

**AMENDMENT**

It is agreed by and between the State of Vermont, Department of Vermont Health Access (hereinafter called "State") and \_\_\_\_\_ (hereinafter called "Provider") that the provider enrollment agreement originally entered into on \_\_\_\_\_, dated \_\_\_\_\_ through \_\_\_\_\_ is hereby amended effective \_\_\_\_\_ as follows:

**By adding on page 2 of 12, paragraph 5 (Cancellation) the following language at the end of the paragraph:**

Either the Provider or the State may terminate the Provider's participation in the 340B Pharmacy Program in accordance with applicable state and federal laws and regulations. Termination of the Provider's participation in the 340B pharmacy program may be done without terminating the other provisions of this provider enrollment agreement.

**By adding on page 2 of 12, paragraph 6 (Attachments) the following:**

Attachment D – 340B Pharmacy Program Agreement

**By adding a new page (page 13) after page 12 of 12, with the following language:**

**ATTACHMENT D**

**340B Pharmacy Program Agreement**

**Purpose:**

The Provider is a not-for-profit <select one: \_\_\_ Critical Access, \_\_\_ Sole Community, or \_\_\_ Disproportionate Share> hospital that provides healthcare services to the Medicaid population in addition to supporting programs that benefit the indigent, uninsured or underinsured population in the State of Vermont.

The Provider desires to participate in the drug discount program established under Section 340B of the Public Health Services Act (the "340B Program").

In order to participate in the 340B Program, the Provider must enter into an agreement with Department of Vermont Health Access, a unit of the State government, pursuant to which the Provider commits to provide health care services to low-income individuals who are neither entitled to benefits under Title XVIII of the Social Security Act nor eligible for assistance under the State plan of Title XIX under this Act.

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**Commitment to Provide Indigent Care:**

During the terms of this agreement, the Provider shall continue its historic commitment to provide health care services to indigent, uninsured, and underinsured residents of Vermont. In 2009, this commitment totaled approximately \$\_\_\_\_\_ in lost charges. Pursuant to this Agreement, it is the intention of the Provider that indigent care provided during the term of this Agreement will range generally between \$\_\_\_\_\_ and \$\_\_\_\_\_. In any event, the Provider will assume that all patients will receive necessary care, as required by law, regardless of ability to pay.

Enrolled 340B Providers shall cooperate with the State to facilitate the Provider's Medicaid "carve in" of Medicaid recipients in order to provide these recipients with 340B Program prescriptions subject to any operational issues of the State and/or the Provider.

**Acceptant and Acknowledgement by the State:**

The State accepts the commitment of the Provider set forth in this Agreement. The State has executed a certification form, attached hereto, which acknowledges that the health care services provided by the Provider are being provided to low-income individuals who are neither entitled to benefits under Title XVIII of the Social Security Act nor eligible for assistance under the State plan of Title XIX under this Act.

The State authorizes the Provider to submit the attached certification in support of the Provider's application to enroll in the 340B program.

**Reporting:**

An annual report of the total dollar value of indigent care provided by the hospital during the agreement period will be pulled yearly by DVHA from the BISCHA website <http://www.bishca.state.vt.us/health-care/hospitals-health-care-practitioners/hospital-financial-health-care-reports>:

STATE OF VERMONT:  
Department of Vermont Health Access

PROVIDER: \_\_\_\_\_

By: \_\_\_\_\_  
Mark Larson, Commissioner

By: \_\_\_\_\_

Title: \_\_\_\_\_

Date: \_\_\_\_\_

Date: \_\_\_\_\_

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