



RI-FANS CHANGE ORDER FORM

EMAIL CHANGE ORDERS TO: doa.purchaseorders@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 | 9/4/2019 | MPA NUMBER | |
| PURCHASE ORDER NUMBER | 3439661 | SOLE SOURCE (YES/NO) | N |
| BID NUMBER | 7549627 | DELEGATED (YES/NO) | N |
| BUYER NAME (as it appears on the purchase order) | David Francis | GRANT (YES/NO) | N |
| AGENCY DOC I.D. NUMBER | EOHHS 20028MRN043 | GRANT/ DELEGATED PO END DATE | 09/30/2019 |
| SUPPLIER NAME | Freedman Healthcare LLC | | |

| 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) | \$2,565,997.55 | \$3,383,457.55 |
| DATE CHANGE (BLANKET/CONTRACT) | 09/30/2019 | 03/31/2020 |
| CANCEL ENTIRE PURCHASE ORDER (Standard, Blanket/Contract Purchase Agreements) (Give justification/reason below) | YES <input type="checkbox"/> | |

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 |
|------|--------|----------------------------------|------------|----------|
| | | Click or tap here to enter text. | | |
| | | Click or tap here to enter text. | | |
| | | Click or tap here to enter text. | | |

REASON/JUSTIFICATION: Attached contract amendment #6- extending contract date, adding new budget item adding amended scope of work.

CONTACT PERSON: Michelle Nicotero

PHONE NUMBER: 401-462-6850

AUTHORIZED AGENT: Brenda Whalen Munro

SIGNATURE

FOR DOA PURCHASES ONLY SECTION

BUYER SIGNATURE: _____ DATE: _____

INTERDEPARTMENTAL PROJECT MANAGER SIGNATURE: _____ DATE: _____

DEPUTY/PURCHASING AGENT SIGNATURE: _____ DATE: _____

This form can be found on the purchasing website: www.purchasing.ri.gov in the Agency Resource Center. For complete instructions on processing change orders, visit the purchasing website www.purchasing.ri.gov Agency Resource Center/Instructions and Trainings/RIFANS Instruction Manuals.

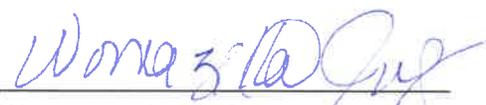
CONTRACT AMENDMENT #6
FOR
AGREEMENT BETWEEN
STATE OF RHODE ISLAND AND PROVIDENCE PLANTATIONS, EXECUTIVE OFFICE OF HEALTH AND HUMAN SERVICES
AND
FREEDMAN HEALTHCARE, LLC

The Agreement, including addenda, originally entered into on October 1, 2015, by and between the State of Rhode Island acting by and through the Executive Office of Health and Human Services (hereinafter referred to as "the Executive Office"), and Freedman HealthCare, LLC (hereinafter referred to as "the Contractor"), is hereby revised as follows:

1. **TIME OF PERFORMANCE:** The Agreement is hereby modified by extending the TIME OF PERFORMANCE by six additional months, until March 31, 2020.
2. **SCOPE OF WORK:** The Agreement is hereby modified by adding the attached AMENDED SCOPE OF WORK to "Addendum 1 - Scope of Work" of the original contract. The work defined in AMENDED SCOPE OF WORK reflects the current ongoing activities of the Rhode Island All Payer Claims Database (HealthFacts RI) as well the ongoing data source integration work specified in the "HealthFacts RI Module Implementation and Advanced Planning Document Update 2 (IAPD-U #2)" approved by CMS on May 3, 2019. These data integration and analytic activities will allow the State to fulfill Medicaid Program business needs.
3. **BUDGET:** The Agreement is hereby modified by adding the attached AMENDED BUDGET to the "Amendment 5 - Budget", bringing the total contract value to a sum not to exceed \$3,383,457.55. This AMENDED BUDGET reflects the AMENDED SCOPE OF WORK.
4. **All Other Terms and Conditions:** Except as otherwise amended herein, the parties agree that the Agreement is hereby affirmed and continues in full force and effect. All reference to the "Agreement" shall be deemed to be references to the Agreement as amended by this Amendment. In the event of any inconsistency between the terms of this Amendment and the Agreement, the terms of this Amendment shall control.

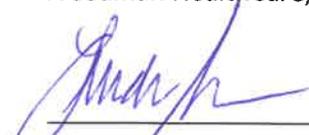
IN WITNESS WHEREOF, THE PARTIES HERETO HAVE SET THEIR HANDS AND THIS AGREEMENT MADE LEGALLY BINDING AS FOLLOWS:

State of Rhode Island
Executive Office of Health and Human Services



Womazetta Jones, Secretary

Freedman HealthCare, LLC



Linda Green, Vice President

AMENDED SCOPE OF WORK

Scope of Work - the scope and deliverables are amended as follows:

TASK 1: PROJECT MANAGEMENT AND SUBJECT MATTER EXPERTISE

- Remove activity entitled “Analytic Resource Assessment”, as this activity has already been completed.

TASK 2: MANAGEMENT OF DATA RELEASE PROCESS

- No changes

TASK 3: DEVELOPMENT AND REFINEMENT OF REPORTING SPECIFICATIONS AND MEASURES

- Revise task title to “Analytic Support for HealthFacts RI Environment” to reflect the recently approved IAPDU #2 for integration of HealthFacts RI and additional data sources within the Medicaid IT Enterprise Environment, and the associated analytic support.
- **Preschool Development Grant Analytic Support:** Provide evaluation services for the Preschool Development Grant.

