

AMENDMENT

It is hereby agreed by and between the State of Vermont, Department of Vermont Health Access (hereinafter called the "State") and **MedMetrics Health Partners, Inc.** (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 as of November 1, 2010 ("Effective Date"), as follows:

1. Effective November 1, 2010, the Contract Term of the contact is hereby extended. The Contract Term language is revised by replacing:

"The period of Contractor's performance shall begin November 1, 2005 and ends on October 31, 2010."

with:

"The period of Contractor's performance shall begin on November 1, 2005 and ends on December 31, 2012."

2. As of the Effective Date, Attachment B - Payment Provisions shall be modified as follows:

The following Section 2 items shall be stricken, as these services are no longer represented in the budget:

Item #11 - "SPAP rebate negotiation, rebate management and disputes and collection: \$6,500/month."

Item #21 - "Dedicated staff, eligibility and plan maintenance, Medicare Part D: Actual cost up to \$80,000 per year, including fringe benefits costs plus reasonable State approved expenses no greater than allowed for State employees."

Item #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 Benefit 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."

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3. As of the Effective Date, to accommodate the changes made heretofore:

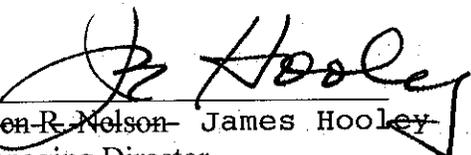
Adjust the "Maximum Amount" payable to the contractor for services provided during the contract's term to \$21,316,026. This amount is referenced on Page 1, Number 3. Maximum Amount, on Page 39, Number 1, Payments and Contract Amount, and in one paragraph on Page 41, Development, Implementation and Training.

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

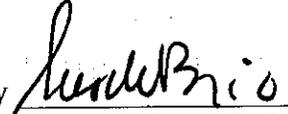
This amendment consists of 9 pages. Except as modified by this amendment and any previous amendments, all provisions of this contract (#9097), dated November 1, 2005, shall remain unchanged and in full force and effect.

IN WITNESS THEREOF, the parties set forth below agree to execute this Amendment to the State of Vermont Contract for Services with MedMetrics Health Partners, Inc.:

By MedMetrics Health Partners:

By 
~~Ellen R. Nelson~~ James Hooley
Managing Director-
Interim Managing Director
Date _____

By the State of Vermont:

By 
Susan Besio, Commissioner
Department of Vermont Health Access
Date 9/29/10

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Med Metrics Health Partners Costs- Implementation & Operation Revised																
Item #	Type of Service	Basis of Cost	Costs			Implement-ation	Operations	2005	2006	2007	2008	2009	2010	2011	2012	2013
			Costs	Costs	Costs											
			Costs	Costs	Costs											
6	Analysis and reporting – standard and decision support ad hoc capabilities	Per month cost	N/A	\$1,885	\$22,620	\$0	\$18,850	\$18,850	\$23,525	\$24,466	\$25,444	\$26,462	\$26,374	\$26,462	\$4,410	\$175,993
			Plus 4%/year for years 2-5													
7	Connectivity Fee		\$300	\$3,600	\$0	\$3,000	\$3,000	\$3,744	\$3,894	\$4,050	\$4,211	\$4,198	\$4,212	\$702	\$28,011	
			Plus 4%/year for years 2-5													
8	RxTrack Cognos (10 Licenses)	Per license per month	\$750	\$7,500	\$90,000	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0
			Plus 4%/year for years 2-5													
9	RxTrack Showcase (4 licenses)	Per license per month	\$200	\$1,200	\$4,800	\$0	\$0	\$0	\$3,328	\$865	\$0	\$0	\$0	\$0	\$0	\$4,193
			Year 2: \$200/month/6 users/4 months													
			\$295	\$1,180	\$14,160											
Year 3 and after \$295/month/4 users; plus 4%/year for years 4-5																
10	Supplemental rebate negotiations, rebate management and disputes and collection	Per month cost	N/A	\$6,500	\$78,000	\$0	\$65,000	\$65,000	\$81,120	\$84,365	\$87,739	\$91,249	\$90,949	\$91,249	\$15,208	\$606,879
			Plus 4%/year for years 2-5													
11	Non-Medicaid State program rebate negotiations, rebate management and disputes and collections	Per month cost	N/A	\$6,500	\$78,000	\$0	\$65,000	\$65,000	\$81,120	\$84,365	\$87,739	\$91,249	\$0	\$0	\$0	\$409,473
			Plus 4%/year for years 2-5													

