### First Amendment to the Contract for Technical Assistance and Program Support for Iowa Medicaid

This Amendment to Contract Number MED-19-011 is effective as of July 1, 2019, between the Iowa Department of Human Services (Agency) and Health Management Associates, Inc. (Contractor).

# Section 1: Amendment to Contract Language

The Contract is amended as follows:

**Revision 1.** The "Agency Billing Contact Name / Address" field in the Contract Declarations and Execution pages is modified to read as follows:

Lisa Cook 611 5<sup>th</sup> Avenue Des Moines, IA 50309 **Phone:** 515-256-4670

**Revision 2.** The "Agency Contract Manager" field on the Contract Declarations and Execution page is modified to read as follows:

Lisa Cook 611 5<sup>th</sup> Avenue Des Moines, IA 50309

**Revision 3.** Section 1.2.3 of the Contract is amended by renumbering the subsections of Section 1.2.3 as follows:

- 1. Subsection 1.2.1.1 "Pricing" is renumbered to 1.2.3.1
- 2. Subsection 1.2.1.2 "Payment Methodology" is renumbered to 1.2.3.2
- 3. Subsection 1.2.1.3 "Timeframes for Regular Submission of Initial and Adjusted Invoices" is renumbered to 1.2.3.3.
- 4. Subsection 1.2.1.4 "Submission of Invoices at the End of State Fiscal Year" is renumbered to 1.2.3.4
- 5. Subsection 1.2.1.5 "Payment of Invoices" is renumbered to 1.2.3.5
- 6. Subsection 1.2.1.6 "Reimbursable Expenses" is renumbered to 1.2.3.6

#### Revision 4. Section 1.2.3.2 is amended to read as follows:

**1.2.3.2 Payment Methodology.** In accordance with the payment terms outlined in this section and Contractor's completion of the Scope of Work as set forth in this Contract, the Contractor will in accordance with the pricing set forth in Attachment 3.1 or Attachment 3.2 invoice the Agency for services provided.

Revision 5. The following text is added to the Contract as Special Contract Attachment 3.2.

# Attachment 3.2

SFY 2020 Quarter 1 Budget Estimate (July through September)				
	On-site meeting days	Hours	Rate	Total
Roundtable/Workgroup Support				
Onsite Workdays	5		\$3,275	\$16,375
Pre-Meeting agenda setting		15	\$303	\$4,545
Prepare minutes		9	\$303	\$2,727
Interim consulting support		45	\$303	\$13,635
Subtotal				\$37,282
Data Sharing Governance Project Management				
Off-site PM		60	\$303	\$18,180
Other Data Sharing Consulting Support				
		30	\$303	\$9,090
Progress Report to the Governor				
Due in September		30	\$303	\$9,090
Project Plan				
		20	\$303	\$6,060
FY 2020 Q1 Total				\$73,679

SFY 2020 Quarter 2 Budget Estimate (October through December)				
	On-site meeting days	Hours	Rate	Total
Roundtable/Workgroup Support				
Onsite Workdays	3		\$3,275	\$9,825
Pre-Meeting agenda setting		10	\$303	\$3,030
Prepare minutes		6	\$303	\$1,818
Interim consulting support		45	\$303	\$13,635
Subtotal				\$28,308
Other Data Sharing Consulting Support				
		30	\$303	\$9,090
FY 2020 Q2 Total		· · · · · · · · · · · · · · · · · · ·		\$37,398

While work may occur pursuant to Attachment 3.1 during the time period outlined in Attachment 3.2, hours and onsite workdays may not be duplicated. The contractor must differentiate the work billed under Attachment 3.2 from Attachment 3.1. Under no circumstances will the the

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work under Attachment 3.2 exceed the budget estimate in Attachment 3.2 without prior approval of the Agency.

**Revision 6. Federal Funds.** The following federal funds information is provided:

Contract r ayments include rederal rul	
The contractor for federal reporting pu	rposes under this contract is a: Vendor
<b>DUNS #:</b> 174924845	
The Name of the Pass-Through Entity:	Iowa Department of Human Services
<b>CFDA #:</b> 93.778	Federal Awarding Agency Name:
Grant Name: Medical Assistance	Department of HHS

### Section 2: Ratification & Authorization

Except as expressly amended and supplemented herein, the Contract shall remain in full force and effect, and the parties hereby ratify and confirm the terms and conditions thereof. Each party to this Amendment represents and warrants to the other that it has the right, power, and authority to enter into and perform its obligations under this Amendment, and it has taken all requisite actions (corporate, statutory, or otherwise) to approve execution, delivery and performance of this Amendment, and that this Amendment constitutes a legal, valid, and binding obligation.

#### Section 3: Execution

**IN WITNESS WHEREOF,** in consideration of the mutual covenants set forth above and for other good and valuable consideration, the receipt, adequacy and legal sufficiency of which are hereby acknowledged, the parties have entered into the above Amendment and have caused their duly authorized representatives to execute this Amendment.

Contractor, Health Management Associates, Inc.		Agency, Iowa Department of Human Services		
Signature of Authorized Representative:	Date:	Signature of Authorized Representative:	Date:	
Hely gor	6/27/19	Carl	1-12-9	
inted Name: Kelly Johnson		Printed Name: Gerd Clabaugh		
Title: Vice President		Title: Director		