

Additional Information Regarding Vendors Performing Work in Replacement of State Employees

This document contains copies of purchase order contracts obtained by OMB by which a nongovernmental person or entity agrees with any department, commission, board, council, agency, or public corporation to provide services, valued at one hundred fifty thousand dollars (\$150,000) or more, which are substantially similar to and in replacement of work normally performed by an employee of the department, commission, board, council, agency or public corporation. For additional supporting contract documents, you may submit a public records request to the Department of Administration in accordance with the Rhode Island Access to Public Records Act (“APRA”), R.I. Gen. Laws § 38-2-1 *et seq.* APRA forms, procedures and other information for the Department of Administration are available at <http://www.admin.ri.gov/publicrecords/index.php>.

Fiscal Year: FY20

Agency: Executive Office of Health and Human Services

Vendor Name: PERFECTSEARCH

Total Amount Paid to Vendor for Services: \$846,869.55

Summary of Services Rendered to Agency:

Identifying Code	Service Type	Description	Amount	Notes
PO 3554686	Financial Services: Other		\$ 846,869.55	

Note: Some of the above payments may have been made under the terms of a master price agreement (MPA). MPAs are solicited as requests for proposals or requests for quotes and may have cap limits for pricing and cap limits for project cost. MPAs provide agencies with access to qualified vendors, expedited process, and opportunities for mini-bids. Such purchases are made directly under the MPA and do not require a separate and unique contract. All MPAs are public and can be viewed at <http://www.purchasing.ri.gov/MPA/MPASearch.aspx>.

Contents:

Item Number	Document ID	Description	Notes
Item 1	PO 3554686	Purchase Order contract	

ITEM 1



State Of Rhode Island
Department of Administration
Division of Purchases
One Capitol Hill
Providence, RI 02908-5860

Blanket Releases
 3554686, 3

V	PERFECTSEARCH DBA IMAT SOLUTIONS 565 TECHNOLOGY AVE OREM, UT 84097-6203 United States
E	
N	
D	
O	
R	

Purchase Order Number	3554686-3
Revision Number	3
Reference Contract Number	
PO Date	24-JUL-2019
Approved PO Date	15-MAY-2020
Buyer	Autocreate, * -

S	EOHHS-EXECUTIVE OFFICE OF HEALTH AND HUMAN SERVICES 3 WEST ROAD CRANSTON, RI 02920 United States
H	
I	
P	
T	
O	

Type of Requisition	
Requisition Number	1620195
Solicitation Number	
Freight	Paid
Payment Terms	NET 30
Vendor Number	51766
Requester Name	Nicotero, Michelle R
Work Telephone	401-462-6850

This Purchase Order is issued pursuant to and in accordance with the terms and conditions of the solicitation and applicable federal, state, and local law, including the State of Rhode Island's General Conditions of Purchase which are incorporated herein by reference contain specific contract terms applicable to this Purchase Order. See: <https://rules.sos.ri.gov/regulations/part/220-30-00-13>

CHANGE TO PO #3554686 DATED 4/27/2020 - AGENCY DOCUMENT ID NUMBER EOHHS20028MRN103

INCREASE CONTROL VALUE:
 ORIGINAL CONTROL VALUE: \$1,749,530.00
 INCREASE AMEND #1: \$824,892.63
 REVISED CONTROL VALUE: \$2,574,422.63
 INCREASE AMEND #3: \$1,573,779.63
 REVISED CONTROL VALUE: \$4,148,202.26

EXTEND EFFECTIVE TERMS:
 FROM: 02/07/2018 - 06/30/2020
 TO: 02/07/2018 - 06/30/2021


INCREASE CONTROL VALUE, EXTEND EFFECTIVE TERMS AND ADD LINES 8 THROUGH 10 PER THE ATTACHED AMENDMENT NO. 3 DATED 4/24/2020.

