. Early in the project, the project team will work closely with Epic to fully develop these procedures.

1.0 Project Definition and Scoping

- 1.1 Define Legacy System Data to Convert to Epic
- 1.2 Define Conversion Methods
- 1.3 Determine Resource Requirements for Conversion
- 1.4 Finalize all Scope Decisions and Executive Approval

2.0 Data Conversion Preparation

- 2.1 Determine Hardware Sizing
- 2.2 Complete Contracting with Third-Party Systems
- 2.3 Define Environment Strategy
- 2.4 Develop Testing/Validation Strategy
- 2.5 Determine Technical Specifications
- 2.6 Engage Data Conversion Team
- 2.7 Determine Conversion Event Locations

- 2.8 Cutover Logistics Determined
- 3.0 Build and Mapping
 - 3.1 Build Conversion/Extract Data
 - 3.2 Map Conversion/Extract Data
 - 3.3 Prepare Validation Scripts
- 4.0 Testing and Validation
 - 4.1 Complete Communication Testing
 - 4.2 Complete Small-Scale Testing
 - 4.3 Complete Large-Scale Testing
- 5.0 Data Conversion
 - 5.1 Production MPI Load
 - 5.2 Cutover Test-Run #1
 - 5.3 Cutover Test-Run #2
 - 5.4 Perform Production Conversion
 - 5.5 Perform Data Archiving
 - 5.6 Perform Production Cutover

The data conversion process will begin in conjunction with the start of each wave to ensure the plan for each legacy system conversion is completed with time enough to allow for development, testing, and execution. The timing of the data conversion will be as close to Epic cutover as possible to make certain that all of the most recent data from the source system is reflected in Epic.

Archiving

There are two common approaches to archiving clinical and financial data for HIPAA compliance in systems that are being replaced by a new platform. The first approach is to move data from legacy systems to a new data archiving platform. The second approach is to leave data in legacy systems with read-only access for the appropriate users. Each is discussed below.

1. ***Migrate to Single Archive.*** Migrating data to a single archive from the more than 20 existing financial, clinical, and ancillary systems offers many long-term benefits, but requires significant up-front cost and effort. It would be a major project for UVMHN and is not currently planned.
2. ***Planned Approach - Read-Only Access in Legacy Systems.*** UVMHN plans to archive data that is not converted to the Epic platform to keep the data in source legacy systems in a read-only mode. Data will be maintained in accordance with all state and federal requirements. Legacy financial systems used for processing claims, denials, payments, and other patient accounting activity will continue to be used to spin-down accounts receivable for several months to a year after the go-live on the Epic platform, since existing A/R will not be migrated to the Epic platform. Relevant clinical data will be converted to the Epic platform in conjunction with the go-live. Once the clinical data conversion is validated and signed-off, and UVMHN is live on Epic, access to legacy system clinical data can be set to read-only.

3. Provide a data integration plan for the 20 legacy systems. Include new interfaces that may need to be developed for both existing and new network connections. The plan should include timelines for integration or sun setting, associated risks and costs.

RESPONSE: UVMHN's approach to data integration is to focus on the quality of patient care, and the systems and data elements that need to be integrated with the Epic platform to provide accurate and timely patient records to caregivers.

To create the data integration plan, UVMHN has taken the following steps:

- Worked with each organization to review existing interfaces
- Analyzed existing systems and external systems to determine which interfaces will need to be created, removed or modified during each wave of the implementation
- Reviewed and revised the data integration plan with stakeholders from each organization

Integration Standards and Methods

UVMHN will use the Health Level 7 (HL7) set of international standards for the transfer of clinical and administrative data. HL7 standards are produced by Health Level Seven International, an international standards organization. HL7 specifies a number of flexible standards, guidelines, and methodologies by which various health care systems can communicate with each other. HL7 is extensively used by UVMHN and is supported by all of the 20 legacy system vendors.

HL7 interfaces will be processed by an interface engine rather than using point-to-point interfaces (P2P). This offers several advantages to UVMHN:

Advantages of Interface Engines

An interface engine transforms data to the receiving system's requirements after it leaves the sending system. Interface engines can update data values based on logic or can use lookup tables to switch from one set of values to another. Point-to-point interfaces cannot do this. Interface engines are built based on a one-to-many concept and allow for message traffic to be easily monitored and maintained. In addition, there are several other advantages to using an interface engine:

- Reduces the dependency on multiple vendors to make changes in the format of messages to be sent or received
- Improves physician and client support through proactive interfacing monitoring and message log management
- Enables flexibility to adapt to different HL7 message standards, XML healthcare standards, etc., as well as different application data format specifications
- Lowers overall interface cost by repurposing an application's import/export module to multiple applications

Point-to-point interfaces were not chosen because of the following disadvantages:

Disadvantages of Point-to-Point Interfaces

Point-to-point interfaces (P2P interfaces) connect two systems directly to each other, using a defined set of data fields and formats. The P2P interface is used only for that one purpose. For every new application that requires an interface, the design and development process needs to be repeated over again. P2P interfaces can be cost effective for interfaces that do not change or do not change frequently. However, P2P interfaces have several disadvantages, including:

- Expensive if the health care organization requires multiple interfaces to be built, which would be the case with UVMHN
- Does not provide a way to monitor interfaces to determine connection status
- Does not provide the ability to review message logs, to determine whether or not acknowledgements were received, or to go back and look at the history of traffic over a particular interface
- Interface complexity increases as the number of interfaces grow - managing the communication environment becomes challenging

Integration Testing

Once the implementation project is underway and interfaces are created and modified according to the plan, the project team will test the interfaces against specifications. The team will first perform unit testing, which is used to verify that each component of the interface is functioning as intended. Unit testing uses a pass-fail method and does not require formal test scripts or exception tracking.

Following unit testing, the team will conduct integration testing. During integration testing, the team will run a variety of scripts that follow the complete lifecycle of a patient to assess that a workflow is working correctly from start to finish across all applications and interfaces. Integration testing uses an iterative set of comprehensive, scenario-driven tests scripts designed to test the various Epic applications and the applications that are interfaced with them.

Testing Roles and Responsibilities

The specific responsibilities for the roles participating in testing are described in the sections below.

Test Lead

- Provide work plan synchronization between and across project teams
- Lead a robust testing effort that establishes credibility for the overall technology implementation efforts
- Identify appropriate tools and techniques to facilitate testing of the Epic system
- Finalize the overall “end-to-end” testing strategy, socialize the plan within the existing work structures and project teams and evaluate that the testing tasks are represented within individual work plans
- Establish an approach to measuring, recording and reporting on progress, exception resolution and risks at the testing level

- Coordinate testing efforts across respective application teams, facilitate testing events
- Evaluate integrity of test scripts and the test environment
- Facilitate the testing exception identification and resolution process

Application Testing Liaisons

- Act as contact for team testing activities specific to assigned Epic application
- Identify test conditions and modify/develop appropriate scripts to fully test the identified conditions
- Participate in all testing activities
- Manage testing events specific to area of responsibility
- Document testing exceptions throughout various testing events
- Facilitate the process of identifying, tracking and resolving exceptions specific to testing
- Perform additional miscellaneous tasks as identified

Application Analysts

- Assist the Application Testing Liaisons
- Help run application and integration scripts as needed
- Assist with focused testing events

Interface Team

- Coordinate unit testing of all real-time interfaces
- Participate in integration testing of all real-time interfaces

Legacy Application Owners

- Participate in integration testing of all real-time interfaces
- Participate in the process of identifying, tracking, and resolving exceptions and application change requests specific to testing

Technical Staff

- Configure environments
- Execute environment management tasks
- Perform routine systems operations tasks
- Execute release management tasks
- Coordinate other technical testing activities
- Participate in requirements definition and planning
- Delete existing test data as required

Epic Application and Technical Analysts

- Resolve exceptions in a timely manner
- Review test scripts
- Provide support during testing events

Interfaces

The use of Epic's integrated solution will significantly reduce future-state interface requirements. A listing of interfaces related to legacy systems is included in Attachment 1. The table below describes the systems for which interfaces have been included.

