

AMENDMENT

It is hereby agreed by and between the State of Vermont, Agency of Human Services, Department of Vermont Health Access (hereafter referred to as the "State" or the "Department") and HP Enterprise Services, LLC, a Delaware limited liability company (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 Section 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 \$97,609,132.

By deleting on page 14, of Attachment B, Part 1: Operational Invoice/Payment Schedule for the period of July 1, 2010 – December 31, 2012 and substituting in lieu thereof the following updated Operational Invoice/Payment Schedule:

Operational Invoice/Payment Schedule
 July 1, 2010 - December 31, 2010

| <u>VOLUME PARAMETERS</u> | <u>Claims Processing</u> | <u>Drug Transactions</u> |
|---|--------------------------|--------------------------|
| High Estimate | 7,500,000 | 4,500,000 |
| Median Estimate | 6,000,000 | 3,500,000 |
| Low Estimate | 4,500,000 | 2,500,000 |
| <u>FIXED PRICE</u> | | <u>Annual Amount</u> |
| Claims Processing | | \$ 3,836,644.27 |
| Drug Payment Transactions | | \$ 99,653.10 |
| Provider Relations | | \$ 797,224.78 |
| Management Reporting (Business Objects,CRLS,MAR,SURS) | | \$ 249,132.75 |
| Subtotal | | \$ 4,982,654.90 |
| <u>Added Services (As Utilized)</u> | | |
| Clinical Specialist | | \$ 34,404.00 |
| DAIL Project Coordinator | | \$ 24,781.50 |
| Translator Services | | \$ 50,000.00 |
| Radiology Management Services * | \$34.25/PA | \$ 228,333.00 |
| Subtotal | | \$ 337,518.50 |
| | | \$ 5,320,173.40 |

Amount
 invoiced
 each Month
 \$830,442

*Dollars represented as Annual Amount is for estimation purposes only based on 20K processed annually with anticipated Start Date 9/1/2010. Actual invoice will be rate (\$34.25) times actual Prior Authorizations processed.

**STATE OF VERMONT
 CONTRACT FOR PERSONAL SERVICES - AMENDMENT
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Operational Invoice/Payment Schedule
 January 1, 2011 - December 31, 2011

| VOLUME PARAMETERS | Claims Processing | Drug Transactions |
|---|--------------------------|--------------------------|
| High Estimate | 7,500,000 | 4,500,000 |
| Median Estimate | 6,000,000 | 3,500,000 |
| Low Estimate | 4,500,000 | 2,500,000 |
| FIXED PRICE | | |
| | | Annual Amount |
| Claims Processing | | \$ 7,890,213.96 |
| Drug Payment Transactions | | \$ 204,940.62 |
| Provider Relations | | \$ 1,639,524.98 |
| Management Reporting (Business Objects,CRLS,MAR,SURS) | | \$ 512,351.56 |
| Subtotal | | \$ 10,247,031.12 |
| Added Services (As Utilized) | | |
| Clinical Specialist | | \$ 71,560.00 |
| DAIL Project Coordinator | | \$ 51,545.00 |
| Translator Services | | \$ 100,000.00 |
| Radiology Management Services * | \$34.25/PA | \$ 685,000.00 |
| Subtotal | | \$ 908,105.00 |
| | | \$ 11,155,136.12 |

Amount invoiced each Month \$853,919

*Dollars represented as Annual Amount is for estimation purposes only based on 20K processed annually.
 Actual invoice will be rate (\$34.25) times actual Prior Authorizations processed.

