

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 **\$96,010,799**.

By deleting on page 6 of 29, Section 11 and substituting in lieu thereof the following Section 11:

The Contractor agrees to provide the following number of Customer Service (CSRs) hours to the State:

January 1, 2004 – December 31, 2004 – 5,000 CSR Hours
January 1, 2005 – December 31, 2005 – 6,000 CSR Hours
January 1, 2006 – December 31, 2006 – 6,000 CSR Hours
January 1, 2007 – December 31, 2007 – 8,000 CSR Hours
January 1, 2008 – December 31, 2008 – 12,875 CSR Hours
January 1, 2009 – December 31, 2009 – 8,000 CSR Hours
January 1, 2010 – December 31, 2010 – 6,000 CSR Hours
January 1, 2011 – December 31, 2011 – 6,000 CSR Hours
January 1, 2012 – December 31, 2012 – 5,000 CSR Hours

Any unused CSR hours may be carried over to the following year. The CSR hours outlined above are included in the Contractor's Operational Fixed Price. Effective January 1, 2010, the modification hourly rate for additional CSR hours will be increased from the base rate of \$105.00 per hour at the Consumer Price Index (CPI) inflation rate and the per hour State reimbursement for any hours remaining at the termination of the contract will also be increased at the Consumer Price Index (CPI) inflation rate. The base rate for unused hours will be \$45.00.

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

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 CONTRACT FOR PERSONAL SERVICES - AMENDMENT
 HP ENTERPRISE SERVICES, LLC**

Contract # 8430

Change # 9

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Operational Invoice/Payment Schedule

January 1, 2010 - June 30, 2010

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		Semi-Annual Amount
Claims Processing		\$ 3,957,903.57
Drug Payment Transactions		\$ 102,802.69
Provider Relations		\$ 822,421.52
Management Reporting (Business Objects,CRLS,MAR,SURS)		\$ 257,006.73
Subtotal		\$ 5,140,134.50
Added Services (As Utilized)		
Clinical Specialist		\$ 34,404.00
DAIL Project Coordinator		\$ 24,781.50
Translator Services		\$ 50,000.00
Subtotal		\$ 109,185.50
Total Fixed Price		\$ 5,249,320.00
Operations Cost Reimbursement (Pass Through)		
Postage		\$ 46,053.50
Printing		\$ 40,788.00
Telephone Toll Charges and Communications		\$ 48,204.00
Total Estimated Pass Through		\$ 135,045.50

Amount Invoiced each Month \$856,689

July 1, 2010 - December 31, 2010

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		Semi-Annual Amount
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
Added Services (As Utilized)		
Clinical Specialist		\$ 34,404.00
DAIL Project Coordinator		\$ 24,781.50
Translator Services		\$ 50,000.00
Subtotal		\$ 109,185.50
Total Fixed Price		\$ 5,091,840.40
Operations Cost Reimbursement (Pass Through)		
Postage		\$ 46,053.50
Printing		\$ 40,788.00
Telephone Toll Charges and Communications		\$ 48,204.00
Total Estimated Pass Through		\$ 135,045.50

Amount Invoiced each Month \$830,442

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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
Subtotal		\$ 223,105.00
Total Fixed Price		\$ 10,470,136.12
Operations Cost Reimbursement (Pass Through)		
Postage		\$ 94,870.00
Printing		\$ 84,023.00
Telephone Toll Charges and Communications		\$ 99,300.00
Total Estimated Pass Through		\$ 278,193.00

Amount
 invoiced
 each
 Month
 \$853,919

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
Subtotal		\$ 228,030.00
Total Fixed Price		\$ 10,374,651.02
Operations Cost Reimbursement (Pass Through)		
Postage		\$ 97,716.00
Printing		\$ 86,544.00
Telephone Toll Charges and Communications		\$ 102,279.00
Total Estimated Pass Through		\$ 286,539.00

Amount
 invoiced
 each
 Month
 \$845,551

In Attachment A, Section 12 – Enhancement Activity Dates page 9, add Part VIII for Vermont Member Card Replacement Activity Dates:

Member Card Replacement	Estimated Project Dates **	
	Start	Finish
Assessment	7/1/2010	7/2/2010
Design Specifications	7/1/2010	7/5/2010
Development	7/1/2010	10/15/2010
Testing	7/1/2010	10/30/2010
Training	7/1/2010	09/30/2010
Implementation	8/1/2010	11/5/2010

** The start date of the implementation is subject to change based on timing of CMS approval and contract amendment approval.

