

AMENDMENT

It is agreed by and between the State of Vermont, Department of Vermont Health Access (hereafter called the "State") and HES Advisors (hereafter called the "Contractor") that the contract on the subject of personal services for health exchange planning, effective July 1, 2012 is hereby amended effective November 27, 2013 as follows:

1. **By deleting Section 3 on page 1 of 19 of the base contract, as amended by Amendment 2, in Attachment A (Specifications of Work to be Performed), and substituting in lieu thereof the following Section 3:**

3. Maximum Amount. In consideration of the services to be performed by Contractor, the State agrees to pay Contractor, in accordance with the payment provisions specified in Attachment B, a sum not to exceed \$2,243,290.

2. **By adding on page 3 of 19 of the base contract, in Attachment A (Specifications of Work to be Performed) the following sections:**

Task Order

After the Contractor and State have agreed upon a work plan, the Contractor shall submit the work plan in task order format specified in Appendix 1 (Required Forms), which is attached to this agreement. All deliverables and ad-hoc work under this contract shall be defined in a task order. Contractor shall wait for approval from the State to commence work under any particular task order. Contract administrator shall email a copy of the signed Task Order form signifying approval. Task orders shall be submitted of the State to:

Emily Trantum, Contracts and Grants Administrator
Department of Vermont Health Access
312 Hurricane Lane
Williston, VT 05495
emily.trantum@state.vt.us

Paul Hochanadel, Director of Operations, Vermont Health Connect
Department of Vermont Health Access
312 Hurricane Lane
Williston, VT 05495
Paul.Hochanadel@State.vt.us

Subcontractor Work and Approval

Per Attachment C, Section 15, which is an attachment to this agreement, if the Contractor chooses to assign, subcontract or subgrant the performance of his Agreement or any portion thereof to any other Party, the Contractor must first fill out and submit the Subrecipient Form in Appendix 1(Required Forms) in order to seek approval from the State prior to signing an agreement with a third party. Upon receipt of the Subrecipient Form, the State shall review and respond within five (5) business days. Under no circumstance shall the Contractor enter into a sub-agreement without prior authorization from the State. Contract administrator shall email a copy of the signed Subrecipient Form signifying approval. The Contractor shall submit the Subrecipient form to:

Emily Trantum, Contracts and Grants Administrator
Department of Vermont Health Access
312 Hurricane Lane
Williston, VT 05495
emily.trantum@state.vt.us

Paul Hochanadel, Director of Operations, Vermont Health Connect
Department of Vermont Health Access
312 Hurricane Lane
Williston, VT 05495
Paul.Hochanadel@State.vt.us

Should the status of any third party or Subrecipient change, the Contractor is responsible for updating the State within fourteen (14) days of said change.

3. By deleting on page 5 of 19 of the base contract, number 1 (Payment Provisions), and substituting in lieu thereof the following number 1:

1. The State shall compensate the Contractor on an hourly basis dependent upon the level of expertise provided. Hourly rates are not to exceed the rates identified in the table below.

Role	Labor Rate
Program Executive	\$225
Enterprise IT (HIX + Shared Systems)	\$185
Enterprise IT (Medicaid interface)	\$175
Analyst - IT & Contract Management	\$135
Analyst - Compliance and Reporting	\$105
SME (Enterprise IT Medicaid, HIX)	\$350
SME (Policy & Plan Mgmt)	\$275
SME (Insurance Regulatory)	\$200
SME (Advisory Relations)	\$275
SME (outreach, consumer, various)	\$225

All subcontractors' costs under this contract shall be identified in the Task Orders. The Task Order must be accepted and approved prior to payment. The State shall have the option of paying the Contractor a coordination fee of up to 10% of the total cost agreed upon by both parties.

4. By deleting on page 5 of 19 of the base contract, number 7 (Payment Provisions), as amended by Amendment #2, and substituting in lieu thereof the following number 7:

7. The total maximum amount payable under this contract shall not exceed \$2,243,290.

5. By adding on page 19 of the base contract, Appendix 1 (Required Forms), and inserting Appendix 1, which is included as a part of this amendment on page 4 of 6 as Required Forms.

This amendment consists of 5 pages. Except as modified by this amendment and any previous amendments, all provisions of this contract, (#22352) dated July 1, 2012 shall remain unchanged and in full force and effect.

**STATE OF VERMONT
AMENDMENT TO PERSONAL SERVICES CONTRACT
HES ADVISORS**

**PAGE 3 OF 5
CONTRACT 22352
AMENDMENT #3**

**STATE OF VERMONT
DEPARTMENT OF VERMONT HEALTH ACCESS**

**CONTRACTOR
HES ADVISORS**

MARK LARSON, COMMISSIONER DATE

312 Hurricane Lane, Suite 201
Williston, VT 05495-2087
Phone: 802-879-5901
Email: Mark.Larson@state.vt.us

CHRISTOPHER PILKINGTON, PRINCIPAL AND FOUNDER DATE

14 Reservoir Road, Suite 101
Wayland, MA 01778
Phone: 508-257-1040
Email: cpilkington@hesadvisors.com

REQUIRED FORMS

Request for Approval to Subcontract

Date of Request: _____

Original Contractor Name:	_____	Contract #:	_____
Address:	_____		
Phone Number:	_____		
Subcontractor Representative:	_____		
Agreement #:	_____	Signature:	_____

Subcontractor Name: _____

Address: _____

Phone Number: _____

Contact Person: _____

Scope of Subcontracted Services: _____

Is any portion of the work being outsourced outside of the United States? YES NO
(Note to Business Office: If Yes, do not proceed further with approval until reviewed with Finance & Mgmt)

Dollar Amount of Subcontracted Services: \$ _____

Date Range for Subcontracted Services: Start: _____ End: _____

DVHA Business Lead:	_____	Signature:	_____
Phone Number:	_____		

Business Office Review

Comments: _____

Contract Administrator Approval: _____ **Title:** _____ **Date:** _____
Required: Contractor cannot subcontract until they receive this signed approval from the State of Vermont. On the reverse side of this form there is language that must be included by the contractor in all subcontracting agreements.

Task Order 001 [numbered consecutively]

Task Title:	
Contractor:	
Contract #:	
Duration:	
Cost:	

1. Scope of Work

2. Deliverables

3. Payment Provisions

Payment terms must specify if payments are based on an hourly rate or deliverables.

HES	Jill Finnerty	
Approval Signature		Date
DVHA Business Lead:	Paul Hochanadel	
Approval Signature		Date
DVHA Contract Administrator	Emily Trantum	
Approval Signature		Date

Comments: _____