

<b>AMENDMENT OF SOLICITATION/MODIFICATION OF CONTRACT</b>			1. CONTRACT ID CODE J	PAGE OF PAGES 1   3
2. AMENDMENT/MODIFICATION NO. P00001	3. EFFECTIVE DATE 09-Dec-2003	4. REQUISITION/PURCHASE REQ. NO. SEE SCHEDULE		5. PROJECT NO.(If applicable)
6. ISSUED BY DEFENSE CONTRACTING COMMAND-WASHINGTON 5200 ARMY PENTAGON WASHINGTON DC 20310-5200	CODE W74V8H	7. ADMINISTERED BY (If other than item 6) DEFENSE CONTRACTING COMMAND-WASHINGTON GERALDINE R. MARSHALL 703-681-2824 GERALDINE.MARSHALL@HQDA.ARMY.MIL WASHINGTON DC 20310-5200		CODE W74V8H
8. NAME AND ADDRESS OF CONTRACTOR (No., Street, County, State and Zip Code) JOHN HOPKINS MEDICAL SERVICES CORP MARY COOKE 6704 CURTIS COURT GLEN BURNIE MD 21060			9A. AMENDMENT OF SOLICITATION NO.	
			9B. DATED (SEE ITEM 11)	
			X 10A. MOD. OF CONTRACT/ORDER NO. DASW01-03-C-0052	
			X 10B. DATED (SEE ITEM 13) 01-Jun-2003	
CODE 1NXX2	FACILITY CODE 1NXX2			
11. THIS ITEM ONLY APPLIES TO AMENDMENTS OF SOLICITATIONS				
<input type="checkbox"/> The above numbered solicitation is amended as set forth in Item 14. The hour and date specified for receipt of Offer <input type="checkbox"/> is extended, <input type="checkbox"/> is not extended. Offer must acknowledge receipt of this amendment prior to the hour and date specified in the solicitation or as amended by one of the following methods: (a) By completing Items 8 and 15, and returning _____ copies of the amendment; (b) By acknowledging receipt of this amendment on each copy of the offer submitted; or (c) By separate letter or telegram which includes a reference to the solicitation and amendment numbers. FAILURE OF YOUR ACKNOWLEDGMENT TO BE RECEIVED AT THE PLACE DESIGNATED FOR THE RECEIPT OF OFFERS PRIOR TO THE HOUR AND DATE SPECIFIED MAY RESULT IN REJECTION OF YOUR OFFER. If by virtue of this amendment you desire to change an offer already submitted, such change may be made by telegram or letter, provided each telegram or letter makes reference to the solicitation and this amendment, and is received prior to the opening hour and date specified.				
12. ACCOUNTING AND APPROPRIATION DATA (If required) <b>See Schedule</b>				
13. THIS ITEM APPLIES ONLY TO MODIFICATIONS OF CONTRACTS/ORDERS. IT MODIFIES THE CONTRACT/ORDER NO. AS DESCRIBED IN ITEM 14.				
A. THIS CHANGE ORDER IS ISSUED PURSUANT TO: (Specify authority) THE CHANGES SET FORTH IN ITEM 14 ARE MADE IN THE CONTRACT ORDER NO. IN ITEM 10A.				
B. THE ABOVE NUMBERED CONTRACT/ORDER IS MODIFIED TO REFLECT THE ADMINISTRATIVE CHANGES (such as changes in paying office, appropriation date, etc.) SET FORTH IN ITEM 14, PURSUANT TO THE AUTHORITY OF FAR 43.103(B).				
C. THIS SUPPLEMENTAL AGREEMENT IS ENTERED INTO PURSUANT TO AUTHORITY OF:				
X D. OTHER (Specify type of modification and authority) FAR 52.243-1 CHANGES - FIXED PRICE				
E. IMPORTANT: Contractor <input checked="" type="checkbox"/> is not, <input type="checkbox"/> is required to sign this document and return _____ copies to the issuing office.				
14. DESCRIPTION OF AMENDMENT/MODIFICATION (Organized by UCF section headings, including solicitation/contract subject matter where feasible.)  The purpose of this modification is to provide FY04 Travel Funds.				
Except as provided herein, all terms and conditions of the document referenced in Item 9A or 10A, as heretofore changed, remains unchanged and in full force and effect.				
15A. NAME AND TITLE OF SIGNER (Type or print)			16A. NAME AND TITLE OF CONTRACTING OFFICER (Type or print) ANGELA HARRIS / KO TEL: 703-681-2830 EMAIL: Angela.Harris@hqda.army.mil	
15B. CONTRACTOR/OFFEROR  (Signature of person authorized to sign)	15C. DATE SIGNED	16B. UNITED STATES OF AMERICA BY <i>Angela R. Harris</i> (Signature of Contracting Officer)		16C. DATE SIGNED 17-Dec-2003

EXCEPTION TO SF 30  
APPROVED BY OIRM 11-84

30-105-04

STANDARD FORM 30 (Rev. 10-83)  
Prescribed by GSA  
FAR (48 CFR) 53.243

SECTION SF 30 BLOCK 14 CONTINUATION PAGE

**SUMMARY OF CHANGES**

SECTION SF 1449 - CONTINUATION SHEET

SOLICITATION/CONTRACT FORM

The total cost of this contract was increased by (b)(4)

**SUPPLIES OR SERVICES AND PRICES**

CLIN 0005 is added as follows:

ITEM NO	SUPPLIES/SERVICES	QUANTITY	UNIT	UNIT PRICE	AMOUNT
0005	FY04 Travel funding FFP	(b)(4)			
NET AMT					(b)(4)
ACRN AE Funded Amount					
ACRN AG Funded Amount					

**ACCOUNTING AND APPROPRIATION**

Summary for the Payment Office

As a result of this modification, the total funded amount for this document was increased by (b)(4)

CLIN 0005:

Funding on CLIN 0005 is initiated as follows:

ACRN: AG

Acctng Data: 97XXXX5472.18D9.00000 (FY04) S05114  
PURCHASE REQUEST NUMBER: H94002-3296-0001-000

Increase: (b)(4)

Total: (b)(4)

ACRN: AE

Acctng Data: 9704040130.1889 102000 SO5114  
PURCHASE REQUEST NUMBER: H94002-3296-0001-000

Increase: (b)(4)

Total: (b)(4)

(End of Summary of Changes)

AMENDMENT OF SOLICITATION/MODIFICATION OF CONTRACT			1. CONTRACT ID CODE	PAGE OF PAGES	
			J	1	27
2. AMENDMENT/MODIFICATION NO. P00002	3. EFFECTIVE DATE 01-Jun-2004	4. REQUISITION/PURCHASE REQ. NO. SEE SCHEDULE		5. PROJECT NO.(If applicable)	
6. ISSUED BY DEFENSE CONTRACTING COMMAND-WASHINGTON 5200 ARMY PENTAGON ROOM 1C243 THE PENTAGON WASHINGTON DC 20310-5200	CODE W74V8H	7. ADMINISTERED BY (If other than item 6) DEFENSE CONTRACTING COMMAND-WASHINGTON 5200 ARMY PENTAGON WASHINGTON DC 20310-5200		CODE	W74V8H
8. NAME AND ADDRESS OF CONTRACTOR (No., Street, County, State and Zip Code) JOHN HOPKINS MEDICAL SERVICES CORP MARY COOKE 6704 CURTIS COURT GLEN BURNIE MD 21060			9A. AMENDMENT OF SOLICITATION NO.		
			9B. DATED (SEE ITEM 11)		
			X	10A. MOD. OF CONTRACT/ORDER NO. DASW01-03-C-0052	
			X	10B. DATED (SEE ITEM 13) 01-Jun-2003	
CODE 1NXX2	FACILITY CODE 1NXX2				
11. THIS ITEM ONLY APPLIES TO AMENDMENTS OF SOLICITATIONS					
<input type="checkbox"/> The above numbered solicitation is amended as set forth in Item 14. The hour and date specified for receipt of Offer <input type="checkbox"/> is extended, <input type="checkbox"/> is not extended. Offer must acknowledge receipt of this amendment prior to the hour and date specified in the solicitation or as amended by one of the following methods: (a) By completing Items 8 and 15, and returning _____ copies of the amendment; (b) By acknowledging receipt of this amendment on each copy of the offer submitted; or (c) By separate letter or telegram which includes a reference to the solicitation and amendment numbers. FAILURE OF YOUR ACKNOWLEDGMENT TO BE RECEIVED AT THE PLACE DESIGNATED FOR THE RECEIPT OF OFFERS PRIOR TO THE HOUR AND DATE SPECIFIED MAY RESULT IN REJECTION OF YOUR OFFER. If by virtue of this amendment you desire to change an offer already submitted, such change may be made by telegram or letter, provided each telegram or letter makes reference to the solicitation and this amendment, and is received prior to the opening hour and date specified.					
12. ACCOUNTING AND APPROPRIATION DATA (If required) <b>See Schedule</b>					
13. THIS ITEM APPLIES ONLY TO MODIFICATIONS OF CONTRACTS/ORDERS. IT MODIFIES THE CONTRACT/ORDER NO. AS DESCRIBED IN ITEM 14.					
A. THIS CHANGE ORDER IS ISSUED PURSUANT TO: (Specify authority) THE CHANGES SET FORTH IN ITEM 14 ARE MADE IN THE CONTRACT ORDER NO. IN ITEM 10A.					
B. THE ABOVE NUMBERED CONTRACT/ORDER IS MODIFIED TO REFLECT THE ADMINISTRATIVE CHANGES (such as changes in paying office, appropriation date, etc.) SET FORTH IN ITEM 14, PURSUANT TO THE AUTHORITY OF FAR 43.103(B).					
C. THIS SUPPLEMENTAL AGREEMENT IS ENTERED INTO PURSUANT TO AUTHORITY OF:					
X D. OTHER (Specify type of modification and authority) FAR 52.217-9					
E. IMPORTANT: Contractor <input type="checkbox"/> is not, <input checked="" type="checkbox"/> is required to sign this document and return <u>1</u> copies to the issuing office.					
14. DESCRIPTION OF AMENDMENT/MODIFICATION (Organized by UCF section headings, including solicitation/contract subject matter where feasible.)  The above referenced contract is modified to exercise Option Period One and add negotiated rates and methodology for this option period. As a result the contract is modified as follows:  *****SEE CONTINUATION SHEETS*****					
Except as provided herein, all terms and conditions of the document referenced in Item 9A or 10A, as heretofore changed, remains unchanged and in full force and effect.					
15A. NAME AND TITLE OF SIGNER (Type or print)			16A. NAME AND TITLE OF CONTRACTING OFFICER (Type or print)		
			ANGELA HARRIS / KO TEL: 703-681-2830 EMAIL: Angela.Harris@hqda.army.mil		
15B. CONTRACTOR/OFFEROR		15C. DATE SIGNED	16B. UNITED STATES OF AMERICA		16C. DATE SIGNED
_____ (Signature of person authorized to sign)			BY <i>Angela P. Harris</i> (Signature of Contracting Officer)		01-Jun-2004

EXCEPTION TO SF 30  
APPROVED BY OIRM 11-84

30-105-04

STANDARD FORM 30 (Rev. 10-83)  
Prescribed by GSA  
FAR (48 CFR) 53.243

SECTION SF 30 BLOCK 14 CONTINUATION PAGE

**SUMMARY OF CHANGES**

SECTION SF 1449 - CONTINUATION SHEET

SOLICITATION/CONTRACT FORM

The total cost of this contract was increased by (b)(4)

SUPPLIES OR SERVICES AND PRICES

CLIN 0003 is added as follows:

ITEM NO	SUPPLIES/SERVICES	QUANTITY	UNIT	
0003	Option Period 1 Funding FFP Option Period 1 Funding (June 1, 2004 - September 30, 2004) PURCHASE REQUEST NUMBER: H94002-4111-0007-000	1	Year	(b)(4)

NET AMT

(b)(4)

ACRN AE Funded Amount  
ACRN AL Funded Amount

FOB: Destination

ACCOUNTING AND APPROPRIATION

Summary for the Payment Office

As a result of this modification, the total funded amount for this document was increased by (b)(4)

CLIN 0003:  
Funding on CLIN 0003 is initiated as follows:

ACRN: AL

Acctg Data: 97XXXX5472.18D9 (FY04)000000 SO5114

Increase: (b)(4)

Total: (b)(4)

ACRN: AE

Acctng Data: 9704040130.1889 102000 SO5114

Increase: (b)(4)

Total (b)(4)

The following capitation rates are added for Option Period One

<b>Exhibit 18</b>				
<b>Final Johns Hopkins Capitation Rates Used for the OP1</b>				
		<b>Final Rate</b>		
		<b>ADD</b>	<b>NADD</b>	
<b>Males</b>		(b)(4)		
0-1				
2-14				
15-24				
25-35				
35-44				
45-54				
55-64				
65-69			(b)(4)	
70-74				
75-79				
80-84				
85+				
<b>Females</b>		(b)(4)		
0-1				
2-14				
15-24				
25-35				
35-44				
45-54				
55-64				
65-69			(b)(4)	
70-74				
75-79				
80-84				
85+				

The Option Period One is hereby exercised in accordance with FAR 52.217-9, Option To Extend The Term of the contract through 31 May 2005, with three (3) remaining Option Periods which shall be exercised at the Governments discretion.

The Option Period One ceiling price is (b)(4) currently funded.

The following revised methodology is added for Option Period One:

### **CEILING RATE METHODOLOGY FOR OP1 FOR JHMSC**

#### **CEILING RATES FOR THE UNDER 65 POPULATION**

Section 726(b) of the National Defense Authorization Act for Fiscal Year 1997 states that the capitation payments for health care services to a Designated Provider shall not exceed an amount equal to the cost that would have been incurred by the Government if the enrollee had received such health care services through a military treatment facility, the TRICARE program, or the Medicare program, as the case may be. These are referred to as the ceiling rates.

For beneficiaries under age 65, we examined the health care costs for beneficiaries in Military Treatment Facilities (the direct care system) and the civilian portion of the TRICARE program (the purchased care system). We calculated the ceiling rates using the estimated health care and associated administrative costs of CHAMPUS beneficiaries who rely on purchased care and/or the direct care system. We did this for seven age groups (0-1, 2-14, 15-24, 25-34, 35-44, 45-54, 55-64), two gender, and two beneficiary category groups. This created 28 population groups (7 age by 2 gender by 2 beneficiary categories).

Calculating the ceiling rates is difficult for beneficiaries under age 65 because we cannot directly observe the costs of an MHS-reliant beneficiary. Instead, we must calculate the healthcare costs in both the purchased and direct care systems in each of the 28 groups and then estimate the number of MHS-reliant beneficiaries in each of the 28 groups. This methodology is discussed below.

#### **Calculating the Number of MHS-Reliant Beneficiaries**

We first calculated the number of MHS-eligible beneficiaries in each of the 28 age/gender/beneficiary category groups. We did this by obtaining from DoD's DEERS system the average number of eligible beneficiaries in FY03 in each of the 28 capitation rate cells (see Exhibit 1). These eligible beneficiaries include all eligibles in the 50 states and the District of Columbia, but exclude USTF enrollees and beneficiaries who live in Puerto Rico.

We found that the DEERS data understate the number of children under age one. For example, in FY03, there were 81,217 zero-year olds and 93,404 one-year olds in DEERS. In FY02, there were 73,706 zero-year olds and 88,254 one-year olds in DEERS.<sup>1</sup> Because the number of one-year olds in FY03 exceeds the number of children under age one FY02, this demonstrates that the number of children under age one is understated in the DEERS tabulations. For the last few years we have observed the same phenomenon. To correct this problem, the estimates in Exhibit 1 assume that the number of “0” year olds in each gender/beneficiary category group is equal to the number of one-year olds in that gender/beneficiary category.

To calculate the number of MHS-reliant beneficiaries in each beneficiary category in the Base Period, we obtained data from the most recent (FY97) DHP Beneficiary Survey on the percentage of ADDs and NADDs who were “MHS-reliant”. The results were weighted by the population in each catchment area from the 8th and 9th DHP Beneficiary Surveys, which reflected relyants in FY97. These surveys indicated that 62.1 percent of eligible NADD beneficiaries under the age of 65 were reliant on the MHS and that 94.6 percent of eligible ADD beneficiaries were MHS-reliant.

For OPI, we have continued to assume that 94.6 percent of ADDs are full-time reliant beneficiaries because we have no better information on this rate. However, because the FY97 survey is now seven years old and because there is more recent evidence on the number of NADDs who used TRICARE in FY03, we took a different approach to calculate the number of NADDs who are reliant on the MHS.

Calculating the number of beneficiaries who rely on the MHS is difficult for a number of reasons. First, although one can count the number of beneficiaries who use the MHS for inpatient, outpatient, or pharmacy services in a given year, this will understate the number of persons who rely on the MHS because some MHS-reliants are healthy and do not have an inpatient stay or an outpatient visit in a given year. On the other hand, the number of observed users may overstate the number of persons who rely on the MHS because some persons who use the MHS have OHI which pays part of their costs. In terms of calculating the costs of full-time users to establish capitation rates, we believe that it is appropriate to count individuals with OHI as part-time relyants. The methodology below describes how we calculated the number of full-time NADD relyants.

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<sup>1</sup> In FY01, there were 73,463 zero-year olds and 87,022 one-year olds in MCFAS 2.6.1. In FY00, there were 73,742 zero-year olds and 85,356 one-year olds in MCFAS 2.6.1.

We first counted the number of unique NADDs who had an outpatient visit in either the direct care or purchased care system in FY03. After completing the data, we found that over 2 million unique NADDs under age 65 had a purchased care or direct care visit in FY03. This indicates that almost 70 percent of all eligibles were users of the MHS.<sup>2</sup> However, as discussed above, because some of the users have OHI which pays part of their costs, we believe that not all of the NADD users are fully reliant on the MHS. On the other hand, the number of NADDs who rely on the MHS is higher than the number of users because some persons who rely on the MHS will not have a visit in any given year (because they are healthy).

To calculate the number of full-time reliant, we made two major adjustments to the user counts. First, to adjust for the effects of OHI, we estimate that in FY03, 7 percent of the 1,093,000 NADD Prime enrollees under age 65 had OHI.<sup>3</sup> We also calculated that the government costs for Prime NADDs with OHI were about 16.5 percent of the allowed amounts for these Prime NADDs (in contrast to about 93.1 percent for NADDs without OHI). Thus, each NADD Prime enrollee with OHI had about 18 percent of the costs of a Prime NADD without OHI ( $.165/.931 = 0.18$ ). Similarly, we

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<sup>2</sup> This number understates the actual number of users because it excludes persons who only use the MHS for pharmacy services.

<sup>3</sup> This is based upon an analysis of complete data for FY01. Preliminary data for FY03 indicate that about 9 percent have OHI.

found that the costs of a non-Prime NADD with OHI were also equal to about 18 percent of the costs of a non-Prime NADD without OHI. We used these factors to convert the number of NADD users with OHI into the number of full-time MHS reliant (see Table 1). We also assumed that all users without OHI were full-time reliant.

**Table 1**  
**Estimated Number of Full-Time NADD Reliants in FY03**

	<u>NADDs Without OHI</u>	<u>NADDs With OHI</u>
Users observed in FY03	1,519,000	447,000
Completed users <sup>1)</sup>	1,561,000	497,000
Estimated Prime users	933,000 <sup>2)</sup>	70,000 <sup>3)</sup>
Full-time reliant Primes	1,014,000 <sup>4)</sup>	14,000 <sup>5)</sup>
Remaining users who are non-Prime	628,000 <sup>6)</sup>	427,000 <sup>7)</sup>
Full-time reliant non-Primes	849,000 <sup>8)</sup>	104,000 <sup>9)</sup>
<b>Full-time reliant</b>	<b>1,863,000</b>	<b>118,000</b>

- <sup>1)</sup> Based upon analysis of completed FY01 user data.
- <sup>2)</sup> (1,090,000 Prime enrollees) (93% without OHI) (92% with visits)
- <sup>3)</sup> (1,090,000 Prime enrollees) (7% with OHI) (92% with visits)
- <sup>4)</sup> (1,090,000 Prime enrollees) (93% without OHI)
- <sup>5)</sup> (1,090,000 Prime enrollees) (7% with OHI) (18% conversion factor to reflect cost of a Prime with OHI to the costs of a Prime without OHI)
- <sup>6)</sup> 1,561,000 users without OHI – 933,000 Prime users without OHI
- <sup>7)</sup> 497,000 users with OHI – 70,000 Prime users with OHI
- <sup>8)</sup> 628,000 non-Prime users without OHI ÷ 74% of non-Primes expected to have an annual visit
- <sup>9)</sup> (427,000 non-Prime users with OHI ÷ 74% of non-Primes expected to have an annual visit)  
(18% conversion factor to reflect cost of a non-Prime with OHI relative to the cost of a non-Prime without OHI)

We also made adjustments to account for reliant who did not have a visit in FY03. We used the MEPS survey to calculate the percentage of fully-insured civilians who had a physician encounter in 2000 (by age/gender). We then applied the MEPS estimates of age/gender-specific visit rates to the age/gender mix of NADD eligibles. We estimate that 78 percent of MHS-eligible NADDs would have a physician encounter annually (using the MEPS rates). We estimate

that 92 percent of Prime NADDs under age 65 actually had visits in FY03.<sup>4</sup> We also estimated that 74 percent of non-HMO enrollees would be expected to have a visit (based upon the assumption that 24 percent of insured persons were in HMOs nationally and that 92 percent of HMO enrollees had visits).

As shown in Table 1, we used this information to calculate that there are approximately 1,863,000 NADDs without OHI and 118,000 NADDs with OHI who are full-time MHS reliant. Thus, we calculated that there were 1,981,000 full-time reliant in FY03, which is equal to 66.5 percent of the NADD eligibles. We used this value to calculate the number of NADD reliant in Exhibit 1.

### Civilian Costs

We obtained data on civilian expenditures for TRICARE beneficiaries in each of the 28 age/gender/beneficiary groups in FY03 and completed the data. We then adjusted the TRICARE civilian claims data because they exclude some relevant expenditures, including administrative costs, DRG capital and direct graduate medical education costs, and National Mail Order Pharmacy (NMOP) costs.

We first obtained FY03 data on civilian claims costs by gender, beneficiary category, and the seven age groups. These data represent government costs for civilian care for TRICARE beneficiaries who reside in the U.S. The costs for beneficiaries who reside in Puerto Rico, foreign areas, and areas of unknown origin were excluded. We obtained separate estimates of government costs for the following services: (1) inpatient hospital; (2) inpatient professional; (3) other outpatient; and (4) pharmacy costs.

The civilian cost data were based upon data processed through 15 months after the start of FY03. We completed the costs using the following completion factors:

- inpatient institutional, inpatient professional, and outpatient: 93.0 percent
- pharmacy: 95.8 percent

The completed civilian costs were approximately (b)(4) in FY03 for TRICARE beneficiaries under age 65. We excluded civilian costs for beneficiaries age 65 and over because these individuals, if they enrolled with one of the Designated Providers, would have their capitation rates based on the ceiling rate methodology used for persons age 65 and over.

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<sup>4</sup> We found that 92 percent of Prime NADDs had visits in FY01. Preliminary data for FY03 also indicate that 92 percent of Prime NADD had visits.

We then made four adjustments to account for DRG capital and direct graduate medical education, variable administrative costs, NMOP, and certain resource sharing costs. First, in FY03, we calculated that total resource sharing expenditures were (b)(4). This is the level reported by the MCS contractors. It includes resource sharing reported on HCSRs and resource sharing expenditures not reported on HCSRs. We calculated that (b)(4) reported on HCSRs (contained in Exhibit 2) and the remaining amount (b)(4) (on) was not (therefore, (b)(4) was not contained in Exhibit 2). We then calculated the level of MCS contractor resource sharing costs reported by the MTFs in the PLCA calculations. This was equal to (b)(4) (included in Exhibit 5). These (b)(4) are being reported both by the MCS contractors and the MTFs. Thus, Exhibits 2 and 5 include (b)(4) in resource sharing expenditures. The (b)(4) reported in the civilian claims data and the (b)(4) reported by MTFs are already allocated by age/gender and beneficiary category. To ensure that there is no double counting, we subtracted (b)(4). We allocated this adjustment by total civilian costs.

Second, we added an estimate of the realized health care profit in the MCS contracts in FY03. This was equal to \$78 million. We also included the variable costs of administration in the TRICARE MCS contracts. As discussed in the ceiling rate document for the Base Period, we had been unable to calculate the variable portion of these administrative costs in the past. To calculate the variable administrative costs we first estimated the total administrative costs in FY03, after excluding the Lead Agent administrative functions. This total cost includes the administrative price and all settled change orders for FY03 (through February 2004). It includes the estimated costs and profit for both the implementation and ongoing portions of the change orders. After these adjustments, we estimated that the total estimated administrative price for FY03 was equal to (b)(4). We then used the T-Nex contracts to categorize the administrative costs into three categories: 1) the per-claim claims processing costs; 2) the PMPM administrative costs; and 3) the fixed costs for the TRICARE Service Centers (TSCs). Consistent with the pricing in the T-Nex contracts, we regarded the first two of these costs to be variable. We also considered 50 percent of the TSC costs to be fixed and 50 percent to be variable. We then calculated the percentage that the variable-cost categories were of the total T-Nex administrative price and applied this percentage to the FY03 (pre-T-

Nex) administrative prices.<sup>5</sup> We allocated the claims processing portion by the civilian health care dollars and the PMPM portion and the variable TSC portion by the number of reliant. These components are shown in Exhibit 4.

Third, we added the costs of DRG capital and DRG direct graduate medical education expenditures. These requests are invoiced by hospitals after they file their Medicare cost reports with CMS. Thus, these amounts are not included on HCSRs and they lag the receipt of other costs. TMA keeps records of these costs on a cash payment basis. Because of the delay in invoicing for these payments, it is difficult to know the correct accrual value for FY03 for these payments. In FY98, cash payments were (b)(4). In FY99, cash payments for DRG capital and direct graduate medical education costs declined significantly (b)(4) and then increased significantly in FY00 (to (b)(4)). This reflected the reduction of a large backlog of requests by the FIs in FY00. In FY01, the level of cash payments was (b)(4) but this dropped to (b)(4) in FY02. In FY03, a significant portion of the backlog was

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<sup>5</sup> Approximately 25 percent of the T-Nex administrative price is for claims processing and approximately 50 percent is for the PMPM portion. Although the T-Nex administrative prices are lower than the administrative prices in FY03, we used the FY03 values here.

processed and the level of cash payments was (b)(4) For purposes of calculating the ceiling rates, we believe that an estimate of (b)(4) is appropriate; this is the average annual cash payment over the FY00-03 period. We allocated these costs to the 28 rate cells using the distribution of inpatient institutional costs in Exhibit 2.

Fourth, we added in NMOP costs of (b)(4) in FY03 which are not reported on HCSRs. We obtained this data from the Pharmacy Data Transaction System (PDTs) by age group and beneficiary category for FY03.

Together, these four adjustments increased the claims costs by approximately (b)(4) The total civilian costs of approximately (b)(4) are shown in Exhibit 5 and are summarized in Table 2 below.

**Table 2**

**Components of FY03 Civilian Expenditures  
(in millions)**

<b>Claims Costs</b>	<b>FY03 Cost</b>	<b>Reference</b>
IP Institutional	(b)(4)	Exhibit 2
IP Professional		Exhibit 2
Other OP		Exhibit 2
OP Rx Drugs		Exhibit 2
<i>Subtotal</i>		
<b>Adjustments</b>		
DRG Capital/GME		Exhibit 3
Healthcare Profit/Variable Admin		Exhibit 4
Resource Sharing (Non-HCSR)		Exhibit 3
NMOP		Exhibit 3
<i>Subtotal</i>		
<b>Total</b>		

**Effects of Change Orders**

Benefit changes that were not in effect in FY03 but that will affect TRICARE expenditures in OP1 need to be reflected in the ceiling rates. We have identified two such changes: the elimination of NASs and the “High Priority 7” change order. The elimination of NASs took effect on December 28, 2003. We estimate that this will increase civilian obstetric costs by (b)(4) and other med/sug costs by (b)(4) We assumed that 95 percent of

the obstetric cost impact and 90 percent of the other med/surg impact would occur for ADDs, who are the primary users of these services at MTFs and who would not have a significant cost incentive to stay at the MTF. Non-Prime NADDs would still have a large incentive to use the MTF for inpatient care. The “High Priority 7” changes took effect on August 1, 2003. We estimate that certain changes to TRICARE ambulance transport policies, vision care policies, and double coverage policies will increase TRICARE costs by approximately (b)(4) in FY04. We included estimates of the cost impact of each of these changes (see Exhibit 5).

### **Direct Care Costs**

We estimated the direct care system variable costs per MHS-reliant in FY03 using DoD’s Patient Level Cost Accounting (PLCA) methodology. This methodology is widely used by DoD for direct care costing purposes. It allowed us to use direct care cost data by beneficiary category, age, and gender.

We did not use the PLCA methodology for outpatient prescription drugs. Instead, we used data from the PDTS data system on the value of prescription drugs obtained at MTFs. These data include scripts written at MTFs and filled at MTFs as well as scripts written by non-MTF providers but filled at MTFs.

The PLCA methodology relies upon MEPRS data. These data exclude construction costs as well as certain patient transportation costs. Including depreciation on equipment to reflect a long-run variable cost, the overall variable cost in FY03 was approximately (b)(4) per MHS-reliant. In FY02, these costs (i.e., patient movement, transient patient care, and the value of depreciation for MTFs) were equal to 4.5 percent of the costs for CHAMPUS-eligible beneficiaries. We applied this 4.5 percent factor to the FY03 costs. Thus, we increased the (b)(4) value by a factor of 1.045 to reflect these values. Thus, the adjusted direct care variable cost per MHS-reliant beneficiary was (b)(4) in FY03.

### **Total Direct Care and Civilian Costs**

We added the direct care costs per reliant and the civilian costs per reliant to get MHS costs per reliant in FY03 (See Exhibit 8).

### **Enrollment Fee Offset**

In FY03, there were an average of 1,093,000 NADD beneficiaries who were NADD Prime enrollees and paid the Prime enrollment fee. We subtracted (b)(4) from the NADD costs per reliant to reflect Prime enrollment fees

in FY03 (see Exhibit 6). The (b)(4) value was derived by multiplying the estimated NADD Prime enrollment in FY03 by (b)(4) per enrollee. The (b)(4) value is lower than the (b)(4) enrollment fee because it reflects an average family size greater than two and because only about 55 percent of MHS-reliant NADDs were enrolled in Prime in FY03.

### Calculation of NADD Costs Using NADD-Prime Approach

We used the following approach to calculate the NADD capitation rates:

- We started with age/gender purchased care costs and added in age/gender NMOP costs for NADD Prime enrollees.
- We then added an amount for resource sharing and DRG capital and direct medical education costs. We have calculated that the resource sharing costs for NADDs were (b)(4) and that the DRG capital/direct medical education costs were (b)(4). Together, these costs totaled (b)(4). Dividing by the estimated 1.87 million NADD reliant (using the assumption that 62.8 percent of NADD eligibles rely on the MHS), this equaled approximately (b)(4) per reliant.<sup>6</sup> We added this amount for each Prime NADD.
- We then applied the 1.66 percent profit load and the 4.20 percent claims processing load to the Prime NADD costs. These loads are used in Exhibit 4.
- We then added the (b)(4) PMPM administrative load that had been used in Exhibit 4 in the previous draft. We increased the PMPM amount to (b)(4) to reflect the assumption that 50 percent of TSC costs are variable. We increased that by 5.9 percent to reflect a revised number of reliant.
- We then calculated that the change order costs were (b)(4) for NADDs (see Exhibit 5). We divided this by the 1.87 million NADD reliant to calculate a value equal to a PMPM cost of (b)(4). We added this (b)(4) to each NADD Prime.
- We then subtracted an estimate (b)(4) enrollment fee per Prime enrollee from these costs.
- We then added the variable direct care costs (using the PLCA methodology) for Prime ADDs and the direct care pharmacy costs (from PDTS). We loaded these direct care costs with the 4.5 percent load that we used in the previous draft ceiling rates.
- We projected these rates to OP1 using a factor of 1.1126, which was used in Exhibit 9.

<sup>6</sup> The 1.87 million estimate is 5.9 percent lower than the estimate of 1.98 million reliant. This reduction reflects that the number of eligibles throughout the year is higher than the number at a point in time.

- Finally, we calculated these rates on a per Prime enrollee basis by dividing the loaded costs by the average number of Prime enrollees in FY03 (approximately 1,095,000).

### Updating to the Base Period

The FY03 estimates need to be projected to the midpoint of OP1. To project the costs per reliant we used projections from the February 2004 National Health Expenditures (NHE) projections. We used the projected per capita growth in personal healthcare expenditures, after eliminating dental care, nursing home care, and home health care. This growth rate is projected to be 6.7 percent from CY 2003 to CY 2004 and 6.5 percent from CY 2004 to CY 2005. The average annual rate of increase during the CY 2003-2005 period is 6.62 percent per year.

We projected the cost per reliant from the midpoint of FY03 (April 1, 2003) to December 1, 2004 which is the midpoint of OP1. We used the projected rate of change from CY 2003 through CY 2005. For this 20-month period from April 1, 2003 through December 1, 2004, the rate is 11.26 percent. This is calculated as the CY03-04 trend to the 9/12th power multiplied by the CY 04-05 trend raised to the 11/12th power. The projected values for OP1 are shown in Exhibit 9.

### Geographic Adjustment Factors

We then calculated geographic adjustment factors to calculate the locality-specific capitation rates. The geographic adjustment factor is designed to take into account variations in the cost of producing medical care and reflects both inpatient and outpatient costs. It also reflects current market conditions through the use of FEHBP premiums. The index is the average of the FEHBP and Medicare indices.

**FEHBP Index-** -The FEHBP index is equal to the average of the weighted and unweighted FEHBP indices where the FEHBP Weighted Average Index is equal to:

$$\text{FEHBP Weighted Average index} = \frac{(\text{Self index} * \text{number of employees with self coverage nationwide}) + (\text{Family index} * \text{number of employees with family coverage nationwide})}{(\text{total number of employees with coverage})}$$

where:

Self index = (weighted average high option self premium of HMOs whose service area includes the USTF city) / (weighted average high option self premium of all HMOs in the country)

Family index = (weighted average high option family premium of HMOs whose service area includes the USTF city) / (weighted average high option family premium of all HMOs in the country)

To calculate the FEHBP index, we used only employees with high option HMO coverage. The weights used in the average are the number of employees enrolled with each HMO in 2003 (the number of enrollees in 2004 is not yet available). The FEHBP Unweighted Average Index is identical to the FEHBP Weighted Average Index except that the local value is calculated using an arithmetic average of the significant HMOs in the USTF's service area, rather than the weighted average. HMOs with zero enrollees or an insignificant number of FEHBP enrollees are excluded from this calculation.

**Medicare Index-** - For Johns Hopkins, the Medicare index is a weighted average of an outpatient index and a pharmacy index. Specifically, the Medicare outpatient index is equal to:

$$(65\% \text{ outpatient index}) + (35\% \text{ pharmacy index})$$

The weight for each component index represents its proportion of the national TRICARE civilian costs outpatient costs in FY03.<sup>7</sup> The outpatient index uses the geographic adjustment factors used in the Medicare Resource-Based Relative Value Scale (RBRVS).

The **pharmacy index** is set at a factor of 1.0 to reflect DoD's use of a national contractor for retail pharmacy and the national pricing of prescription drugs.

The **Medicare Outpatient Index** is based on the Fiscal Year 2004 Medicare geographic variation in RBRVS payments. This is equal to:  $(.460 * \text{work index}) + (.506 * \text{practice expense index}) + (.034 * \text{malpractice index})$ . The three indices are Medicare's Geographic Practice Cost Indices. The weighting for the three factors (i.e., the .460, .506, and .034) is based upon our analysis of the weighted average of the proportion each of the component RVUs is of the total based upon the civilian volume of services during the July 2002-June 2003 period.

The geographic index is shown in Exhibit 10.

We modified the general geographic adjustment index described above because the State of Maryland regulates hospital prices. As a result, we concluded that the geographic adjustment factors for hospital care needed to be modified. We modified our geographic adjustment index by first estimating the percentage of care that is delivered in hospitals, either on an inpatient basis or an outpatient basis. For the base period (6/1/03-5/31/04) ceiling rates we estimated that institutional inpatient hospital care would be equal to about 27 percent of CHAMPUS inpatient care and that hospital outpatient care costs would be equal to about 50 percent of institutional inpatient care

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<sup>7</sup> The weights for all civilian costs are 27% inpatient costs, 10% outpatient facility costs, 42% other outpatient, and 21% pharmacy costs.

costs. Thus, we estimated that hospital costs should comprise about 40 percent of the geographic adjustment index for JHMSC.

Second, we then calculated the hospital portion of the geographic adjustment index for JHMSC by calculating a case-mix adjusted, average cost per discharge for the hospitals used by the JHMSC USTF enrollees relative to a national average case-mix adjusted cost per discharge. We calculated a national average cost per discharge using the Medicare average cost per discharge in FY 2001 (b)(4). We also found that the average case mix for Medicare beneficiaries was 1.4417 in FY 2001 and 1.4553 in FY 2002.<sup>9</sup> We calculated a weighted average of these two years to reflect the Maryland fiscal year (which begins on July 1st), resulting in a cost per discharge of (b)(4) and an average case mix of 1.4485. We then used the case mix and average cost per discharge for Medicare beneficiaries for the hospitals used by the JHMSC USTF enrollees in 2003 (as provided by JHMSC). As shown in Table 3, these values were equal to 1.475 and (b)(4) respectively.

**Table 3**

**Average Reimbursement and Case Mix for Hospitals Utilized by JHMSC USFHP Enrollees in FY 2003**

Hospital Name	Average Charge per Case	FY 2003 CMI	Relative Utilization (1)	Weighted per Case Charge	Weighted Case Mix
JOHNS HOPKINS HOSPITAL	\$ 18,476	1.7204	43.56%	(b)(4)	0.749
JOHNS HOPKINS BAYVIEW MEDICAL	\$ 10,521	1.2540	24.81%		0.311
ANNE ARUNDEL MEDICAL CENTER	\$ 8,312	1.3979	4.49%		0.063
NORTH ARUNDEL HOSPITAL	\$ 8,352	1.2682	4.33%		0.055
WASHINGTON COUNTY HOSPITAL	\$ 7,774	1.3561	3.61%		0.049
HOWARD COUNTY GENERAL HOSPITAL	\$ 7,960	1.2756	2.95%		0.038
ST. JOSEPH MEDICAL CENTER INC	\$ 10,773	1.8471	1.75%		0.032
CARROLL COUNTY GENERAL HOSPITAL	\$ 7,362	1.2066	1.51%		0.018
FRANKLIN SQUARE HOSPITAL CENTER	\$ 9,212	1.2938	1.49%		0.019
NORTHWEST HOSPITAL CENTER	\$ 8,007	1.2495	1.33%		0.017
FREDERICK MEMORIAL HOSPITAL	\$ 8,057	1.2537	1.32%		0.017
SHADY GROVE ADVENTIST HOSPITAL	\$ 9,430	1.3578	0.89%		0.012
UPPER CHESAPEAKE MEDICAL CTR	\$ 6,683	1.1964	0.79%		0.009
UNIV OF MD MEDICAL SYSTEM	\$ 23,598	1.7597	0.76%		0.013
SINAI HOSPITAL OF BALTIMORE	\$ 14,132	1.5219	0.71%		0.011
UNION MEMORIAL HOSPITAL	\$ 12,747	1.6288	0.64%		0.010
HARBOR HOSPITAL CENTER	\$ 9,433	1.2835	0.56%		0.007
THE GOOD SAMARITAN HOSPITAL	\$ 9,824	1.3659	0.55%		0.008
HOLY CROSS HOSPITAL	\$ 9,777	1.3608	0.49%		0.007
HARFORD MEMORIAL HOSPITAL	\$ 7,108	1.1095	0.47%		0.005
LAUREL REGIONAL HOSPITAL	\$ 9,205	1.2017	0.47%		0.006
GREATER BALTIMORE MEDICAL CENTER	\$ 8,435	1.3251	0.39%		0.005
ST. AGNES HOSPITAL	\$ 9,007	1.3518	0.37%		0.005
SUBURBAN HOSPITAL	\$ 9,315	1.3666	0.31%		0.004
DOCTORS COMMUNITY HOSPITAL	\$ 8,998	1.3429	0.31%		0.004
Totals			98.85%		

(1) Based on relative inpatient utilization of USFHP members <65 in Maryland acute hospitals. FY 2003, paid through 03/31/04.

<sup>8</sup> From Clare McFarland of CMS (410-786-6390)

<sup>9</sup> From Greg Savord of CMS (410-786-1521)

We then calculated the hospital portion of the index.

$$\frac{\text{Average JHMSC Cost Per Discharge} / \text{Average JHMSC Case Mix}}{\text{Average Medicare Cost Per Discharge} / \text{Average Medicare Case Mix}}$$

(b)(4)

We then calculated the JHMSC geographic adjustment index to be equal to a weighted average of the JHMSC-specific hospital index and the general outpatient index.

This is equivalent to:

$$\begin{aligned} &= .4 (\text{JHMSC-specific Hospital Cost Index}) + .60 (\text{JHMSC-specific Non-hospital Index}) \\ &= .4 (1.7105) + .63 \frac{(\text{FEHBP Index} + \text{Medicare Non-hospital Index})}{2} \\ &= .4 (1.7105) + .6 \frac{(0.9957 + 1.0173)}{2} \\ &= .4 (1.7105) + .6 (1.0065) \\ &= 1.2881 \end{aligned}$$

### **Adjustment for Age of Enrollees**

Because DoD pays enrollees on the basis of their age at the start of each option period, the capitation rates need to be adjusted to account for aging of the enrollees during the year. The adjustments are shown in Exhibit 12.

### **CEILING RATES FOR THE POPULATION AGE 65 AND OVER**

Payments for beneficiaries age 65 and over have three components: 1) a portion to reflect Medicare-covered services, 2) a portion to reflect out-of-pocket expenses on Medicare-covered services that would be paid for through TRICARE for Life, and 3) a supplemental portion to reflect services not covered by Medicare, such as outpatient prescription drugs and preventive services.

### Medicare Covered Portion

Section 726(b) of the FY97 National Defense Authorization Act indicates that the government should not pay the Designated Provider more than what would have been incurred by the government if the enrollee had received such healthcare services through TRICARE, an MTF, or Medicare. We first examined what Medicare would have paid for beneficiaries age 65 and over.

Because MA enrollment is below 4.0 percent in the Johns Hopkins service area, we have based the payment rates on FFS rates only. To calculate what Medicare would have paid for fee-for-service beneficiaries, we used CMS estimates of county-specific FFS expenditures in 2004 weighted by the number of USFHP enrollees in each county. The FFS estimates were increased by 35 percent of the carve-out amount to account for DME costs and by the ratio of the retrospective USPPC for 2004 to the prospective USPPC. After dividing by the demographic rescaling factors, this was equal to (b)(4) for Part A and (b)(4) for Part B.

We made six adjustments to the Medicare portion of the ceiling rate. First, we increased the Part A portion to reflect DoD's more generous SNF benefit. Medicare covers up to 100 days of SNF care, while the benefit provided to enrollees of the Designated Providers has an unlimited number of days. Therefore, some adjustment to the over-65 rate is appropriate. We found in the 1995 M-CBS that lifting the 100-day limit would increase SNF days by 12.2 percent and that SNF costs comprised 6.2 percent of Part A costs in 1995. From Table III.A2 of the 2003 HI Trustees Report, we observed that Part A costs increased by 43.5 percent and SNF costs increased by 58.8 percent from 1995 to 2004. Thus, the portion of Part A costs has increased to 6.9 percent and we have calculated that the more generous SNF benefit increases Part A costs by 0.8 percent in OP1.

In a second adjustment, we increased Part A and Part B costs by 0.3 percent to reflect TPL. CMS data indicate that TPL collections were equal to about 0.3 percent of Medicare payments in 1996. The USFHP plans are not able to collect these amounts. Thus, it is appropriate to increase the Medicare portion by 0.3 percent to reflect that these payments are not included in the rates as calculated by CMS.

Third, we further multiplied the Part A costs by a factor of 1.0008 to reflect lifetime hospital days. The Medicare program allows individuals to receive a benefit of 60 inpatient days per year without cost sharing beyond the first day's deductible. From day 61-90, the beneficiary must pay a copayment equal to one-quarter of the deductible per day. From days 90-150, the beneficiary must pay a copayment equal to one-half of the deductible per day. The TRICARE program has no limit on inpatient days. Thus, it is appropriate to include an estimate of the

costs that TRICARE would bear for inpatient days beyond the 60th inpatient day each year. We obtained data from the 1993 HCIA publication “Lengths of Stay” concerning the distribution of the lengths of inpatient hospital stays for patients aged 65 and over. The data in this publication are based on examining the inpatient hospital stays of approximately 8.5 million patients. The mean stay for these individuals was 7.7 days with the 90th, 95th, and 99th percentiles equal to 15, 21, and 41 days, respectively. We fitted a Weibull distribution to this data and matched the mean and upper percentiles very closely – the fitted distribution had a mean of 6.70 and the upper percentiles were 17, 24, and 42. Based on this distribution we have estimated that inpatient hospital days in excess of the Medicare benefit will increase total Part A reimbursement by 0.08 percent.

Fourth, we added an estimate of the variable cost of administering the Medicare program. According to the cover letter to the 2004 Medicare Advantage rates, claims processing costs account for 0.1496 percent of Part A benefits and 1.1708 percent of Part B benefits in 2004. By applying these values to the 2004 USPCC, we estimated the variable cost of administering Medicare to be 0.6 percent of the healthcare costs for enrollees assumed to be in Medicare’s FFS program.

Fifth, we adjusted the AAPCC to account for the fact that JHMSC must pay all hospitals in Maryland the full amount of allowable charges recognized by the Maryland Health Cost Review Commission. As a result, we increased the AAPCC amounts by a factor to reflect a weighted average discount of 6.13 percent, as shown in Table 4 below:

**Table 4**  
**Adjustment to JHMSC AAPCC Rates**

<u>Hospital</u>	<u>Relative Use in FY 2003</u>	<u>Allowed Discounts</u>
Hopkins Hospital	32.77%	8.00%
Hopkins Bayview	27.28%	6.00%
Good Samaritan	2.10%	6.00%
Sinai	2.07%	6.00%
Franklin Square	1.78%	8.00%
Harbor Hospital	1.07%	5.50%
Union Memorial	0.75%	10.00%
University of Maryland	0.74%	10.00%
Maryland General	0.18%	5.50%
Mercy	0.15%	6.50%
Holy Cross	0.12%	7.00%
Kernan	0.03%	5.00%
All Others	30.96%	4.00%
Weighted Average		<u>6.13%</u>

(1) Based on relative inpatient utilization of USFHP members 65+ in Maryland acute hospitals. FY 2003, paid through 03/31/04.

We then divided the Part A AAPCC rates by a factor of 0.9387. We divided the Part B AAPCC rates by a factor of 0.9911, which represents the discount on the 14.6 percent outpatient hospital costs.<sup>10</sup>

Sixth, we added an estimate of the per member per month value of care provided in MTFs and VA facilities to 65 and over residents of JHMSC's service area. The pmpm value of this care for JHMSC is (b)(4) for inpatient care and (b)(4) for outpatient care. For the VA care, we used county of residence calculations provided by the VA to estimate the total non-LTC non-pharmacy cost of care for 65 and over Medicare enrollees in JHMSC's service area. The resulting estimate was (b)(4) per member per month, which we have split equally between Part A and Part B.

We updated these rates from CY 2004 to the middle of the Base Period by increasing them by 2.34 percent [1.0570<sup>5/12</sup>] in Exhibit 14. Exhibit 14 also presents the over-65 portion after the health status adjustment factor of 1.079 has been applied.

### TRICARE For Life

As a result of the 2001 NDAA, TRICARE is a secondary payer to Medicare. All beneficiary cost sharing for Medicare-covered services will be covered by TRICARE. Accordingly, we have adjusted the over 65 USFHP payment rates to account for this change in the benefit structure.

<sup>10</sup> From Table III.B7 of 2004 HI & SMI Trustees Report; percentage of total FFS reimbursement for outpatient hospital services in 2004.

CMS has estimated the monthly amount of total cost-sharing per Medicare beneficiary for fee-for-service Medicare beneficiaries. In 2004 this monthly value was (b)(4) for Part A and (b)(4) for Part B). We increased this amount by 0.62 percent to reflect five months of intensity (from the middle of 2004 to the middle of OP1.) We added this amount for all 65 and over beneficiaries who we expected to be in Medicare's fee-for-service program except for the 596 enrollees who do not pay Part B premiums. We added these values to the ceiling rates.

We added an estimate of the variable cost of administering the TFL program. For the Base Period of the contract, we estimated this cost to be (b)(4) per enrollee per year. In the Summer of 2003, the TDEFIC contract was awarded by TMA. This contract has both a variable cost for TFL beneficiaries (a per-claim claims-processing cost) and a fixed portion (a fixed dollar amount). We used the TDEFIC RFP's estimated claims volumes and the per-claim rates and calculated an estimated cost per eligible of (b)(4) per year for the period from April 2005 – March 2006. We deflated this using a factor of 3 percent per year to arrive at an estimated value for FY03 of (b)(4) per eligible.<sup>11</sup> We used this value for all enrollees and included it in Exhibit 14.

### **Supplemental Services Portion**

We then calculated the supplemental premium portion for the age 65 and over population. In the Base Period, we used data from the 1999 Medicare Current Beneficiary Survey (MCBS) to estimate the cost of a comprehensive outpatient prescription drug benefit. For OP1, we were able to use data on prescription drug use for the DoD-eligible population. We used PDTS and HCSR data to calculate the government costs of pharmacy benefits for the 65 and over population in Regions 1-12 and Alaska. We then added an estimate of the dispensing costs at MTFs. The result is that we estimate total government costs of (b)(4) in FY03 (see Table 5).

In FY03, it is not clear that all MHS-eligible beneficiaries age 65 and over were using the TRICARE Senior Pharmacy benefits. As a result, dividing the pharmacy costs by the number of eligibles may understate the costs per full-time user. To adjust for eligibles who may not use TRICARE's pharmacy benefits, we first calculated the actual number of users in FY03 (1.3 million). We then used MEPS data (by age/gender) to calculate the percentage of persons age 65 and over who use prescription drugs in a year. We then applied these MEPS-age/gender proportions to the TRICARE eligible population age 65 and over (by age/gender) to calculate the

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<sup>11</sup> There are 30 months between the midpoint of FY03 (April 2003) and the midpoint of the April 2005-March 2006 period (October 2005). Thus, (b)(4)

expected number of pharmacy users (1.4 million). Thus, we estimated that about 91 percent of TRICARE eligibles age 65 and over were using the TRICARE Senior Pharmacy benefit.

We were then able to calculate the pharmacy cost per full-time MHS reliant to be equal to (b)(4) per person (b)(4). We used data from the 1999 MCBS to develop the relative costs by age/gender. We used these age/gender relativities to calculate the age/gender costs shown in Exhibit 15.

**Table 5**

**PDTS Data on Pharmacy Use in FY03 for 65+ Population  
(in millions)**

	Govt. Costs	Adjusted Govt. Costs	Scripts
Direct Care	(b)(4)	(b)(4) <sup>1/</sup>	14.4
Purchased Care	2/		19.2
TMOP			3.8
<b>Total</b>			<b>37.4</b>

<sup>1/</sup> Includes estimated (b)(4) fee per script.

<sup>2/</sup> Based upon HCSR

The supplemental premium also includes an estimate of the cost of preventive services. Because we could not find a more reliable estimate, we updated the value used to calculate the ceiling rates in previous years of (b)(4) per year in FY94. We updated this value from FY94 to FY03 using the change in the CPI and an intensity value of 1.5 percent per year. We added the cost of preventive services in CY03 (43.16) (1.247) (1.015)<sup>9</sup>, or (b)(4) to the cost of prescription drugs in FY03. <sup>12</sup> We added an administration cost of 7 percent to estimate the total average supplemental services premium. We then updated the value of the supplemental premium from FY03 to the midpoint of OP1 period by multiplying it by a factor of 1.2011 (discussed earlier). The age/gender specific amounts for the supplemental services premium were then added to the AAPCC portion.

**Induced Demand Adjustment**

We increased the non-supplemental premium for persons age 65 and over rates by 3 percent to reflect the induced demand expected due to the TFL cost sharing provisions.

**Adjustment for Age of Enrollees**

Because DoD pays enrollees on the basis of their age at the start of each option period, the capitation rates need to be adjusted to account for aging of the enrollees during the year. The adjustments are shown in Exhibit 14.

**HEALTH STATUS ADJUSTMENT**

<sup>12</sup> The CPI-U increased by 24.7 percent from April 1994 (147.4) to April 2003 (183.8). The 1.015 factor reflects intensity.

To calculate the health status adjustment for JHMSC enrollees age 65 and over for the fourth contract year (OP3), the government will use data accepted by IFMC by January 1, 2006 for the June 1, 2004 to May 31, 2005 period. The government will provide JHMSC with the data that has been accepted by IFMC in advance of the calculations. JHMSC will have 30 days to review the data and provide comments to the government on any differences between the data accepted by IFMC and the data submitted by JHMSC. If there are differences and if requested by JHMSC within that 30 day period, the government will analyze and compare the results using the IFMC data with the results using JHMSC's data for the same time period. The government and JHMSC will work together to resolve and discrepancies in such results. The government will calculate the HSA using an average of two methods. The government and JHMSC may agree to use an alternate methodology and an alternative weighting method if both agree that this would be desirable. The first method used to measure health status will be the method that CMS is currently using to measure health status adjustments in Medicare's managed care program (which is currently called the Medicare Advantage program and was previously called the Medicare +Choice program). The current method is the CMS-HCC method. Using the CMS-HCC method we will first calculate for each county which has 2.0 percent or more of the plan's age 65 and over enrollees the average risk score for JHMSC enrollees in that county and the average risk score for Medicare enrollees in that county. We will calculate the Medicare scores using CMS' published county average scores, with necessary adjustments as agreed to by the government and JHMSC to reflect, for example, the removal of disabled persons from such published scores, provided that, if the government and JHMSC are not able to agree on necessary adjustments, then the Medicare 5 percent sample will be used instead.<sup>13</sup> We will then calculate a weighted average of the county scores using JHMSC enrollment as of January 1, 2006 to calculate the relative weights.

The second method that will be used to measure the health status will be 3M's CRG risk-adjuster methodology. For each county which has 2.0 percent or more of the age 65 and over JHMSC enrollees we will calculate the average risk score for the JHMSC enrollees relative to the Medicare enrollees in that county. We will use the CRG method and concurrent weights calculated using the 2001 Medicare 5% sample. A risk-adjustment score will be calculated using each method and the results will be averaged. This averaged value will be the "calculated HSA". The paragraph below discusses how the calculated HSA will be applied.

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<sup>13</sup> We will follow the CMS approach and increase CMS-published values to reflect trends in coding.

The HSA calculations will be completed in the Winter of 2006 (at the end of OP2) and will be used to set the HSA for OP3. There will be no corridor and the HSA that will be applied in OP3 will be set equal to the level that is measured in OP2.

#### **COMPARISON WITH EXPERIENCE RATES**

JHMSC provided proposed experience rates in 2003. The Contracting Officer indicated that the proposed admin load was not supported in JHMSC's proposed rates. We adjusted the proposed experience rates to use the supportable level of admin costs and profit. The experience rates were higher than the ceiling rates. The final capitation rates use the ceiling rates for all beneficiaries.

(End of Summary of Changes)

AMENDMENT OF SOLICITATION / MODIFICATION OF CONTRACT				1. CONTRACT ID CODE	PAGE OF PAGES
				J	1   2
2. AMENDMENT/MODIFICATION NO. P00003	3. EFFECTIVE DATE 02-Jun-2004	4. REQUISITION/PURCHASE REQ. NO. SEE SCHEDULE		5. PROJECT NO.(if applicable)	
6. ADMINISTERED BY (If other than item 6) DEFENSE CONTRACTING COMMAND-WASHINGTON 5200 ARMY PENTAGON WASHINGTON DC 20310-5200		CODE W74V8H	7. ADMINISTERED BY (If other than item 6) DEFENSE CONTRACTING COMMAND-WASHINGTON 5200 ARMY PENTAGON WASHINGTON DC 20310-5200		
8. NAME AND ADDRESS OF CONTRACTOR (No., Street, County, State and Zip Code) JOHN HOPKINS MEDICAL SERVICES CORP MARY COOKE 6704 CURTIS COURT GLEN BURNIE MD 21060		9A. AMENDMENT OF SOLICITATION NO.		9B. DATED (SEE ITEM 11)	
CODE 1NXX2		FACILITY CODE 1NXX2		X 10A. MOD. OF CONTRACT/ORDER NO. DASW01-03-C-0052	
				X 10B. DATED (SEE ITEM 13) 30-May-2003	
11. THIS ITEM ONLY APPLIES TO AMENDMENTS OF SOLICITATIONS					
<input type="checkbox"/> The above numbered solicitation is amended as set forth in Item 14. The hour and date specified for receipt of Offer <input type="checkbox"/> is extended. <input type="checkbox"/> is not extended.					
<p>Offer must acknowledge receipt of this amendment prior to the hour and date specified in the solicitation or as amended by one of the following methods:</p> <p>(a) By completing Items 8 and 15, and returning _____ copies of the amendment; (b) By acknowledging receipt of this amendment on each copy of the offer submitted; or (c) By separate letter or telegram which includes a reference to the solicitation and amendment numbers. FAILURE OF YOUR ACKNOWLEDGMENT TO BE RECEIVED AT THE PLACE DESIGNATED FOR THE RECEIPT OF OFFERS PRIOR TO THE HOUR AND DATE SPECIFIED MAY RESULT IN REJECTION OF YOUR OFFER. If by virtue of this amendment you desire to change an offer already submitted, such change may be made by telegram or letter, provided each telegram or letter makes reference to the solicitation and this amendment, and is received prior to the opening hour and date specified.</p>					
12. ACCOUNTING AND APPROPRIATION DATA (If required)					
13. THIS ITEM APPLIES ONLY TO MODIFICATIONS OF CONTRACTS/ORDERS. IT MODIFIES THE CONTRACT/ORDER NO. AS DESCRIBED IN ITEM 14.					
X A. THIS CHANGE ORDER IS ISSUED PURSUANT TO: (Specify authority) THE CHANGES SET FORTH IN ITEM 14 ARE MADE IN THE CONTRACT ORDER NO. IN ITEM 10A.					
THE ABOVE NUMBERED CONTRACT/ORDER IS MODIFIED TO REFLECT THE ADMINISTRATIVE CHANGES (such as changes in paying office, appropriation date, etc.) SET FORTH IN ITEM 14, PURSUANT TO THE AUTHORITY OF FAR 43.103(B).					
C. THIS SUPPLEMENTAL AGREEMENT IS ENTERED INTO PURSUANT TO AUTHORITY OF:					
D. OTHER (Specify type of modification and authority)					
E. IMPORTANT: Contractor <input type="checkbox"/> is not, <input checked="" type="checkbox"/> is required to sign this document and return <u>1</u> copies to the issuing office.					
14. DESCRIPTION OF AMENDMENT/MODIFICATION (Organized by UCF section headings, including solicitation/contract subject matter where feasible.) The above referenced contract is modified to add Option Period One Exhibits that were inadvertently omitted. As a result P00002 is modified to delete Exhibit 18 and ADD the attached Exhibits 1 through 18.					
Except as provided herein, all terms and conditions of the document referenced in Item 9A or 10A, as heretofore changed, remains unchanged and in full force and effect.					
15A. NAME AND TITLE OF SIGNER (Type or print)			16A. NAME AND TITLE OF CONTRACTING OFFICER (Type or print) ANGELA HARRIS/KO TEL: 703-681-2830 EMAIL: Angela.Harris@hqda.army.mil		
15B. CONTRACTOR/OFFEROR  Signature of person authorized to sign	15C. DATE SIGNED	16B. UNITED STATES OF AMERICA BY <u>Angela P. Harris</u> (Signature of Contracting Officer)		16C. DATE SIGNED 25-Jun-2004	
APPROVED BY OIRM 11-84		30-105-04		STANDARD FORM 30 (Rev. 10-83) Prescribed by GSA FAR (48 CFR) 53.243	

SECTION SF 30 BLOCK 14 CONTINUATION PAGE

**SUMMARY OF CHANGES**

Exhibits 1 through 18 provided as attachments

(End of Summary of Changes)

2. AMENDMENT/MODIFICATION NO. <b>P00004</b>	3. EFFECTIVE DATE <b>28-Jun-2004</b>	4. REQUISITION/PURCHASE REQ. NO. <b>SEE SCHEDULE</b>	5. PROJECT NO. (If applicable)
--	---	---	--------------------------------

6. ISSUED BY <b>DEFENSE CONTRACTING COMMAND-WASHINGTON ARMY PENTAGON ROOM 1C243 THE PENTAGON WASHINGTON DC 20310-5200</b>	CODE <b>W74V8H</b>	7. ADMINISTERED BY (If other than item 6) <b>DEFENSE CONTRACTING COMMAND-WASHINGTON 5200 ARMY PENTAGON WASHINGTON DC 20310-5200</b>	CODE <b>W74V8H</b>
--	-----------------------	--	-----------------------

8. NAME AND ADDRESS OF CONTRACTOR (No., Street, County, State and Zip Code) <b>JOHN HOPKINS MEDICAL SERVICES CORP MARY COOKE 6704 CURTIS COURT GLEN BURNIE MD 21060</b>	9A. AMENDMENT OF SOLICITATION NO.
	9B. DATED (SEE ITEM 11)
	X 10A. MOD. OF CONTRACT/ORDER NO. <b>DASW01-03-C-0052</b>
	X 10B. DATED (SEE ITEM 13) <b>30-May-2003</b>

**11. THIS ITEM ONLY APPLIES TO AMENDMENTS OF SOLICITATIONS**

The above numbered solicitation is amended as set forth in Item 14. The hour and date specified for receipt of Offer  is extended,  is not extended.

Offer must acknowledge receipt of this amendment prior to the hour and date specified in the solicitation or as amended by one of the following methods:  
 (a) By completing Items 8 and 15, and returning \_\_\_\_\_ copies of the amendment; (b) By acknowledging receipt of this amendment on each copy of the offer submitted; or (c) By separate letter or telegram which includes a reference to the solicitation and amendment numbers. FAILURE OF YOUR ACKNOWLEDGMENT TO BE RECEIVED AT THE PLACE DESIGNATED FOR THE RECEIPT OF OFFERS PRIOR TO THE HOUR AND DATE SPECIFIED MAY RESULT IN REJECTION OF YOUR OFFER. If by virtue of this amendment you desire to change an offer already submitted, such change may be made by telegram or letter, provided each telegram or letter makes reference to the solicitation and this amendment, and is received prior to the opening hour and date specified.

12. ACCOUNTING AND APPROPRIATION DATA (If required)

**13. THIS ITEM APPLIES ONLY TO MODIFICATIONS OF CONTRACTS/ORDERS.  
IT MODIFIES THE CONTRACT/ORDER NO. AS DESCRIBED IN ITEM 14.**

A. THIS CHANGE ORDER IS ISSUED PURSUANT TO: (Specify authority) **THE CHANGES SET FORTH IN ITEM 14 ARE MADE IN THE CONTRACT ORDER NO. IN ITEM 10A.**

THE ABOVE NUMBERED CONTRACT/ORDER IS MODIFIED TO REFLECT THE ADMINISTRATIVE CHANGES (such as changes in paying office, appropriation date, etc.) SET FORTH IN ITEM 14, PURSUANT TO THE AUTHORITY OF FAR 43.103(B).

C. THIS SUPPLEMENTAL AGREEMENT IS ENTERED INTO PURSUANT TO AUTHORITY OF:

X D. OTHER (Specify type of modification and authority)  
**52.212-04**

E. IMPORTANT: Contractor  is not,  is required to sign this document and return \_\_\_\_\_ copies to the issuing office.

14. DESCRIPTION OF AMENDMENT/MODIFICATION (Organized by UCF section headings, including solicitation/contract subject matter where feasible.)  
 The purpose of this modification is to add a SubCLIN, and submit changes to the statement of objectives and revised attachments.

-----See Continuation Sheet(s) -----

Except as provided herein, all terms and conditions of the document referenced in Item 9A or 10A, as heretofore changed, remains unchanged and in full force and effect.

15A. NAME AND TITLE OF SIGNER (Type or print)	16A. NAME AND TITLE OF CONTRACTING OFFICER (Type or print) <b>GERALDINE MARSHALL / KO</b> TEL: 703-681-2824 EMAIL: Geraldne.Marshall@hqda.army.mil
---	--

15B. CONTRACTOR/OFFEROR	15C. DATE SIGNED	16B. UNITED STATES OF AMERICA BY <u><i>Geraldine E Marshall</i></u> (Signature of Contracting Officer)	16C. DATE SIGNED <b>28-Jun-2004</b>
-------------------------	------------------	--	--

## SUMMARY OF CHANGES

### SECTION SF 1449 - CONTINUATION SHEET

#### SUPPLIES OR SERVICES AND PRICES

Cancer Prevention and Treatment Clinical Trails Demonstration has been added as SUBCLIN 000301 and described as indicated below.

The following subclin is added.

**000301 Cancer Prevention and Treatment Clinical Trails Demonstration**

The DP shall describe how they will participate in National Cancer Institute (NCI)/Department of Defense clinical trials until such time as the Interagency Agreement is terminated. The DP must comply with Chapter 20, Section 2 of the Operations Manual 6010.51-M for participation in the cancer prevention and treatment trails. Subsection 6.1.2 through 6.1.5, 6.22, and 6.2.3 do not apply to this contract. The Case Manager will approve enrollees referred by the attending oncologist. If the Case Manager requires assistance or clarification in approving/disapproving the referral, he/she may inquire with TMA or NCI officials responsible for this program. This cost is not paid through a capitation payment. Payment must comply with Subsection 7.8.

Sections 4.0, 8.3.1, 8.4.4, 8.8.6, 10.1, and 10.2 of the contract is hereby modified as follows:

**4.0 Documents (Revised TRICARE Manuals)**

TRICARE Operations Manual (TOM) 6010.51-M, August 1, 2002 through Change 9 dated March 2, 2004.

TRICARE Policy Manual (TPM) 6010.54-M, August 1, 2002 through Change 6 dated January 16, 2003.

TRICARE Systems Manual (TSM) 7950.1, August 1, 2002 through Change 8 dated March 5, 2004.

**8.3.1 TRICARE Enrollment and Disenrollment Forms**

Effective date of new enrollment form has changed from June 1, 2004 to September 1, 2004, the start date for Region 1 to transition to TNEX North Region. Enrollment and Disenrollment forms, originally attachments 2 and 3 have been revised and are attached.

**8.4.4 "Take Care of Yourself" Books**

This is no longer a requirement.

**8.8.6 Data Specifications and Data Dictionary for Monthly Data Submissions**

Original attachments 10 and 11 have been revised and are attached. A summary of changes for the data dictionary and specifications is also attached.

**10.1 Monthly Reports**

The DPs shall receive monthly enrollment and capitation reports from the Data Contractor no later than the 20<sup>th</sup> of the given month.

**10.2 Payment Vouchers**

For monthly capitation payment, the DP shall complete the payment invoice (DD Form 250) forty-five (45) days prior to the requested payment date. Payment date for monthly capitation shall be no earlier than the 10<sup>th</sup> of the payment month in which services are being provided. For quarterly reconciliation payment and all equitable adjustment payments, the DP shall complete the payment invoice (DD Form 250) sixty (60) days prior to requested payment date.

Added:

**10.4 National Cancer Institute/Clinical Trial Reimbursement**

To receive reimbursement for participation in the National Cancer Institute/Clinical Trials, DPs shall invoice separately by submitting a DD250 with supporting documentation for all cost of care provided. Reimbursement shall be provided through cancer trial funds allotted.

**PURCHASE REQUEST NUMBER: H94002-4112-0003-000**

(End of Summary of Changes)

<b>AMENDMENT OF SOLICITATION/MODIFICATION OF CONTRACT</b>			1. CONTRACT ID CODE <b>J</b>	PAGE OF PAGES <b>1   13</b>
2. AMENDMENT/MODIFICATION NO. <b>005</b> <i>P0005</i>		3. EFFECTIVE DATE <b>31-May-2005</b>		4. REQUISITION/PURCHASE REQ. NO. SEE SCHEDULE
5. PROJECT NO. (If applicable)		7. ADMINISTERED BY (If other than item 6) DEFENSE CONTRACTING COMMAND-WASHINGTON 5200 ARMY PENTAGON WASHINGTON DC 20310-5200		
6. ADMINISTERED BY (If other than item 6) DEFENSE CONTRACTING COMMAND-WASHINGTON 5200 ARMY PENTAGON WASHINGTON DC 20310-5200		7. ADMINISTERED BY (If other than item 6) DEFENSE CONTRACTING COMMAND-WASHINGTON 5200 ARMY PENTAGON WASHINGTON DC 20310-5200		
8. NAME AND ADDRESS OF CONTRACTOR (No., Street, County, State and Zip Code) JOHN HOPKINS MEDICAL SERVICES CORP MARY COOKE 6704 CURTIS COURT GLEN BURNIE MD 21060		9A. AMENDMENT OF SOLICITATION NO.		
		9B. DATED (SEE ITEM 11)		
		X 10A. MOD. OF CONTRACT/ORDER NO. DASW01-03-C-0052		
		X 10B. DATED (SEE ITEM 13) 30-May-2003		
CODE 1NXX2		FACILITY CODE 1NXX2		
<b>11. THIS ITEM ONLY APPLIES TO AMENDMENTS OF SOLICITATIONS</b>				
<input type="checkbox"/> The above numbered solicitation is amended as set forth in Item 14. The hour and date specified for receipt of offer <input type="checkbox"/> is extended, <input type="checkbox"/> is not extended.				
Offer must acknowledge receipt of this amendment prior to the hour and date specified in the solicitation or as amended by one of the following methods: (a) By completing Items 8 and 15, and returning _____ copies of the amendment; (b) By acknowledging receipt of this amendment on each copy of the offer submitted; or (c) By separate letter or telegram which includes a reference to the solicitation and amendment numbers. FAILURE OF YOUR ACKNOWLEDGMENT TO BE RECEIVED AT THE PLACE DESIGNATED FOR THE RECEIPT OF OFFERS PRIOR TO THE HOUR AND DATE SPECIFIED MAY RESULT IN REJECTION OF YOUR OFFER. If by virtue of this amendment you desire to change an offer already submitted, such change may be made by telegram or letter, provided each telegram or letter makes reference to the solicitation and this amendment, and is received prior to the opening hour and date specified.				
12. ACCOUNTING AND APPROPRIATION DATA (If required) <b>See Schedule</b>				
<b>13. THIS ITEM APPLIES ONLY TO MODIFICATIONS OF CONTRACT ORDERS. IT MODIFIES THE CONTRACT/ORDER NO. AS DESCRIBED IN ITEM 14.</b>				
A. THIS CHANGE ORDER IS ISSUED PURSUANT TO: (Specify authority) THE CHANGES SET FORTH IN ITEM 14 ARE MADE IN THE CONTRACT ORDER NO. IN ITEM 10A.				
B. THE ABOVE NUMBERED CONTRACT/ORDER IS MODIFIED TO REFLECT THE ADMINISTRATIVE CHANGES (such as changes in paying office, appropriation date, etc.) SET FORTH IN ITEM 14, PURSUANT TO THE AUTHORITY OF FAR 43.103(B).				
C. THIS SUPPLEMENTAL AGREEMENT IS ENTERED INTO PURSUANT TO AUTHORITY OF:				
X D. OTHER (Specify type of modification and authority) FAR 52-217-9				
E. IMPORTANT: Contractor <input type="checkbox"/> is not, <input checked="" type="checkbox"/> is required to sign this document and return <u>1</u> copies to the issuing office.				
14. DESCRIPTION OF AMENDMENT/MODIFICATION (Organized by UCF section headings, including solicitation/contract subject matter where feasible.) The purpose of this modification is to extend the term of the above referenced contract and to exercise option period two and to identify ceiling rates and methodology for the option period. As a result the contract is modified as follows: -----SEE CONTINUATION SHEET(S)-----				
Except as provided herein, all terms and conditions of the document referenced in Item 9A or 10A, as heretofore changed, remains unchanged and in full force and effect.				
15A. NAME AND TITLE OF SIGNER (Type or print)		16A. NAME AND TITLE OF CONTRACTING OFFICER (Type or print) GERALDINE MARSHALL / KO TEL: 703-681-2824 EMAIL: Geraldine.Marshall@hqda.army.mil		
CONTRACTOR/OFFEROR  (Signature of person authorized to sign)		15C. DATE SIGNED		16B. UNITED STATES OF AMERICA BY <i>Geraldine Marshall</i> (Signature of Contracting Officer)
				16C. DATE SIGNED 01-Jun-2005

EXCEPTION TO SF 30  
APPROVED BY OIRM 11-84

30-105-04

STANDARD FORM 30 (Rev. 10-83)  
Prescribed by GSA  
FAR (48 CFR) 53.243

SECTION SF 30 BLOCK 14 CONTINUATION PAGE

SUMMARY OF CHANGES

The total cost of this contract was increased by (b)(4)

SUPPLIES OR SERVICES AND PRICES

CLIN 0024 is added as follows:

ITEM NO	SUPPLIES/SERVICES	QUANTITY	UNIT	UNIT PRICE	AMOUNT
0024	FY05 - 05TMA-042 - 35U1 - Option Period Two Healthcare PURCHASE REQUEST NUMBER: H94002-5123-0001-000	1	Lot	(b)(4) Funding	(b)(4)
				NET AMT	(b)(4)
	ACRN AS Funded Amount				
	ACRN AT Funded Amount				

The negotiated contract ceiling price for Option Period Two is (b)(4) is currently provided. The remaining funds shall be issued and adjusted based on reconciliations in accordance with the terms of the contract.