Operational Invoice/Payment Schedule
 January 1, 2012- December 31, 2012

| VOLUME PARAMETERS | Claims Processing | Drug Transactions |
|---|--------------------------|--------------------------|
| High Estimate | 7,500,000 | 4,500,000 |
| Median Estimate | 6,000,000 | 3,500,000 |
| Low Estimate | 4,500,000 | 2,500,000 |
| FIXED PRICE | | |
| | | Annual Amount |
| Claims Processing | | \$ 7,812,898.19 |
| Drug Payment Transactions | | \$ 202,932.42 |
| Provider Relations | | \$ 1,623,459.36 |
| Management Reporting (Business Objects,CRLS,MAR,SURS) | | \$ 507,331.05 |
| Subtotal | | \$ 10,146,621.02 |
| Added Services (As Utilized) | | |
| Clinical Specialist | | \$ 74,423.00 |
| DAIL Project Coordinator | | \$ 53,607.00 |
| Translator Services | | \$ 100,000.00 |
| Radiology Management Services * | \$34.25/PA | \$ 685,000.00 |
| Subtotal | | \$ 913,030.00 |
| | | \$ 11,059,651.02 |

Amount invoiced each Month \$845,551

*Dollars represented as Annual Amount is for estimation purposes only based on 20K processed annually.
 Actual invoice will be rate (\$34.25) times actual Prior Authorizations processed.

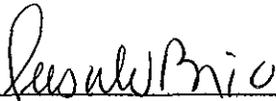
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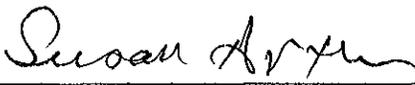
By adding Attachment F Part IX HPES Narrative and Price Proposal Submitted for Additional Services as Utilized dated June 8, 2010, which is an attachment of this amendment on page 4.

This amendment consists of 5 pages. Except as modified by this amendment and any previous Amendments, all provisions of this contract (#8430), dated January 1, 2004, shall remain unchanged and in full force and effect.

STATE OF VERMONT
Department of Vermont Health Access

By: 
Susan Besio, Commissioner

CONTRACTOR:
HP Enterprise Services, LLC

By: 
Susan Arthur, General Manager
US Government, State and Local
NE Region

Date: 9/2/10

Date: 8/27/10

**Attachment F, Part IX
HPES Narrative and Price Proposal June 8, 2010**

Additional Services As Utilized

HPES submits the following proposal in response to a request from DVHA to perform Additional Services which will be billed on a monthly basis, at a rate per prior authorization as utilized. The following services will be added to the Operational Invoice Schedule under the section "Added Services (as utilized)":

Radiology Management Services

HPES and its subcontractor, MedSolutions, will support the implementation and operational phases of the radiology management services support.

HPES high level activities associated with this project include:

- Management of implementation to include review and approval of supplier project plan to ensure compliance with key milestone dates.
- Host project review meetings (implementation and operational)
- Minimum bi-monthly status reports throughout implementation.
- Resource allocation to support supplier project plan
- Coordinate provider correspondence, training and education with supplier.
- Monitor compliance to statement of work
- Monitor compliance to HIPAA Privacy and Security Regulations and law.
- Provide daily, weekly, monthly eligibility, provider and claim data files to supplier.

MedSolution activities will include at a minimum the following:

- Management of all prior authorization requests submitted by VT-Medicaid providers on behalf of VT-Medicaid clients includes: determining medical necessity and quality through application of developed, proprietary evidence-based clinical guidelines.
- Receipt and use of data files from HP for prior authorization processing
- Transmission of prior authorization data files to HP for uploading to the MMIS
- Reporting
- Adherence to HIPAA Privacy and Security Regulations and law.
- Acceptance testing
- Provider education and training as detailed in the SOW between MedSolutions and HPES

Key Milestones associated with this project:

- Complete mailing provider training packets to performing providers by July 1, 2010
- Begin radiology program user acceptance testing on August 1, 2010

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- Begin processing prior authorization requests for high tech radiology tests on September 1, 2010

Price Proposal:

HPES will charge DVHA at a rate of \$34.25 per prior authorization processed to be billed on a monthly basis under the category of 'Added Services As Utilized' section of the monthly Operational Invoice/Payment Schedule. The price per prior authorization is inclusive of all services described above. Any HPES MMIS system modifications necessary to support this scope of work will be separately addressed using the CSR (Customer Service Request) process as part of the base contract.