Organization	Area	Vendor
UVMMC	Inpatient Clinical System	<ul style="list-style-type: none"> • Epic
UVMMC	Inpatient Financial System	<ul style="list-style-type: none"> • GE
UVMMC	Ambulatory Clinical System	<ul style="list-style-type: none"> • Epic
UVMMC	Ambulatory Financial System	<ul style="list-style-type: none"> • GE
UVMMC	Clinical Ancillary Systems	<ul style="list-style-type: none"> • Optum (OR) • Sunquest (lab) • GE (imaging) • Merge (cardiology)
CVMC	Inpatient Clinical System	<ul style="list-style-type: none"> • Meditech
CVMC	Inpatient Financial System	<ul style="list-style-type: none"> • Meditech
CVMC	Ambulatory Clinical System	<ul style="list-style-type: none"> • eClinical Works
CVMC	Ambulatory Financial System	<ul style="list-style-type: none"> • eClinical Works
CVMC	Clinical Ancillary Systems	<ul style="list-style-type: none"> • Picis (ED) • Philips (imaging) • Merge (cardiology)
CVPH	Inpatient Clinical System	<ul style="list-style-type: none"> • Soarian
CVPH	Inpatient Financial System	<ul style="list-style-type: none"> • Soarian
CVPH	Ambulatory Clinical System	<ul style="list-style-type: none"> • GE • Medent • Paper
CVPH	Ambulatory Financial System	<ul style="list-style-type: none"> • Soarian • Medent
CVPH	Clinical Ancillary Systems	<ul style="list-style-type: none"> • ORSOS (OR) • Sunquest (lab) • Siemens (imaging) • McKesson (cardiology)
PMC	Inpatient Clinical System	<ul style="list-style-type: none"> • Meditech • MedHost (ED only)
PMC	Inpatient Financial System	<ul style="list-style-type: none"> • Meditech
PMC	Ambulatory Clinical System	<ul style="list-style-type: none"> • Meditech
PMC	Ambulatory Financial System	<ul style="list-style-type: none"> • Meditech
PMC	Clinical Ancillary Systems	<ul style="list-style-type: none"> • Meditech (Lab, OR and Imaging) • Plexus (Anesthesia)

Interface Development

UVMHN organizations rely on a wide range of registration, scheduling, ADT, professional billing, hospital billing and clinical systems today that will be replaced over the course of the

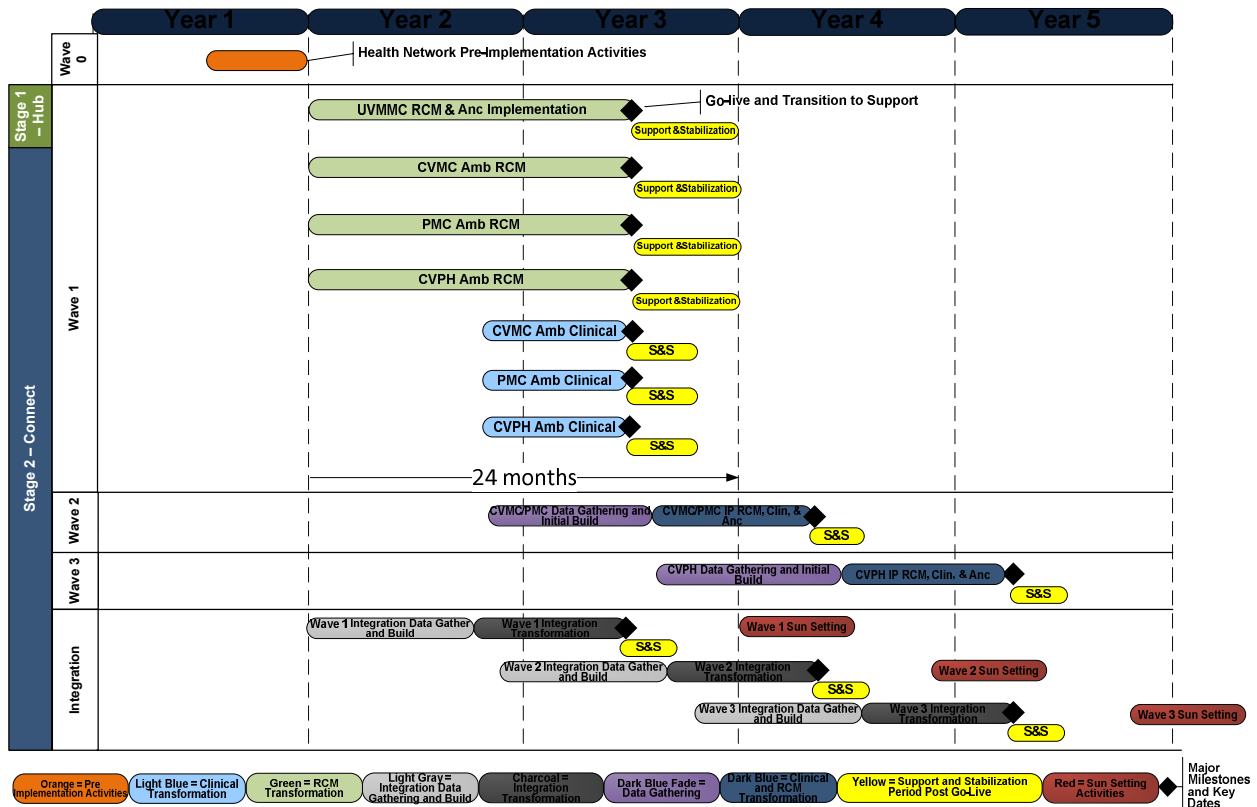
project by Epic. Since Epic is an integrated system, interfaces will not be required between scheduling, registration, clinical and financial applications that are replaced by Epic.

The integration effort will be broken into five phases as illustrated below:

Stage	Task/Milestone
Groundwork	<ul style="list-style-type: none"> Identify third-party systems Define current state Identify roles and key players
Analysis / Build	<ul style="list-style-type: none"> Complete field mapping and validation Align interfaces and build timelines Build and configure
Unit Testing	<ul style="list-style-type: none"> Functional testing Error management strategy Error triage
Integration Testing	<ul style="list-style-type: none"> Complete functional testing Integration workflow testing Complete integration workflow testing
Live	<ul style="list-style-type: none"> Go-live

Timeline

The integration timeline is illustrated in the Gantt below:



Sunsetting:

Current systems that are being replaced in association with the project will be sunset. A system or application can be considered sunset when it is no longer in broad use. It may remain available in read-only mode for historical data archival purposes. Legacy applications will generally be sunset on the following schedule:

- Non-A/R related systems (clinical, ancillary, registration, etc.) will be sunset six month post go-live
- A/R related systems will be sunset 12 months post go-live

Not all current systems and applications that are being replaced with Epic will be sunset based solely on the Epic rollout schedule. These types of systems provide functionality outside of the scope of Epic and their sunset schedules will be driven by projects outside the scope of the project. For example, Meditech currently provides functionality that will be provided by WorkDay, a human resources system licensed by UVMHC. If an application is used for a function that is not included in the scope of the Epic project, the application will be sunset in accordance with the sunset schedule for the out-of-scope functionality's replacement project as well as the Epic project sunset schedule.