AS a result of this modification Option Period two is hereby exercised and the term of the contract is extended through 31 May 2006.

ACCOUNTING AND APPROPRIATION

Summary for the Payment Office

As a result of this modification, the total funded amount for this document was increased by (b)(4) from (b)(4)

CLIN 0024:  
Funding on CLIN 0024 is initiated as follows:

ACRN: AT

Acctng Data: 97XXXX5472.18D9 000000 (FY05)

Increase: (b)(4)

Total: (b)(4)

ACRN: AS

Acctng Data: 9705050130.1889 102000

Increase: (b)(4)

Total: (b)(4)

**Calculation of Ceiling Rates for  
Johns Hopkins Medical Service Corporation for  
OP2**

**Exhibits 1 through 18 are provided as an excel Attachment**

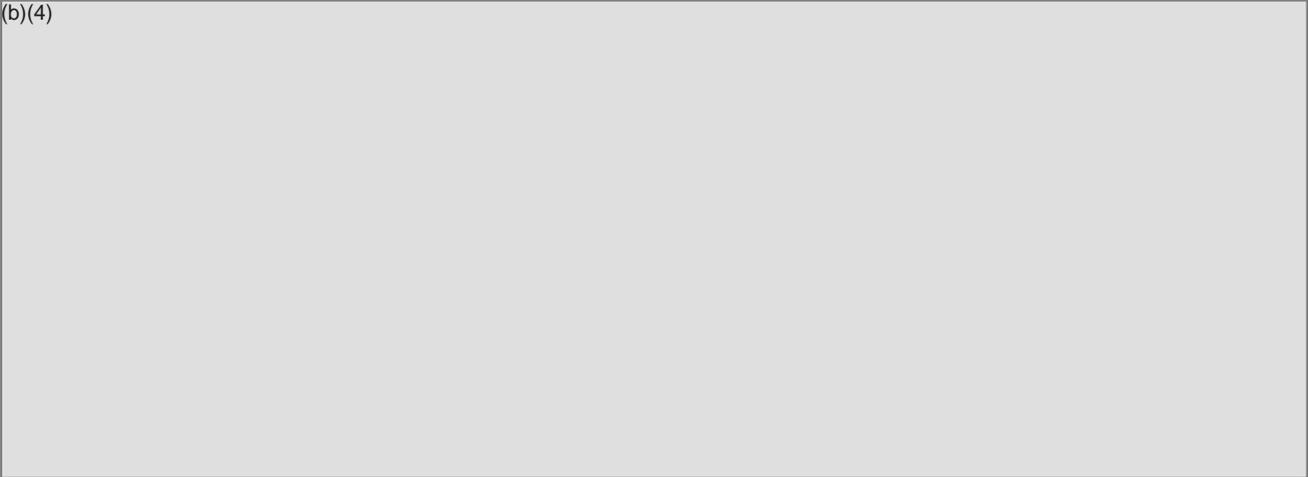
**May 25, 2005**

**CEILING RATE METHODOLOGY FOR OP2 FOR JHMSC**

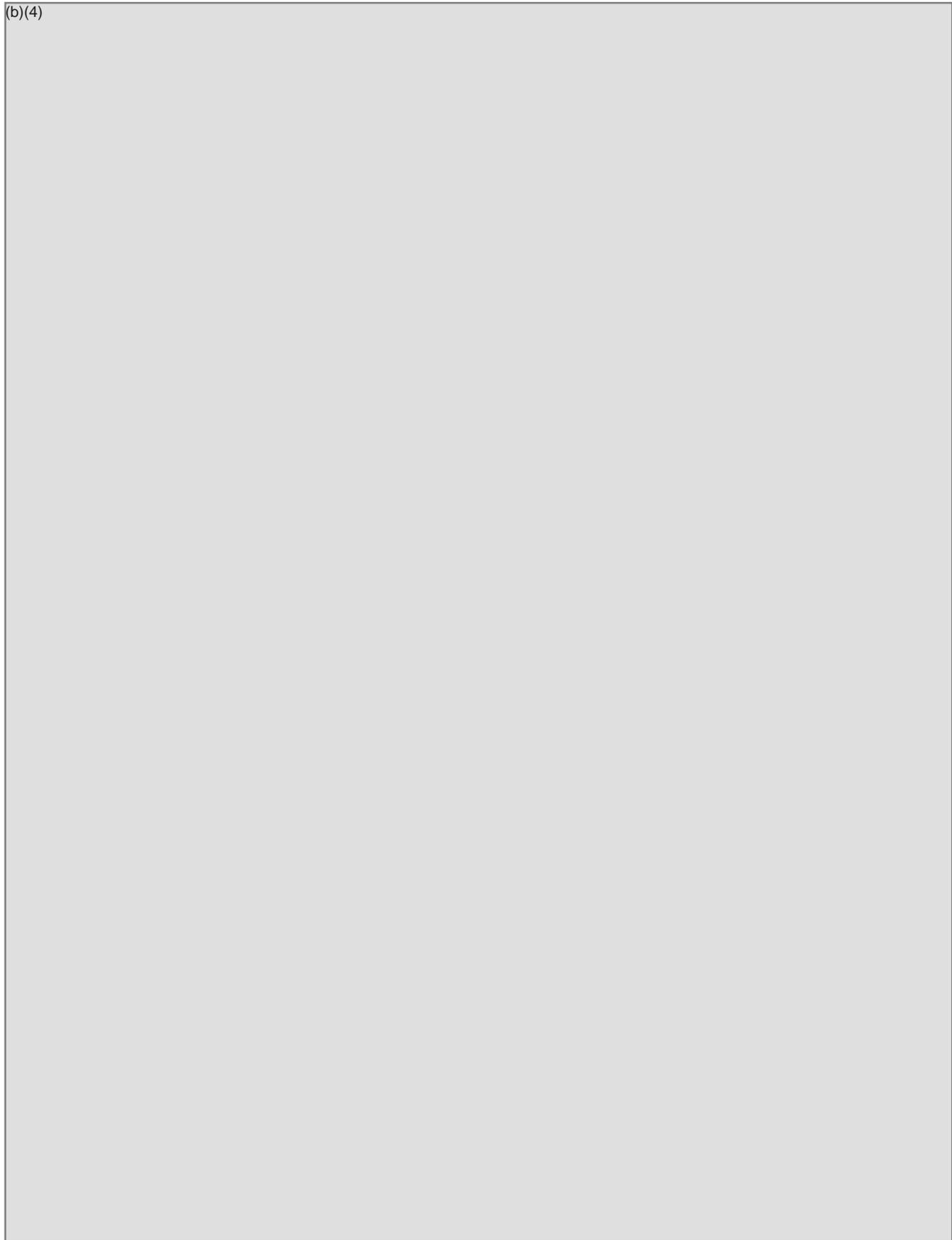
**CEILING RATES FOR THE UNDER 65 POPULATION**

Section 726(b) of the National Defense Authorization Act for Fiscal Year 1997 states that the capitation payments for health care services to a Designated Provider shall not exceed an amount equal to the cost that would have been incurred by the Government if the enrollee had received such health care services through a military treatment facility, the TRICARE program, or the Medicare program, as the case may be. These are referred to as the ceiling rates.

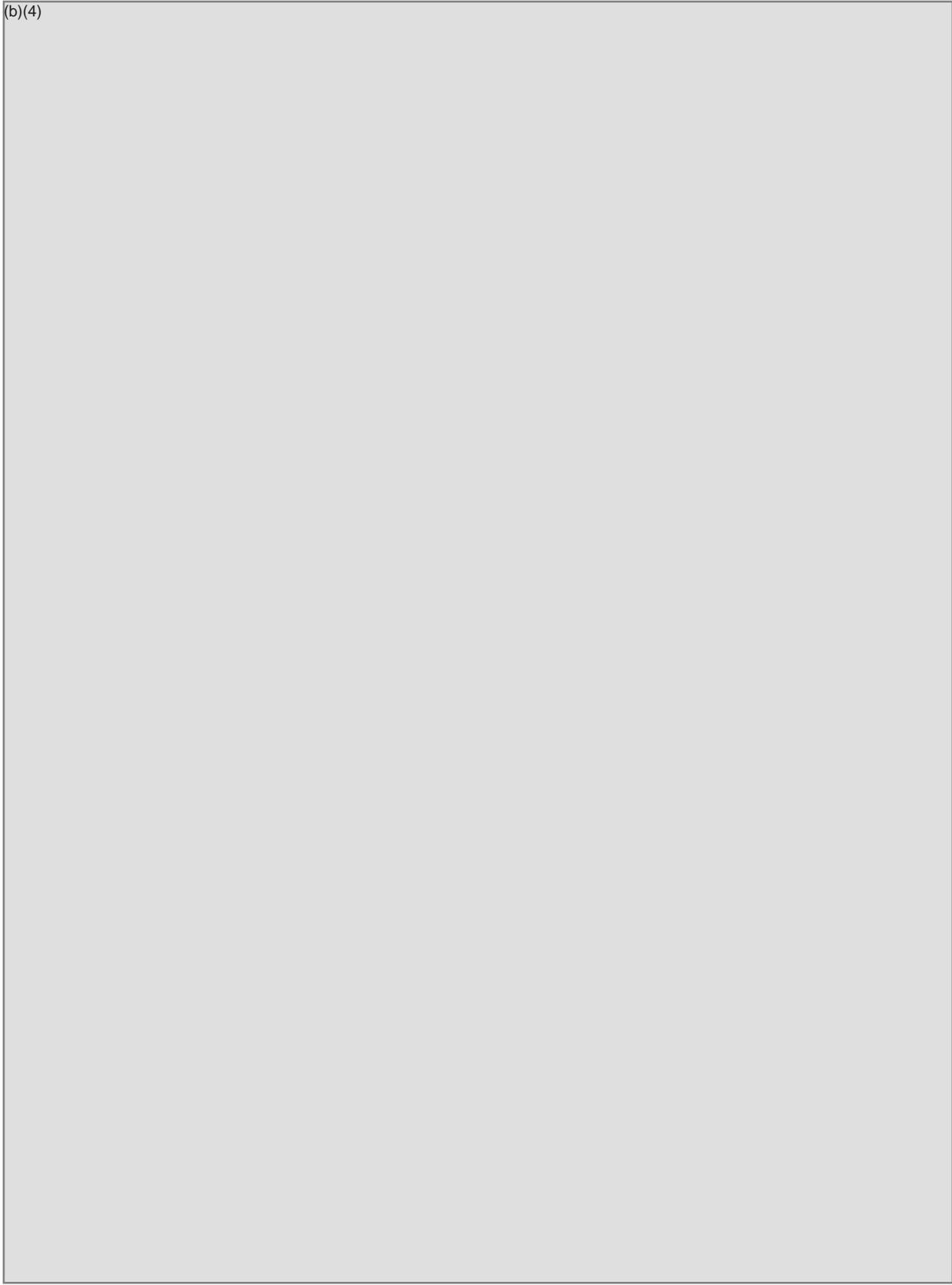
(b)(4)



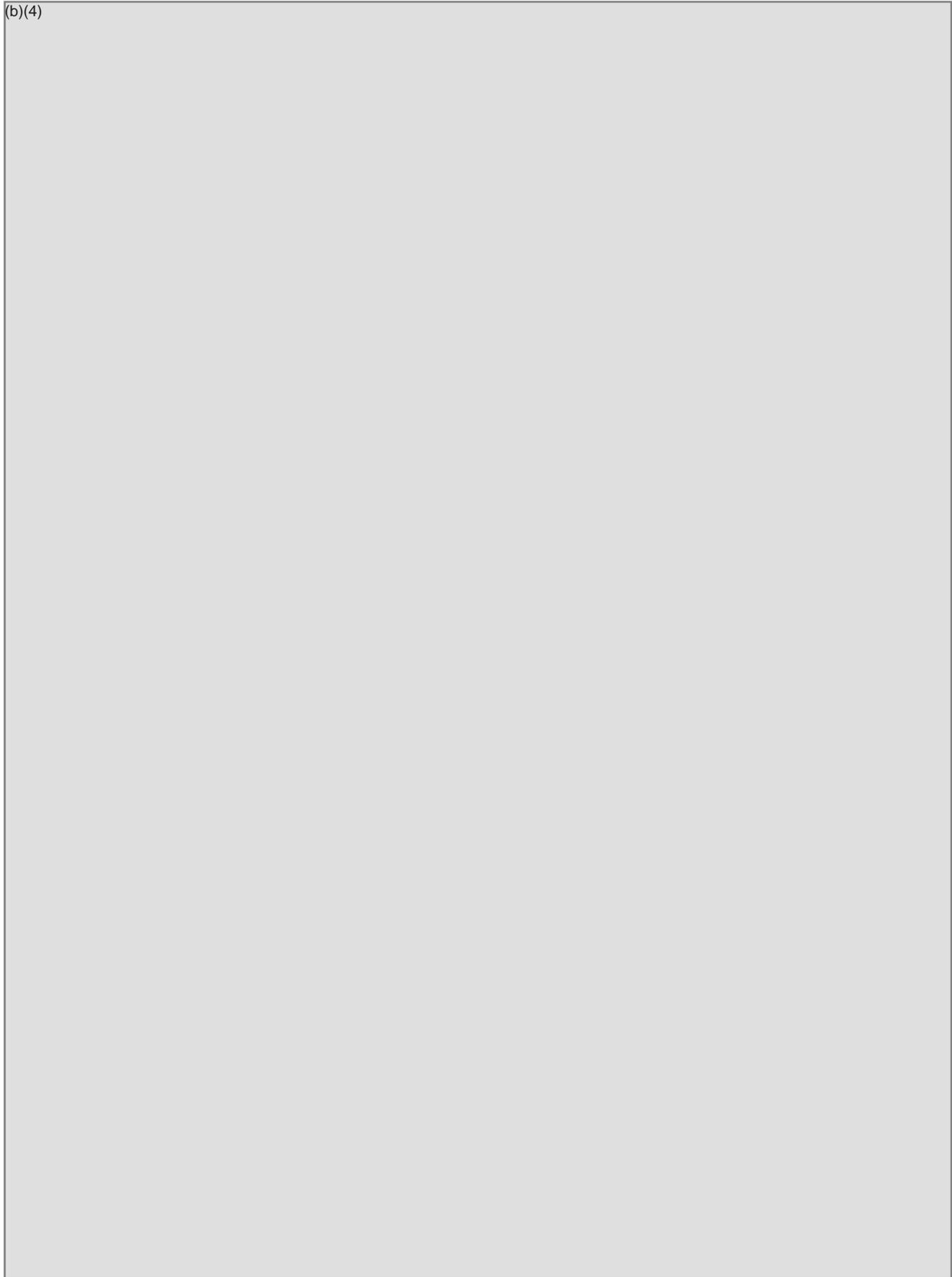
(b)(4)



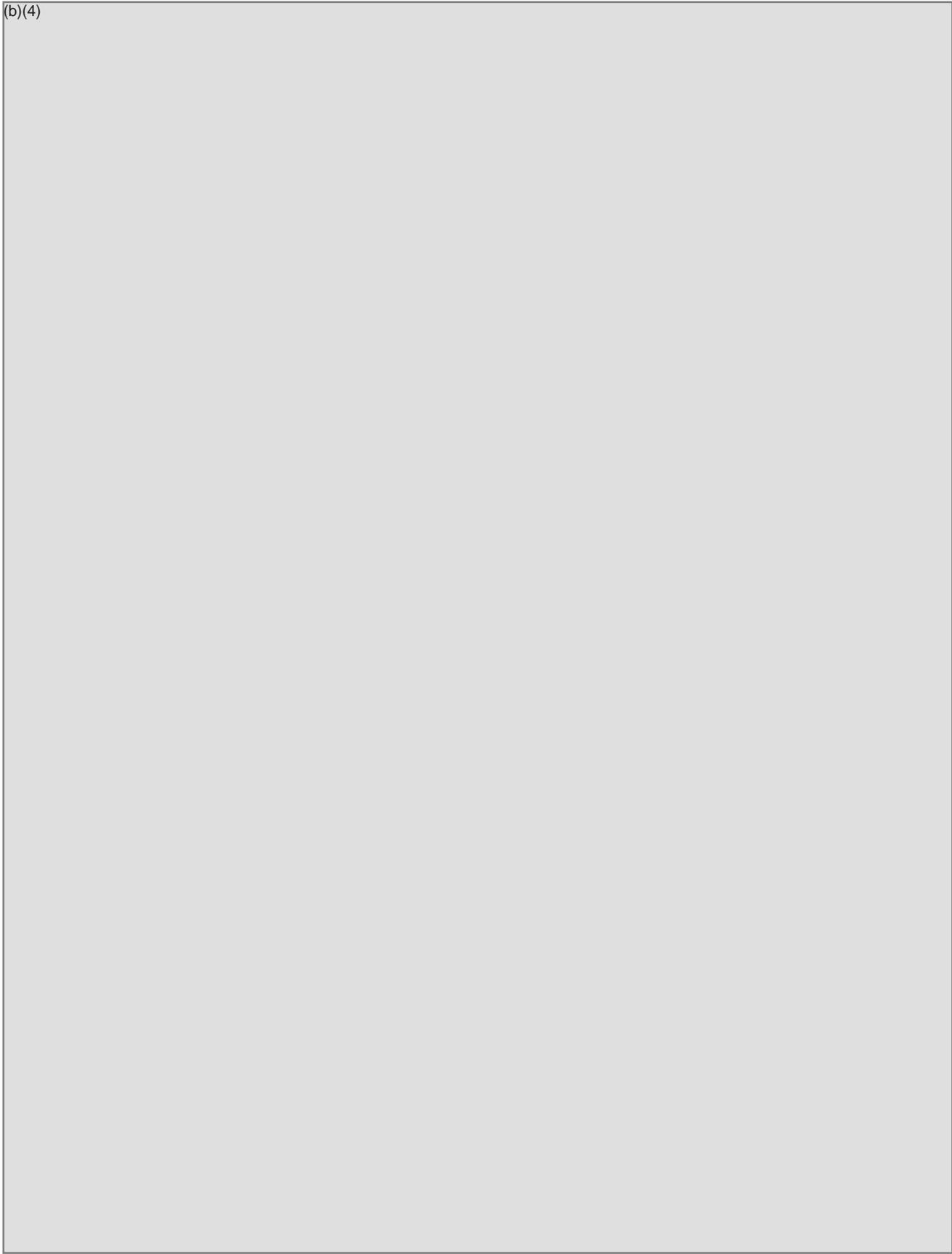
(b)(4)



(b)(4)



(b)(4)



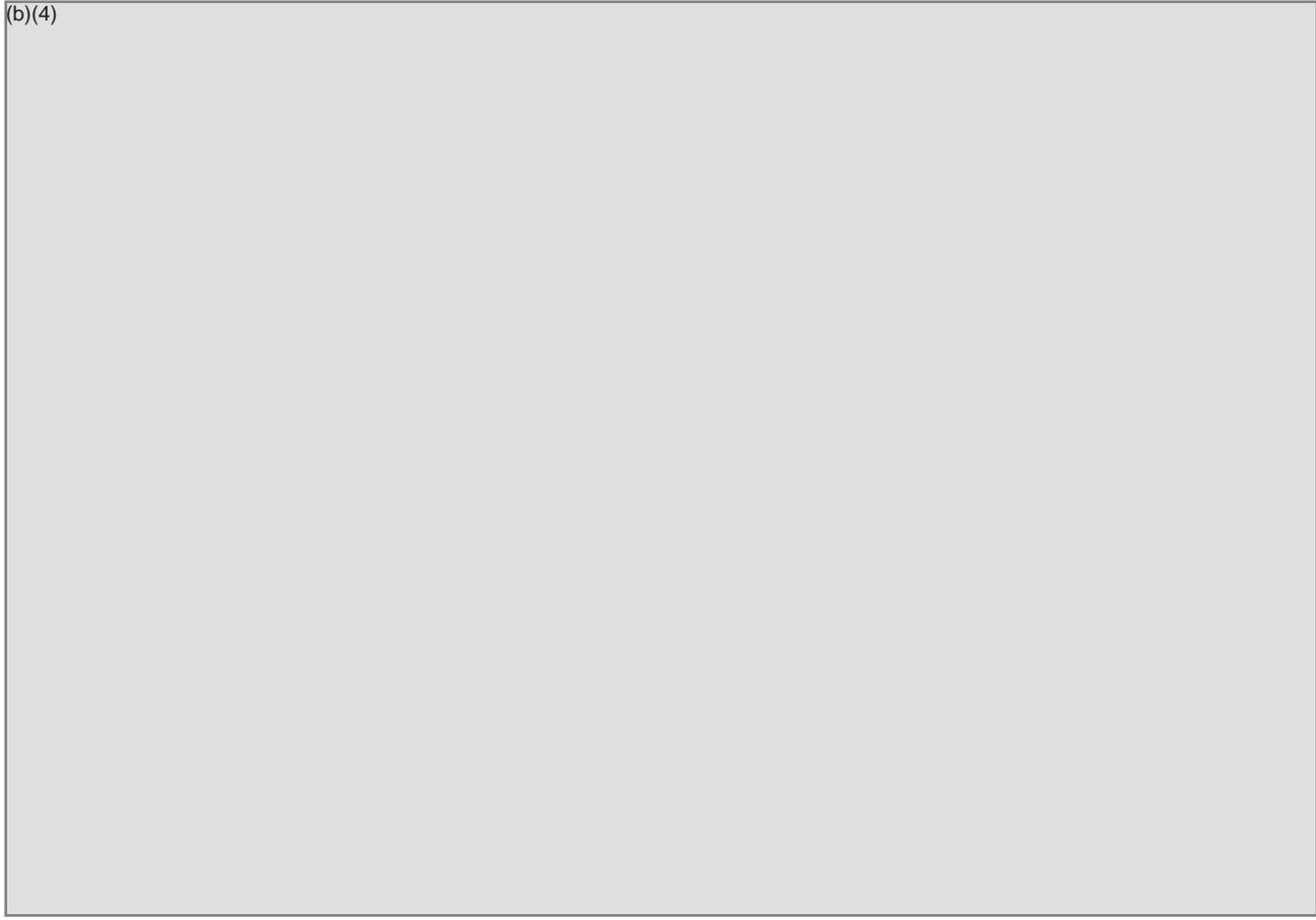
(k)(4)

**Medicare Covered Portion**

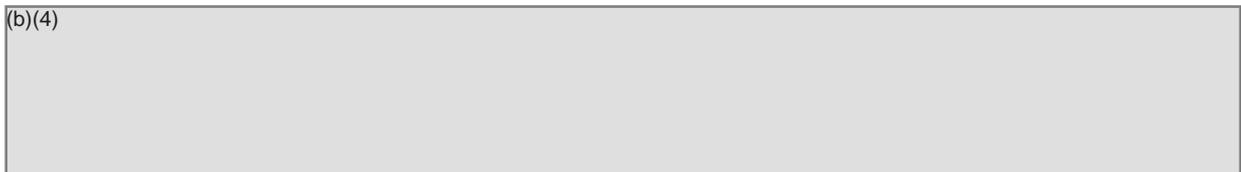
Section 726(b) of the FY97 National Defense Authorization Act indicates that the government should not pay the Designated Provider more than what would have been incurred by the government if the enrollee had received such healthcare services through TRICARE, an MTF, or Medicare. We first examined what Medicare would have paid for beneficiaries age 65 and over.

(b)(4)

(b)(4)

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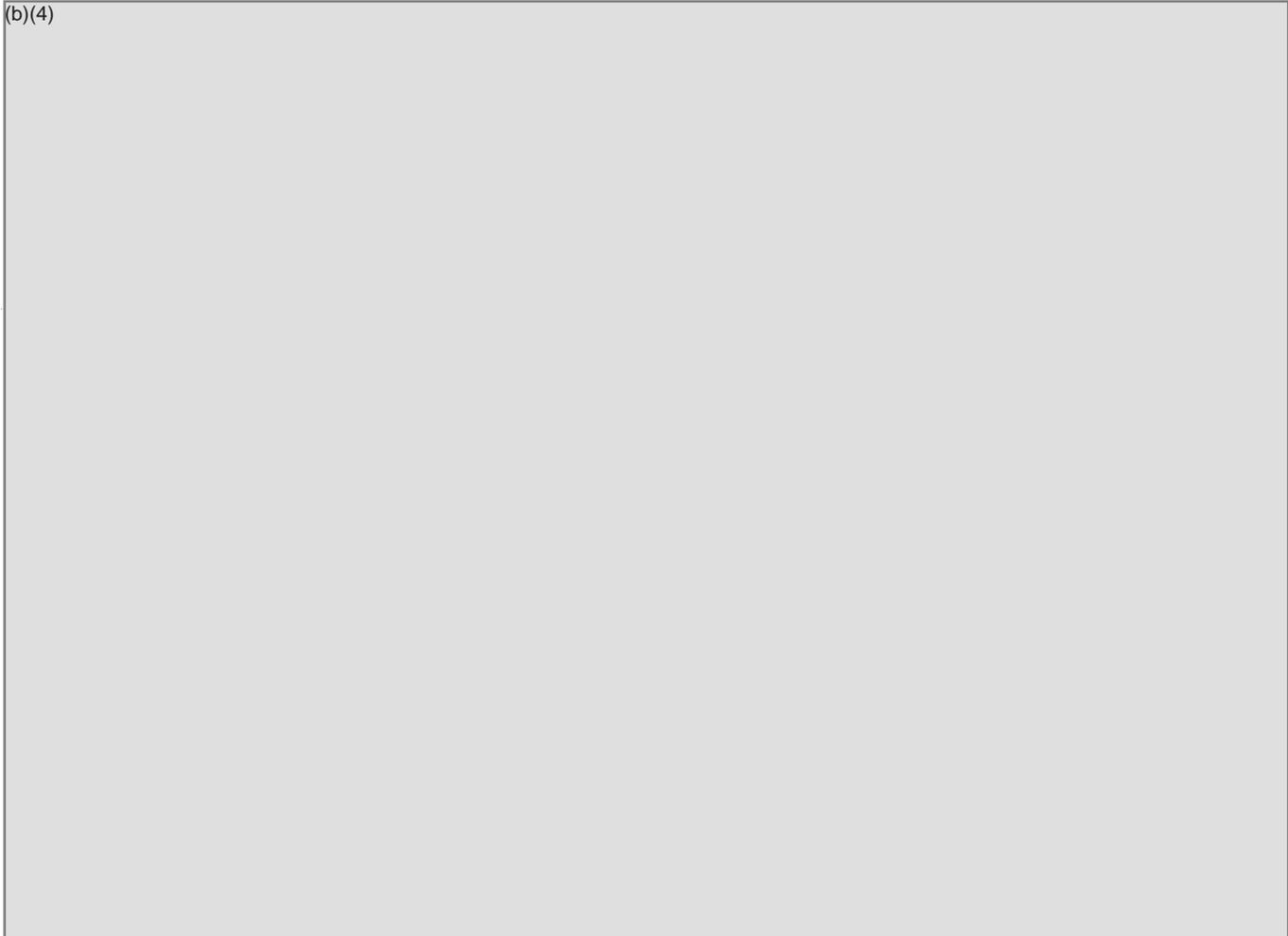
(b)(4)

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(b)(4)



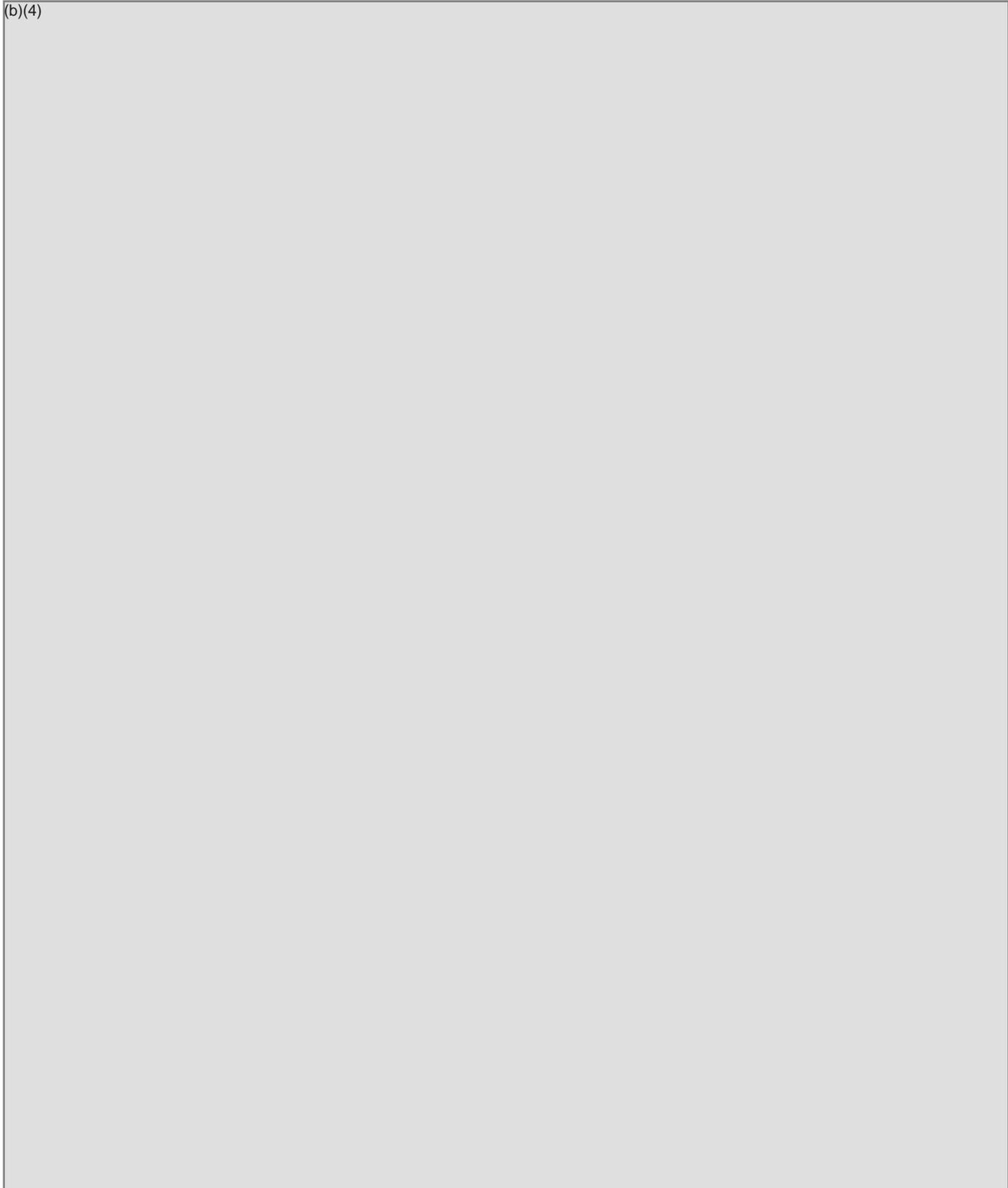
(b)(4)

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(b)(4)

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(b)(4)



(b)(4)



(End of Summary of Changes)

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<sup>9</sup> We will follow the CMS approach and increase CMS-published values to reflect trends in coding.

<b>AMENDMENT OF SOLICITATION/MODIFICATION OF CONTRACT</b>				1. CONTRACT ID CODE J	PAGE OF PAGES 1   2	
2. AMENDMENT/MODIFICATION NO. P00006		3. EFFECTIVE DATE 03-Aug-2005	4. REQUISITION/PURCHASE REQ. NO. SEE SCHEDULE		5. PROJECT NO.(If applicable)	
6. ISSUED BY DEFENSE CONTRACTING COMMAND-WASHINGTON 5200 ARMY PENTAGON ROOM 1C243 THE PENTAGON WASHINGTON DC 20310-5200		CODE W74V8H	7. ADMINISTERED BY (If other than item 6) DEFENSE CONTRACTING COMMAND-WASHINGTON 5200 ARMY PENTAGON WASHINGTON DC 20310-5200		CODE W74V8H	
8. NAME AND ADDRESS OF CONTRACTOR (No., Street, County, State and Zip Code) JOHN HOPKINS MEDICAL SERVICES CORP MARY COOKE 6704 CURTIS COURT GLEN BURNIE MD 21060				9A. AMENDMENT OF SOLICITATION NO.		
				9B. DATED (SEE ITEM 11)		
				X	10A. MOD. OF CONTRACT/ORDER NO. DASW01-03-C-0052	
				X	10B. DATED (SEE ITEM 13) 01-Jun-2003	
CODE 1NXX2		FACILITY CODE 1NXX2				
11. THIS ITEM ONLY APPLIES TO AMENDMENTS OF SOLICITATIONS						
<input type="checkbox"/> The above numbered solicitation is amended as set forth in Item 14. The hour and date specified for receipt of Offer <input type="checkbox"/> is extended, <input type="checkbox"/> is not extended. Offer must acknowledge receipt of this amendment prior to the hour and date specified in the solicitation or as amended by one of the following methods: (a) By completing Items 8 and 15, and returning _____ copies of the amendment; (b) By acknowledging receipt of this amendment on each copy of the offer submitted; or (c) By separate letter or telegram which includes a reference to the solicitation and amendment numbers. FAILURE OF YOUR ACKNOWLEDGMENT TO BE RECEIVED AT THE PLACE DESIGNATED FOR THE RECEIPT OF OFFERS PRIOR TO THE HOUR AND DATE SPECIFIED MAY RESULT IN REJECTION OF YOUR OFFER. If by virtue of this amendment you desire to change an offer already submitted, such change may be made by telegram or letter, provided each telegram or letter makes reference to the solicitation and this amendment, and is received prior to the opening hour and date specified.						
12. ACCOUNTING AND APPROPRIATION DATA (If required)						
13. THIS ITEM APPLIES ONLY TO MODIFICATIONS OF CONTRACTS/ORDERS. IT MODIFIES THE CONTRACT/ORDER NO. AS DESCRIBED IN ITEM 14.						
A. THIS CHANGE ORDER IS ISSUED PURSUANT TO: (Specify authority) THE CHANGES SET FORTH IN ITEM 14 ARE MADE IN THE CONTRACT ORDER NO. IN ITEM 10A.						
X B. THE ABOVE NUMBERED CONTRACT/ORDER IS MODIFIED TO REFLECT THE ADMINISTRATIVE CHANGES (such as changes in paying office, appropriation date, etc.) SET FORTH IN ITEM 14, PURSUANT TO THE AUTHORITY OF FAR 43.103(B).						
C. THIS SUPPLEMENTAL AGREEMENT IS ENTERED INTO PURSUANT TO AUTHORITY OF:						
D. OTHER (Specify type of modification and authority)						
E. IMPORTANT: Contractor <input checked="" type="checkbox"/> is not, <input type="checkbox"/> is required to sign this document and return _____ copies to the issuing office.						
14. DESCRIPTION OF AMENDMENT/MODIFICATION (Organized by UCF section headings, including solicitation/contract subject matter where feasible.)  The purpose of this modification is to transfer the above referenced contract to the TRICARE Management Activity (TMA) contracting office in Aurora, Colorado.  -----See Continuation Sheet(s)-----						
Except as provided herein, all terms and conditions of the document referenced in Item 9A or 10A, as heretofore changed, remains unchanged and in full force and effect.						
15A. NAME AND TITLE OF SIGNER (Type or print)			16A. NAME AND TITLE OF CONTRACTING OFFICER (Type or print) GERALDINE MARSHALL / KO TEL: 703-692-6991 EMAIL: Geraldine.Marshall@hqda.army.mil			
15B. CONTRACTOR/OFFEROR  (Signature of person authorized to sign)		15C. DATE SIGNED	16B. UNITED STATES OF AMERICA BY <i>Geraldine L. Marshall</i> (Signature of Contracting Officer)		16C. DATE SIGNED 03-Aug-2005	

SECTION SF 30 BLOCK 14 CONTINUATION PAGE

Effective 03 August 2005 The Defense Contracting Command-Washington hereby transfers all Procuring Contracting Officer (PCO) and Administrative Contracting Officer (ACO) authority and responsibilities to the TRICARE Management Activity listed below:

DODDAC: H94002  
Tricare Management Activity/CM  
16401 E. Centretech Parkway  
Aurora, CO 80011-9066

The proposed TMA Contracting Officer is Scott L. Moore, telephone number (303) 676.3507; email: [Scott.Moore@tma.osd.mil](mailto:Scott.Moore@tma.osd.mil).

(End of Summary of Changes)

**AMENDMENT OF SOLICITATION/MODIFICATION OF CONTRACT**

1. Contract ID Code **J** Page **1** of Pages **1**

2. Amendment/Modification No. P00007	3. Effective Date <b>0256P05</b>	4. Requisition/Purchase Req. No. 05-CMA-0306	5. Project No. (if applicable) 00000
6. Issued By DEPARTMENT OF DEFENSE TRICARE MANAGEMENT ACTIVITY/CM 16401 E. CENTRETECH PARKWAY AURORA, CO 80011-9066 JOHN PARKER 303 676-3994		7. Administered By (If other than Item 6) SEE BLOCK 6	

8. Name and Address of Contractor (No., Street, County, and Zip Code)  JOHN HOPKINS MEDICAL SERVICE 6704 CURTIS COURT GLEN BURNIE MD 21060-6406	Vendor ID: 00003550 DUNS: 069390037  CAGE: 1NXX2	(X)	9A. Amendment of Solicitation No.
			9B. Date (See Item 11)
		X	10A. Modification of Contract/Order No. H94002-03-C-0021 10B. Date (See Item 13) Jun 1, 2003
Code	Facility Code		

**11. THIS ITEM ONLY APPLIES TO AMENDMENTS OF SOLICITATIONS**

The above numbered solicitation is amended as set forth in item 14. The hour and date specified for receipt of Offers  is extended  is not extended. Offers must acknowledge receipt of this amendment prior to the hour and date specified in the solicitation or as amended, by one of the following methods:  
(a) By completing items 8 and 15, and returning \_\_\_\_\_ copies of the amendment; (b) By acknowledging receipt of this amendment on each copy of the offer submitted; or (c) By separate letter or telegram which includes a reference to the solicitation and amendment numbers. FAILURE OF YOUR ACKNOWLEDGMENT TO BE RECEIVED AT THE PLACE DESIGNATED FOR THE RECEIPT OF OFFERS PRIOR TO THE HOUR AND DATE SPECIFIED MAY RESULT IN REJECTION OF YOUR OFFER. If by virtue of this amendment you desire to change an offer already submitted, such change may be made by telegram or letter, provided each telegram or letter makes reference to the solicitation and this amendment, and is received prior to the opening hour and date specified.

12. Accounting and Appropriation Data (if required)  
N/A \$ US  (b)(4)

**13. THIS ITEM APPLIES ONLY TO MODIFICATIONS OF CONTRACT/ORDERS. IT MODIFIES THE CONTRACT/ORDER NO. AS DESCRIBED IN ITEM 14.**

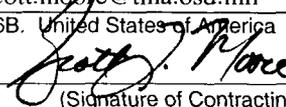
(x)	A. This change order is issued pursuant to: (Specify authority) The changes set forth in item 14 are made in the Contract Order No. in item 10A.
X	B. The above numbered Contract/Order is modified to reflect the administrative changes (such as changes in paying office, appropriation date, etc.) Set fourth item 14, pursuant to the authority of FAR 43.103 (b)
	C. This supplemental agreement is entered into pursuant to authority of:
	D. Other (Specify type of modification and authority)

**E. IMPORTANT:** Contractor  is not,  is required to sign this document and return \_\_\_\_\_ copies to the issuing office.

14. Description of Amendment/Modification (Organized by UCF section headings, including solicitation/contract subject matter where feasible.)

As a result of this contract being transferred from the Defense Contracting Command-Washington to TRICARE Management Activity, the contract number is hereby changed from DASW01-03-C-0052 to **H94002-03-C-0021**.

Except as provided herein, all terms and conditions of the document referenced in item 9A or 10A, as heretofore changed, remains unchanged and in full force and effect.

15A. Name and Title of Signer (Type or Print)	16A. Name and title of Contracting Officer (Type or Print) SCOTT L. MOORE CONTRACTING OFFICER scott.moore@tma.osd.mil
15B. Contractor/Offendor  (Signature of person authorized to sign)	15C. Date Signed
	16B. United States of America  (Signature of Contracting Officer)
	16C. Date Signed <b>0256P05</b>

<b>AMENDMENT OF SOLICITATION/MODIFICATION OF CONTRACT</b>			1. Contract ID Code J	Page 1	of Pages 2
2. Amendment/Modification No. P00008	3. Effective Date SEP 30 2005	4. Requisition/Purchase Req. No. 05-CMA-0346	5. Project No. (if applicable) 14125		
6. Issued By DEPARTMENT OF DEFENSE TRICARE MANAGEMENT ACTIVITY/CM 16401 E. CENTRETECH PARKWAY AURORA, CO 80011-9066 JOHN PARKER 303 676-3994		Code H94002		7. Administered By (If other than Item 6) SEE BLOCK 6	
8. Name and Address of Contractor (No., Street, County, and Zip Code)  JOHN HOPKINS MEDICAL SERVICE 6704 CURTIS COURT GLEN BURNIE MD 21060-6406			Vendor ID: 00003550 DUNS: 069390037  CAGE: INXX2	(X)	9A. Amendment of Solicitation No.
					9B. Date (See Item 11)
				X	10A. Modification of Contract/Order No. H94002-03-C-0021
					10B. Date (See Item 13) Jun 1, 2003
Code	Facility Code				

**11. THIS ITEM ONLY APPLIES TO AMENDMENTS OF SOLICITATIONS**

The above numbered solicitation is amended as set forth in item 14. The hour and date specified for receipt of Offers  is extended  is not extended. Offers must acknowledge receipt of this amendment prior to the hour and date specified in the solicitation or as amended, by one of the following methods: (a) By completing items 8 and 15, and returning \_\_\_\_\_ copies of the amendment; (b) By acknowledging receipt of this amendment on each copy of the offer submitted; or (c) By separate letter or telegram which includes a reference to the solicitation and amendment numbers. FAILURE OF YOUR ACKNOWLEDGMENT TO BE RECEIVED AT THE PLACE DESIGNATED FOR THE RECEIPT OF OFFERS PRIOR TO THE HOUR AND DATE SPECIFIED MAY RESULT IN REJECTION OF YOUR OFFER. If by virtue of this amendment you desire to change an offer already submitted, such change may be made by telegram or letter, provided each telegram or letter makes reference to the solicitation and this amendment, and is received prior to the opening hour and date specified.

12. Accounting and Appropriation Data (if required)  
N/A \$ US  (b)(4)

**13. THIS ITEM APPLIES ONLY TO MODIFICATIONS OF CONTRACT/ORDERS.  
IT MODIFIES THE CONTRACT/ORDER NO. AS DESCRIBED IN ITEM 14.**

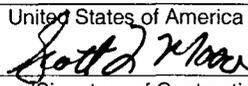
(x)	A. This change order is issued pursuant to: (Specify authority) The changes set forth in item 14 are made in the Contract Order No. in item 10A.
	B. The above numbered Contract/Order is modified to reflect the administrative changes (such as changes in paying office, appropriation date, etc.) Set fourth item 14, pursuant to the authority of FAR 43.103 (b)
	C. This supplemental agreement is entered into pursuant to authority of:
X	D. Other (Specify type of modification and authority) FAR 52.232-18, "AVAILABILITY OF FUNDS"

**E. IMPORTANT:** Contractor  is not,  is required to sign this document and return \_\_\_\_\_ copies to the issuing office.

14. Description of Amendment/Modification (Organized by UCF section headings, including solicitation/contract subject matter where feasible.)

This modification provides notice of FY-06 funding for the period of performance of October 1, 2005 through May 31, 2006. See attached pages.

Except as provided herein, all terms and conditions of the document referenced in item 9A or 10A, as heretofore changed, remains unchanged and in full force and effect.

15A. Name and Title of Signer (Type or Print)		16A. Name and title of Contracting Officer (Type or Print)	
		SCOTT L. MOORE 303-676-3507 CONTRACTING OFFICER scott.moore@tma.osd.mil	
15B. Contractor/Offeror	15C. Date Signed	16B. United States of America	16C. Date Signed
(Signature of person authorized to sign)		 (Signature of Contracting Officer)	30SEP05

- A. This modification provides notice of FY-06 funding for the period of performance of October 1, 2005 through May 31, 2006. Pursuant to FAR 52.232-18, "Availability of Funds", funds will not be available until after October 1, 2005.
- B. When FY-06 funding becomes available, the funding will be as follows:

CLIN	Description	Amount	Purchase Request
3001AB	Comprehensive Health Care Services and Associated Support Services. (October 1, 2005 - May 31, 2006)	(b)(4)	05-DPC-0003
3002AB	Travel. (October 1, 2005 - May 31, 2006)	(b)(4)	
Total		(b)(4)	

Accounting and Appropriation Data	
9706060130.1889.102000	(b)(4)
97XXXX5472.18D9.000000	(b)(4)

- C. As a result of this modification, the total contract price is unchanged, and all other terms and conditions of the contract remain in full force and effect.

# AMENDMENT OF SOLICITATION/MODIFICATION OF CONTRACT

1. Contract ID Code  
J

Page 1 of Pages 3

2. Amendment/Modification No. P00009

3. Effective Date Oct 1, 2005

4. Requisition/Purchase Req. No. 05-DPC-0003

5. Project No. (if applicable) 14125

6. Issued By Code H94002  
DEPARTMENT OF DEFENSE  
TRICARE MANAGEMENT ACTIVITY/CM  
16401 E. CENTRETECH PARKWAY  
AURORA, CO 80011-9066  
JOHN PARKER 303 676-3994

7. Administered By (If other than Item 6) Code  
SEE BLOCK 6

8. Name and Address of Contractor (No., Street, County, and Zip Code)

JOHN HOPKINS MEDICAL SERVICE Vendor ID: 00003550  
6704 CURTIS COURT DUNS: 069390037  
GLEN BURNIE MD 21060-6406 CAGE: INXX2

(X) 9A. Amendment of Solicitation No.

9B. Date (See Item 11)

X 10A. Modification of Contract/Order No.  
H94002-03-C-0021

10B. Date (See Item 13)  
Jun 1, 2003

Code Facility Code

### 11. THIS ITEM ONLY APPLIES TO AMENDMENTS OF SOLICITATIONS

The above numbered solicitation is amended as set forth in item 14. The hour and date specified for receipt of Offers  is extended  is not extended. Offers must acknowledge receipt of this amendment prior to the hour and date specified in the solicitation or as amended, by one of the following methods: (a) By completing items 8 and 15, and returning \_\_\_\_\_ copies of the amendment; (b) By acknowledging receipt of this amendment on each copy of the offer submitted; or (c) By separate letter or telegram which includes a reference to the solicitation and amendment numbers. FAILURE OF YOUR ACKNOWLEDGMENT TO BE RECEIVED AT THE PLACE DESIGNATED FOR THE RECEIPT OF OFFERS PRIOR TO THE HOUR AND DATE SPECIFIED MAY RESULT IN REJECTION OF YOUR OFFER. If by virtue of this amendment you desire to change an offer already submitted, such change may be made by telegram or letter, provided each telegram or letter makes reference to the solicitation and this amendment, and is received prior to the opening hour and date specified.

12. Accounting and Appropriation Data (if required)  
SEE BLOCK 14 \$ US (b)(4)

### 13. THIS ITEM APPLIES ONLY TO MODIFICATIONS OF CONTRACT/ORDERS. IT MODIFIES THE CONTRACT/ORDER NO. AS DESCRIBED IN ITEM 14.

(x) A. This change order is issued pursuant to: (Specify authority) The changes set forth in item 14 are made in the Contract Order No. in item 10A.

B. The above numbered Contract/Order is modified to reflect the administrative changes (such as changes in paying office, appropriation date, etc.) Set fourth item 14, pursuant to the authority of FAR 43.103 (b)

C. This supplemental agreement is entered into pursuant to authority of:

X D. Other (Specify type of modification and authority)  
FAR 52.232-18, "AVAILABILITY OF FUNDS"

E. IMPORTANT: Contractor  is not,  is required to sign this document and return \_\_\_\_\_ copies to the issuing office.

14. Description of Amendment/Modification (Organized by UCF section headings, including solicitation/contract subject matter where feasible.)

The purpose of this modification is to obligate Fiscal Year 2006 (FY06) funds for Option Period 2 (OP2). See attached continuation sheet for details.

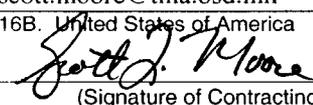
Except as provided herein, all terms and conditions of the document referenced in item 9A or 10A, as heretofore changed, remains unchanged and in full force and effect.

15A. Name and Title of Signer (Type or Print)

16A. Name and title of Contracting Officer (Type or Print)  
SCOTT L. MOORE 303-676-3507  
CONTRACTING OFFICER  
scott.moore@tma.osd.mil

15B. Contractor/Offeror (Signature of person authorized to sign)

15C. Date Signed

16B. United States of America  
  
(Signature of Contracting Officer)

16C. Date Signed  
07 Oct 2005

**SCHEDULE**

Item No.	Supplies/Services	Quantity	Unit	Unit Price	Amount
3001	Comprehensive Health Care Services and Associated Support Services for Option Period 2. (June 1, 2005 - May 31, 2006)	(b)(4)			
3001AB	Comprehensive Health Care Services and Associated Support Services. (October 1, 2005 - May 31, 2006)				
3002	Travel for Option Period 2. (June 1, 2005 - May 31, 2006)	0	LT	NSP	NSP
3002AB	Travel. (October 1, 2005 - May 31, 2006)	1	LT	7,500.00	7,500.00

- A. FY-06 funds in the amount of (b)(4) are obligated against the Option Period 2 Health Care and Travel CLINs as specified below. For administrative convenience, CLINs 3001, 3001AB, 3002, and 3002AB are hereby included as shown in Schedule on page 2 of this modification.
- B. FY-06 funds in the amount of (b)(4) are provided for only the CLINs as shown below.

SUB-CLIN	DESCRIPTION	PREVIOUS MODs	TOTAL PRIOR OBLIGATIONS	TOTAL CURRENT OBLIGATION	OBLIGATED THIS MODIFICATION	FY
3001AB	Health Care	New	(b)(4)			06
3002AB	Travel	New				06
			Total Obl			

C. Accounting and Appropriation Data.

9706060130.1889.102000 (b)(4)  
 97XXXX5472.18D9.000000  
 Total Obligation This Modification

- D. As a result of this modification, the total contract obligated amount is increased by (b)(4) and all other terms and conditions of the contract remain in full force and effect.

**AMENDMENT OF SOLICITATION/MODIFICATION OF CONTRACT**

1. Contract ID Code **J** Page **1** of Pages **3**

2. Amendment/Modification No. **P00010** 3. Effective Date **NOV 30 2005** 4. Requisition/Purchase Req. No. **06-DPC-0007** 5. Project No. (if applicable) **14125**

6. Issued By **DEPARTMENT OF DEFENSE  
TRICARE MANAGEMENT ACTIVITY/CM  
16401 E. CENTRETECH PARKWAY  
AURORA, CO 80011-9066  
JOHN PARKER 303 676-3994** Code **H94002** 7. Administered By (If other than Item 6) Code **SEE BLOCK 6**

8. Name and Address of Contractor (No., Street, County, and Zip Code) **JOHNS HOPKINS MEDICAL SERVICE CORPORATIO  
6704 CURTIS COURT  
GLEN BURNIE MD 21060-6406** Vendor ID: **00003550** DUNS: **069390037** CAGE: **1NXX2**

(X) 9A. Amendment of Solicitation No. 9B. Date (See Item 11) 10A. Modification of Contract/Order No. **H94002-03-C-0021** 10B. Date (See Item 13) **Jun 1, 2003**

X

Code Facility Code

**11. THIS ITEM ONLY APPLIES TO AMENDMENTS OF SOLICITATIONS**

The above numbered solicitation is amended as set forth in item 14. The hour and date specified for receipt of Offers  is extended  is not extended. Offers must acknowledge receipt of this amendment prior to the hour and date specified in the solicitation or as amended, by one of the following methods: (a) By completing items 8 and 15, and returning \_\_\_\_\_ copies of the amendment; (b) By acknowledging receipt of this amendment on each copy of the offer submitted; or (c) By separate letter or telegram which includes a reference to the solicitation and amendment numbers. FAILURE OF YOUR ACKNOWLEDGMENT TO BE RECEIVED AT THE PLACE DESIGNATED FOR THE RECEIPT OF OFFERS PRIOR TO THE HOUR AND DATE SPECIFIED MAY RESULT IN REJECTION OF YOUR OFFER. If by virtue of this amendment you desire to change an offer already submitted, such change may be made by telegram or letter, provided each telegram or letter makes reference to the solicitation and this amendment, and is received prior to the opening hour and date specified.

**12. Accounting and Appropriation Data (if required)**

SEE BLOCK 14 \$ US (b)(4)

**13. THIS ITEM APPLIES ONLY TO MODIFICATIONS OF CONTRACT/ORDERS. IT MODIFIES THE CONTRACT/ORDER NO. AS DESCRIBED IN ITEM 14.**

(x) A. This change order is issued pursuant to: (Specify authority) The changes set forth in item 14 are made in the Contract Order No. in item 10A.

B. The above numbered Contract/Order is modified to reflect the administrative changes (such as changes in paying office, appropriation date, etc.) Set fourth item 14, pursuant to the authority of FAR 43.103 (b)

C. This supplemental agreement is entered into pursuant to authority of:

X D. Other (Specify type of modification and authority) **FAR 52.232-18, "AVAILABILITY OF FUNDS"**

E. **IMPORTANT:** Contractor  is not,  is required to sign this document and return \_\_\_\_\_ copies to the issuing office.

**14. Description of Amendment/Modification (Organized by UCF section headings, including solicitation/contract subject matter where feasible.)**

This modification obligates FY-05 funds for Option Periods 1 and 2 Health Care. See attached pages.

Except as provided herein, all terms and conditions of the document referenced in item 9A or 10A, as heretofore changed, remains unchanged and in full force and effect

15A. Name and Title of Signer (Type or Print) **SCOTT J. LAMOND** 16A. Name and title of Contracting Officer (Type or Print) **SCOTT J. LAMOND** 303 676-3649  
**CONTRACTING OFFICER**  
**scott.lamond@tma.osd.mil**

15B. Contractor/Offeror (Signature of person authorized to sign) 15C. Date Signed 16B. United States of America (Signature of Contracting Officer) 16C. Date Signed **NOV 30 2005**

SCHEDULE

Item No.	Supplies/Services	Quantity	Unit	Unit Price	Amount
2001AB	Comprehensive Health Care Services and Associated Support Services. (October 1, 2004 - May 31, 2005)	(b)(4)			
3001AA	Comprehensive Health Care Services and Associated Support Services. (June 1, 2005 - September 30, 2005)				

- A. This modification obligates FY-05 funds for Option Periods 1 and 2 Health Care.
- B. As a result of this modification, Section B is hereby modified to include the adjusted prices of the Sub-CLINs as shown on page 2 of this modification and the price changes are shown below:

CLIN	UNIT PRICE CHANGE FROM	UNIT PRICE CHANGE TO	UNIT PRICE NET CHANGE	QTY	UNIT	TOTAL PRICE CHANGE
2001AB	(b)(4)					
3001AA						

- C. As a result of this modification, the sub-CLIN funding is changed as follows:

SUB-CLIN	PREVIOUS MODs	TOTAL PRIOR OBLIGATIONS	TOTAL CURRENT OBLIGATION	OBLIGATED THIS MODIFICATION	FY
2001AB	A012, A015	(b)(4)			05
3001AA	P005				05

Total Obligation This Modification (b)(4)

- D. Accounting and Appropriation Data.

9705050130.1889.102000	(b)(4)	06-DPC-0007
97XXXX5472.18D9.000000 (FY-05)		06-DPC-0007
Total Obligation This Modification		

- E. As a result of this modification, the total contract price is increased by (b)(4) and all other terms and conditions of the contract remain in full force and effect.

**AMENDMENT OF SOLICITATION/MODIFICATION OF CONTRACT**

1. Contract ID Code **J** Page **1** of Pages **3**

2. Amendment/Modification No. P00011		3. Effective Date DEC - 5 2005		4. Requisition/Purchase Req. No. 06-DPC-0015		5. Project No. (if applicable) 14125	
6. Issued By DEPARTMENT OF DEFENSE TRICARE MANAGEMENT ACTIVITY/CM 16401 E. CENTRETECH PARKWAY AURORA, CO 80011-9066 JOHN PARKER 303 676-3994				Code H94002			
				7. Administered By (if other than Item 6) SEE BLOCK 6			
8. Name and Address of Contractor (No., Street, County, and Zip Code)  JOHNS HOPKINS MEDICAL SERVICE CORPORATIO 6704 CURTIS COURT GLEN BURNIE MD 21060-6406						Vendor ID: 00003550 DUNS: 069390037  CAGE: 1NXX2	
						<input checked="" type="checkbox"/> 9A. Amendment of Solicitation No. <input type="checkbox"/> 9B. Date (See Item 11) <input checked="" type="checkbox"/> 10A. Modification of Contract/Order No. H94002-03-C-0021 <input checked="" type="checkbox"/> 10B. Date (See Item 13) Jun 1, 2003	
Code		Facility Code					

**11. THIS ITEM ONLY APPLIES TO AMENDMENTS OF SOLICITATIONS**

The above numbered solicitation is amended as set forth in item 14. The hour and date specified for receipt of Offers  is extended  is not extended. Offers must acknowledge receipt of this amendment prior to the hour and date specified in the solicitation or as amended, by one of the following methods: (a) By completing items 8 and 15, and returning \_\_\_\_\_ copies of the amendment; (b) By acknowledging receipt of this amendment on each copy of the offer submitted; or (c) By separate letter or telegram which includes a reference to the solicitation and amendment numbers. FAILURE OF YOUR ACKNOWLEDGMENT TO BE RECEIVED AT THE PLACE DESIGNATED FOR THE RECEIPT OF OFFERS PRIOR TO THE HOUR AND DATE SPECIFIED MAY RESULT IN REJECTION OF YOUR OFFER. If by virtue of this amendment you desire to change an offer already submitted, such change may be made by telegram or letter, provided each telegram or letter makes reference to the solicitation and this amendment, and is received prior to the opening hour and date specified.

12. Accounting and Appropriation Data (if required)  
SEE BLOCK 14 \$ US (b)(4)

**13. THIS ITEM APPLIES ONLY TO MODIFICATIONS OF CONTRACT/ORDERS. IT MODIFIES THE CONTRACT/ORDER NO. AS DESCRIBED IN ITEM 14.**

<input checked="" type="checkbox"/>	A. This change order is issued pursuant to: (Specify authority) The changes set forth in item 14 are made in the Contract Order No. in item 10A.
<input type="checkbox"/>	B. The above numbered Contract/Order is modified to reflect the administrative changes (such as changes in paying office, appropriation date, etc.) Set fourth item 14, pursuant to the authority of FAR 43.103 (b)
<input type="checkbox"/>	C. This supplemental agreement is entered into pursuant to authority of:
<input checked="" type="checkbox"/>	D. Other (Specify type of modification and authority) FAR 52.232-18, "AVAILABILITY OF FUNDS".

**E. IMPORTANT:** Contractor  is not,  is required to sign this document and return \_\_\_\_\_ copies to the issuing office.

14. Description of Amendment/Modification (Organized by UCF section headings, including solicitation/contract subject matter where feasible.)

This modification obligates FY-06 funds for Option Period 2 Health Care. See attached pages.

Except as provided herein, all terms and conditions of the document referenced in item 9A or 10A, as heretofore changed, remains unchanged and in full force and effect.

15A. Name and Title of Signer (Type or Print)		16A. Name and title of Contracting Officer (Type or Print) SCOTT J. LAMOND CONTRACTING OFFICER scott.lamond@tma.osd.mil 303 676-3649	
15B. Contractor/Offeror  (Signature of person authorized to sign)	15C. Date Signed	16B. United States of America  (Signature of Contracting Officer)	16C. Date Signed DEC - 5 2005

SCHEDULE

Item No.	Supplies/Services	Quantity	Unit	Unit Price	Amount
3001AB	Comprehensive Health Care Services and Associated Support Services. (October 1, 2005 - May 31, 2006)	(b)(4)			

- A. This modification obligates FY-06 funds for Option Period 2 Health Care.
- B. As a result of this modification, Section B is hereby modified to include the adjusted prices of the Sub-CLIN as shown on page 2 of this modification and the price changes are shown below:

CLIN	UNIT PRICE CHANGE FROM	UNIT PRICE CHANGE TO	UNIT PRICE NET CHANGE	QTY	UNIT	TOTAL PRICE CHANGE
3001AB	(b)(4)					

Total Price Change This Modification (b)(4)

- C. As a result of this modification, the sub-CLIN funding is changed as follows:

SUB-CLIN	PREVIOUS MODs	TOTAL PRIOR OBLIGATIONS	TOTAL CURRENT OBLIGATION	OBLIGATED THIS MODIFICATION	FY
3001AB	P009	(b)(4)			06

Total Obligation This Modification (b)(4)

- D. Accounting and Appropriation Data.

9706060130.1889.102000	(b)(4)	06-DPC-0015 *
97XXXX5472.18D9.000000 (FY-06)		06-DPC-0015
Total Obligation This Modification		

- These funds are subject to the FY-06 Continuing Resolution Authority.

- E. As a result of this modification, the total contract price is increased by (b)(4) and all other terms and conditions of the contract remain in full force and effect.

<b>AMENDMENT OF SOLICITATION/MODIFICATION OF CONTRACT</b>			1. Contract ID Code J	Page of Pages 1 2
2. Amendment/Modification No. P00013	3. Effective Date JAN 24 2006	4. Requisition/Purchase Req. No. 06-CMA-0436	5. Project No. (if applicable) 14125	
6. Issued By DEPARTMENT OF DEFENSE TRICARE MANAGEMENT ACTIVITY/CM 16401 E. CENTRETECH PARKWAY AURORA, CO 80011-9066 JOHN PARKER 303 676-3994		Code H94002	7. Administered By (if other than Item 6) SEE BLOCK 6	
8. Name and Address of Contractor (No., Street, County, and Zip Code)  JOHNS HOPKINS MEDICAL SERVICE CORPORATIO 6704 CURTIS COURT GLEN BURNIE MD 21060-6406			(X)	9A. Amendment of Solicitation No.
Vendor ID: 00003550 DUNS: 069390037				9B. Date (See Item 11)
CAGE: INXX2			X	10A. Modification of Contract/Order No. H94002-03-C-0021
				10B. Date (See Item 13) Jun 1, 2003
Code	Facility Code			

11. THIS ITEM ONLY APPLIES TO AMENDMENTS OF SOLICITATIONS

The above numbered solicitation is amended as set forth in item 14. The hour and date specified for receipt of Offers  is extended  is not extended. Offers must acknowledge receipt of this amendment prior to the hour and date specified in the solicitation or as amended, by one of the following methods: (a) By completing items 8 and 15, and returning \_\_\_\_\_ copies of the amendment; (b) By acknowledging receipt of this amendment on each copy of the offer submitted; or (c) By separate letter or telegram which includes a reference to the solicitation and amendment numbers. FAILURE OF YOUR ACKNOWLEDGMENT TO BE RECEIVED AT THE PLACE DESIGNATED FOR THE RECEIPT OF OFFERS PRIOR TO THE HOUR AND DATE SPECIFIED MAY RESULT IN REJECTION OF YOUR OFFER. If by virtue of this amendment you desire to change an offer already submitted, such change may be made by telegram or letter, provided each telegram or letter makes reference to the solicitation and this amendment, and is received prior to the opening hour and date specified.

12. Accounting and Appropriation Data (if required)

N/A \$ US (b)(4)

13. THIS ITEM APPLIES ONLY TO MODIFICATIONS OF CONTRACT/ORDERS.  
IT MODIFIES THE CONTRACT/ORDER NO. AS DESCRIBED IN ITEM 14.

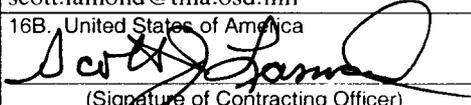
(x)	A. This change order is issued pursuant to: (Specify authority) The changes set forth in item 14 are made in the Contract Order No. in item 10A.
X	B. The above numbered Contract/Order is modified to reflect the administrative changes (such as changes in paying office, appropriation date, etc.) SET FORTH IN ITEM 14, PURSUANT TO THE AUTHORITY OF FAR 43.103 (b)
	C. This supplemental agreement is entered into pursuant to authority of:
	D. Other (Specify type of modification and authority)

**E. IMPORTANT:** Contractor  is not,  is required to sign this document and return \_\_\_\_\_ copies to the issuing office.

14. Description of Amendment/Modification (Organized by UCF section headings, including solicitation/contract subject matter where feasible.)

This modification amends the description of CLIN 3005AB to reflect that it is a cost type "Not-To-Exceed" CLIN.

Except as provided herein, all terms and conditions of the document referenced in item 9A or 10A, as heretofore changed, remains unchanged and in full force and effect.

15A. Name and Title of Signer (Type or Print)		16A. Name and title of Contracting Officer (Type or Print)	
		SCOTT J. LAMOND CONTRACTING OFFICER scott.lamond@tma.osd.mil 303 676-3649	
15B. Contractor/Offeror	15C. Date Signed	16B. United States of America	16C. Date Signed
(Signature of person authorized to sign)		 (Signature of Contracting Officer)	JAN 24 2006

SCHEDULE

Item No.	Supplies/Services	Quantity	Unit	Unit Price	Amount
3005AB	<p>DITSCAP (October 1, 2005 - May 31, 2006).</p> <p>The Contractor shall obtain authorization from the Contracting Officer prior to incurring any expenses under this cost type CLIN. Payment for authorized expenses shall be approved by the COR and CO.</p>			NTE	(b)(4)

**AMENDMENT OF SOLICITATION/MODIFICATION OF CONTRACT**

1. Contract ID Code: J Page 1 of Pages 3

2. Amendment/Modification No. P00012  
 3. Effective Date JAN - 5 2006  
 4. Requisition/Purchase Req. No. 06-DPC-0022  
 5. Project No. (if applicable) 14125

6. Issued By Code H94002  
 DEPARTMENT OF DEFENSE  
 TRICARE MANAGEMENT ACTIVITY/CM  
 16401 E. CENTRETECH PARKWAY  
 AURORA, CO 80011-9066  
 JOHN PARKER 303 676-3994  
 7. Administered By (If other than Item 6) Code  
 SEE BLOCK 6

8. Name and Address of Contractor (No., Street, County, and Zip Code)  
 JOHNS HOPKINS MEDICAL SERVICE CORPORATIO Vendor ID: 00003550  
 6704 CURTIS COURT DUNS: 069390037  
 GLEN BURNIE MD 21060-6406 CAGE: INXX2  
 (X) 9A. Amendment of Solicitation No.  
 9B. Date (See Item 11)  
 X 10A. Modification of Contract/Order No.  
 H94002-03-C-0021  
 10B. Date (See Item 13)  
 Jun 1, 2003

Code Facility Code

**11. THIS ITEM ONLY APPLIES TO AMENDMENTS OF SOLICITATIONS**

The above numbered solicitation is amended as set forth in item 14. The hour and date specified for receipt of Offers  is extended  is not extended. Offers must acknowledge receipt of this amendment prior to the hour and date specified in the solicitation or as amended, by one of the following methods: (a) By completing items 8 and 15, and returning \_\_\_\_\_ copies of the amendment; (b) By acknowledging receipt of this amendment on each copy of the offer submitted; or (c) By separate letter or telegram which includes a reference to the solicitation and amendment numbers. FAILURE OF YOUR ACKNOWLEDGMENT TO BE RECEIVED AT THE PLACE DESIGNATED FOR THE RECEIPT OF OFFERS PRIOR TO THE HOUR AND DATE SPECIFIED MAY RESULT IN REJECTION OF YOUR OFFER. If by virtue of this amendment you desire to change an offer already submitted, such change may be made by telegram or letter, provided each telegram or letter makes reference to the solicitation and this amendment, and is received prior to the opening hour and date specified.

12. Accounting and Appropriation Data (if required)  
 SEE BLOCK 14 \$ US (b)(4)

**13. THIS ITEM APPLIES ONLY TO MODIFICATIONS OF CONTRACT/ORDERS. IT MODIFIES THE CONTRACT/ORDER NO. AS DESCRIBED IN ITEM 14.**

(x) A. This change order is issued pursuant to: (Specify authority) The changes set forth in item 14 are made in the Contract Order No. in item 10A.  
 X FAR 52.232-18, "AVAILABILITY OF FUNDS"  
 B. The above numbered Contract/Order is modified to reflect the administrative changes (such as changes in paying office, appropriation date, etc.) Set fourth item 14, pursuant to the authority of FAR 43.103 (b)  
 C. This supplemental agreement is entered into pursuant to authority of:  
 D. Other (Specify type of modification and authority)

E. IMPORTANT: Contractor  is not,  is required to sign this document and return \_\_\_\_\_ copies to the issuing office.

14. Description of Amendment/Modification (Organized by UCF section headings, including solicitation/contract subject matter where feasible.)

This modification obligates FY-06 funds for Option Period 2 Health Care and DITSCAP. See attached pages.

Except as provided herein, all terms and conditions of the document referenced in item 9A or 10A, as heretofore changed, remains unchanged and in full force and effect.

15A. Name and Title of Signer (Type or Print)  
 16A. Name and title of Contracting Officer (Type or Print)  
 SCOTT J. LAMOND 303 676-3649  
 CONTRACTING OFFICER  
 scott.lamond@tma.osd.mil  
 15B. Contractor/Offeror (Signature of person authorized to sign)  
 15C. Date Signed  
 16B. United States of America (Signature of Contracting Officer)  
 16C. Date Signed  
 JAN - 5 2006

SCHEDULE

Item No.	Supplies/Services	Quantity	Unit	Unit Price	Amount
3001AB	Comprehensive Health Care Services and Associated Support Services. (October 1, 2005 - May 31, 2006)	1	LT	(b)(4)	
3005AB	DITSCAP (October 1, 2005 - May 31, 2006).	1	LT		

- A. This modification obligates FY-06 funds for Option Period 2 Health Care and DITSCAP.
- B. As a result of this modification, Section B is hereby modified to include the adjusted prices of the Sub-CLINs as shown on page 2 of this modification and the price changes are shown below:

CLIN	UNIT PRICE CHANGE FROM	UNIT PRICE CHANGE TO	UNIT PRICE NET CHANGE	QTY	UNIT	TOTAL PRICE CHANGE
3001AB	(b)(4)					
3005AB						

Total Price Change This Modification (b)(4)

- C. As a result of this modification, the sub-CLIN funding is changed as follows:

SUB-CLIN	PREVIOUS MODs	TOTAL PRIOR OBLIGATIONS	TOTAL CURRENT OBLIGATION	OBLIGATED THIS MODIFICATION	FY
3001AB	P009, P011	(b)(4)			06
3005AB	New				06

Total Obligation This Modification (b)(4)

- D. Accounting and Appropriation Data.

9706060130.1889.102000	(b)(4)	06-DPC-0022
97XXXX5472.18D9.000000 (FY-06)		06-DPC-0022
Total Obligation This Modification		

- E. As a result of this modification, the total contract price is increased by (b)(4) and all other terms and conditions of the contract remain in full force and effect.