INVOICE TO

IMMEDIATE VENDOR ACTION REQUIRED:
 Paperless Invoicing is now required. Vendors who do not currently invoice electronically must comply. Get Instructions at :
http://controller.admin.ri.gov/documents/Communications/Vendor%20Information/Paperless%20Invoicing%20Initiative_09-01-2020.pdf

REGISTRATION REQUIREMENTS

IMMEDIATE VENDOR ACTION REQUIRED:
 ALL vendors with an existing Purchase Order must be registered in OCEAN STATE PROCURES(OSP). Get Instructions at :
<https://www.ridop.ri.gov/osp/osp-vendor-registration.php>

STATE PURCHASING AGENT
 Nancy R. McIntyre

THE STATE OF RHODE ISLAND'S GENERAL CONDITIONS OF PURCHASE.
<https://rules.sos.ri.gov/regulations/part/220-30-00-13>

AGENCY CONTACT:
 MICHELLE NICOTERO
 401-462-6850

Reference Documents: 3554686 Back up docs.pdf
 3554686 AMENDMENT.pdf

PO DESCRIPTION: APA-17972 Year 2 Annual Licensing Fee- NTE \$450,000.00 PER YEAR


Line	Code	Description	Quantity	Unit	Unit Price (USD)	Amount (USD)
2		APA-17972 Year 2 Annual Licensing Fee- NTE \$450,000.00 PER YEAR	450000	Each	1	450,000.00
3		APA-17972 Implementation fee- NTE \$663,250.00	439697.66	Each	1	290,500.00
5		APA-17972 Year 2 Interfacing fees NTE 62,700.00	100482.34	Each	1	96,549.55
7		APA-17972 Year 2 Technical Support and Training	9820	Each	1	9,820.00
Total: 846,869.55 (USD)						

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STATE PURCHASING AGENT

 Nancy R. McIntyre



STATE OF RHODE ISLAND AND PROVIDENCE PLANTATIONS
Department of Administration DIVISION OF PURCHASES

RI-FANS CHANGE ORDER FORM

EMAIL CHANGE ORDERS TO: doa.purchangeorders@purchasing.ri.gov

This form is to be used for:

- Supplier Name Changes
- Cancellations to Blanket/Contract Purchase Agreements and Standard Purchase Orders.
- Line item changes, date changes and agreed amount changes to Blanket/Contract Purchase Agreements.

This form is not applicable for:

- Adding a line item or increasing a quantity on a Standard Purchase Order over \$5000.00. (A change order requisition should be created and submitted for this type of change).
- Releases (Blanket/Contract) Should be processed as an electronic change order through RIFANS.

(ONLY 1 PURCHASE ORDER PER CHANGE ORDER FORM)

TYPE IN HERE		TYPE IN HERE	
DATE	4/27/2020	MPA NUMBER	APA-17972
PURCHASE ORDER NUMBER	3554686	SOLE SOURCE (YES/NO)	N
BID NUMBER	7551339	DELEGATED (YES/NO)	N
BUYER NAME (as it appears on the purchase order)	Dawn Vittorioso	GRANT (YES/NO)	N
AGENCY DOC I.D. NUMBER	EOHHS 20028MRN103	GRANT/ DELEGATED PO END DATE	6/30/2020
SUPPLIER NAME	Perfect Search		

TYPE OF CHANGE TO BE MADE	FROM	TO
SUPPLIER NAME (include W-9 FORM and letters from companies advising of the name change)	Click or tap here to enter text.	Click or tap here to enter text.
AGREED AMOUNT CHANGE (BLANKET/CONTRACT)	\$2,574,422.13	\$4,148,202.26
DATE CHANGE (BLANKET/CONTRACT)	6/30/2020	6/30/2021
CANCEL ENTIRE PURCHASE ORDER YES <input type="checkbox"/>		
(Standard, Blanket/Contract Purchase Agreements)		
(Give justification/reason below)		

LINE ITEM CHANGE FOR BLANKET PURCHASE AGREEMENTS:

CODES: (A) Add Line (D) Delete Line (DC) Description Change (PC) Price Change

Code	Line #	Description	Price from	Price to
A		APA-17972 Year 3 Annual Licensing Fee- NTE \$641,400.00 per year	1	
A		APA-17972 Year 3 Implementation fee- NTE \$750,540.00 per year	1	
A		APA-17972 Year 3 Interfacing fees NTE \$108,060.00 per year	1	

REASON/JUSTIFICATION: Contract amendment #3, exercising option year, adding \$1,573,779.63 to control value and extending contract to 6/30/2021.