For the 20 core applications that are affected by the Epic project, the sunset schedule will be as follows:

UVMHC

Area	Vendor	Sunset Date
Inpatient Clinical System	• Epic	• NA
Inpatient Financial System	• GE	• Year 4
Ambulatory Clinical System	• Epic	• NA
Ambulatory Financial System	• GE	• Year 4
Clinical Ancillary Systems	• Optum (OR) • Sunquest (lab) • GE (imaging) • Merge (cardiology)	• Year 4 • Year 4 • Year 4 • Year 4

CVMC

Area	Vendor	Status
Inpatient Clinical System	• Meditech	• Year 5
Inpatient Financial System	• Meditech	• Year 5
Ambulatory Clinical System	• eClinical Works	• Year 4
Ambulatory Financial System	• eClinical Works	• Year 4
Clinical Ancillary Systems	• Picis (ED) • Philips (imaging) • Merge (cardiology)	• Year 5 • Year 5 • Year 5

CVPH

Area	Vendor	Status
Inpatient Clinical System	<ul style="list-style-type: none"> • Soarian 	<ul style="list-style-type: none"> • Year 5
Inpatient Financial System	<ul style="list-style-type: none"> • Soarian 	<ul style="list-style-type: none"> • Year 6
Ambulatory Clinical System	<ul style="list-style-type: none"> • GE • Medent • Paper 	<ul style="list-style-type: none"> • Year 4
Ambulatory Financial System	<ul style="list-style-type: none"> • Soarian • Medent 	<ul style="list-style-type: none"> • Year 4
Clinical Ancillary Systems	<ul style="list-style-type: none"> • ORSOS (OR) • Sunquest (lab) • Siemens (imaging) • McKesson (cardiology) 	<ul style="list-style-type: none"> • Year 5 • Year 5 • Year 5 • Year 5

PMC

Area	Vendor	Status
Inpatient Clinical System	<ul style="list-style-type: none"> • Meditech • MedHost (ED only) 	<ul style="list-style-type: none"> • Year 5
Inpatient Financial System	<ul style="list-style-type: none"> • Meditech 	<ul style="list-style-type: none"> • Year 5
Ambulatory Clinical System	<ul style="list-style-type: none"> • Meditech 	<ul style="list-style-type: none"> • Year 4
Ambulatory Financial System	<ul style="list-style-type: none"> • Meditech 	<ul style="list-style-type: none"> • Year 4
Clinical Ancillary Systems	<ul style="list-style-type: none"> • Meditech (Lab, OR and Imaging) • Plexus (Anesthesia) 	<ul style="list-style-type: none"> • Year 5

Risks:

The following factors have been identified as potential risk areas for the integration project. Included with each risk area are strategies to mitigate the identified risk.

#	Risk	Mitigation Strategy
1	Interfaces not ready on time	<ul style="list-style-type: none"> • Project leadership will monitor the interface project timeline and will align project and vendor resources as appropriate to address timeline issues • Testing will move forward with interfaces that are ready
2	Resources not available for interface groundwork, analysis, build or testing activities	<ul style="list-style-type: none"> • UVMHN resources are already engaged in interface groundwork activities and plans are being developed to be ready for integration work • Resource allocation will be monitored by project leadership and reallocation/reprioritization of activities will be addressed as required

#	Risk	Mitigation Strategy
3	Other projects could compete for interface resources	<ul style="list-style-type: none"> The Epic project will be the top priority for the IT teams of UVMHN entities
4	Other System/Software releases scheduled during testing phases that may impact timeline and plan time for testing	<ul style="list-style-type: none"> Overall Project Management Office (PMO) resource leveling may be needed in addition to executive alignment throughout UVMHN
5	Existing systems test environments must mirror and/or represent the true production system environment	<ul style="list-style-type: none"> Validate that test environment matches production environment
6	Delays in one project may impact other projects and cause delays in testing acceptance	<ul style="list-style-type: none"> Define the testing critical paths on the overall plan and establish method to communicate delays early
7	Vendors will not have the ability to deliver the software or support the system in a timely fashion	<ul style="list-style-type: none"> Develop contractual agreements with vendors with appropriate remedies to delays or defects Aligning contractual incentives to increase the likelihood of delivery

Costs:

The costs associated with the interfaces required for the project will originate from two primary areas. The first area is the implementation costs associated with the interfaces that Epic, as a vendor, will supply. The second area is for interfaces that UVMHN will need to develop in addition to the Epic-supplied interfaces in order to support building new and/or modifying existing interfaces.

Epic’s interfaces will be delivered as part of an interface package and the estimate is based on Epic’s experiences with other organizations implementing a similar mix of applications. This package will continue to be refined over time but it is not expected to vary significantly from the current estimate. The capital costs associated with the Epic starter set of interfaces across all organizations and waves is \$624,000. It is estimated that the UVMHN-developed interfaces will cost an additional \$1,250,000 over the course of the Epic project.

4. Provide the definition of PRISM resources and the cost for such resources outside of the \$11.8 million dollar line item for UVMHN internal staff.

RESPONSE: The UVM Medical Center is currently live on several Epic clinical modules which make up the system that has been branded by UVMHC as “PRISM” (Patient Record and Information Systems Management). These modules are supported internally by a team of managers, analysts and trainers collectively known as “the PRISM team.” This team is responsible for all maintenance, upgrades and optimization projects associated with PRISM.

Since the operating costs associated with the PRISM team’s work are an existing and ongoing expense which will exist regardless of the project, they were not included in the \$11.8 million line item for internal staff. The \$11.8 million includes all incremental staffing costs needed to complete the implementation of the Epic project, with a separate operating cost line item for the additional staff required to support the system for the long-term.

The table below shows the current PRISM team’s estimated yearly expenses associated with salary and overhead over the same timeframe as the Epic project.

Cost Estimate	FY17	FY18	FY19	FY20	FY21	FY22	TOTAL
Current PRISM Team	\$ 4,754,580	\$ 4,849,671	\$ 4,946,665	\$ 5,045,598	\$ 5,146,510	\$ 5,249,440	\$ 29,992,464

5. Explain the need for custom training of \$2.8 million of the total cost of ownership (TCO) when the application indicates that UVMHN is buying a COTS product.

RESPONSE: The Epic system will provide functionality for registration, scheduling, core-clinical, departmental and ancillary documentation, professional billing and hospital billing. As an enterprise system, Epic will be the core system that UVMHN relies on for a wide-range of services. Epic will streamline the workflow for clinical and revenue cycle staff and these staff will need to be trained on how to use the new system. Epic training is designed to prepare UVMHN employees to use Epic to complete their day-to-day tasks.

In order to gain access to the Epic production environment, all users will have to complete training and pass an assessment to demonstrate their ability to use the system to complete their work functions. UVMHN leadership is committed to this approach and will reinforce it with staff.

Although it is a COTS product, each Epic implementation is configured to meet the needs of the health system using it. Even if an employee has come from an organization where they have used Epic, they will need to be trained on UVMHN’s specific workflows and navigation.

Epic requires the use of credentialed trainers to conduct end-user training. To be an Epic credentialed trainer, training candidates must go through a multi-week credentialing process that is overseen by an Epic employee approved to administer the process. Credentialed training candidates must then pass a skills test, create a sample of written training material and demonstrate a training skill to a panel of staff at UVMHN and an Epic representative who can approve or deny the credentialing of a trainer.

The following items are also included in the training plan and the project TCO:

- Development of customized training materials
 - Integrating UVMHN workflows into Epic’s “Training Wheels” template for each module
- The Master Training Environment will reflect concepts and scenarios in all training materials to ensure the Master Training Environment reflects the current build
- Providing for training facilities to conduct end-user training

- The environment will have training workstations with access to the Epic training environment
- The budget includes ongoing maintenance and support of training facilities

Training for UVMHC

UVMHC is currently live on Epic's inpatient and ambulatory clinical modules. UVMHC currently uses other vendors' systems for revenue cycle management (RCM) and ancillary clinical systems. These systems include GE for inpatient and ambulatory RCM, Optum for the Operating Room, Sunquest for the laboratory, Merge for cardiology, and GE for imaging. Stage 1 of the implementation project involves the conversion from those various systems to the integrated Epic platform.