<b>AMENDMENT OF SOLICITATION/MODIFICATION OF CONTRACT</b>			1. Contract ID Code J	Page 1	of Pages 3
2. Amendment/Modification No. P00014	3. Effective Date MAR 31 2006	4. Requisition/Purchase Req. No. 06-DPC-0032	5. Project No. (if applicable) 14125		
6. Issued By DEPARTMENT OF DEFENSE TRICARE MANAGEMENT ACTIVITY/CM 16401 E. CENTRETECH PARKWAY AURORA, CO 80011-9066 JOHN PARKER 303 676-3994		Code H94002	7. Administered By (If other than Item 6) SEE BLOCK 6		Code
8. Name and Address of Contractor (No., Street, County, and Zip Code)  JOHNS HOPKINS MEDICAL SERVICE CORPORATIO 6704 CURTIS COURT GLEN BURNIE MD 21060-6406			Vendor ID: 00003550 DUNS: 069390037  CAGE: INXX2	(X)	9A. Amendment of Solicitation No.
					9B. Date (See Item 11)
				X	10A. Modification of Contract/Order No. H94002-03-C-0021
					10B. Date (See Item 13) Jun 1, 2003
Code	Facility Code				
11. THIS ITEM ONLY APPLIES TO AMENDMENTS OF SOLICITATIONS					
<input type="checkbox"/> The above numbered solicitation is amended as set forth in item 14. The hour and date specified for receipt of Offers <input type="checkbox"/> is extended <input type="checkbox"/> is not extended. Offers must acknowledge receipt of this amendment prior to the hour and date specified in the solicitation or as amended, by one of the following methods: (a) By completing items 8 and 15, and returning _____ copies of the amendment; (b) By acknowledging receipt of this amendment on each copy of the offer submitted; or (c) By separate letter or telegram which includes a reference to the solicitation and amendment numbers. FAILURE OF YOUR ACKNOWLEDGMENT TO BE RECEIVED AT THE PLACE DESIGNATED FOR THE RECEIPT OF OFFERS PRIOR TO THE HOUR AND DATE SPECIFIED MAY RESULT IN REJECTION OF YOUR OFFER. If by virtue of this amendment you desire to change an offer already submitted, such change may be made by telegram or letter, provided each telegram or letter makes reference to the solicitation and this amendment, and is received prior to the opening hour and date specified.					
12. Accounting and Appropriation Data (if required) SEE BLOCK 14 \$ US (b)(4)					
13. THIS ITEM APPLIES ONLY TO MODIFICATIONS OF CONTRACT/ORDERS. IT MODIFIES THE CONTRACT/ORDER NO. AS DESCRIBED IN ITEM 14.					
(x)	A. This change order is issued pursuant to: (Specify authority) The changes set forth in item 14 are made in the Contract Order No. in item 10A.				
	B. The above numbered Contract/Order is modified to reflect the administrative changes (such as changes in paying office, appropriation date, etc.) SET FORTH IN ITEM 14, PURSUANT TO THE AUTHORITY OF FAR 43.103 (b)				
	C. This supplemental agreement is entered into pursuant to authority of:				
X	D. Other (Specify type of modification and authority) UNILATERAL MODIFICATION IAW FAR 52.232-18, "AVAILABILITY OF FUNDS"				
E. IMPORTANT: Contractor <input checked="" type="checkbox"/> is not, <input type="checkbox"/> is required to sign this document and return _____ copies to the issuing office.					
14. Description of Amendment/Modification (Organized by UCF section headings, including solicitation/contract subject matter where feasible.)					

This modification obligates FY-06 funds for Option Period 2 Health Care. See attached pages.

Except as provided herein, all terms and conditions of the document referenced in item 9A or 10A, as heretofore changed, remains unchanged and in full force and effect.

15A. Name and Title of Signer (Type or Print)		16A. Name and title of Contracting Officer (Type or Print)	
		SCOTT J. LAMOND 303 676-3649 CONTRACTING OFFICER scott.lamond@tma.osd.mil	
15B. Contractor/Offendor	15C. Date Signed	16B. United States of America	16C. Date Signed
(Signature of person authorized to sign)			MAR 31 2006
		(Signature of Contracting Officer)	

SCHEDULE

Item No.	Supplies/Services	Quantity	Unit	Unit Price	Amount
3001AB	Comprehensive Health Care Services and Associated Support Services. (October 1, 2005 - May 31, 2006)	(b)(4)			

- A. This modification obligates FY-06 funds for Option Period 2 Health Care.
- B. As a result of this modification, Section B is hereby modified to include the adjusted price of the Sub-CLIN as shown on page 2 of this modification and the price change is shown below:

CLIN	UNIT PRICE CHANGE FROM	UNIT PRICE CHANGE TO	UNIT PRICE NET CHANGE	QTY	UNIT	TOTAL PRICE CHANGE
3001AB	(b)(4)					

Total Price Change This Modification (b)(4)

- C. As a result of this modification, the sub-CLIN funding is changed as follows:

SUB-CLIN	PREVIOUS MODs	TOTAL PRIOR OBLIGATIONS	TOTAL CURRENT OBLIGATION	OBLIGATED THIS MODIFICATION	FY
3001AB	P009, P011, P012	(b)(4)			06

Total Obligation This Modification (b)(4)

- D. Accounting and Appropriation Data.

9706060130.1889.102000 (b)(4) 06-DPC-0032  
 Total Obligation This Modification

- E. As a result of this modification, the total contract price is increased by (b)(4) and all other terms and conditions of the contract remain in full force and effect.

**AMENDMENT OF SOLICITATION/MODIFICATION OF CONTRACT**

1. Contract ID Code  
J

Page 1 of Pages 4

2. Amendment/Modification No.  
P00015

3. Effective Date  
6-1-03

4. Requisition/Purchase Req. No.  
06-DPC-0052

5. Project No. (if applicable)  
14245

6. Issued By  
DEPARTMENT OF DEFENSE  
TRICARE MANAGEMENT ACTIVITY/CM  
16401 E. CENTRETECH PARKWAY  
AURORA, CO 80011-9066  
JOHN PARKER 303 676-3994

Code H94002

7. Administered By (If other than Item 6)  
SEE BLOCK 6

Code

8. Name and Address of Contractor (No., Street, County, and Zip Code)  
JOHNS HOPKINS MEDICAL SERVICE CORPORATIO  
6704 CURTIS COURT  
GLEN BURNIE MD 21060-6406

Vendor ID: 00003550  
DUNS: 069390037  
CAGE: 1NXX2

(X) 9A. Amendment of Solicitation No.

9B. Date (See Item 11)

X 10A. Modification of Contract/Order No.  
H94002-03-C-0021

10B. Date (See Item 13)  
Jun 1, 2003

Code Facility Code

**11. THIS ITEM ONLY APPLIES TO AMENDMENTS OF SOLICITATIONS**

The above numbered solicitation is amended as set forth in item 14. The hour and date specified for receipt of Offers  is extended  is not extended. Offers must acknowledge receipt of this amendment prior to the hour and date specified in the solicitation or as amended, by one of the following methods: (a) By completing items 8 and 15, and returning \_\_\_\_\_ copies of the amendment; (b) By acknowledging receipt of this amendment on each copy of the offer submitted; or (c) By separate letter or telegram which includes a reference to the solicitation and amendment numbers. FAILURE OF YOUR ACKNOWLEDGMENT TO BE RECEIVED AT THE PLACE DESIGNATED FOR THE RECEIPT OF OFFERS PRIOR TO THE HOUR AND DATE SPECIFIED MAY RESULT IN REJECTION OF YOUR OFFER. If by virtue of this amendment you desire to change an offer already submitted, such change may be made by telegram or letter, provided each telegram or letter makes reference to the solicitation and this amendment, and is received prior to the opening hour and date specified.

12. Accounting and Appropriation Data (if required)  
N/A \$ US (b)(4)

**13. THIS ITEM APPLIES ONLY TO MODIFICATIONS OF CONTRACT/ORDERS. IT MODIFIES THE CONTRACT/ORDER NO. AS DESCRIBED IN ITEM 14.**

(x) A. This change order is issued pursuant to: (Specify authority) The changes set forth in item 14 are made in the Contract Order No. in item 10A.

B. The above numbered Contract/Order is modified to reflect the administrative changes (such as changes in paying office, appropriation date, etc.) SET FORTH IN ITEM 14, PURSUANT TO THE AUTHORITY OF FAR 43.103 (b)

X C. This supplemental agreement is entered into pursuant to authority of:  
FAR 52.212-4 (c), "CONTRACT TERMS AND CONDITIONS- COMMERCIAL ITEMS"

D. Other (Specify type of modification and authority)

E. IMPORTANT: Contractor  is not,  is required to sign this document and return 1 copies to the issuing office.

14. Description of Amendment/Modification (Organized by UCF section headings, including solicitation/contract subject matter where feasible.)

The purpose of the modification is to incorporate the TRICARE Pharmacy Formulary, including co-payments into the contract.

Except as provided herein, all terms and conditions of the document referenced in item 9A or 10A, as heretofore changed, remains unchanged and in full force and effect.

15A. Name and Title of Signer (Type or Print) Pres., Johns Hopkins HealthCare LLC Board of Directors Member, JHMSC <i>Patricia M. Brown</i>	16A. Name and title of Contracting Officer (Type or Print) THOMAS FOREMAN CONTRACTING OFFICER thomas.foreman@tma.osd.mil 303 676-3839
15B. Contractor/Offeror <i>Patricia M. Brown</i> (Signature of person authorized to sign)	15C. Date Signed 6/19/06
16B. United States of America <i>Thomas Foreman</i> (Signature of Contracting Officer)	16C. Date Signed 6-28-06

- A. The purpose of the modification is to incorporate the TRICARE Pharmacy Formulary, including co-payments into the contract. The effective date for this modification is June 1, 2003. The implementation date is June 1, 2006.

Designated Providers (DP) shall be treated as part of the DoD for purposes of section 8126 of title 38, United States Code. This code section authorizes the DP to be a DoD ordering activity for purposes of access to pharmaceuticals from contracts on the Federal Supply Schedule administered by the Department of Veterans Affairs. Therefore, the DP is eligible for Federal drug pricing through the Defense Supply Center, Philadelphia Pharmacy Prime Vendor Program, including Uniform Formulary Blanket Purchase Agreement (UF BPA) pricing, to order and obtain pharmaceuticals for covered enrollees of the Uniformed Services Family Health Plan (USFHP).

Under this co-payment structure, USFHP beneficiaries pay the pharmacy co-payment based on whether the prescription medication is classified as a formulary generic (Tier 1), formulary brand name (Tier 2), or non-formulary (Tier 3) drug. That is, pharmaceutical agents not selected for the TRICARE UF are non-formulary. A covered enrollee of the USFHP may have access to such agents through prescriptions in the following ways: If there has been a review for medical necessity in accordance with the DP's procedures, with a determination made that the non-UF agent is medically necessary for the beneficiary in lieu of a pharmaceutical on the UF, then the beneficiary may receive the non-UF agent and pay the Tier 1 or Tier 2 co-payment, as applicable. If the beneficiary chooses not to have the medical necessity review, or if the medical necessity review concludes that access to the agent is not medically necessary for the beneficiary, the beneficiary may nonetheless obtain the agent with a prescription and shall be responsible for paying the Tier 3 co-payment.

Please note that TRICARE's mandatory generic drug policy requires that prescriptions be filled with a generic product if one is available unless there is documented justification for use of a brand name drug in lieu of a generic drug. If there is documented justification then the generic product use policy is waived. Medical necessity criteria for each non-formulary drug are available at: <http://www.tricare.osd.mil/pharmacy/medical-nonformulary.cfm>.

Beneficiaries who are enrolled in USFHP may fill their prescriptions at a DP network pharmacy or through DP's mail order pharmacy program. The DP using its normal notification processes and procedures, shall inform its enrolled beneficiary population that the USFHP is moving to the TRICARE Pharmacy Formulary and that co-payments will be consistent with TRICARE Prime Co-payments.

- B. To incorporate these changes to the pharmacy program, contract paragraphs 4.0, 8.1.4., 8.5.5, 8.7., 8.9.7., and 8.9.8. are changed to read as follows, paragraphs 8.9.8.1 and 8.9.9 are added as follows and the TRICARE Reimbursement Manual (TRM) 6010.55M, August 1, 2002, Chapter 2, Addendum B, through Change 41, dated May 22, 2006, is hereby incorporated herein by reference.

**4.0 Documents** The following documents are hereby incorporated by reference and form an integral part of this contract. Documentation incorporated into this contract by reference has the same force and effect as if set forth in full text for those chapters and sections that are identified below. For revisions published in the TRICARE Operations Manual (TOM), TRICARE Policy Manual (TPM), TRICARE Systems Manual (TSM) and TRICARE Reimbursement Manual (TRM) subsequent to November 27, 2002, the contractor is not responsible for implementation until directed by the Contracting Officer. (Note: The DP will be required to comply with Chapter 2 of the TOM. Chapter 2 does not require an electronic record keeping system. It does require that the DP keep paper copies of those records that relate to payment denial, appeals, peer review, or other specific issues that relate to payment or nonpayment of care on an individual basis. The providers' medical records, except as stated above, are not DoD records that must be maintained).

Title 10, United States Code, Chapter 55.

32 Code of Federal Regulations, Part 199. The following sections apply to this contract. Part 199.4,

199.5, 199.6, 199.8, 199.12, 199.17, 199.18, and 199.21.

TRICARE Operations Manual (TOM) 6010.51-M, dated August 1, 2002. The following chapters apply to this contract: Chapters 1, 2, 3, 4, 5, 6, 7, 8, 11, 12, 13, 14, 15, 16, 17, 18, 19, 20, 21, Appendix A, through Change 5, dated November 27, 2002.

TRICARE Policy Manual (TPM) 6010.54-M, dated August 1, 2002, through Change 4, dated November 27, 2002.

TRICARE Systems Manual (TSM) 7950.1, dated August 1, 2002, (The following chapters apply to this contract: Chapters 1 and 3) through Change 4, dated November 27, 2002.

TRICARE Reimbursement Manual (TRM) 6010.55-M, dated August 1, 2002, (The following addendum applies to this contract: Chapter 2, Addendum B) through Change 41, dated May 22, 2006. Changes 2 through 41 are not applicable to the Designated Providers and are incorporated for informational purposes and proper manual maintenance only.

**8.1.4** Providers in the DP's network shall be sufficient in number, mix, and geographic distribution of fully qualified providers to provide the full scope of benefits for which all Prime enrollees are eligible under this contract, as described in 32 CFR 199.4, 199.5, 199.18 and 199.21. The DP's provider network shall also support the requirements of special programs described in the applicable provisions of the TOM and TPM.

**8.5.5** The DP shall ensure that care provided, including mental health care, is medically necessary and appropriate and encompasses the TRICARE benefits contained in 32 CFR 199.4, 199.5, 199.18 and 199.21. The DP shall use best practices in reviewing and approving care and establishing medical management programs to carry out this activity to the extent authorized by law. Notwithstanding the DP's authority to utilize its best practices in managing, reviewing and authorizing health care services, the DP shall comply with the provisions of 32 CFR 199.4 and TPM regarding review and approval of mental health services.

**8.9.7** The DP shall be treated as part of the DoD for purposes of section 8126 of title 38, United States Code, and, consistent therewith, as a DoD ordering activity for purposes of access to pharmaceuticals from contracts on the Federal Supply Schedule administered by the Department of Veterans Affairs. Therefore, the DP is eligible for Federal drug pricing, including through the Defense Supply Center, Philadelphia Pharmacy Prime Vendor Program, including UFBPA pricing, to order and obtain pharmaceuticals for covered enrollees of the Uniformed Services Family Health Plan.

**8.9.8** The DP shall provide an integrated retail pharmacy and mail-order pharmacy program through a common pharmacy patient profile system consistent with the TRICARE Pharmacy Benefit Program established by title 10, United States Code, section 1074g and implemented by 32 CFR 199.21. All drugs dispensed must be FDA approved.

**8.9.8.1** As a managed health plan, and in the absence of a TRICARE formulary, the DP has been allowed to establish a preferred drug list to limit the scope of pharmacy inventories to those drugs necessary to support the scope of practice within the Plan and to promote clinically appropriate and cost-effective utilization of pharmaceuticals, rather than incurring the unnecessary expense of maintaining an inventory of drugs representing the full scope of pharmaceuticals approved by the FDA. By law, TRICARE is required to establish a Uniform Formulary (UF). As a result, a DoD Pharmacy and Therapeutics (P&T) Committee has been established to review all therapeutic classes of pharmaceutical agents and to make recommendations concerning which pharmaceutical agents to include on the UF. During the transition period to a full UF, the DP will be allowed to continue use of its preferred drug list. However, as therapeutic classes are reviewed under the DoD formulary management process and pharmaceutical agents are designated for formulary/non-formulary status, the DPs will provide for the availability of UF drugs, but may, among the therapeutic agents that are UF drugs, develop a preferred drug list.

**8.9.9** The DP shall apply the respective TRICARE Pharmacy Benefits Program retail and mail-order beneficiary co-pays, as found in the TRICARE Reimbursement Manual, Chapter 2, Addendum B, to pharmaceutical agents dispensed to covered enrollees of the USFHP through the DP retail and mail-order pharmacy venues. The DP is responsible for maintaining its retail and mail-order pharmacy venues. The DP is responsible for maintaining an up-to-date listing of all non-formulary medications. The current non-formulary list of medications can be found at <http://www.tricare.osd.mil/pharmacy/uniform.cfm>.

- C. As a result of this modification, the total contract price is unchanged and all other terms and conditions of the contract remain in full force and effect.

**AMENDMENT OF SOLICITATION/MODIFICATION OF CONTRACT**1. Contract ID Code  
J Page of Pages  
1 3

2. Amendment/Modification No. P00016	3. Effective Date 9-28-06	4. Requisition/Purchase Req. No. SEE BLOCK 14	5. Project No. (if applicable) BLK 14
Issued By DEPARTMENT OF DEFENSE TRICARE MANAGEMENT ACTIVITY/CM 16401 E. CENTRETECH PARKWAY AURORA, CO 80011-9066 GABRIELLE HARRIS 303-676-3534		7. Administered By (If other than Item 6) SEE BLOCK 6	

8. Name and Address of Contractor (No., Street, County, and Zip Code)  JOHNS HOPKINS MEDICAL SERVICE CORPORATIO 6704 CURTIS COURT GLEN BURNIE MD 21060-6406  Vendor ID: 00003550 DUNS: 069390037  CAGE: INXX2	(X)	9A. Amendment of Solicitation No.
		9B. Date (See Item 11)
	X	10A. Modification of Contract/Order No. H94002-03-C-0021 10B. Date (See Item 13) Jun 1, 2003
Code	Facility Code	

**11. THIS ITEM ONLY APPLIES TO AMENDMENTS OF SOLICITATIONS**

The above numbered solicitation is amended as set forth in item 14. The hour and date specified for receipt of Offers  is extended  is not extended. Offers must acknowledge receipt of this amendment prior to the hour and date specified in the solicitation or as amended, by one of the following methods: (a) By completing items 8 and 15, and returning \_\_\_\_\_ copies of the amendment; (b) By acknowledging receipt of this amendment on each copy of the offer submitted; or (c) By separate letter or telegram which includes a reference to the solicitation and amendment numbers. FAILURE OF YOUR ACKNOWLEDGMENT TO BE RECEIVED AT THE PLACE DESIGNATED FOR THE RECEIPT OF OFFERS PRIOR TO THE HOUR AND DATE SPECIFIED MAY RESULT IN REJECTION OF YOUR OFFER. If by virtue of this amendment you desire to change an offer already submitted, such change may be made by telegram or letter, provided each telegram or letter makes reference to the solicitation and this amendment, and is received prior to the opening hour and date specified.

**12. Accounting and Appropriation Data (if required)**

SEE BLOCK 14 \$ US (b)(4)

**13. THIS ITEM APPLIES ONLY TO MODIFICATIONS OF CONTRACT/ORDERS. IT MODIFIES THE CONTRACT/ORDER NO. AS DESCRIBED IN ITEM 14.**

(X)	A. This change order is issued pursuant to: (Specify authority) The changes set forth in item 14 are made in the Contract Order No. in item 10A.
	B. The above numbered Contract/Order is modified to reflect the administrative changes (such as changes in paying office, appropriation date, etc.) SET FORTH IN ITEM 14, PURSUANT TO THE AUTHORITY OF FAR 43.103 (b)
X	C. This supplemental agreement is entered into pursuant to authority of: MUTUAL AGREEMENT OF THE PARTIES
	D. Other (Specify type of modification and authority)

**E. IMPORTANT:** Contractor  is not,  is required to sign this document and return 1 copies to the issuing office.**14. Description of Amendment/Modification (Organized by UCF section headings, including solicitation/contract subject matter where feasible.)**

This modification deobligates FY-04 funds for the Base Period and Option Period 1 Health Care (CONREQ's 14207 and 14329). See attached pages.

Except as provided herein, all terms and conditions of the document referenced in item 9A or 10A, as heretofore changed, remains unchanged and in full force and effect.

15A. Name and Title of Signer (Type or Print) <i>Senior Counsel, JHMSC</i> <i>Patricia M.C. Brown</i>	16A. Name and title of Contracting Officer (Type or Print) THOMAS FOREMAN 303 676-3839 CONTRACTING OFFICER thomas.foreman@tma.osd.mil
15B. Contractor/Offeror <i>Patricia M.C. Brown</i> (Signature of person authorized to sign)	15C. Date Signed 9/28/06
16B. United States of America <i>Thomas Foreman</i> (Signature of Contracting Officer)	16C. Date Signed 9-28-06

**SCHEDULE**

Item No.	Supplies/Services	Quantity	Unit	Unit Price	Amount
1001AB	Comprehensive Health Care Services and Associated Support Services. (October 1, 2003 - May 31, 2004)				(b)(4)
2001AA	Comprehensive Health Care Services and Associated Support Services. (June 1, 2004 - September 30, 2004)				(b)(4)

- A. This modification deobligates FY-04 funds for the Base Period and Option Period 1 Health Care.
- B. As a result of this modification, Section B is hereby modified to include the adjusted prices of the sub-CLIN's as shown below and on page 2 of this modification:

CLIN	ESTIMATED PRICE CHANGE FROM	ESTIMATED PRICE CHANGE TO	ESTIMATED PRICE NET CHANGE	QTY	UNIT	TOTAL ESTIMATED PRICE CHANGE
1001AB	(b)(4)					
2001AA						
Total Estimated Price Change This Modification						(b)(4)

- C. As a result of this modification, the sub-CLIN funding is changed as follows:

sub-CLIN	PREVIOUS MODs	TOTAL PRIOR OBLIGATIONS	TOTAL CURRENT OBLIGATION	OBLIGATED THIS MODIFICATION	FY
1001AB	A002, A003, A007, A013	(b)(4)			04
2001AA	A014, P002				04
Total Obligation This Modification					(b)(4)

- D. Accounting and Appropriation Data:

9704040130 1889 1020000 (b)(4) 06-CMA-0547  
 97XXXX5472 18D9 000000 (FY-04) (b)(4) 06-CMA-0547

Total Obligation This Modification (b)(4)

- E. As a result of this modification, the total contract price is decreased by (b)(4) and all other terms and conditions of the contract remain in full force and effect.

2. Amendment/Modification No. P00017	3. Effective Date 5-31-06	4. Requisition/Purchase Req. No. 06-DPC-0046	5. Project No. (if applicable) BLOCK 14
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6. Issued By DEPARTMENT OF DEFENSE TRICARE MANAGEMENT ACTIVITY/CM 16401 E. CENTRETECH PARKWAY AURORA, CO 80011-9066 JOHN PARKER 303 676-3994	Code H94002	7. Administered By (if other than Item 6) SEE BLOCK 6	Code
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8. Name and Address of Contractor (No., Street, County, and Zip Code)  JOHNS HOPKINS MEDICAL SERVICE CORPORATIO Vendor ID: 00003550 6704 CURTIS COURT DUNS: 069390037 GLEN BURNIE MD 21060-6406 CAGE: INXX2	(X)	9A. Amendment of Solicitation No.
		9B. Date (See Item 11)
	X	10A. Modification of Contract/Order No. H94002-03-C-0021
		10B. Date (See Item 13) Jun 1, 2003
Code	Facility Code	

**11. THIS ITEM ONLY APPLIES TO AMENDMENTS OF SOLICITATIONS**

The above numbered solicitation is amended as set forth in item 14. The hour and date specified for receipt of Offers  is extended  is not extended. Offers must acknowledge receipt of this amendment prior to the hour and date specified in the solicitation or as amended, by one of the following methods:  
 (a) By completing items 8 and 15, and returning \_\_\_\_\_ copies of the amendment; (b) By acknowledging receipt of this amendment on each copy of the offer submitted; or (c) By separate letter or telegram which includes a reference to the solicitation and amendment numbers. FAILURE OF YOUR ACKNOWLEDGMENT TO BE RECEIVED AT THE PLACE DESIGNATED FOR THE RECEIPT OF OFFERS PRIOR TO THE HOUR AND DATE SPECIFIED MAY RESULT IN REJECTION OF YOUR OFFER. If by virtue of this amendment you desire to change an offer already submitted, such change may be made by telegram or letter, provided each telegram or letter makes reference to the solicitation and this amendment, and is received prior to the opening hour and date specified.

12. Accounting and Appropriation Data (if required)  
SEE BLOCK 14 \$ US (b)(4)

**13. THIS ITEM APPLIES ONLY TO MODIFICATIONS OF CONTRACT/ORDERS.  
IT MODIFIES THE CONTRACT/ORDER NO. AS DESCRIBED IN ITEM 14.**

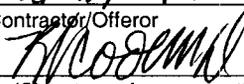
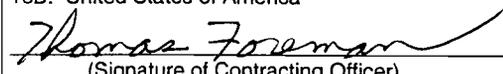
(x)	A. This change order is issued pursuant to: (Specify authority) The changes set forth in item 14 are made in the Contract Order No. in item 10A.
	B. The above numbered Contract/Order is modified to reflect the administrative changes (such as changes in paying office, appropriation date, etc.) SET FORTH IN ITEM 14, PURSUANT TO THE AUTHORITY OF FAR 43.103 (b)
X	C. This supplemental agreement is entered into pursuant to authority of: Paragraph 4 of the Schedule and Clause 52.217-9
	D. Other (Specify type of modification and authority)

**E. IMPORTANT:** Contractor  is not,  is required to sign this document and return 1 copies to the issuing office.

**14. Description of Amendment/Modification (Organized by UCF section headings, including solicitation/contract subject matter where feasible.)**

This modification incorporates the negotiated Health Care prices for Option Period 3 (Conreq 14194) and exercises the option for Option Period 3 (Conreq 14193).

Except as provided herein, all terms and conditions of the document referenced in item 9A or 10A, as heretofore changed, remains unchanged and in full force and effect.

15A. Name and Title of Signer (Type or Print) Barbara G. Cook, M.D. President JTMSC	16A. Name and title of Contracting Officer (Type or Print) THOMAS FOREMAN 303 676-3839 CONTRACTING OFFICER thomas.foreman@tma.osd.mil
15B. Contractor/Officer  (Signature of person authorized to sign)	15C. Date Signed 5/26/06
	16B. United States of America  (Signature of Contracting Officer)
	16C. Date Signed 5-31-06

**SCHEDULE**

Item No.	Supplies/Services	Quantity	Unit	Unit Price	Amount
4001	Comperhensive Health Care Services and Associated Support Services for Option Period 3				
4001AA	Comperhensive Health Care Services and Associated Support Services. (June 1, 2006 - September 30, 2006) See Exhibit 7				
4001AB	Comperhensive Health Care Services and Associated Support Services. (October 1, 2006 - May 31, 2007) See Exhibit 8				
4002	Travel for Option Period 3	0	LT	0.00	0.00
4002AA	Travel (June 1, 2006 - September 30, 2006)  The Contractor shall obtain authorization from the Contracting Officer prior to incurring any expenses under this cost type Sub-CLIN. Payment for authorized expenses shall be approved by the COR and CO.	1	LT	NTE 5,000.00	5,000.00
4005	DITSCAP for Option Period 3	0	LT	0.00	0.00
4005AA	DITSCAP (June 1, 2006 - September 30, 2006)  The Contractor shall obtain authorization from the Contracting Officer prior to incurring any expenses under this cost type Sub-CLIN. Payment for authorized expenses shall be approved by the COR and CO.	1	LT	NTE 500,000.00	500,000.00



- A. This modification incorporates the negotiated Health Care prices for Option Period 3 and exercises the option for Option Period 3.
- B. To incorporate the negotiated health care prices for Option Period 3, paragraph 2 of the section of the Schedule of Supplies/Services entitled Supplies or Services and Prices/Costs is changed to read as follows and paragraph 8 is added as follows:

“2. The negotiated contract ceiling price for this contract is shown in the Schedule and is funded on subsequent modifications. The remaining funds shall be adjusted based on reconciliations. The transition costs shall be invoiced by the Contractor with supporting billing information for the transition activities as they occur. The Government will provide payment up to the ceiling price for transition cost based on the invoice of transition services provided by the Contractor”

“8. The purpose of this clause is to clarify that the amount of this contract is an estimated amount. In accordance with paragraph 1 of The Schedule of Supplies or Services and Prices/Costs, the unit prices (“Capitation Rates”) for the health care services provided by the contractor are fixed. The Capitation Rates and the methodology used to negotiate them on an annual basis are included, by contract year, in attachments to this contract. However, also in accordance with paragraph 1 of The Schedule of Supplies or Services and Prices/Costs, the quantity “for persons eligible to enroll” is variable (the “Estimated Number of Monthly Enrollees”). As a result, the number of enrollees in the columns entitled: “Estimated Number of Monthly Enrollees for the subCLIN's Period of Performance” included in exhibits 1 through 10 of this contract are estimated. For monthly billing (see paragraph 10.2 of the General Specifications/Requirements) and accounting convenience, the Capitation Rates times the Estimated Number of Monthly Enrollees have been divided by 12. The resultant mathematical calculation equals the estimated contract amount. In the event that any difference exists between an estimated price for a given month as set forth in the exhibit and the amount that results from the monthly calculation performed pursuant to Section 10.0, Payment Process, the amount resulting from the calculation prescribed in Section 10.0 shall take precedence, and Contractor shall be compensated in that amount.

- C. The attached Attachments 23 and 24, Ceiling Rate Methodology for OP3 and Option Period 3 Prices (“Capitation Rates”), respectively, are hereby incorporated into the contract.
- D. The attached Exhibits 7 and 8, Option Period 3 Prices, are hereby incorporated into the contract.
- E. In accordance with contract clause 52.217-9 "Option to Extend the Term of the Contract", the Government hereby unilaterally exercises the option to extend the term of the contract for Option Period 3, for the period of June 1, 2006 through May 31, 2007.
- F. CLIN's 4001, 4002, and 4005 and subCLIN's 4001AA, 4001AB, 4002AA, and 4005AA are added to the contract for Option Period 3 health care services, travel, and DITSCAP at the prices shown on page 2 of this modification and as shown below:

CLIN	UNIT PRICE CHANGE FROM	UNIT PRICE CHANGE TO	UNIT PRICE NET CHANGE	QTY	UNIT	TOTAL PRICE CHANGE
4001	(b)(4)					
4001AA						
4001AB						
4002						
4002AA						
4005						
4005AA						

G. Funds in the amount of (b)(4) are provided for work to be performed during the period of June 1, 2006 through September 30, 2006 as shown below:

SUB-CLIN	PREVIOUS MODs	TOTAL PRIOR OBLIGATIONS	TOTAL CURRENT OBLIGATION	OBLIGATED THIS MODIFICATION	FY
4001	New	(b)(4)			NA
4001AA	New				06
4001AB	New				07
4002	New				NA
4002AA	New				06
4005	New				NA
4005AA	New				06

H. In accordance with contract clause 52.232-19 "Availability of Funds for the Next Fiscal Year", fiscal year 2007 funds for the period of October 1, 2006 through May 31, 2007 will be obligated when funds become available.

I. Accounting and Appropriation Data (continued from Block 12):

9706060130.1889.102000	(b)(4)	06-DPC-0046
97XXXX5472.18D9.000000 (FY-06)		06-DPC-0046
Total Obligation This Modification		

J. As a result of this modification, the total contract price is increased by (b)(4) and all other terms and conditions of the contract remain in full force and effect.

CEILING RATE METHODOLOGY FOR OP3

**CEILING RATE METHODOLOGY FOR OP3 FOR  
JOHNS HOPKINS MEDICAL SERVICES CORPORATION**

**CEILING RATES FOR THE UNDER 65 POPULATION**

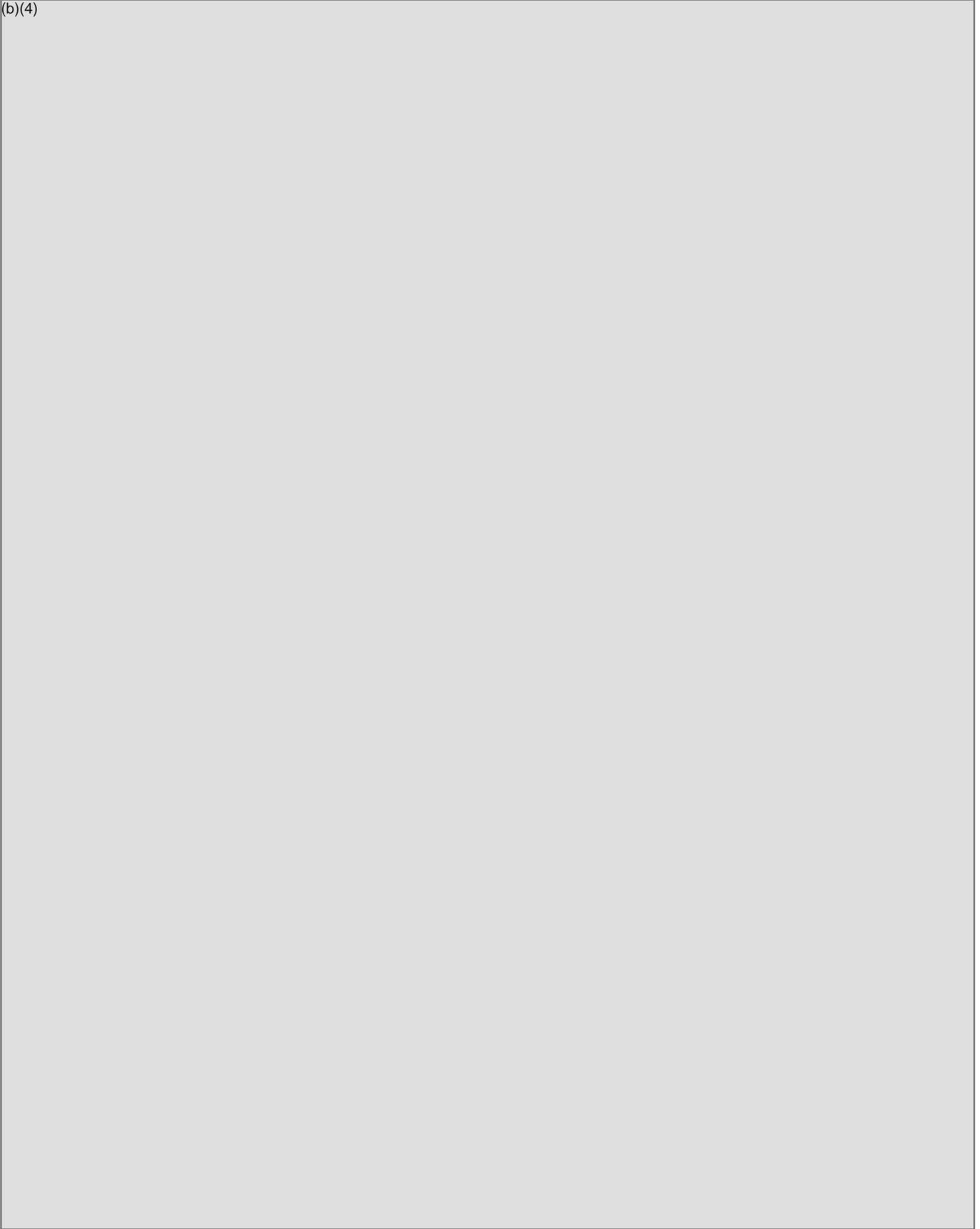
Section 726(b) of the National Defense Authorization Act for Fiscal Year 1997 states that the capitation payments for health care services to a Designated Provider shall not exceed an amount equal to the cost that would have been incurred by the Government if the enrollee had received such health care services through a military treatment facility, the TRICARE program, or the Medicare program, as the case may be. These are referred to as the ceiling rates.

(b)(4)



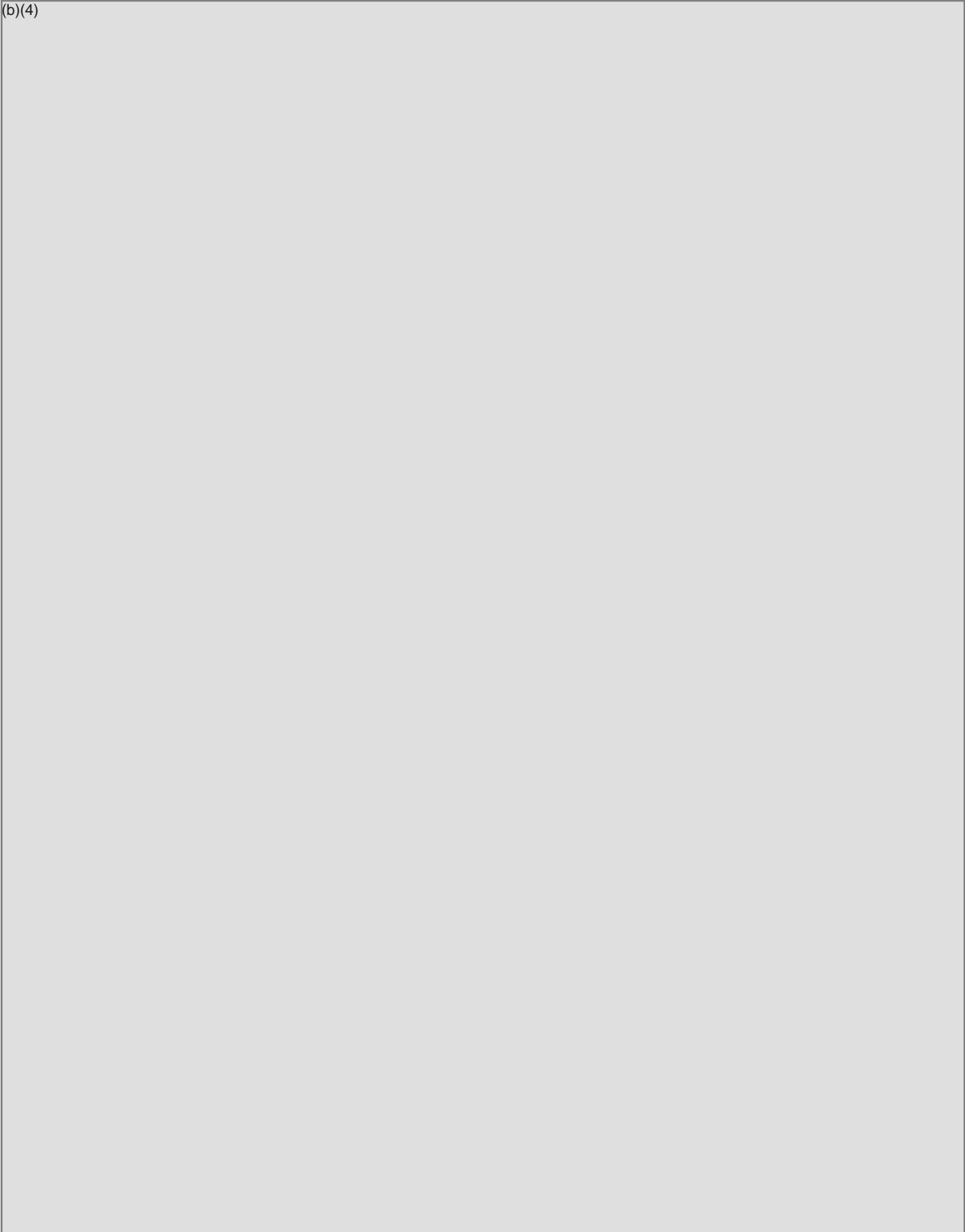
CEILING RATE METHODOLOGY FOR OP3

(b)(4)



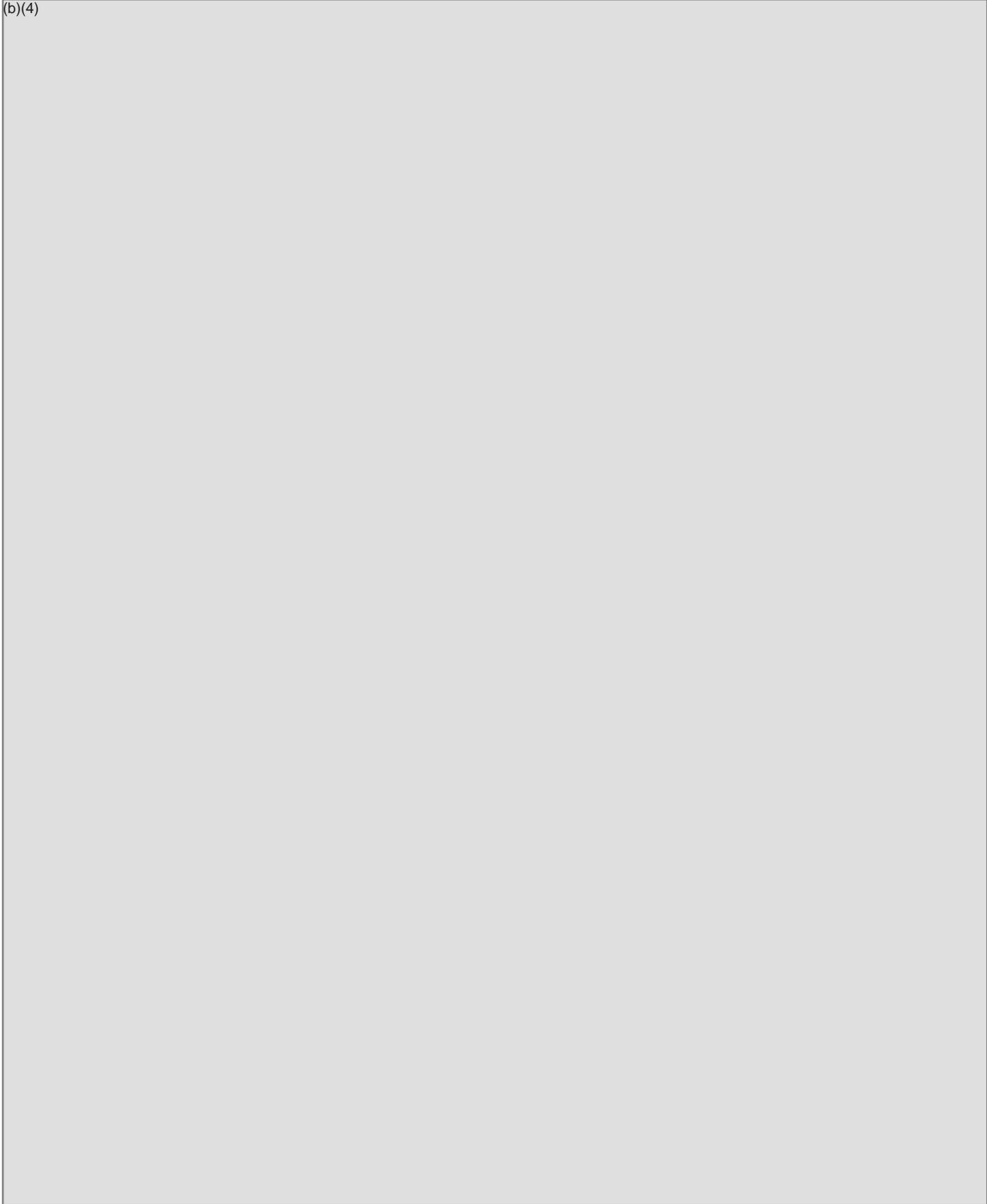
CEILING RATE METHODOLOGY FOR OP3

(b)(4)



CEILING RATE METHODOLOGY FOR OP3

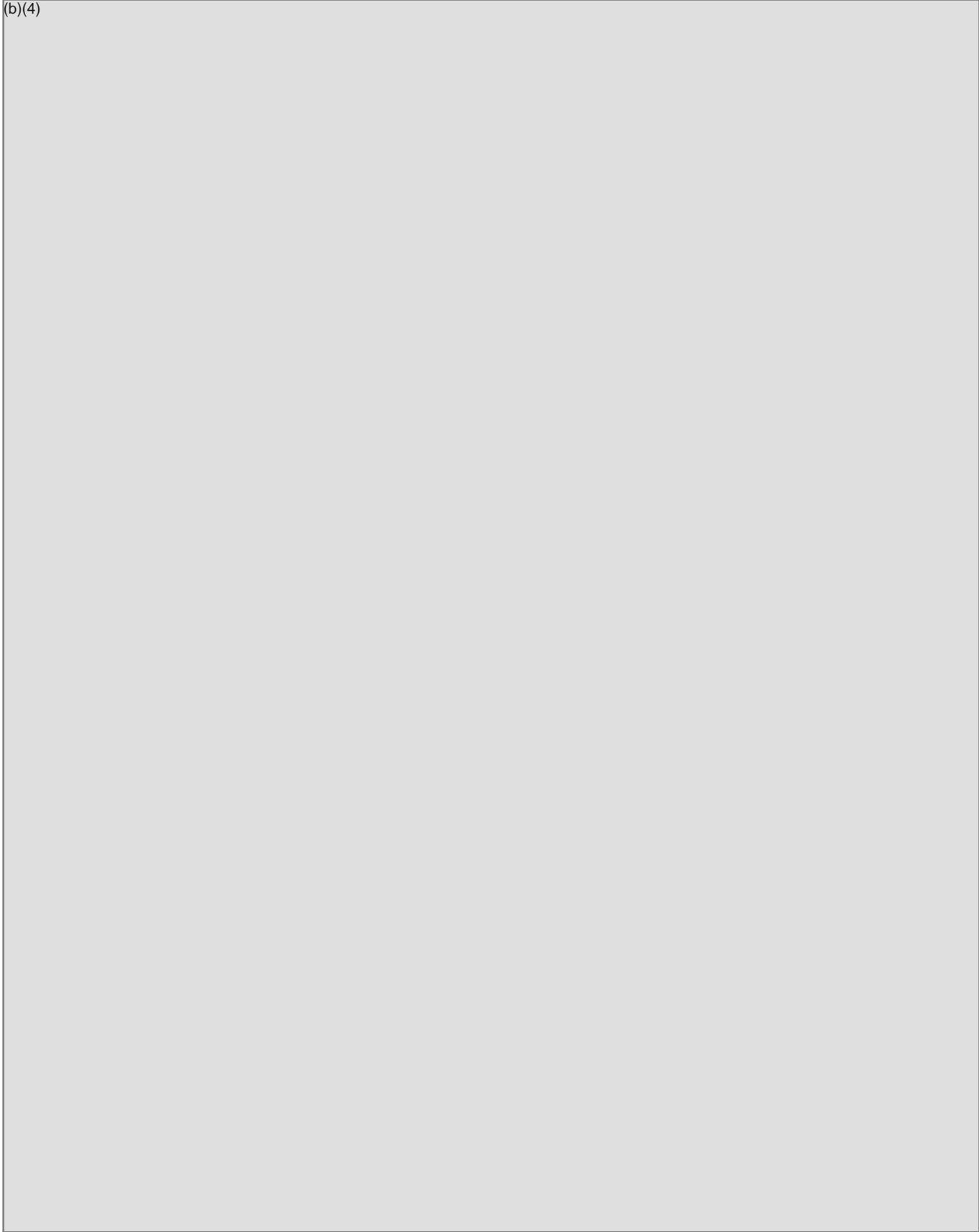
(b)(4)



ATTACHMENT 23

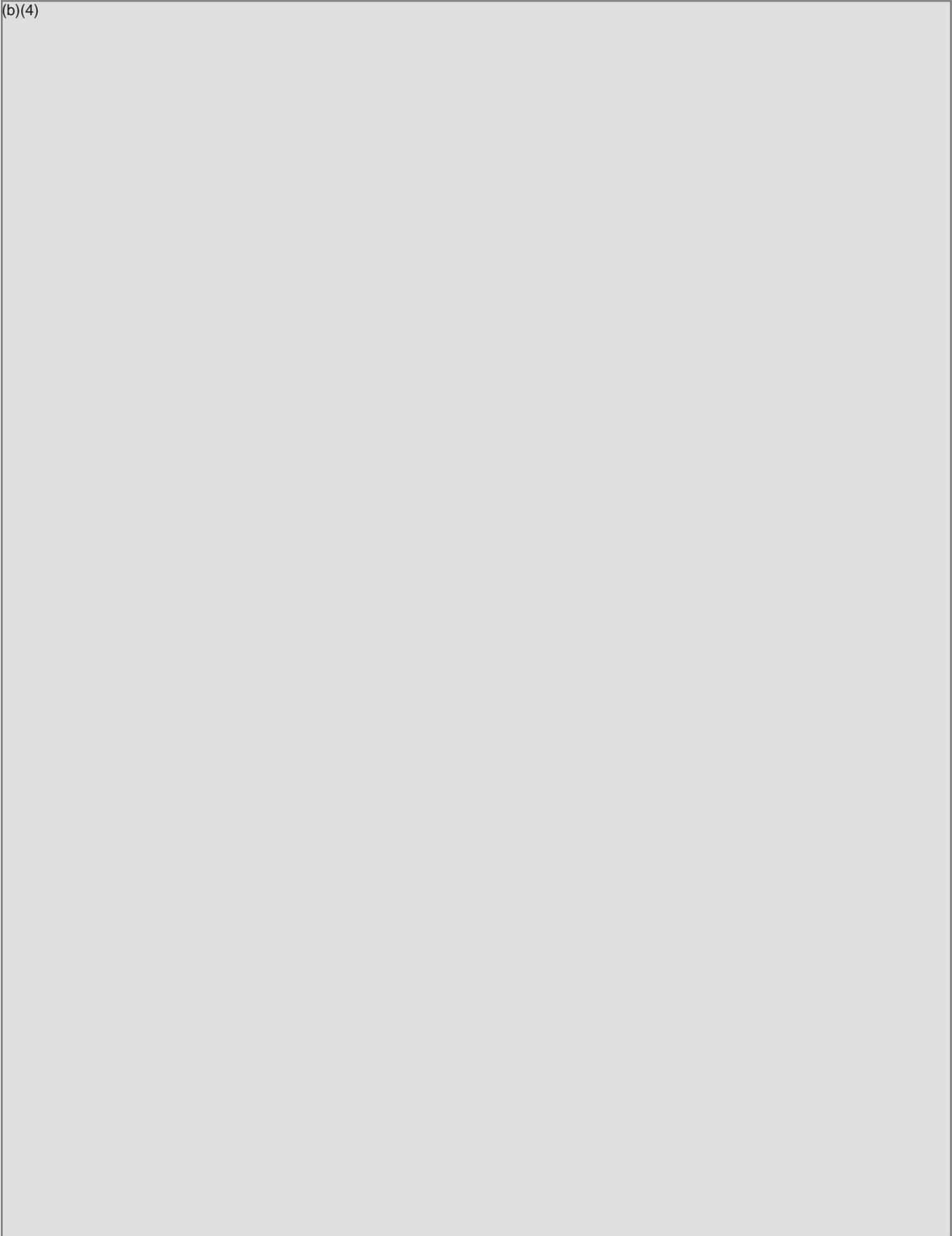
CEILING RATE METHODOLOGY FOR OP3

(b)(4)



CEILING RATE METHODOLOGY FOR OP3

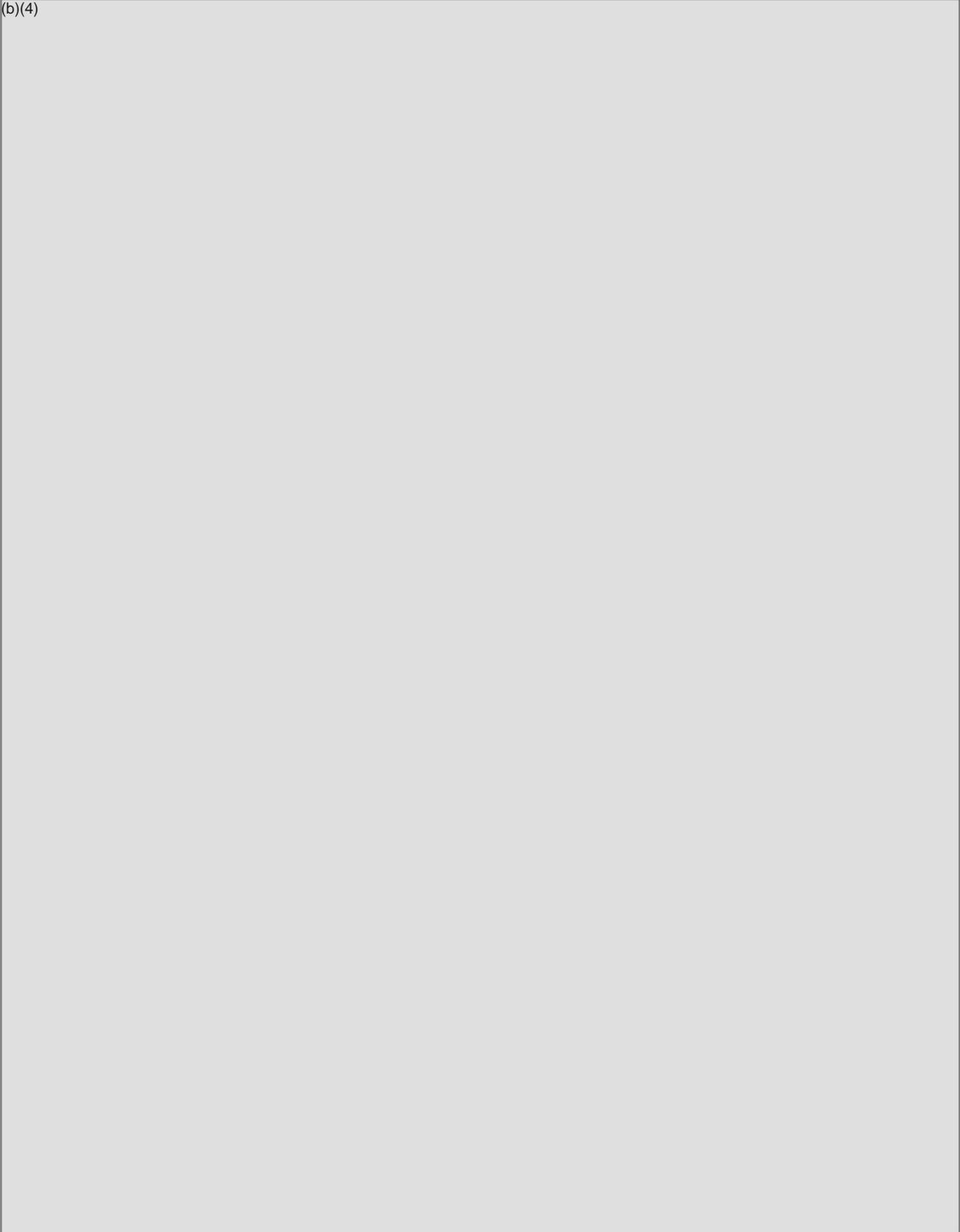
(b)(4)



ATTACHMENT 23

CEILING RATE METHODOLOGY FOR OP3

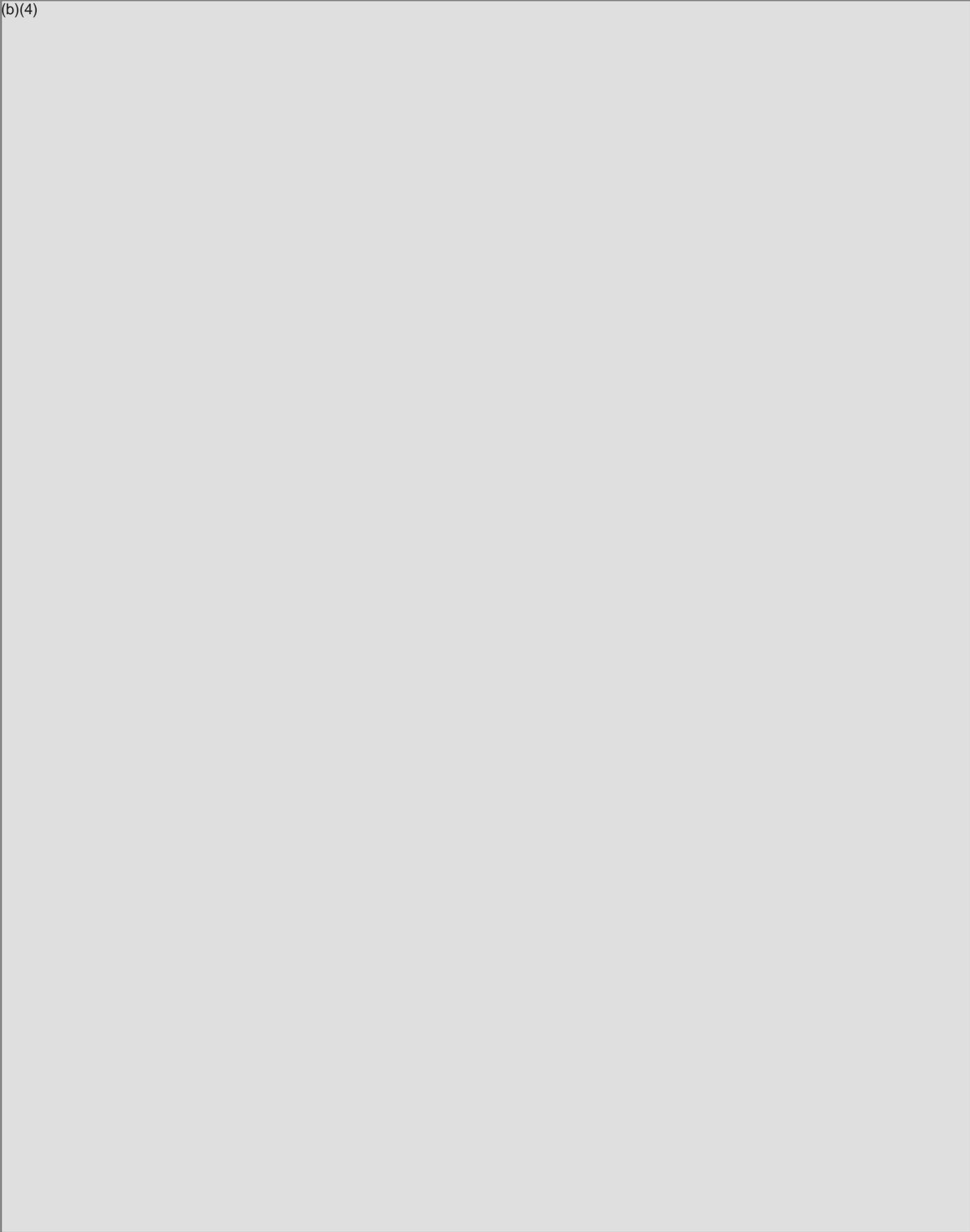
(b)(4)



ATTACHMENT 23

CEILING RATE METHODOLOGY FOR OP3

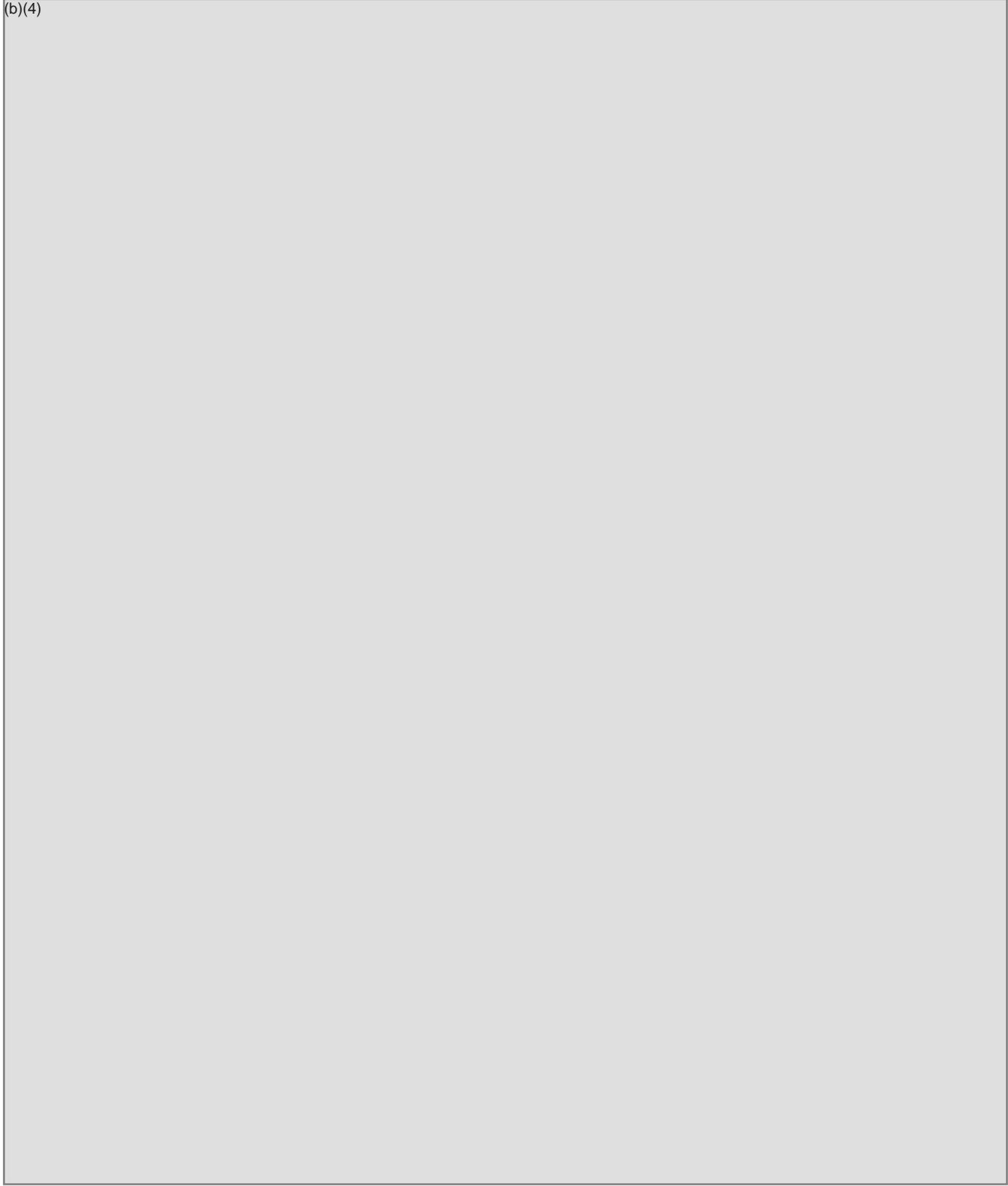
(b)(4)



ATTACHMENT 23

CEILING RATE METHODOLOGY FOR OP3

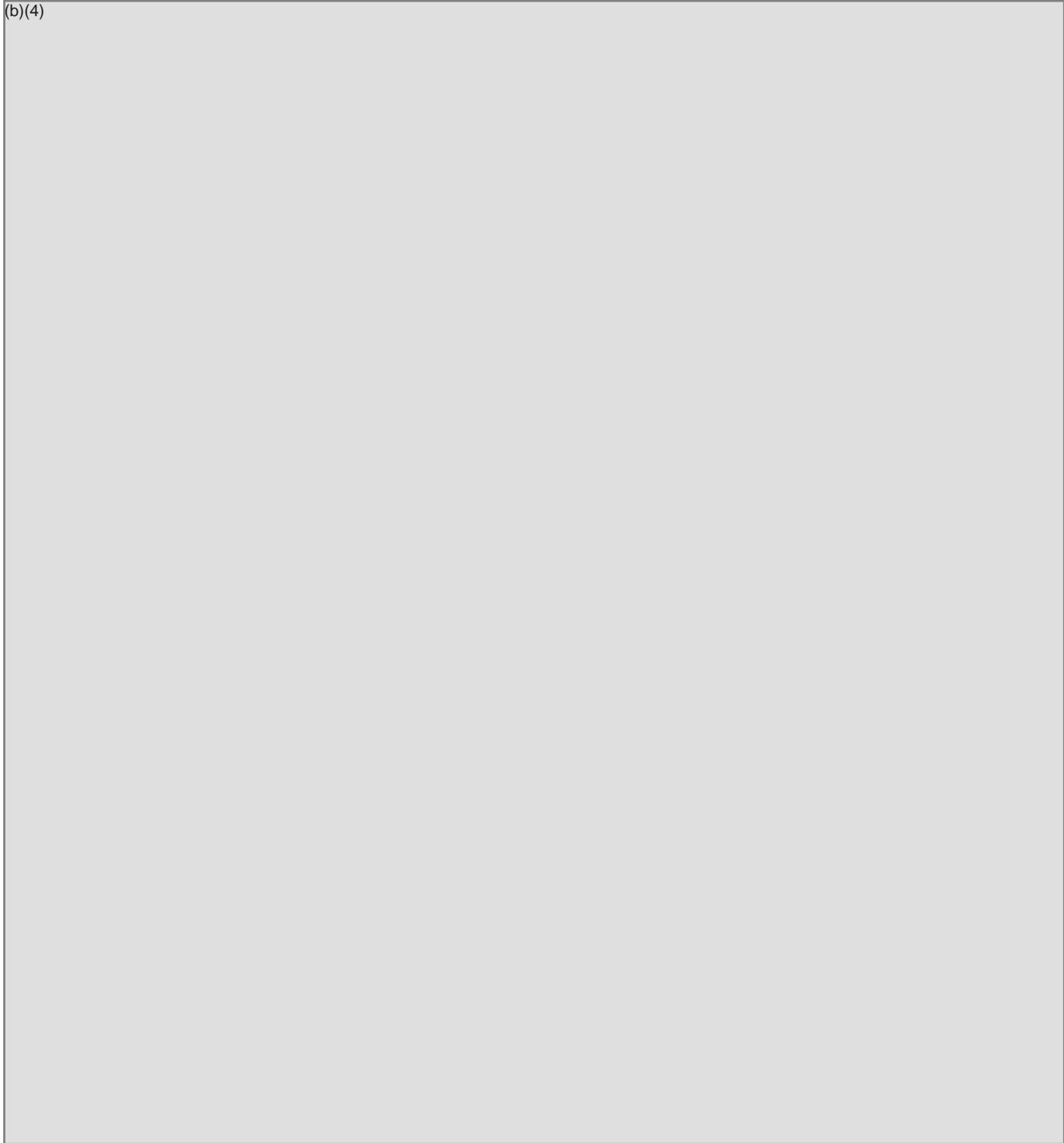
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ATTACHMENT 23

CEILING RATE METHODOLOGY FOR OP3

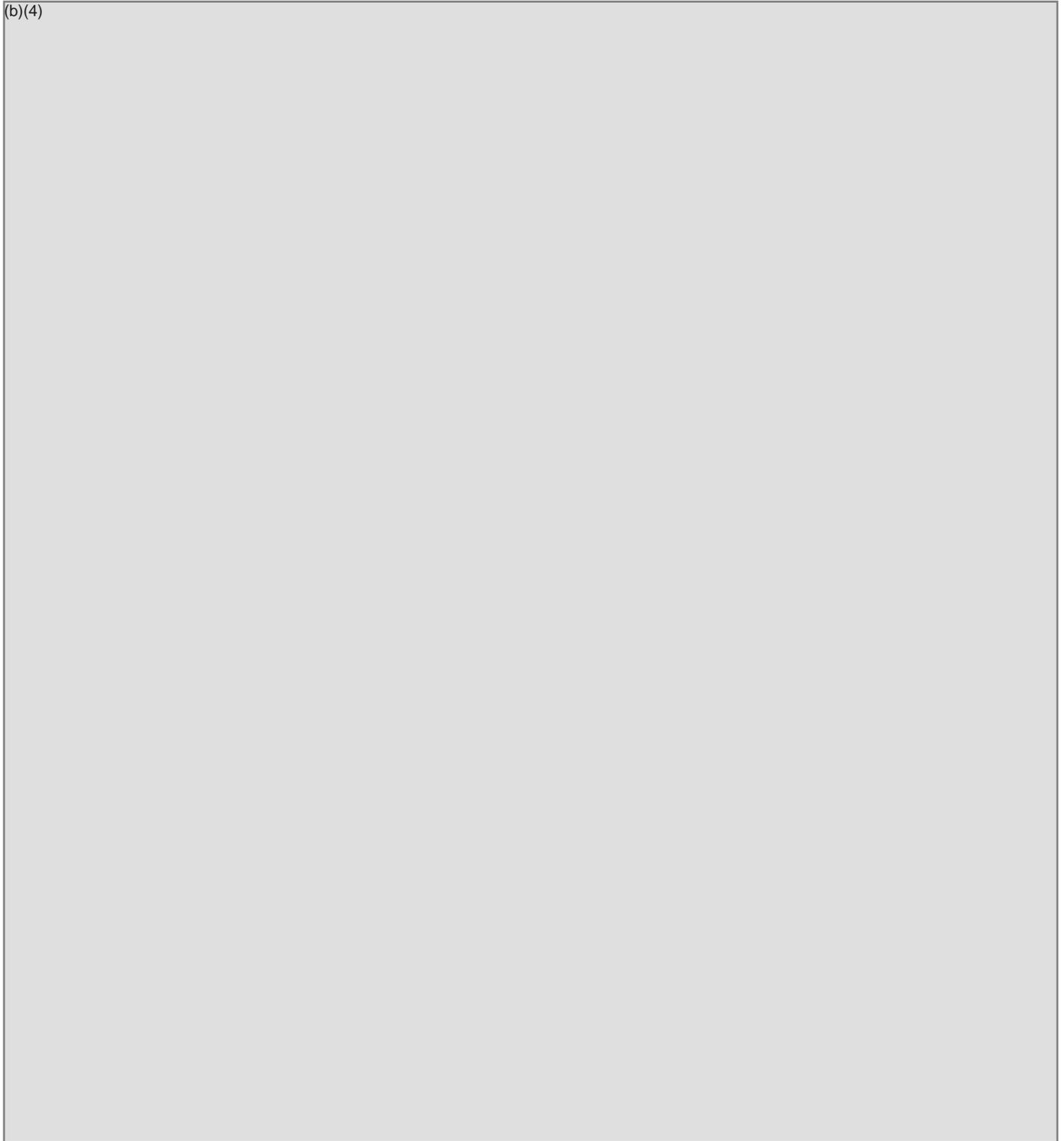
(b)(4)



CEILING RATE METHODOLOGY FOR OP3

**Table 3**

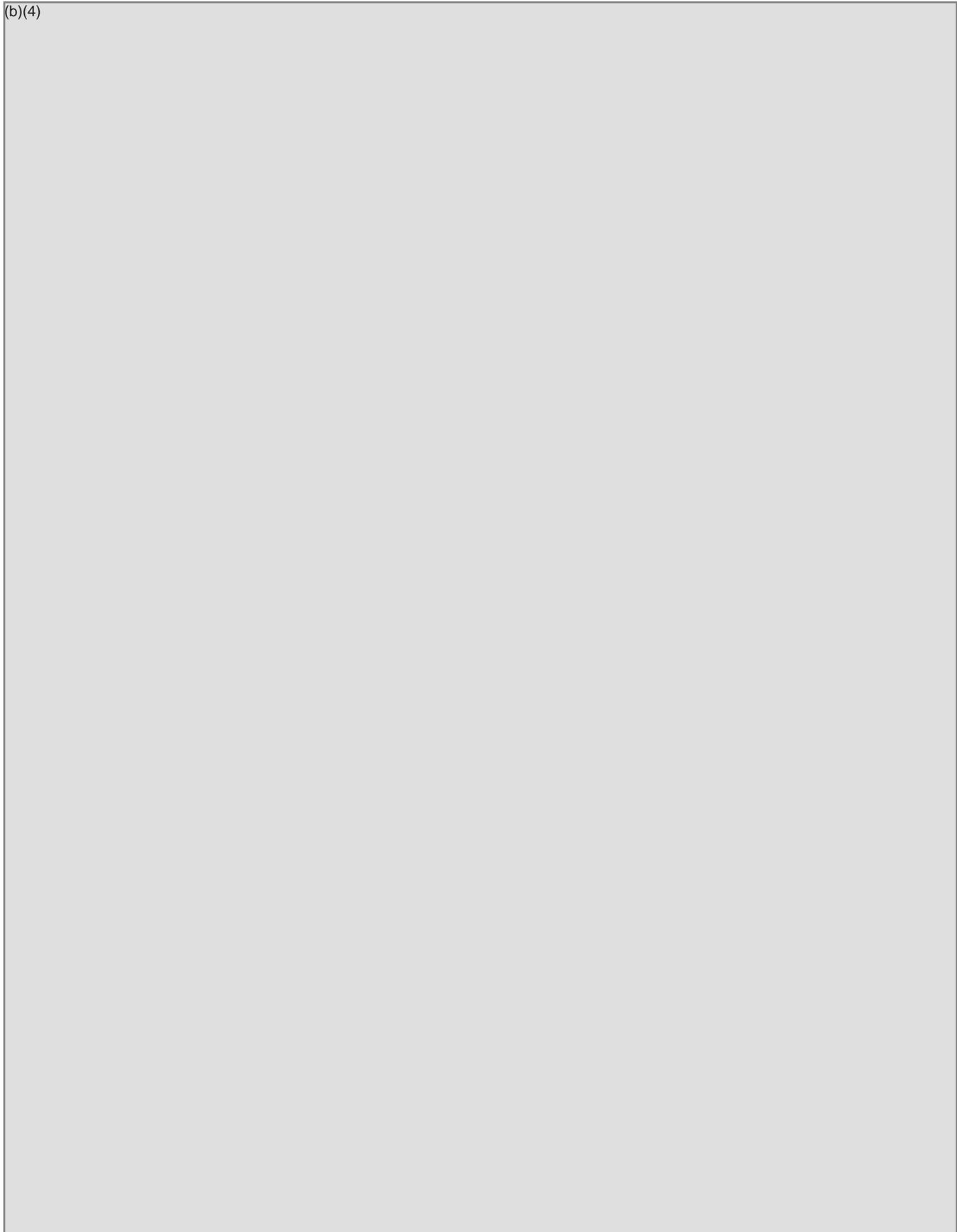
(b)(4)



