

AMENDMENT

It is agreed by and between the State of Vermont, Department of Vermont Health Access (hereafter called the "State") and Myers and Stauffer LC (hereafter called the "Contractor") that the contract on the subject of cost settlement and audit services for Vermont's Medicaid programs, effective February 1, 2013, is hereby amended effective June 1, 2014, as follows:

- 1. By deleting Section 3 (Maximum Amount) on page 1 of 38 and substituting in lieu thereof the following Section 3:**

3. Maximum Amount. In consideration of the services to be performed by Contract, the State agrees to pay Contractor, in accordance with the payment provisions specified in Attachment B, a sum not to exceed \$196,916.38.

- 2. By deleting Section II (Transition Work) on page 6 of 38 of the base agreement and substituting in lieu thereof the following Section II:**

Section II
Transition Work

1. Transition:

- a. Contractor will work with the prior contractor, National Government Services, Inc., who will transition all records, work documents, and vital information. The Contractor will be expected to complete any ongoing work under the contract and previously scheduled audits already in progress. The Contractor will be responsible to obtain any missing cost reports or documentation relating to such tasks.

- b. The Contractor will provide a contact person's name and address where paper files will be mailed:

MYERS AND STAUFFER LC
Contact: John D. Kraft, CPA, CHFP/ Member
400 Redland Court, Suite 300
Owing Mills, MD 21117
800-505-1698

- c. The Contractor will agree upon a schedule with the prior Contractor for transition and training activities.

- 3. By deleting Section III (Audit Schedule: Listing of Facilities Subject to Audit) beginning on page 7 of 38 of the base agreement, and substituting in lieu thereof the Audit Schedule that is an attachment to this amendment beginning on page 3 of 7.**

- 4. By deleting the Payment Schedule for February 1, 2013 – January 31, 2014 in Attachment B, beginning on page 21 of 38 of the base agreement, and substituting in lieu thereof the Payment Schedule which is an attachment to this amendment on page 6 of 7**

- 5. By adding to Attachment B beginning on page 21 of 38 of the base agreement, the Payment Schedule for February 1, 2014 – January 31, 2015, which is an attachment to this amendment on page 7 of 7.**
- 6. By deleting Item number 4 in Attachment B on page 23 of 38 of the base agreement, and substituting in lieu thereof the following item number 4:**

4. The total maximum amount payable under this contract shall not exceed \$196,916.38

This amendment consists of 7 pages. Except as modified by this amendment and any previous amendments, all provisions of this contract, (#23801) dated February 1, 2013 shall remain unchanged and in full force and effect.

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

**CONTRACTOR
MYERS AND STAUFFER LC**

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

JOHN KRAFT, CPA. CHFP - MEMBER DATE
400 Redland Court, Suite 300
Owing Mills, MD 21117
Phone: 410-581-4543
Email: JKraft@MSLC.com

SECTION III
Audit Schedule: Listing of Facilities Subject to Audit

Listing of RHC - Hospital Based											
Medicaid Provider #s	Medicare Provider #s	Name	Fiscal Year End	Medical	Dental	Pharmacy	Calendar 2010	Calendar 2011	Calendar 2012	Calendar 2013	Calendar 2014
0473981	0473981	Grace Cottage Hospital	September 30th	X	n/a	n/a	TBD	TBD	TBD	TBD	TBD
0473979, 0473980, 0473982, 0473987, 0473990	0473979, 0473980, 0473982, 0473987, 0473990	North County Hospital	September 30th	X	n/a	n/a	TBD	TBD	TBD	TBD	TBD
0473988, 0473989	0473988, 0473989	Northeastern Vermont Regional Hospital	September 30th	X	n/a	n/a	TBD	TBD	TBD	TBD	TBD
0303975, 0303976, 0303977	0303975, 0303976, 0303977	Weeks Medical Center	September 30th	X	n/a	n/a	TBD	TBD	TBD	TBD	TBD
Listing of RHC - Free Standing											
Medicaid Provider #s	Medicare Provider #s	Name	Fiscal Year End	Medical	Dental	Pharmacy	Calendar 2010	Calendar 2011	Calendar 2012	Calendar 2013	Calendar 2014
0473830	0473830	Arlington Family Practice	December 31st	X	n/a	n/a	No	No	Yes	Yes	Yes
0473824	0473824	Cold Hollow Family Practice	December 31st	X	n/a	n/a	No	No	Yes	Yes	Yes
0473821	0473821	Keeler Bay Family Practice Decertified on 5/31/2012 site for CHCB	December 31st	X	n/a	n/a	No	No	Yes	No	No
0473829	0473829	Mountain Valley Medical Clinic	December 31st	X	n/a	n/a	No	No	Yes	Yes	Yes
0473814	0473814	Newport Pediatrics & Adolescent Medicine	December 31st	X	n/a	n/a	No	No	Yes	Yes	Yes
0473827	0473827	Ryder Brook Pediatrics	December 31st	X	n/a	n/a	No	No	Yes	Yes	Yes