This implementation requires three areas of Epic system training focus: (1) end users of the current GE RCM system will need training on the Epic RCM modules; (2) ancillary application users will need to be trained on the appropriate Epic ancillary modules; and (3) there will be changes to existing inpatient and ambulatory workflows as a result of Epic's RCM and ancillary modules that will require training for UVMHC clinical users.

Training for CVMC, PMC and CVPH

The three organizations in scope for Stage 2 of the implementation project use a wide range of systems in their clinical, RCM and ancillary areas. Current vendors include Meditech, Cerner Soarian Financials, eClinicalWorks, GE, Medent, Picis ED, Philips and Siemens imaging, Merge and McKesson cardiology, ORSOS OR, Sunquest lab, and paper records in some ambulatory clinical areas. All of those areas are in scope for migration to the Epic integrated platform. End users will need to be trained on Epic's functionality and the UVMHC workflows that are specific to their areas across the full spectrum of RCM, clinical and ancillary applications.

Training Planning

Types of Training

There will be several types of training held prior to go-live of the Epic system. These training sessions will cover all applications being implemented at UVMHC. These applications are listed below:

- Grand Central/Prelude
- ASAP
- Beacon
- Beaker
- Blood Product Admin Module
- Cadence
- Clarity
- Cupid
- EpicCare Ambulatory
- EpicCare Inpatient
- EpicCare Link
- Haiku

- Canto
- Health Information Management
- Infection Control
- Kaleidoscope
- Long Term Care
- MyChart - PHR
- OpTime
- Orthopedics
- Phoenix
- Radiant
- Resolute PB
- Resolute HB
- Stork
- Willow

There will not be a specific training track for every application in this list. Training tracks will be mapped to end-user roles and training will be delivered to end users based on the applications they will use in their respective roles.

Roles and Responsibilities

The following roles will be included in the Epic implementation team:

Training Manager

- Communicates training policies and procedures across the organization and for overall coordination of training activities and trainers
- Responsible for the overall implementation of Epic end-user training program as well as ongoing education and maintenance of the training program after go-live
- Determines required training resources, directing and managing training team staffing and securing facilities and equipment for classroom training
- Decides curriculum delivery methods, oversees the creation and maintenance of a realistic training environment, creates a course catalog and training schedule and ensures all users are trained before they access the production environment

Principal Trainers (formerly known as Instructional Designers)

- Responsible for:
 - Gaining proficiency in Epic workflows for the roles they train
 - Developing and implementing a role-based training program
 - Building, testing and maintaining the training environment
 - Creating and maintaining training materials
 - Training and credentialing additional classroom trainers if needed
 - Maintaining policy and procedure documentation
 - Planning for ongoing post-live training

Credentialed Trainers

- Responsible for:

- Gaining proficiency in Epic workflows for the roles they train; must complete “teach back” to prove to Principal Trainer and their application’s Team Lead to show proficiency in teaching their application
- Preparing for training class
- Setting up the classroom for training class
- Facilitating training class
- Following up on any outstanding questions that arise in the classroom
- Collecting feedback from trainees in class and communicating that information to the principal trainer
- Providing go-live support

Super Users

- Responsible for:
 - Attending training class in addition to the classes for their role around being a “Super User”
 - Attend “how to be a super user training”
 - Providing support to other members of their role/department to bridge gap between the new system and UVMHN’s legacy systems and processes

Training Approach

The following methods will be used during the training process:

Staffing and Staff Training

- The Training Manager will be part of the project team from early in the implementation process. The Training Manager, along with Team Leads for each application, will identify Principal Trainers for all applications
- Determine where internal Credentialed Trainers will come from when they are needed for training at the end of the implementation

Resource Planning

- Utilize the End-User Matrix to understand what end users fall under what specialty/area
- Identify a role analysis strategy and complete role analysis to understand what roles need what specific training

Logistics

- Hold workflow adoption sessions to ensure that end users can adopt the new Epic workflow fully
 - This is important to do before drafting the curriculum
 - Update workflow flowcharts based on feedback from adoption session

Curriculum Planning and Development

- Job shadow users and take notes to understand roles and workflows

- Establish a Curriculum Review Board including members of each application and schedule time with participants during each curriculum bucket for in-person review to ensure the correct information will be taught to end users
- Based on role analysis, determine different training tracks and which roles will fall under which training track
- Create course outlines to understand what activities will take place in each training course
- Review training tracks and course outline with the Curriculum Review Board
- Write curriculum for each defined group and review with Curriculum Review Board
- Create end-user proficiency assessments for each training track and review with Curriculum Review Board

Communication

- Lead a physician training kick-off to communicate upcoming training to physicians
- Determine learning management system automated communications to remind users of scheduled class times
- Create a site that all users can use to access tip sheets, training materials, workbooks, etc.
- Determine how users will know what courses to sign up for and when the sign-up will occur

Post-Live Planning

- Schedule a meeting with project leadership and Epic Implementation Executive to discuss expectations and timing of post-live Thrive training
 - Thrive training is the ongoing training end users will receive after go-live when necessary (i.e., new hire)
 - Create a post go-live new employee training proposal and present it to leadership for approval
- Identify refresher training courses for post go-live for end users who need extra assistance

Training Environment

- Schedule a training environment call with your Epic Training Project Manager and technical resources from your site to review your training environment strategy
- Build Master Training Environment

Training Delivery

- Hold pilot training sessions with members of the project team, and team leads
- Conduct training sessions for all end users
- Determine which courses require e-learning or in-person training

Training Registration and Scheduling

- Work with managers in all departments to understand good times for end-user trainings
- Develop Course Catalogue and Training Class Schedule
- Hold Open House with department managers to communicate the training registration process

6. Explain in detail what is required including cost, to update all standard operating procedures (SOPs) at all four sites for the Joint Commission.

RESPONSE: The Project will not require any changes to update standard operating procedures for Joint Commission accreditation purposes. The Epic platform is compliant with existing regulatory and accreditation requirements, and UVM Health Network hospitals maintain robust compliance programs to assure continued compliance with Joint Commission requirements. Epic is also committed to making necessary updates to its software platform to comply with any future changes in Joint Commission accreditation requirements.

7. Provide the contract with EPIC specific to rights of use and fees associated with data.

RESPONSE: UVMMC has not yet entered into a new license agreement with Epic to cover the licensing of the additional modules (e.g., revenue cycle management, clinical ancillaries, etc.), or the expanded scope of Epic to the other UVMHN entities. A new license agreement will be executed if UVMMC receives regulatory approval for the project.

UVMMC's existing License Agreement with Epic includes standard HIPAA Business Associate Agreement provisions and confidentiality provisions regarding UVMMC's protected health information and other confidential data. For example, Epic may not disclose any of UVMMC's confidential data to a third party, unless required by law or UVMMC consents to such disclosure. Upon any termination of the underlying License Agreement, Epic is required to return to UVMMC all of its protected health information and confidential data and Epic may not retain copies of such data. There are no fees specifically associated with data, apart from ongoing maintenance fees for UVMMC's continued use of the Epic system.

8. Provide a summary of your organizational change management approach for this implementation. Identify the groups of stakeholders and roles associated with implementation at each facility.