ATTACHMENT 23

CEILING RATE METHODOLOGY FOR OP3

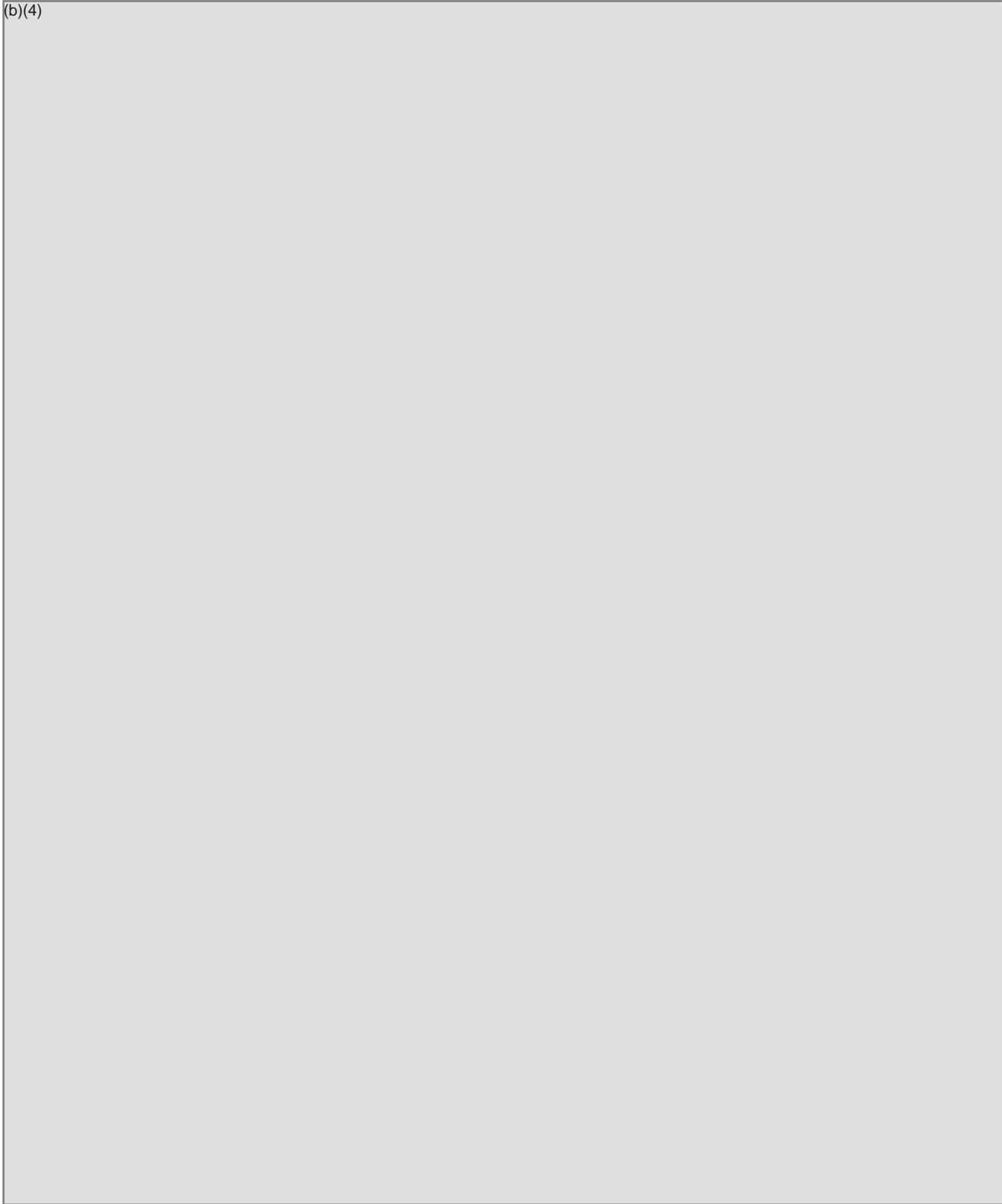
(b)(4)



ATTACHMENT 23

CEILING RATE METHODOLOGY FOR OP3

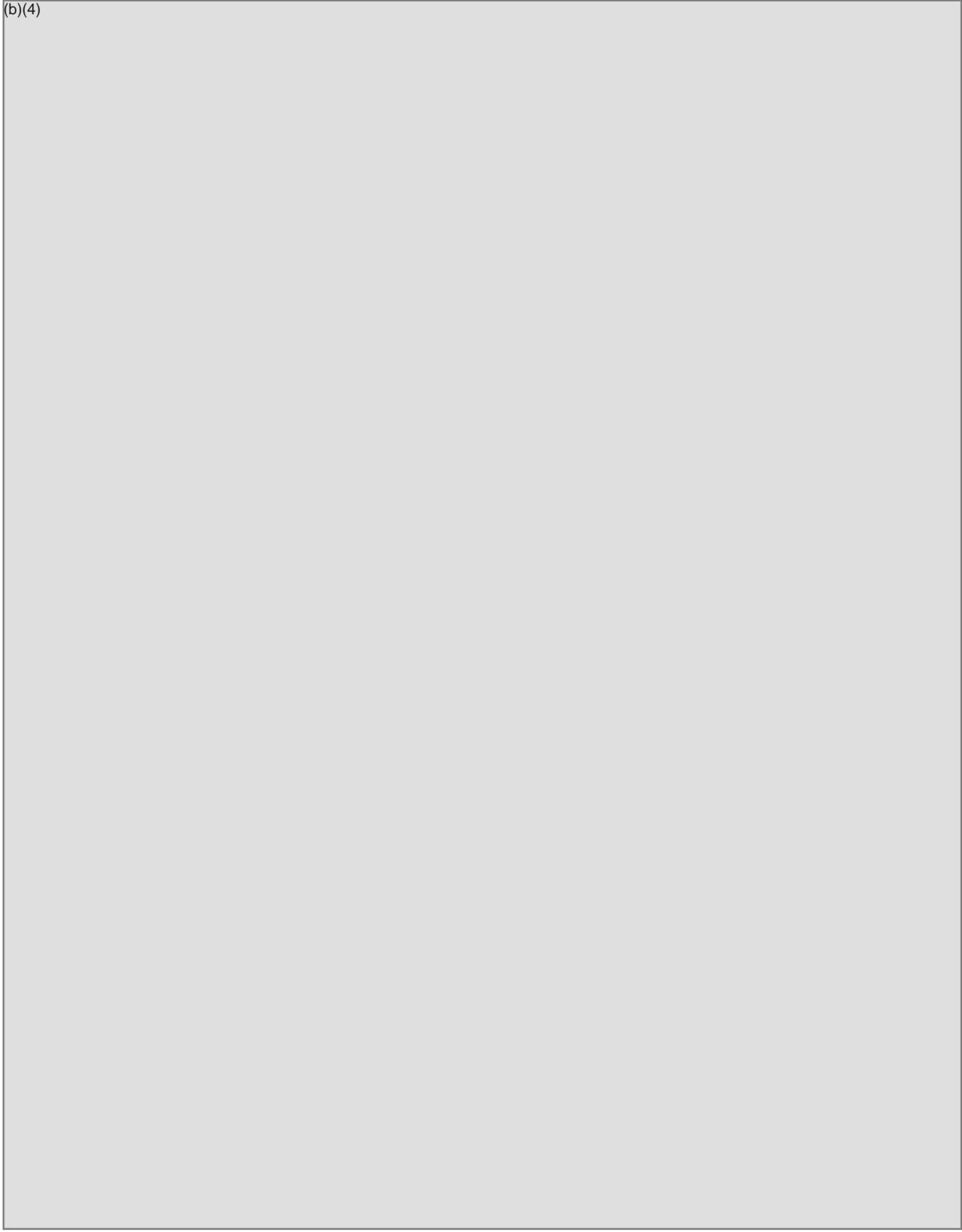
(b)(4)



ATTACHMENT 23

CEILING RATE METHODOLOGY FOR OP3

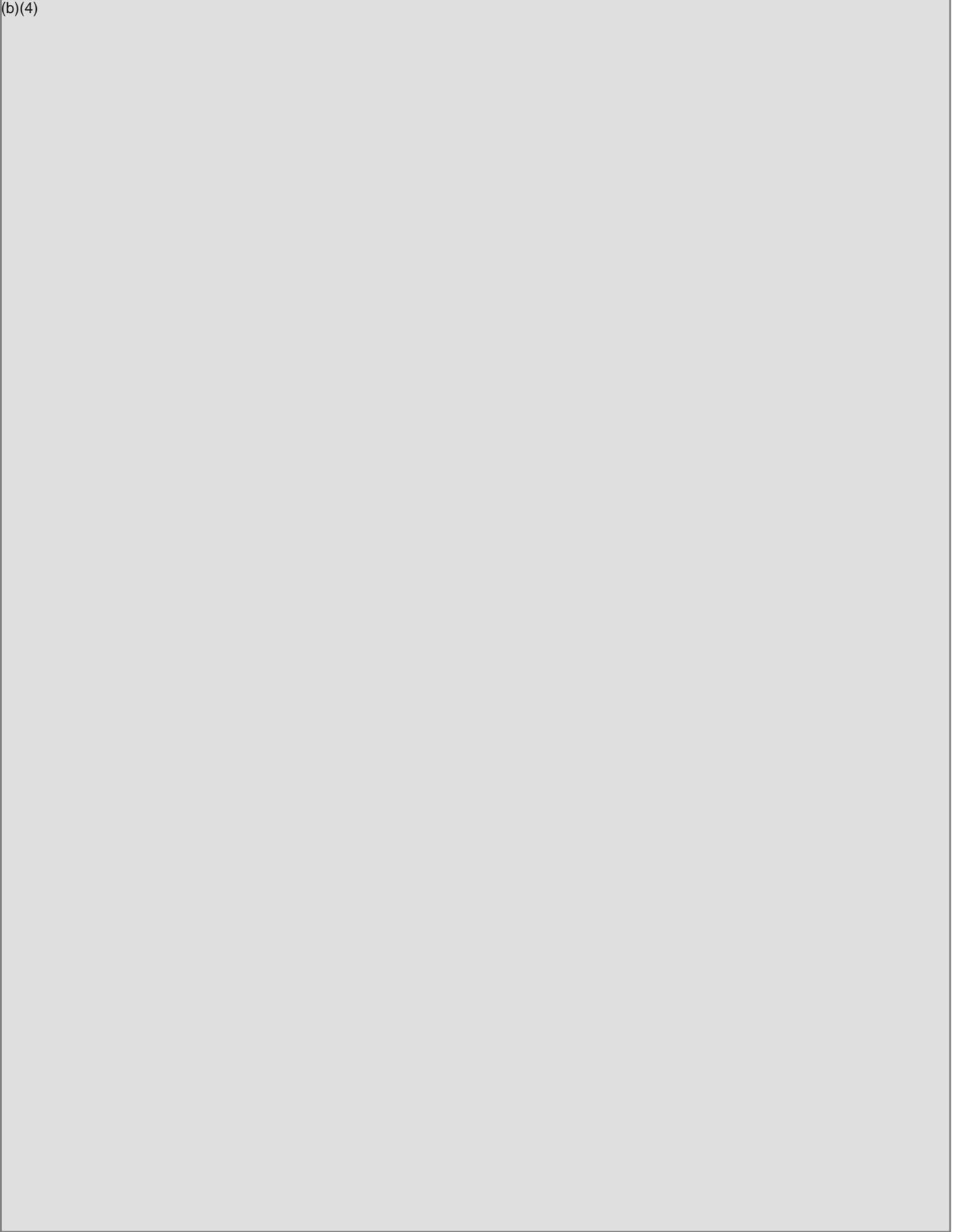
(b)(4)



ATTACHMENT 23

CEILING RATE METHODOLOGY FOR OP3

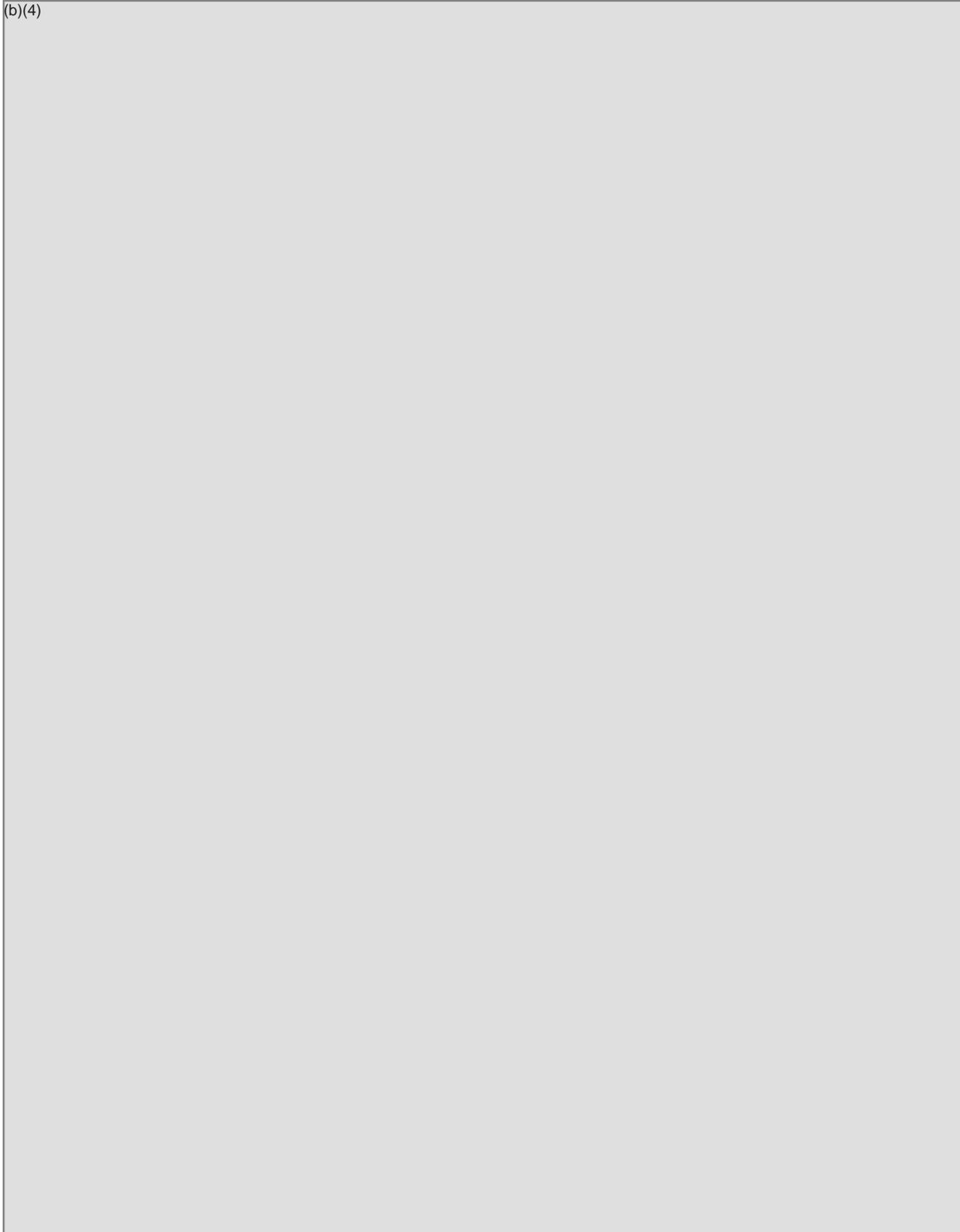
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ATTACHMENT 23

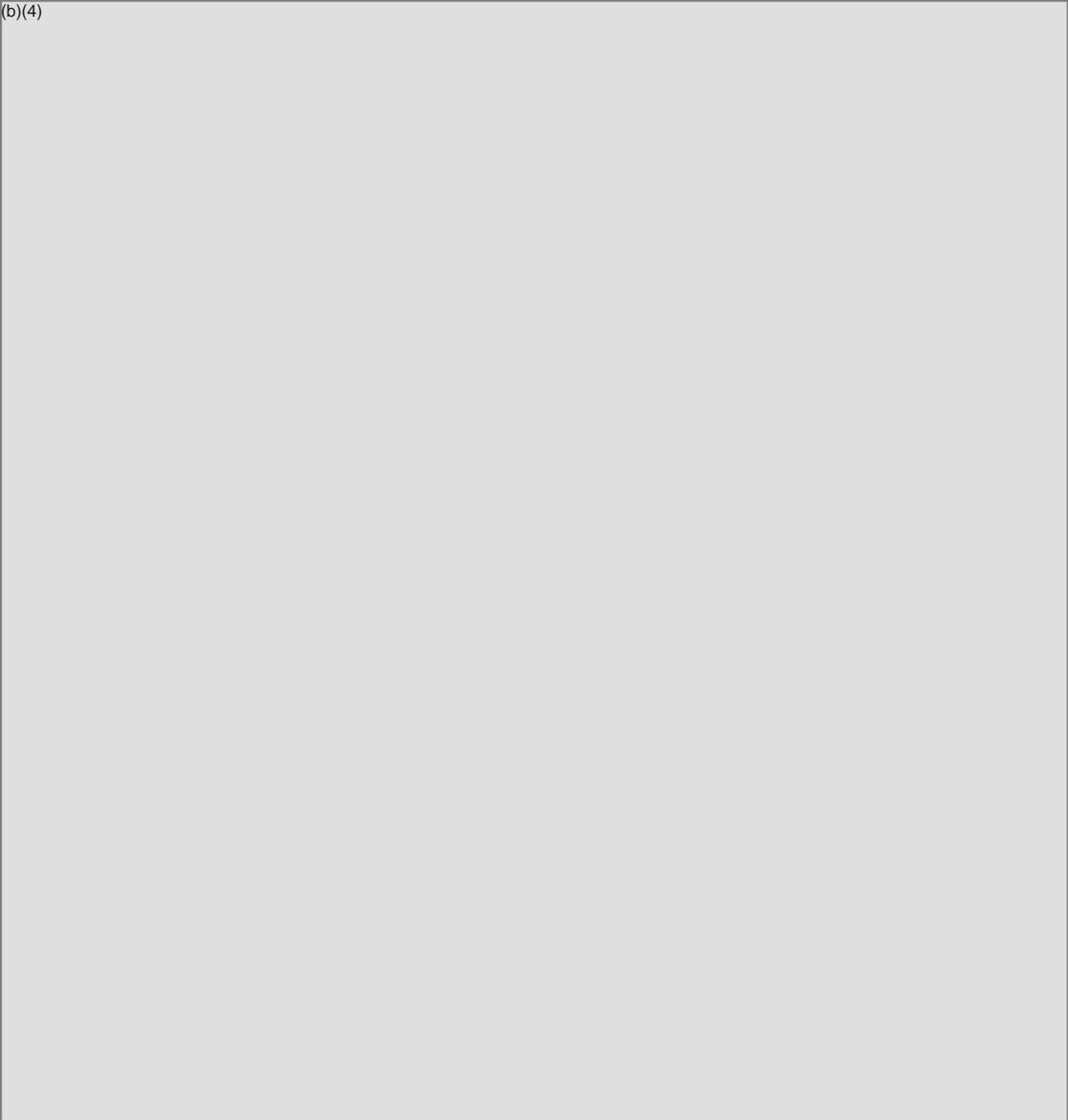
CEILING RATE METHODOLOGY FOR OP3

(b)(4)



CEILING RATE METHODOLOGY FOR OP3

(b)(4)

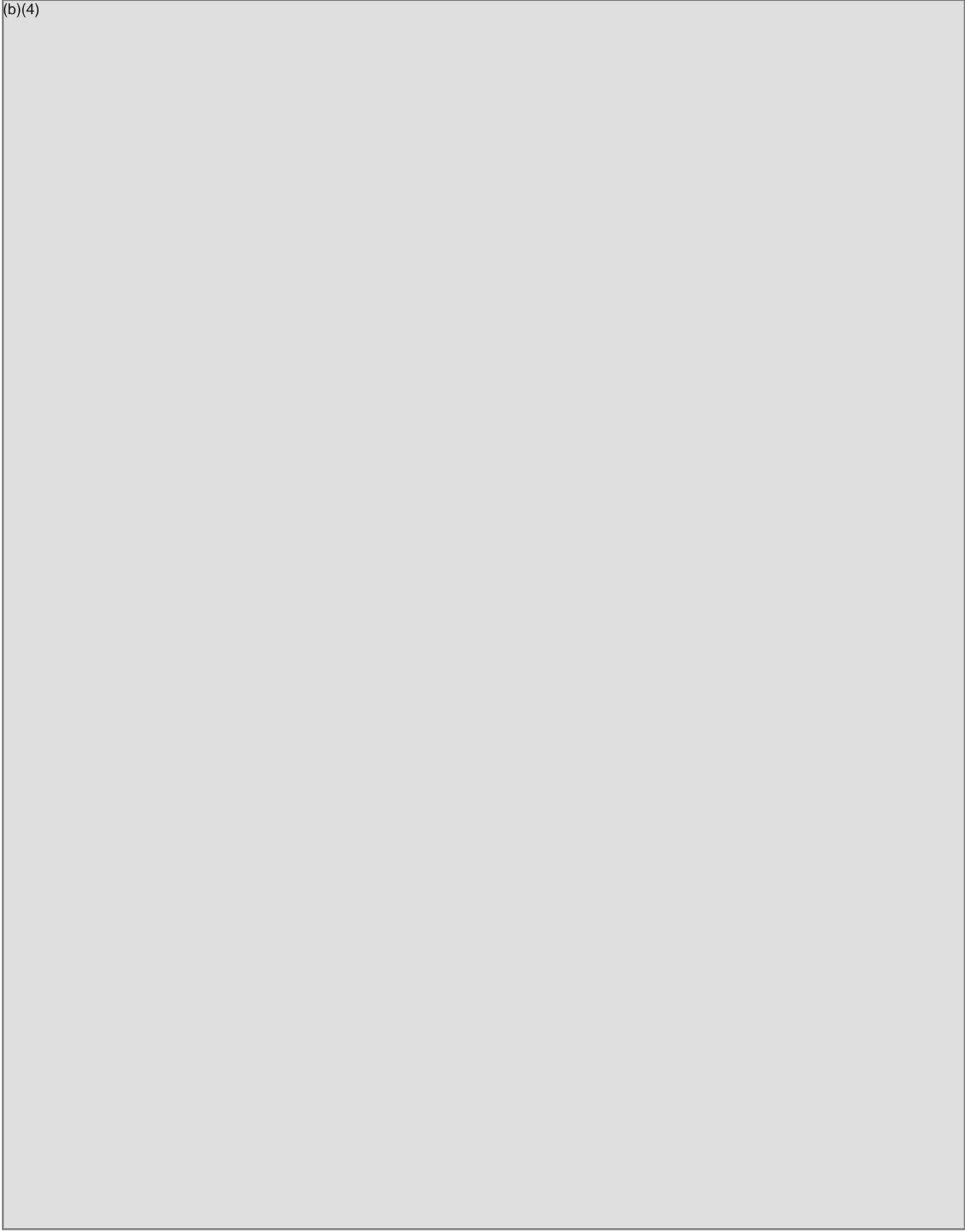


Section 726(b) of the FY97 National Defense Authorization Act indicates that the government should not pay the Designated Provider more than what would have been incurred by the government if the enrollee had received such healthcare services through TRICARE, an MTF, or Medicare. 

ATTACHMENT 23

CEILING RATE METHODOLOGY FOR OP3

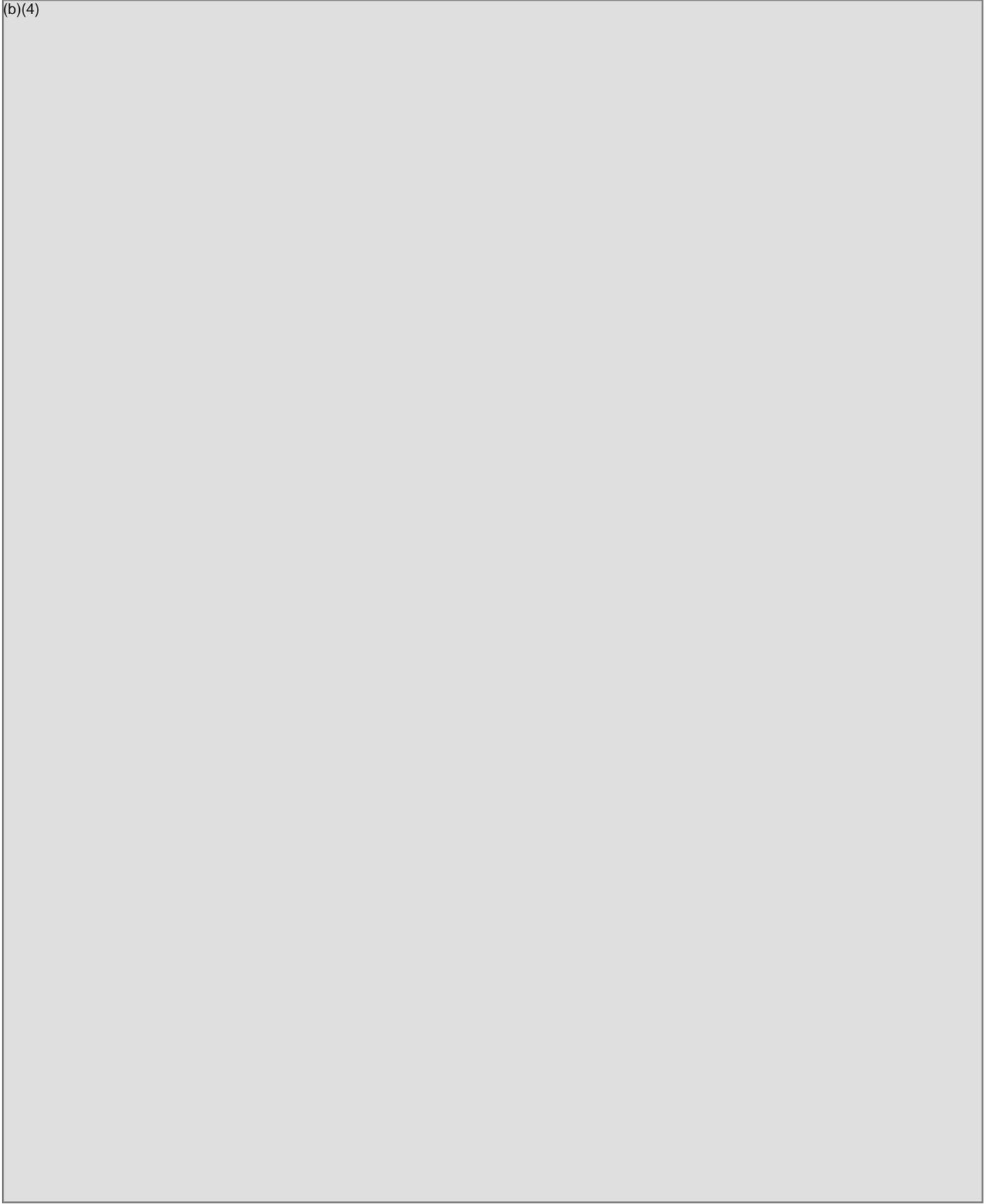
(b)(4)



ATTACHMENT 23

CEILING RATE METHODOLOGY FOR OP3

(b)(4)



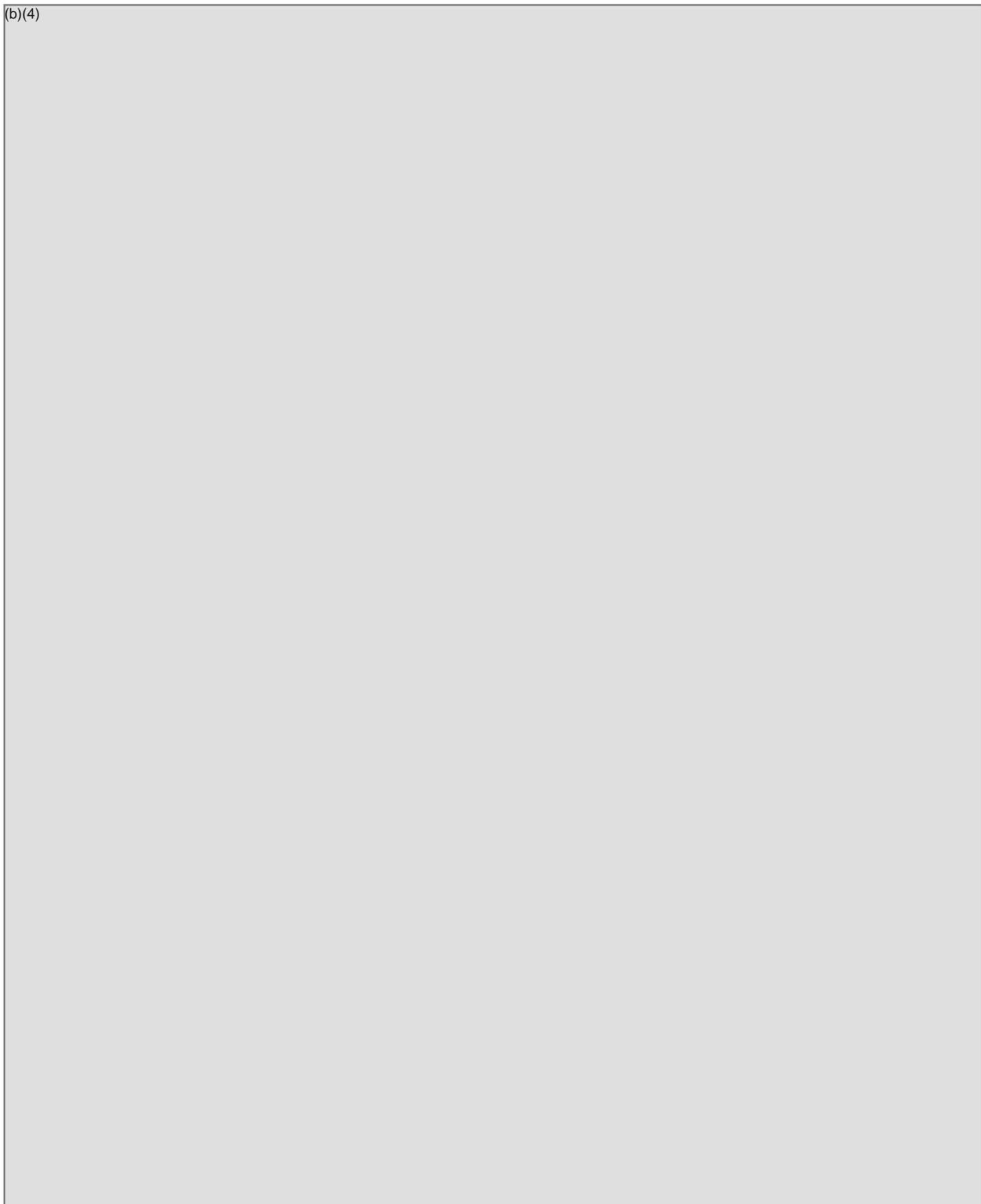
CEILING RATE METHODOLOGY FOR OP3

(b)(4)



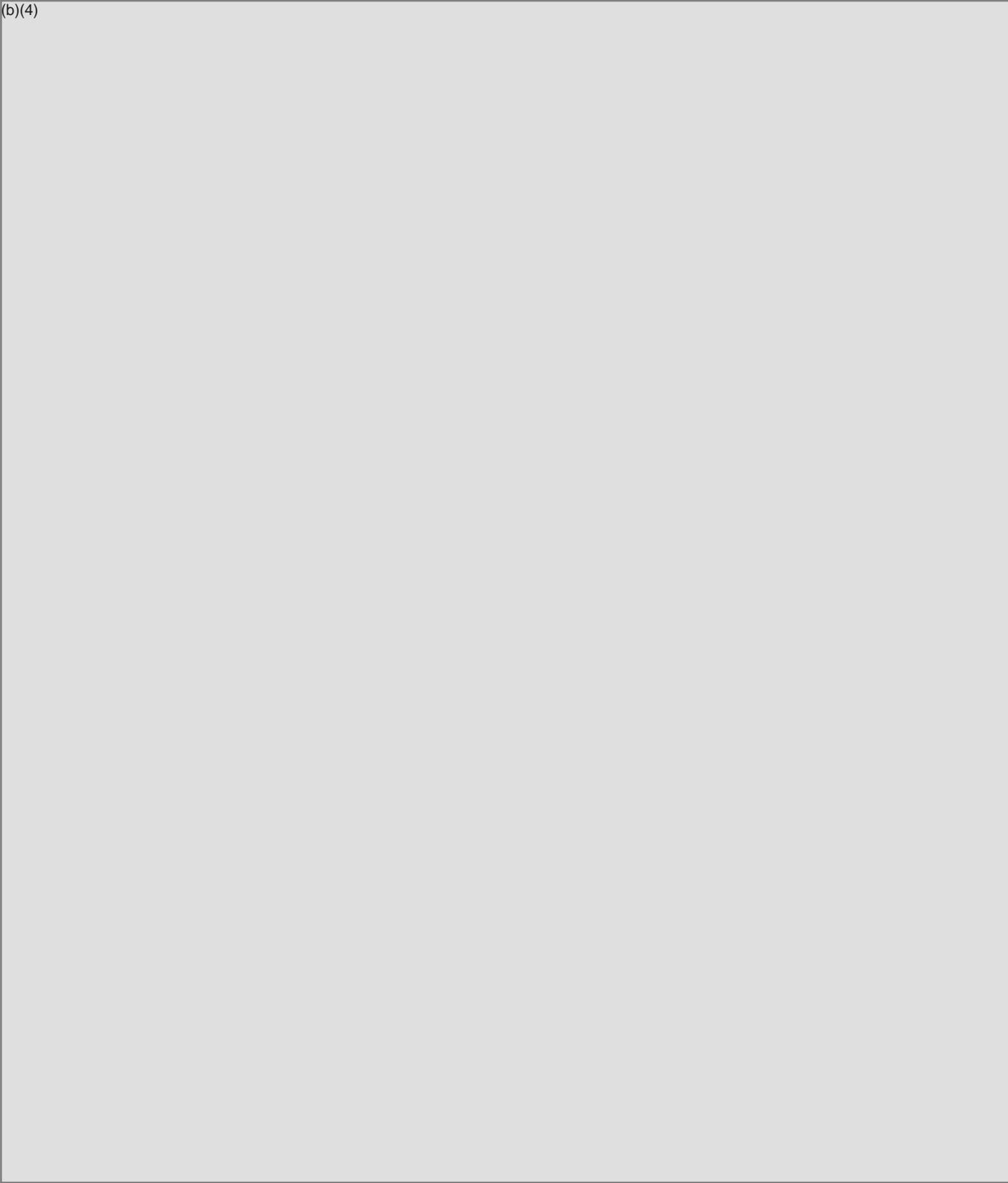
CEILING RATE METHODOLOGY FOR OP3

(b)(4)



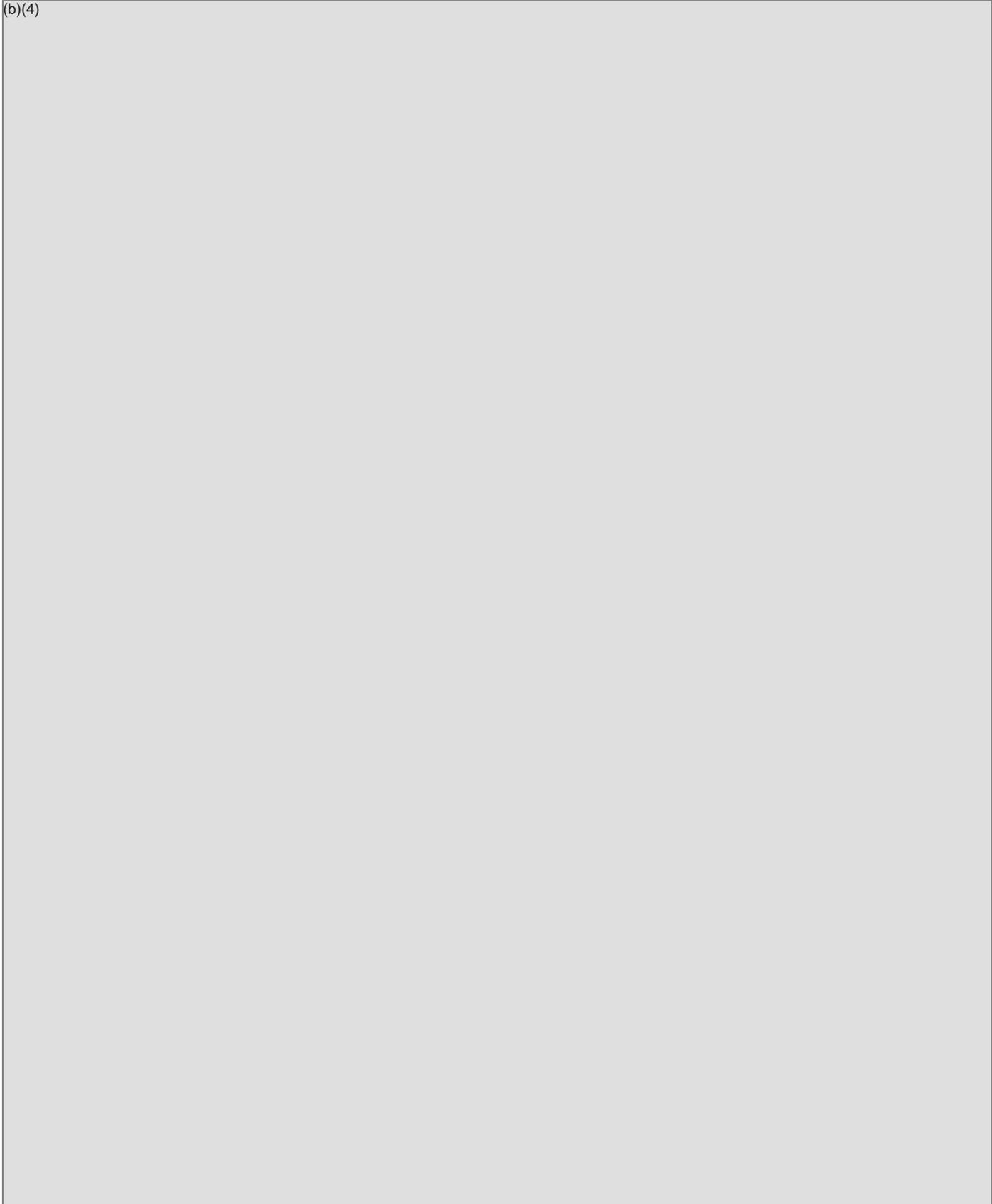
CEILING RATE METHODOLOGY FOR OP3

(b)(4)



CEILING RATE METHODOLOGY FOR OP3

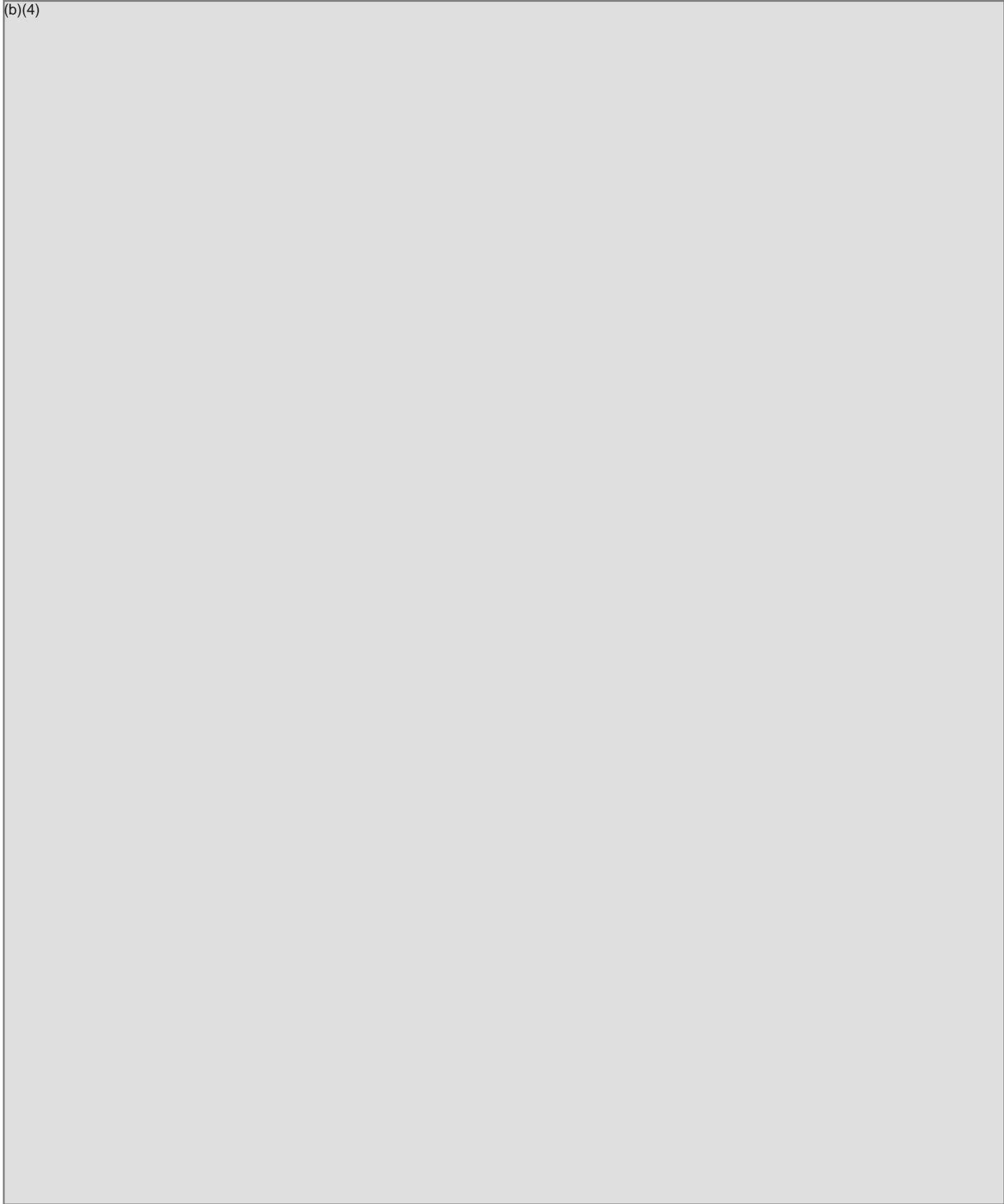
(b)(4)



ATTACHMENT 23

CEILING RATE METHODOLOGY FOR OP3

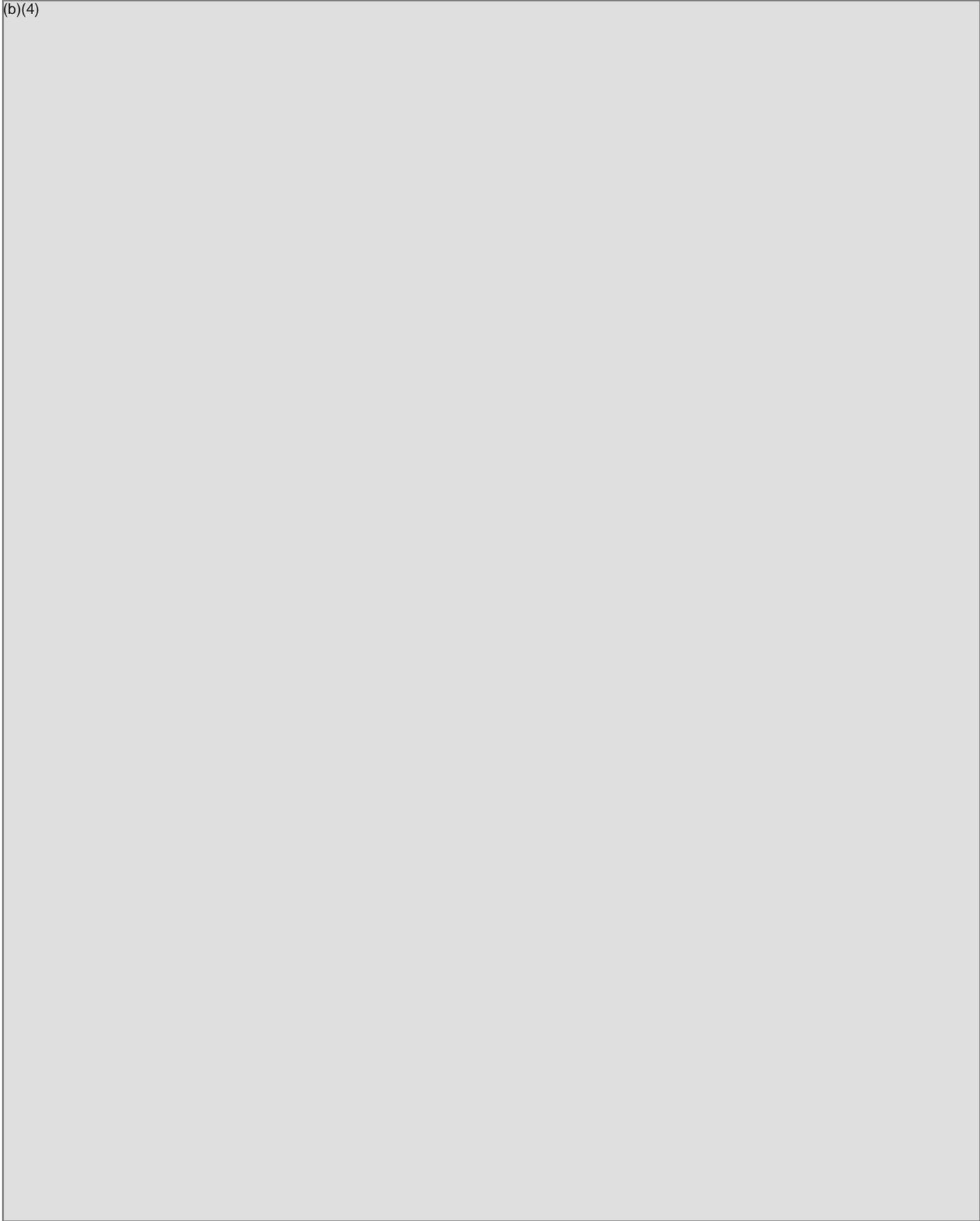
(b)(4)



ATTACHMENT 23

CEILING RATE METHODOLOGY FOR OP3

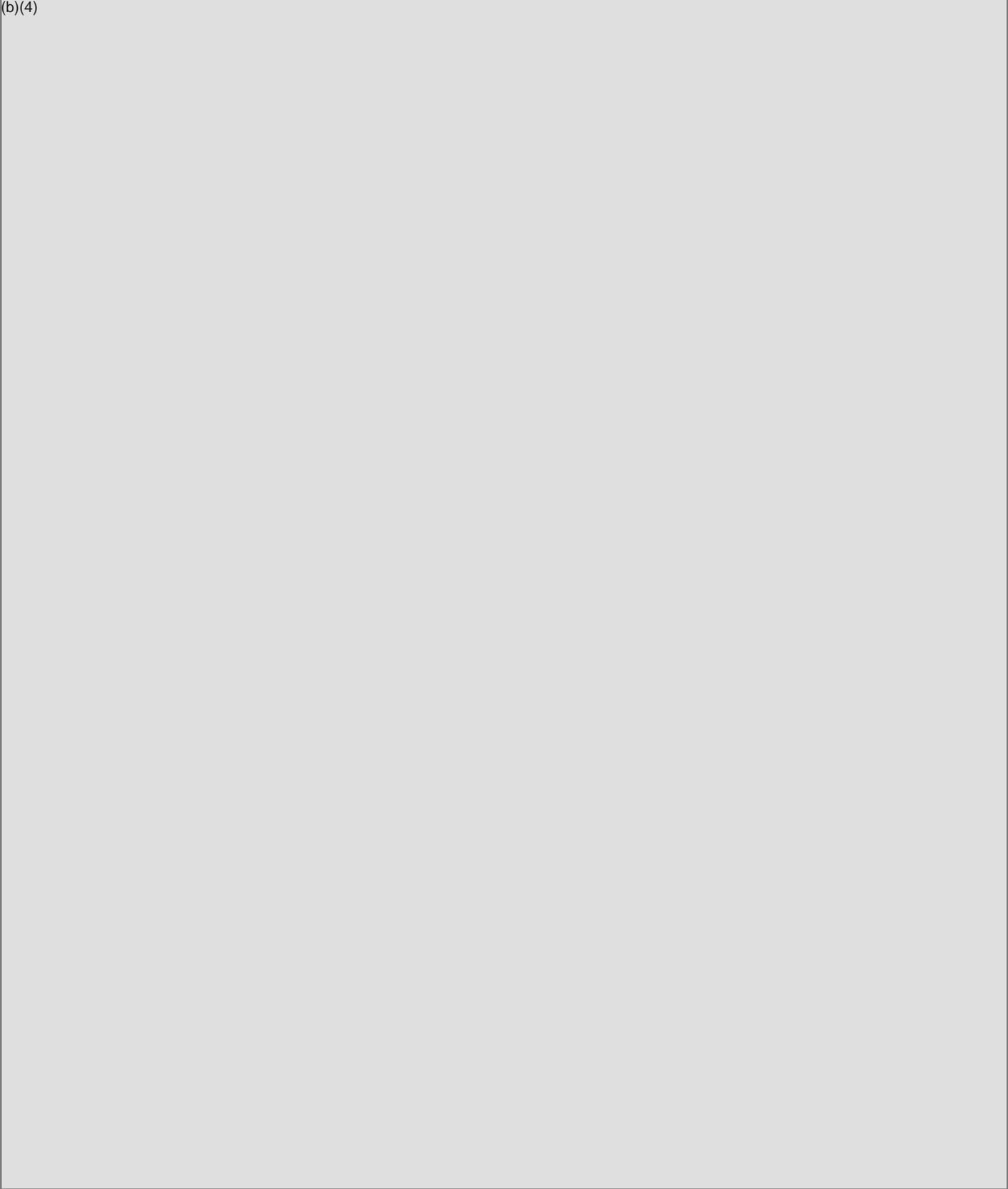
(b)(4)



ATTACHMENT 23

CEILING RATE METHODOLOGY FOR OP3

(b)(4)



ATTACHMENT 23

CEILING RATE METHODOLOGY FOR OP3

(b)(4)



Attachment 24

Option Period 3 Prices ("Capitation Rates")

Johns Hopkins

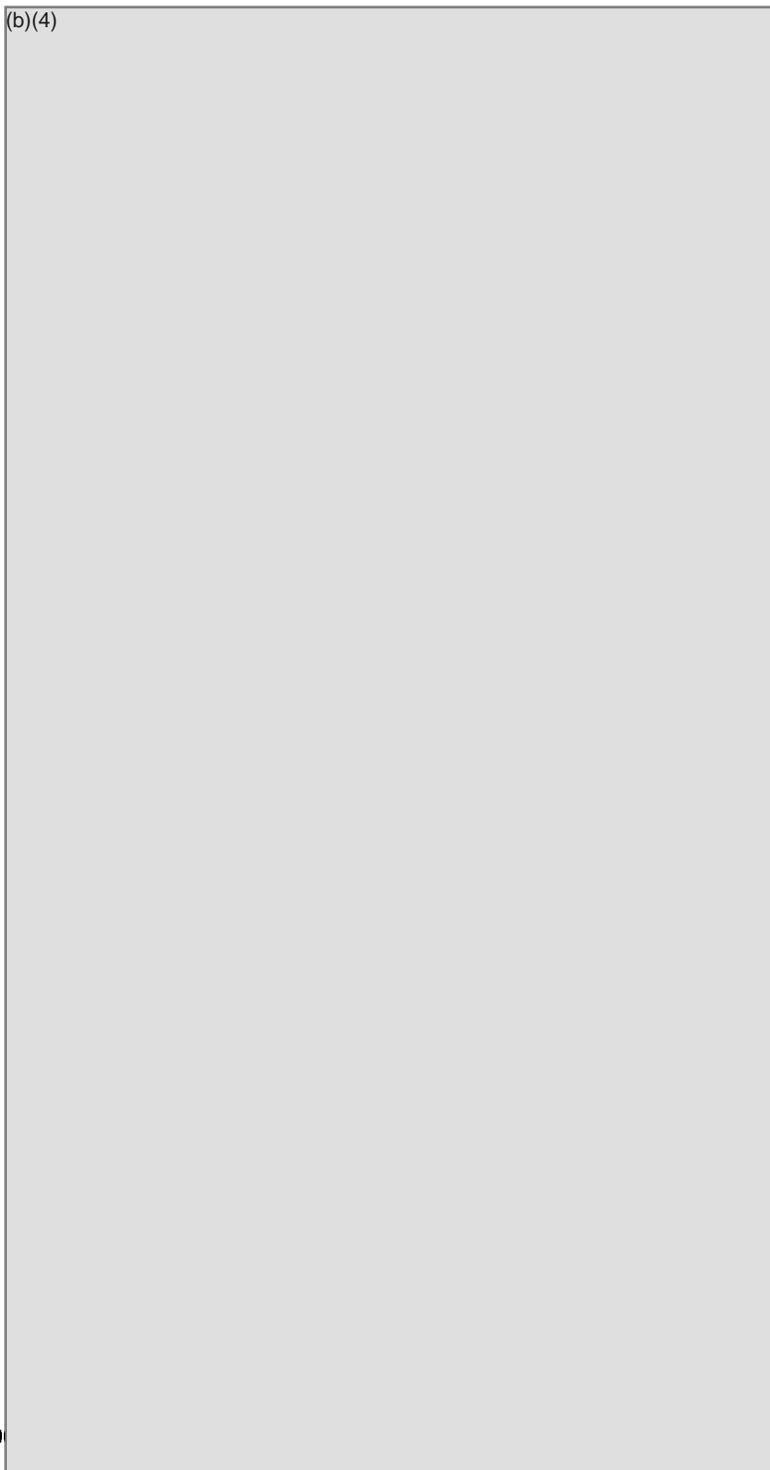
Date: May 11, 2006

Category Number	Category Description	ADD Annual Prices	NADD Annual Prices
	ADD Males Age		
1	0-1	(b)(4)	
2	2-14		
3	15-24		
4	25-34		
5	35-44		
6	45-54		
7	55-64		
	ADD Females Age		
8	0-1		
9	2-14		
10	15-24		
11	25-34		
12	35-44		
13	45-54		
14	55-64		
	NADD Males Age		
15	0-1		(b)(4)
16	2-14		
17	15-24		
18	25-34		
19	35-44		
20	45-54		
21	55-64		
22	65-69		
23	70-74		
24	75-79		
25	80-84		
26	85+		
	NADD Females Age		
27	0-1		
28	2-14		
29	15-24		
30	25-34		
31	35-44		
32	45-54		
33	55-64		
34	65-69		
35	70-74		
36	75-79		
37	80-84		
38	85+		

Exhibit 7

Option Period 3 Prices  
Johns Hopkins  
subCLIN 4001AA - June 1, 2006 through September 30, 2006

Date: May 11, 2006



Category Number	Category Description
	ADD Males Age
1	0-1
2	2-14
3	15-24
4	25-34
5	35-44
6	45-54
7	55-64
	ADD Females Age
8	0-1
9	2-14
10	15-24
11	25-34
12	35-44
13	45-54
14	55-64
	NADD Males Age
15	0-1
16	2-14
17	15-24
18	25-34
19	35-44
20	45-54
21	55-64
22	65-69
23	70-74
24	75-79
25	80-84
26	85+
	NADD Females Age
27	0-1
28	2-14
29	15-24
30	25-34
31	35-44
32	45-54
33	55-64
34	65-69
35	70-74
36	75-79
37	80-84
38	85+

Total Amount for subCLIN 40

\* Reference paragraphs 1 and 8 of The Schedule of Supplies or Services and Prices/Costs  
ADD's over age 64 are included in the respective NAAD age category

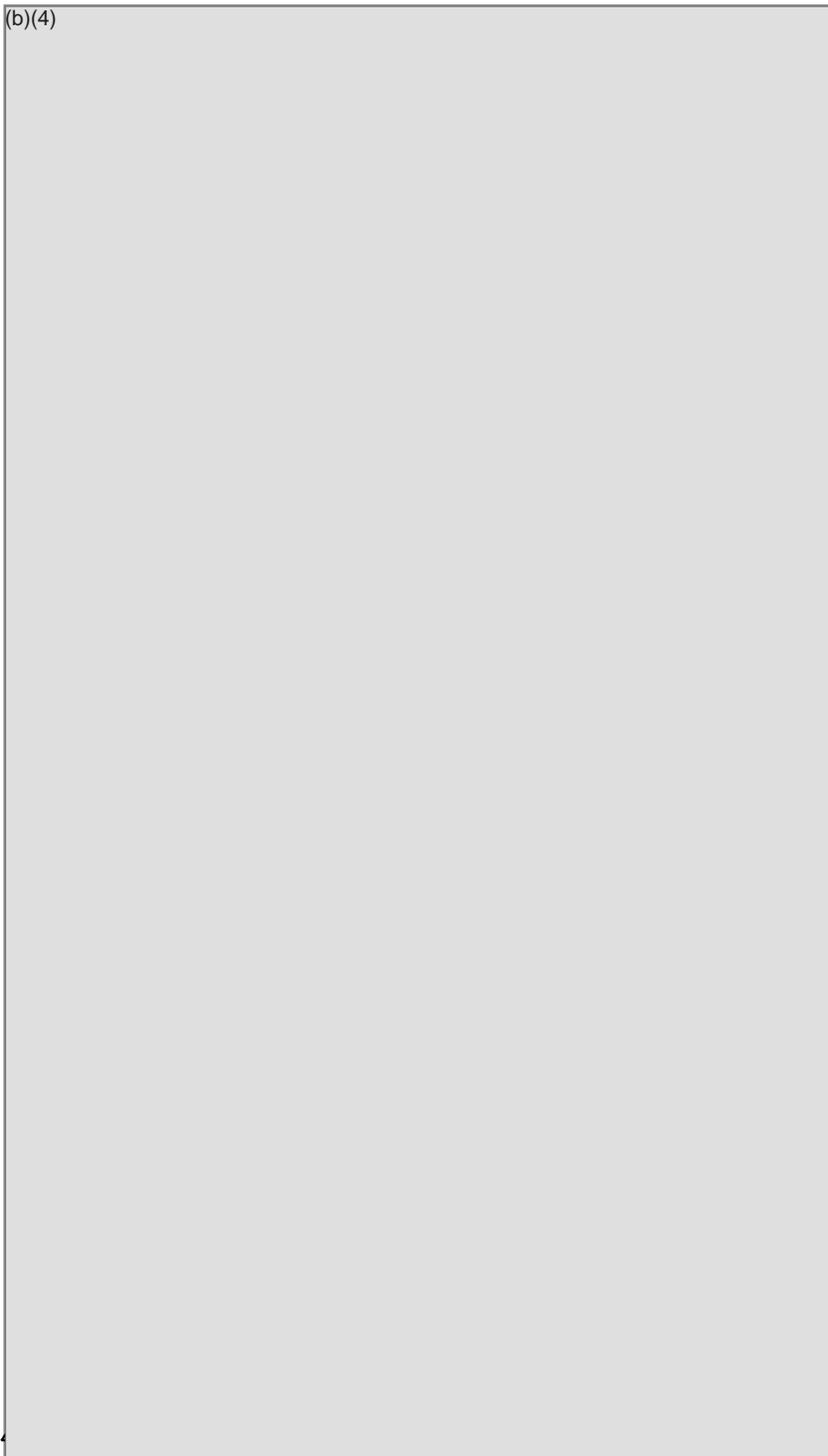
Exhibit 8

Option Period 3 Prices  
Johns Hopkins  
subCLIN 4001AB - October 1, 2006 through May 31, 2007

Date: May 11, 2006

Category Number	Category Description
	ADD Males Age
1	0-1
2	2-14
3	15-24
4	25-34
5	35-44
6	45-54
7	55-64
	ADD Females Age
8	0-1
9	2-14
10	15-24
11	25-34
12	35-44
13	45-54
14	55-64
	NADD Males Age
15	0-1
16	2-14
17	15-24
18	25-34
19	35-44
20	45-54
21	55-64
22	65-69
23	70-74
24	75-79
25	80-84
26	85+
	NADD Females Age
27	0-1
28	2-14
29	15-24
30	25-34
31	35-44
32	45-54
33	55-64
34	65-69
35	70-74
36	75-79
37	80-84
38	85+

Total Amount for subCLIN



\* Reference paragraphs 1 and 8 of The Schedule of Supplies or Services and Prices/Costs  
ADD's over age 64 are included in the respective NAAD age category

**AMENDMENT OF SOLICITATION/MODIFICATION OF CONTRACT**

1. Contract ID Code: J  
Page 1 of Pages 7

2. Amendment/Modification No. P00018  
3. Effective Date: 6-1-06  
4. Requisition/Purchase Req. No. SEE BLOCK 14  
5. Project No. (if applicable) BLOCK 14

6. Issued By: DEPARTMENT OF DEFENSE, TRICARE MANAGEMENT ACTIVITY/CM, 16401 E. CENTRETECH PARKWAY, AURORA, CO 80011-9066, JOHN PARKER 303 676-3994  
Code H94002  
7. Administered By (If other than Item 6): SEE BLOCK 6  
Code

8. Name and Address of Contractor (No., Street, County, and Zip Code): JOHNS HOPKINS MEDICAL SERVICE CORPORATIO, 6704 CURTIS COURT, GLEN BURNIE MD 21060-6406  
Vendor ID: 00003550, DUNS: 069390037, CAGE: 1NXX2  
9A. Amendment of Solicitation No. (X)  
9B. Date (See Item 11)  
10A. Modification of Contract/Order No. H94002-03-C-0021 (X)  
10B. Date (See Item 13) Jun 1, 2003  
Code Facility Code

**11. THIS ITEM ONLY APPLIES TO AMENDMENTS OF SOLICITATIONS**

The above numbered solicitation is amended as set forth in item 14. The hour and date specified for receipt of Offers  is extended  is not extended. Offers must acknowledge receipt of this amendment prior to the hour and date specified in the solicitation or as amended, by one of the following methods: (a) By completing items 8 and 15, and returning \_\_\_ copies of the amendment; (b) By acknowledging receipt of this amendment on each copy of the offer submitted; or (c) By separate letter or telegram which includes a reference to the solicitation and amendment numbers. FAILURE OF YOUR ACKNOWLEDGMENT TO BE RECEIVED AT THE PLACE DESIGNATED FOR THE RECEIPT OF OFFERS PRIOR TO THE HOUR AND DATE SPECIFIED MAY RESULT IN REJECTION OF YOUR OFFER. If by virtue of this amendment you desire to change an offer already submitted, such change may be made by telegram or letter, provided each telegram or letter makes reference to the solicitation and this amendment, and is received prior to the opening hour and date specified.

12. Accounting and Appropriation Data (if required)  
SEE BLOCK 14. \$ US (b)(4)

**13. THIS ITEM APPLIES ONLY TO MODIFICATIONS OF CONTRACT/ORDERS. IT MODIFIES THE CONTRACT/ORDER NO. AS DESCRIBED IN ITEM 14.**

(x) A. This change order is issued pursuant to: (Specify authority) The changes set forth in item 14 are made in the Contract Order No. in item 10A.  
B. The above numbered Contract/Order is modified to reflect the administrative changes (such as changes in paying office, appropriation date, etc.) SET FORTH IN ITEM 14, PURSUANT TO THE AUTHORITY OF FAR 43.103 (b)  
X C. This supplemental agreement is entered into pursuant to authority of: FAR 52.212-4 (c), "CONTRACT TERMS AND CONDITIONS- COMMERCIAL ITEMS"  
D. Other (Specify type of modification and authority)

E. IMPORTANT: Contractor is not, X is required to sign this document and return 1 copies to the issuing office.

14. Description of Amendment/Modification (Organized by UCF section headings, including solicitation/contract subject matter where feasible.)

This modification changes the data specifications and data dictionary as a result of changing the Designated Provider (DP) data contractor from Iowa Foundation for Medical Care to Apptis, Inc. (conreqs 14246 and 14193). See attached pages.

Except as provided herein, all terms and conditions of the document referenced in item 9A or 10A, as heretofore changed, remains unchanged and in full force and effect.

15A. Name and Title of Signer (Type or Print): Patricia M. C. Brown, President, Johns Hopkins HealthCare LLC, Board of Directors Member, JHMSC  
16A. Name and title of Contracting Officer (Type or Print): THOMAS FOREMAN, CONTRACTING OFFICER, 303 676-3839, thomas.foreman@tma.osd.mil  
15B. Contractor/Offeror: Patricia M. C. Brown (Signature of person authorized to sign)  
15C. Date Signed: 6-23-06  
16B. United States of America: Thomas Foreman (Signature of Contracting Officer)  
16C. Date Signed: 8-28-06

**SCHEDULE**

Item No.	Supplies/Services	Quantity	Unit	Unit Price	Amount
4005AA	DITSCAP (June 1, 2006 - September 30, 2006)  The Contractor shall obtain authorization from the Contracting Officer prior to incurring any expenses under this cost type Sub-CLIN. Payment for authorized expenses shall be approved by the COR and CO.	1	LT	NTE 490,000.00	490,000.00
4006	Data Contractor Transition Activity.  The Contractor shall obtain authorization from the Contracting Officer prior to incurring any expenses under this cost type Sub-CLIN. Payment for authorized expenses shall be approved by the COR and CO.	1	LT	NTE 10,000.00	10,000.00

- A. This modification changes the data specifications and data dictionary as a result of changing the Designated Provider (DP) data contractor from Iowa Foundation for Medical Care to Apptis, Inc. The effective date of this change is not later than June 1, 2006, i.e. May data may also be submitted using the new specifications. The implementation date (data submission) of this change is July 15, 2006.
- B. Attachments 10, Data Reporting Specifications, and 11, DP Specifications Data Dictionary, of the original contract are hereby deleted in their entirety and the attached Attachments 10, Designated Provider Final Specifications, and 11, TRICARE DP Program Data Dictionary for the Ingenix Data Warehouse, are hereby substituted in lieu thereof.
- C. CLIN 4006, Transition to New Data Contractor, is hereby added to the contract as a Not-To-Exceed cost reimbursable line item. In performing this CLIN, the contractor is not authorized to make expenditures or to incur obligations exceeding the Not-To-Exceed amount stated in Section B and as shown below. As a result of this modification, Section B is also hereby modified to include the adjusted Not-To-Exceed cost amount of subCLIN 4005AA as shown on page 2 of this modification and as shown below:

CLIN	ESTIMATED COST CHANGE FROM	ESTIMATED COST CHANGE TO	ESTIMATED COST NET CHANGE	QTY	UNIT	TOTAL ESTIMATED COST CHANGE
4005AA	(b)(4)					
4006						

Total Estimated Cost Change This Modification (b)(4)

- D. As a result of this modification, the CLIN and subCLIN funding is changed as follows:

SUB-CLIN	PREVIOUS MODs	TOTAL PRIOR OBLIGATIONS	TOTAL CURRENT OBLIGATION	OBLIGATED THIS MODIFICATION	FY
4005AA	P017	(b)(4)			06
4006	New				06

Total Obligation This Modification (b)(4)

- E. Accounting and Appropriation Data.

9706060130.1889.102000	(b)(4)	06-DPC-0058*D01
97XXXX5472.18D9.000000 (FY-06)		06-DPC-0058*D01
9706060130.1889.102000		06-CMA-0498
97XXXX5472.18D9.000000 (FY-06)		06-CMA-0498
Total Obligation This Modification		

- F. As a result of this modification, the total contract price is unchanged and all other terms and conditions of the contract remain in full force and effect.

**AMENDMENT OF SOLICITATION/MODIFICATION OF CONTRACT**

1. Contract ID Code: J Page 1 of Pages 3

2. Amendment/Modification No. P00019 3. Effective Date 9-27-06 4. Requisition/Purchase Req. No. SEE BLOCK 14 5. Project No. (if applicable) 14193

6. Issued By DEPARTMENT OF DEFENSE TRICARE MANAGEMENT ACTIVITY/CM 16401 E. CENTRETECH PARKWAY AURORA, CO 80011-9066 GABRIELLE HARRIS 303-676-3534 Code H94002 7. Administered By (If other than Item 6) SEE BLOCK 6 Code

8. Name and Address of Contractor (No., Street, County, and Zip Code) JOHNS HOPKINS MEDICAL SERVICE CORPORATION Vendor ID: 00003550 6704 CURTIS COURT DUNS: 069390037 GLEN BURNIE MD 21060-6406 CAGE: 1NXX2 (X) 9A. Amendment of Solicitation No. 9B. Date (See Item 11) 10A. Modification of Contract/Order No. H94002-03-C-0021 10B. Date (See Item 13) Jun 1, 2003 X

11. THIS ITEM ONLY APPLIES TO AMENDMENTS OF SOLICITATIONS

The above numbered solicitation is amended as set forth in item 14. The hour and date specified for receipt of Offers  is extended  is not extended. Offers must acknowledge receipt of this amendment prior to the hour and date specified in the solicitation or as amended, by one of the following methods: (a) By completing items 8 and 15, and returning \_\_\_\_\_ copies of the amendment; (b) By acknowledging receipt of this amendment on each copy of the offer submitted; or (c) By separate letter or telegram which includes a reference to the solicitation and amendment numbers. FAILURE OF YOUR ACKNOWLEDGMENT TO BE RECEIVED AT THE PLACE DESIGNATED FOR THE RECEIPT OF OFFERS PRIOR TO THE HOUR AND DATE SPECIFIED MAY RESULT IN REJECTION OF YOUR OFFER. If by virtue of this amendment you desire to change an offer already submitted, such change may be made by telegram or letter, provided each telegram or letter makes reference to the solicitation and this amendment, and is received prior to the opening hour and date specified.

12. Accounting and Appropriation Data (if required) SEE BLOCK 14 \$ US (b)(4)

13. THIS ITEM APPLIES ONLY TO MODIFICATIONS OF CONTRACT/ORDERS. IT MODIFIES THE CONTRACT/ORDER NO. AS DESCRIBED IN ITEM 14.

(x) A. This change order is issued pursuant to: (Specify authority) The changes set forth in item 14 are made in the Contract Order No. in item 10A. B. The above numbered Contract/Order is modified to reflect the administrative changes (such as changes in paying office, appropriation date, etc.) SET FORTH IN ITEM 14, PURSUANT TO THE AUTHORITY OF FAR 43.103 (b) C. This supplemental agreement is entered into pursuant to authority of: D. Other (Specify type of modification and authority) FAR 52.232-18 "AVAILABILITY OF FUNDS" X E. IMPORTANT: Contractor  is not,  is required to sign this document and return \_\_\_\_\_ copies to the issuing office.

14. Description of Amendment/Modification (Organized by UCF section headings, including solicitation/contract subject matter where feasible.)

This modification provides notice of FY07 funding for the period of performance of October 1, 2006 through November 30, 2006. See attached pages.

Except as provided herein, all terms and conditions of the document referenced in item 9A or 10A, as heretofore changed, remains unchanged and in full force and effect.

