AMENDMENT

It is hereby agreed by and between the State of Vermont, Office of Vermont Health Access (hereinafter called the "State") and MedMetrics Health Partners (hereinafter called the "Contractor") that the personal services contract for the provision of pharmacy benefits management (PBM) services, effective November 1, 2005, is hereby amended, effective on the dates specified upon execution by the parties, as follows:

1. Effective December 1, 2007, add the following language to Attachment A, Specifications of Work to Be Performed, Section XII. Medicare Part D, Subsection 2, Requirements:

   "*Medicare Part D Ongoing Claims Recovery Services*

   The Contractor shall assist the State in reconciling claims denied under the 402 waiver to identify claims billable to Medicare approved Prescription Drug Plans (PDPs). The Contractor shall assist the State in identifying other claims billable to Medicare approved Prescription Drug Plans (PDPs).

   The Contractor shall prepare and submit Medicare Part D claims billable to Medicare approved PDPs at the direction of the State when it is determined that claims paid by the State are the responsibility of the PDPs."

2. Effective December 1, 2007, add the following language to Attachment A, Specifications of Work to be Performed.

   "**XX. Vermont Emergency Department Medication History Project**

   1. Overview

   Vermont's Regional Health Information Organization, Vermont Information Technology Leaders (VITL), has initiated a project that will make patient medication history data available to providers in approved hospital emergency departments. The State plans to participate in this project by making available data from pharmacy claims adjudicated by the Contractor under this contract.

   2. Requirements

   The Contractor shall make pharmacy claims data available to the project through its existing infrastructure and the network exchange services that it has acquired from RxHub, LLC. The data shall be available to the project using the current set of industry standard transactions.

   At the direction of the State, Contractor shall:

   - Transmit to RxHub up to six months of batch files containing historical monthly eligibility data.

- Implement transmission of weekly batch files of current eligibility data to RxHub.
- Process and respond to medication history transactions requested by the VITL project.

If for any reason the State chooses to end participation in the VITL project, the Contractor shall, upon instruction from the State, cease sending files and responding to transaction requests as soon as technically possible, but no later than 10 days after the instruction is issued. If the State ends participation in the project, the Contractor shall require RxHub to destroy all Vermont data stored in its system and notify the Contractor of the destruction within 30 days of the date of the State's instruction to cease participation. The Contractor shall notify the State that the data has been destroyed within five days after notification has been received from RxHub.

The Contractor shall ensure that all contractual data security and confidentiality requirements, including compliance with HIPAA rules, are met by RxHub as they relate to pharmacy claims adjudicated under this contract."

3. Effective December 1, 2007, revise number 9 of Attachment B, Payment Provisions, Section 2, Cost Structure by replacing:

"9) RxTrack Showcase: $200 per month for up to three users."

with:

"9) RxTrack Showcase: Upon availability: $295/month per license. For this purpose, "license" will be defined by a unique user ID requested and received by the state.

4. Effective December 1, 2007, add number 25 to Attachment B, Payment Provisions, Section 2, Cost Structure:

"25) Medicare Part D ongoing claims recovery services: One-time consulting services: $150 per hour for 520 hours for a total of $78,000. Design, preparation, and submittal of batch claims files for OVHA Coordination of Benefits Unit for claims not paid under the 402 Waiver for batch billing to Part D Plans: $25,000 for the initial submission. Design, preparation, and submittal of batch claims files for OVHA Coordination of Benefits Unit for other claims: up to twelve (12) submittal cycles in a contract year at up to $104 per hour up to $3,640 per submittal cycle."

5. Effective December 1, 2007, add number 26 Attachment B, Payment Provisions, Section 2, Cost Structure:

"26) Vermont emergency department medication history project: Implementation costs, including the loading of historical information: not to exceed $9,200. Test eligibility batch files: $1,000 for up to seven files and up to $1,040 for one subsequent test file. Test eligibility/history request transactions: $0.25 per transaction for up to 10,350

transactions and up to $0.26 per transaction for up to 4,650 transactions. Upon demonstration of tests, payment will be made for implementation and test costs upon the full implementation of the Vermont emergency department medication history project on or after December 1, 2007. For the contract year ending October 31, 2008, monthly eligibility batch files: up to $1,040 per month and eligibility/history request transactions: up to $0.26 per transaction for up to 155,000 transactions. Additional transactions may be allowed by contract amendment if use increases.

6. Effective the dates listed here, to accommodate the changes made heretofore:

   a. Adjust the "Maximum Amount" payable to the contractor for services provided during the contract's term to $8,812,460. This amount is referenced on Page 1, Number 3, Maximum Amount, and on Page 39, Number 1, Payment and Contract Amount, and in two paragraphs of Page 41, Development, Implementation and Training.

   b. Replace the chart, Implementation and Operating Costs, located at the end of Attachment B, Payment Provisions, with the new and revised version attached hereto.

This amendment consists of 7 pages. Except as modified by this amendment and any previous amendments, all provisions of this contract (#9097), dated November 1, 2005, shall remain unchanged and in full force and effect.

