

STATE OF VERMONT
 CONTRACT FOR PERSONAL SERVICES - AMENDMENT
 ELECTRONIC DATA SYSTEMS (EDS) CORPORATION
AMENDMENT

Contract # 6669/8430
 Change # 2

It is hereby agreed by and between the State of Vermont, Agency of Human Services, Office of Vermont Health Access (formerly know as Department of Prevention, Assistance, Transition, and Health Access (hereafter referred to as the "State" or the "Department") and Electronic Data Systems (EDS), a Delaware Corporation (hereafter referred to as the "Contractor") that the Title XIX Medicaid Contract for operation of the Vermont Medicaid Management Information System (MMIS), entered into January 01, 2004 (hereafter referred to as the "Contract"), is hereby amended effective upon execution by the Department's Director, as follows:

On Contract page 1 of the base contract, replace Section 5 in its entirety with the following Sections 5:

"5. Maximum Amount The State agrees to pay the Contractor pursuant to the payment provisions specified in Attachment B, a sum not to exceed \$54,796,160.

In Attachment A, Section 12 - Enhancement Activity Dates page 9, add Part III for National Provider Identifier Implementation May 1, 2006 Activities Dates:

National Provider Identifier Activities EDS	Estimated Projected Dates**	
	Start	Finish
Assessment	5/15/2006	7/31/2006
Design Specification Document	6/15/2006	8/31/2006
Development	8/1/2006	4/1/2007
Testing	1/1/2007	4/30/2007
Operational Readiness Plan	4/15/2007	5/1/2007
User Acceptance Testing	5/1/2007	5/18/2007
Training	3/1/2007	5/23/2007
Implementation	5/23/2007	5/23/2007
Warranty	5/24/2007	6/23/2007

**Dates are subject to change. OVHA needs CMS approval for the Advance Planning Document submitted for the National Provider Identifier Implementation Process.

It is necessary for the State to submit a request to CMS in order to amend the Vermont Medicaid Management Information Systems Enhancement Implementation Advanced Planning Document. (IAPD)

The start date of the NPI implementation is subject to change based on timing of CMS approval. The end date will correspond to the final date of the HIPAA regulation.

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Attachment B, Part 2: Enhancement Invoice Schedule page 15, add the following:

National Provider Identifier Estimated Activity Costs ***	Estimated	
	Hours	Cost
Assessment	2,240	235,200
Design Specification Document	7,574	795,270
Development	18,045	1,894,725
Testing	7,499	787,395
Operational Readiness Plan	120	12,600
User Acceptance Testing	312	32,760
Training	200	21,000
Implementation	0	0
Total	35,990	3,778,950

***The hours provided are estimates only. EDS will produce a monthly bill for the actual hours used each month minus a 10% retainage. The bill will include the hours used for each activity listed above. EDS will be reimbursed at a rate of \$105.00 per hour on a monthly basis. The monthly retainage will be billable upon approval of the project and successful completion of user acceptance testing.

In Attachment B, Part 3: Invoice/Payment Clarifications replace #2 with the following:

“2. Subject to any excused delays or Force Majeure events as described in the contract’s terms and conditions, the Contractor will meet the start and finish dates as established in Attachment A, Paragraph 13 of this Contract. Enhancement payments for Part I and Part II of Attachment F shall be rendered based on acceptance of each milestone/deliverable set forth in Part 2 of this Attachment, by the State official cited in Part 3, Paragraph 3 of this Attachment, or a duly designated representative of the State.

Enhancement payments for Part III of Attachment F shall be rendered based on a monthly invoice to include a detailed accounting of hours used for each designated activity minus 10% retainage set forth in Part 2 of this Attachment, by the State official cited in Part 3, Paragraph 3 of this Attachment, or a duly designated representative of the State. A user acceptance test (UAT) will be conducted at the conclusion of software customization. Once the system has operated in accordance with the contractual specifications for a period of ten business days, the State will accept the system. In the event that the system fails to operate in accordance with the contractual specifications during the thirty calendar days following system acceptance the State shall provide written notification of specific contract specifications not being met and EDS will repair the system at no additional cost to the state.

It is understood that the 10% retainer of each invoice amount will be paid upon submission of a final invoice after completion of the 30-day warranty period. EDS is including a warranty period of thirty days after implementation in order to give the State ample time to use the system before signing off on the last bill.

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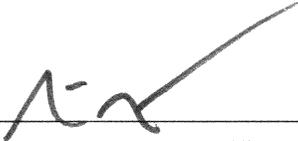
The total maximum amount payable under this Contract for the design, development and implementation of enhancements shall not exceed \$10,828,565. The State shall not be responsible for expenses of the Contractor not already accounted for in the amounts set forth in Part 2 of this Attachment.