15A. Name and Title of Signer (Type or Print) 16A. Name and title of Contracting Officer (Type or Print) THOMAS FOREMAN 303 676-3839 CONTRACTING OFFICER thomas.foreman@tma.osd.mil 15B. Contractor/Offeror (Signature of person authorized to sign) 15C. Date Signed 16B. United States of America (Signature of Contracting Officer) 16C. Date Signed 9-27-06

**SCHEDULE**

Item No.	Supplies/Services	Quantity	Unit	Unit Price	Amount
4001AB	Comperhensive Health Care Services and Associated Support Services. (October 1, 2006 - May 31, 2007) See Exhibit 8	(b)(4)	[REDACTED]		

- A. This modification provides notice of FY07 funding for the period of performance of October 1, 2006 through November 30, 2006. Pursuant to FAR 52.232-18, "Availability of Funds", funds will not be available until after October 1, 2006.
- B. When FY07 funding becomes available, the funding will be as follows:

CLIN	Description	Amount	Purchase Request
4001AB	Comprehensive Health Care Services and Associated Support Services. (October 1, 2006 – November 30, 2006)	(b)(4)	06-DPC-0092

Accounting and Appropriation Data	(b)(4)
9707070130.1889.102000	(b)(4)
97XXXX5472.18D9.000000 (FY07)	(b)(4)
Total	(b)(4)

- C. As a result of this modification, the total contract obligation and price is unchanged, and all other terms and conditions of the contract remain in full force and effect.

# AMENDMENT OF SOLICITATION/MODIFICATION OF CONTRACT

1. Contract ID Code: J Page 1 of Pages 3

2. Amendment/Modification No. P00020	3. Effective Date 10-6-06	4. Requisition/Purchase Req. No. 07-CMA-0021	5. Project No. (if applicable) 14193
6. Issued By DEPARTMENT OF DEFENSE TRICARE MANAGEMENT ACTIVITY/CM 16401 E. CENTRETECH PARKWAY AURORA, CO 80011-9066 GABRIELLE HARRIS 303-676-3534		7. Administered By (if other than Item 6) SEE BLOCK 6	

8. Name and Address of Contractor (No., Street, County, and Zip Code)  JOHNS HOPKINS MEDICAL SERVICE CORPORATIO 6704 CURTIS COURT GLEN BURNIE MD 21060-6406  Vendor ID: 00003550 DUNS: 069390037  CAGE: 1NXX2	(X)	9A. Amendment of Solicitation No.
		9B. Date (See Item 11)
	X	10A. Modification of Contract/Order No. H94002-03-C-0021
		10B. Date (See Item 13) Jun 1, 2003

Code Facility Code

11. THIS ITEM ONLY APPLIES TO AMENDMENTS OF SOLICITATIONS

The above numbered solicitation is amended as set forth in item 14. The hour and date specified for receipt of Offers  is extended  is not extended. Offers must acknowledge receipt of this amendment prior to the hour and date specified in the solicitation or as amended, by one of the following methods: (a) By completing items 8 and 15, and returning \_\_\_\_\_ copies of the amendment; (b) By acknowledging receipt of this amendment on each copy of the offer submitted; or (c) By separate letter or telegram which includes a reference to the solicitation and amendment numbers. FAILURE OF YOUR ACKNOWLEDGMENT TO BE RECEIVED AT THE PLACE DESIGNATED FOR THE RECEIPT OF OFFERS PRIOR TO THE HOUR AND DATE SPECIFIED MAY RESULT IN REJECTION OF YOUR OFFER. If by virtue of this amendment you desire to change an offer already submitted, such change may be made by telegram or letter, provided each telegram or letter makes reference to the solicitation and this amendment, and is received prior to the opening hour and date specified.

12. Accounting and Appropriation Data (if required)  
SEE BLOCK 14 \$ US [REDACTED]

13. THIS ITEM APPLIES ONLY TO MODIFICATIONS OF CONTRACT/ORDERS. IT MODIFIES THE CONTRACT/ORDER NO. AS DESCRIBED IN ITEM 14.

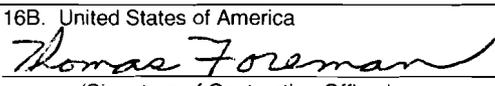
(x)	A. This change order is issued pursuant to: (Specify authority) The changes set forth in item 14 are made in the Contract Order No. in item 10A.
	B. The above numbered Contract/Order is modified to reflect the administrative changes (such as changes in paying office, appropriation date, etc.) SET FORTH IN ITEM 14, PURSUANT TO THE AUTHORITY OF FAR 43.103 (b)
	C. This supplemental agreement is entered into pursuant to authority of:
X	D. Other (Specify type of modification and authority) FAR 52.232-18 "AVAILABILITY OF FUNDS"

E. IMPORTANT: Contractor  is not,  is required to sign this document and return \_\_\_\_\_ copies to the issuing office.

14. Description of Amendment/Modification (Organized by UCF section headings, including solicitation/contract subject matter where feasible.)

The purpose of this modification is to obligate FY07 funding for the period of performance of October 1, 2006 through November 30, 2006. See attached pages.

Except as provided herein, all terms and conditions of the document referenced in item 9A or 10A, as heretofore changed, remains unchanged and in full force and effect.

15A. Name and Title of Signer (Type or Print) THOMAS FOREMAN CONTRACTING OFFICER thomas.foreman@tma.osd.mil	16A. Name and title of Contracting Officer (Type or Print) THOMAS FOREMAN CONTRACTING OFFICER thomas.foreman@tma.osd.mil
15B. Contractor/Offeror  (Signature of person authorized to sign)	16B. United States of America  (Signature of Contracting Officer)
15C. Date Signed	16C. Date Signed 10-6-06

**SCHEDULE**

Item No.	Supplies/Services	Quantity	Unit	Unit Price	Amount
4001AB	Comperhensive Health Care Services and Associated Support Services. (October 1, 2006 - May 31, 2007) See Exhibit 8	1	LT		

A. The purpose of this modification is to obligate FY07 funding for the period of performance of October 1, 2006 through November 30, 2006 for the below Option Period 3 Health Care sub-CLIN. This funding is subject to the conditions of the FY 2007 Continuing Resolution Authority contained in Public Law 109-289, Department of Defense Appropriations Act 2007. Reference SAF purchase request 06-DPC-0092 (see P00019).

B. As a result of this modification, the sub-CLIN funding is changed as follows:

sub-CLIN	DESCRIPTION	PREVIOUS MODs	TOTAL PRIOR OBLIGATIONS	TOTAL CURRENT OBLIGATION	OBLIGATED THIS MODIFICATION	FY
4001AB	Health Care	New				07

C. Accounting and Appropriation Data.

9707070130 1889 102000  
 97XXXX5472 18D9 000000 (FY07)  
 Total Obligation This Modification



D. As a result of this modification, the total contract obligated amount is increased by [redacted] the contract price is unchanged and all other terms and conditions of the contract remain in full force and effect.

2. Amendment/Modification No. P00021	3. Effective Date 11-7-06	4. Requisition/Purchase Req. No. 07-CMA-0028	5. Project No. (if applicable) 14207
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6. Issued By DEPARTMENT OF DEFENSE TRICARE MANAGEMENT ACTIVITY/CM 16401 E. CENTRETECH PARKWAY AURORA, CO 80011-9066 GABRIELLE HARRIS 303-676-3534	Code H94002	7. Administered By (If other than Item 6) SEE BLOCK 6	Code
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8. Name and Address of Contractor (No., Street, County, and Zip Code)  JOHNS HOPKINS MEDICAL SERVICE CORPORATIO Vendor ID: 00003550 6704 CURTIS COURT DUNS: 069390037 GLEN BURNIE MD 21060-6406  CAGE: 1NXX2	<input checked="" type="checkbox"/>	9A. Amendment of Solicitation No.
		9B. Date (See Item 11)
	<input checked="" type="checkbox"/>	10A. Modification of Contract/Order No. H94002-03-C-0021
		10B. Date (See Item 13) Jun 1, 2003

**11. THIS ITEM ONLY APPLIES TO AMENDMENTS OF SOLICITATIONS**

The above numbered solicitation is amended as set forth in item 14. The hour and date specified for receipt of Offers  is extended  is not extended. Offers must acknowledge receipt of this amendment prior to the hour and date specified in the solicitation or as amended, by one of the following methods:  
 (a) By completing items 8 and 15, and returning \_\_\_\_\_ copies of the amendment; (b) By acknowledging receipt of this amendment on each copy of the offer submitted; or (c) By separate letter or telegram which includes a reference to the solicitation and amendment numbers. FAILURE OF YOUR ACKNOWLEDGMENT TO BE RECEIVED AT THE PLACE DESIGNATED FOR THE RECEIPT OF OFFERS PRIOR TO THE HOUR AND DATE SPECIFIED MAY RESULT IN REJECTION OF YOUR OFFER. If by virtue of this amendment you desire to change an offer already submitted, such change may be made by telegram or letter, provided each telegram or letter makes reference to the solicitation and this amendment, and is received prior to the opening hour and date specified.

12. Accounting and Appropriation Data (if required)  
SEE BLOCK 14 \$ US (b)(4)

**13. THIS ITEM APPLIES ONLY TO MODIFICATIONS OF CONTRACT/ORDERS. IT MODIFIES THE CONTRACT/ORDER NO. AS DESCRIBED IN ITEM 14.**

<input checked="" type="checkbox"/>	A. This change order is issued pursuant to: (Specify authority) The changes set forth in item 14 are made in the Contract Order No. in item 10A.
	B. The above numbered Contract/Order is modified to reflect the administrative changes (such as changes in paying office, appropriation date, etc.) SET FORTH IN ITEM 14, PURSUANT TO THE AUTHORITY OF FAR 43.103 (b)
<input checked="" type="checkbox"/>	C. This supplemental agreement is entered into pursuant to authority of: MUTUAL AGREEMENT OF THE PARTIES
	D. Other (Specify type of modification and authority)

**E. IMPORTANT:** Contractor  is not,  is required to sign this document and return 1 copies to the issuing office.

14. Description of Amendment/Modification (Organized by UCF section headings, including solicitation/contract subject matter where feasible.)

This modification deobligates FY05 funds for Option Period 1 Health Care. See attached pages.

Except as provided herein, all terms and conditions of the document referenced in item 9A or 10A, as heretofore changed, remains unchanged and in full force and effect.

15A. Name and Title of Signer (Type or Print) Patricia MC Brown Senior Counsel, Johns Hopkins Health System	16A. Name and title of Contracting Officer (Type or Print) THOMAS FOREMAN 303 676-3839 CONTRACTING OFFICER thomas.foreman@tma.osd.mil
15B. Contractor/Offeror Patricia MC Brown (Signature of person authorized to sign)	16B. United States of America Thomas Foreman (Signature of Contracting Officer)
15C. Date Signed 11-3-06	16C. Date Signed 11-7-06

**SCHEDULE**

Item No.	Supplies/Services	Quantity	Unit	Unit Price	Amount
2001AB	Comprehensive Health Care Services and Associated Support Services. (October 1, 2004 - May 31, 2005)				

(b)(4)

- A. This modification deobligates FY05 funds for Option Period 1 Health Care.
- B. As a result of this modification, Section B is hereby modified to include the adjusted price of the sub-CLIN as shown below and on page 2 of this modification:

sub-CLIN	ESTIMATED PRICE CHANGE FROM	ESTIMATED PRICE CHANGE TO	ESTIMATED PRICE NET CHANGE	QTY	UNIT	TOTAL ESTIMATED PRICE CHANGE
2001AB	(b)(4)					

- C. As a result of this modification, the sub-CLIN funding is changed as follows:

sub-CLIN	PREVIOUS MODs	TOTAL PRIOR OBLIGATIONS	TOTAL CURRENT OBLIGATION	OBLIGATED THIS MODIFICATION	FY
2001AB	A012, A015, P010	(b)(4)			05

- D. Accounting and Appropriation Data:

9705050130 1889 1020000  
 97XXXX5472 18D9 000000 (FY05)  
 Total Obligation This Modification

(b)(4)

- E. As a result of this modification, the total contract price is decreased by (b)(4) and all other terms and conditions of the contract remain in full force and effect.

**AMENDMENT OF SOLICITATION/MODIFICATION OF CONTRACT** 1. Contract ID Code J Page 1 of Pages 3

2. Amendment/Modification No. P00022 3. Effective Date 11-27-06 4. Requisition/Purchase Req. No. 07-DPC-0016\*A01 5. Project No. (if applicable) 14193

6. Issued By DEPARTMENT OF DEFENSE TRICARE MANAGEMENT ACTIVITY/CM 16401 E. CENTRETECH PARKWAY AURORA, CO 80011-9066 GABRIELLE HARRIS 303-676-3534 Code H94002 7. Administered By (If other than Item 6) SEE BLOCK 6 Code

8. Name and Address of Contractor (No., Street, County, and Zip Code) JOHNS HOPKINS MEDICAL SERVICE CORPORATIO Vendor ID: 00003550 6704 CURTIS COURT DUNS: 069390037 GLEN BURNIE MD 21060-6406 CAGE: 1NXX2 (X) 9A. Amendment of Solicitation No. 9B. Date (See Item 11) X 10A. Modification of Contract/Order No. H94002-03-C-0021 10B. Date (See Item 13) Jun 1, 2003

Code Facility Code 11. THIS ITEM ONLY APPLIES TO AMENDMENTS OF SOLICITATIONS

The above numbered solicitation is amended as set forth in item 14. The hour and date specified for receipt of Offers  is extended  is not extended. Offers must acknowledge receipt of this amendment prior to the hour and date specified in the solicitation or as amended, by one of the following methods: (a) By completing items 8 and 15, and returning \_\_\_\_\_ copies of the amendment; (b) By acknowledging receipt of this amendment on each copy of the offer submitted; or (c) By separate letter or telegram which includes a reference to the solicitation and amendment numbers. FAILURE OF YOUR ACKNOWLEDGMENT TO BE RECEIVED AT THE PLACE DESIGNATED FOR THE RECEIPT OF OFFERS PRIOR TO THE HOUR AND DATE SPECIFIED MAY RESULT IN REJECTION OF YOUR OFFER. If by virtue of this amendment you desire to change an offer already submitted, such change may be made by telegram or letter, provided each telegram or letter makes reference to the solicitation and this amendment, and is received prior to the opening hour and date specified.

12. Accounting and Appropriation Data (if required) SEE BLOCK 14 \$ US (b)(4)

13. THIS ITEM APPLIES ONLY TO MODIFICATIONS OF CONTRACT/ORDERS. IT MODIFIES THE CONTRACT/ORDER NO. AS DESCRIBED IN ITEM 14.

(x) A. This change order is issued pursuant to: (Specify authority) The changes set forth in item 14 are made in the Contract Order No. in item 10A. B. The above numbered Contract/Order is modified to reflect the administrative changes (such as changes in paying office, appropriation date, etc.) SET FORTH IN ITEM 14, PURSUANT TO THE AUTHORITY OF FAR 43.103 (b) C. This supplemental agreement is entered into pursuant to authority of: D. Other (Specify type of modification and authority) FAR 52.232-18 (AVAILABILITY OF FUNDS) X

E. IMPORTANT: Contractor  is not,  is required to sign this document and return \_\_\_\_\_ copies to the issuing office.

14. Description of Amendment/Modification (Organized by UCF section headings, including solicitation/contract subject matter where feasible.)

The purpose of this modification is to obligate FY07 funding for the period of performance of December 1, 2006 through December 31, 2006. See attached pages.

Except as provided herein, all terms and conditions of the document referenced in item 9A or 10A, as heretofore changed, remains unchanged and in full force and effect.

15A. Name and Title of Signer (Type or Print) 16A. Name and title of Contracting Officer (Type or Print) THOMAS FOREMAN 303 676-3839 CONTRACTING OFFICER thomas.foreman@tma.osd.mil 15B. Contractor/Offeror 15C. Date Signed 16B. United States of America 16C. Date Signed (Signature of person authorized to sign) (Signature of Contracting Officer) 11-27-06

**SCHEDULE**

Item No.	Supplies/Services	Quantity	Unit	Unit Price	Amount
4001AB	Comperhensive Health Care Services and Associated Support Services. (October 1, 2006 - May 31, 2007) See Exhibit 8				(b)(4)

A. The purpose of this modification is to obligate FY07 funding for the period of performance of December 1, 2006 through December 31, 2006 for the below Option Period 3 Health Care sub-CLIN. This funding is subject to the conditions of the FY 2007 Continuing Resolution Authority contained in Public Law 109-289, Department of Defense Appropriations Act 2007.

B. As a result of this modification, the sub-CLIN funding is changed as follows:

sub-CLIN	PREVIOUS MODs	TOTAL PRIOR OBLIGATIONS	TOTAL CURRENT OBLIGATION	OBLIGATED THIS MODIFICATION	FY
4001AB	P00020	(b)(4)			07

C. Accounting and Appropriation Data.

9707070130 1889 1020000  
 97XXXX5472 18D9 000000 (FY07)  
 Total Obligation This Modification

(b)(4)

D. As a result of this modification, the total contract obligated amount is increased by (b)(4) the contract price is unchanged and all other terms and conditions of the contract remain in full force and effect.

<b>AMENDMENT OF SOLICITATION/MODIFICATION OF CONTRACT</b>	1. Contract ID Code	Page	of Pages
	J	1	3

2. Amendment/Modification No. P00023	3. Effective Date 1-4-07	4. Requisition/Purchase Req. No. 07-DPC-0038*A01	5. Project No. (if applicable) 14193
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6. Issued By DEPARTMENT OF DEFENSE TRICARE MANAGEMENT ACTIVITY/CM 16401 E. CENTRETECH PARKWAY AURORA, CO 80011-9066 GABRIELLE HARRIS 303-676-3534	Code H94002	7. Administered By (If other than Item 6) SEE BLOCK 6	Code
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8. Name and Address of Contractor (No., Street, County, and Zip Code)  JOHNS HOPKINS MEDICAL SERVICE CORPORATIO Vendor ID: 00003550 6704 CURTIS COURT DUNS: 069390037 GLEN BURNIE MD 21060-6406  CAGE: INXX2		(X)	9A. Amendment of Solicitation No.
			9B. Date (See Item 11)
		X	10A. Modification of Contract/Order No. H94002-03-C-0021
			10B. Date (See Item 13) Jun 1, 2003
Code	Facility Code		

**11. THIS ITEM ONLY APPLIES TO AMENDMENTS OF SOLICITATIONS**

The above numbered solicitation is amended as set forth in item 14. The hour and date specified for receipt of Offers  is extended  is not extended. Offers must acknowledge receipt of this amendment prior to the hour and date specified in the solicitation or as amended, by one of the following methods:  
 (a) By completing items 8 and 15, and returning \_\_\_\_\_ copies of the amendment; (b) By acknowledging receipt of this amendment on each copy of the offer submitted; or (c) By separate letter or telegram which includes a reference to the solicitation and amendment numbers. FAILURE OF YOUR ACKNOWLEDGMENT TO BE RECEIVED AT THE PLACE DESIGNATED FOR THE RECEIPT OF OFFERS PRIOR TO THE HOUR AND DATE SPECIFIED MAY RESULT IN REJECTION OF YOUR OFFER. If by virtue of this amendment you desire to change an offer already submitted, such change may be made by telegram or letter, provided each telegram or letter makes reference to the solicitation and this amendment, and is received prior to the opening hour and date specified.

12. Accounting and Appropriation Data (if required)  
SEE BLOCK 14 \$ US (b)(4)

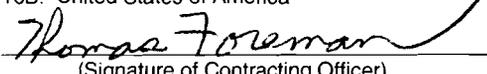
**13. THIS ITEM APPLIES ONLY TO MODIFICATIONS OF CONTRACT/ORDERS. IT MODIFIES THE CONTRACT/ORDER NO. AS DESCRIBED IN ITEM 14.**

<input checked="" type="checkbox"/>	A. This change order is issued pursuant to: (Specify authority) The changes set forth in item 14 are made in the Contract Order No. in item 10A.
<input type="checkbox"/>	B. The above numbered Contract/Order is modified to reflect the administrative changes (such as changes in paying office, appropriation date, etc.) SET FORTH IN ITEM 14, PURSUANT TO THE AUTHORITY OF FAR 43.103 (b)
<input type="checkbox"/>	C. This supplemental agreement is entered into pursuant to authority of:
<input checked="" type="checkbox"/>	D. Other (Specify type of modification and authority) FAR 52.232-18 "AVAILABILITY OF FUNDS"
E. IMPORTANT: Contractor <input checked="" type="checkbox"/> is not, <input type="checkbox"/> is required to sign this document and return _____ copies to the issuing office.	

14. Description of Amendment/Modification (Organized by UCF section headings, including solicitation/contract subject matter where feasible.)

The purpose of this modification is to obligate FY07 funding for the period of performance of January 1, 2007 through January 31, 2007. See attached pages.

Except as provided herein, all terms and conditions of the document referenced in item 9A or 10A, as heretofore changed, remains unchanged and in full force and effect.

15A. Name and Title of Signer (Type or Print)	16A. Name and title of Contracting Officer (Type or Print) THOMAS FOREMAN 303 676-3839 CONTRACTING OFFICER thomas.foreman@tma.osd.mil
15B. Contractor/Offeror  (Signature of person authorized to sign)	15C. Date Signed
	16B. United States of America  (Signature of Contracting Officer)
	16C. Date Signed 1-4-07

**SCHEDULE**

Item No.	Supplies/Services	Quantity	Unit	Unit Price	Amount
4001AB	Comperhensive Health Care Services and Associated Support Services. (October 1, 2006 - May 31, 2007) See Exhibit 8	(b)(4)			

A. The purpose of this modification is to obligate FY07 funding for the period of performance of January 1, 2007 through January 31, 2007 for the below Option Period 3 Health Care sub-CLIN. This funding is subject to the conditions of the FY 2007 Continuing Resolution Authority contained in Public Law 109-289, Department of Defense Appropriations Act 2007.

B. As a result of this modification, the sub-CLIN funding is changed as follows:

SUB-CLIN	PREVIOUS MODs	TOTAL PRIOR OBLIGATIONS	TOTAL CURRENT OBLIGATION	OBLIGATED THIS MODIFICATION	FY
4001AB	P020, P022	(b)(4)			07

C. Accounting and Appropriation Data.

9707070130 1889 1020000  
 97XXXX5472 18D9 000000 (FY07)  
 Total Obligation This Modification

(b)(4)

D. As a result of this modification, the total contract obligated amount is increased by (b)(4) the contract price is unchanged and all other terms and conditions of the contract remain in full force and effect.

# AMENDMENT OF SOLICITATION/MODIFICATION OF CONTRACT

1. Contract ID Code  
J  
Page 1 of Pages 3

2. Amendment/Modification No. P00024	3. Effective Date 1-18-07	4. Requisition/Purchase Req. No. 07-DPC-0050	5. Project No. (if applicable) 14193
6. Issued By DEPARTMENT OF DEFENSE TRICARE MANAGEMENT ACTIVITY/CM 16401 E. CENTRETECH PARKWAY AURORA, CO 80011-9066 GABRIELLE HARRIS 303-676-3534		7. Administered By (If other than Item 6) SEE BLOCK 6	

8. Name and Address of Contractor (No., Street, County, and Zip Code)  JOHNS HOPKINS MEDICAL SERVICE CORPORATIO 6704 CURTIS COURT GLEN BURNIE MD 21060-6406	Vendor ID: 00003550 DUNS: 069390037  CAGE: 1NXX2	(X)	9A. Amendment of Solicitation No.
			9B. Date (See Item 11)
		X	10A. Modification of Contract/Order No. H94002-03-C-0021
			10B. Date (See Item 13) Jun 1, 2003
Code	Facility Code		

11. THIS ITEM ONLY APPLIES TO AMENDMENTS OF SOLICITATIONS

The above numbered solicitation is amended as set forth in item 14. The hour and date specified for receipt of Offers  is extended  is not extended. Offers must acknowledge receipt of this amendment prior to the hour and date specified in the solicitation or as amended, by one of the following methods:  
(a) By completing items 8 and 15, and returning \_\_\_\_\_ copies of the amendment; (b) By acknowledging receipt of this amendment on each copy of the offer submitted; or (c) By separate letter or telegram which includes a reference to the solicitation and amendment numbers. FAILURE OF YOUR ACKNOWLEDGMENT TO BE RECEIVED AT THE PLACE DESIGNATED FOR THE RECEIPT OF OFFERS PRIOR TO THE HOUR AND DATE SPECIFIED MAY RESULT IN REJECTION OF YOUR OFFER. If by virtue of this amendment you desire to change an offer already submitted, such change may be made by telegram or letter, provided each telegram or letter makes reference to the solicitation and this amendment, and is received prior to the opening hour and date specified.

12. Accounting and Appropriation Data (if required)  
SEE BLOCK 14 \$ US (b)(4)

13. THIS ITEM APPLIES ONLY TO MODIFICATIONS OF CONTRACT/ORDERS. IT MODIFIES THE CONTRACT/ORDER NO. AS DESCRIBED IN ITEM 14.

(x)	A. This change order is issued pursuant to: (Specify authority) The changes set forth in item 14 are made in the Contract Order No. in item 10A.
	B. The above numbered Contract/Order is modified to reflect the administrative changes (such as changes in paying office, appropriation date, etc.) SET FORTH IN ITEM 14, PURSUANT TO THE AUTHORITY OF FAR 43.103 (b)
	C. This supplemental agreement is entered into pursuant to authority of:
X	D. Other (Specify type of modification and authority) 52.232-18 "AVAILABILITY OF FUNDS"

**E. IMPORTANT:** Contractor  is not,  is required to sign this document and return \_\_\_\_\_ copies to the issuing office.

14. Description of Amendment/Modification (Organized by UCF section headings, including solicitation/contract subject matter where feasible.)

The purpose of this modification is to obligate FY07 funding for the period of performance of February 1, 2007 through February 28, 2007. See attached pages.

Except as provided herein, all terms and conditions of the document referenced in item 9A or 10A, as heretofore changed, remains unchanged and in full force and effect.

15A. Name and Title of Signer (Type or Print)	16A. Name and title of Contracting Officer (Type or Print) THOMAS FOREMAN 303 676-3839 CONTRACTING OFFICER thomas.foreman@tma.osd.mil		
15B. Contractor/Offeror  (Signature of person authorized to sign)	15C. Date Signed	16B. United States of America  <i>Thomas Foreman</i> (Signature of Contracting Officer)	16C. Date Signed  1-18-07

**SCHEDULE**

Item No.	Supplies/Services	Quantity	Unit	Unit Price	Amount
4001AB	Comperhensive Health Care Services and Associated Support Services. (October 1, 2006 - May 31, 2007) See Exhibit 8	(b)(4)			

- A. The purpose of this modification is to obligate FY07 funding for the period of performance of February 1, 2007 through February 28, 2007 for the below Option Period 3 Health Care sub-CLIN. This funding is subject to the conditions of the FY 2007 Continuing Resolution Authority contained in Public Law 109-289, Department of Defense Appropriations Act 2007.
- B. As a result of this modification, the sub-CLIN funding is changed as follows:

sub-CLIN	PREVIOUS MODs	TOTAL PRIOR OBLIGATIONS	TOTAL CURRENT OBLIGATION	OBLIGATED THIS MODIFICATION	FY
4001AB	P020, P022, P023	(b)(4)			07

C. Accounting and Appropriation Data.

9707070130 1889 1020000  
 97XXXX5472 18D9 000000 (FY07)  
 Total Obligation This Modification

(b)(4)

- D. As a result of this modification, the total contract obligated amount is increased by (b)(4) the contract price is unchanged and all other terms and conditions of the contract remain in full force and effect.

# AMENDMENT OF SOLICITATION/MODIFICATION OF CONTRACT

1. Contract ID Code  
J

Page 1 of Pages 3

2. Amendment/Modification No. P00025	3. Effective Date Mar 1, 2007	4. Requisition/Purchase Req. No. 07-DPC-0057	5. Project No. (if applicable) 14193
6. Issued By DEPARTMENT OF DEFENSE TRICARE MANAGEMENT ACTIVITY/CM 16401 E. CENTRETECH PARKWAY AURORA, CO 80011-9066 PAMELA BALLARD 303 676-3647		7. Administered By (If other than Item 6) SEE BLOCK 6	

8. Name and Address of Contractor (No., Street, County, and Zip Code)  JOHNS HOPKINS MEDICAL SERVICE CORPORATIO 6704 CURTIS COURT GLEN BURNIE MD 21060-6406  Vendor ID: 00003550 DUNS: 069390037  CAGE: INXX2	(X)	9A. Amendment of Solicitation No.
		9B. Date (See Item 11)
	X	10A. Modification of Contract/Order No. H94002-03-C-0021
		10B. Date (See Item 13) Jun 1, 2003
Code	Facility Code	

**11. THIS ITEM ONLY APPLIES TO AMENDMENTS OF SOLICITATIONS**

The above numbered solicitation is amended as set forth in item 14. The hour and date specified for receipt of Offers  is extended  is not extended. Offers must acknowledge receipt of this amendment prior to the hour and date specified in the solicitation or as amended, by one of the following methods: (a) By completing items 8 and 15, and returning \_\_\_\_\_ copies of the amendment; (b) By acknowledging receipt of this amendment on each copy of the offer submitted; or (c) By separate letter or telegram which includes a reference to the solicitation and amendment numbers. FAILURE OF YOUR ACKNOWLEDGMENT TO BE RECEIVED AT THE PLACE DESIGNATED FOR THE RECEIPT OF OFFERS PRIOR TO THE HOUR AND DATE SPECIFIED MAY RESULT IN REJECTION OF YOUR OFFER. If by virtue of this amendment you desire to change an offer already submitted, such change may be made by telegram or letter, provided each telegram or letter makes reference to the solicitation and this amendment, and is received prior to the opening hour and date specified.

12. Accounting and Appropriation Data (if required)  
SEE BLOCK 14 \$ US (b)(4)

**13. THIS ITEM APPLIES ONLY TO MODIFICATIONS OF CONTRACT/ORDERS.  
IT MODIFIES THE CONTRACT/ORDER NO. AS DESCRIBED IN ITEM 14.**

(x)	A. This change order is issued pursuant to: (Specify authority) The changes set forth in item 14 are made in the Contract Order No. in item 10A.
	B. The above numbered Contract/Order is modified to reflect the administrative changes (such as changes in paying office, appropriation date, etc.) SET FORTH IN ITEM 14, PURSUANT TO THE AUTHORITY OF FAR 43.103 (b)
	C. This supplemental agreement is entered into pursuant to authority of:
X	D. Other (Specify type of modification and authority) 52.232-18, Availability of Funds
E. IMPORTANT: Contractor <input checked="" type="checkbox"/> is not, <input type="checkbox"/> is required to sign this document and return _____ copies to the issuing office.	

14. Description of Amendment/Modification (Organized by UCF section headings, including solicitation/contract subject matter where feasible.)

The purpose of this modification is to obligate FY07 funding for the period of performance of March 1, 2007 through March 31, 2007.

(See Attached pages)

Except as provided herein, all terms and conditions of the document referenced in item 9A or 10A, as heretofore changed, remains unchanged and in full force and effect.

15A. Name and Title of Signer (Type or Print)	16A. Name and title of Contracting Officer (Type or Print) THOMAS FOREMAN CONTRACTING OFFICER thomas.foreman@tma.osd.mil 303 676-3839
15B. Contractor/Offeror  (Signature of person authorized to sign)	15C. Date Signed
	16B. United States of America <i>Thomas Foreman</i> (Signature of Contracting Officer)
	16C. Date Signed 3-7-07

NSN 7540-01-152-8070

30-105

STANDARD FORM 30 (REV. 10-83)

PREVIOUS EDITIONS UNUSABLE

Prescribed by GSA FAR (48 CFR) 53.243

H94002-03-C-0021 REDACTED (Mods P00001 - P00054) 4Rel

133

SCHEDULE

Item No.	Supplies/Services	Quantity	Unit	Unit Price	Amount
4001AB	Comperhensive Health Care Services and Associated Support Services. (October 1, 2006 - May 31, 2007) See Exhibit 8	(b)(4)			

A. The purpose of this modification is to obligate FY07 funding for the period of performance of March 1, 2007 through March 31, 2007 for the below Option Period 3 Health Care sub-CLIN.

B. As a result of this modification, the sub-CLIN funding is changed as follows:

sub-CLIN	PREVIOUS MODs	TOTAL PRIOR OBLIGATIONS	TOTAL CURRENT OBLIGATION	OBLIGATED THIS MODIFICATION	FY
4001AB	P020, P022, P023, P024	(b)(4)			07

C. Accounting and Appropriation Data.

9707070130 1889 1020000  
 97XXXX5472 18D9 000000 (FY07)  
 Total Obligation This Modification

(b)(4)

D. As a result of this modification, the total contract obligated amount is increased by (b)(4). The contract price is unchanged and all other terms and conditions of the contract remain in full force and effect.

**AMENDMENT OF SOLICITATION/MODIFICATION OF CONTRACT**

1. Contract ID Code  
J

Page 1 of Pages 3

2. Amendment/Modification No. P00026	3. Effective Date 3-21-07	4. Requisition/Purchase Req. No. 07-CMA-0111	5. Project No. (if applicable) 14193
6. Issued By DEPARTMENT OF DEFENSE TRICARE MANAGEMENT ACTIVITY/CM 16401 E. CENTRETECH PARKWAY AURORA, CO 80011-9066 PAMELA BALLARD 303 676-3647		7. Administered By (If other than Item 6) SEE BLOCK 6	

8. Name and Address of Contractor (No., Street, County, and Zip Code)  JOHNS HOPKINS MEDICAL SERVICE CORPORATIO 6704 CURTIS COURT GLEN BURNIE MD 21060-6406  Vendor ID: 00003550 DUNS: 069390037  CAGE: 1NXX2	(X)	9A. Amendment of Solicitation No.
		9B. Date (See Item 11)
	X	10A. Modification of Contract/Order No. H94002-03-C-0021
		10B. Date (See Item 13) Jun 1, 2003

Code Facility Code

11. THIS ITEM ONLY APPLIES TO AMENDMENTS OF SOLICITATIONS

The above numbered solicitation is amended as set forth in item 14. The hour and date specified for receipt of Offers  is extended  is not extended. Offers must acknowledge receipt of this amendment prior to the hour and date specified in the solicitation or as amended, by one of the following methods: (a) By completing items 8 and 15, and returning \_\_\_\_\_ copies of the amendment; (b) By acknowledging receipt of this amendment on each copy of the offer submitted; or (c) By separate letter or telegram which includes a reference to the solicitation and amendment numbers. FAILURE OF YOUR ACKNOWLEDGMENT TO BE RECEIVED AT THE PLACE DESIGNATED FOR THE RECEIPT OF OFFERS PRIOR TO THE HOUR AND DATE SPECIFIED MAY RESULT IN REJECTION OF YOUR OFFER. If by virtue of this amendment you desire to change an offer already submitted, such change may be made by telegram or letter, provided each telegram or letter makes reference to the solicitation and this amendment, and is received prior to the opening hour and date specified.

12. Accounting and Appropriation Data (if required)  
SEE BLOCK 14 \$ US (b)(4)

13. THIS ITEM APPLIES ONLY TO MODIFICATIONS OF CONTRACT/ORDERS. IT MODIFIES THE CONTRACT/ORDER NO. AS DESCRIBED IN ITEM 14.

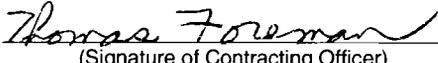
(x)	A. This change order is issued pursuant to: (Specify authority) The changes set forth in item 14 are made in the Contract Order No. in item 10A.
	B. The above numbered Contract/Order is modified to reflect the administrative changes (such as changes in paying office, appropriation date, etc.) SET FORTH IN ITEM 14, PURSUANT TO THE AUTHORITY OF FAR 43.103 (b)
	C. This supplemental agreement is entered into pursuant to authority of:
X	D. Other (Specify type of modification and authority) 52.232-18, Availability of Funds

E. IMPORTANT: Contractor  is not,  is required to sign this document and return \_\_\_\_\_ copies to the issuing office.

14. Description of Amendment/Modification (Organized by UCF section headings, including solicitation/contract subject matter where feasible.)

The purpose of this modification is to obligate FY07 funding for the period of performance of April 1, 2007 through May 31, 2007 for Option Period 3 Health Care sub-CLIN 4001AB. <<SEE ATTACHED PAGES>>

Except as provided herein, all terms and conditions of the document referenced in item 9A or 10A, as heretofore changed, remains unchanged and in full force and effect.

15A. Name and Title of Signer (Type or Print)	16A. Name and title of Contracting Officer (Type or Print) THOMAS FOREMAN CONTRACTING OFFICER thomas.foreman@tma.osd.mil
15B. Contractor/Offeror  (Signature of person authorized to sign)	15C. Date Signed
	16B. United States of America  (Signature of Contracting Officer)
	16C. Date Signed 3-21-07

**SCHEDULE**

Item No.	Supplies/Services	Quantity	Unit	Unit Price	Amount
4001AB	Comperhensive Health Care Services and Associated Support Services. (October 1, 2006 - May 31, 2007) See Exhibit 8				

(b)(4)

A. The purpose of this modification is to obligate FY07 funding for the period of performance of April 1, 2007 through May 31, 2007 for Option Period 3 Health Care sub-CLIN 4001AB. Reference purchase request 07-DPC-0066\*A1.

B. As a result of this modification, the sub-CLIN funding is changed as follows:

sub-CLIN	PREVIOUS MODs	TOTAL PRIOR OBLIGATIONS	TOTAL CURRENT OBLIGATION	OBLIGATED THIS MODIFICATION	FY
4001AB	P020, P022, P023, P024, P025	(b)(4)			07

C. Accounting and Appropriation Data.

FUND SITE	AMOUNT
9707070130 1889 1020000	(b)(4)
97XXXX5472 18D9 000000 (FY07)	
Total Obligation This Modification	

D. As a result of this modification, the total contract obligated amount is increased by (b)(4). The contract price remains unchanged and all other terms and conditions of the contract remain in full force and effect.

2. Amendment/Modification No. P00027	3. Effective Date Feb 15, 2007	4. Requisition/Purchase Req. No. 07-CMA-0112	5. Project No. (if applicable) 14193
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6. Issued By DEPARTMENT OF DEFENSE TRICARE MANAGEMENT ACTIVITY/CM 16401 E. CENTRETECH PARKWAY AURORA, CO 80011-9066 PAMELA BALLARD 303 676-3647	Code H94002	7. Administered By (If other than Item 6) SEE BLOCK 6	Code
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8. Name and Address of Contractor (No., Street, County, and Zip Code)  JOHNS HOPKINS MEDICAL SERVICE CORPORATIO 6704 CURTIS COURT GLEN BURNIE MD 21060-6406		(X)	9A. Amendment of Solicitation No.
			9B. Date (See Item 11)
		X	10A. Modification of Contract/Order No. H94002-03-C-0021
			10B. Date (See Item 13) Jun 1, 2003

Code \_\_\_\_\_ Facility Code \_\_\_\_\_

**11. THIS ITEM ONLY APPLIES TO AMENDMENTS OF SOLICITATIONS**

The above numbered solicitation is amended as set forth in item 14. The hour and date specified for receipt of Offers  is extended  is not extended. Offers must acknowledge receipt of this amendment prior to the hour and date specified in the solicitation or as amended, by one of the following methods:  
 (a) By completing items 8 and 15, and returning \_\_\_\_\_ copies of the amendment; (b) By acknowledging receipt of this amendment on each copy of the offer submitted; or (c) By separate letter or telegram which includes a reference to the solicitation and amendment numbers. FAILURE OF YOUR ACKNOWLEDGMENT TO BE RECEIVED AT THE PLACE DESIGNATED FOR THE RECEIPT OF OFFERS PRIOR TO THE HOUR AND DATE SPECIFIED MAY RESULT IN REJECTION OF YOUR OFFER. If by virtue of this amendment you desire to change an offer already submitted, such change may be made by telegram or letter, provided each telegram or letter makes reference to the solicitation and this amendment, and is received prior to the opening hour and date specified.

12. Accounting and Appropriation Data (if required)  
SEE BLOCK 14 \$ US (b)(4)

**ITEM APPLIES ONLY TO MODIFICATIONS OF CONTRACT/ORDERS.  
IT MODIFIES THE CONTRACT/ORDER NO. AS DESCRIBED IN ITEM 14.**

(x)	A. This change order is issued pursuant to: (Specify authority) The changes set forth in item 14 are made in the Contract Order No. in item 10A.
	B. The above numbered Contract/Order is modified to reflect the administrative changes (such as changes in paying office, appropriation date, etc.) SET FORTH IN ITEM 14, PURSUANT TO THE AUTHORITY OF FAR 43.103 (b)
X	C. This supplemental agreement is entered into pursuant to authority of: 52.212-4(c), Contract Terms and Conditions - Commercial Items, and 52.232-18, Availability of Funds
	D. Other (Specify type of modification and authority)

**E. IMPORTANT:** Contractor  is not,  is required to sign this document and return 1 copies to the issuing office.

14. Description of Amendment/Modification (Organized by UCF section headings, including solicitation/contract subject matter where feasible.)

The purpose of this modification is to add Option Period 3 Travel sub-CLIN 4002AB and DITSCAP sub-CLIN 4005AB's NOT TO EXCEED cost amounts and to obligate FY07 funding for the period of performance of October 1, 2006 through May 31, 2007 for the sub-CLIN's.

<<SEE ATTACHED PAGES>>

Except as provided herein, all terms and conditions of the document referenced in item 9A or 10A, as heretofore changed, remains unchanged and in full force and effect.

15A. Name and Title of Signer (Type or Print)	16A. Name and title of Contracting Officer (Type or Print) THOMAS FOREMAN 303 676-3839 CONTRACTING OFFICER thomas.foreman@tma.osd.mil		
15B. Contractor/Offeror  (Signature of person authorized to sign)	15C. Date Signed	16B. United States of America	16C. Date Signed
		(Signature of Contracting Officer)	

**SCHEDULE**

Item No.	Supplies/Services	Quantity	Unit	Unit Price	Amount
4002AB	Travel (October 1, 2006 - May 31, 2007)  The Contractor shall obtain authorization from the Contracting Officer prior to incurring any expenses under this cost type sub-CLIN. Payment for authorized expenses shall be approved by the COR and CO.	1	LT	NTE 15,000.00	15,000.00
4005AB	DITSCAP (October 1, 2006 - May 31, 2007)  The Contractor shall obtain authorization from the Contracting Officer prior to incurring any expenses under this cost type sub-CLIN. Payment for authorized expenses shall be approved by the COR and CO.	1	LT	NTE 200,000.00	200,000.00

- A. The purpose of this modification is to add Option Period 3 Travel sub-CLIN 4002AB and DITSCAP sub-CLIN 4005AB's NOT TO EXCEED cost amounts and to obligate FY07 funding for the period of performance of October 1, 2006 through May 31, 2007 for the sub-CLIN's. Reference purchase request 07-DPC-0057, dated February 7, 2007, which was superceded by purchase request 07-DPC-0066\*A01, dated March 13, 2007.
- B. As a result of this modification, Section B is hereby modified to add the NOT TO EXCEED cost amount of the sub-CLIN's as shown below and in the contract's schedule, page 2 of this modification.

sub-CLIN	ESTIMATED COST			TOTAL ESTIMATED COST
	CHANGE	ESTIMATED COST	ESTIMATED COST	
4002AB	(b)(4)			
4005AB	(b)(4)			
Total Estimated Cost Change This Modification				(b)(4)

- C. As a result of this modification, the sub-CLIN's funding is changed as follows:

sub-CLIN	PREVIOUS MOD	TOTAL PRIOR OBLIGATION	TOTAL CURRENT OBLIGATION	OBLIGATED THIS MODIFICATION	FY
4002AB	None	(b)(4)			07
4005AB	None	(b)(4)			07
Total Obligation This Modification					(b)(4)

- D. Accounting and Appropriation Data:

FY	FUND SITE	sub-CLIN	AMOUNT	PR NUMBER
07	9707070130 1889 102000	4002AB	(b)(4)	07-DPC-0066*A01
07	97XXXX5472 18D9 000000 (FY07)	4002AB	(b)(4)	07-DPC-0066*A01
07	9707070130 1889 102000	4005AB	(b)(4)	07-DPC-0066*A01
07	97XXXX5472 18D9 000000 (FY07)	4005AB	(b)(4)	07-DPC-0066*A01
Total Obligation This Modification			(b)(4)	

- E. As a result of (b)(4) on, the total contract price and the total contract obligated amount is increased by (b)(4). All other terms and conditions of the contract remain in full force and effect.

**AMENDMENT OF SOLICITATION/MODIFICATION OF CONTRACT**

1. Contract ID Code  
J  
Page 1 of Pages 3

2. Amendment/Modification No. P00028  
3. Effective Date 5-30-07  
4. Requisition/Purchase Req. No. 07-DPC-0076\*A01  
5. Project No. (if applicable) Block 14

6. Issued By Code H94002  
DEPARTMENT OF DEFENSE  
TRICARE MANAGEMENT ACTIVITY/AM&S  
16401 E. CENTRETECH PARKWAY  
AURORA, CO 80011-9066  
PAMELA BALLARD 303 676-3647  
7. Administered By (if other than Item 6) Code  
SEE BLOCK 6

8. Name and Address of Contractor (No., Street, County, and Zip Code)  
JOHNS HOPKINS MEDICAL SERVICE CORPORATION Vendor ID: 00003550  
6704 CURTIS COURT DUNS: 069390037  
GLEN BURNIE MD 21060-6406 CAGE: INXX2  
9A. Amendment of Solicitation No.  
9B. Date (See Item 11)  
10A. Modification of Contract/Order No.  
H94002-03-C-0021  
10B. Date (See Item 13)  
Jun 1, 2003

Code Facility Code

11. THIS ITEM ONLY APPLIES TO AMENDMENTS OF SOLICITATIONS

The above numbered solicitation is amended as set forth in item 14. The hour and date specified for receipt of Offers  is extended  is not extended. Offers must acknowledge receipt of this amendment prior to the hour and date specified in the solicitation or as amended, by one of the following methods:  
(a) By completing items 8 and 15, and returning \_\_\_\_\_ copies of the amendment; (b) By acknowledging receipt of this amendment on each copy of the offer submitted; or (c) By separate letter or telegram which includes a reference to the solicitation and amendment numbers. FAILURE OF YOUR ACKNOWLEDGMENT TO BE RECEIVED AT THE PLACE DESIGNATED FOR THE RECEIPT OF OFFERS PRIOR TO THE HOUR AND DATE SPECIFIED MAY RESULT IN REJECTION OF YOUR OFFER. If by virtue of this amendment you desire to change an offer already submitted, such change may be made by telegram or letter, provided each telegram or letter makes reference to the solicitation and this amendment, and is received prior to the opening hour and date specified.

12. Accounting and Appropriation Data (if required)  
See Block 14 \$ US (b)(4)

13. THIS ITEM APPLIES ONLY TO MODIFICATIONS OF CONTRACT/ORDERS IT MODIFIES THE CONTRACT/ORDER NO. AS DESCRIBED IN ITEM 14.

(x) A. This change order is issued pursuant to: (Specify authority) The changes set forth in item 14 are made in the Contract Order No. in item 10A.  
B. The above numbered Contract/Order is modified to reflect the administrative changes (such as changes in paying office, appropriation date, etc) SET FORTH IN ITEM 14, PURSUANT TO THE AUTHORITY OF FAR 43.103 (b)  
X C. This supplemental agreement is entered into pursuant to authority of:  
P.L. 104-201, Para 4, Options, and 52.217-9, Option to Extend the Term of the Contract (Mar 2000)  
D. Other (Specify type of modification and authority)

E. IMPORTANT: Contractor  is not,  is required to sign this document and return 1 copies to the issuing office.

14. Description of Amendment/Modification (Organized by UCF section headings, including solicitation/contract subject matter where feasible)

The purpose of this modification is to complete two actions: 1) to incorporate the negotiated Health Care prices for Option Period 4 into the contract (Conreq 14349); and 2) to exercise the option for Option Period 4 (Conreq 14348).

See attached pages.

Except as provided herein, all terms and conditions of the document referenced in item 9A or 10A, as heretofore changed, remains unchanged and in full force and effect.

15A. Name and Title of Signer (Type or Print)  
BARBARA G. COOK MD  
PRESIDENT, JHMSC  
16A. Name and title of Contracting Officer (Type or Print)  
THOMAS FOREMAN 303 676-3839  
CONTRACTING OFFICER  
thomas.foreman@tma.osd.mil  
15B. Contractor/Officer  
MCOO  
(Signature of person authorized to sign)  
15C. Date Signed  
5/29/07  
16B. United States of America  
Thomas Foreman  
(Signature of Contracting Officer)  
16C. Date Signed  
5-30-07

**SCHEDULE**

Item No.	Supplies/Services	Quantity	Unit	Unit Price	Amount
5001	Comprehensive Health Care Services and Associated Support Services for Option Period 4	(b)(4)			
5001AA	Comprehensive Health Care Services and Associated Support Services (June 1, 2007 - September 30, 2007) See Exhibit 9				
5001AB	Comprehensive Health Care Services and Associated Support Services (October 1, 2007 - May 31, 2008) See Exhibit 10				
5002	TRAVEL for Option Period 4	0	LT	0.00	0.00
5002AA	Travel (June 1, 2007 - September 30, 2007)  The Contractor shall obtain authorization from the Contracting Officer prior to incurring any expenses under this cost type Sub-CLIN. Payment for authorized expenses shall be approved by the COR and CO.	1	LT	NTE 5,000.00	5,000.00
5005	DITSCAP for Option Period 4	0	LT	0.00	0.00
5005AA	DITSCAP (June 1, 2007 - September 30, 2007)  The Contractor shall obtain authorization from the Contracting Officer prior to incurring any expenses under this cost type Sub-CLIN. Payment for authorized expenses shall be approved by the COR and CO.	1	LT	NTE 150,000.00	150,000.00

- A. The purpose of this modification is to complete two actions: 1) to incorporate the negotiated Health Care prices for Option Period 4 into the contract; and 2) to exercise the option for Option Period 4.
- B. As a result of this modification, the attached Attachments 25 and 26, Ceiling Rate Methodology for OP4 and Option Period 4 Prices ("Capitation Rates"), respectively, are hereby incorporated into the contract.
- C. As a result of this modification, the attached Exhibits 9 and 10, Option Period 4 Estimated Prices, are hereby incorporated into the contract.
- D. In accordance with contract clause 52.217-9 "Option to Extend the Term of the Contract", the Government hereby unilaterally exercises the option to extend the term of the contract for Option Period 4, for the period of June 1, 2007 through May 31, 2008.
- E. As a result of this modification, Section B is hereby modified to add CLIN's 5001, 5002, and 5005 and subCLIN's 5001AA, 5001AB, 5002AA, and 5005AA to the contract for Option Period 4 health care services, travel, and DITSCAP at the prices/NOT TO EXCEED cost amounts as shown below and in the contract's schedule, page 2 of this modification.

CLIN	UNIT CHANGE FROM	UNIT CHANGE TO	UNIT NET CHANGE	QTY	UNIT	TOTAL CHANGE
5001	(b)(4)					
5001AA						
5001AB						
5002						
5002AA						
5005						
5005AA						
Total Change This Modification						(b)(4)

- F. As a result of this modification, the sub-CLIN's funding is changed as follows:

sub-CLIN	PREVIOUS MODs	TOTAL PRIOR OBLIGATIONS	TOTAL CURRENT OBLIGATION	OBLIGATED THIS MODIFICATION	FY
5001AA	None	(b)(4)			07
5001AB	None				08
5002AA	None				07
5005AA	None				07
Total Obligation This Modification					(b)(4)

- G. In accordance with contract clause 52.232-19 "Availability of Funds for the Next Fiscal Year", fiscal year 2008 funds for the period of October 1, 2007 through May 31, 2008 will be obligated when funds become available.

- H. Accounting and Appropriation Data.

FY	FUND SITE	sub-CLIN	AMOUNT	PR NUMBER
07	9707070130 1889 102000	5001AA	(b)(4)	07-DPC-0076*A01
07	97XXX5472 18D9 000000 (FY07)	5001AA		07-DPC-0076*A01
07	9707070130 1889 102000	5002AA		07-DPC-0076*A01
07	97XXX5472 18D9 000000 (FY07)	5002AA		07-DPC-0076*A01
07	9707070130 1889 102000	5005AA		07-DPC-0076*A01
07	97XXX5472 18D9 000000 (FY07)	5005AA		07-DPC-0076*A01
Total Obligation This Modification				

- I. As a result of this modification, the total contract price is increased by (b)(4) and the total contract obligated amount is increased by (b)(4). All other terms and conditions of the contract remain in full force and effect.

CEILING RATE METHODOLOGY FOR OP4

**CEILING RATE METHODOLOGY FOR OP4 FOR  
JOHNS HOPKINS MEDICAL SERVICES CORPORATION**

**CEILING RATES FOR THE UNDER 65 POPULATION**

Section 726(b) of the National Defense Authorization Act for Fiscal Year 1997 states that the capitation payments for healthcare services to a Designated Provider shall not exceed an amount equal to the cost that would have been incurred by the Government if the enrollee had received such healthcare services through a military treatment facility, the TRICARE program, or the Medicare program, as the case may be. These are referred to as the ceiling rates.

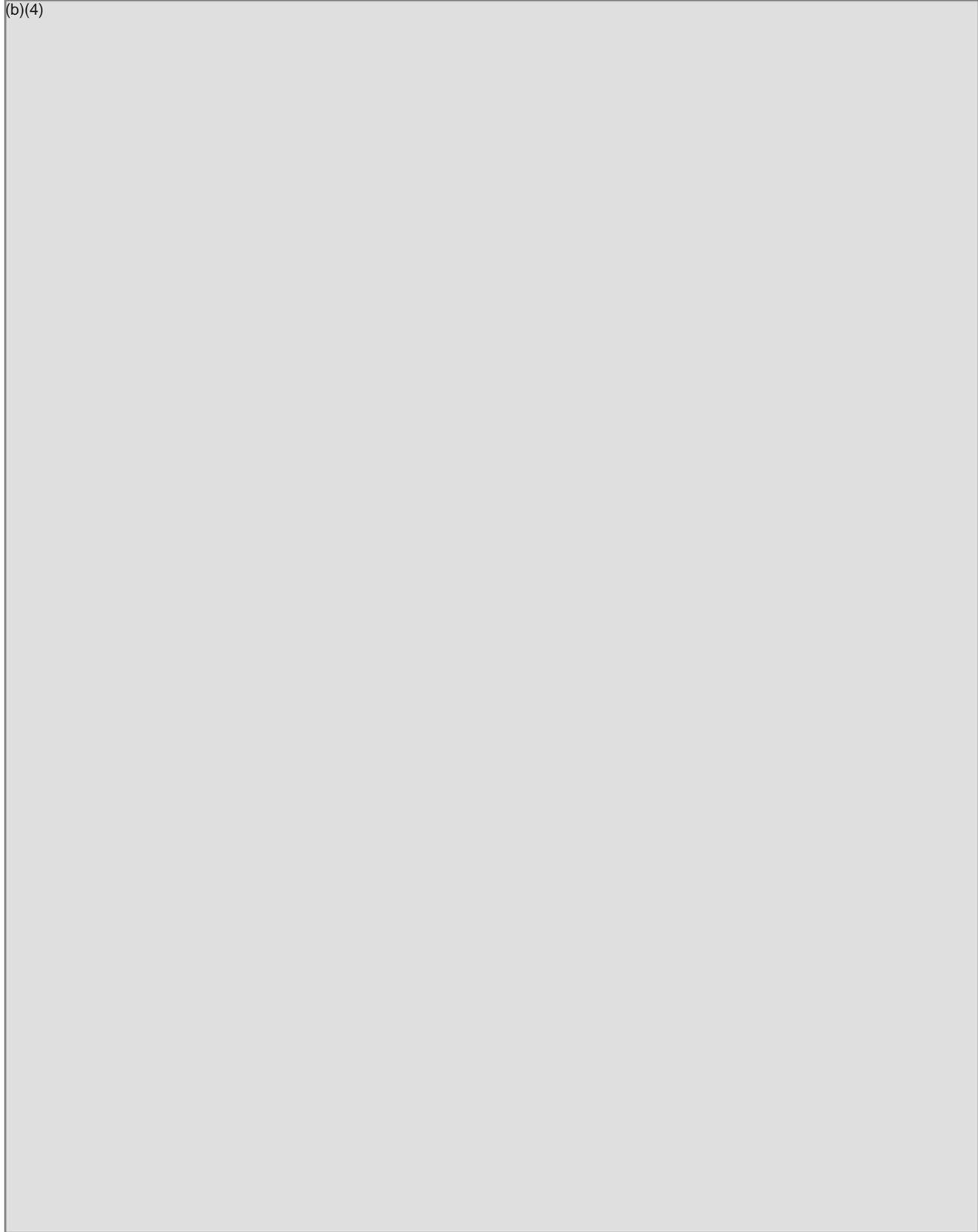
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ATTACHMENT 25

CEILING RATE METHODOLOGY FOR OP4

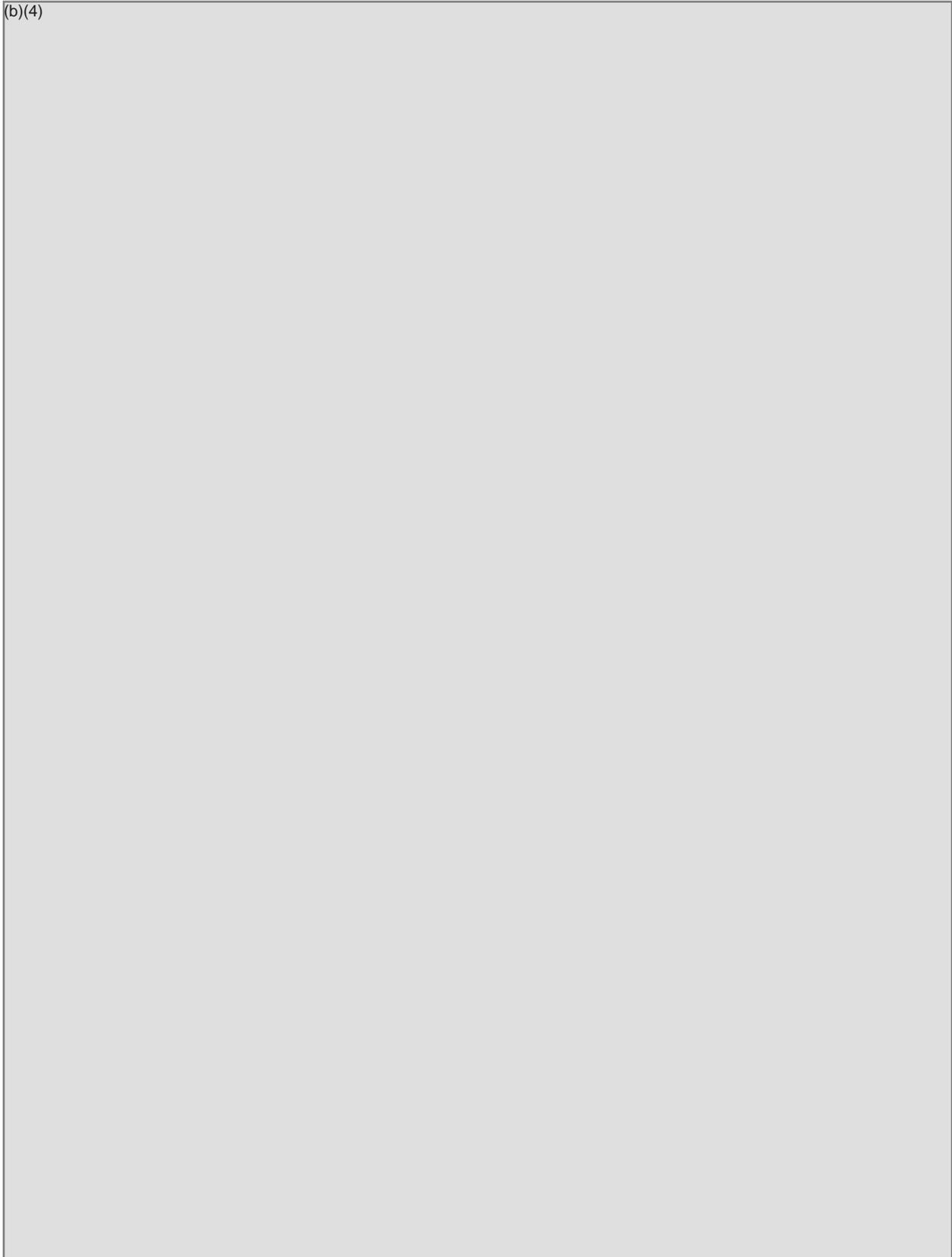
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ATTACHMENT 25

CEILING RATE METHODOLOGY FOR OP4

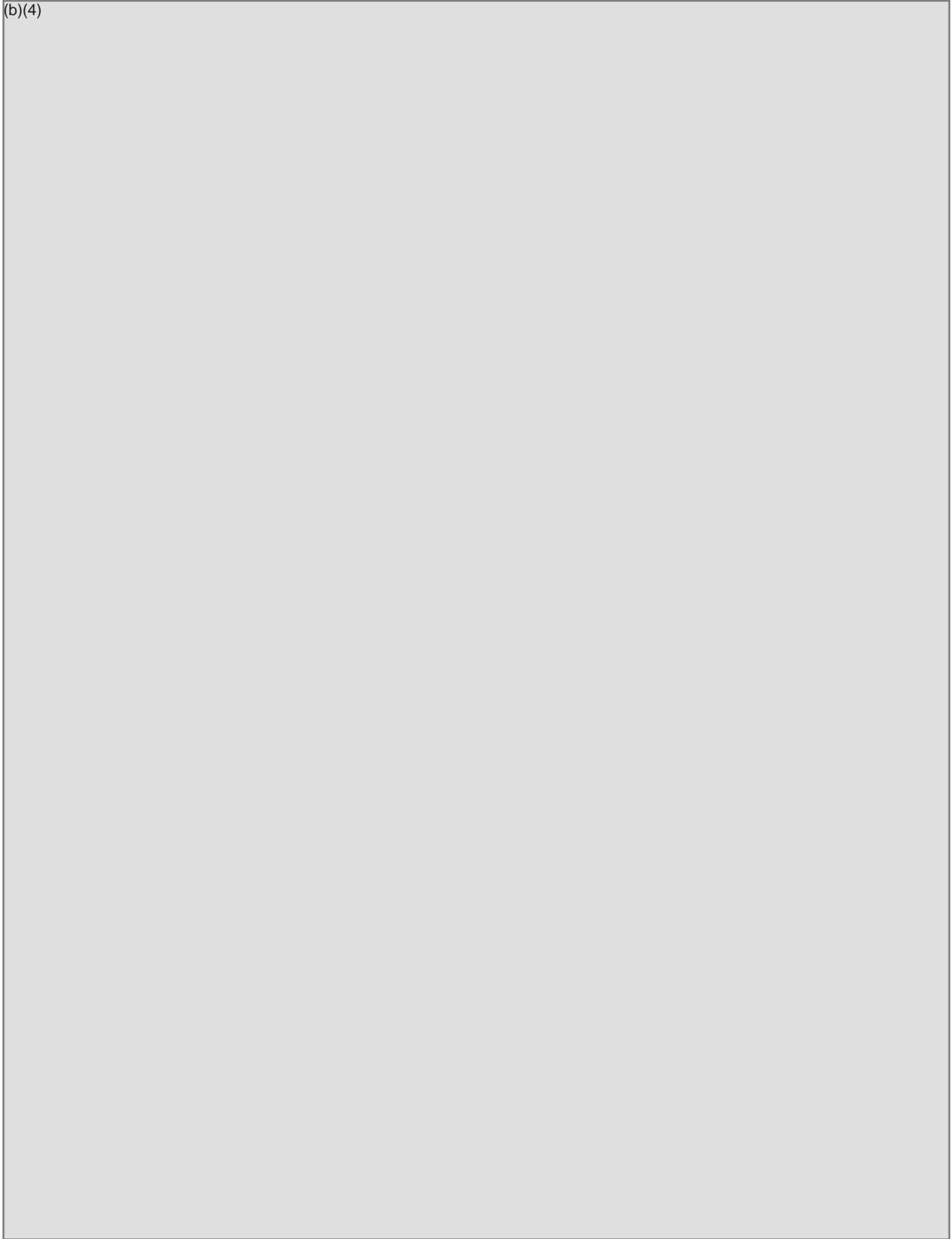
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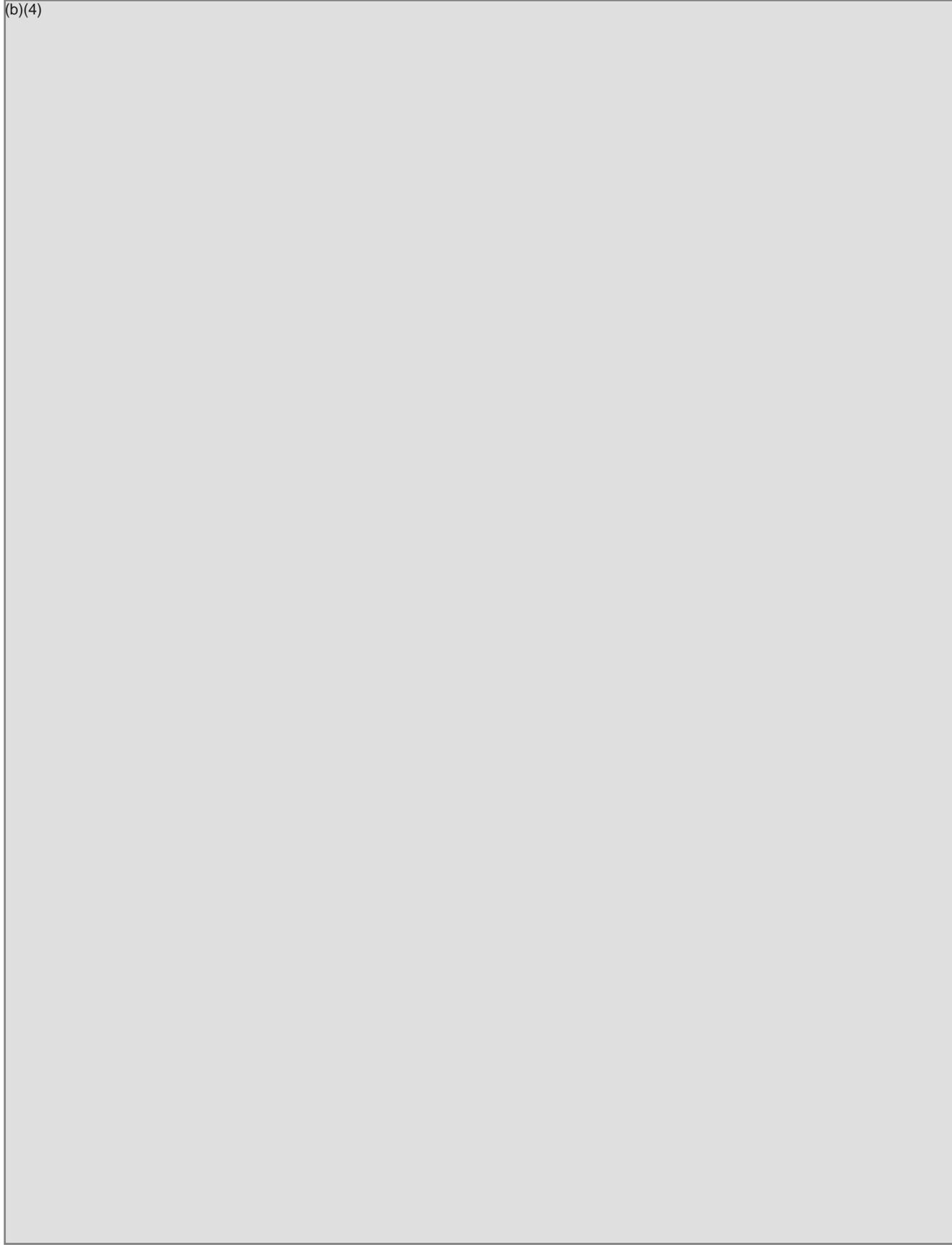
ATTACHMENT 25

CEILING RATE METHODOLOGY FOR OP4

(b)(4)



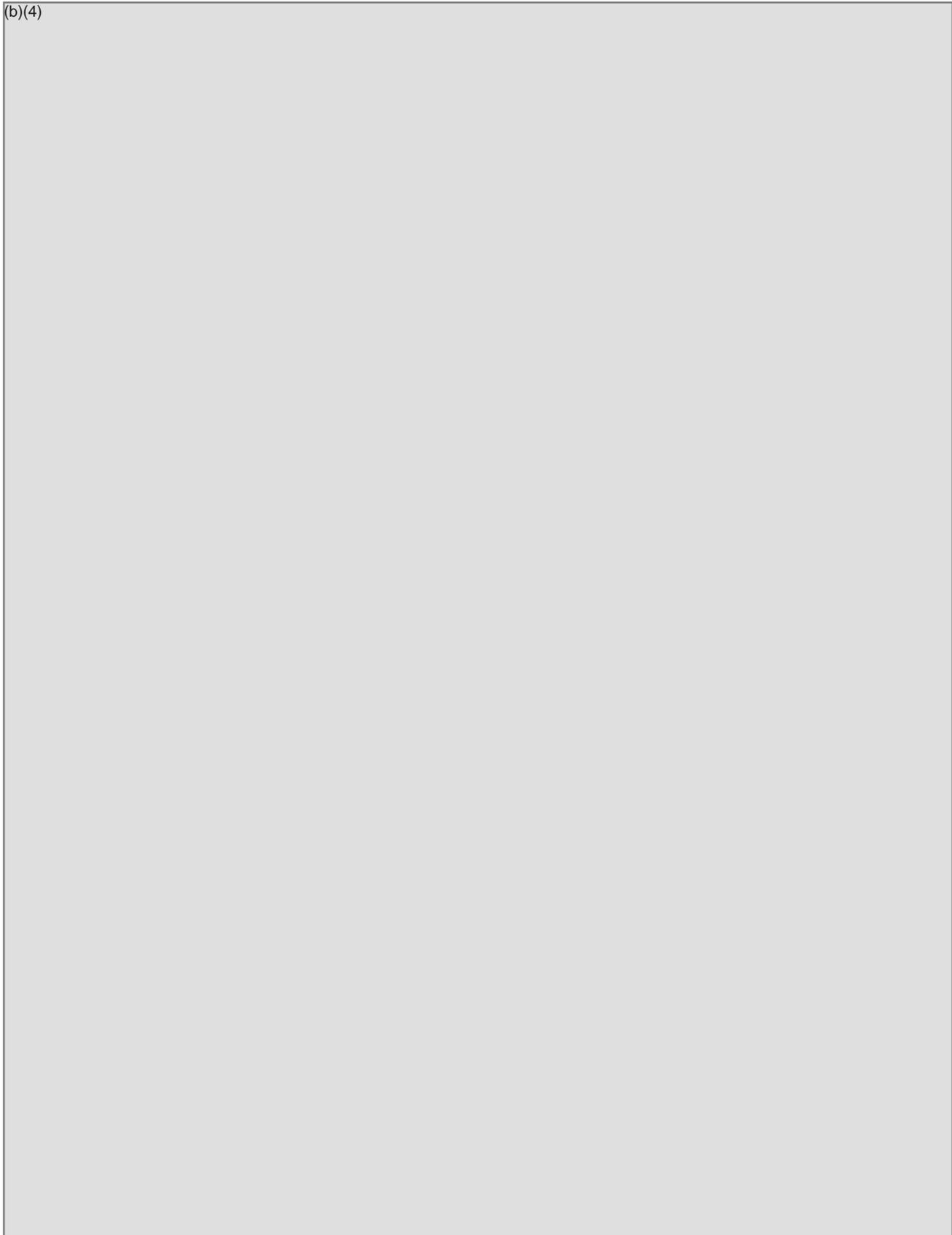
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ATTACHMENT 25