**STATE OF VERMONT
AMENDMENT TO PERSONAL SERVICES CONTRACT
MYERS AND STAUFFER**

Listing of FQHC Free Standing											
Medicaid Provider #	Medicare Provider #	Name	Fiscal Year End	Medical	Dental	Pharmacy	Calendar 2010	Calendar 2011	Calendar 2012	Calendar 2013	Calendar 2014
0301804	0301804	Ammonoosuc Community Health Care Services	June 30th	X	n/a	n/a	No	No	Yes	Yes	Yes
0000F02, 0001692	471800	Community Health Center of Burlington	April 30th	X	X	n/a	No	No	No	Yes	Yes
0471819, 0471820, 0471821, 0471823, 1017657	0471819, 0471820, 0471821, 0471823	Copley Professional Service Group	September 30th	X	X	n/a	No	No	Yes	Yes	Yes
0471846	0471846	Five Town Health Alliance, Inc. d/b/a Mountain Health Center	September 30th	X	n/a	n/a	No	No	No	No	Yes
0301819	0301819	Indian Stream Health Center, Inc.	June 30th Change FYE to December 31st in 2012	X	n/a	n/a	No	Yes	Yes	Yes	Yes
1012615	0471826	Little Rivers Health Care, Inc.	December 31st	X	n/a	n/a	No	No	Yes	Yes	Yes
0471817, 0471818, 1006333	0471817, 0471818	Northeast Washington County Community Health (d/b/a The Health Center of Plainfield)	June 30th	X	X	n/a	No	No	Yes	Yes	Yes
0471801, 0471802, 0471803, 0471804, 0471808, 1006335, 0007175	0471801, 0471802, 0471803, 0471804, 0471808	Northern Counties Health Care, Inc.	March 31st	X	X	X	No	No	No	Yes	Yes

**STATE OF VERMONT
AMENDMENT TO PERSONAL SERVICES CONTRACT
MYERS AND STAUFFER**

Listing of FQHC Free Standing Continued											
Medicaid Provider #s	Medicare Provider #s	Name	Fiscal Year End	Medical	Dental	Pharmacy	Calendar 2010	Calendar 2011	Calendar 2012	Calendar 2013	Calendar 2014
0000F04, 0471811, 0471812, 0471813, 0471827, 1006168, 1017783	0471807, 0471811, 0471812, 0471813, 0471827,	Richford Health Center Inc. (NOTCH)	December 31st	X	X	n/a	No	No	Yes	Yes	Yes
0471814, 0471815, 0471816, 0471836, 0471842, 0471844, 1017612, 1013682	0471814, 0471815, 0471816, 0471816, 0471836, 0471842, 0471844,	Community Health Centers of Rutland Region	December 31st	X	X	n/a	No	No	Yes	Yes	Yes
0301820, 0471828, 0471830, 0471839, 0471845, 1018998, 1019101	0301820, 0471828, 0471830, 0471839, 0471845,	Springfield Medical Care Systems, Inc.	September 30th	X	X	n/a	No	No	Yes	Yes	Yes

Payment Schedule
February 1, 2013- January 31, 2014

Provider Type	Task	Units	Estimated Hours Per Unit	Estimate Total Hours	Hourly Rate	Total Cost
RHC	Cost Report Acceptance	9	1	9	\$77.88	\$700.92
RHC	Final Cost Settlement	7.5	8	60.25	\$93.41	\$5,628.89
FQHC	Cost Report Acceptance	12	1	12.5	\$77.88	\$973.50
FQHC	Final Cost Settlement	25	19.75	491.50	\$93.41	\$45,910.08
FQHC-Dental Clinic	Quarterly Interim Settlement	42	1	41.5	\$77.88	\$3,232.02
Hospitals	Final Cost Settlement	3	8	23.55	\$93.41	\$2,200.68
N/A	General Supervision and Admin.	269	1	269	\$144.38	\$38,838.23
Total Cost				1017		\$97,484.32

Payment Schedule
 February 1, 2014- January 31, 2015

Provider Type	Task	Units	Estimated Hours Per Unit	Estimate Total Hours	Hourly Rate	Total Cost
RHC	Cost Report Acceptance	5	1	5	\$79.44	\$397.20
RHC	Final Cost Settlement	5	20	100	\$95.28	\$9,528
RHC	Annual Rate Setting	5	1	5	\$79.44	\$397.20
FQHC	Cost Report Acceptance	13	1	13	\$79.44	\$1,032.72
FQHC	Final Cost Settlement	15	20	300	\$95.28	\$28,584
FQHC	Annual Rate Setting	13	1	13	\$79.44	\$1,032.72
FQHC-Dental Clinic	Quarterly Interim Settlement	21	2	42	\$79.44	\$3,336.48
Hospitals	Cost Report Acceptance	28	8	224	\$79.44	\$17,794.56
Hospital Based FQHC/RHC	Annual Rate Setting	28	1	28	\$79.44	\$2,224.32
N/A	General Supervision and Admin.		1	150	\$147.27	\$22,090.50
N/A	Special Projects		1	137	\$95.28	\$13,014.36
Total Cost				1017		\$99,432.06