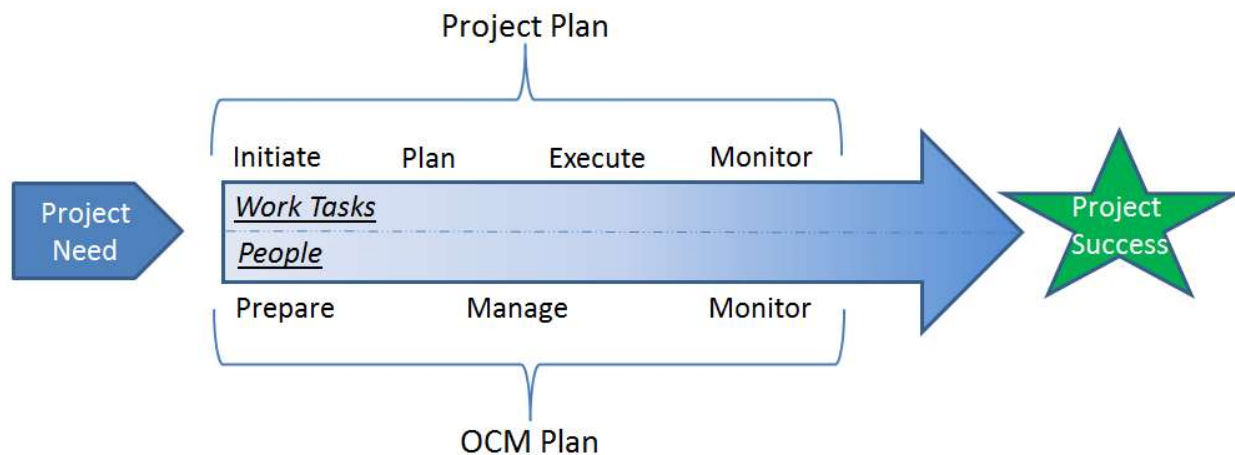
RESPONSE: Organizational change management (OCM) is a structured approach to manage changes within an organization, how these changes impact the organization's workforce and ensure sustainability of the changes implemented. An OCM plan is crucial to any large scale project or implementation to set expectations, ensure a high level of adoption, communicate project status to stakeholders, and address resistance and concerns throughout the process.

Effective execution of a well-defined OCM plan is highly coupled with the execution of planned project tasks in driving a project forward. These two key indicators largely determine whether the associated changes of the project will be successful. Consideration is given to the following:

- Project plan (Focus is business) – Technical work of the implementation, including analysis, design, development, testing, and post-live maintenance
- OCM plan (Focus is people) – Impact to the workforce as a result of process changes and includes appropriate level setting of expectations, high adoption and support, training, coaching, communications, and addressing concerns

The activities associated with each of these plans occur in parallel over the life of the project as well as post implementation. The effective management and execution of these two components

determine whether the implementation and its associated changes are successful within an organization. Discounting either plan will drive the project away from successful outcomes.



Approach

During the pre-planning phase of the Epic project, a Change Management team will be established that is dedicated to the development, management and execution of the OCM plan. The project governance structure described in the CON application will serve as the basis for managing and communicating change, with certain individuals at each level taking on additional responsibility as it relates to the Change Management team. These individuals will be identified early in the implementation process and will include representation from each UVMHN hospital. This team will work to develop the communication plan and change management strategy, and to ensure the change management strategy is executed throughout all planning, implementation and go-live phases.

The OCM plan will support the goals of the Change Management team by:

- Aligning leadership to ensure consistent messaging and support of the implementation and its outcomes
- Creating awareness and support through each phase of the implementation at each level of the organization
- Managing expectations and providing timely status updates
- Providing for the necessary training and coaching required to implement change and assess the readiness of personnel to move forward
- Encouraging, measuring and recognizing successful change in practice as defined by the OCM plan

Success in the New Environment

The Change Management team will empower both UVMHN leadership and end users to be successful in this new environment by providing the tools needed to perform the daily tasks that are required for a successful implementation. There are several components to this approach which include application exposure, training, proper support and appropriate communication of these expectations and plans. These tactics will provide an opportunity for

UVMHN staff to provide feedback and input into the project. Engaging staff at this level will increase the level of buy-in and ensure that the system supports their needs and increases the chances of a smooth transition.

Physician Engagement and Adoption

The change management strategy will encompass functional areas impacted by the project and will place a particular emphasis on physician engagement and adoption. A key means of accomplishing this initiative will be the inclusion of physician informaticists at each organization. The role of an informaticist will be to add valuable clinical insight to the implementation from a physician perspective, communicate clinical needs to the project team as well as communicate progress and gain feedback from their respective colleagues. These individuals will also participate heavily in high-level decisions, system design, configuration and training.

In addition, through collaboration with physician leadership within the Clinical Advisory Council, a program will be developed to boost adoption success rates including:

- Physician-specific communication, leveraging existing meeting forum and communication channels whenever possible
- Providing Clinical Advisory Council members with key communications to assist in their role as change agents
- Provider segmentation to identify and plan customized approaches for physicians who are early adopters versus those that are more high-risk or late technology adopters
- Prioritized clinical content development for high-volume or high-risk specialties
- Smart end-user training schedules to optimize ease of provider sign-up and registration
- Tailored curriculum to maximize benefit from classroom time (e.g., accelerated course for current Epic users or incorporating voice recognition training into Epic training)
- Personalization Labs readily available at clinical locations, not just the training center
- Customized go-live support in targeted areas

OCM Goals

To achieve the goals that have been set forth, the change management team will:

- Support and encourage effective leadership at the executive level
- Identify and engage project sponsors
- Build ownership throughout the organization
- Build a case for change and communicate this message to stakeholders affected by the change
- Identify key areas of resistance and build mitigation plans to address these issues
- Develop and encourage utilization of a communication plan to promote effective communication within the project team and to stakeholders

OCM Charter

The OCM charter will outline the following:

- Purpose of the project
- Impact assessment
- Risk assessment
- Reporting structure and approval requirements
- Sponsors, stakeholders, and project team
- Identification of support plans such as the Communication Plan and Training Plan

Communication Plan

An important part of the OCM approach is the development of a well-defined communication plan. Effective communication promotes awareness and encourages support for the project and the communication plan drives the content, timing and method of communication to stakeholders. Details are defined within the plan including stakeholder groups, organizational charts, roles and responsibilities as well as specifics of the communications. A detailed matrix of planned communications will serve as the framework to manage communications by defining the 5 W's as follows:

- Communication - "What", defines what the communication is and/or provides a title
- Purpose - "Why", defines the reason the communication is necessary
- Type - "Where", defines the medium of communication (e.g., meeting, email, etc.)
- Frequency - "When", defines how often the communication will occur
- Owner - "Who", defines who is responsible for the communication
- Audience - "Who", defines the recipients or participants
- Materials - If applicable, any materials to be updated or handed out

Executive reporting is a part of the overall communication plan and will include project status dashboards, key updates and project risks. This will allow leadership to understand current status and outstanding issues, provide direction to the project team as needed and communicate appropriate messages to the organization in support of the project.

Stakeholders

In order to ensure that communication is reaching the intended audience, stakeholder groups will be identified and managed. The six categorizations outlined below provide the key groups who will design, manage, implement and/or absorb the impact of the changes seen by the Epic project and their role in the OCM process.

- Project Sponsors and Executive Leadership
 - Communicates organizational mission and vision to direct the development of the project goals and objectives
 - Serves as the ultimate body of authority for project decisions and direction

- Align stakeholder incentives to support the project
- Project Leadership
 - Provides direction for the development of the content of each communication message and for communication of the messages to the selected audiences
 - Communicates project details to teams and reports status to project sponsors and executive leadership
- Epic Core Team
 - Provide support for change management initiatives and keep project leadership informed of progress, along with any roadblocks
- Advisory Groups
 - Guide the development of the organization's provider, clinician and RCM change management strategies
- Business Owners
 - Provides input to or receives outputs from change management initiatives
 - Communicates messages related to the project to their teams
- Beneficiaries/End Users
 - Represent the providers, clinicians and end users impacted by the implemented changes. May also include patients and their families
 - Provide feedback to other stakeholders when appropriate

Training Plan

The OCM plan will be coordinated with the Epic training plan. Training provides further opportunity to communicate the project goals. The change management team will work with the training manager to incorporate the following components in end-user training plan:

- Curriculum content and breakdown and who is required to take it
- Training requirements including who must take training, what training is appropriate for each role and whether individuals are allowed to work in a "live" environment without training
- Tracking training that is complete
- Schedule of training and how/where the training will be held (e.g., Computer-based training (CBT), classroom, etc.)
- Management reports for training progress

Readiness Checklist

The Readiness Checklist will be created as a series of matrices to ensure that all required tasks have been completed to ensure successful adoption of the new change. One master checklist will be maintained at the network level and sub-matrices will be created at the affiliate, team and individual levels as appropriate. These checklists will detail the following:

- Tasks that require completion
- Identification of each individual or team that is responsible for completing the tasks
- Date on when each task must be completed

- Status of the task (Green, Yellow, Red)

The Readiness Checklist provides an overall picture of readiness across the organization and is a contributing factor for leadership when making decisions for “go/no-go.”