CEILING RATE METHODOLOGY FOR OP4

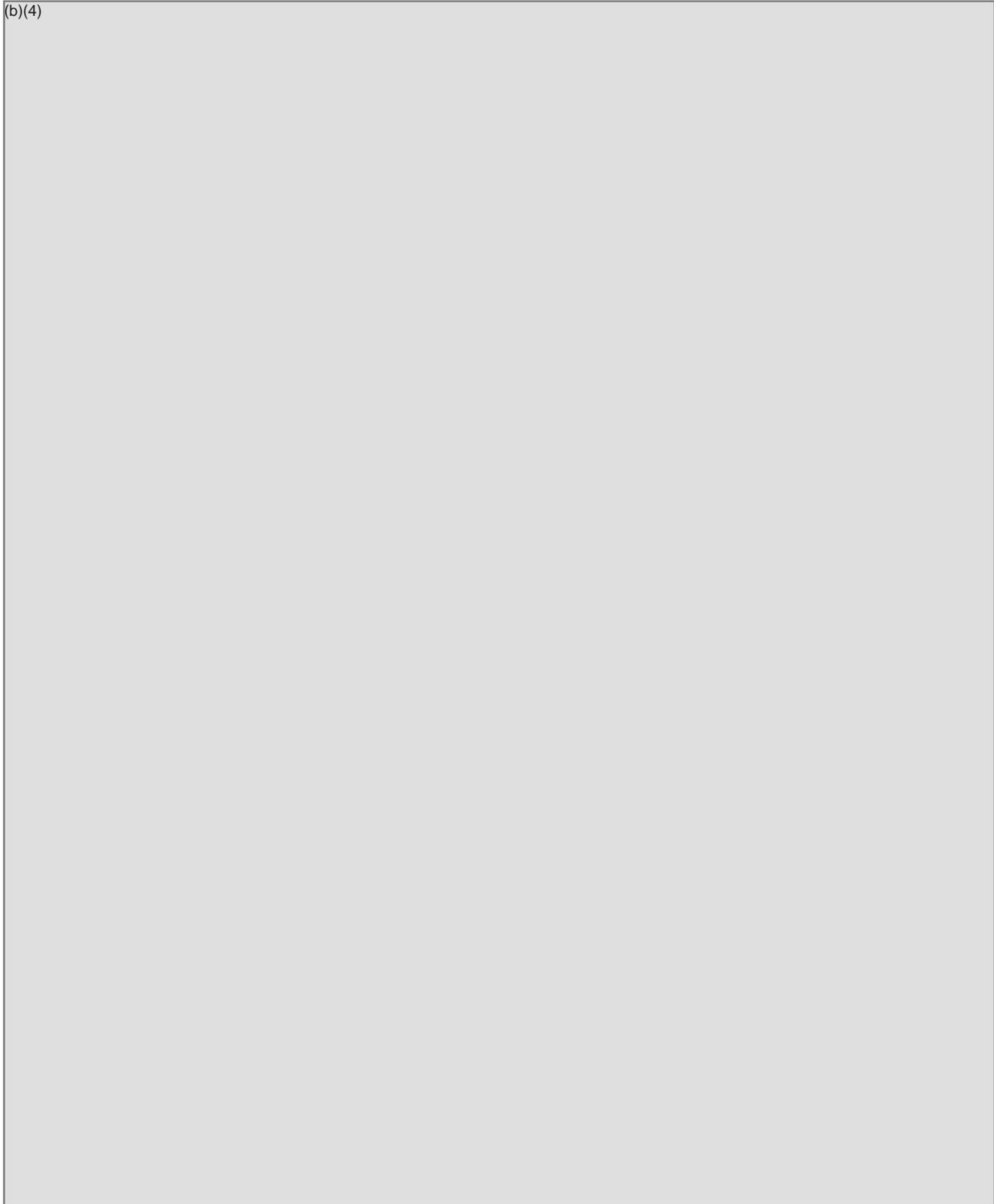
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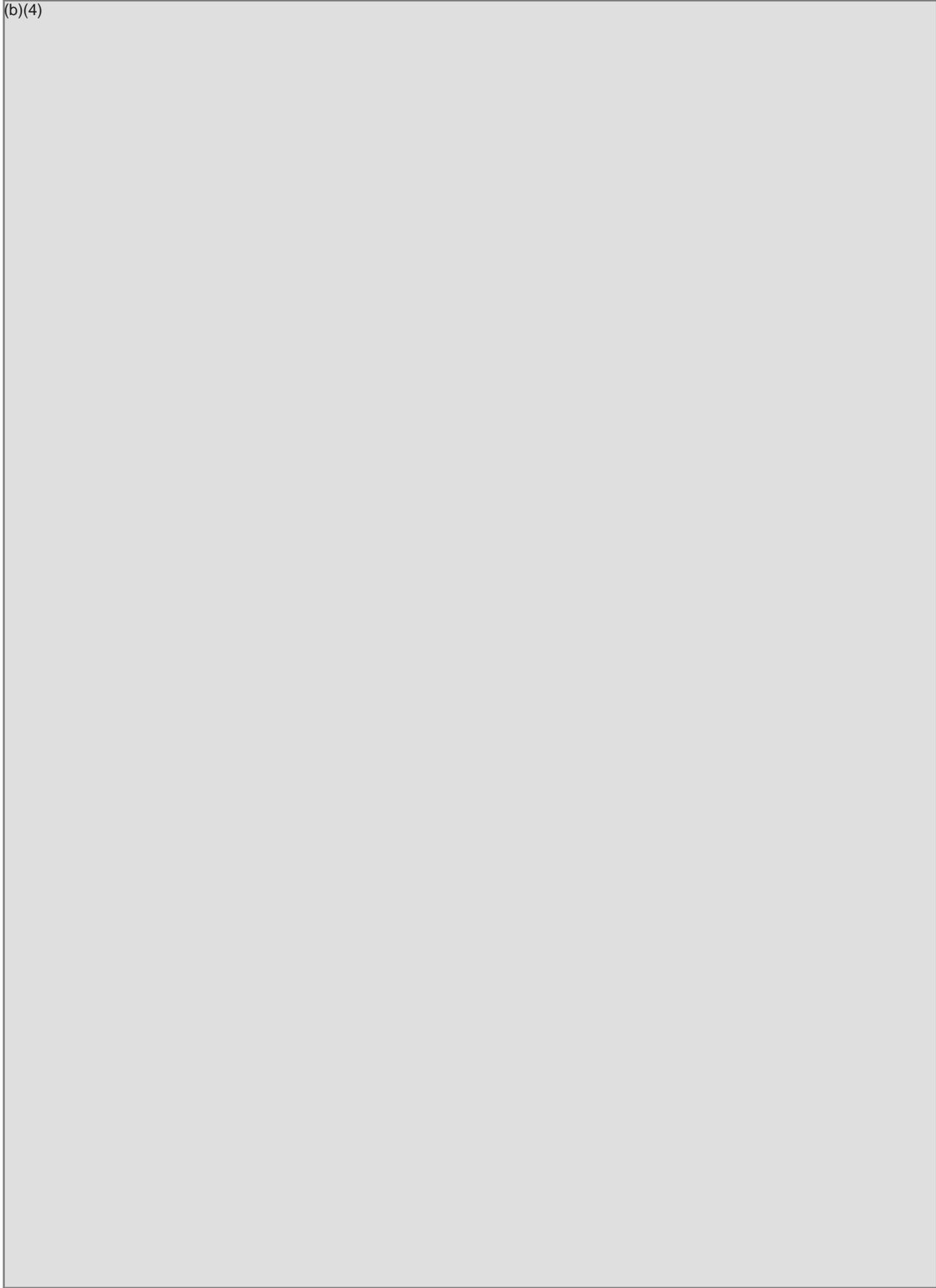
ATTACHMENT 25

CEILING RATE METHODOLOGY FOR OP4

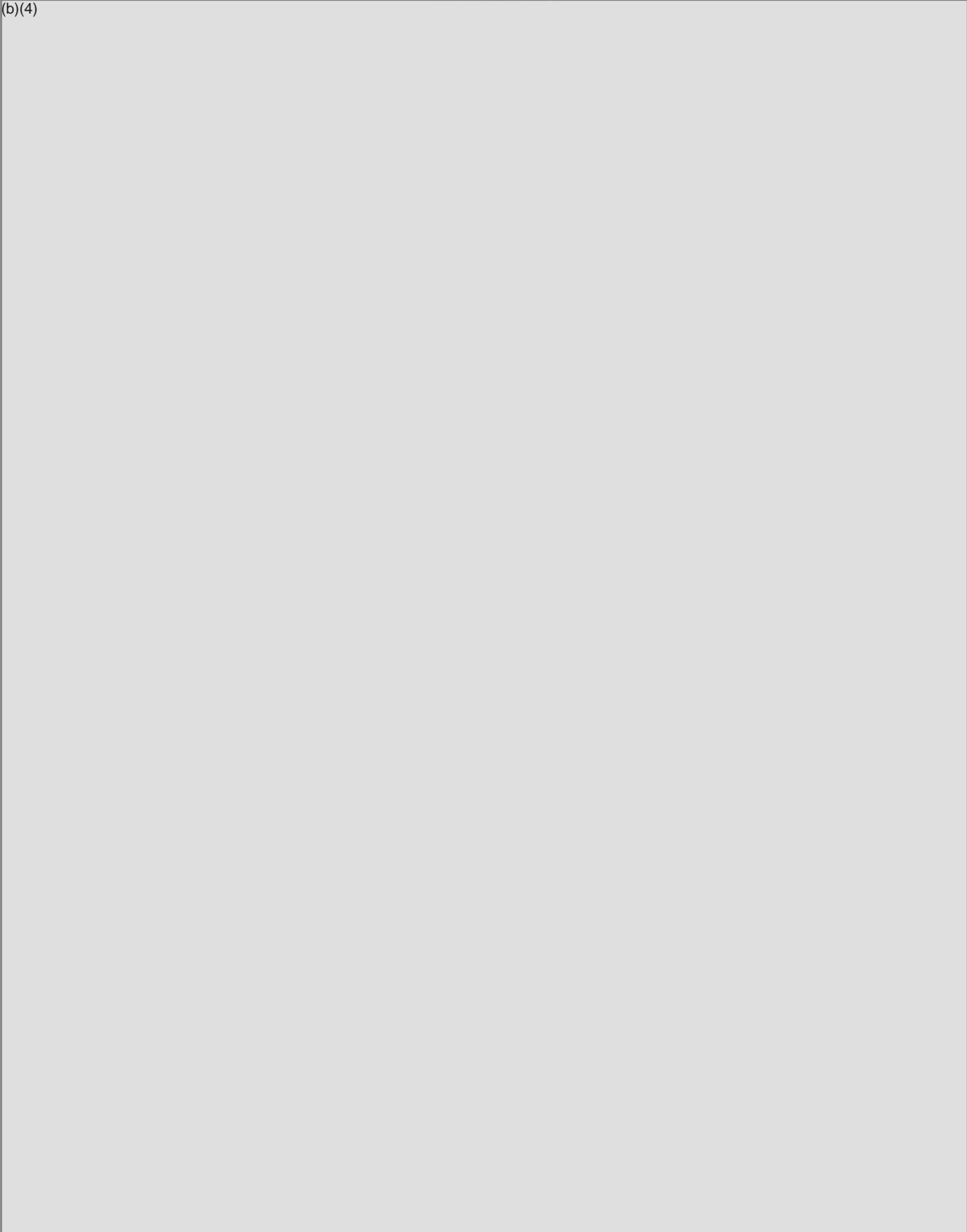
(b)(4)



(b)(4)



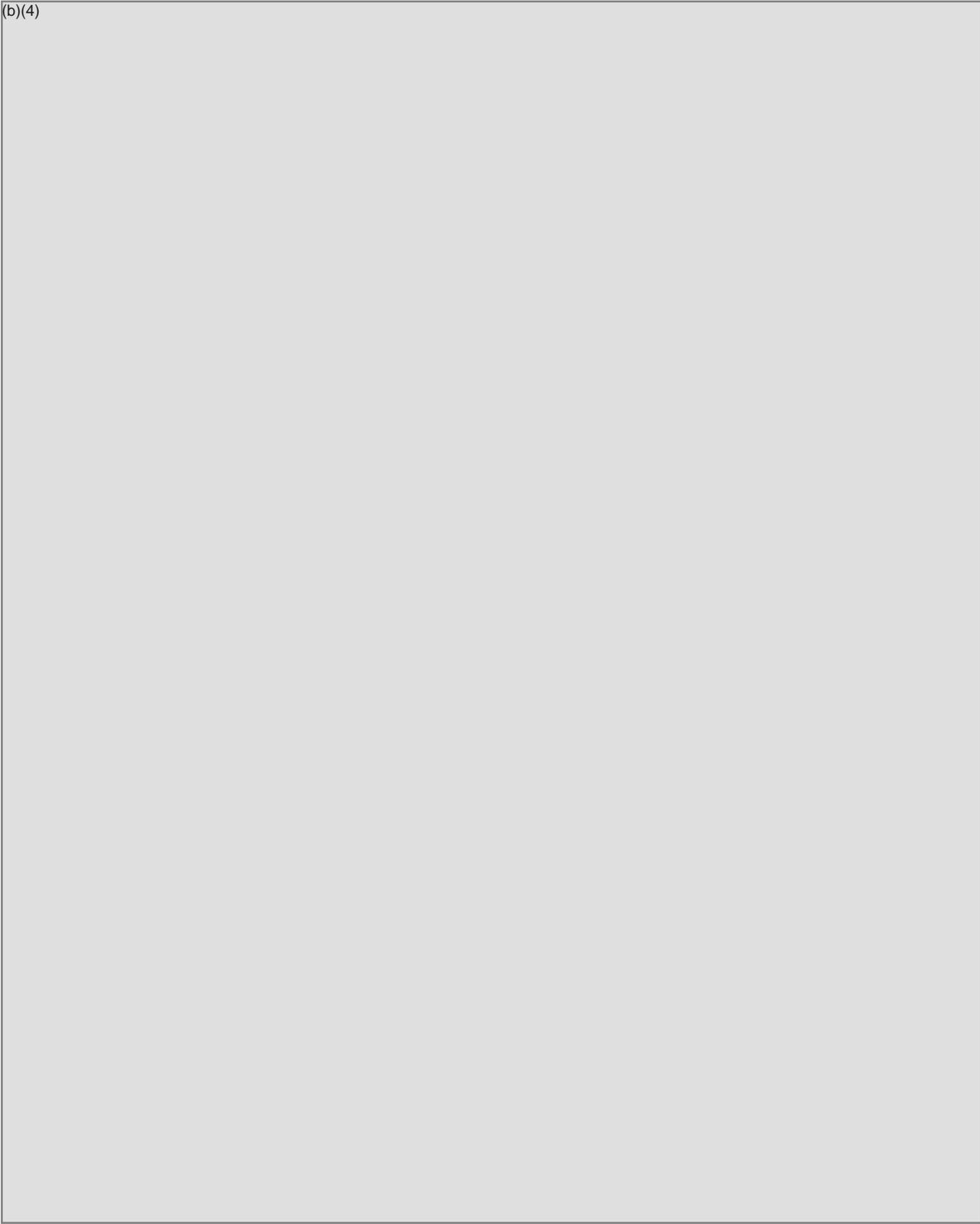
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ATTACHMENT 25

CEILING RATE METHODOLOGY FOR OP4

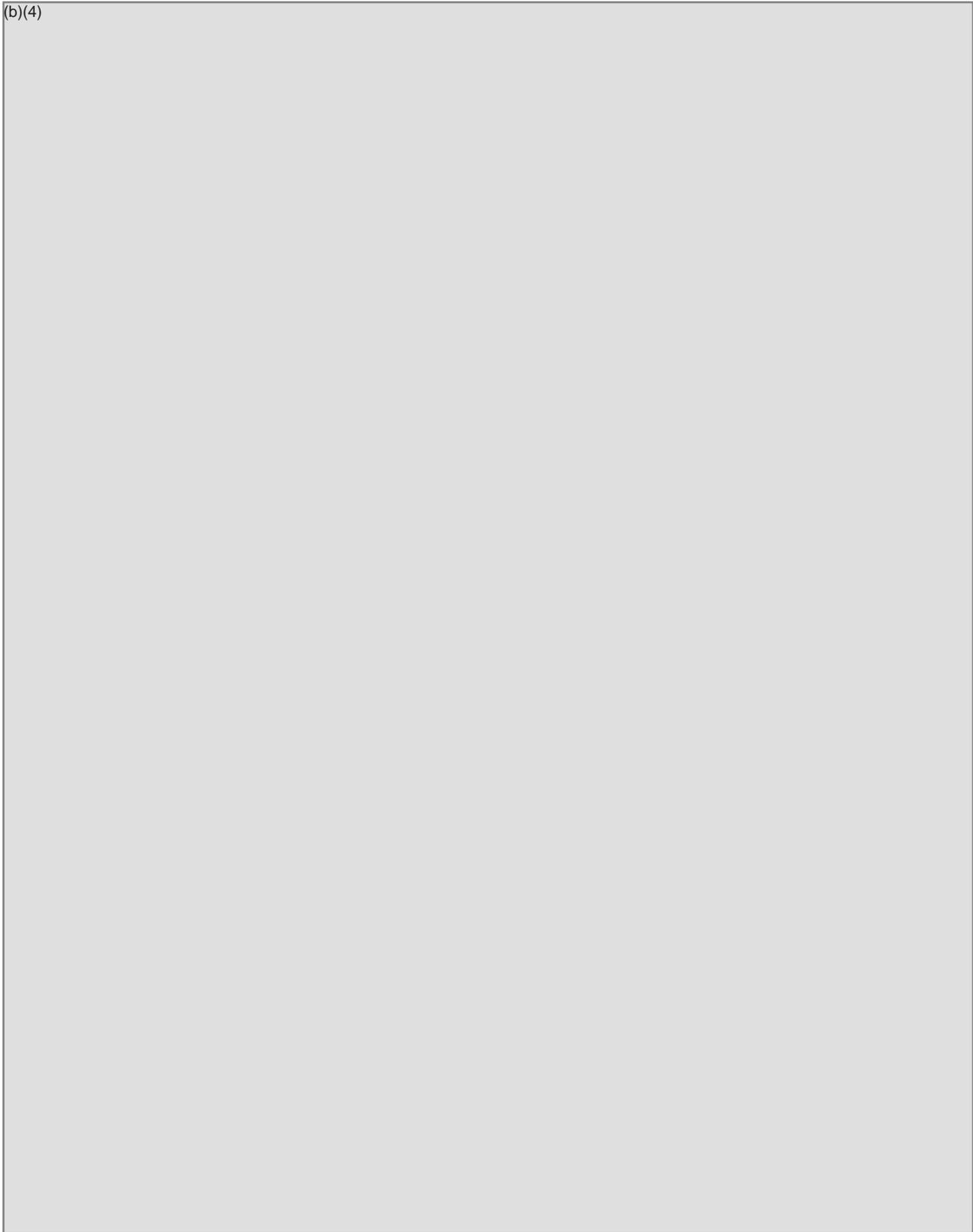
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ATTACHMENT 25

CEILING RATE METHODOLOGY FOR OP4

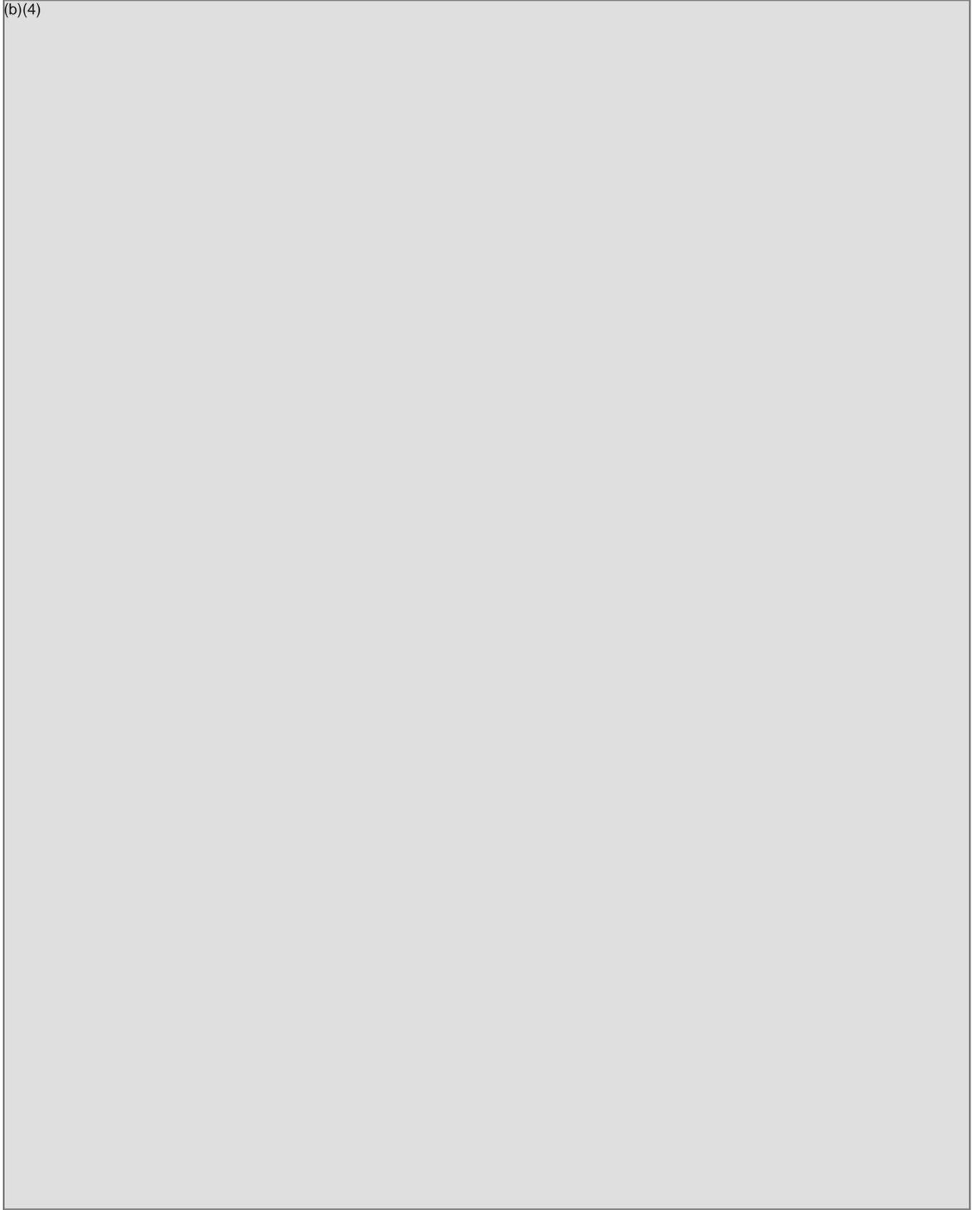
(b)(4)



ATTACHMENT 25

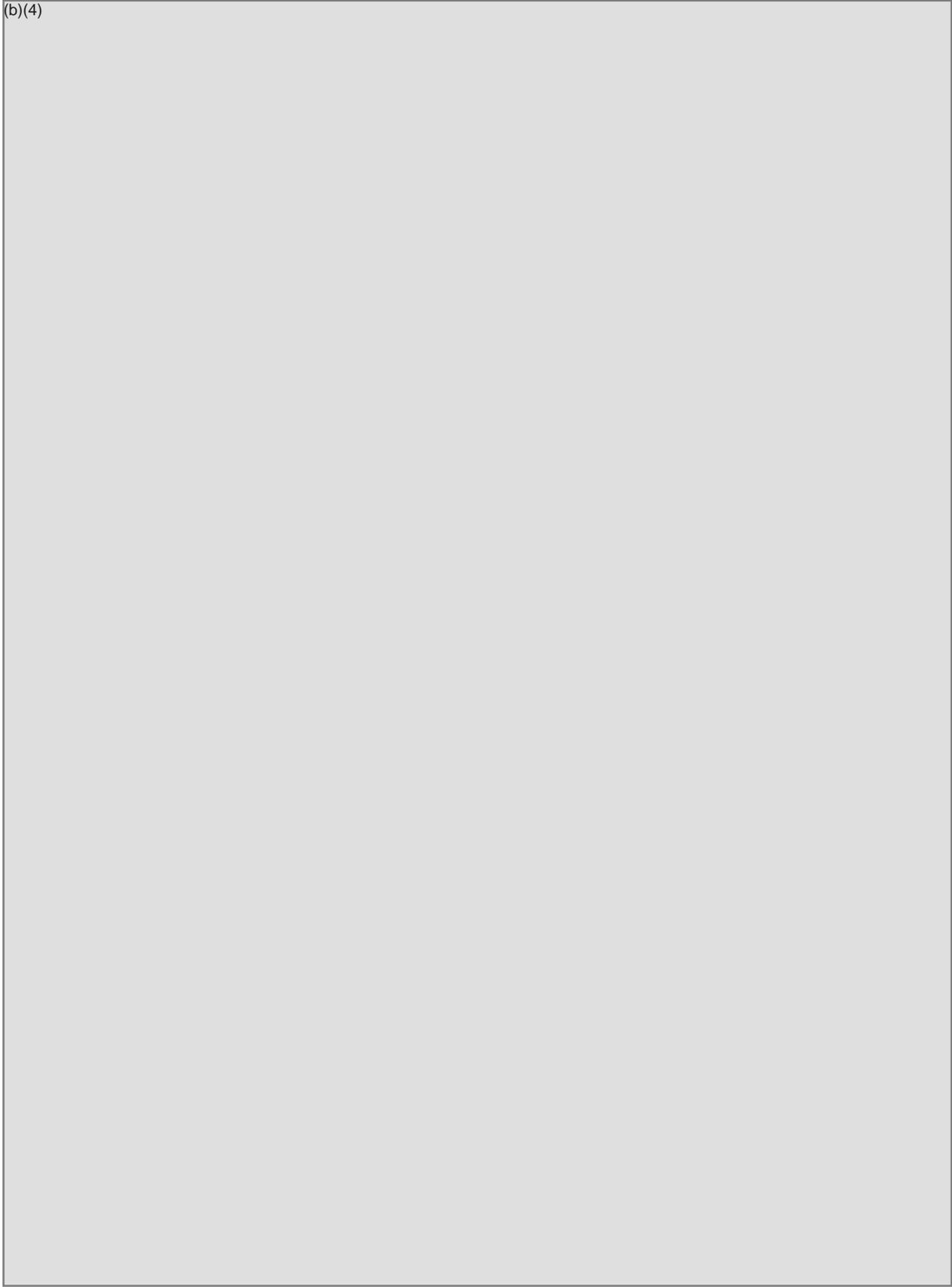
CEILING RATE METHODOLOGY FOR OP4

(b)(4)



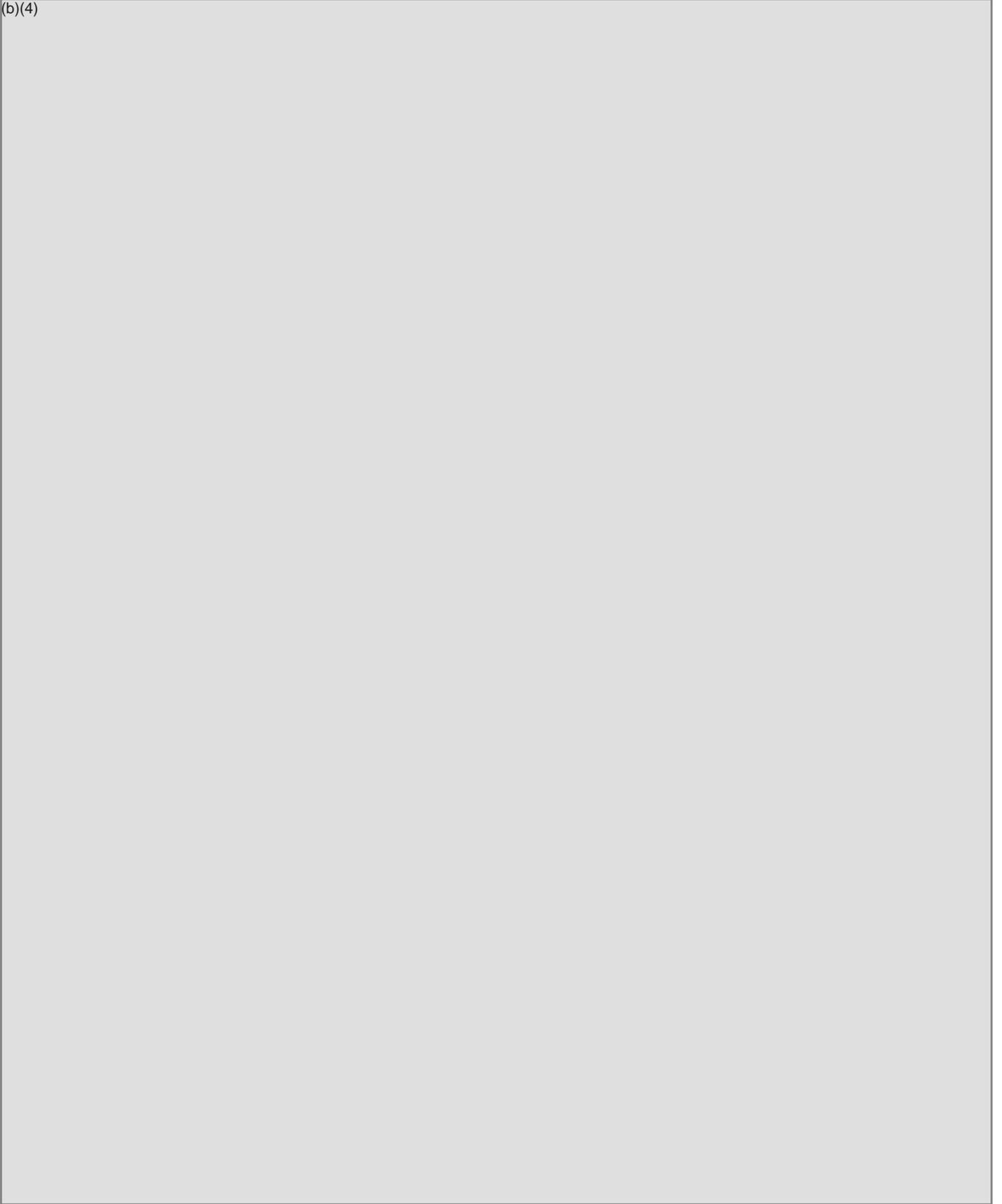
ATTACHMENT 25

(b)(4)

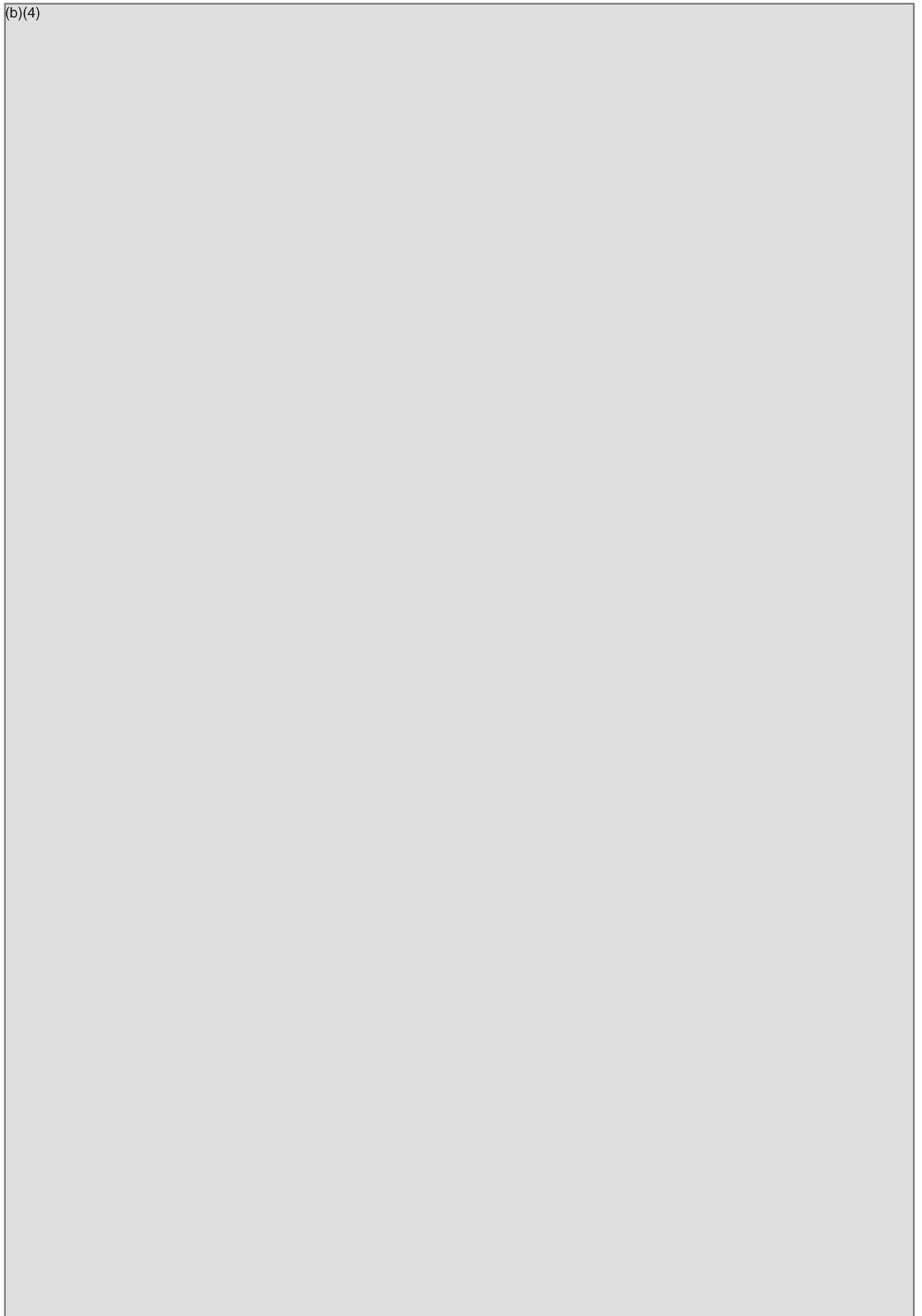


CEILING RATE METHODOLOGY FOR OP4

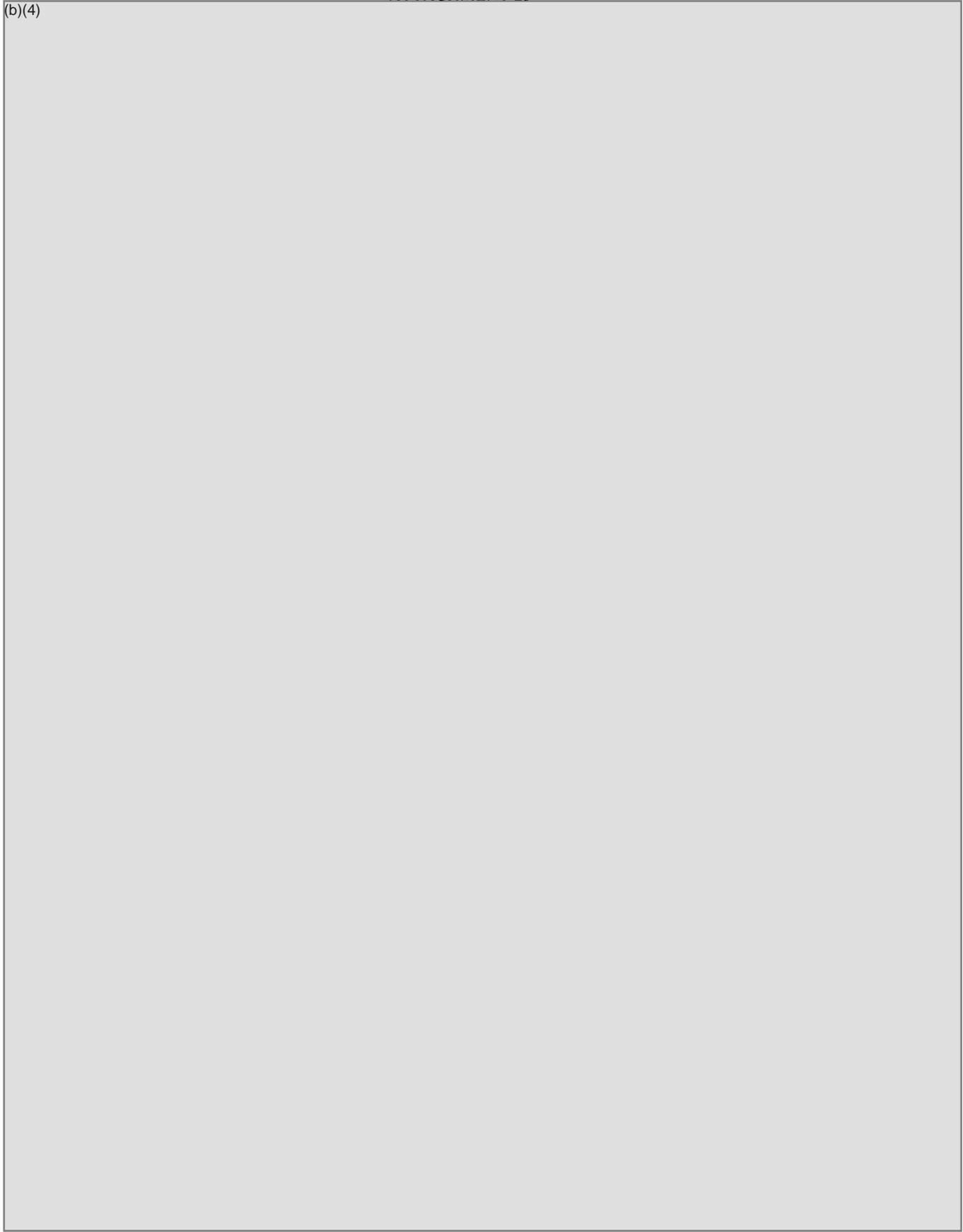
(b)(4)



(b)(4)



(b)(4)



(b)(4)



CEILING RATE METHODOLOGY FOR OP4

(b)(4)

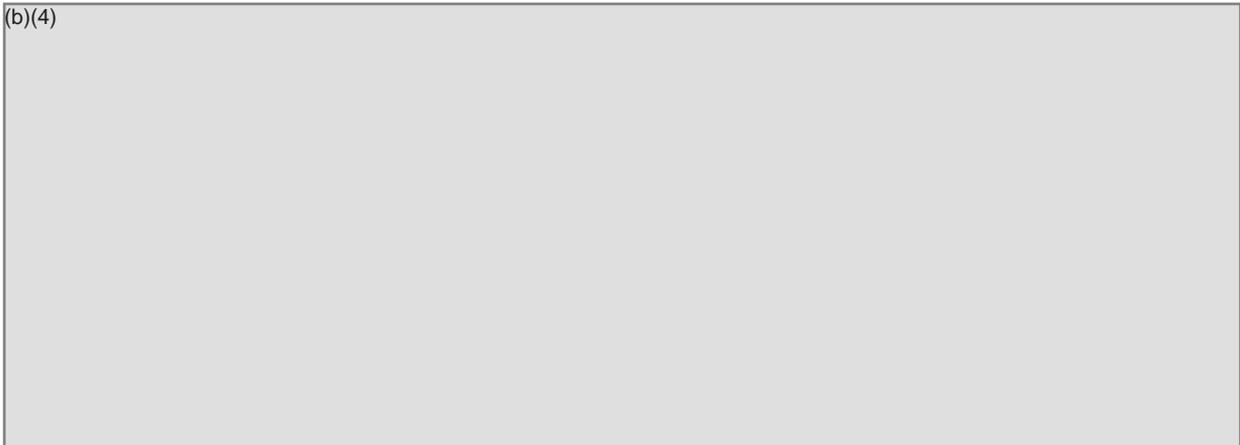


**Medicare Covered Portion**

Section 726(b) of the FY97 National Defense Authorization Act indicates that the government should not pay the Designated Provider more than what would have been incurred by the government if the enrollee had received such healthcare services through TRICARE, an MTF, or Medicare.

(b)(4)

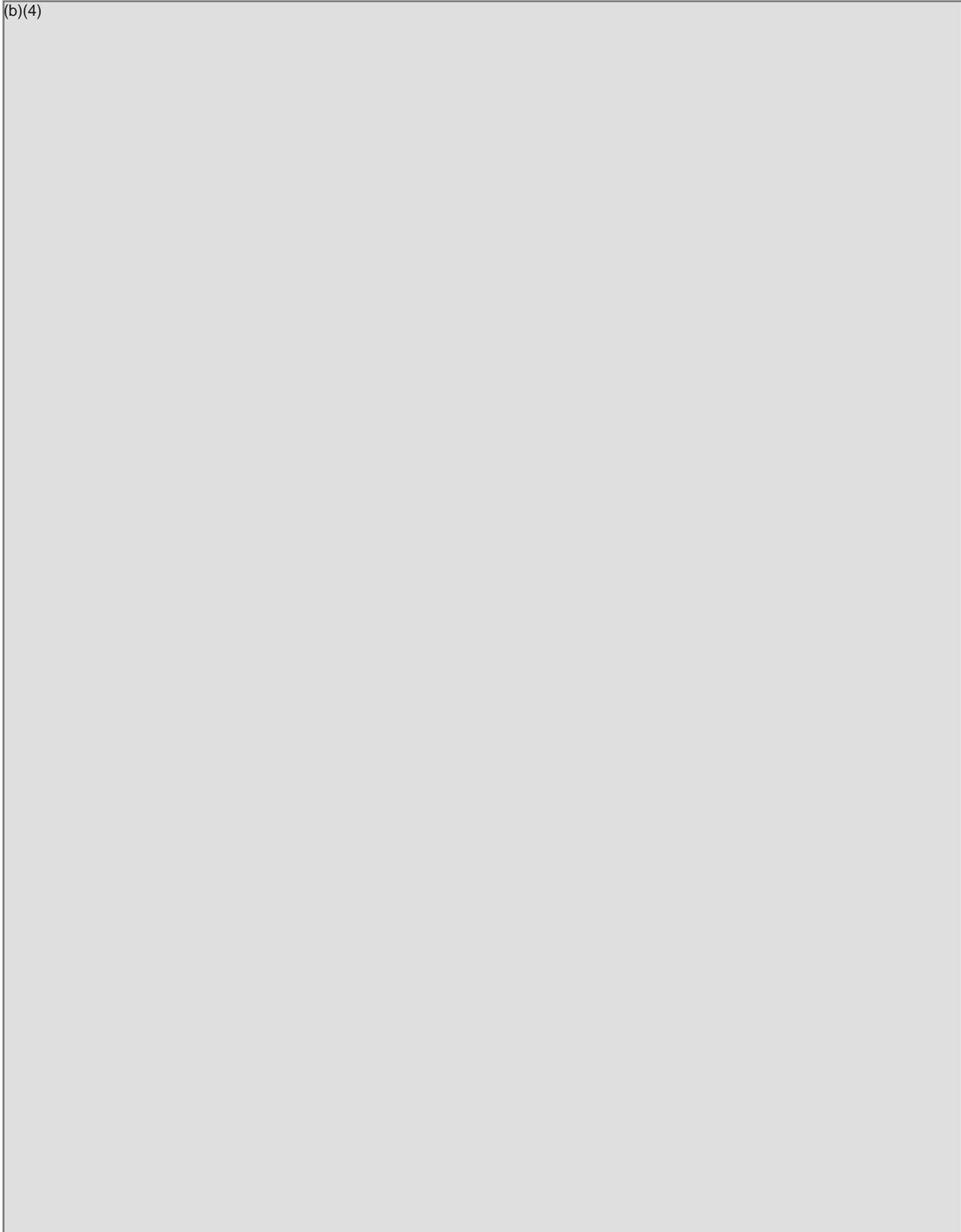
(b)(4)



ATTACHMENT 25

CEILING RATE METHODOLOGY FOR OP4

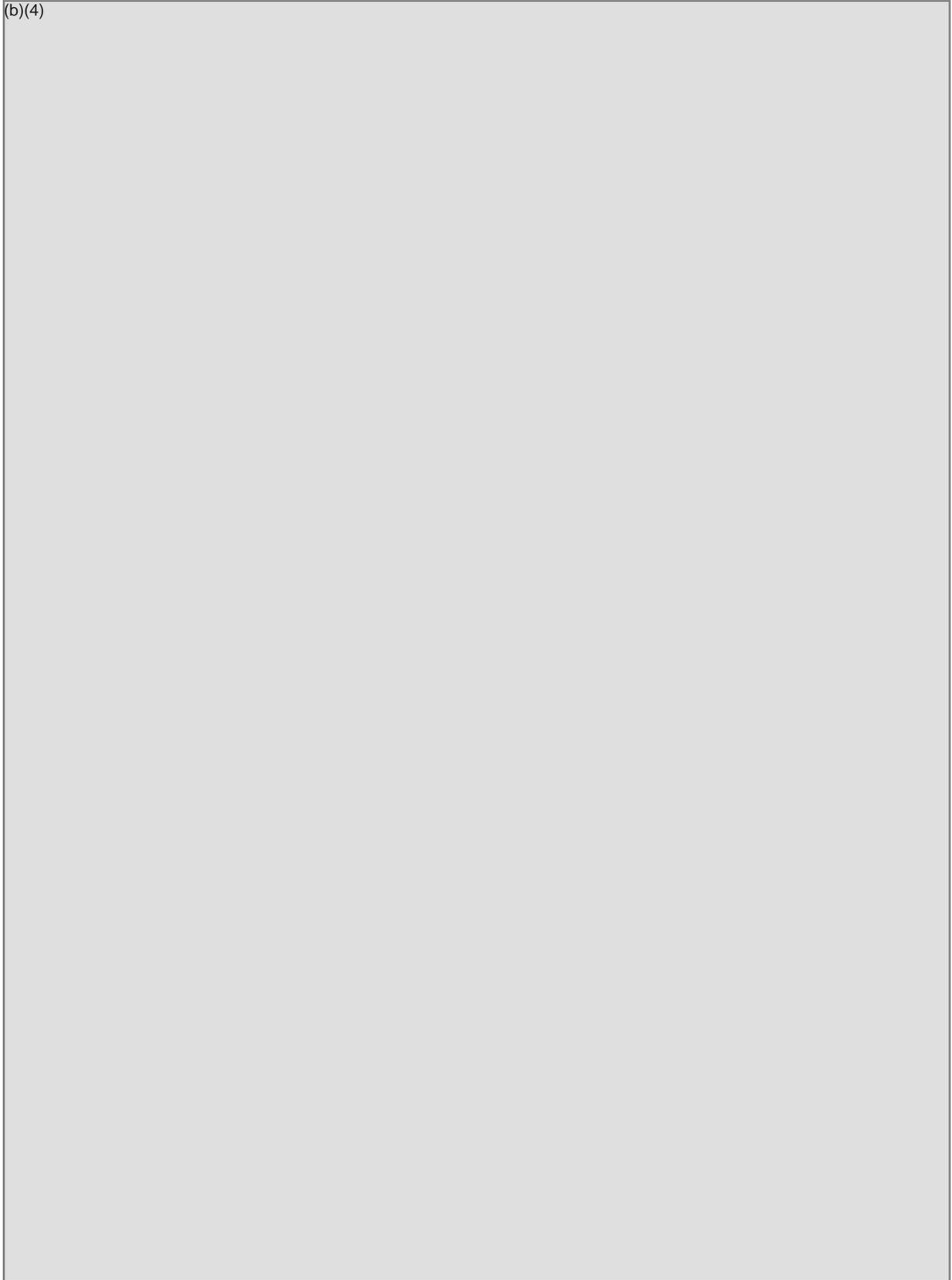
(b)(4)



ATTACHMENT 25

CEILING RATE METHODOLOGY FOR OP4

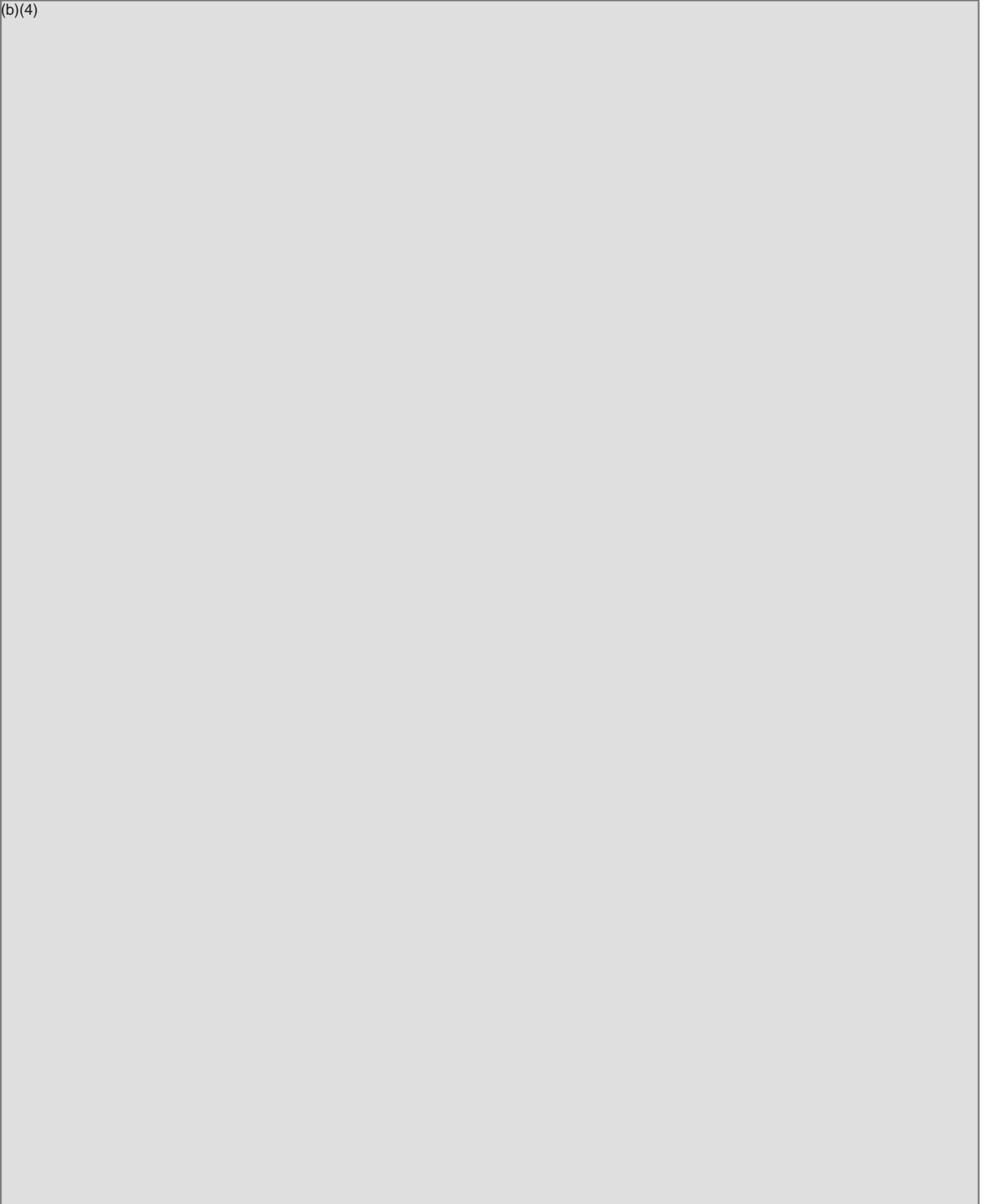
(b)(4)



ATTACHMENT 25

CEILING RATE METHODOLOGY FOR OP4

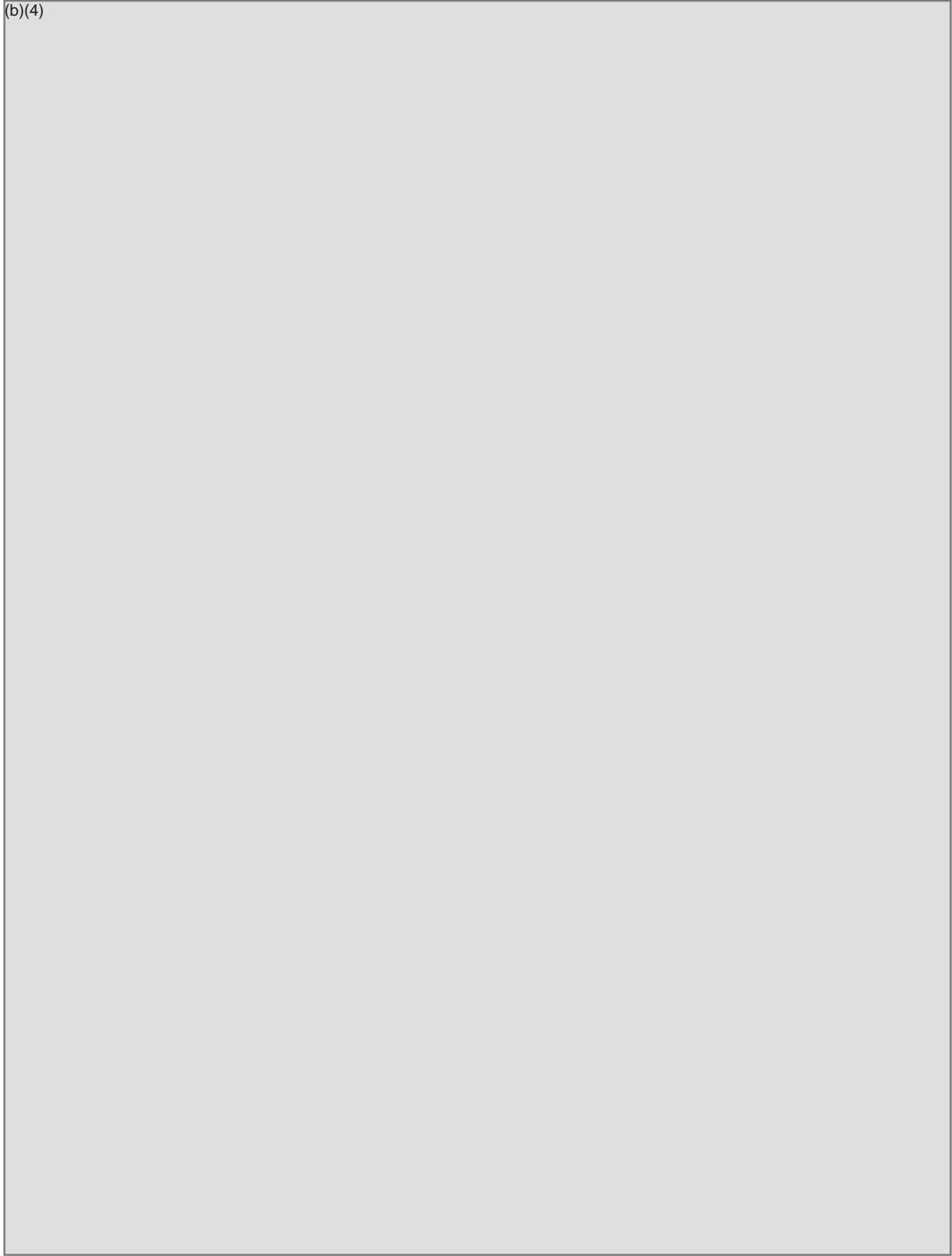
(b)(4)



ATTACHMENT 25

CEILING RATE METHODOLOGY FOR OP4

(b)(4)



ATTACHMENT 25

CEILING RATE METHODOLOGY FOR OP4

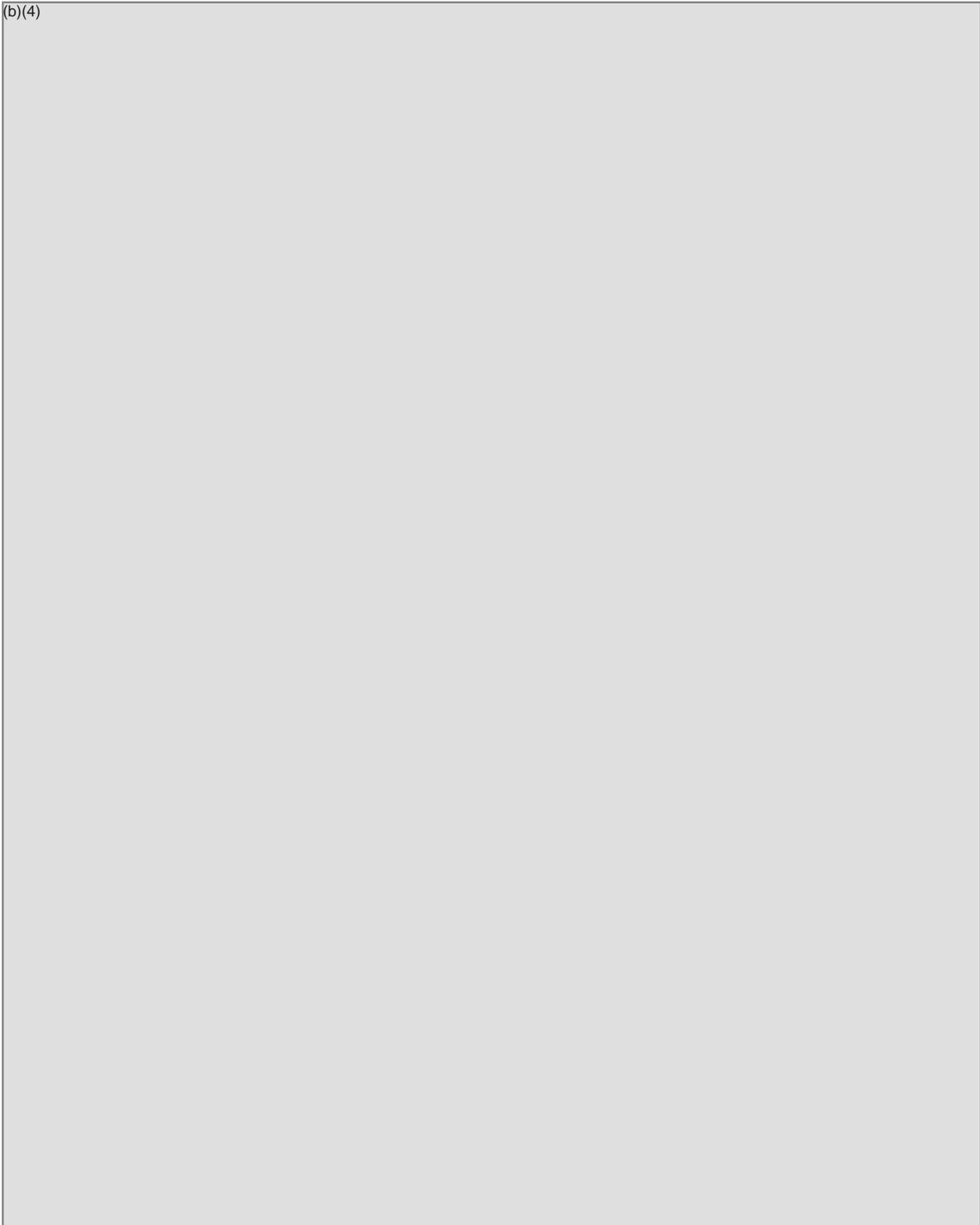
(b)(4)



ATTACHMENT 25

CEILING RATE METHODOLOGY FOR OP4

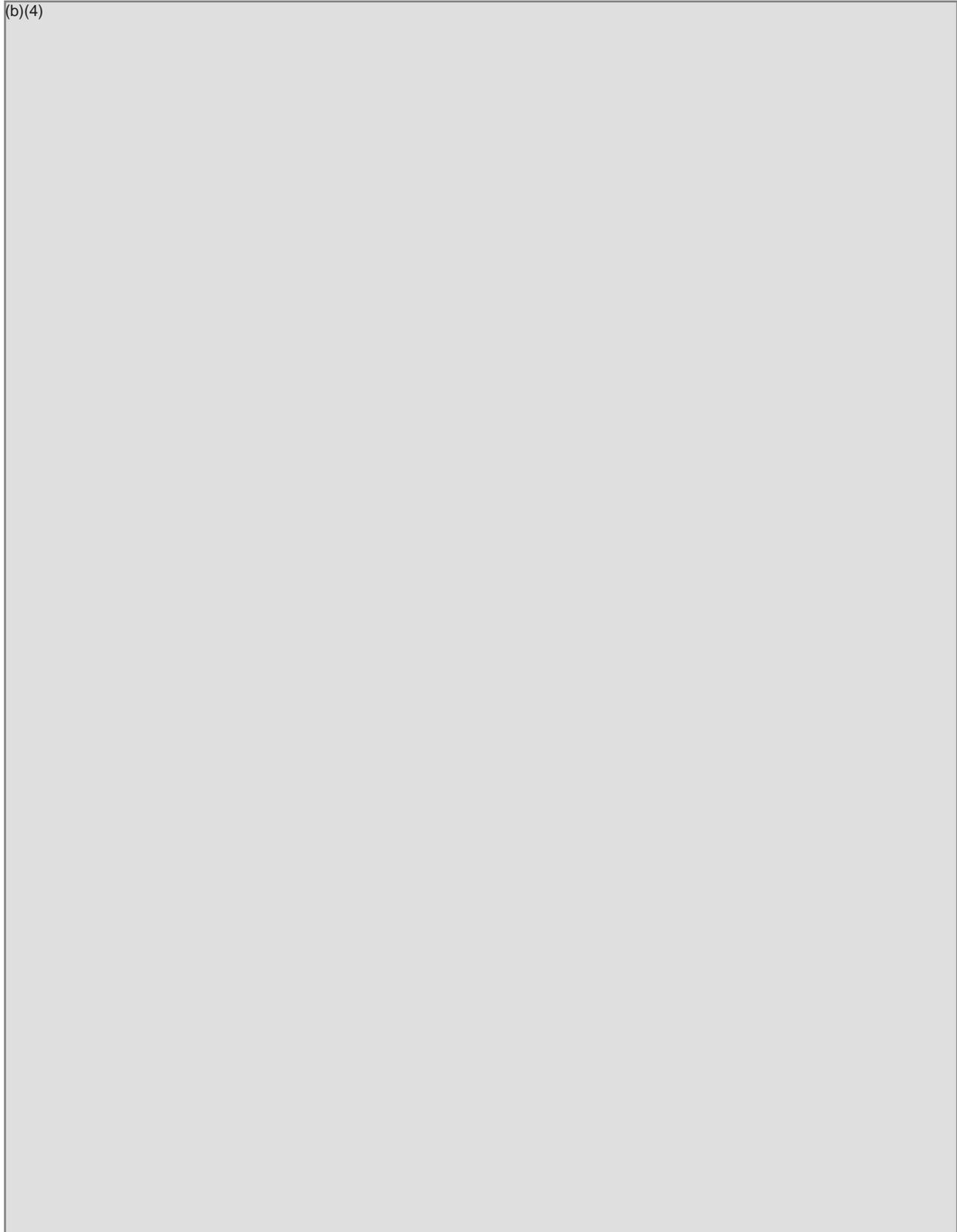
(b)(4)



ATTACHMENT 25

CEILING RATE METHODOLOGY FOR OP4

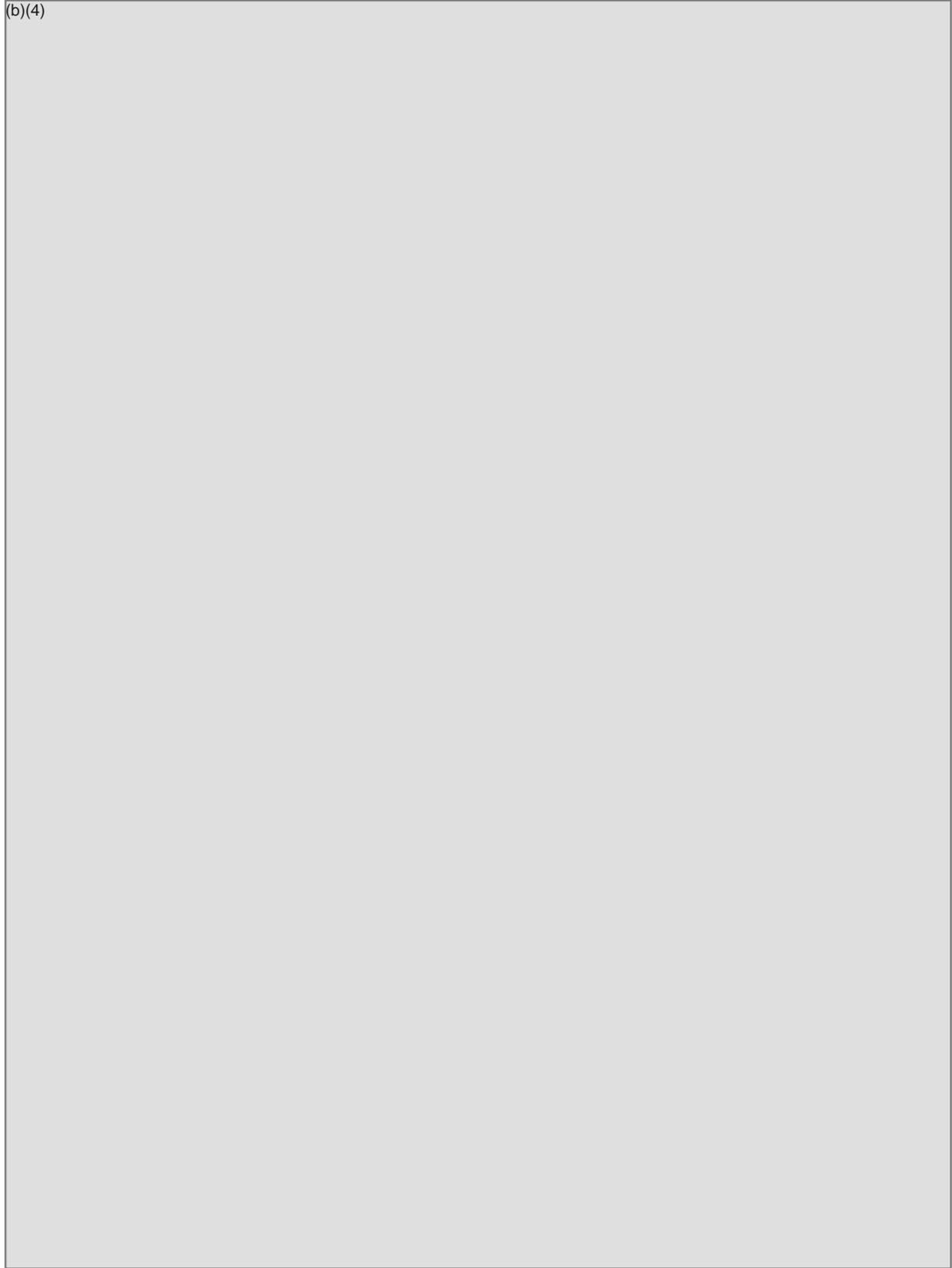
(b)(4)



ATTACHMENT 25

CEILING RATE METHODOLOGY FOR OP4

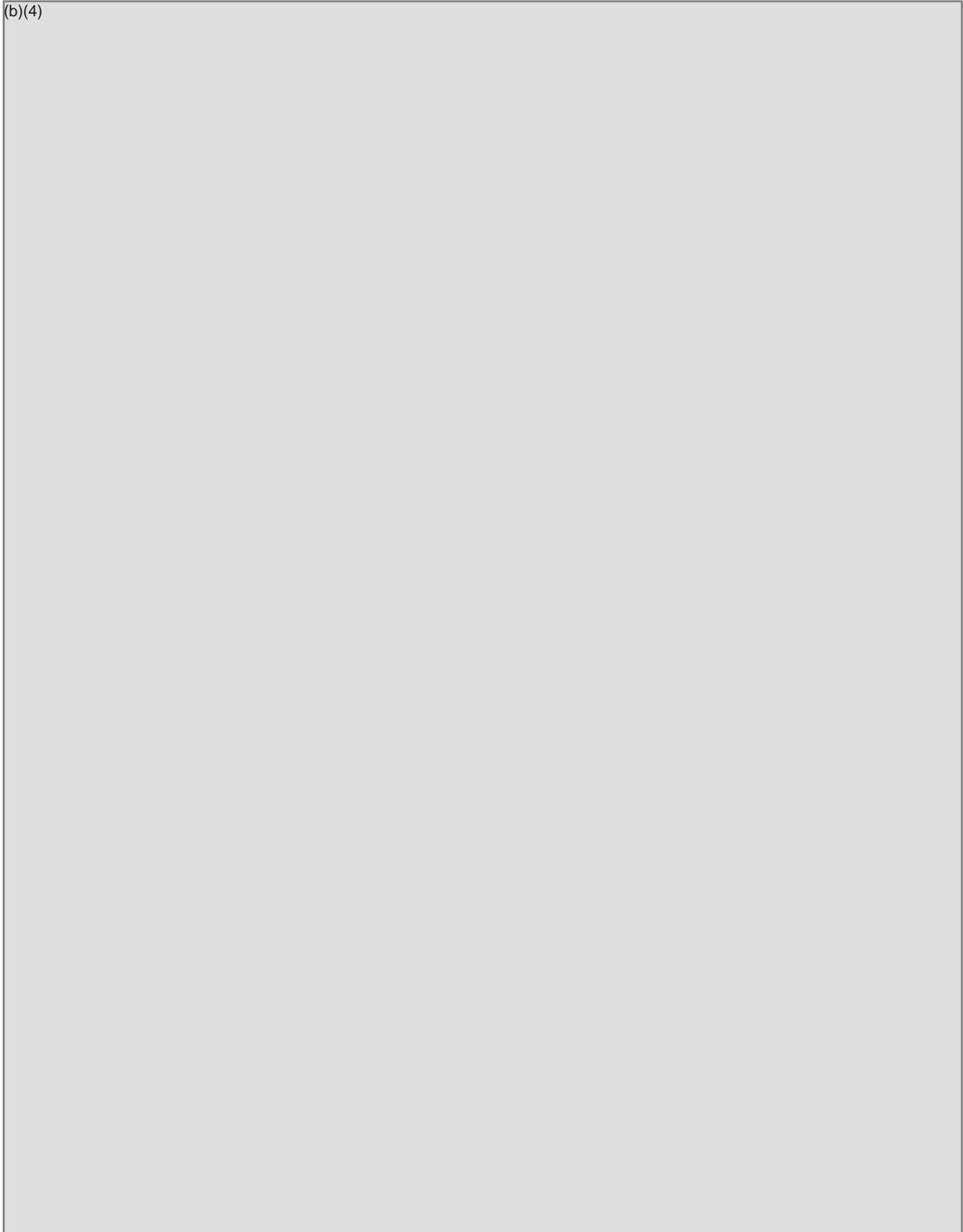
(b)(4)



ATTACHMENT 25

CEILING RATE METHODOLOGY FOR OP4

(b)(4)



**Attachment 26**

**Option Period 4 Prices ("Capitation Rates")**

**Johns Hopkins**

Date: April 23, 2007

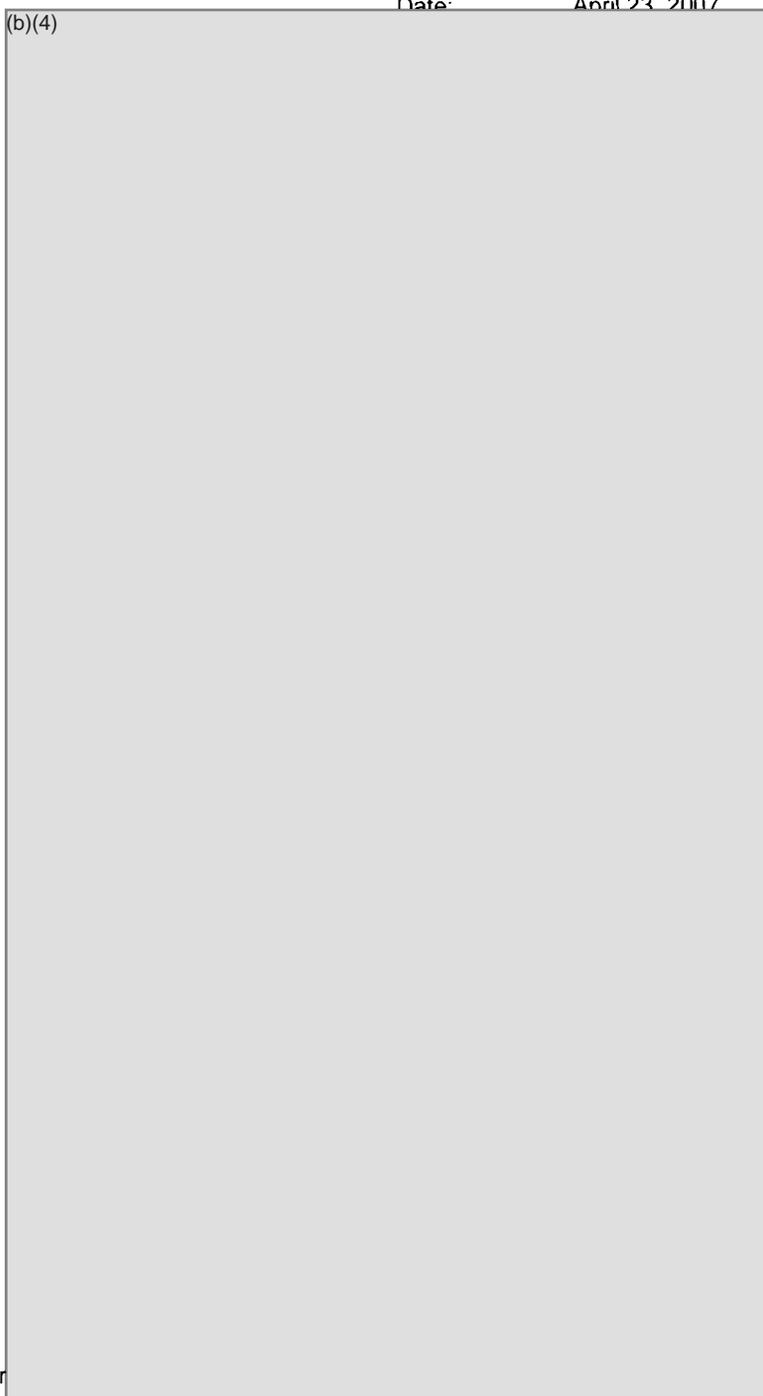
Category Number	Category Description	(b)(4)	NADD Annual Prices
1	ADD Males Age 0-1	(b)(4)	(b)(4)
2	2-14		
3	15-24		
4	25-34		
5	35-44		
6	45-54		
7	55-64		
8	ADD Females Age 0-1		
9	2-14		
10	15-24		
11	25-34		
12	35-44		
13	45-54		
14	55-64		
15	NADD Males Age 0-1	(b)(4)	(b)(4)
16	2-14		
17	15-24		
18	25-34		
19	35-44		
20	45-54		
21	55-64		
22	65-69		
23	70-74		
24	75-79		
25	80-84		
26	85+		
27	NADD Females Age 0-1		
28	2-14		
29	15-24		
30	25-34		
31	35-44		
32	45-54		
33	55-64		
34	65-69		
35	70-74		
36	75-79		
37	80-84		
38	85+		

**Exhibit 9**

**Option Period 4 Estimated Prices  
Johns Hopkins  
subCLIN 5001AA - June 1, 2007 through September 30, 2007**

Date: April 23, 2007

Category Number	Category Description	
	ADD Males Age	
1	0-1	\$
2	2-14	\$
3	15-24	\$
4	25-34	\$
5	35-44	\$
6	45-54	\$
7	55-64	\$
	ADD Females Age	
8	0-1	\$
9	2-14	\$
10	15-24	\$
11	25-34	\$
12	35-44	\$
13	45-54	\$
14	55-64	\$
	NADD Males Age	
15	0-1	\$
16	2-14	\$
17	15-24	\$
18	25-34	\$
19	35-44	\$
20	45-54	\$
21	55-64	\$
22	65-69	\$
23	70-74	\$
24	75-79	\$
25	80-84	\$
26	85+	\$
	NADD Females Age	
27	0-1	\$
28	2-14	\$
29	15-24	\$
30	25-34	\$
31	35-44	\$
32	45-54	\$
33	55-64	\$
34	65-69	\$
35	70-74	\$
36	75-79	\$
37	80-84	\$
38	85+	\$



Total Estimated Amount for

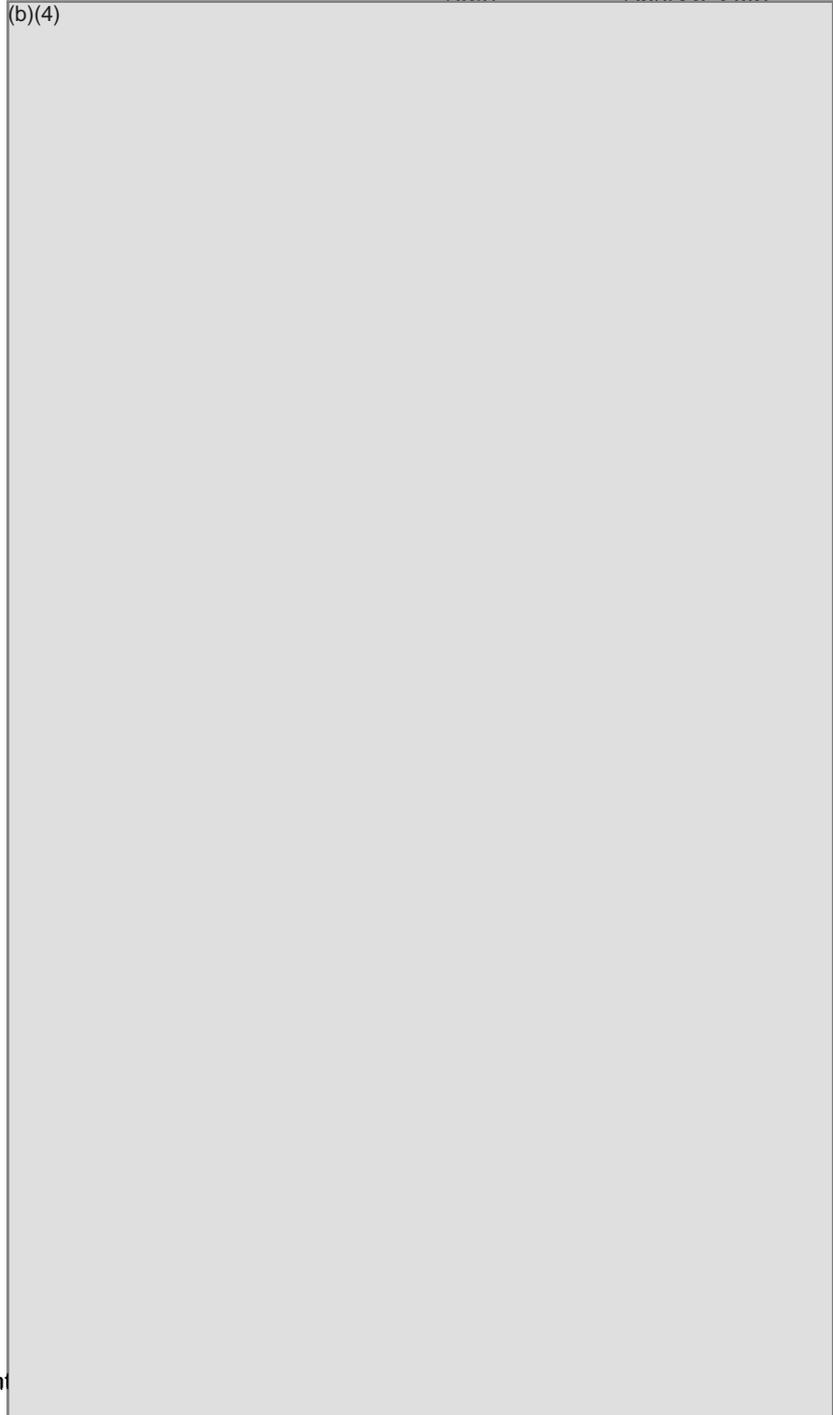
\* Reference paragraphs 1 and 8 of The Schedule of Supplies or Services and Prices/Costs  
ADD's over age 64 are included in the respective NAAD age category

Exhibit 10

Option Period 4 Estimated Prices  
Johns Hopkins  
subCLIN 5001AB - October 1, 2007 through May 31, 2008

Date: April 23, 2007

Category Number	Category Description
	ADD Males Age
1	0-1
2	2-14
3	15-24
4	25-34
5	35-44
6	45-54
7	55-64
	ADD Females Age
8	0-1
9	2-14
10	15-24
11	25-34
12	35-44
13	45-54
14	55-64
	NADD Males Age
15	0-1
16	2-14
17	15-24
18	25-34
19	35-44
20	45-54
21	55-64
22	65-69
23	70-74
24	75-79
25	80-84
26	85+
	NADD Females Age
27	0-1
28	2-14
29	15-24
30	25-34
31	35-44
32	45-54
33	55-64
34	65-69
35	70-74
36	75-79
37	80-84
38	85+
	Total Estimated Amount



\* Reference paragraphs 1 and 8 of The Schedule of Supplies or Services and Prices/Costs  
ADD's over age 64 are included in the respective NAAD age category

<b>AMENDMENT OF SOLICITATION/MODIFICATION OF CONTRACT</b>			1. Contract ID Code J	Page 1	of Pages 3
2. Amendment/Modification No. P00029	3. Effective Date 9-28-07	4. Requisition/Purchase Req No SEE BLOCK 14	5. Project No. (if applicable) BLK14		
6. Issued By DEPARTMENT OF DEFENSE TRICARE MANAGEMENT ACTIVITY/AM&S 16401 E. CENTRETECH PARKWAY AURORA, CO 80011-9066 PAMELA BALLARD 303 676-3647		7. Administered By (If other than Item 6) SEE BLOCK 6	Code		
8. Name and Address of Contractor (No., Street, County, and Zip Code)  JOHNS HOPKINS MEDICAL SERVICE CORPORATION Vendor ID: 00003550 6704 CURTIS COURT DUNS: 069390037 GLEN BURNIE MD 21060-6406 CAGE: INXX2			(X)	9A Amendment of Solicitation No.	
				9B. Date (See Item 11)	
			X	10A. Modification of Contract/Order No. H94002-03-C-0021	
				10B Date (See Item 13) Jun 1, 2003	
Code	Facility Code				

11 THIS ITEM ONLY APPLIES TO AMENDMENTS OF SOLICITATIONS

The above numbered solicitation is amended as set forth in item 14. The hour and date specified for receipt of Offers  is extended  is not extended. Offers must acknowledge receipt of this amendment prior to the hour and date specified in the solicitation or as amended, by one of the following methods: (a) By completing items 8 and 15, and returning \_\_\_\_\_ copies of the amendment, (b) By acknowledging receipt of this amendment on each copy of the offer submitted, or (c) By separate letter or telegram which includes a reference to the solicitation and amendment numbers. FAILURE OF YOUR ACKNOWLEDGMENT TO BE RECEIVED AT THE PLACE DESIGNATED FOR THE RECEIPT OF OFFERS PRIOR TO THE HOUR AND DATE SPECIFIED MAY RESULT IN REJECTION OF YOUR OFFER. If by virtue of this amendment you desire to change an offer already submitted, such change may be made by telegram or letter, provided each telegram or letter makes reference to the solicitation and this amendment, and is received prior to the opening hour and date specified.