CONTACT PERSON: PHONE NUMBER:

AUTHORIZED AGENT: SIGNATURE /s/ Brenda Whalen Munro

 Dawn Vittorioso Digitally signed by Dawn Vittorioso
DN: cn=Dawn Vittorioso, o=Division of Purchases, ou=Department of Administration, email=dawn.vittoriosoa@purchasing.ri.gov, c=US
Date: 2020.04.29 08:54:39 -04'00' **FOR DOA PURCHASES ONLY SECTION**
 BUYER SIGNATURE: _____ DATE: 4/29/2020

INTERDEPARTMENTAL PROJECT MANAGER SIGNATURE: _____ DATE: _____

DEPUTY/PURCHASING AGENT SIGNATURE: _____ DATE: _____

AMENDMENT NO. 3

**TO THE
ELECTRONIC CLINICAL QUALITY MEASUREMENT REPORTING AND FEEDBACK
SYSTEM AGREEMENT**

BETWEEN THE

**STATE OF RHODE ISLAND AND PROVIDENCE PLANTATIONS
EXECUTIVE OFFICE OF HEALTH AND HUMAN SERVICES**

AND

IMAT SOLUTIONS

The Rhode Island Executive Office of Health and Human Services (“EOHHS” or the “State”) and IMAT Solutions (the “Contractor”) (collectively referred to as the “Parties”), hereby enter into this Third Amendment on the 24th day of April 2020, to amend the agreement previously entered into by the Parties on November 10, 2017.

1. PAR. 3. TIME OF PERFORMANCE

- a. PAR 3. TIME OF PERFORMANCE shall be extended using one extension year as described in the RFP through June 30, 2021.

2. ADDENDUM I: SCOPE OF WORK

- a. The following will be added at the end of Section 1.2, Data Acquisition:
- IMAT will maintain all necessary documentation for each data feed to support HEDIS Section 5a requirements.
 - EOHHS will work with IMAT to develop a workplan and prioritization for onboarding of additional data feeds.
- b. The following will be added at the end of Section 1.3, Data Validation and Normalization:
- The required measures and measure groupings may change from year to year and IMAT will work with EOHHS to determine reasonable timelines and additional costs for development of new measures and updating of measures based on the user community’s need.
 - IMAT will provide documentation and achieve any mutually agreeable applicable certification needed to reduce the burden of HEDIS auditing at the payers as NCQA continues to develop certification options. IMAT will work with EOHHS to determine reasonable timelines and additional costs pertaining to HEDIS certification and auditing at the payers.

Because EOHHS users do not have access to patient level data within the system, IMAT will be responsible for maintaining the MPI and configurations of the MPI to be as

automated as possible with a high level of matching success, and IMAT will be responsible for conducting manual patient merging where needed.

- c. The following will be added at the end of Section 1.4
 - As a high priority for improving the usability of the system, IMAT will work with EOHHS to define a set of scorecards for availability through tiles in the system and identify which users should have access to the scorecards. The launch date will be based upon a mutually agreeable timeline following the completion of all related scorecard specifications.
 - EOHHS will work with IMAT to develop the workplan and prioritization for data feeds/extracts to be delivered to system users.

- d. The following will be added at the end of Section 4, Assumptions:
 - As of the beginning of Year 3 (July 2020), should the count of unique patients (as defined by the Master Patient Index) in any given month exceed the amount invoiced on the January 2020 invoice, the license for those unique patients shall be billed on a monthly basis until the end of the 2020 calendar year.
 - As of January 2021, licensing will be billed monthly based on current unique patient counts. The patient volume pricing is calculated on patients in each tier and tier charges are cumulative, i.e. the first 250,000 patients are charged at \$0.15/month and the next 250,000 patients at \$0.12/month.
 - Connection fees will be charged when the connection is complete and live into the test environment. Monthly maintenance fees will begin the month the connection is complete.