9. Identify the most recent annual capital and operating costs (specify the 12-month period) of the current electronic health record system for each facility involved in the proposed project.

RESPONSE: The table below includes capital and operating costs for each facility for the 12-month period from October 1, 2015 through September 30, 2016. Costs are included for systems which integrate with, rely on, will be replaced by, or will continue to be required by Epic as part of the Epic project.

Organization	Capital Costs (10/1/15 - 9/30/16)	Operating Costs (10/1/15 - 9/30/16)
UVM Medical Center	\$ 1,205,613	\$ 11,332,609
CVMC	\$ 145,384	\$ 1,980,646
CVPH	\$ 407,655	\$ 6,196,770
PMC	\$ 151,000	\$ 683,065

We hope that this letter answers any remaining questions that you have. If further information is needed, please do not hesitate to contact me.

Very truly yours,



Spencer R. Knapp, Esq.
General Counsel & Sr. Vice President

Enclosures

Interface Description	Hospital
IDXADT to Endoworks	UVMHC
IDXScheduling to Endoworks	UVMHC
IDXScheduling to Data Warehouse	UVMHC
IDXScheduling to Epic	UVMHC
IDXScheduling to Polysmith	UVMHC
Epic pharmacy charges to engine	UVMHC
Epic professional charges	UVMHC
Epic Clinical Documents to HYNX	UVMHC
Epic Clinical Documents to VITL	UVMHC
Epic Clinical Documents to Theradoc	UVMHC
PyxisES dispenses to Epic	UVMHC
Epic Dietary orders to GemServe	UVMHC
Epic Dietary orders to Theradoc	UVMHC
Epic vaccinations to VITL	UVMHC
Epic LDA flowsheet data to Theradoc	UVMHC
Epic Pharmacy master file to PyxisES	UVMHC
Onbase Consent status update documents to engine	UVMHC
Onbase documents to engine	UVMHC
Peratrend statistics to epic	UVMHC
Epic Pharmacy orders to Pharmagistics	UVMHC
Epic Pharmacy orders to PyxisES	UVMHC
Epic Pharmacy orders to Theradoc	UVMHC
Epic Scheduling data to eScription	UVMHC
Epic Scheduling data to OnBase	UVMHC
Escription transcription documents to Epic	UVMHC
Epic flowsheet vitals data to Theradoc	UVMHC
Epic flowsheet vitals data to Peratrend	UVMHC
IDXGE to eScription	UVMHC
HCLL billing to engine file	UVMHC
Impac technical billing to engine file	UVMHC
Impac professional billing to engine	UVMHC
Pharmacy orders to PICIS	UVMHC
PICIS to Kitcheck Med admin	UVMHC
Kitcheck to PICIS Scheduling	UVMHC
Lab technical billing to engine	UVMHC
Polysmith results to OnBase	UVMHC
IDX GE ADT to Paceart	UVMHC
Qsight to PICIS implant inventory	UVMHC
Qsight to PICIS inventory usage	UVMHC
PICIS to Qsight inventory pick list	UVMHC
PICIS technical billing to engine file	UVMHC
SQ technical billing to engine file	UVMHC
Epiphany cardiology to Epic	UVMHC

Interface Description	Hospital
Vitreaview to Epic	UVMMC
Merge Cardiology to Epic	UVMMC
Imagecast to Epic	UVMMC
Merge Cardiology to CVMC	CVMC
Merge Cardioloby to Imagecast	UVMMC
Qpath results to Imagecast	UVMMC
ViewPoint results to Imagecast	UVMMC
Powerescribe to Imagecast	UVMMC
Powerescribe to Primordial	UVMMC
Imagecast ORU to vitreaView	UVMMC
Imagecast ORU to VITL	UVMMC
Imagecast ORU to Theradoc	UVMMC
Imagecast ORU to CVMC	CVMC
Imagecast ORM/ORU to ViewPoint	UVMMC
Imagecast ORU to ViewPoint file on engine	UVMMC
Imagecast ORM/ORU to Epic	UVMMC
Imagecast ORM/ORU to Peervue	UVMMC
Imagecast ORM/ORU to PACS	UVMMC
ViewPoint results to PACS	UVMMC
GE ADT to peerVue	UVMMC
GE ADT to Merge	UVMMC
CVMC orders to Merge	CVMC
Imagecast to Merge	UVMMC
Imagecast Orders to Merge Hemo (Cardiac Cath Lab)	UVMMC
GE ADT to Epiphany EKG	UVMMC
Epic imaging orders to Epiphany	UVMMC
Epic imaging orders to Imagecast	UVMMC
Imagecast ORM/ORU to Qpath	UVMMC
Imagecast ORM/ORU to NMIS	UVMMC
Imagecast ORM/ORU to Primordial	UVMMC
Imagecast ORM/ORU to Powerscribe	UVMMC
Imagecast merges to VitreaView	UVMMC
Imagecast merges to VitreaView	UVMMC
GE ADT to Radimetrics	UVMMC
Imagecast merges to Radimetrics	UVMMC
Imagecast merges to Primordial	UVMMC
GE ADT to Primordial	UVMMC
GE MFN to Primordial	UVMMC
CVMC orders to Powerscirbe	CVMC
Powerscribe result to CVMC	CVMC
Sunquest orders to Mayo	UVMMC
Sunquest results to Mayo	UVMMC
Atlas results to Mayo	UVMMC

Interface Description	Hospital
Mayo orders to Atlas	UVMMC
Mayo orders to Sunquest	UVMMC
Mayo results to Sunquest	UVMMC
Sunquest MUAR ORD/ORU to Epic	UVMMC
Sunquest MUAR results to Careware	UVMMC
Sunquest MUAR results to Peratrend	UVMMC
POC orders to Sunquest	UVMMC
GE ADT to Blueprint	UVMMC
Prism Warehouse to Blueprint	UVMMC
Warehouse Health Maintenance to Blueprint	UVMMC
Sunquest results to Blueprint	UVMMC
Sunquest to Atlas HIS results	UVMMC
Sunquest ORM/ORU to Atlas	UVMMC
CVMC results to file on engine	CVMC
CVMC results to Epic	CVMC
HCLL ORM/ORU to Epic	UVMMC
Sunquest ORM/ORU to Epic	UVMMC
Sunquest results to PICIS	UVMMC
Sunquest results to Theradoc	UVMMC
HCLL BPAM to Epic	UVMMC
Sunquest results to Imagecast	UVMMC
Sunquest results to CyberREN	UVMMC
Atlas orders to engine	UVMMC
Epic lab orders to Sunquest	UVMMC
CyberREN orders to Sunquest	UVMMC
GE ADT to Sunquest	UVMMC
Epic lab orders to HCLL	UVMMC
CVMC ADT data to engine	CVMC
CVPH ADT data to engine	UVMMC
GE ADT data to Nextgate	UVMMC
Nextgate patient requests to GE	UVMMC
GE ADT data to Apollo	UVMMC
GE ADT data to Appointments Everywhere	UVMMC
GE ADT to Atlas	UVMMC
GE ADT to CDIS	UVMMC
IDX ADT Data to Datix	UVMMC
CVPH ADT Data to Datix	UVMMC
GE ADT to Emergin Paging	UVMMC
Epic ADT to Pharmacy Enterprise RX	UVMMC
GE ADT data to Epic	UVMMC
OnBase consent updates to Epic	UVMMC
GE provider data to Epic	UVMMC
Epic Syndromic data to engine	UVMMC