12. Accounting and Appropriation Data (if required)

See Block 14 \$ US (b)(4)

13 THIS ITEM APPLIES ONLY TO MODIFICATIONS OF CONTRACT/ORDERS IT MODIFIES THE CONTRACT/ORDER NO. AS DESCRIBED IN ITEM 14

- (x) A This change order is issued pursuant to (Specify authority) The changes set forth in item 14 are made in the Contract Order No. in item 10A.
- B. The above numbered Contract/Order is modified to reflect the administrative changes (such as changes in paying office, appropriation date, etc.) SET FORTH IN ITEM 14, PURSUANT TO THE AUTHORITY OF FAR 43 103 (b)
- X C This supplemental agreement is entered into pursuant to authority of.  
52.212-4(c) Contract Terms & Conditions - Commercial Items and 52-232-18 Availability of Funds
- D. Other (Specify type of modification and authority)

E. IMPORTANT: Contractor  is not,  is required to sign this document and return 1 copies to the issuing office.

14. Description of Amendment/Modification (Organized by UCF section headings, including solicitation/contract subject matter where feasible.)

The purpose of this modification is to decrease Option Period 2 (ConReq 14125, Contract Year 3) Health Care sub-CLIN 3001AB's estimated and obligated amounts, to increase Option Period 3 (ConReq 14193, Contract Year 4) Health Care sub-CLIN 4001AA's estimated and obligated amounts, to increase sub-CLIN 4001AB's obligated amount and to adjust the total estimated contract price accordingly. (continued on page 3 of this modification)

Except as provided herein, all terms and conditions of the document referenced in item 9A or 10A, as heretofore changed, remains unchanged and in full force and effect

15A Name and Title of Signer (Type or Print) <i>Patricia M.C. Brown</i> Patricia M.C. Brown Special Counsel onsc	15C. Date Signed 9/28/07	16A. Name and title of Contracting Officer (Type or Print) THOMAS FOREMAN CONTRACTING OFFICER thomas.foreman@tma.osd.mil 16B United States of America	16C Date Signed 9-28-07
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NSN 7540-01-152-8070

30-105

STANDARD FORM 30 (REV 10-83)

PREVIOUS EDITIONS UNUSABLE

Prescribed by GSA FAR (48 CFR) 53 243

**SCHEDULE**

Item No.	Supplies/Services	Quantity	Unit	Unit Price	Amount
3001AB	Comprehensive Health Care Services and Associated Support Services. (October 1, 2005 - May 31, 2006)	(b)(4)			
4001AA	Comperhensive Health Care Services and Associated Support Services. (June 1, 2006 - September 30, 2006) See Exhibit 7				
4001AB	Comperhensive Health Care Services and Associated Support Services. (October 1, 2006 - May 31, 2007) See Exhibit 8				

- A The purpose of this modification is to decrease Option Period 2 (Contract Year 3) Health Care sub-CLIN 3001AB's estimated and obligated amounts, to increase Option Period 3 (Contract Year 4) Health Care sub-CLIN 4001AA's estimated and obligated amounts, to increase sub-CLIN 4001AB's obligated amount and to adjust the total estimated contract price accordingly.
- B. As a result of this modification, the attached Exhibit 7, Option Period 3 Estimated Prices, dated September 24, 2007, is hereby incorporated into the contract and supersedes Exhibit 7, Option Period 3 Prices, dated May 11, 2006.
- C. As a result of this modification, Section B is hereby modified to decrease and increase the estimated amount of the sub-CLIN's shown below and in the contract's schedule, page 2 of this modification.

sub-CLIN	ESTIMATED PRICE CHANGE FROM	ESTIMATED PRICE CHANGE TO	ESTIMATED PRICE NET CHANGE	QTY	UNIT	TOTAL ESTIMATED PRICE CHANGE
3001AB	(b)(4)					
4001AA	(b)(4)					

Total Price Change This Modification (b)(4)

- D. As a result of this modification, the sub-CLIN funding is changed as follows:

sub-CLIN	PREVIOUS MODs	TOTAL PRIOR OBLIGATIONS	TOTAL CURRENT OBLIGATION	OBLIGATED THIS MODIFICATION	FY
3001AB	P009, P011, P012, P014	(b)(4)			06
4001AA	P017	(b)(4)			06
4001AB	P020, P022, P023, P024, P025, P026	(b)(4)			07

Total Obligation This Modification (b)(4)

- E Accounting and Appropriation Data.

FY	FUND SITE	sub-CLIN	AMOUNT	PR NUMBER
06	97XXXX5472 18D9 000000 (FY06)	3001AB	(b)(4)	07-CMA-0257
06	97XXXX5472 18D9 000000 (FY06)	4001AA	(b)(4)	07-DPC-0107
07	9707070130 1889 102000	4001AB	(b)(4)	07-DPC-0112

Total Obligation This Modification (b)(4)

- F. As a result of this modification, the total contract price is increased by (b)(4) and the total contract obligated amount is increased by (b)(4). All other terms and conditions of the contract remain in full force and effect.

**Exhibit 7**

**Option Period 3 Estimated Prices  
Johns Hopkins  
subCLIN 4001AA - June 1, 2006 through September 30, 2006**

Date: September 24, 2007

Category Number	Category Description	Monthly Price	Estimated Number of Monthly Enrollees for the subCLIN's Period of Performance *	Amount
1	ADD Males Age 0-1	\$	(b)(4)	
2	2-14	\$		
3	15-24	\$		
4	25-34	\$		
5	35-44	\$		
6	45-54	\$		
7	55-64	\$		
	ADD Females Age			
8	0-1	\$		
9	2-14	\$		
10	15-24	\$		
11	25-34	\$		
12	35-44	\$		
13	45-54	\$		
14	55-64	\$		
	NADD Males Age			
15	0-1	\$		
16	2-14	\$		
17	15-24	\$		
18	25-34	\$		
19	35-44	\$		
20	45-54	\$		
21	55-64	\$		
22	65-69	\$		
23	70-74	\$		
24	75-79	\$		
25	80-84	\$		
26	85+	\$		
	NADD Females Age			
27	0-1	\$		
28	2-14	\$		
29	15-24	\$		
30	25-34	\$		
31	35-44	\$		
32	45-54	\$		
33	55-64	\$		
34	65-69	\$		
35	70-74	\$		
36	75-79	\$		
37	80-84	\$		
38	85+	\$		
Total Estimated Amount for subCLIN 4001AA				\$ (b)(4)

\* Reference paragraphs 1 and 8 of The Schedule of Supplies or Services and Prices/Costs  
ADD's over age 64 are included in the respective NAAD age category

# AMENDMENT OF SOLICITATION/MODIFICATION OF CONTRACT

1. Contract ID Code: J  
Page 1 of Pages 3

2. Amendment/Modification No. P00030  
3. Effective Date 9-28-07  
4. Requisition/Purchase Req. No. 07-DPC-0088  
5. Project No. (if applicable) 14348

6. Issued By Code H94002  
DEPARTMENT OF DEFENSE  
TRICARE MANAGEMENT ACTIVITY/AM&S  
16401 E. CENTRETECH PARKWAY  
AURORA, CO 80011-9066  
TIM EVANS 303-676-3942  
7. Administered By (If other than Item 6) Code  
SEE BLOCK 6

8. Name and Address of Contractor (No., Street, County, and Zip Code)  
JOHNS HOPKINS MEDICAL SERVICE CORPORATIO Vendor ID: 00003550  
6704 CURTIS COURT DUNS: 069390037  
GLEN BURNIE MD 21060-6406 CAGE: 1NXX2  
9A. Amendment of Solicitation No.  
9B. Date (See Item 11)  
10A. Modification of Contract/Order No.  
H94002-03-C-0021  
10B. Date (See Item 13)  
Jun 1, 2003

Code Facility Code

### 11. THIS ITEM ONLY APPLIES TO AMENDMENTS OF SOLICITATIONS

The above numbered solicitation is amended as set forth in item 14. The hour and date specified for receipt of Offers  is extended  is not extended. Offers must acknowledge receipt of this amendment prior to the hour and date specified in the solicitation or as amended, by one of the following methods: (a) By completing items 8 and 15, and returning \_\_\_\_\_ copies of the amendment; (b) By acknowledging receipt of this amendment on each copy of the offer submitted, or (c) By separate letter or telegram which includes a reference to the solicitation and amendment numbers. FAILURE OF YOUR ACKNOWLEDGMENT TO BE RECEIVED AT THE PLACE DESIGNATED FOR THE RECEIPT OF OFFERS PRIOR TO THE HOUR AND DATE SPECIFIED MAY RESULT IN REJECTION OF YOUR OFFER. If by virtue of this amendment you desire to change an offer already submitted, such change may be made by telegram or letter, provided each telegram or letter makes reference to the solicitation and this amendment, and is received prior to the opening hour and date specified.

12. Accounting and Appropriation Data (if required)  
See Block 14 \$ US (b)(4)

### 13. THIS ITEM APPLIES ONLY TO MODIFICATIONS OF CONTRACT/ORDERS. IT MODIFIES THE CONTRACT/ORDER NO. AS DESCRIBED IN ITEM 14.

(x) A. This change order is issued pursuant to: (Specify authority) The changes set forth in item 14 are made in the Contract Order No. in item 10A.  
B. The above numbered Contract/Order is modified to reflect the administrative changes (such as changes in paying office, appropriation date, etc.) SET FORTH IN ITEM 14, PURSUANT TO THE AUTHORITY OF FAR 43.103 (b)  
C. This supplemental agreement is entered into pursuant to authority of:  
X D. Other (Specify type of modification and authority)  
52.232-18, Availability of Funds

E. IMPORTANT: Contractor  is not,  is required to sign this document and return \_\_\_\_\_ copies to the issuing office

### 14. Description of Amendment/Modification (Organized by UCF section headings, including solicitation/contract subject matter where feasible.)

The purpose of this modification is to provide notice of FY08 funding for services to be provided in accordance with paragraphs 1 and 8 of the section of the Schedule of Supplies/Services entitled Supplies or Services and Prices/Costs during the period of performance of October 1, 2007 through October 31, 2007. Pursuant to FAR 52.232-18, Availability of Funds, funds will not be available until after October 1, 2007.

(continued on page 3 of this modification)

Except as provided herein, all terms and conditions of the document referenced in item 9A or 10A, as heretofore changed, remains unchanged and in full force and effect.

15A. Name and Title of Signer (Type or Print)  
16A. Name and title of Contracting Officer (Type or Print)  
THOMAS FOREMAN 303-676-3839  
CONTRACTING OFFICER  
thomas.foreman@tma.osd.mil  
15B. Contractor/Offeror  
(Signature of person authorized to sign)  
15C. Date Signed  
16B. United States of America  
Thomas Foreman  
(Signature of Contracting Officer)  
16C. Date Signed  
9-28-07

**SCHEDULE**

Item No.	Supplies/Services	Quantity	Unit	Unit Price	Amount
5001AB	Comprehensive Health Care Services and Associated Support Services (October 1, 2007 - May 31, 2008) See Exhibit 10				(b)(4)

A. The purpose of this modification is to provide notice of FY08 funding for services to be provided in accordance with paragraphs 1 and 8 of the section of the Schedule of Supplies/Services entitled Supplies or Services and Prices/Costs during the period of performance of October 1, 2007 through October 31, 2007. Pursuant to FAR 52.232-18, Availability of Funds, funds will not be available until after October 1, 2007.

B. When FY08 funding becomes available, the sub-CLIN funding will be changed as follows:

sub-CLIN	PREVIOUS MOD	TOTAL PRIOR OBLIGATIONS	TO BE OBLIGATED	FY
5001AB	None	(b)(4)		08

FY	FUND SITE	sub-CLIN	AMOUNT	PR NUMBER
08	97XXX5472 18D9 000000 (FY08)	5001AB	(b)(4)	07-DPC-0088
08	9708080130 1889 102000	5001AB		07-DPC-0088
Total				

C. As a result of this modification, the total contract obligation and price is unchanged, and all other terms and conditions of the contract remain in full force and effect.

**AMENDMENT OF SOLICITATION/MODIFICATION OF CONTRACT**

1. Contract ID Code  
J

Page 1 of Pages 3

2. Amendment/Modification No. P00031	3. Effective Date 10/3/07	4. Requisition/Purchase Req. No. 08-CMA-0016	5. Project No. (if applicable) 14348
6. Issued By DEPARTMENT OF DEFENSE TRICARE MANAGEMENT ACTIVITY/AM&S 16401 E. CENTRETECH PARKWAY AURORA, CO 80011-9066 TIM EVANS 303-676-3942		7. Administered By (If other than Item 6) SEE BLOCK 6	

8. Name and Address of Contractor (No., Street, County, and Zip Code)  JOHNS HOPKINS MEDICAL SERVICE CORPORATIO 6704 CURTIS COURT GLEN BURNIE MD 21060-6406  Vendor ID: 00003550 DUNS: 069390037  CAGE: INXX2	(X)	9A. Amendment of Solicitation No.
		9B. Date (See Item 11)
	X	10A. Modification of Contract/Order No. H94002-03-C-0021
		10B. Date (See Item 13) Jun 1, 2003

Code Facility Code

**11. THIS ITEM ONLY APPLIES TO AMENDMENTS OF SOLICITATIONS**

The above numbered solicitation is amended as set forth in item 14. The hour and date specified for receipt of Offers  is extended  is not extended. Offers must acknowledge receipt of this amendment prior to the hour and date specified in the solicitation or as amended, by one of the following methods (a) By completing items 8 and 15, and returning \_\_\_\_\_ copies of the amendment; (b) By acknowledging receipt of this amendment on each copy of the offer submitted, or (c) By separate letter or telegram which includes a reference to the solicitation and amendment numbers. **FAILURE OF YOUR ACKNOWLEDGMENT TO BE RECEIVED AT THE PLACE DESIGNATED FOR THE RECEIPT OF OFFERS PRIOR TO THE HOUR AND DATE SPECIFIED MAY RESULT IN REJECTION OF YOUR OFFER.** If by virtue of this amendment you desire to change an offer already submitted, such change may be made by telegram or letter, provided each telegram or letter makes reference to the solicitation and this amendment, and is received prior to the opening hour and date specified.

12. Accounting and Appropriation Data (if required)  
See Block 14 \$ US (b)(4)

**13. THIS ITEM APPLIES ONLY TO MODIFICATIONS OF CONTRACT/ORDERS IT MODIFIES THE CONTRACT/ORDER NO. AS DESCRIBED IN ITEM 14**

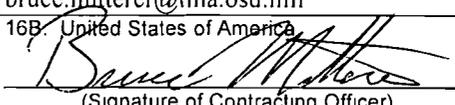
(x)	A. This change order is issued pursuant to: (Specify authority) The changes set forth in item 14 are made in the Contract Order No. in item 10A.
	B. The above numbered Contract/Order is modified to reflect the administrative changes (such as changes in paying office, appropriation date, etc) SET FORTH IN ITEM 14, PURSUANT TO THE AUTHORITY OF FAR 43.103 (b)
	C. This supplemental agreement is entered into pursuant to authority of
X	D. Other (Specify type of modification and authority) 52.232-18 "AVAILABILITY OF FUNDS"

E. IMPORTANT: Contractor  is not,  is required to sign this document and return \_\_\_\_\_ copies to the issuing office.

14. Description of Amendment/Modification (Organized by UCF section headings, including solicitation/contract subject matter where feasible.)

The purpose of this modification is to give notice of funds availability, (See P00030) and to obligate FY08 funds for services to be provided in accordance with paragraphs 1 and 8 of the section of the Schedule of Supplies/Services entitled Supplies or Services and Prices/Costs during the period of performance of October 1, 2007 through October 31, 2007. This funding is available subject to the conditions of the FY2008 Continuing Resolution Authority, HJ Res 52, the Department of Defense Appropriations Act 2008. The reference SAF purchase request, number 07-DPC-0088 was approved for release on October 1, 2007. See attached pages.

Except as provided herein, all terms and conditions of the document referenced in item 9A or 10A, as heretofore changed, remains unchanged and in full force and effect

15A. Name and Title of Signer (Type or Print)	16A. Name and title of Contracting Officer (Type or Print) BRUCE MITTERER CONTRACTING OFFICER bruce.mitterer@tma.osd.mil
15B. Contractor/Offeror  (Signature of person authorized to sign)	16B. United States of America  (Signature of Contracting Officer)
15C. Date Signed	16C. Date Signed 10/3/07

SCHEDULE

Item No.	Supplies/Services	Quantity	Unit	Unit Price	Amount
5001AB	Comprehensive Health Care Services and Associated Support Services (October 1, 2007 - May 31, 2008)				

(b)(4)

A. As a result of this modification, the sub-CLIN funding is changed as follows:

sub-CLIN	PREVIOUS MOD	TOTAL PRIOR OBLIGATIONS	TOTAL CURRENT OBLIGATION	OBLIGATED THIS MODIFICATION	FY
.5001AB	None	(b)(4)			08

B. Accounting and Appropriation Data

FY	FUND SITE	sub-CLIN	AMOUNT
08	97XXX5472 18D9 000000 (FY08)	5001AB	(b)(4)
08	9708080130 1889 102000	5001AB	
Total			

C. As a result of this modification, the total contract obligated amount is increased by (b)(4) the contract price is unchanged and all other terms and conditions of the contract remain in full force and effect.

**AMENDMENT OF SOLICITATION/MODIFICATION OF CONTRACT** 1. Contract ID Code J Page 1 of Pages 4

2. Amendment/Modification No. P00032 3. Effective Date 11-2-07 4. Requisition/Purchase Req. No. See Block 14 5. Project No. (if applicable) 14329

6. Issued By DEPARTMENT OF DEFENSE TRICARE MANAGEMENT ACTIVITY/AM&S 16401 E. CENTRETECH PARKWAY AURORA, CO 80011-9066 PAMELA BALLARD 303 676-3647 Code H94002 7. Administered By (If other than Item 6) SEE BLOCK 6 Code

8. Name and Address of Contractor (No., Street, County, and Zip Code) JOHNS HOPKINS MEDICAL SERVICE CORPORATION Vendor ID: 00003550 6704 CURTIS COURT DUNS: 069390037 GLEN BURNIE MD 21060-6406 CAGE: 1NXX2 (X) 9A. Amendment of Solicitation No. 9B. Date (See Item 11) X 10A. Modification of Contract/Order No. H94002-03-C-0021 10B. Date (See Item 13) Jun 1, 2003

Code Facility Code 11. THIS ITEM ONLY APPLIES TO AMENDMENTS OF SOLICITATIONS

The above numbered solicitation is amended as set forth in item 14. The hour and date specified for receipt of Offers  is extended  is not extended. Offers must acknowledge receipt of this amendment prior to the hour and date specified in the solicitation or as amended, by one of the following methods: (a) By completing items 8 and 15, and returning \_\_\_ copies of the amendment; (b) By acknowledging receipt of this amendment on each copy of the offer submitted; or (c) By separate letter or telegram which includes a reference to the solicitation and amendment numbers. FAILURE OF YOUR ACKNOWLEDGMENT TO BE RECEIVED AT THE PLACE DESIGNATED FOR THE RECEIPT OF OFFERS PRIOR TO THE HOUR AND DATE SPECIFIED MAY RESULT IN REJECTION OF YOUR OFFER. If by virtue of this amendment you desire to change an offer already submitted, such change may be made by telegram or letter, provided each telegram or letter makes reference to the solicitation and this amendment, and is received prior to the opening hour and date specified.

12. Accounting and Appropriation Data (if required) SEE BLOCK 14 \$ US (b)(4)

13. THIS ITEM APPLIES ONLY TO MODIFICATIONS OF CONTRACT/ORDERS. IT MODIFIES THE CONTRACT/ORDER NO. AS DESCRIBED IN ITEM 14.

(x) A. This change order is issued pursuant to: (Specify authority) The changes set forth in item 14 are made in the Contract Order No. in item 10A. B. The above numbered Contract/Order is modified to reflect the administrative changes (such as changes in paying office, appropriation date, etc) SET FORTH IN ITEM 14, PURSUANT TO THE AUTHORITY OF FAR 43.103 (b) X C. This supplemental agreement is entered into pursuant to authority of: 52.212-4(c) Contract Terms and Conditions - Commercial Items D. Other (Specify type of modification and authority)

E. IMPORTANT: Contractor  is not,  is required to sign this document and return 1 copies to the issuing office.

14. Description of Amendment/Modification (Organized by UCF section headings, including solicitation/contract subject matter where feasible)

A. The purpose of this modification is to decrease Base Year Health Care sub-CLIN's 1001AA and 1001AB, Travel sub-CLIN's 1002AA and 1002AB, Transition sub-CLIN 1003AA and DITSCAP sub-CLIN 1005AB's estimated and obligated amounts and to decrease the total estimated contract price accordingly.

(continued on page 3 of this modification)

Except as provided herein, all terms and conditions of the document referenced in item 9A or 10A, as heretofore changed, remains unchanged and in full force and effect.

15A. Name and Title of Signer (Type or Print) Patricia Mc Brown Senior Counsel, Johns Hopkins Neuro Surgery 16A. Name and title of Contracting Officer (Type or Print) THOMAS FOREMAN 303-676-3839 CONTRACTING OFFICER thomas.foreman@tma.osd.mil 15B. Contractor/Offeror (Signature of person authorized to sign) 15C. Date Signed 10/31/07 16B. United States of America (Signature of Contracting Officer) 16C. Date Signed 11-2-07

- B. As a result of this modification, the attached Exhibits 1 and 2, Base Period Estimated Prices, dated September 5, 2007, are hereby incorporated into the contract. Please note previous references to exhibits were those relating to attachment 17 and modifications P00002 and P00005. This reference is to exhibits of the contract.
- C. As a result of this modification, Section B is hereby modified to decrease the estimated amount of the sub-CLIN's shown below and in the contract's schedule, page 2 of this modification. Please note the net change is from the total amount funded for the respective sub-CLIN, through the modification numbers noted in paragraph D below.

sub-CLIN	ESTIMATED PRICE/COST CHANGE FROM	ESTIMATED PRICE/COST CHANGE TO	ESTIMATED PRICE/COST NET CHANGE	QTY	UNIT	TOTAL ESTIMATED PRICE/COST CHANGE
1001AA	(b)(4)					(b)(4)
1001AB						
1002AA						
1002AB						
1003AA						
1005AB						
Total Price Change This Modification						

- D. As a result of this modification, the sub-CLIN's funding is changed as follows:

sub-CLIN	PREVIOUS MODs	TOTAL PRIOR OBLIGATIONS	TOTAL CURRENT OBLIGATION	OBLIGATED THIS MODIFICATION	FY
1001AA	Basic, A06, A09, A13	(b)(4)			03
1001AB	A02, A03, A07, A13, P16				04
1002AA	Basic				03
1002AB	A04				04
1003AA	Basic				03
1005AB	A05				04
Total Obligation This Modification					(b)(4)

- E. Accounting and Appropriation Data.

FY	FUND SITE	sub-CLIN	AMOUNT	PR NUMBER
03	9703030130 1889 102000	1001AA	(b)(4)	07-CMA-0242
03	97XXXX5472 18D9 000000 (FY03)	1001AA		07-CMA-0242
04	9704040130 1889 102000	1001AB		07-CMA-0243
03	9703030130 1889 102000	1002AA		07-CMA-0242
03	97XXXX5472 18D9 000000 (FY03)	1002AA		07-CMA-0242
04	9704040130 1889 102000	1002AB		07-CMA-0243
04	97XXXX5472 18D9 000000 (FY04)	1002AB		07-CMA-0243
03	9703030130 1889 102000	1003AA		07-CMA-0242
03	97XXXX5472 18D9 000000 (FY03)	1003AA		07-CMA-0242
04	9704040130 1889 102000	1005AB		07-CMA-0243
04	97XXXX5472 18D9 000000 (FY04)	1005AB		07-CMA-0243
Total Obligation This Modification			(b)(4)	

**SCHEDULE**

Item No.	Supplies/Services	Quantity	Unit	Unit Price	Amount
1001AA	Comprehensive Health Care Services and Associated Support Services. (June 1, 2003 - September 30, 2003)	(b)(4)			
1001AB	Comprehensive Health Care Services and Associated Support Services. (October 1, 2003 - May 31, 2004)				
1002AA	Travel. (June 1, 2003 - September 30, 2003)	1	LT	6,807.79	6,807.79
1002AB	Travel. (October 1, 2003 - May 31, 2004)	1	LT	1,995.02	1,995.02
1003AA	Transition Costs. (June 1, 2003 - September 30, 2003)	1	LT	210,000.00	210,000.00
1005AB	DITSCAP. (October 1, 2003 - May 31, 2004)	1	LT	77,000.00	77,000.00

F. As a result of this modification, the total contract price is decreased by (b)(4) and the total contract obligated amount is decreased by (b)(4). All other terms and conditions of the contract remain in full force and effect.

**Exhibit 1**

**Base Period Estimated Prices  
Johns Hopkins  
subCLIN 1001AA - June 1, 2003 through September 30, 2003**

Date: September 5, 2007

Category Number	Category Description	Monthly Price	Estimated Number of Monthly Enrollees for the subCLIN's Period of Performance *	Amount	
1	ADD Males Age 0-1	\$	(b)(4)	\$	
2	2-14	\$		\$	
3	15-24	\$		\$	
4	25-34	\$		\$	
5	35-44	\$		\$	
6	45-54	\$		\$	
7	55-64	\$		\$	
	ADD Females Age				
8	0-1	\$		\$	
9	2-14	\$		\$	
10	15-24	\$		\$	
11	25-34	\$		\$	
12	35-44	\$		\$	
13	45-54	\$		\$	
14	55-64	\$		\$	
	NADD Males Age				
15	0-1	\$		\$	
16	2-14	\$		\$	
17	15-24	\$		\$	
18	25-34	\$		\$	
19	35-44	\$		\$	
20	45-54	\$		\$	
21	55-64	\$		\$	
22	65-69	\$		\$	
23	70-74	\$		\$	
24	75-79	\$		\$	
25	80-84	\$		\$	
26	85+	\$		\$	
	NADD Females Age				
27	0-1	\$		\$	
28	2-14	\$		\$	
29	15-24	\$		\$	
30	25-34	\$		\$	
31	35-44	\$		\$	
32	45-54	\$		\$	
33	55-64	\$		\$	
34	65-69	\$		\$	
35	70-74	\$		\$	
36	75-79	\$	\$		
37	80-84	\$	\$		
38	85+	\$	\$		
Total Estimated Amount for subCLIN 1001AA				(b)(4)	

\* Reference paragraphs 1 and 8 of The Schedule of Supplies or Services and Prices/Costs  
ADD's over age 64 are included in the respective NAAD age category

**Exhibit 2**

**Base Period Estimated Prices  
Johns Hopkins  
subCLIN 1001AB - October 1, 2003 through May 31, 2004**

Date: September 5, 2007

Category Number	Category Description	Monthly Price	Estimated Number of Monthly Enrollees for the subCLIN's Period of Performance *	Amount
1	ADD Males Age 0-1	\$	(b)(4)	
2	2-14	\$	(b)(4)	
3	15-24	\$	(b)(4)	
4	25-34	\$	(b)(4)	
5	35-44	\$	(b)(4)	
6	45-54	\$	(b)(4)	
7	55-64	\$	(b)(4)	
	ADD Females Age			
8	0-1	\$	(b)(4)	
9	2-14	\$	(b)(4)	
10	15-24	\$	(b)(4)	
11	25-34	\$	(b)(4)	
12	35-44	\$	(b)(4)	
13	45-54	\$	(b)(4)	
14	55-64	\$	(b)(4)	
	NADD Males Age			
15	0-1	\$	(b)(4)	
16	2-14	\$	(b)(4)	
17	15-24	\$	(b)(4)	
18	25-34	\$	(b)(4)	
19	35-44	\$	(b)(4)	
20	45-54	\$	(b)(4)	
21	55-64	\$	(b)(4)	
22	65-69	\$	(b)(4)	
23	70-74	\$	(b)(4)	
24	75-79	\$	(b)(4)	
25	80-84	\$	(b)(4)	
26	85+	\$	(b)(4)	
	NADD Females Age			
27	0-1	\$	(b)(4)	
28	2-14	\$	(b)(4)	
29	15-24	\$	(b)(4)	
30	25-34	\$	(b)(4)	
31	35-44	\$	(b)(4)	
32	45-54	\$	(b)(4)	
33	55-64	\$	(b)(4)	
34	65-69	\$	(b)(4)	
35	70-74	\$	(b)(4)	
36	75-79	\$	(b)(4)	
37	80-84	\$	(b)(4)	
38	85+	\$	(b)(4)	
Total Estimated Amount for subCLIN 1001AB				(b)(4)

\* Reference paragraphs 1 and 8 of The Schedule of Supplies or Services and Prices/Costs  
ADD's over age 64 are included in the respective NAAD age category

**AMENDMENT OF SOLICITATION/MODIFICATION OF CONTRACT**

1. Contract ID Code  
J

Page of Pages  
1 3

2. Amendment/Modification No. P00033	3. Effective Date 11-2-07	4. Requisition/Purchase Req. No. 08-DPC-0001	5. Project No. (if applicable) 14348
6. Issued By DEPARTMENT OF DEFENSE TRICARE MANAGEMENT ACTIVITY/AM&S 16401 E. CENTRETECH PARKWAY AURORA, CO 80011-9066 TIM EVANS 303-676-3942		7. Administered By (If other than Item 6) SEE BLOCK 6	

8. Name and Address of Contractor (No., Street, County, and Zip Code)  JOHNS HOPKINS MEDICAL SERVICE CORPORATIO 6704 CURTIS COURT GLEN BURNIE MD 21060-6406  Vendor ID: 00003550 DUNS: 069390037  CAGE: 1NXX2	(X)	9A. Amendment of Solicitation No.
		9B. Date (See Item 11)
	X	10A. Modification of Contract/Order No. H94002-03-C-0021
		10B. Date (See Item 13) Jun 1, 2003

Code Facility Code

**11. THIS ITEM ONLY APPLIES TO AMENDMENTS OF SOLICITATIONS**

The above numbered solicitation is amended as set forth in item 14. The hour and date specified for receipt of Offers  is extended  is not extended. Offers must acknowledge receipt of this amendment prior to the hour and date specified in the solicitation or as amended, by one of the following methods: (a) By completing items 8 and 15, and returning \_\_\_\_\_ copies of the amendment; (b) By acknowledging receipt of this amendment on each copy of the offer submitted; or (c) By separate letter or telegram which includes a reference to the solicitation and amendment numbers. FAILURE OF YOUR ACKNOWLEDGMENT TO BE RECEIVED AT THE PLACE DESIGNATED FOR THE RECEIPT OF OFFERS PRIOR TO THE HOUR AND DATE SPECIFIED MAY RESULT IN REJECTION OF YOUR OFFER. If by virtue of this amendment you desire to change an offer already submitted, such change may be made by telegram or letter, provided each telegram or letter makes reference to the solicitation and this amendment, and is received prior to the opening hour and date specified.

12. Accounting and Appropriation Data (if required)  
SEE BLOCK 14 \$ US (b)(4)

**13. THIS ITEM APPLIES ONLY TO MODIFICATIONS OF CONTRACT/ORDERS. IT MODIFIES THE CONTRACT/ORDER NO. AS DESCRIBED IN ITEM 14.**

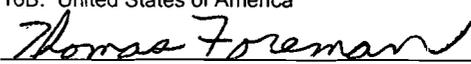
(x)	A. This change order is issued pursuant to: (Specify authority) The changes set forth in item 14 are made in the Contract Order No. in item 10A.
	B. The above numbered Contract/Order is modified to reflect the administrative changes (such as changes in paying office, appropriation date, etc.) SET FORTH IN ITEM 14, PURSUANT TO THE AUTHORITY OF FAR 43.103 (b)
	C. This supplemental agreement is entered into pursuant to authority of:
X	D. Other (Specify type of modification and authority) FAR 52.232-18, Availability of Funds

**E. IMPORTANT:** Contractor  is not,  is required to sign this document and return \_\_\_\_\_ copies to the issuing office.

14. Description of Amendment/Modification (Organized by UCF section headings, including solicitation/contract subject matter where feasible.)

A. The purpose of this modification is to obligate FY08 funds for services to be provided in accordance with paragraphs 1 and 8 of the section of the Schedule of Supplies/Services entitled Supplies or Services and Prices/Costs during the period of performance of November 1, 2007 through November 30, 2007. This funding is available subject to the conditions of the FY2008 Continuing Resolution Authority, HJ Res 52, The Department of Defense Appropriations Act 2008.

(continued on page 3 of this modification)

Except as provided herein, all terms and conditions of the document referenced in item 9A or 10A, as heretofore changed, remains unchanged and in full force and effect	
15A. Name and Title of Signer (Type or Print)	16A. Name and title of Contracting Officer (Type or Print) THOMAS FOREMAN 303-676-3839 CONTRACTING OFFICER thomas.foreman@tma.osd.mil
15B. Contractor/Offeror  (Signature of person authorized to sign)	15C. Date Signed
	16B. United States of America  (Signature of Contracting Officer)
	16C. Date Signed 11-2-07

SCHEDULE

Item No.	Supplies/Services	Quantity	Unit	Unit Price	Amount
5001AB	Comprehensive Health Care Services and Associated Support Services (October 1, 2007 - May 31, 2008)				

(b)(4)

B. As a result of this modification, the sub-CLIN funding is changed as follows:

sub-CLIN	PREVIOUS MOD	TOTAL PRIOR OBLIGATIONS	TOTAL CURRENT OBLIGATION	OBLIGATED THIS MODIFICATION	FY
5001AB	P00031	(b)(4)			08

C. Accounting and Appropriation Data.

FY	FUND SITE	sub-CLIN	AMOUNT	PR NUMBER
08	97XXXX5472 18D9 000000 (FY08)	5001AB	(b)(4)	08-DPC-0001
08	9708080130 1889 102000	5001AB		08-DPC-0001

Total

D. As a result of this modification, the total contract obligated amount is increased by (b)(4) the contract price is unchanged and all other terms and conditions of the contract remain in full force and effect.

**AMENDMENT OF SOLICITATION/MODIFICATION OF CONTRACT**

1. Contract ID Code  
J

Page 1 of Pages 3

2. Amendment/Modification No. P00034	3. Effective Date 11-30-07	4. Requisition/Purchase Req. No. 08-DPC-0024	5. Project No. (if applicable) 14348
6. Issued By DEPARTMENT OF DEFENSE TRICARE MANAGEMENT ACTIVITY/AM&S 16401 E. CENTRETECH PARKWAY AURORA, CO 80011-9066 PAMELA BALLARD 303 676-3647		7. Administered By (If other than Item 6) SEE BLOCK 6	

8. Name and Address of Contractor (No., Street, County, and Zip Code)  JOHNS HOPKINS MEDICAL SERVICE CORPORATIO 6704 CURTIS COURT GLEN BURNIE MD 21060-6406	Vendor ID: 00003550 DUNS: 069390037  CAGE: 1NXX2	(X)	9A. Amendment of Solicitation No.
			9B. Date (See Item 11)
		X	10A. Modification of Contract/Order No. H94002-03-C-0021 10B. Date (See Item 13) Jun 1, 2003
Code	Facility Code		

**11. THIS ITEM ONLY APPLIES TO AMENDMENTS OF SOLICITATIONS**

The above numbered solicitation is amended as set forth in item 14. The hour and date specified for receipt of Offers  is extended  is not extended. Offers must acknowledge receipt of this amendment prior to the hour and date specified in the solicitation or as amended, by one of the following methods: (a) By completing items 8 and 15, and returning \_\_\_\_\_ copies of the amendment; (b) By acknowledging receipt of this amendment on each copy of the offer submitted; or (c) By separate letter or telegram which includes a reference to the solicitation and amendment numbers. FAILURE OF YOUR ACKNOWLEDGMENT TO BE RECEIVED AT THE PLACE DESIGNATED FOR THE RECEIPT OF OFFERS PRIOR TO THE HOUR AND DATE SPECIFIED MAY RESULT IN REJECTION OF YOUR OFFER. If by virtue of this amendment you desire to change an offer already submitted, such change may be made by telegram or letter, provided each telegram or letter makes reference to the solicitation and this amendment, and is received prior to the opening hour and date specified.

12. Accounting and Appropriation Data (if required)  
See Block 14 \$ US (b)(4)

**13. THIS ITEM APPLIES ONLY TO MODIFICATIONS OF CONTRACT/ORDERS. IT MODIFIES THE CONTRACT/ORDER NO. AS DESCRIBED IN ITEM 14.**

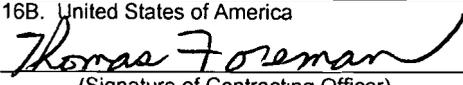
(x)	A. This change order is issued pursuant to: (Specify authority) The changes set forth in item 14 are made in the Contract Order No. in item 10A.
	B. The above numbered Contract/Order is modified to reflect the administrative changes (such as changes in paying office, appropriation date, etc.) SET FORTH IN ITEM 14, PURSUANT TO THE AUTHORITY OF FAR 43.103 (b)
	C. This supplemental agreement is entered into pursuant to authority of:
X	D. Other (Specify type of modification and authority) FAR 52.232-18, Availability of Funds
<b>E. IMPORTANT:</b> Contractor <input checked="" type="checkbox"/> is not, <input type="checkbox"/> is required to sign this document and return _____ copies to the issuing office.	

14. Description of Amendment/Modification (Organized by UCF section headings, including solicitation/contract subject matter where feasible.)

A. The purpose of this modification is to obligate FY08 funds for services to be provided in accordance with paragraphs 1 and 8 of the section of the Schedule of Supplies/Services entitled Supplies or Services and Prices/Costs during the period of performance of December 1, 2007 through May 31, 2008.

(continued on page 3 of this modification)

Except as provided herein, all terms and conditions of the document referenced in item 9A or 10A, as heretofore changed, remains unchanged and in full force and effect.

15A. Name and Title of Signer (Type or Print)	16A. Name and title of Contracting Officer (Type or Print) THOMAS FOREMAN CONTRACTING OFFICER thomas.foreman@tma.osd.mil
15B. Contractor/Offeror  (Signature of person authorized to sign)	15C. Date Signed
	16B. United States of America  (Signature of Contracting Officer)
	16C. Date Signed 11-30-07

**SCHEDULE**

Item No.	Supplies/Services	Quantity	Unit	Unit Price	Amount
5001AB	Comprehensive Health Care Services and Associated Support Services (October 1, 2007 - May 31, 2008)	(b)(4)			

B. As a result of this modification, the sub-CLIN funding is changed as follows:

sub-CLIN	PREVIOUS MOD	TOTAL PRIOR OBLIGATIONS	TOTAL CURRENT OBLIGATION	OBLIGATED THIS MODIFICATION	FY
5001AB	P31, P33	(b)(4)			08

C. Accounting and Appropriation Data.

FY	FUND SITE	sub-CLIN	AMOUNT	PR NUMBER
08	97XXXX5472 18D9 000000 (FY08)	5001AB	(b)(4)	08-DPC-0024
08	9708080130 1889 102000	5001AB		08-DPC-0024

Total Obligated This Modification

D. As a result of this modification, the total contract obligated amount is increased by (b)(4) the contract price is unchanged and all other terms and conditions of the contract remain in full force and effect.

**AMENDMENT OF SOLICITATION/MODIFICATION OF CONTRACT** 1 Contract ID Code J Page 1 of Pages 3

2 Amendment/Modification No P00035 3. Effective Date 12-20-07 4. Requisition/Purchase Req No. 08-DPC-0031 5. Project No. (if applicable) 14348

6. Issued By DEPARTMENT OF DEFENSE TRICARE MANAGEMENT ACTIVITY/AM&S 16401 E. CENTRETECH PARKWAY AURORA, CO 80011-9066 TIM EVANS 303-676-3942 Code H94002 7. Administered By (If other than Item 6) SEE BLOCK 6 Code

8 Name and Address of Contractor (No., Street, County, and Zip Code) JOHN HOPKINS MEDICAL SERVICE CORPORATIO Vendor ID: 00003550 6704 CURTIS COURT DUNS: 069390037 GLEN BURNIE MD 21060-6406 CAGE: INXX2 (X) 9A. Amendment of Solicitation No 9B. Date (See Item 11) X 10A. Modification of Contract/Order No H94002-03-C-0021 10B. Date (See Item 13) Jun 1, 2003

Code Facility Code 11. THIS ITEM ONLY APPLIES TO AMENDMENTS OF SOLICITATIONS

The above numbered solicitation is amended as set forth in item 14. The hour and date specified for receipt of Offers  is extended  is not extended Offers must acknowledge receipt of this amendment prior to the hour and date specified in the solicitation or as amended, by one of the following methods: (a) By completing items 8 and 15, and returning \_\_\_ copies of the amendment; (b) By acknowledging receipt of this amendment on each copy of the offer submitted; or (c) By separate letter or telegram which includes a reference to the solicitation and amendment numbers FAILURE OF YOUR ACKNOWLEDGMENT TO BE RECEIVED AT THE PLACE DESIGNATED FOR THE RECEIPT OF OFFERS PRIOR TO THE HOUR AND DATE SPECIFIED MAY RESULT IN REJECTION OF YOUR OFFER If by virtue of this amendment you desire to change an offer already submitted, such change may be made by telegram or letter, provided each telegram or letter makes reference to the solicitation and this amendment, and is received prior to the opening hour and date specified

12. Accounting and Appropriation Data (if required) See Block 14 \$ US (b)(4)

13. THIS ITEM APPLIES ONLY TO MODIFICATIONS OF CONTRACT/ORDERS IT MODIFIES THE CONTRACT/ORDER NO. AS DESCRIBED IN ITEM 14.

(x) A This change order is issued pursuant to: (Specify authority) The changes set forth in item 14 are made in the Contract Order No in item 10A B The above numbered Contract/Order is modified to reflect the administrative changes (such as changes in paying office, appropriation date, etc.) SET FORTH IN ITEM 14, PURSUANT TO THE AUTHORITY OF FAR 43.103 (b) X C This supplemental agreement is entered into pursuant to authority of: 52.212-4(c), Contract Terms and Conditions - Commercial Items D. Other (Specify type of modification and authority)

E. IMPORTANT: Contractor is not, X is required to sign this document and return 1 copies to the issuing office.

14. Description of Amendment/Modification (Organized by UCF section headings, including solicitation/contract subject matter where feasible.)

A. The purpose of this modification is to obligate FY08 funds for the period of performance of November 29, 2007 through May 31, 2008 for the below Option Period 4 (CY5) Travel and DITSCAP sub-CLIN's.

(continued on page 3 of this modification)

Except as provided herein, all terms and conditions of the document referenced in item 9A or 10A, as heretofore changed, remains unchanged and in full force and effect

15A Name and Title of Signer (Type or Print) Patricia M.C. Brown Senior Contracting Officer, Johns Hopkins Medical Service 16A. Name and title of Contracting Officer (Type or Print) THOMAS FOREMAN 303-676-3839 CONTRACTING OFFICER thomas.foreman@tma.osd.mil 15B Contractor/Offeror Patricia M.C. Brown (Signature of person authorized to sign) 15C. Date Signed 12/14/07 16B. United States of America Thomas Foreman (Signature of Contracting Officer) 16C. Date Signed 12-20-07

**SCHEDULE**

Item No.	Supplies/Services	Quantity	Unit	Unit Price	Amount
002AB	Travel (November 29, 2007 - May 31, 2008)  The Contractor shall obtain authorization from the Contracting Officer prior to incurring any expenses under this cost type Sub-CLIN. Payment for authorized expenses shall be approved by the COR and CO.	1	LT	NTE 15,000.00	15,000.00
5005AB	DITSCAP (November 29, 2007 - May 31, 2008)  The Contractor shall obtain authorization from the Contracting Officer prior to incurring any expenses under this cost type Sub-CLIN. Payment for authorized expenses shall be approved by the COR and CO.	1	LT	NTE 150,000.00	150,000.00

B. As a result of this modification, Section B is hereby modified to add sub-CLIN's 5002AB and 5005AB and their Not-To-Exceed cost amounts as shown below and on page 2 of this modification.

sub-CLIN	ESTIMATED COST CHANGE FROM	ESTIMATED COST CHANGE TO	ESTIMATED COST NET CHANGE	QTY	UNIT	TOTAL ESTIMATED COST CHANGE
5002AB	(b)(4)					
5005AB						

Total Estimated Cost Change This Modification

(b)(4)

C. As a result of this modification, the sub-CLIN funding is changed as follows:

sub-CLIN	PREVIOUS MOD	TOTAL PRIOR OBLIGATIONS	TOTAL CURRENT OBLIGATION	OBLIGATED THIS MODIFICATION	FY
5002AB	None	(b)(4)			08
5005AB	None				08

Total Obligation This Modification

(b)(4)

D. Accounting and Appropriation Data.

FY	FUND SITE	sub-CLIN	AMOUNT	PR NUMBER
08	9708080130 1889 102000	5002AB	(b)(4)	08-DPC-0031
08	97XXXX5472 18D9 000000 (FY08)	5002AB		08-DPC-0031
08	9708080130 1889 102000	5005AB		08-DPC-0031
08	97XXXX5472 18D9 000000 (FY08)	5005AB		08-DPC-0031

Total Obligation This Modification

E. As a result of this modification, the total contract price and the total contract obligated amount is increased by \$ (b)(4). All other terms and conditions of the contract remain in full force and effect.

2. Amendment/Modification No. P00036	3. Effective Date 1-28-08	4. Requisition/Purchase Req. No. SEE BLOCK 14	5. Project No (if applicable) 14466
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6. Issued By DEPARTMENT OF DEFENSE TRICARE MANAGEMENT ACTIVITY/AM&S 16401 E. CENTRETECH PARKWAY AURORA, CO 80011-9066 PAMELA BALLARD 303 676-3647	Code H94002	7. Administered By (If other than Item 6) SEE BLOCK 6
--	-------------	--

8. Name and Address of Contractor (No., Street, County, and Zip Code)  JOHNS HOPKINS MEDICAL SERVICE CORPORATIO Vendor ID: 00003550 6704 CURTIS COURT DUNS: 069390037 GLEN BURNIE MD 21060-6406 CAGE: 1NXX2	(X)	9A. Amendment of Solicitation No.
		9B. Date (See Item 11)
	X	10A. Modification of Contract/Order No H94002-03-C-0021
		10B. Date (See Item 13) Jun 1, 2003

**11 THIS ITEM ONLY APPLIES TO AMENDMENTS OF SOLICITATIONS**

The above numbered solicitation is amended as set forth in item 14. The hour and date specified for receipt of Offers  is extended  is not extended. Offers must acknowledge receipt of this amendment prior to the hour and date specified in the solicitation or as amended, by one of the following methods.

(a) By completing items 8 and 15, and returning \_\_\_\_\_ copies of the amendment; (b) By acknowledging receipt of this amendment on each copy of the offer submitted; or (c) By separate letter or telegram which includes a reference to the solicitation and amendment numbers. FAILURE OF YOUR ACKNOWLEDGMENT TO BE RECEIVED AT THE PLACE DESIGNATED FOR THE RECEIPT OF OFFERS PRIOR TO THE HOUR AND DATE SPECIFIED MAY RESULT IN REJECTION OF YOUR OFFER. If by virtue of this amendment you desire to change an offer already submitted, such change may be made by telegram or letter, provided each telegram or letter makes reference to the solicitation and this amendment, and is received prior to the opening hour and date specified

12. Accounting and Appropriation Data (if required)  
SEE BLOCK 14 \$ US (b)(4)

**13. THIS ITEM APPLIES ONLY TO MODIFICATIONS OF CONTRACT/ORDERS. IT MODIFIES THE CONTRACT/ORDER NO. AS DESCRIBED IN ITEM 14.**

(x)	A. This change order is issued pursuant to (Specify authority) The changes set forth in item 14 are made in the Contract Order No. in item 10A
	B. The above numbered Contract/Order is modified to reflect the administrative changes (such as changes in paying office, appropriation date, etc.) Set fourth item 14, pursuant to the authority of FAR 43.103 (b)
X	C. This supplemental agreement is entered into pursuant to authority of 52.212-4(c), Contract Terms and Conditions - Commercial Items
	D. Other (Specify type of modification and authority)

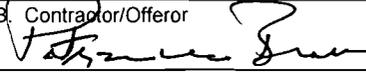
**E. IMPORTANT:** Contractor  is not,  is required to sign this document and return 1 copies to the issuing office

**14. Description of Amendment/Modification (Organized by UCF section headings, including solicitation/contract subject matter where feasible)**

A. The purpose of this modification is to incorporate the settlement of Johns Hopkins Medical Services Corp.'s request for equitable adjustment, dated July 5, 2007, for the impact of being denied access to the prices available to the Department of Defense for ordering and obtaining pharmaceutical products under Uniform Formulary Blanket Purchasing Agreements (BPA).

(continued on page 3 of this modification)

Except as provided herein, all terms and conditions of the document referenced in item 9A or 10A, as heretofore changed, remains unchanged and in full force and effect

15A. Name and Title of Signer (Type or Print) Patricia Mc Brown Sean Council	16A. Name and title of Contracting Officer (Type or Print) THOMAS FOREMAN 303-676-3839 CONTRACTING OFFICER thomas.foreman@tma.osd.mil
5B. Contractor/Officer  (Signature of person authorized to sign)	15C. Date Signed 1/28/08
	16B. United States of America  (Signature of Contracting Officer)
	16C. Date Signed 1-28-08

**SCHEDULE**

Item No.	Supplies/Services	Quantity	Unit	Unit Price	Amount
2001AB	Comprehensive Health Care Services and Associated Support Services. (October 1, 2004 - May 31, 2005)	(b)(4)			
2001AD	Rx BPA REA Settlement				
3001AA	Comprehensive Health Care Services and Associated Support Services. (June 1, 2005 - September 30, 2005)				
3001AB	Comprehensive Health Care Services and Associated Support Services. (October 1, 2005 - May 31, 2006)				
3001AC	Rx BPA REA Settlement				
3001AD	Rx BPA REA Settlement				
4001AA	Comprehensive Health Care Services and Associated Support Services. (June 1, 2006 - September 30, 2006) See Exhibit 7				
4001AB	Comprehensive Health Care Services and Associated Support Services. (October 1, 2006 - May 31, 2007) See Exhibit 8				
4001AC	Rx BPA REA Settlement				
4001AD	Rx BPA REA Settlement				

B. The parties hereby agree to a total settlement amount of (b)(4) for this request for equitable adjustment.

C. As a result of this modification, Section B is hereby modified by adding subCLIN's 2001AD, 3001AC, 3001AD, 4001AC and 4001AD to the contract for this equitable adjustment and by decreasing the estimated amounts of sub-CLIN's 2001AB, 3001AA and 3001AB as shown below and in the contract's schedule, page 2 of this modification.

CLIN	UNIT CHANGE FROM	UNIT CHANGE TO	UNIT NET CHANGE	QTY	UNIT	TOTAL CHANGE
2001AB	(b)(4)					
2001AD						
3001AA						
3001AB						
3001AC						
3001AD						
4001AC						
4001AD						
Total Change This Modification						(b)(4)

D. As a result of this modification, the sub-CLIN's funding is changed as follows:

sub-CLIN	PREVIOUS MODs	TOTAL PRIOR OBLIGATIONS	TOTAL CURRENT OBLIGATION	OBLIGATED THIS MODIFICATION	FY
2001AB	A12, A15, P10, P21	(b)(4)			05
2001AD	None				05
3001AA	P05, P10				05
3001AB	P09, P11, P12, P14, P29				06
3001AC	None				05
3001AD	None				06
4001AA	P17, P29				06
4001AB	P20, P22, P23, P24, P25, P26, P29				07
4001AC	None				06
4001AD	None				07
Total Obligation This Modification					(b)(4)

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E. Accounting and Appropriation Data.

FY	FUND SITE	sub-CLIN	AMOUNT	PR NUMBER
05	9705050130 1889 102000	2001AB	(b)(4)	08-CMA-0090
05	97XXX5472 18D9 000000 (FY05)	2001AB		08-CMA-0090
05	9705050130 1889 102000	2001AD		08-DPC-0011
05	97XXX5472 18D9 000000 (FY05)	2001AD		08-DPC-0011
05	9705050130 1889 102000	3001AA		08-CMA-0090
05	97XXX5472 18D9 000000 (FY05)	3001AA		08-CMA-0090
06	9706060130 1889 102000	3001AB		08-CMA-0091
06	97XXX5472 18D9 000000 (FY06)	3001AB		08-CMA-0091
05	9705050130 1889 102000	3001AC		08-DPC-0011
05	97XXX5472 18D9 000000 (FY05)	3001AC		08-DPC-0011
06	9706060130 1889 102000	3001AD		08-DPC-0014
06	97XXX5472 18D9 000000 (FY06)	3001AD		08-DPC-0014
06	9706060130 1889 102000	4001AA		08-CMA-0091
06	97XXX5472 18D9 000000 (FY06)	4001AA		08-CMA-0091
07	97XXX5472 18D9 000000 (FY07)	4001AB		08-CMA-0092
06	9706060130 1889 102000	4001AC		08-DPC-0014
06	97XXX5472 18D9 000000 (FY06)	4001AC		08-DPC-0014
07	9707070130 1889 102000	4001AD		08-DPC-0021
07	97XXX5472 18D9 000000 (FY07)	4001AD		08-DPC-0021
Total Obligation This Modification				

F. CONTRACTOR'S STATEMENT OF RELEASE (FAR 43.204(c) (2)). In consideration of the modification, agreed to herein as complete equitable adjustments for the Contractor's request for equitable adjustment for the impact of being denied access to the prices available to the Department of Defense for ordering and obtaining pharmaceutical products under Uniform Formulary Blanket Purchasing Agreements, the Contractor hereby releases the Government from any and all liability under this contract for further equitable adjustments attributable to the Contractor's request for equitable adjustment, dated July 5, 2007, for the impact of being denied access to the prices available to the Department of Defense for ordering and obtaining pharmaceutical products under Uniform Formulary Blanket Purchasing Agreements (BPA).

G. As a result of this modification, the total contract price is increased by (b)(4) and the total contract obligated amount is increased by (b)(4). All other terms and conditions of the contract remain in full force and effect.

# AMENDMENT OF SOLICITATION/MODIFICATION OF CONTRACT

Contract ID Code

J

Page of Pages

1 3

2. Amendment/Modification No. P00037		3. Effective Date 2/20/08		4. Requisition/Purchase Req. No. 08-CMA-0165		5. Project No. (if applicable) 14466	
6. Issued By DEPARTMENT OF DEFENSE TRICARE MANAGEMENT ACTIVITY/AM&S 16401 E. CENTRETECH PARKWAY AURORA, CO 80011-9066 PAMELA BALLARD 303 676-3647				7. Administered By (If other than Item 6) SEE BLOCK 6			
8. Name and Address of Contractor (No., Street, County, and Zip Code)  JOHNS HOPKINS MEDICAL SERVICE CORPORATIO 6704 CURTIS COURT GLEN BURNIE MD 21060-6406				Vendor ID: 00003550 DUNS: 069390037  CAGE: INXX2		<input checked="" type="checkbox"/> 9A Amendment of Solicitation No <input type="checkbox"/> 9B Date (See Item 11) <input checked="" type="checkbox"/> 10A. Modification of Contract/Order No. H94002-03-C-0021 <input type="checkbox"/> 10B. Date (See Item 13) Jun 1, 2003	
Code		Facility Code					

11. THIS ITEM ONLY APPLIES TO AMENDMENTS OF SOLICITATIONS

The above numbered solicitation is amended as set forth in item 14. The hour and date specified for receipt of Offers  is extended  is not extended. Offers must acknowledge receipt of this amendment prior to the hour and date specified in the solicitation or as amended, by one of the following methods: (a) By completing items 8 and 15, and returning \_\_\_\_\_ copies of the amendment; (b) By acknowledging receipt of this amendment on each copy of the offer submitted; or (c) By separate letter or telegram which includes a reference to the solicitation and amendment numbers. FAILURE OF YOUR ACKNOWLEDGMENT TO BE RECEIVED AT THE PLACE DESIGNATED FOR THE RECEIPT OF OFFERS PRIOR TO THE HOUR AND DATE SPECIFIED MAY RESULT IN REJECTION OF YOUR OFFER. If by virtue of this amendment you desire to change an offer already submitted, such change may be made by telegram or letter, provided each telegram or letter makes reference to the solicitation and this amendment, and is received prior to the opening hour and date specified

12. Accounting and Appropriation Data (if required)

SEE BLOCK 14: \$ US (b)(4)

13. THIS ITEM APPLIES ONLY TO MODIFICATIONS OF CONTRACT/ORDERS.  
IT MODIFIES THE CONTRACT/ORDER NO. AS DESCRIBED IN ITEM 14.

<input checked="" type="checkbox"/>	A. This change order is issued pursuant to: (Specify authority) The changes set forth in item 14 are made in the Contract Order No. in item 10A.
<input checked="" type="checkbox"/>	B. The above numbered Contract/Order is modified to reflect the administrative changes (such as changes in paying office, appropriation date, etc) Set fourth item 14, pursuant to the authority of FAR 43.103 (b)
<input type="checkbox"/>	C. This supplemental agreement is entered into pursuant to authority of:
<input type="checkbox"/>	D. Other (Specify type of modification and authority)

E. IMPORTANT: Contractor  is not,  is required to sign this document and return \_\_\_\_\_ copies to the issuing office

14. Description of Amendment/Modification (Organized by UCF section headings, including solicitation/contract subject matter where feasible.)

A. The purpose of this administrative change is to cancel P00036 sub-CLIN 4001AA.

(continued on Page 3 of this modification)

Except as provided herein, all terms and conditions of the document referenced in item 9A or 10A, as heretofore changed, remains unchanged and in full force and effect.

15A. Name and Title of Signer (Type or Print)		16A. Name and title of Contracting Officer (Type or Print)	
		MARTIN A. MARTINEZ 303 676-3903 CONTRACTING OFFICER martin.martinez@tma.osd.mil	
15B. Contractor/Offeror	15C. Date Signed	16B. United States of America	16C. Date Signed
(Signature of person authorized to sign)		(Signature of Contracting Officer)	2/20/08

SCHEDULE

Item No.	Supplies/Services	Quantity	Unit	Unit Price	Amount
4001AA	Comperhensive Health Care Services and Associated Support Services. (June 1, 2006 - September 30, 2006) See Exhibit 7				(b)(4)

B. As a result of this change, the sub-CLIN funding is changed as follows:

sub-CLIN	PREVIOUS MOD	TOTAL PRIOR OBLIGATIONS	TOTAL CURRENT OBLIGATION	OBLIGATED THIS MODIFICATION	FY
4001AA	P17, P29, P36	(b)(4)			06

C. Accounting and Appropriation Data.

FY	FUND SITE	sub-CLIN	AMOUNT	PR NUMBER
06	9706060130 1889 102000	4001AA	(b)(4)	08-CMA-0165
06	97XXXX5472 18D9 000000 (FY06)	4001AA		08-CMA-0165

Total Obligated This Modification

D. As a result of this modification, the total contract obligated amount is increased by (b)(4) the contract price is unchanged and all other terms and conditions of the contract remain in full force and effect.

**AMENDMENT OF SOLICITATION/MODIFICATION OF CONTRACT**

1. Contract ID Code  
J  
Page 1 of Pages 3

2. Amendment/Modification No. P00038  
3. Effective Date 3/3/08  
4. Requisition/Purchase Req. No. 08-CMA-0170  
5. Project No (if applicable) 14245

Issued By Code H94002  
DEPARTMENT OF DEFENSE  
TRICARE MANAGEMENT ACTIVITY/AM&S  
16401 E. CENTRETECH PARKWAY  
AURORA, CO 80011-9066  
PAMELA BALLARD 303 676-3647  
7. Administered By (If other than Item 6) Code  
SEE BLOCK 6

8. Name and Address of Contractor (No., Street, County, and Zip Code)  
JOHNS HOPKINS MEDICAL SERVICE CORPORATIO Vendor ID: 00003550  
6704 CURTIS COURT DUNS: 069390037  
GLEN BURNIE MD 21060-6406 CAGE: 1NXX2  
(X) 9A Amendment of Solicitation No.  
9B Date (See Item 11)  
X 10A. Modification of Contract/Order No.  
H94002-03-C-0021  
10B. Date (See Item 13)  
Jun 1, 2003

Code Facility Code

**11. THIS ITEM ONLY APPLIES TO AMENDMENTS OF SOLICITATIONS**

The above numbered solicitation is amended as set forth in item 14. The hour and date specified for receipt of Offers  is extended  is not extended. Offers must acknowledge receipt of this amendment prior to the hour and date specified in the solicitation or as amended, by one of the following methods:  
(a) By completing items 8 and 15, and returning \_\_\_\_\_ copies of the amendment; (b) By acknowledging receipt of this amendment on each copy of the offer submitted; or (c) By separate letter or telegram which includes a reference to the solicitation and amendment numbers. FAILURE OF YOUR ACKNOWLEDGMENT TO BE RECEIVED AT THE PLACE DESIGNATED FOR THE RECEIPT OF OFFERS PRIOR TO THE HOUR AND DATE SPECIFIED MAY RESULT IN REJECTION OF YOUR OFFER. If by virtue of this amendment you desire to change an offer already submitted, such change may be made by telegram or letter, provided each telegram or letter makes reference to the solicitation and this amendment, and is received prior to the opening hour and date specified

12. Accounting and Appropriation Data (if required)  
See Block 14 \$ US (b)(4)

**13. THIS ITEM APPLIES ONLY TO MODIFICATIONS OF CONTRACT/ORDERS IT MODIFIES THE CONTRACT/ORDER NO. AS DESCRIBED IN ITEM 14.**

(X) A This change order is issued pursuant to (Specify authority) The changes set forth in item 14 are made in the Contract Order No in item 10A  
52.212-4(c) Contract Terms and Conditions - Commercial Item  
B. The above numbered Contract/Order is modified to reflect the administrative changes (such as changes in paying office, appropriation date, etc.) Set fourth item 14, pursuant to the authority of FAR 43.103 (b)  
C. This supplemental agreement is entered into pursuant to authority of:  
D. Other (Specify type of modification and authority)

**E. IMPORTANT:** Contractor  is not,  is required to sign this document and return 1 copies to the issuing office.

14. Description of Amendment/Modification (Organized by UCF section headings, including solicitation/contract subject matter where feasible.)

A. The purpose of this modification is to incorporate revised pharmaceutical formulary language at paragraph 8.9.8.1 of the schedule (P00015) with the current language.

(Continued on page 2 of this modification)

Except as provided herein, all terms and conditions of the document referenced in item 9A or 10A, as heretofore changed, remains unchanged and in full force and effect

15A. Name and Title of Signer (Type or Print) President, JHHC  
Sr. Counsel,  
Johns Hopkins Medical  
16A. Name and title of Contracting Officer (Type or Print)  
MARTIN A. MARTINEZ 303 676-3903  
CONTRACTING OFFICER  
martin.martinez@tma.osd.mil

15B. Contractor/Officer Patricia M.C. Brown  
(Signature of person authorized to sign)  
15C. Date Signed 2/29/08  
16B. United States of America  
(Signature of Contracting Officer)  
16C. Date Signed 3/3/08

B. As a result of this modification the paragraph is changed as follows:

**FROM:**

8.9.8.1 As a managed health plan, and in the absence of a TRICARE formulary, the DP has been allowed to establish a preferred drug list to limit the scope of pharmacy inventories to those drugs necessary to support the scope of practice within the Plan and to promote clinically appropriate and cost-effective utilization of pharmaceuticals, rather than incurring the unnecessary expense of maintaining an inventory of drugs representing the full scope of pharmaceuticals approved by the FDA. By law, TRICARE is required to establish a Uniform Formulary (UF). As a result, a DoD Pharmacy and Therapeutics (P&T) Committee has been established to review all therapeutic classes of pharmaceutical agents and to make recommendations concerning which pharmaceutical agents to include on the UF. During the transition period to a full UF, the DP will be allowed to continue use of its preferred drug list. However, as therapeutic classes are reviewed under the DoD formulary management process and pharmaceutical agents are designated for formulary/non-formulary status, the DPs will provide for the availability of UF drugs, but may, among the therapeutic agents that are UF drugs, develop a preferred drug list.

