

AMENDMENT NUMBER 17

AMENDED AND RESTATED CONTRACTOR RISK AGREEMENT
BETWEEN
THE STATE OF TENNESSEE,
d.b.a. TENNCARE
AND
VOLUNTEER STATE HEALTH PLAN, INC.,
d.b.a. BLUECARE

CONTRACT NUMBER: FA-02-14859-00

For and in consideration of the mutual promises herein contained and other good and valuable consideration, the receipt and sufficiency of which is hereby acknowledged, the parties agree to clarify and/or amend the Amended and Restated Contractor Risk Agreement (CRA) by and between the State of Tennessee TennCare Bureau, hereinafter referred to as TENNCARE, and VOLUNTEER STATE HEALTH PLAN, INC., hereinafter referred to as the CONTRACTOR as specified below.

Titles and numbering of paragraphs used herein are for the purpose of facilitating use of reference only and shall not be construed to infer a contractual construction of language.

1. The Pharmacy Benefit described in Sections 2-3.a.1(a) and (b) shall be amended by adding clarification of Medicare Part D coverage effective January 1, 2006 so that the amended Pharmacy Benefits shall read as follows:

2-3.a.1(a)

<p>Pharmacy Services (obtained directly from an ambulatory retail pharmacy setting, outpatient hospital pharmacy, mail order pharmacy or those administered to a long-term care facility resident (nursing facility))</p>	<p>As medically necessary. Non-covered therapeutic classes as described in Section 2-3.q, DESI, LTE, IRS drugs excluded.</p> <p>Effective July 1, 2000 through December 31, 2005, TENNCARE is responsible (whether directly or through a PBM) for the provision and payment of pharmacy benefits to individuals who are enrolled in the TennCare Program in the category of TennCare Medicaid/Medicare dual eligible. (However, this does not include pharmaceuticals administered in a doctor's office.)</p> <p>TENNCARE is not responsible for the provision and payment of pharmacy services for TennCare Medicaid/Medicare dual eligibles prior to the date that TENNCARE has notified the CONTRACTOR through the regular electronic eligibility update that these individuals are eligible in the TennCare/Medicare dual eligible category.</p> <p>Effective July 1, 2003, the aforementioned covered pharmacy services shall be provided by the Pharmacy Benefits Manager (PBM) contracted by the TENNCARE Bureau. Pharmacies providing home infusion drugs and biologics <u>only (not including services)</u> shall bill the PBM.</p> <p>Diabetic monitors and supplies as well as injectable drugs obtained directly from a pharmacy provider shall be included in the covered pharmacy services that will be provided by the TennCare Pharmacy Benefit Manager effective July 1, 2003.</p> <p>The CONTRACTOR shall be responsible for reimbursement of</p>
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	<p>injectable drugs obtained in an office/clinic setting in accordance with benefits described herein and to providers providing both home infusion services and the drugs and biologics. Effective July 1, 2005, the CONTRACTOR shall require that all home infusion claims contain NDC coding and unit information to be paid.</p> <p>Effective August 1, 2005, unless the CONTRACTOR is otherwise notified by TENNCARE, the Benefit Limits for Pharmacy coverage, as provided by the PBM shall be as follows:</p> <p>Non-Institutionalized Mandatory and Optional (other than Medically Needy) Medicaid Adults (Age 21 and older) and Pregnant Medically Needy Adults (Age 21 and older): 5 Prescriptions per Month of which only 2 may be Brand name</p> <p>Institutionalized Medicaid Adults (Age 21 and older): As medically necessary</p> <p>Medically Needy Non-Institutionalized, Non-Pregnant Adults (Age 21 and older): Non-covered.</p> <p>Standard Eligible, Age 21 and older: Non-covered</p> <p>Medicaid/Standard Eligible, Under age 21: As medically necessary</p> <p>Effective January 1, 2006, provision and payment of pharmacy benefits to individuals who are enrolled in the TennCare Program in the category of TennCare Medicaid/Medicare dual eligible shall be administered by Medicare Part D.</p>
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2-3.a.1(b)

<p>Pharmacy Services</p>	<p>Pharmacy services shall be provided by the Pharmacy Benefits Manager (PBM), unless otherwise described below.</p> <p>Non-Institutionalized Mandatory and Optional (other than Medically Needy) Medicaid Adults (Age 21 and older) and Medically Needy Adults (Age 21 and older): 5 Prescriptions per Month of which only 2 may be Brand name</p> <p>Institutionalized Medicaid Adults (Age 21 and older): As medically necessary</p> <p>Standard Eligible, Age 21 and older: Non-covered</p> <p>Medicaid/Standard Eligible, Under age 21: As medically necessary</p> <p>NOTE: Certain drugs (known as DESI, LTE, or IRS drugs) are excluded from coverage.</p>
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