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Med Metrics Health Partners Costs- Implementation & Operation Revised																
Item #	Type of Service	Basis of Cost	Costs			Implement- ation Costs 11/01/05 - 10/31/06	Operations Costs 01/01/06 - 10/31/06									
12	Drug Utilization Review, including DUR Board support for all beneficiaries except AMAP, GA, and HVP	Per month cost	N/A	\$8,954	\$107,448	\$0	\$89,540	\$89,540	\$111,746	\$116,216	\$120,864	\$125,699	\$125,285	\$125,699	\$20,950	\$835,999
			Plus 4%/year for years 2-5													
13	Utilization management for all beneficiaries except AMAP, GA, and HVP	Per month cost	N/A	\$6,125	\$73,500	\$0	\$61,250	\$61,250	\$76,440	\$79,498	\$82,678	\$85,985	\$85,702	\$85,985	\$14,331	\$571,869
			Plus 4%/year for years 2-5													
14	Clinical detailing	Per month cost	N/A	\$6,250	\$75,000	\$0	\$62,500	\$62,500	\$78,000	\$81,120	\$84,365	\$0	\$0	\$0	\$0	\$305,985
			Plus 4%/year for years 2-5													
15	Disease management for all beneficiaries except AMAP, GA, and HVP	Per month cost	N/A	\$6,125	\$73,500	\$0	\$61,250	\$61,250	\$76,440	\$79,498	\$82,678	\$0	\$0	\$0	\$0	\$299,866
			Plus 4%/year for years 2-5													
16	Prior authorization For contract years 5 through 8, telephone costs are included in the contract maximums for prior authorizations.		N/A	\$21,833	\$261,996	\$0	\$218,330	\$218,330	\$272,476	\$283,375	\$0	\$0	\$0	\$0	\$0	\$774,181
			Plus 4%/year for years 2-3													
			N/A	\$32,164	\$385,970											
\$24,559.16 first 200 PAs per month plus \$5.85/PA over first 200; estimated 1,500 PAs/month; plus 4%/year for year 5 Year 5 thru Year 8 Tier-Based PA Model: Tier 0=\$7, Tier 1=\$10, Tier 2=\$40, Tier 3=\$100, tiers include SXC technical calls at Tier Zero. No minimum.																

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Med Metrics Health Partners Costs- Implementation & Operation Revised																
Item #	Type of Service	Basis of Cost	Costs			Implement- ation Costs 11/01/05 - 10/31/06	Operations Costs 01/01/06 - 10/31/06	2005	2006	2007	2008	2009	2010	2011	2012	
29	Provider Recovery Services		N/A	N/A	\$45,000	\$0	\$0	\$0	\$0	\$0	\$45,000	\$0	\$0	\$0	\$45,000	
	Total costs not to exceed \$45,000 to be paid in three equal payments after the completion of each of three described phases of work															
	Amendments					\$0	\$0	\$0	\$0	\$0	\$0	\$0			\$0	
Section 3	Other - Development, Implementation, & Training		N/A	\$133,333	\$400,000	\$400,000	\$0	\$400,000	\$0	\$0	\$0	\$0	\$74,753	\$75,000	\$12,500	\$562,253
	One-time development and implementation Year 1 only															
Grand Total						\$478,750	\$2,057,417	\$2,536,167	\$2,794,134	\$2,906,592	\$3,282,900	\$3,214,279	\$2,964,078	\$3,089,345	\$528,531	\$21,316,026