Interface Description	Hospital
GE ADT data to HCLL	UVMMC
GE ADT data to Intellidesk	UVMMC
PICISADT data to GE	UVMMC
GE ADT data to Impac	UVMMC
GE ADT data to Ispace	UVMMC
GE ADT data to Kitcheck	UVMMC
GE ADT data to Medassetts	UVMMC
GE ADT data to Midas	UVMMC
One Care Vermont to VITL	UVMMC
Epic ADT data to OnBase	UVMMC
GE ADT data to Ortissue	UVMMC
Epic ADT data to Peratrend	UVMMC
GE and Epic ADT data to PICIS	UVMMC
Epic ADT to PICIS	UVMMC
Epic ADT to HYXNY	UVMMC
Epic ADT to VITL	UVMMC
GE provider data to PICIS	UVMMC
Epic Adt data to PyxisES	UVMMC
GE ADT data to CyberREN	UVMMC
GE ADT data to Imagecast	UVMMC
GE ADT data to Gemserve	UVMMC
GE ADT data to Sentry	UVMMC
GE ADT data to Teletrack	UVMMC
GE ADTdata to Theradoc	UVMMC
GE ADT data to Warehouse	UVMMC
Philips device data to engine	UVMMC
Philips device data to engine	UVMMC
Philips device data to engine	UVMMC
Philips device data to engine	UVMMC
Philips device data to engine	UVMMC
Datacaptor data to engine	UVMMC
Philips device data to engine	UVMMC
Philips device data to engine	UVMMC
Philips device data to engine	UVMMC
Philips device data to Epic	UVMMC
Philips device data to Epic	UVMMC
Ispace device data to engine	UVMMC
Philips device data to engine	UVMMC
Philips device data to engine	UVMMC
Philips device data to engine	UVMMC
Philips device data to engine	UVMMC
Philips device data to engine	UVMMC
Philips device data to engine	UVMMC

Interface Description	Hospital
EndoVault Reports to Meditech	CVMC
Epiphany Reports to Meditech	CVMC
Merge Reports to Meditech	CVMC
NEMT Transcribed Reports to Meditech	CVMC
PICIS Full Chart Report to Meditech	CVMC
PICIS Physician Summary Report to Meditech	CVMC
Powerscribe Reports to Meditech	CVMC
VRAD Reports to Meditech	CVMC
ImageCast Reports to Meditech	CVMC
Lab Results to VITL (LAB,BBK)	CVMC
Lab Results to VITL (MIC,PTH)	CVMC
Lab Results to UVMC for BFH Only (LAB,PTH)	CVMC
Pathology Results to Gifford	CVMC
MU2 Immunizations to VITL	CVMC
Antek Results to Meditech (Plainfield Health Center)	CVMC
Cardiology Reports to NVRH	CVMC
OE Departmental to VITL	CVMC
OE Departmental to eCW	CVMC
RAD Results to VITL	CVMC
RAD Results to RadConnect	CVMC
RAD Results to PACS	CVMC
Direct Messages Out	CVMC
Direct Messages Inbound	CVMC
eRx 271 Inbound	CVMC
eRx 270 Outbound	CVMC
eRx Get Message Inbound	CVMC
eRx Get Message Outbound	CVMC
eRx History Inbound	CVMC
eRx History Outbound	CVMC
eRx New RX Inbound	CVMC
eRx New RX Outbound	CVMC
eRX Refills Inbound	CVMC
eRx Refills Outbound	CVMC
MU2 Reportable Labs	CVMC
Patient Monitor Results	CVMC
Patient Monitor Results	CVMC
Lab Orders to Reference Lab (Mayo)	CVMC
Lab Results from Reference Lab (Mayo)	CVMC
Lab Orders to POLI (self reference lab)	CVMC
Lab Results from POLI	CVMC
5010 Inbound	CVMC
5010 Outbound	CVMC
ADT to PICIS	CVMC

Interface Description	Hospital
Charge Master to PICIS	CVMC
Lab Results to PICIS(LAB,BBK,MIC,PTH)	CVMC
Provider dictionary to PICIS	CVMC
OE Procedure Master to PICIS	CVMC
RAD Results to PICIS	CVMC
Formulary Master to PICIS	CVMC
PICIS Charges and Diagnoses Inbound	CVMC
PICIS Lab Orders to Meditech	CVMC
PICIS RAD Orders to Meditech	CVMC
PICIS OE Orders to Meditech	CVMC
Meditech History to PICIS	CVMC
eCW Facility billing to Meditech	CVMC
ADT to Pyxis	CVMC
Pharmacy Orders to Pyxis	CVMC
Billing from Pyxis	CVMC
eCW Scheduling to Meditech	CVMC
eCW Lab orders to Meditech	CVMC
eCW OE orders to Meditech	CVMC
eCW ADT to Meditech	CVMC
ADT to eCW	CVMC
eCW MPI query	CVMC
Self Pay Billing Balance to eCW	CVMC
MRI out to eCW	CVMC
Lab Results to eCW (LAB,BBK,MIC,PTH)	CVMC
RAD Results to eCW	CVMC
EDI 270 Transaction - Eligibility	PMC
EDI 271 Transaction - Eligibility	PMC
EDI 835 Transaction - Claims	PMC
EDI 837 Transaction - Claims	PMC
Emdeon EDI	PMC
Forward Advantage Fax	PMC
Iatric - Jag (MedHost)	PMC
Iatric Non-Jag (MedHost)	PMC
IMO	PMC
Medhost to Meditech	PMC
Medinet Sor (Send Orders Receive Results)	PMC
PACs Suite	PMC
PACs-ConnectR	PMC
Pyxis Suite	PMC
Standard Register Check Printing / Link-Up	PMC
Syndromic Surveilance - Biosense	PMC
Transcription Suite	PMC
UVMC PACs to transmit images and receive	PMC

Interface Description	Hospital
VITL - ADT	PMC
VITL - Immunization (VxU)	PMC
VITL - Lab	PMC
VITL - Rad Trans	PMC
VITL outgoing Lab	PMC
3M ORU to HIXNY	CVPH
3M ORU to MOSAIQ Oncology	CVPH
3M ORU to NOVO Results Clearinghouse	CVPH
3M charting data to SENTRI7	CVPH
3M ORU to SOARIAN Clinicals	CVPH
3M ADT to SOARIAN Financials	CVPH
3M comments to SOARIAN Financials	CVPH
3M patient charges to SOARIAN Financials	CVPH
Breeze Respiratory result transcriptions to HIXNY	CVPH
Breeze Respiratory ORU to NOVO (Medicity) Clearinghouse (Physician Offices)	CVPH
Breeze Respiratory ORU to SOARIAN Clinicals	CVPH
CCI E-Payments to SOARIAN Financials	CVPH
McKesson Cardiovascular results to HIXNY	CVPH
McKesson Cardiovascular ORU to NOVO (Medicity) Clearinghouse (Physician Offices)	CVPH
McKesson Cardiovascular SOARIAN Clinicals	CVPH
McKesson Cardiovascular Order Status to SOARIAN Clinicals	CVPH
McKesson Cardiovascular patient charges to SOARIAN Financials	CVPH
Cerner Document Management to Cerner Pharmacy	CVPH
GE Centricity PeriNatal Transcriptions to SOARIAN Clinicals	CVPH
GE Group Management ADT to HealthPay 24	CVPH
HDX E-payments to SOARIAN Financials	CVPH
HealthPay 24 E-payments to SOARIAN Financials	CVPH
Kronos data to Employee Health	CVPH
MAYO_REFLAB_Sunquest Lab ORDER	CVPH
MAYOR_SUNQ	CVPH
MOSAIQ Oncology patient charges to SOARIAN Financials	CVPH
Cerner Pharmacy Drug Label Data to Pharmagistics	CVPH
Email Notfication for NYSDOH Newborn Screening	CVPH
NYSDOH Newborn Screening ORU to SOARIAN Clinicals	CVPH
NYSDOH NICS_ARCHIVE	CVPH
NYSDOH_NICS_EMAIL	CVPH
ONCEMR patient charges to SOARIAN Financials	CVPH
SOARIAN ADT to ALARIS	CVPH
SOARIAN ADT to CEDARON Physical Rehab	CVPH
SOARIAN ADT to McKesson Cardiovascular	CVPH
SOARIAN ADT to GE Centricity PeriNatal	CVPH
SOARIAN ADT to HCC	CVPH
SOARIAN ADT to HIXNY	CVPH