IN WITNESS THEREOF, the parties set forth below agree to execute this Amendment as set forth below:

By the Contractor:

By _____

Robert D. Wakefield, Jr.

Chief Executive Officer

Date 12·20·07

By the State of Vermont:

By _____

Joshua Slen

Director

Date 12-21-2007

MedMetrics Health Partners Costs- Implementation & Operation Revised

Item #	*Type of Service*	*Basis of Cost*	Upon Proposal - Full Year Cost *MM*			Implementation Costs	Operations Costs	Total Year 1	Operations Year 2	Operations Year 3	Grand Total
			Unit Costs	*Per Month*	*Annual*	11/01/05 - 10/31/06	01/0106 - 10/31/06		11/01/06 - 10/31/07	11/01/07 - 10/31/08	
1	Claims processing (on-line and batch; with all pricing including MAC; including COB)	Per month cost	N/A	N/A	$ 692,500.00	$ -	$ 577,083	$ 577,083	$ 720,200	$ 749,008	$ 2,046,291
			Monthly based on 5 M; $.14 <= 2M; $.13 >2M <= 3.5M; $.12 > 3.5M <= 5M; $11 > 5M Part D Claims an additional $ .05 per claim for 750,000 claims								
			Plus 4%/year for year 2 and year 3								
2	Claims processing –Keying paper claims	Per month cost	N/A	N/A	$ 7,125.00	$ -	$ 5,937	$ 5,937	$ 7,410	$ 7,706	$ 21,054
			Annual based on 10,000 Annual; $.75 <= 4,999; $.70 >5,000 <= 7,499; $.65 > 7,500								
			Plus 4%/year for year 2 and year 3								
3	Medicare Part D claims	Per month cost				$ -	$ -	$ -	$ -	$ -	$ -
			Claims involving Medicare Part D will be included in the claims' count identified in items 1 and 2 of this section								
4	Auditing	Per on-site audit	$ 1,500.00	N/A	$ 22,500.00	$ -	$ 18,750	$ 18,750	$ 23,400	$ 24,336	$ 66,486
			Assumes 15 days on site Plus 4%/year for year 2 and year 3								
5	Drug coverage management (Preferred Drug List), including P & T Committee support	Per month cost	N/A	$ 6,125.00	$ 73,500.00	$ -	$ 61,250	$ 61,250	$ 76,440	$ 79,498	$ 217,188
			Plus 4%/year for year 2 and year 3								
6	Analysis and reporting – standard and decision support ad hoc capabilities	Per month cost	N/A	$ 1,885.00	$ 22,620.00	$ -	$ 18,850	$ 18,850	$ 23,525	$ 24,466	$ 66,841
			Plus 4%/year for year 2 and year 3								
7	Connectivity Fee			$ 300.00	$ 3,600.00	$ -	$ 3,000	$ 3,000	$ 3,744	$ 3,894	$ 10,638
			Plus 4%/year for year 2 and year 3								

MedMetrics Health Partners Costs- Implementation & Operation Revised												
Item #	*Type of Service*	*Basis of Cost*	Upon Proposal - Full Year Cost			Implementation Costs	Operations Costs	Total Year 1	Operations Year 2	Operations Year 3	Grand Total
			MM								
			Unit Costs	*Per Month*	*Annual*	11/01/05 - 10/31/06	01/0106 - 10/31/06		11/01/06 - 10/31/07	11/01/07 - 10/31/08	
8	RxTrack Cognos (10 Licenses)	Per license per month	$ 750.00	$ 7,500.00	$ 90,000.00	$ -	$ 75,000	$ 75,000	$ 93,600	$ 97,344	$ 265,944
			Plus 4%/year for year 2 and year 3								
9	RxTrack Showcase (4 Licenses)	Per license per month	1396	5584	N/A	$ -	$ -	$ -	$ -	$ 15,356	$ 15,356
10	Supplemental rebate negotiations, rebate management and disputes and collection	Per month cost	N/A			$ -	$ 65,000	$ 65,000	$ 81,120	$ 84,365	$ 230,485
			Plus 4%/year for year 2 and year 3								
11	Non-Medicaid State program rebate negotiations, rebate management and disputes and collections	Per month cost	N/A			$ -	$ 65,000	$ 65,000	$ 81,120	$ 84,365	$ 230,485
			Plus 4%/year for year 2 and year 3								
12	Drug Utilization Review, including DUR Board support for all beneficiairies except AMAP, GA, and HVP	Per month cost	N/A	8954	$ 107,448.00	$ -	$ 89,540	$ 89,540	$ 111,746	$ 116,216	$ 317,502
			Plus 4%/year for year 2 and year 3								
13	Utilization management for all beneficiairies except AMAP, GA, and HVP	Per month cost	N/A	6125	$ 73,500.00	$ -	$ 61,250	$ 61,250	$ 76,440	$ 79,498	$ 217,188
			Plus 4%/year for year 2 and year 3								
14	Clinical detailing	Per month cost	N/A	$ 6,250.00	$ 75,000.00	$ -	$ 62,500	$ 62,500	$ 78,000	$ 81,120	$ 221,620
			Plus 4%/year for year 2 and year 3								
15	Disease management for all beneficiairies except AMAP, GA, and HVP	Per month cost	N/A	$ 6,125.00	$ 73,500.00	$ -	$ 61,250	$ 61,250	$ 76,440	$ 79,498	$ 217,188
			Plus 4%/year for year 2 and year 3								