3. ADDENDUM II: BUDGET

- a. The budget table in ADDENDUM II: BUDGET shall be revised for Year 2 as follows:

Description	Unit Type	Year 2 (July 2019 - June 2020)		
		Cost per unit	Units	Total Cost
Budget Item 1: Annual License Fee				
Annual License Fee	Per Patient Per Month (PPPM)	\$0.15	3,000,000	\$450,000.00
TOTAL BUDGET ITEM 1				\$450,000.00
Budget Item 2: Implementation Fees				
Implementation Fees	Hours	\$175.00	1910	\$334,250.00
tice Support and Training	Hours	\$175.00	600	\$105,000.00
Travel & Supplies Expenses	Itemized			\$2,567.66
TOTAL BUDGET ITEM 2				\$441,817.66

Budget Item 3: Interfacing (Based on estimated count, not to exceed)				
New Clinical Data Feeds	Feed	\$2,500.00	30	\$75,000.00
Practice Support				\$8,437.34
Connection Maintenance – Hospital (Monthly)	Feed- Month	\$250.00	0	\$0.00
Connection Maintenance – Ambulatory and Other (Monthly)	Feed- Month	\$20	101	\$2,020
Hosting (Monthly)	Month	\$2,825	5	\$14,125.00
Duo Multi-Factor Licenses	Month	\$180	5	\$900.00
TOTAL BUDGET ITEM 3				\$100,482.34
Budget Item 4: Technical Support and Training				
Technical Support and Training	Hours	\$175.00	44	\$7,700.00
TOTAL BUDGET ITEM 4				\$7,700.00
TOTAL				\$1,000,000.00

b. The budget table in **ADDENDUM II: BUDGET** shall be revised for Year 3 as follows:

Description	Unit Type	Year 3 (July 2020 - June 2021)		
		Cost per unit	Units	Total Cost
Budget Item 1: Annual License Fee				
License Fees: Patient Volume Pricing:	Per Patient Per Month (PPPM)			
Less than 250,000 = \$0.15		0.15	1,500,000	\$225,000.00
250,001-500,000 = \$0.12		0.12	2,820,000	\$338,400.00
500,001-750,000 = \$0.10		0.10	780,000	\$78,000.00
750,001-1,000,000 = \$0.08		0.08		
1,000,000 <= \$0.06		0.06		

TOTAL BUDGET ITEM 1				\$641,400.00
Budget Item 2: Implementation Fees				
Implementation Fees	Hours	\$175.00	3915	\$685,125.00
Practice Support and Training	Hours	\$175.00	358	\$62,650.00
Travel & Supplies Expenses	Itemized			\$2,765.00

TOTAL BUDGET ITEM 2				\$750,540.00
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New Clinical Data Feeds	Feed	\$2,500.00	24	\$60,000.00
Ambulatory Connection Maintenance (monthly)	Feed- Month	\$20	600	\$12,000.00
Hosting Fees (monthly)	Months	\$2,825.00	12	\$33,900.00
Duo Fees	Months	\$180.00	12	\$2,160.00
TOTAL BUDGET ITEM 3				\$108,060.00
Budget Item 4: Technical Support and Training				
Technical Support and Training	Hours	\$175.00	0	\$0.00
TOTAL BUDGET ITEM 4				\$0.00
TOTAL				\$1,500,000.00

c. The new contract total amount is revised to be \$4,148,202.63

4. The remainder of the Agreement shall remain unchanged.

IN WITNESS WHEREOF, the parties hereto have hereunder set their hands as of the date first above written and this Agreement made legally binding upon the issuance of a valid Purchase Order by the State of Rhode Island as follows:

STATE OF RHODE ISLAND:

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Benjamin Shaffer
Interim Medicaid Director
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Kurt Garbe
Chief Executive Officer

Date: 4-27-2020

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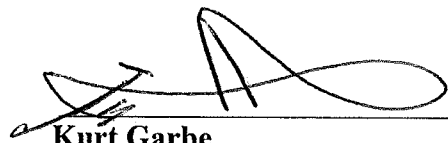
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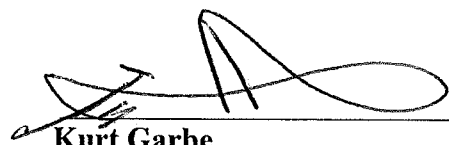
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