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

Member Card Replacement - Estimated Costs **	Hours	Costs
Assessment	120.5	\$21,136.64
Design Specifications	120.5	\$23,886.56
Development	1,445.0	\$153,024.96
Testing	722.0	\$65,998.08
Training	100.0	\$10,784.00
Total Costs	2,508.0	\$274,830.24

** The hours provided are estimates only. Contractor will produce a monthly invoice for the actual hours used each month minus a 10% retainage. The invoice will include the hours used for each activity listed above. Contractor will be reimbursed at the modification hourly rate for additional CSR Hours as described in Section 11 of Amendment # 5 of this contract. The monthly retainage will be billable upon approval of the project.

By adding Attachment F Part VIII Narrative and Price Proposal Submitted for Operational Services and Vermont Member Card Replacement dated May 6, 2010, which is an attachment of this amendment on page 5.

This amendment consists of 6 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

CONTRACTOR:
 HP Enterprise Services, LLC

By: Susan Besio
 Susan Besio, Commissioner

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

Date: 7/28/10

Date: 7/27/10

Attachment F, Part VIII
HP Narrative and Price Proposal May 6, 2010

Operational Services

HP submits the following proposal in response to a request from OVHA to modify some of the current operational services and/or contractor requirements.

HP will implement system enhancements and staffing model adjustments in support of the following modifications to *existing* contractor requirements:

- Reduce the annual allotment of CSR hours for the period of January 1, 2010 through December 31, 2010 from 8,000 CSR Hours to 6,000 CSR Hours.
- Eliminate requirement 2.6.25.1.g courier service between HP and State offices.
- Modify requirement 2.7.4.A.6.1 to include the return of paper CMS-1500 or UB-1540 claim forms when not submitted on original claim forms.
- Modify requirement 2.7.6.6.d to read Produce and mail questionnaires to beneficiaries within 30 days from the cycle data. Produce and mail follow-up letters within 45 days from the first questionnaire mailing date.

HP will implement system enhancements and staffing model adjustments in support of the following modifications to *new* contractor requirements:

- Implement processes to support mandated use of Electronic Funds Transfer for all payments issued out of the MMIS. Exceptions to mandate will require OVHA approval.
- Implement processes to support mandated use of electronic PDP remittance advices and payment rosters downloadable via Web portal and discontinue paper production of reports. Exceptions to mandate will require OVHA approval.
- Implement processes to support mandated use of Web Portal to obtain Primary Care Physician Quarterly Drug Profile reports and discontinue paper production of reports. Exceptions to mandate will require OVHA approval.

Vermont Member Card Replacement

The use of the Social Security Number (SSN) as the primary case and person identifier has been common practice throughout the MMIS for many years. Technology systems and operating procedures have been developed on that foundation. The SSN is a key component of many business protocols, such as matching paperwork to the right case, Medicaid billing, or pulling up a computer screen to answer a caller's questions.

A request was made of HP by OVHA to come up with an alternative to using the SSN for purposes of a Medicaid beneficiary ID. The MMIS currently contains another person identifier referred to as the recipient unique ID. This is a number that uniquely identifies each beneficiary known to the MMIS. After several options were reviewed it was decided to replace the

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beneficiary SSN as their identifier to the MMIS and providers with their recipient unique id. This solution will result in the least amount of changes to the MMIS as it already does most of the processing based on the recipient unique id. Only incoming and outgoing transactions from providers, paper and web Remittance Advices and some MMIS screens will need to be modified.

In addition to modifications to the MMIS every beneficiary will need to receive a new ID card with the new identifier. A new card and mailer will be designed as part of this project. HP will eliminate the use of two different cards, one for Traditional Medicaid and one for PcPlus and replace with one card branded Green Mountain Care that will cover both programs.