Interface Description	Hospital
SOARIAN ADT to HealthPay 24	CVPH
SOARIAN ADT to HealthPay 24T	CVPH
SOARIAN ADT to ICANnotes	CVPH
SOARIAN ADT to MMRI	CVPH
SOARIAN ADT to MOSAIQ Oncology	CVPH
SOARIAN ADT to Mediscribes	CVPH
SOARIAN ADT to NEXTGate	CVPH
SOARIAN HAVBED data to NYSDOH	CVPH
SOARIAN SYNDROMIC data to NYSDOH	CVPH
SOARIAN ADT to ONCEMR Oncology	CVPH
SOARIAN ADT to ORSOS	CVPH
SOARIAN ADT to Peratrend	CVPH
SOARIAN ADT to Peratrend_T	CVPH
SOARIAN ADT to RADIMetrics	CVPH
SOARIAN ADT to SENTRI7	CVPH
SOARIAN ADT to SENTRI7T	CVPH
SOARIAN ADT to SENTRY	CVPH
SOARIAN ADT to SIGMACARE	CVPH
SOARIAN ADT to SPACETRAX	CVPH
SOARIAN ADT to Sunquest Lab	CVPH
SOARIAN ADT to TELCOR	CVPH
SOARIAN ADT to TRAUMAONE	CVPH
SOARIAN ADT to TeleTRACK	CVPH
ORSOS patient charges to SOARIAN Financials	CVPH
Cerner Pharmacy Immunization Reg. Data to NYSDOH (no patient name)	CVPH
Cerner Pharmacy Immunization Registry Data to NYSDOH (w/ patient name)	CVPH
Cerner Pharmacy Drug Administration Data to SENTRI7	CVPH
Cerner Pharmacy ADT to SOARIAN Clinicals	CVPH
Cerner Pharmacy patient charges to SOARIAN Financials	CVPH
POWERscribe transcription ORU to Siemens Radiology	CVPH
PYXIS drug Administration data to Cerner Pharmacy	CVPH
Pharmacy Drug Orders to SOARIAN Clinicals	CVPH
SOARIAN Clinicals Orders to Breeze Respiratory	CVPH
SOARIAN Clinicals Orders to McKesson Cardiovascular	CVPH
SOARIAN Clinicals data to EMUE	CVPH
SOARIAN Clinicals Ht/Wt to GE Centricity PeriNatal	CVPH
SOARIAN Clinicals to HDXMXI	CVPH
SOARIAN Clinicals ADT to HIXNY	CVPH
SOARIAN Clinicals orders to NICS	CVPH
SOARIAN Clinicals orders to NYSDOH Newborn Screening	CVPH
SOARIAN Clinicals Patient Charts to Peratrend	CVPH
SOARIAN Clinicals Patient Charts to Peratrend Test	CVPH
SOARIAN Clinicals ADT to Cerner Pharmacy	CVPH

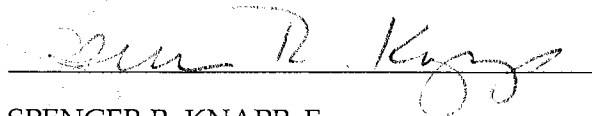
Interface Description	Hospital
SOARIAN Clinicals ADT to SENTRI7	CVPH
SOARIAN Clinicals to St. Jude ElectroPhysiology	CVPH
SOARIAN Clinicals ADT to SOARIAN Financials	CVPH
SOARIAN Clinicals patient charges to SOARIAN Financials	CVPH
SOARIAN Clinicals ADDON Orders to Sunquest Lab	CVPH
SOARIAN Clinicals ADT to Siemens Radiology	CVPH
SOARIAN Clinicals orders to TeleTrack	CVPH
SOARIAN Financials ADT to 3M	CVPH
SOARIAN Financials ADT to Cerner Document Imaging	CVPH
SOARIAN Financials ADT to HDX	CVPH
SOARIAN Financials AP data to Cerner MS4	CVPH
SOARIAN Financials GL data to Cerner MS4	CVPH
SOARIAN Financials ADT to SOARIAN Clinicals	CVPH
SOARIAN Financials ADT to Cerner Pharmacy	CVPH
SOARIAN Financials ADT to SOARIAN Clinicals	CVPH
SOARIAN Financials ADT to SOARIAN Scheduling	CVPH
SOARIAN Financials ADT to Siemens Radiology	CVPH
SOARIAN Scheduling SIU data to SOARIAN Financials	CVPH
SPACETRAX patient charges to SOARIAN Financials	CVPH
Sunquest Lab ORU to GE Centricity PeriNatal	CVPH
Sunquest Lab ORU to HIXNY	CVPH
Sunquest Lab Control Email to HIXNY	CVPH
Sunquest Lab results to MAYO (CVPH as Reference Lab)	CVPH
Sunquest Lab orders to MAYO (MAYO as reference Lab)	CVPH
Sunquest Lab ORU to NOVO (Medicity) Clearinghouse (Physician Offices)	CVPH
Sunquest Lab ORU to ONCEMR Oncology	CVPH
Sunquest Lab to ONCOEMR TEST to PROD Passthru	CVPH
Sunquest Lab ORU to Peratrend	CVPH
Sunquest Lab ORU to Peratrend TEST	CVPH
Sunquest Lab Cerner Pharmacy	CVPH
Sunquest Lab to SENTRI7	CVPH
Sunquest Lab (Microbiology) to SENTRI7	CVPH
Sunquest Lab ADDON Orders to SOARIAN Clinicals	CVPH
Sunquest Lab patient charges to SOARIAN Financials	CVPH
Siemens Radiology EMAIL control messages	CVPH
Siemens Radiology ORU to HIXNY	CVPH
Siemens Radiology ADT to MMRI (Mammo)	CVPH
Siemens Radiology ORU to MOSAIQ Oncology	CVPH
Siemens Radiology ORU to NOVO (Medicity) Clearinghouse (Physician Offices)	CVPH
Siemens Radiology ORU to ONCEMR Oncology	CVPH
Siemens Radiology ORU to SENTRI7	CVPH
Siemens Radiology Order Status to SOARIAN Clinicals	CVPH
Siemens Radiology patient charges to SOARIAN Financials	CVPH

Attachment 1 - GMCB Question 3

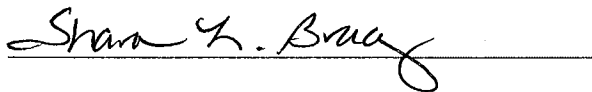
2/21/2017

Interface Description	Hospital
Siemens Radiology ADT to POWERscribe	CVPH
Siemens Radiology Orders to POWERscribe	CVPH

to verification as soon as I know, or reasonably should know, that the information or document has become untrue, inaccurate or incomplete in any material respect.


SPENCER R. KNAPP, Esq.

On February 23rd 2017, SPENCER R. KNAPP, Esq., appeared before me and swore to the truth, accuracy and completeness of the foregoing.



Notary public

My commission expires on 2/10/19