Attachment F -- Part I -- Electronic Data Systems (EDS) Proposal Date April 4, 2003 Submitted in Response to the State's MMIS Core Claims Processing Takeover RFP

Part II - EDS Narrative Proposal and Price Proposal Submitted for the Fraud and Abuse Detection System Dated February 13, 2005

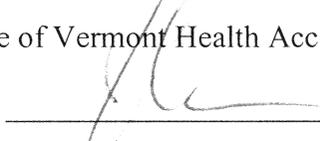
Part III -- EDS Narrative Proposal and Price Proposal Submitted for the National Provider Identifier Implementation Dated April 01, 2006

APPROVED AS TO FORM



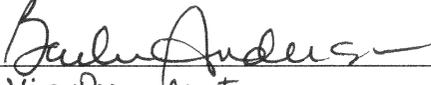
Attorney General's Office
Date: 7/27/06

STATE OF VERMONT

Office of Vermont Health Access
By: 

Title: Director
Date: 8-10-2006

CONTRACTOR: EDS Corporation

By: 

Vice President
Title: EDS State and Local Government
Date: 8/8/06

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Attachment F Part III

**EDS Proposal for National Provider Identifier
Scope of Work**

On January 23, 2004, the Department of Health and Human Services (DHHS) published the Final Rule that adopts the National Provider Identifier (NPI) as the standard unique health identifier for health care providers. The effective date of the rule is May 23, 2005. Health care providers may apply for NPIs beginning on the effective date. The compliance date for all covered entities is May 23, 2007, except small health plans do not need to comply until May 23, 2008.

The purpose of this project is to identify where the MMIS is impacted by the Final Rule, how to remediate those impacted areas and the remediation of the MMIS. The strategy adopted to implement NPI is to require the NPI and provider taxonomy at all external points of entry to the system, and develop a crosswalk to map the new NPI and taxonomy values to the current Provider Identification Number. Claims and other transactions (eligibility verification and claim status) would be submitted with the NPI and taxonomy and the Medicaid MMIS would use the crosswalk to determine the provider's ID. The ID would then be used to access the provider information from the provider file and process the claim or transaction. The remittance advices, and any other outgoing documentation or transactions, would contain the NPI. Taxonomy information would be included where provider type and specialty are currently present. All atypical provider numbers are not expected to change.

The first step in this process will be to complete our detailed work plan. To complete the Plan, we will have to compare the requirements of the NPI Final Rule to existing MMIS functionality. From a business perspective, this will involve examining incoming and outgoing HIPAA transactions and comparing the NPI and taxonomy data elements with their corresponding MMIS data elements: provider ID and provider type/provider specialty, respectively. The first task will be to identify the impact at the data element level.

Particular attention will be paid to identifying:

- where the MMIS currently stores and uses provider identifiers, provider type, and provider specialty
- where the NPI and taxonomy must be used on incoming and outgoing transactions without eliminating the need for the use of Medicaid Provider ID within the MMIS
- how the NPI and taxonomy will be carried in the MMIS once they've been accepted
- how the NPI and taxonomy compare to their corresponding data elements with regard to length and content from a transaction and database perspective
- how the NPI and taxonomy will be cross-referenced to existing provider identifiers and provider type/specialty
- when and why a single provider has been issued multiple Medicaid provider IDs

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The assessment and requirements analysis will be done by a Project Team consisting of subject matter experts and technical staff for each MMIS component and subsystem. The teams will determine the impact of HIPAA NPI Regulations on MMIS business rules and system functions in all the major areas impacted by these regulations.

Areas already identified in the MMIS that will be impacted include, the Front End, Financial, Eligibility, Verification and Provider subsystems. Front End processes (*note: this includes claims and eligibility verification processing*) would be responsible for mapping to the Provider ID while Financial and other output processes would be responsible for mapping back to the NPI and taxonomy. The Provider subsystem would be responsible for maintaining the NPI/taxonomy to ID crosswalk and screen. All other processes that produce outgoing data would be changed to use the NPI.

The last Phase will be testing to be certain that the MMIS and its subsystems will be able to accept and report to all external portals with the correct NPI. The last milestone will be User Acceptance.

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Project Timeline

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Warranty	5/24/2007	6/23/2007

**Dates are subject to change. OVHA needs CMS approval for the Advance Planning Document submitted for the National Provider Identifier Implementation Process.

Project Costs

National Provider Identifier Estimated Activity Costs ***	Estimated	
	Hours	Cost
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