

## Eleventh Amendment to the Pharmacy Medical Services Contract

This Amendment to Contract Number MED-10-001-D is effective as of July 1, 2017, between the Iowa Department of Human Services (Agency) and Change Healthcare Pharmacy Solutions Inc (Contractor).

### Section 1: Amendment to Contract Language

The Contract is amended as follows:

**Revision 1.** Section 6 of the Contract, entitled "Term of the Contract" is hereby amended to read as follows:

The term of the Base Contract is May 1, 2010, through June 30, 2013 with Operations effective July 1, 2010.

The Contract Renewal Option Years will consist of five (5), one (1) year options. The Department may choose to renew the Contract for one (1) or more of the Contract Renewal Option Years. The Department shall have the sole discretion to exercise each renewal option. The Department shall use best efforts to notify the Contractor of the renewal decision ninety (90) days prior to the beginning of each renewal year.

**Revision 2. Contract Duration.** The Contract is hereby extended from July 1, 2017, through June 30, 2018.

**Revision 3.** Section 7.1, Performance Based Contract, paragraph that begins "Notwithstanding the above, the above payment obligations shall terminate as of March 1, 2016. . . ." and all paragraphs below this paragraph, are hereby amended to read as follows:

Notwithstanding the above, the above payment obligations shall terminate as of July 1, 2017. Beginning July 1, 2017, Contractor may invoice the Agency consistent with the monthly invoice amounts set forth in the table below:

Timeframe	Monthly Invoice Amount
7/1/17-6/30/18	\$79,784.00

**Revision 4. Federal Funds.** The following federal funds information is provided:

<b>Contract Payments include Federal Funds?</b> Yes	
<b>The contractor for federal reporting purposes under this contract is a:</b> Vendor	
<b>DUNS #:</b> 556484509	
<b>The Name of the Pass-Through Entity:</b> Iowa Department of Human Services	
<b>CFDA #:</b> 93.778	<b>Federal Awarding Agency Name:</b> Department of Health and
<b>Grant Name:</b> Medical Assistance Program	Human Services/Centers for Medicare and Medicaid Services

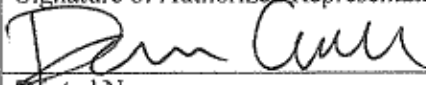
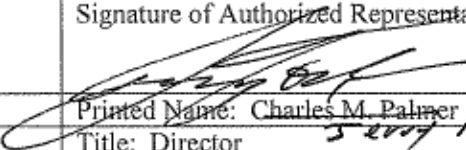
### Section 2: Ratification & Authorization

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.

<b>Contractor, CHANGE HEALTHCARE PHARMACY SOLUTIONS INC</b>		<b>Agency, Iowa Department of Human Services</b>	
Signature of Authorized Representative:	Date:	Signature of Authorized Representative:	Date:
			7/7/17
Printed Name:		Printed Name: Charles M. Palmer	
Title:		Title: Director	<i>3 2017 Foxhoven</i>