MedMetrics Health Partners Costs- Implementation & Operation Revised

Item #	Type of Service	Basis of Cost	Upon Proposal - Full Year Cost			Implementation Costs	Operations Costs	Total Year 1	Operations Year 2	Operations Year 3	Grand Total
				MM							
			Unit Costs	Per Month	Annual	11/01/05 - 10/31/06	01/0106 - 10/31/06		11/01/06 - 10/31/07	11/01/07 - 10/31/08	
16	Prior authorization	$5.20 per each PA	N/A	$ 21,833.00	$ 261,996.00	$ -	$ 218,330	$ 218,330	$ 272,476	$ 283,375	$ 774,181
			Plus 4%/year for year 2 and year 3								
17	Telephone support - Pharmacy providers and prescribers	$13.22 / call up to 60 calls/day; $12.25 / call over 60 calls; minimum $16,666/mo	$ 0.11	$ 16,666.00	$ 199,992.00	$ -	$ 166,660	$ 166,660	$ 207,992	$ 216,311	$ 590,963
			Plus 4%/year for year 2 and year 3								
18	ID Cards - Including Mailing	Per Card	$ 2.10			$ -	$ -	$ -	$ -	$ -	$ -
			Plus 4%/year for year 2 and year 3								
19	Epocrates® contract	Cost per month	N/A	$ 12,733.00	$ 152,796.00	$ -	$ 127,330	$ 127,330	$ 158,908	$ 165,264	$ 451,502
			Annual Fee $120,000 and cost per month $12,733								
20	Required staffing (list by each required staff – separate salary and benefit costs)	Four FTE's		$ 28,600.00	$ 343,200.00	$ -	$ 286,000	$ 286,000	$ 356,928	$ 371,205	$ 1,014,133
		Account Mgr	N/A	N/A	N/A						
		Clinical Mgr	N/A	N/A	N/A						
		Program Rep	N/A	N/A	N/A						
		Data Mgr	N/A	N/A	N/A						
			Plus 4%/year for year 2 and year 3								
21	Staff for Dedicated Part D		N/A	$ 6,666.67	$ 80,000.00		$ 66,667	$ 66,667	$ 83,200	$ 86,528	$ 236,395
			Plus 4%/year for year 2 and year 3								
22	Administrative Fee		N/A	$ 19,177.00	$ 230,124.00	$ -	$ 191,770	$ 191,770	$ 239,329	$ 248,902	$ 680,001
			Plus 4%/year for year 2 and year 3								
23	Medicare Part D Implementation Services		N/A	N/A	$ 78,750.00	$ 78,750	$ -	$ 78,750	$ -	$ -	$ 78,750
			One-time development and implementation								

MedMetrics Health Partners

Item #	Type of Service	Basis of Cost	Upon MM Unit Costs	Per Month	Annual	Implementation Costs 11/01/05 - 10/31/06	Operations Costs 01/0106 - 10/31/06	Total Year 1	Operations Year 2 11/01/06 - 10/31/07	Operations Year 3 11/01/07 - 10/31/08	Grand Total
24	Medicare Part D Implementation		N/A	N/A	$ 225,000.00	$ -	$ -	$ -	$ 225,000	$ -	$ 225,000
			One-time development								
25	Medicare Part D Ongoing Claims		N/A	N/A	$ 117,140.00	$ -	$ -	$ -	$ -	$ 103,000	$ 103,000
			One-time implementation - $78,000; design and preparation of initial submittal of claims not paid by 402 - $25,000								
				$ 3,640.00	$ 43,680.00	$ -	$ -	$ -	$ -	$ 43,680	$ 43,680
26	VT Emergency Dept Medication History Project		N/A	N/A	$ 9,200.00	$ -	$ -	$ -	$ -	$ 17,240	$ 17,240
			One-time implementation - $9,200; up to $1,000 each for up to 7 test files for ongoing submittals; up to $1,040 for up to 1 subsequent test file for ongoing submittals								
			N/A	$ 1,040.00	N/A	$ -	$ -	$ -	$ -	$ 11,440	$ 11,440
			N/A	N/A	$ 40,300.00	$ -	$ -	$ -	$ -	$ 41,912	$ 41,912
			Estimated 155,000 transactions through October 31, 2008								
Section 3	Other - Development, Implementation, & Training		N/A	$ 133,333.33	$ 400,000.00	$ 400,000	$ -	$ 400,000	$ -	$ -	$ 400,000
			One-time								
	Grand Total					$ 478,750	$ 2,221,167	$ 2,699,917	$ 2,997,017	$ 3,115,526	$ 8,812,460