**TO:**

8.9.8.1. As a managed health plan, and in the absence of a TRICARE formulary, the DP has been allowed to establish a preferred drug list to promote clinically appropriate and cost-effective utilization of pharmaceuticals, rather than incurring the unnecessary expense of maintaining an inventory of drugs representing the full scope of pharmaceuticals approved by the FDA. However, even with a preferred drug list, DPs have been required to establish procedures for an eligible beneficiary to receive pharmaceutical agents not included on the preferred drug list when such agents are considered to be clinically necessary. The DP preferred drug list will be phased out as DoD completes implementation of the law requiring TRICARE to establish a Uniform Formulary (UF) which shall assure the availability of pharmaceutical agents in the complete range of therapeutic classes with inclusion of particular pharmaceutical agents in each therapeutic class based on the relative clinical and cost effectiveness of the agents in such class. Under the law, a DoD Pharmacy and Therapeutics (P&T) Committee has been established to review all therapeutic classes of pharmaceutical agents and to make recommendations concerning which pharmaceutical agents to include on the UF. Because the DP is required to provide the full TRICARE Prime scope of coverage, the DP is required to implement fully the TRICARE UF. During the transition period necessary for the DoD P&T Committee's review of all therapeutic classes of agents, the DP will be allowed to continue use of a preferred drug list for those therapeutic classes of agents not yet reviewed by the DoD P&T Committee. Such limited DP preferred drug list shall be established based on the local DP Pharmaceutical and Therapeutics (P&T) Committee's evaluation of the clinical and cost effectiveness of the agents in such class. Clinical effectiveness means that the DP P&T Committee has determined that a significant, clinically meaningful therapeutic advantage exists for the preferred agent(s) in terms of safety, effectiveness, or clinical outcome over the other agents in the class. Cost effectiveness means that the DP P&T Committee has evaluated the cost of the preferred agent(s) within the class in relation to the safety, effectiveness, and clinical outcomes of such

agents. During this transition period, DPs will continue to have procedures for an eligible beneficiary to receive pharmaceutical agents not included on the preferred drug list when such agents are considered to be clinically necessary. As therapeutic classes are reviewed under the DoD formulary management process and pharmaceutical agents are designated for formulary/non-formulary status, the DP shall immediately discontinue any preferred drug list (even for limited educational or informational outreach to providers) which includes pharmaceutical agents from such therapeutic class.

- C. As a result of this modification, the total contract price is unchanged and all other terms and conditions of the contract remain in full force and effect.

**AMENDMENT OF SOLICITATION/MODIFICATION OF CONTRACT**

1. Contract ID Code: J  
 Page of Pages: 1 of 10

2. Amendment/Modification No. P00039  
 3. Effective Date: 3/26/08  
 4. Requisition/Purchase Req. No. 08-CMA-0209  
 5. Project No. (if applicable) BLK 14

6. Issued By: DEPARTMENT OF DEFENSE, TRICARE MANAGEMENT ACTIVITY/AM&S, 16401 E. CENTRETECH PARKWAY, AURORA, CO 80011-9066, PAMELA BALLARD 303 676-3647  
 Code H94002  
 7. Administered By (If other than Item 6) Code: SEE BLOCK 6

8. Name and Address of Contractor (No., Street, County, and Zip Code):  
 JOHNS HOPKINS MEDICAL SERVICE CORPORATION  
 6704 CURTIS COURT  
 GLEN BURNIE MD 21060-6406  
 Vendor ID: 00003550  
 DUNS: 069390037  
 CAGE: INXX2  
 9A. Amendment of Solicitation No. (X)  
 9B. Date (See Item 11)  
 10A. Modification of Contract/Order No. H94002-03-C-0021 (X)  
 10B. Date (See Item 13) Jun 1, 2003

11. THIS ITEM ONLY APPLIES TO AMENDMENTS OF SOLICITATIONS

The above numbered solicitation is amended as set forth in item 14. The hour and date specified for receipt of Offers  is extended  is not extended  
 Offers must acknowledge receipt of this amendment prior to the hour and date specified in the solicitation or as amended, by one of the following methods:  
 (a) By completing items 8 and 15, and returning \_\_\_\_\_ copies of the amendment; (b) By acknowledging receipt of this amendment on each copy of the offer submitted; or (c) By separate letter or telegram which includes a reference to the solicitation and amendment numbers. FAILURE OF YOUR ACKNOWLEDGMENT TO BE RECEIVED AT THE PLACE DESIGNATED FOR THE RECEIPT OF OFFERS PRIOR TO THE HOUR AND DATE SPECIFIED MAY RESULT IN REJECTION OF YOUR OFFER. If by virtue of this amendment you desire to change an offer already submitted, such change may be made by telegram or letter, provided each telegram or letter makes reference to the solicitation and this amendment, and is received prior to the opening hour and date specified.

12. Accounting and Appropriation Data (if required)  
 See Block 17 \$ US (b)(4)

13. THIS ITEM APPLIES ONLY TO MODIFICATIONS OF CONTRACT/ORDERS. IT MODIFIES THE CONTRACT/ORDER NO. AS DESCRIBED IN ITEM 14.

(x) A. This change order is issued pursuant to: (Specify authority) The changes set forth in item 14 are made in the Contract Order No. in item 10A  
 B. The above numbered Contract/Order is modified to reflect the administrative changes (such as changes in paying office, appropriation date, etc) Set fourth item 14, pursuant to the authority of FAR 43 103 (b)  
 X C. This supplemental agreement is entered into pursuant to authority of:  
 52.212-4(c) Contract Terms and Conditions - Commercial, 52.232-18 Availability of Funds (unilateral)  
 D. Other (Specify type of modification and authority)

E. IMPORTANT: Contractor  is not,  is required to sign this document and return \_\_\_\_\_ copies to the issuing office.

14. Description of Amendment/Modification (Organized by UCF section headings, including solicitation/contract subject matter where feasible.)

A. The purpose of this modification is to: 1) adjust Option Year 1 (CY02) Health Care sub-CLIN's 2001AA's and 2001AB's estimated amount and deobligate funding (ConReq 14207); 2) decrease Travel sub-CLIN 2002AB estimated amount and deobligate excess funding; 3) decrease DITSCAP sub-CLIN 2005AA's estimated amount and deobligated funding; 4) adjust Option Year 2 (CY03) Health Care sub-CLIN's 3001AAs and 3001AB's estimated amounts and obligate/deobligate funding amounts;

See Following Pages

Except as provided herein, all terms and conditions of the document referenced in item 9A or 10A, as heretofore changed, remains unchanged and in full force and effect

15A. Name and Title of Signer (Type or Print): MARTIN A. MARTINEZ, CONTRACTING OFFICER, martin.martinez@tma.osd.mil  
 16A. Name and title of Contracting Officer (Type or Print): MARTIN A. MARTINEZ, CONTRACTING OFFICER, 303 676-3903  
 15B. Contractor/Offeror: \_\_\_\_\_  
 15C. Date Signed: \_\_\_\_\_  
 16B. (b)(4)  
 16C. Date Signed: 3/26/08

**SCHEDULE**

Item No	Supplies/Services	Quantity	Unit	Unit Price	Amount
2001AA	Comprehensive Health Care Services and Associated Support Services. (June 1, 2004 - September 30, 2004) See Exhibit 3				
2001AB	Comprehensive Health Care Services and Associated Support Services. (October 1, 2004 - May 31, 2005) See Exhibit 4				
2002AB	Travel. (October 1, 2004 - May 31, 2005)				
2005AA	DITSCAP. (October 1, 2004 - May 31, 2005)				
3001AA	Comprehensive Health Care Services and Associated Support Services. (June 1, 2005 - September 30, 2005) See Exhibit 5				
3001AB	Comprehensive Health Care Services and Associated Support Services. (October 1, 2005 - May 31, 2006) See Exhibit 6				
4001AA	Comperhensive Health Care Services and Associated Support Services. (June 1, 2006 - September 30, 2006) See Exhibit 7				
4001AB	Comperhensive Health Care Services and Associated Support Services. (October 1, 2006 - May 31, 2007) See Exhibit 8				
5001AA	Comprehensive Health Care Services and Associated Support Services (June 1, 2007 - September 30, 2007) See Exhibit 9				

(b)(4)

5) adjust Option Year 3 (CY04) Health Care sub-CLIN's 4001AAs and 4001AB's estimated amounts and obligate/deobligated funding amounts; 6) obligate additional funding for Option Year 4 (CY05) Health Care sub-CLIN's 5001AAs and 7) adjust the estimated price and obligated amounts accordingly.

- B. As a result of this modification: Exhibits 3 and 4, Option Period 1, Estimated Prices, dated March 1, 2008, are hereby incorporated into the contract.
- C. As a result of this modification: Exhibits 5 and 6, Option Period 2, Estimated Prices, dated March 1, 2008 are hereby incorporated into the contract.
- D. As a result of reconciliation as provided for in paragraph 10.3, Reconciliation, of the contract's schedule, an estimated price adjustment is incorporated. As a result of this modification, Exhibit 9, Estimated Prices, dated April 23, 2007 (P00028) is superseded and replaced with Exhibit 9, Estimated Prices, dated March 1, 2008.
- E. As a result of this modification, Section B is hereby modified to include the adjusted prices of the sub-CLIN(s) as shown below and on page 2 of this modification. Please note the net change is from the total amount funded for the sub-CLIN through the modifications noted at Paragraph C.

sub-CLIN	UNIT CHANGE FROM	UNIT CHANGE TO	UNIT NET CHANGE	QTY	UNIT	TOTAL UNIT CHANGE
2001AA	(b)(4)					
2001AB						
2002AB						
2005AA						
3001AA						
3001AB						
5001AA						

Total Price and Cost Change This Modification: (b)(4)

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F. As a result of this modification, the sub-CLIN funding is changed as follows:

sub-CLIN	PREVIOUS MODs	TOTAL PRIOR OBLIGATIONS	TOTAL CURRENT OBLIGATION	OBLIGATED THIS MODIFICATION	FY
2001AA	A14, P02, P16	(b)(4)			04
2001AB	A12, A15, P10, P21, P36				05
2002AB	A13, A16, P01				05
2005AA	A08				04
3001AA	P05, P10, P36				05
3001AB	P08, P09, P11, P12, P14, P29, P36				06
4001AA	P17, P29, P36, P37				06
4001AB	P17, P19, P20, P22, P23, P24, P25, P26, P29, P36				07
5001AA	P28				07

Total Obligation This Modification: (b)(4)

Balance of Page left Blank intentionally

G. Accounting and Appropriation Data.

sub-CLIN	Fund Site	FY	AMOUNT	PR NUMBER
2001AA	9704040130.1889.102000	04	(b)(4)	08-CMA-0147
2001AA	97XXXX5472.18D9.000000 (FY04)	04		08-CMA-0147
2001AB	9705050130.1889.102000	05		08-CMA-0043
2001AB	97XXXX5472.18D9.000000 (FY05)	05		08-CMA-0043
2002AB	9705050130.1889.102000	05		08-CMA-0146
2002AB	97XXXX5472.18D9.000000 (FY05)	05		08-CMA-0146
2005AA	9704040130.1889.102000	04		08-CMA-0037
2005AA	97XXXX5472.18D9.000000 (FY04)	04		08-CMA-0037
3001AA	9705050130.1889.102000	05		08-CMA-0051
3001AA	97XXXX5472.18D9.000000 (FY05)	05		08-CMA-0051
3001AB	9706060130.1889.102000	06		08-CMA-0148
3001AB	97XXXX5472.18D9.000000 (FY06)	06		08-CMA-0148
4001AA	9706060130.1889.102000	06		08-CMA-0149
4001AA	97XXXX5472.18D9.000000 (FY06)	06		08-DPC-0042
4001AB	9707070130.1889.102000	07		08-DPC-0043*A02
4001AB	97XXXX5472.18D9.000000 (FY07)	07		08-CMA-0150
5001AA	9707070130.1889.102000	07		08-DPC-0043*A02

Total Price and Cost Change This Modification: (b)(4)

H. As a result of this modification, the total contract price is decreased by (b)(4) and the total contract obligated amount is decreased by (b)(4). All other terms and conditions of the contract remain in full force and effect.

Exhibit 3

Option Period 1 - Estimated Prices  
 subCLIN 2001AA – June 1, 2004 through September 30, 2004

Date: March 1, 2008

Category Number	Category Description	Monthly Price	Estimated Number of Monthly Enrollees for the subCLIN's Period of Performance	Amount
1	ADD Males Age 0-1	\$ (b)(4)	(b)(4)	(b)(4)
2	2-14			
3	15-24			
4	25-34			
5	35-44			
6	45-54			
7	55-64			
8	ADD Females Age 0-1			
9	2-14			
10	15-24			
11	25-34			
12	35-44			
13	45-54			
14	55-64			
15	NADD Males Age 0-1			
16	2-14			
17	15-24			
18	25-34			
19	35-44			
20	45-54			
21	55-64			
22	65-69			
23	70-74			
24	75-79			
25	80-84			
26	85+			
27	NADD Females Age 0-1			
28	2-14			
29	15-24			
30	25-34			
31	35-44			
32	45-54			
33	55-64			
34	65-69			
35	70-74			
36	75-79			
37	80-84			
38	85+			

Total Estimated Amount for subCLIN 2001AA \$ (b)(4)

\* Reference paragraphs 1 and 8 of The Schedule of Supplies or Services and Prices/Costs  
 ADD's over age 64 are included in the respective NAAD age category

Exhibit 4

Option Period 1 - Estimated Prices  
subCLIN 2001AB - October 1, 2004 through May 31, 2005

Date: March 1, 2008

Category Number	Category Description	Monthly Price	Estimated Number of Monthly Enrollees for the subCLIN's Period of Performance	Amount
	ADD Males Age			
1	0-1	\$(b)(4)		
2	2-14			
3	15-24			
4	25-34			
5	35-44			
6	45-54			
7	55-64			
	ADD Females Age			
8	0-1			
9	2-14			
10	15-24			
11	25-34			
12	35-44			
13	45-54			
14	55-64			
	NADD Males Age			
15	0-1			
16	2-14			
17	15-24			
18	25-34			
19	35-44			
20	45-54			
21	55-64			
22	65-69			
23	70-74			
24	75-79			
25	80-84			
26	85+			
	NADD Females Age			
27	0-1			
28	2-14			
29	15-24			
30	25-34			
31	35-44			
32	45-54			
33	55-64			
34	65-69			
35	70-74			
36	75-79			
37	80-84			
38	85+			

Total Estimated Amount for subCLIN 2001AB \$ (b)(4)

\* Reference paragraphs 1 and 8 of The Schedule of Supplies or Services and Prices/Costs  
ADD's over age 64 are included in the respective NAAD age category

Exhibit 5

Option Period 2 - Estimated Prices  
 subCLIN 3001AA – June 1, 2005 through September 30, 2005

Date: March 1, 2008

Category Number	Category Description	Monthly Price	Estimated Number of Monthly Enrollees for the subCLIN's Period of Performance	Amount
1	ADD Males Age 0-1	\$ (b)(4)		
2	2-14			
3	15-24			
4	25-34			
5	35-44			
6	45-54			
7	55-64			
8	ADD Females Age 0-1			
9	2-14			
10	15-24			
11	25-34			
12	35-44			
13	45-54			
14	55-64			
15	NADD Males Age 0-1			
16	2-14			
17	15-24			
18	25-34			
19	35-44			
20	45-54			
21	55-64			
22	65-69			
23	70-74			
24	75-79			
25	80-84			
26	85+			
27	NADD Females Age 0-1			
28	2-14			
29	15-24			
30	25-34			
31	35-44			
32	45-54			
33	55-64			
34	65-69			
35	70-74			
36	75-79			
37	80-84			
38	85+			

Total Estimated Amount for subCLIN 3001AA \$ (b)(4)

\* Reference paragraphs 1 and 8 of The Schedule of Supplies or Services and Prices/Costs  
 ADD's over age 64 are included in the respective NAAD age category

Exhibit 6

Option Period 2 - Estimated Prices  
 subCLIN 3001AB - October 1, 2005 through May 31, 2006

Date: March 1, 2008

Category Number	Category Description	Monthly Price	Estimated Number of Monthly Enrollees for the subCLIN's Period of Performance	Amount
1	ADD Males Age 0-1	\$(b)(4)		
2	2-14			
3	15-24			
4	25-34			
5	35-44			
6	45-54			
7	55-64			
8	ADD Females Age 0-1			
9	2-14			
10	15-24			
11	25-34			
12	35-44			
13	45-54			
14	55-64			
15	NADD Males Age 0-1			
16	2-14			
17	15-24			
18	25-34			
19	35-44			
20	45-54			
21	55-64			
22	65-69			
23	70-74			
24	75-79			
25	80-84			
26	85+			
27	NADD Females Age 0-1			
28	2-14			
29	15-24			
30	25-34			
31	35-44			
32	45-54			
33	55-64			
34	65-69			
35	70-74			
36	75-79			
37	80-84			
38	85+			

Total Estimated Amount for subCLIN 3001AB \$(b)(4)

\* Reference paragraphs 1 and 8 of The Schedule of Supplies or Services and Prices/Costs  
 ADD's over age 64 are included in the respective NAAD age category

Exhibit 9

Option Period 4 - Estimated Prices  
 subCLIN 5001AA – June 1, 2007 – September 30, 2007

Date: March 1, 2008

Category Number	Category Description	Monthly Price	Estimated Number of Monthly Enrollees for the subCLIN's Period of Performance	Amount
1	ADD Males Age 0-1	\$(b)(4)		
2	2-14			
3	15-24			
4	25-34			
5	35-44			
6	45-54			
7	55-64			
	ADD Females Age			
8	0-1			
9	2-14			
10	15-24			
11	25-34			
12	35-44			
13	45-54			
14	55-64			
	NADD Males Age			
15	0-1			
16	2-14			
17	15-24			
18	25-34			
19	35-44			
20	45-54			
21	55-64			
22	65-69			
23	70-74			
24	75-79			
25	80-84			
26	85+			
	NADD Females Age			
27	0-1			
28	2-14			
29	15-24			
30	25-34			
31	35-44			
32	45-54			
33	55-64			
34	65-69			
35	70-74			
36	75-79			
37	80-84			
38	85+			

Total Estimated Amount for subCLIN 5001AA \$(b)(4)

\* Reference paragraphs 1 and 8 of The Schedule of Supplies or Services and Prices/Costs  
 ADD's over age 64 are included in the respective NAAD age category

**AMENDMENT OF SOLICITATION/MODIFICATION OF CONTRACT**

1. Contract ID Code: J  
 Page of Pages: 1 of 3

2. Amendment/Modification No. P00040  
 3. Effective Date: 4/29/08  
 4. Requisition/Purchase Req. No. 08-DPC-0054  
 5. Project No. (if applicable) 14348

6. Issued By: DEPARTMENT OF DEFENSE, TRICARE MANAGEMENT ACTIVITY/AM&S, 16401 E. CENTRETECH PARKWAY, AURORA, CO 80011-9066, PAMELA BALLARD 303 676-3647  
 Code H94002  
 7. Administered By (if other than Item 6): SEE BLOCK 6  
 Code

8. Name and Address of Contractor (No., Street, County, and Zip Code):  
 JOHNS HOPKINS MEDICAL SERVICE CORPORATION  
 6704 CURTIS COURT  
 GLEN BURNIE MD 21060-6406  
 Vendor ID: 00003550  
 DUNS: 069390037  
 CAGE: 1NXX2  
 (X) 9A. Amendment of Solicitation No.  
 9B. Date (See Item 11)  
 X 10A. Modification of Contract/Order No. H94002-03-C-0021  
 10B. Date (See Item 13) Jun 1, 2003  
 Code Facility Code

11. THIS ITEM ONLY APPLIES TO AMENDMENTS OF SOLICITATIONS  
 The above numbered solicitation is amended as set forth in item 14. The hour and date specified for receipt of Offers  is extended  is not extended. Offers must acknowledge receipt of this amendment prior to the hour and date specified in the solicitation or as amended; by one of the following methods:  
 (a) By completing items 8 and 15, and returning \_\_\_\_\_ copies of the amendment; (b) By acknowledging receipt of this amendment on each copy of the offer submitted; or (c) By separate letter or telegram which includes a reference to the solicitation and amendment numbers. FAILURE OF YOUR ACKNOWLEDGMENT TO BE RECEIVED AT THE PLACE DESIGNATED FOR THE RECEIPT OF OFFERS PRIOR TO THE HOUR AND DATE SPECIFIED MAY RESULT IN REJECTION OF YOUR OFFER. If by virtue of this amendment you desire to change an offer already submitted, such change may be made by telegram or letter, provided each telegram or letter makes reference to the solicitation and this amendment, and is received prior to the opening hour and date specified.

12. Accounting and Appropriation Data (if required)  
 See Block 14 \$ US (b)(4)

13. THIS ITEM APPLIES ONLY TO MODIFICATIONS OF CONTRACT/ORDERS. IT MODIFIES THE CONTRACT/ORDER NO. AS DESCRIBED IN ITEM 14.  
 (x) A. This change order is issued pursuant to: (Specify authority) The changes set forth in item 14 are made in the Contract Order No. in item 10A.  
 B. The above numbered Contract/Order is modified to reflect the administrative changes (such as changes in paying office, appropriation date, etc.) Set fourth item 14, pursuant to the authority of FAR 43.103 (b)  
 X C. This supplemental agreement is entered into pursuant to authority of: Paragraph 1 and 8 of the Schedule and 52.232-18 Availability of Funds (unilateral)  
 D. Other (Specify type of modification and authority)

E. IMPORTANT: Contractor  is not,  is required to sign this document and return \_\_\_\_\_ copies to the issuing office.

14. Description of Amendment/Modification (Organized by UCF section headings, including solicitation/contract subject matter where feasible.)

A. The purpose of this modification is to obligate FY08 funds for services to be provided in accordance with paragraphs 1 and 8 of the section of the Schedule of Supplies/Services entitled Supplies or Services and Prices/Costs during the period of performance of December 1, 2007 through May 31, 2008.  
 (see following pages)

Except as provided herein, all terms and conditions of the document referenced in item 9A or 10A, as heretofore changed, remains unchanged and in full force and effect.

15A. Name and Title of Signer (Type or Print)  
 16A. Name and title of Contracting Officer (Type or Print)  
 MARTIN A. MARTINEZ 303 676-3903  
 CONTRACTING OFFICER  
 martin.martinez@tma.osd.mil  
 15B. Contractor/Offeror  
 15C. Date Signed  
 16B. (b)(4)  
 16C. Date Signed 4/29/08  
 (Signature of person authorized to sign) (Signature of Contracting Officer)

SCHEDULE

Item No.	Supplies/Services	Quantity	Unit	Unit Price	Amount
5001AB	Comprehensive Health Care Services and Associated Support Services (October 1, 2007 - May 31, 2008)	(b)(4)			

B. As a result of this modification, Section B is hereby modified to increase the Not To Exceed cost amount of the sub-CLIN as shown below, and in the contract's schedule, page 2 of this modification.

SUB-CLIN	ESTIMATED COST CHANGE FROM	ESTIMATED COST CHANGE TO	ESTIMATED COST NET CHANGE	QTY	UNIT	TOTAL ESTIMATED COST CHANGE
5001AB	(b)(4)					

C. As a result of this modification, the sub-CLIN funding is changed as follows:

SUB-CLIN	PREVIOUS MOD	TOTAL PRIOR OBLIGATIONS	TOTAL CURRENT OBLIGATION	OBLIGATED THIS MODIFICATION	FY
5001AB	P28, P30, P31, P33, P34	(b)(4)			08

D. Accounting and Appropriation Data.

FY	FUND SITE	SUB-CLIN	AMOUNT	PR NUMBER
08	97XXXX5472 18D9 000000 (FY08)	5001AB	(b)(4)	08-DPC-0054
08	9708080130 1889 102000	5001AB		08-DPC-0054

Total Obligated This Modification

\$(b)(4)

E. As a result of this modification, the total contract price and total contract obligated amount is increased by \$(b)(4). All other terms and conditions of the contract remain in full force and effect.

**AMENDMENT OF SOLICITATION/MODIFICATION OF CONTRACT**

1. Contract ID Code: J  
 Page 1 of 4 Pages  
 2. Amendment/Modification No. P00042  
 3. Effective Date: 5/28/08  
 4. Requisition/Purchase Req. No. 08-DPC-0060  
 5. Project No. (if applicable) 14581

6. Issued By: DEPARTMENT OF DEFENSE  
 TRICARE MANAGEMENT ACTIVITY/AM&S  
 16401 E. CENTRETECH PARKWAY  
 AURORA, CO 80011-9066  
 SANDRA CLEVELAND 303-676-3439  
 Code H94002  
 7. Administered By (if other than Item 6) Code: SEE BLOCK 6

8. Name and Address of Contractor (No., Street, County, and Zip Code):  
 JOHNS HOPKINS MEDICAL SERVICE CORPORATION Vendor ID: 00003550  
 6704 CURTIS COURT DUNS: 069390037  
 GLEN BURNIE MD 21060-6406 CAGE: INXX2  
 9A. Amendment of Solicitation No.  
 9B. Date (See Item 11)  
 10A. Modification of Contract/Order No. H94002-03-C-0021  
 10B. Date (See Item 13) Jun 1, 2003

Code Facility Code  
 11. THIS ITEM ONLY APPLIES TO AMENDMENTS OF SOLICITATIONS

The above numbered solicitation is amended as set forth in item 14. The hour and date specified for receipt of Offers  is extended  is not extended. Offers must acknowledge receipt of this amendment prior to the hour and date specified in the solicitation or as amended, by one of the following methods:  
 (a) By completing items 8 and 15, and returning \_\_\_\_\_ copies of the amendment; (b) By acknowledging receipt of this amendment on each copy of the offer submitted; or (c) By separate letter or telegram which includes a reference to the solicitation and amendment numbers. FAILURE OF YOUR ACKNOWLEDGMENT TO BE RECEIVED AT THE PLACE DESIGNATED FOR THE RECEIPT OF OFFERS PRIOR TO THE HOUR AND DATE SPECIFIED MAY RESULT IN REJECTION OF YOUR OFFER. If by virtue of this amendment you desire to change an offer already submitted, such change may be made by telegram or letter, provided each telegram or letter makes reference to the solicitation and this amendment, and is received prior to the opening hour and date specified.

12. Accounting and Appropriation Data (if required)  
 See Block 14 \$ US (b)(4)

13. THIS ITEM APPLIES ONLY TO MODIFICATIONS OF CONTRACT/ORDERS. IT MODIFIES THE CONTRACT/ORDER NO. AS DESCRIBED IN ITEM 14.

- A. This change order is issued pursuant to: (Specify authority) The changes set forth in item 14 are made in the Contract Order No. in item 10A.
- B. The above numbered Contract/Order is modified to reflect the administrative changes (such as changes in paying office, appropriation date, etc.) Set forth item 14, pursuant to the authority of FAR 43.103 (b)
- C. This supplemental agreement is entered into pursuant to authority of: FAR 52.217-9, Option to Extend the Term of the Contract
- D. Other (Specify type of modification and authority)

E. IMPORTANT: Contractor  is not,  is required to sign this document and return 1 copies to the issuing office.

14. Description of Amendment/Modification (Organized by UCF section headings, including solicitation/contract subject matter where feasible.)

A. The purpose of this modification is to exercise the Option to Extend the Term of Contract, 1 June 2008 through 30 September 2008, in accordance with FAR clause 52.217-9.

Except as provided herein, all terms and conditions of the document referenced in item 9A or 10A, as heretofore changed, remains unchanged and in full force and effect.

15A. Name and Title of Signer (Type or Print): BARBARA G. COOK MD, PRESIDENT, JOHNS HOPKINS MEDICAL SERVICE CORPORATION  
 15B. Contractor/Officer: Barbara G. Cook MD (Signature)  
 15C. Date Signed: 5/28/08  
 16A. Name and title of Contracting Officer (Type or Print): MARTIN A. MARTINEZ, CONTRACTING OFFICER, martin.martinez@tma.osd.mil  
 16B. United States of America: Martin A. Martinez (Signature)  
 16C. Date Signed: 5/28/08

**SCHEDULE**

Item No.	Supplies/Services	Quantity	Unit	Unit Price	Amount
5001AB	Comprehensive Health Care Services and Associated Support Services (October 1, 2007 - September 30, 2008)	1	LT	221,239,408.76	221,239,408.76
5002AB	Travel (November 29, 2007 - September 30, 2008)  The Contractor shall obtain authorization from the Contracting Officer prior to incurring any expenses under this cost type Sub-CLIN. Payment for authorized expenses shall be approved by the COR and CO.	1	LT	NTE 15,000.00	15,000.00
5005AB	DITSCAP (November 29, 2007 - September 30, 2008)  The Contractor shall obtain authorization from the Contracting Officer prior to incurring any expenses under this cost type Sub-CLIN. Payment for authorized expenses shall be approved by the COR and CO.	1	LT	NTE 150,000.00	150,000.00

H94002-03-C-0021 Mod: P00042

B. In accordance with FAR clause 52.217-9 entitled, "Option to Extend the Term of the Contract (Mar 2008)", the Government hereby exercises the option to Extend the Term of the contract. As acknowledged by this modification, the period of performance as specified under Option Period four is hereby extended from 1 June 2008 through 30 September 2008.

C. As a result of the option to extend the term of the contract; the following clause update is also incorporated.

(1). FAR Clause 52.217-9, Option to Extend the Term of the Contract (Mar 2000), paragraph (c) is updated as follows: "The total duration of this contract, including the exercise of any options under this clause, shall not exceed 64 months".

D. Final Capitation Rates are incorporated as Exhibit 11.

E. Funding, which includes final capitation rates, for this modification is illustrated in the tables below.

SUB-CLIN	ESTIMATED COST CHANGE FROM	ESTIMATED COST CHANGE TO	ESTIMATED COST NET CHANGE	QTY	UNIT	TOTAL ESTIMATED COST CHANGE
5001AB	(b)(4)					

F. In consequence of this modification, the sub-CLIN funding is changed as follows:

SUB-CLIN	PREVIOUS MOD	TOTAL PRIOR OBLIGATIONS	TOTAL CURRENT OBLIGATION	OBLIGATED THIS MODIFICATION	FY
5001AB	P000040	(b)(4)			08

G. Accounting and Appropriation Data.

FY	FUND SITE	SUB-CLIN	AMOUNT	PR NUMBER
08	97XXXX5472 18D9 000000 (FY08)	5001AB	(b)(4)	08-DPC-0060
08	9708080130 1889 102000	5001AB	(b)(4)	08-DPC-0060

Total Obligated This Modification

H. The total contract price and total contract obligated amount is increased by \$(b)(4)

I. All other terms and conditions remain unchanged.

Exhibit 11

Option Period 4 – Final Capitations  
 subCLIN 5001AB – June 1, 2008 through September 30, 2008

Category Number	Category Description	Monthly Price	Annual Capitation
	ADD Males Age		
1	0-1	\$(b)(4)	
2	2-14	\$	
3	15-24	\$	
4	25-34	\$	
5	35-44	\$	
6	45-54	\$	
7	55-64	\$	
	ADD Females Age		
8	0-1	\$	
9	2-14	\$	
10	15-24	\$	
11	25-34	\$	
12	35-44	\$	
13	45-54	\$	
14	55-64	\$	
	NADD Males Age		
15	0-1	\$	
16	2-14	\$	
17	15-24	\$	
18	25-34	\$	
19	35-44	\$	
20	45-54	\$	
21	55-64	\$	
22	65-69	\$	
23	70-74	\$	
24	75-79	\$	
25	80-84	\$	
26	85+	\$	
	NADD Females Age		
27	0-1	\$	
28	2-14	\$	
29	15-24	\$	
30	25-34	\$	
31	35-44	\$	
32	45-54	\$	
33	55-64	\$	
34	65-69	\$	
35	70-74	\$	
36	75-79	\$	
37	80-84	\$	
38	85+	\$	

**AMENDMENT OF SOLICITATION/MODIFICATION OF CONTRACT**

1. Contract ID Code: J  
 Page 1 of Pages 3

2. Amendment/Modification No. P00043  
 3. Effective Date 7/29/08  
 4. Requisition/Purchase Req. No. 08-CMA-0276  
 5. Project No. (if applicable) 14581

6. Issued By Code H94002  
 DEPARTMENT OF DEFENSE  
 TRICARE MANAGEMENT ACTIVITY/AM&S  
 16401 E. CENTRETECH PARKWAY  
 AURORA, CO 80011-9066  
 SANDRA CLEVELAND 303-676-3439

7. Administered By (If other than Item 6) Code  
 SEE BLOCK 6

8. Name and Address of Contractor (No., Street, County, and Zip Code)  
 JOHNS HOPKINS MEDICAL SERVICE CORPORATIO Vendor ID: 00003550  
 6704 CURTIS COURT DUNS: 069390037  
 GLEN BURNIE MD 21060-6406 CAGE: INXX2

9A. Amendment of Solicitation No.  
 9B. Date (See Item 11)  
 10A. Modification of Contract/Order No. H94002-03-C-0021  
 10B. Date (See Item 13) Jun 1, 2003

Code Facility Code

**11. THIS ITEM ONLY APPLIES TO AMENDMENTS OF SOLICITATIONS**

The above numbered solicitation is amended as set forth in item 14. The hour and date specified for receipt of Offers  is extended  is not extended. Offers must acknowledge receipt of this amendment prior to the hour and date specified in the solicitation or as amended, by one of the following methods:  
 (a) By completing items 8 and 15, and returning \_\_\_\_\_ copies of the amendment; (b) By acknowledging receipt of this amendment on each copy of the offer submitted; or (c) By separate letter or telegram which includes a reference to the solicitation and amendment numbers. FAILURE OF YOUR ACKNOWLEDGMENT TO BE RECEIVED AT THE PLACE DESIGNATED FOR THE RECEIPT OF OFFERS PRIOR TO THE HOUR AND DATE SPECIFIED MAY RESULT IN REJECTION OF YOUR OFFER. If by virtue of this amendment you desire to change an offer already submitted, such change may be made by telegram or letter, provided each telegram or letter makes reference to the solicitation and this amendment, and is received prior to the opening hour and date specified.

12. Accounting and Appropriation Data (if required)  
 \$ US (b)(4)

**13. THIS ITEM APPLIES ONLY TO MODIFICATIONS OF CONTRACT/ORDERS. IT MODIFIES THE CONTRACT/ORDER NO. AS DESCRIBED IN ITEM 14.**

(x) A. This change order is issued pursuant to: (Specify authority) The changes set forth in item 14 are made in the Contract Order No. in item 10A.  
 B. The above numbered Contract/Order is modified to reflect the administrative changes (such as changes in paying office, appropriation date, etc.) Set fourth item 14, pursuant to the authority of FAR 43.103 (b)  
 X C. This supplemental agreement is entered into pursuant to authority of:  
 FAR 52.212-4 (c) Contract Terms and Conditions - Commercial Items  
 D. Other (Specify type of modification and authority)

**E. IMPORTANT:** Contractor  is not,  is required to sign this document and return 1 copies to the issuing office.

14. Description of Amendment/Modification (Organized by UCF section headings, including solicitation/contract subject matter where feasible.)

A. The purpose of this modification is to correct Modification P00042.

Except as provided herein, all terms and conditions of the document referenced in item 9A or 10A, as heretofore changed, remains unchanged and in full force and effect.

15A. Name and Title of Signer (Type or Print)  
 Patricia M.C. Brown  
 President, Johns Hopkins HealthCare LLC  
 Board of Directors Member, JHMSC

16A. Name and title of Contracting Officer (Type or Print)  
 MARTIN A. MARTINEZ 303 676-3903  
 CONTRACTING OFFICER  
 martin.martinez@tma.osd.mil

15B. Contractor/Offeror  
 [Signature]  
 (Signature of person authorized to sign)

15C. Date Signed  
 7/25/08

16B. United States of America  
 [Signature]  
 (Signature of Contracting Officer)

16C. Date Signed  
 7/29/08

**SCHEDULE**

Item No.	Supplies/Services	Quantity	Unit	Unit Price	Amount
5001AB	Comprehensive Health Care Services and Associated Support Services (October 1, 2007 - September 30, 2008)	1	LT	221,239,408.76	221,239,408.76
5002AB	Travel (October 1, 2007 - September 30, 2008)  The Contractor shall obtain authorization from the Contracting Officer prior to incurring any expenses under this cost type Sub-CLIN. Payment for authorized expenses shall be approved by the COR and CO.	1	LT	NTE 15,000.00	15,000.00
5005AB	DITSCAP (October 1, 2007 - September 30, 2008)  The Contractor shall obtain authorization from the Contracting Officer prior to incurring any expenses under this cost type Sub-CLIN. Payment for authorized expenses shall be approved by the COR and CO.	1	LT	NTE 150,000.00	150,000.00

B. Change Option Period Four CLIN 5002AB Period of Performance from 29 November 2007 through 30 September 2008 to read 1 October 2007 through 30 September 2008.

C. Change Option Period Four CLIN 5005AB Period of Performance from 29 November 07 through 30 September 2008 to read 1 October 2007 through 30 September 2008.

D. Change Paragraph B. as follows:

B. In accordance with FAR clause 52.217-9 entitled, "Option to Extend the Term of the Contract (Mar 2000)" the Government hereby exercises the option to Extend the Term of the contract. As acknowledged by this modification, the period of performance as specified under Option Period four is hereby extended from 31 May 2008 to 30 September 2008.

E. All other terms and conditions remain unchanged.

# AMENDMENT OF SOLICITATION/MODIFICATION OF CONTRACT

1. Contract ID Code  
J

Page 1 of Pages 3

2. Amendment/Modification No. P00044

3. Effective Date 6/27/08

4. Requisition/Purchase Req. No. 08-DPC-0065

5. Project No. (if applicable) 14193

6. Issued By Code H94002  
DEPARTMENT OF DEFENSE  
TRICARE MANAGEMENT ACTIVITY/AM&S  
16401 E. CENTRETECH PARKWAY  
AURORA, CO 80011-9066  
SANDRA CLEVELAND 303-676-3439

7. Administered By (If other than Item 6) Code  
SEE BLOCK 6

8. Name and Address of Contractor (No., Street, County, and Zip Code)  
JOHNS HOPKINS MEDICAL SERVICE CORPORATIO Vendor ID: 00003550  
6704 CURTIS COURT DUNS: 069390037  
GLEN BURNIE MD 21060-6406 CAGE: INXX2

9A. Amendment of Solicitation No.

9B. Date (See Item 11)

X 10A. Modification of Contract/Order No.  
H94002-03-C-0021

10B. Date (See Item 13)  
Jun 1, 2003

Code Facility Code

### 11. THIS ITEM ONLY APPLIES TO AMENDMENTS OF SOLICITATIONS

The above numbered solicitation is amended as set forth in item 14. The hour and date specified for receipt of Offers  is extended  is not extended. Offers must acknowledge receipt of this amendment prior to the hour and date specified in the solicitation or as amended, by one of the following methods: (a) By completing items 8 and 15, and returning \_\_\_\_\_ copies of the amendment; (b) By acknowledging receipt of this amendment on each copy of the offer submitted; or (c) By separate letter or telegram which includes a reference to the solicitation and amendment numbers. FAILURE OF YOUR ACKNOWLEDGMENT TO BE RECEIVED AT THE PLACE DESIGNATED FOR THE RECEIPT OF OFFERS PRIOR TO THE HOUR AND DATE SPECIFIED MAY RESULT IN REJECTION OF YOUR OFFER. If by virtue of this amendment you desire to change an offer already submitted, such change may be made by telegram or letter, provided each telegram or letter makes reference to the solicitation and this amendment, and is received prior to the opening hour and date specified.

12. Accounting and Appropriation Data (if required)  
SEE BLOCK 14 \$ US (b)(4)

### 13. THIS ITEM APPLIES ONLY TO MODIFICATIONS OF CONTRACT/ORDERS. IT MODIFIES THE CONTRACT/ORDER NO. AS DESCRIBED IN ITEM 14.

(x) A. This change order is issued pursuant to: (Specify authority) The changes set forth in item 14 are made in the Contract Order No. in item 10A.

X B. The above numbered Contract/Order is modified to reflect the administrative changes (such as changes in paying office, appropriation date, etc.) Set fourth item 14, pursuant to the authority of FAR 43.103 (b)

C. This supplemental agreement is entered into pursuant to authority of:

D. Other (Specify type of modification and authority)

E. IMPORTANT: Contractor  is not,  is required to sign this document and return \_\_\_\_\_ copies to the issuing office.

14. Description of Amendment/Modification (Organized by UCF section headings, including solicitation/contract subject matter where feasible.)

A. The purpose of this modification is to increase sub-Clin 4001AA Health care funding for Accrual Fund adjustment.

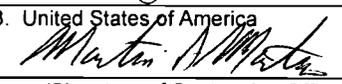
Except as provided herein, all terms and conditions of the document referenced in item 9A or 10A, as heretofore changed, remains unchanged and in full force and effect.

15A. Name and Title of Signer (Type or Print)

16A. Name and title of Contracting Officer (Type or Print)  
MARTIN A. MARTINEZ 303 676-3903  
CONTRACTING OFFICER  
martin.martinez@tma.osd.mil

15B. Contractor/Offoror

15C. Date Signed

16B. United States of America  
  
(Signature of Contracting Officer)

16C. Date Signed  
6/27/08

(Signature of person authorized to sign)

**SCHEDULE**

Item No.	Supplies/Services	Quantity	Unit	Unit Price	Amount
4001AA	Comprehensive Health Care Services and Associated Support Services. (June 1, 2006 - September 30, 2006) See Exhibit 7	(b)(4)			

B. As a result of this modification sub-CLIN 4001AA appropriation code 97XXXX5472 18D9 000000 (FY06) is increased in the amount of (b)(4)

C. Section B remains the same with no increase to the amount of the sub-CLIN as shown below and in the contract's schedule, page 2 of this modification.

sub-CLIN	ESTIMATED COST CHANGE FROM	ESTIMATED COST CHANGE TO	ESTIMATED COST NET CHANGE	QTY	UNIT	TOTAL ESTIMATED COST CHANGE
4001AA	(b)(4)					

D. As a result of this modification, the sub-CLIN funding is changed as follows:

sub-CLIN	PREVIOUS MOD	TOTAL PRIOR OBLIGATION	TOTAL CURRENT OBLIGATION	OBLIGATED THIS MODIFICATION	FY
4001AA	P17,P29,P36,P37,P39	(b)(4)			06

E. Accounting and Appropriation Data

FY	FUND SITE	SUB-CLIN	AMOUNT	PR NUMBER
06	97XXXX5472 18D9 000000 (FY06)	4001AA	(b)(4)	08-DPC-0065

F. As a result of this modification, the total contract amount is unchanged.

G. All other terms and conditions remain the same.

**AMENDMENT OF SOLICITATION/MODIFICATION OF CONTRACT** 1. Contract ID Code J Page 1 of Pages 3

2. Amendment/Modification No. P00045 3. Effective Date 8/14/08 4. Requisition/Purchase Req. No. 08-CMA-0286 5. Project No. (if applicable) 14329

6. Issued By DEPARTMENT OF DEFENSE TRICARE MANAGEMENT ACTIVITY/AM&S 16401 E. CENTRETECH PARKWAY AURORA, CO 80011-9066 SANDRA CLEVELAND 303-676-3439 Code H94002 7. Administered By (If other than Item 6) SEE BLOCK 6 Code

8. Name and Address of Contractor (No., Street, County, and Zip Code) JOHNS HOPKINS MEDICAL SERVICE CORPORATION Vendor ID: 00003550 6704 CURTIS COURT DUNS: 069390037 GLEN BURNIE MD 21060-6406 CAGE: 1NXX2 (X) 9A. Amendment of Solicitation No. 9B. Date (See Item 11) X 10A. Modification of Contract/Order No. H94002-03-C-0021 10B. Date (See Item 13) Jun 1, 2003

Code Facility Code 11. THIS ITEM ONLY APPLIES TO AMENDMENTS OF SOLICITATIONS

The above numbered solicitation is amended as set forth in item 14. The hour and date specified for receipt of Offers  is extended  is not extended. Offers must acknowledge receipt of this amendment prior to the hour and date specified in the solicitation or as amended, by one of the following methods: (a) By completing items 8 and 15, and returning \_\_\_ copies of the amendment; (b) By acknowledging receipt of this amendment on each copy of the offer submitted; or (c) By separate letter or telegram which includes a reference to the solicitation and amendment numbers. FAILURE OF YOUR ACKNOWLEDGMENT TO BE RECEIVED AT THE PLACE DESIGNATED FOR THE RECEIPT OF OFFERS PRIOR TO THE HOUR AND DATE SPECIFIED MAY RESULT IN REJECTION OF YOUR OFFER. If by virtue of this amendment you desire to change an offer already submitted, such change may be made by telegram or letter, provided each telegram or letter makes reference to the solicitation and this amendment, and is received prior to the opening hour and date specified.

12. Accounting and Appropriation Data (if required) \$ US (b)(4)

13. THIS ITEM APPLIES ONLY TO MODIFICATIONS OF CONTRACT/ORDERS. IT MODIFIES THE CONTRACT/ORDER NO. AS DESCRIBED IN ITEM 14.

- (x) A. This change order is issued pursuant to: (Specify authority) The changes set forth in item 14 are made in the Contract Order No. in item 10A.
- B. The above numbered Contract/Order is modified to reflect the administrative changes (such as changes in paying office, appropriation date, etc.) Set fourth item 14, pursuant to the authority of FAR 43.103 (b)
- X C. This supplemental agreement is entered into pursuant to authority of: 52.212-4 (c) Contract Terms and Conditions - Commercial Items
- D. Other (Specify type of modification and authority)

E. IMPORTANT: Contractor  is not,  is required to sign this document and return 1 copies to the issuing office.

14. Description of Amendment/Modification (Organized by UCF section headings, including solicitation/contract subject matter where feasible.)

A. The purpose of this modification is to deobligate Base Year funding for Fiscal Year 2003 and 2004.

Except as provided herein, all terms and conditions of the document referenced in item 9A or 10A, as heretofore changed, remains unchanged and in full force and effect.

15A. Name and Title of Signer (Type or Print) Patricia M.C. Brown President, Johns Hopkins HealthCare LLC Board of Directors Member, JHMSC 16A. Name and title of Contracting Officer (Type or Print) MARTIN A. MARTINEZ 303 676-3903 CONTRACTING OFFICER martin.martinez@tma.osd.mil 15B. Contractor/Offoror [Signature] 15C. Date Signed 8/11/08 16B. United States of America [Signature] 16C. Date Signed 8/14/08 (Signature of person authorized to sign) (Signature of Contracting Officer)

**SCHEDULE**

Item No.	Supplies/Services	Quantity	Unit	Unit Price	Amount
1001AA	Comprehensive Health Care Services and Associated Support Services. (June 1, 2003 - September 30, 2003)	(b)(4)			
1001AB	Comprehensive Health Care Services and Associated Support Services. (October 1, 2003 - May 31, 2004)				
1003AA	Transition Costs. (June 1, 2003 - September 30, 2003)	1	LT	127,073.00	127,073.00
1005AB	DITSCAP. (October 1, 2003 - May 31, 2004)	1	LT	76,747.80	76,747.80

B. As a result of this modification, Section B is hereby modified to decrease the estimated amount of the sub-CLIN's shown below and in the contract's schedule, page 2 of this modification. Please note the net change is from the total amount funded for the respective sub-CLIN, through the modification numbers noted in paragraph D below.

sub-CLIN	ESTIMATED PRICE/COST CHANGE FROM	ESTIMATED PRICE/COST CHANGE TO	ESTIMATED PRICE/COST NET CHANGE	QTY	UNIT	TOTAL ESTIMATED PRICE/COST CHANGE
1001AA	(b)(4)					
1003AA						
1001AB						
1005AB						

Total Price Change This Modification

(b)(4)

C. As a result of this modification, the sub-CLIN funding is changed as follows:

sub-CLIN	PREVIOUS MODs	TOTAL PRIOR OBLIGATIONS	TOTAL CURRENT OBLIGATION	OBLIGATED THIS MODIFICATION	FY
1001AA	Basic,A06,A09,A13,P32	(b)(4)			03
1003AA	Basic				03
1001AB	A02, A03, A07,A13, P16,P32				04
1005AB	A05,P32				04

Total Obligation This Modification

(b)(4)

D. Accounting and Appropriation Data.

FY	FUND SITE	sub-CLIN	AMOUNT	PR NUMBER
03	9703030130 1889 102000 (FY 03)	1001AA	(b)(4)	08-CMA-0286
03	97XXXX5472 18D9 000000 (FY03)	1001AA		08-CMA-0286
03	9703030130 1889 102000 (FY 03)	1003AA		08-CMA-0286
03	97XXXX5472 18D9 000000 (FY03)	1003AA		08-CMA-0286
04	9704040130 1889 102000	1001AB		08-CMA-0286
04	97XXXX5472 18D9 000000 (FY04)	1001AB		08-CMA-0286
04	9703030130 1889 102000 (FY 03)	1005AB		08-CMA-0286
	97XXXX5472 18D9 000000 (FY04)	1005AB		08-CMA-0286

Total Obligation This Modification

E. As a result of this modification, the total contract price is decreased by (b)(4) and the total contract obligated amount is decreased by (b)(4). All other terms and conditions of the contract remain in full force and effect.

**AMENDMENT OF SOLICITATION/MODIFICATION OF CONTRACT**

1. Contract ID Code: J  
 Page 1 of Pages 2  
 2. Amendment/Modification No. P00046  
 3. Effective Date: 10/10/08  
 4. Requisition/Purchase Req. No. 08-CMB-0391  
 5. Project No. (if applicable) 14623

6. Issued By: DEPARTMENT OF DEFENSE, TRICARE MANAGEMENT ACTIVITY/AM&S, 16401 E. CENTRETECH PARKWAY, AURORA, CO 80011-9066, MARTIN A. MARTINEZ 303 676-3903  
 Code H94002  
 7. Administered By (If other than Item 6): SEE BLOCK 6  
 Code

8. Name and Address of Contractor (No., Street, County, and Zip Code):  
 JOHNS HOPKINS MEDICAL SERVICE CORPORATIO Vendor ID: 00003550  
 6704 CURTIS COURT DUNS: 069390037  
 GLEN BURNIE MD 21060-6406 CAGE: 1NXX2  
 (X) 9A. Amendment of Solicitation No.  
 9B. Date (See Item 11)  
 X 10A. Modification of Contract/Order No. H94002-03-C-0021  
 10B. Date (See Item 13) Jun 1, 2002

Code Facility Code  
 11. THIS ITEM ONLY APPLIES TO AMENDMENTS OF SOLICITATIONS

The above numbered solicitation is amended as set forth in item 14. The hour and date specified for receipt of Offers  is extended  is not extended. Offers must acknowledge receipt of this amendment prior to the hour and date specified in the solicitation or as amended, by one of the following methods:  
 (a) By completing items 8 and 15, and returning \_\_\_\_\_ copies of the amendment; (b) By acknowledging receipt of this amendment on each copy of the offer submitted; or (c) By separate letter or telegram which includes a reference to the solicitation and amendment numbers. FAILURE OF YOUR ACKNOWLEDGMENT TO BE RECEIVED AT THE PLACE DESIGNATED FOR THE RECEIPT OF OFFERS PRIOR TO THE HOUR AND DATE SPECIFIED MAY RESULT IN REJECTION OF YOUR OFFER. If by virtue of this amendment you desire to change an offer already submitted, such change may be made by telegram or letter, provided each telegram or letter makes reference to the solicitation and this amendment, and is received prior to the opening hour and date specified.

12. Accounting and Appropriation Data (if required)  
 \$ US (b)(4)

13. THIS ITEM APPLIES ONLY TO MODIFICATIONS OF CONTRACT/ORDERS. IT MODIFIES THE CONTRACT/ORDER NO. AS DESCRIBED IN ITEM 14.

(x) A. This change order is issued pursuant to: (Specify authority) The changes set forth in item 14 are made in the Contract Order No. in item 10A.  
 B. The above numbered Contract/Order is modified to reflect the administrative changes (such as changes in paying office, appropriation date, etc.) Set fourth item 14, pursuant to the authority of FAR 43.103 (b)  
 X C. This supplemental agreement is entered into pursuant to authority of:  
 FAR 52.212-4 (a) Contract Terms and Conditions - Commercial Items  
 D. Other (Specify type of modification and authority)

E. IMPORTANT: Contractor  is not,  is required to sign this document and return 1 copies to the issuing office.

14. Description of Amendment/Modification (Organized by UCF section headings, including solicitation/contract subject matter where feasible.)

A. The purpose of this modification is to incorporate the attached Settlement Agreement dated October 2, 2008 between the Department of Defense, TRICARE Management Activity (TMA) and Johns Hopkins Medical Services Corporation (JHMSC)

Except as provided herein, all terms and conditions of the document referenced in item 9A or 10A, as heretofore changed, remains unchanged and in full force and effect.

15A. Name and Title of Signer (Type or Print): Patricia M. C. Brown, President, Johns Hopkins HealthCare LLC, Board of Directors Member, JHMSC  
 16A. Name and title of Contracting Officer (Type or Print): MARTIN A. MARTINEZ, CONTRACTING OFFICER, martin.martinez@tma.osd.mil, 303 676-3903  
 15B. Contractor/Officer: [Signature]  
 15C. Date Signed: 10/9/08  
 16B. United States of America: [Signature]  
 16C. Date Signed: 10/10/08

B. This modification hereby incorporates the Terms and Conditions of the attached Settlement Agreement between TMA and JHMSC which settles the Duplicate Payment Issue which arose under this contract and the TRICARE North Region contract with Health Net Federal Services (HNFS).

C. As stated in the attached Settlement Agreement, JHMSC will remit an amount of (b)(4) to TMA and shall be accomplished within 30 days of receipt of this fully executed modification.

D. Payment Instructions: Payment is to be by electronic funds transfer (EFT) using the following bank information: Fitzsimons Community Federal Credit Union, 14305 E. Alameda Ave, Suite B10, Aurora, CO 80012-2549; Routing Number: (b)(4) Account Number; (b)(4)

E. As specified in 10 U.S.C. Section 1079a, the funds being collected by this modification are hereby being credited to FY09 funds against accounting and appropriation 9709090130.1889.10200 in the amount of (b)(4)

F. No adjustment will be made the contract price therefore; the contract price and funding amounts remain unchanged.

G. All other contract Terms and Conditions remains unchanged.

**AMENDMENT OF SOLICITATION/MODIFICATION OF CONTRACT**

1. Contract ID Code: J Page 1 of Pages 3  
 2. Amendment/Modification No. P00047  
 3. Effective Date: 12/16/08  
 4. Requisition/Purchase Req. No. 09-DPC-0010  
 5. Project No. (if applicable) 14349

6. Issued By: DEPARTMENT OF DEFENSE, TRICARE MANAGEMENT ACTIVITY/CM, 16401 E. CENTRETECH PARKWAY, AURORA, CO 80011-9066, SANDRA CLEVELAND 303-676-3439  
 Code H94002  
 7. Administered By (if other than Item 6) SEE BLOCK 6  
 Code

8. Name and Address of Contractor (No., Street, County, and Zip Code):  
 JOHNS HOPKINS MEDICAL SERVICE CORPORATION Vendor ID: 00003550  
 6704 CURTIS COURT DUNS: 069390037  
 GLEN BURNIE MD 21060-6406 CAGE: INXX2  
 9A. Amendment of Solicitation No. (X)  
 9B. Date (See Item 11)  
 10A. Modification of Contract/Order No. H94002-03-C-0021 (X)  
 10B. Date (See Item 13) Jun 1, 2003  
 Code Facility Code

**11. THIS ITEM ONLY APPLIES TO AMENDMENTS OF SOLICITATIONS**

The above numbered solicitation is amended as set forth in item 14. The hour and date specified for receipt of Offers  is extended  is not extended. Offers must acknowledge receipt of this amendment prior to the hour and date specified in the solicitation or as amended, by one of the following methods:  
 (a) By completing items 8 and 15, and returning \_\_\_\_\_ copies of the amendment; (b) By acknowledging receipt of this amendment on each copy of the offer submitted; or (c) By separate letter or telegram which includes a reference to the solicitation and amendment numbers. FAILURE OF YOUR ACKNOWLEDGMENT TO BE RECEIVED AT THE PLACE DESIGNATED FOR THE RECEIPT OF OFFERS PRIOR TO THE HOUR AND DATE SPECIFIED MAY RESULT IN REJECTION OF YOUR OFFER. If by virtue of this amendment you desire to change an offer already submitted, such change may be made by telegram or letter, provided each telegram or letter makes reference to the solicitation and this amendment, and is received prior to the opening hour and date specified.

12. Accounting and Appropriation Data (if required)  
 See Block 14 \$ US (b)(4)

**13. THIS ITEM APPLIES ONLY TO MODIFICATIONS OF CONTRACT/ORDERS. IT MODIFIES THE CONTRACT/ORDER NO. AS DESCRIBED IN ITEM 14.**

(x) A. This change order is issued pursuant to: (Specify authority) The changes set forth in item 14 are made in the Contract Order No. in item 10A.  
 B. The above numbered Contract/Order is modified to reflect the administrative changes (such as changes in paying office, appropriation date, etc.) Set fourth item 14, pursuant to the authority of FAR 43.103 (b)  
 X C. This supplemental agreement is entered into pursuant to authority of:  
 FAR 52.212-4 (c) Contract Terms and Conditions - Commercial Items  
 D. Other (Specify type of modification and authority)

E. **IMPORTANT:** Contractor  is not,  is required to sign this document and return 1 copies to the issuing office.

**14. Description of Amendment/Modification (Organized by UCF section headings, including solicitation/contract subject matter where feasible.)**

A. The purpose of this modification is to increase funding, for Option Period Four, period of Performance October 1, 2007 through September 30, 2008, Health Care Services, sub-Clin 5001AB, in order to execute Enrollment Reconciliation Payment.

Except as provided herein, all terms and conditions of the document referenced in item 9A or 10A, as heretofore changed, remains unchanged and in full force and effect.

15A. Name and Title of Signer (Type or Print): Patricia M. C. Brown - Pres., Johns Hopkins Health Care LLC - Board of Directors, JHMSC  
 16A. Name and title of Contracting Officer (Type or Print): MARTIN A. MARTINEZ 303 676-3903 CONTRACTING OFFICER martin.martinez@tma.osd.mil  
 15B. Contractor/Officer: [Signature]  
 15C. Date Signed: 12/12/08  
 16B. United States of America: [Signature]  
 16C. Date Signed: 12/16/08

**SCHEDULE**

Item No.	Supplies/Services	Quantity	Unit	Unit Price	Amount
5001AB	Comprehensive Health Care Services and Associated Support Services (October 1, 2007 - September 30, 2008)				

(b)(4)

B. As a result of this modification, Section B is hereby modified to increase the Health Care sub-CLIN amount as shown below and in the contract's schedule, page 2 of this modification.

SUB-CLIN	ESTIMATED COST CHANGE FROM	ESTIMATED COST CHANGE TO	ESTIMATED COST NET CHANGE	QTY	UNIT	TOTAL ESTIMATED COST CHANGE
5001AB	(b)(4)					

C. In consequence of this modification, the sub-CLIN funding is changed as follows:

SUB-CLIN	PREVIOUS MOD	TOTAL PRIOR OBLIGATIONS	TOTAL CURRENT OBLIGATION	OBLIGATED THIS MODIFICATION	FY
5001AB	P28, P30, P31, P33, P34, P40,P42	(b)(4)			08
Total Obligated This Modification			(b)(4)		

D. Accounting and Appropriation Data

FY	FUND SITE	SUB-CLIN	AMOUNT	PR NUMBER
08	97080801301889102000	5001AB	(b)(4)	09-DPC-0010
Total Obligated This Modification			(b)(4)	

E. The total contract price and total contract obligated amount is increased by (b)(4)

F. All other terms and conditions remain unchanged.

**AMENDMENT OF SOLICITATION/MODIFICATION OF CONTRACT**

1. Contract ID Code: J Page 1 of Pages 3

2. Amendment/Modification No. P00048 3. Effective Date 1/5/09 4. Requisition/Purchase Req. No. 09-CMA-0044 5. Project No. (if applicable) 14207

6. Issued By: DEPARTMENT OF DEFENSE, TRICARE MANAGEMENT ACTIVITY/CM, 16401 E. CENTRETECH PARKWAY, AURORA, CO 80011-9066, MARTIN A. MARTINEZ 303 676-3903 Code H94002  
 7. Administered By (If other than Item 6) SEE BLOCK 6 Code

8. Name and Address of Contractor (No., Street, County, and Zip Code): JOHNS HOPKINS MEDICAL SERVICE CORPORATION, 6704 CURTIS COURT, GLEN BURNIE MD 21060-6406 Vendor ID: 00003550 DUNS: 069390037 CAGE: INXX2  
 9A. Amendment of Solicitation No. (X)  
 9B. Date (See Item 11)  
 10A. Modification of Contract/Order No. H94002-03-C-0021 X  
 10B. Date (See Item 13) Jun 1, 2003

Code Facility Code

**11. THIS ITEM ONLY APPLIES TO AMENDMENTS OF SOLICITATIONS**

The above numbered solicitation is amended as set forth in item 14. The hour and date specified for receipt of Offers  is extended  is not extended. Offers must acknowledge receipt of this amendment prior to the hour and date specified in the solicitation or as amended, by one of the following methods: (a) By completing items 8 and 15, and returning \_\_\_\_\_ copies of the amendment; (b) By acknowledging receipt of this amendment on each copy of the offer submitted; or (c) By separate letter or telegram which includes a reference to the solicitation and amendment numbers. FAILURE OF YOUR ACKNOWLEDGMENT TO BE RECEIVED AT THE PLACE DESIGNATED FOR THE RECEIPT OF OFFERS PRIOR TO THE HOUR AND DATE SPECIFIED MAY RESULT IN REJECTION OF YOUR OFFER. If by virtue of this amendment you desire to change an offer already submitted, such change may be made by telegram or letter, provided each telegram or letter makes reference to the solicitation and this amendment, and is received prior to the opening hour and date specified.

12. Accounting and Appropriation Data (if required) \$ US (b)(4)

**13. THIS ITEM APPLIES ONLY TO MODIFICATIONS OF CONTRACT/ORDERS. IT MODIFIES THE CONTRACT/ORDER NO. AS DESCRIBED IN ITEM 14.**

(x) A. This change order is issued pursuant to: (Specify authority) The changes set forth in item 14 are made in the Contract Order No. in item 10A.  
 B. The above numbered Contract/Order is modified to reflect the administrative changes (such as changes in paying office, appropriation date, etc.) Set fourth item 14, pursuant to the authority of FAR 43.103 (b)  
 X C. This supplemental agreement is entered into pursuant to authority of: 52.212-4 (c) Contract Terms and Conditions - Commercial Items  
 D. Other (Specify type of modification and authority)

**E. IMPORTANT:** Contractor  is not,  is required to sign this document and return 1 copies to the issuing office.

14. Description of Amendment/Modification (Organized by UCF section headings, including solicitation/contract subject matter where feasible.)

A. The purpose of this modification is to 1) decrease the Option Period 1 Health Care Sub-CLIN 2001AA estimated value and the total estimated contract price and 2) decrease the obligated amount of Sub-CLIN 2001AA.

Except as provided herein, all terms and conditions of the document referenced in item 9A or 10A, as heretofore changed, remains unchanged and in full force and effect.

15A. Name and Title of Signer (Type or Print) Patricia M. C. Brown, President, Johns Hopkins Healthcare LLC, Board of Directors, JHMSC  
 15B. Contractor/Offeror (Signature of person authorized to sign)  
 15C. Date Signed 12/22/08  
 16A. Name and title of Contracting Officer (Type or Print) MARTIN A. MARTINEZ, CONTRACTING OFFICER, martin.martinez@tma.osd.mil  
 16B. United States of America (Signature of Contracting Officer)  
 16C. Date Signed 1/5/09

SCHEDULE

Item No.	Supplies/Services	Quantity	Unit	Unit Price	Amount
2001AA	Comprehensive Health Care Services and Associated Support Services. (June 1, 2004 - September 30, 2004) See Exhibit 3	(b)(4)			

B. As a result of this modification, Section B is hereby modified to decrease the Sub-CLIN amount as shown below and in the contract's schedule, page 2 of this modification.

SUB-CLIN	ESTIMATED COST CHANGE FROM	ESTIMATED COST CHANGE TO	ESTIMATED COST NET CHANGE	QTY	UNIT	TOTAL ESTIMATED COST CHANGE
2001AA	(b)(4)					
Total Price Change This Modification				(b)(4)		

C. In consequence of this modification, the sub-CLIN funding is changed as follows:

SUB-CLIN	PREVIOUS MOD	TOTAL PRIOR OBLIGATIONS	TOTAL CURRENT OBLIGATION	OBLIGATED THIS MODIFICATION	FY
2001AA	A14, P02, P16, and P39	(b)(4)			04
Total Obligated This Modification			(b)(4)		

D. Accounting and Appropriation Data

FY	FUND SITE	SUB-CLIN	AMOUNT	PR NUMBER
04	9704040130.1889.102000	2001AA	(b)(4)	09-CMA-0044
04	97XXXX5472 18D9 000000 (FY04)	2001AA		09-CMA-0044
Total Obligated This Modification			(b)(4)	

E. The total contract price is decreased by (b)(4) and total contract obligated amount is decreased by (b)(4)

F. All other terms and conditions remain unchanged.

**AMENDMENT OF SOLICITATION/MODIFICATION OF CONTRACT**

1. Contract ID Code: J  
 Page 1 of Pages 3  
 2. Amendment/Modification No. P00049  
 3. Effective Date 3/31/09  
 4. Requisition/Purchase Req. No. 09-CMA-0060  
 5. Project No. (if applicable) 14207

6. Issued By: DEPARTMENT OF DEFENSE  
 TRICARE MANAGEMENT ACTIVITY/CM  
 16401 E. CENTRETECH PARKWAY  
 AURORA, CO 80011-9066  
 MARTIN A. MARTINEZ 303 676-3903  
 Code H94002  
 7. Administered By (If other than Item 6) SEE BLOCK 6  
 Code

8. Name and Address of Contractor (No., Street, County, and Zip Code)  
 JOHNS HOPKINS MEDICAL SERVICE CORPORATIO Vendor ID: 00003550  
 6704 CURTIS COURT DUNS: 069390037  
 GLEN BURNIE MD 21060-6406 CAGE: INXX2  
 9A. Amendment of Solicitation No. (X)  
 9B. Date (See Item 11)  
 10A. Modification of Contract/Order No. H94002-03-C-0021  
 10B. Date (See Item 13) Jun 1, 2003  
 Code Facility Code

11. THIS ITEM ONLY APPLIES TO AMENDMENTS OF SOLICITATIONS  
 The above numbered solicitation is amended as set forth in item 14. The hour and date specified for receipt of Offers  is extended  is not extended.  
 Offers must acknowledge receipt of this amendment prior to the hour and date specified in the solicitation or as amended, by one of the following methods:  
 (a) By completing items 8 and 15, and returning \_\_\_\_\_ copies of the amendment; (b) By acknowledging receipt of this amendment on each copy of the offer submitted; or (c) By separate letter or telegram which includes a reference to the solicitation and amendment numbers. FAILURE OF YOUR ACKNOWLEDGMENT TO BE RECEIVED AT THE PLACE DESIGNATED FOR THE RECEIPT OF OFFERS PRIOR TO THE HOUR AND DATE SPECIFIED MAY RESULT IN REJECTION OF YOUR OFFER. If by virtue of this amendment you desire to change an offer already submitted, such change may be made by telegram or letter, provided each telegram or letter makes reference to the solicitation and this amendment, and is received prior to the opening hour and date specified.

12. Accounting and Appropriation Data (if required)  
 \$ US (b)(4)

13. THIS ITEM APPLIES ONLY TO MODIFICATIONS OF CONTRACT/ORDERS.  
 IT MODIFIES THE CONTRACT/ORDER NO. AS DESCRIBED IN ITEM 14.  
 (x) A. This change order is issued pursuant to: (Specify authority) The changes set forth in item 14 are made in the Contract Order No. in item 10A.  
 B. The above numbered Contract/Order is modified to reflect the administrative changes (such as changes in paying office, appropriation date, etc.) Set fourth item 14, pursuant to the authority of FAR 43.103 (b)  
 X C. This supplemental agreement is entered into pursuant to authority of:  
 52.212-4 (c) Contract Terms and Conditions - Commercial Items  
 D. Other (Specify type of modification and authority)

E. IMPORTANT: Contractor  is not,  is required to sign this document and return 1 copies to the issuing office.

14. Description of Amendment/Modification (Organized by UCF section headings, including solicitation/contract subject matter where feasible.)

A. The purpose of this modification is to 1) decrease Health Care Sub-CLINs 2001AB and 3001AA's estimated value and 2) decrease the obligated amounts of Sub-CLINs 2001AB and 3001AA.

Except as provided herein, all terms and conditions of the document referenced in item 9A or 10A, as heretofore changed, remains unchanged and in full force and effect.

15A. Name and Title of Signer (Type or Print) Patricia M. C. Brown, President, Johns Hopkins HealthCare LLC, Board of Directors, JHMSC  
 16A. Name and title of Contracting Officer (Type or Print) MARTIN A. MARTINEZ, Contracting Officer, martin.martinez@tma.osd.mil  
 15B. Contractor/Offeror (Signature of person authorized to sign) [Signature]  
 15C. Date Signed 3/30/09  
 16B. United States of America (Signature of Contracting Officer) [Signature]  
 16C. Date Signed 3/31/09

**SCHEDULE**

Item No.	Supplies/Services	Quantity	Unit	Unit Price	Amount
2001AB	Comprehensive Health Care Services and Associated Support Services. (October 1, 2004 - May 31, 2005) See Exhibit 4		(b)(4)		
3001AA	Comprehensive Health Care Services and Associated Support Services. (June 1, 2005 - September 30, 2005) See Exhibit 5				

B. As a result of this modification, Section B is hereby modified to decrease the Sub-CLIN amount as shown below and in the contract's schedule, page 2 of this modification.

SUB-CLIN	ESTIMATED COST CHANGE FROM	ESTIMATED COST CHANGE TO	ESTIMATED COST NET CHANGE	QTY	UNIT	TOTAL ESTIMATED COST CHANGE
2001AB	(b)(4)					(b)(4)
3001AA	(b)(4)					
Total Price Change This Modification						(b)(4)

C. As a result of this modification, the sub-CLIN funding is changed as follows:

SUB-CLIN	PREVIOUS MOD	TOTAL PRIOR OBLIGATIONS	TOTAL CURRENT OBLIGATION	OBLIGATED THIS MODIFICATION	FY
2001AB	A14, P02, P16, and P39	(b)(4)			05
3001AA	P05, P10, P36, and P39	(b)(4)			05
Total Obligated This Modification					(b)(4)

D. Accounting and Appropriation Data

FY	FUND SITE	SUB-CLIN	AMOUNT	PR NUMBER
05	9705050130.1889.102000	2001AB	(b)(4)	09-CMA-0060
05	97XXXX5472 18D9 000000 (FY05)	2001AB	(b)(4)	09-CMA-0060
05	9705050130.1889.102000	3001AA	(b)(4)	09-CMA-0060
05	97XXXX5472 18D9 000000 (FY05)	3001AA	(b)(4)	09-CMA-0060
Total Obligated This Modification				(b)(4)

E. The total contract price is decreased by (b)(4) and total contract obligated amount is decreased by (b)(4) as a result of reconciling FY05 invoices as agreed to by TMA and the contractor.

F. All other terms and conditions remain unchanged.

AMENDMENT OF SOLICITATION/MODIFICATION OF CONTRACT				1. Contract ID Code	Page	of Pages
2. Amendment/Modification No. P00050		3. Effective Date 3/31/09	4. Requisition/Purchase Req. No. 09-DPC-0016		5. Project No. (if applicable) 14349	
6. Issued By DEPARTMENT OF DEFENSE TRICARE MANAGEMENT ACTIVITY/CM 16401 E. CENTRETECH PARKWAY AURORA, CO 80011-9066 SANDRA CLEVELAND 303-676-3439			Code H94002	7. Administered By (If other than Item 6) SEE BLOCK 6		Code
8. Name and Address of Contractor (No., Street, County, and Zip Code)  JOHNS HOPKINS MEDICAL SERVICE CORPORATION Vendor ID: 00003550 6704 CURTIS COURT DUNS: 069390037 GLEN BURNIE MD 21060-6406  CAGE: INXX2				(X)	9A. Amendment of Solicitation No.	
					9B. Date (See Item 11)	
				X	10A. Modification of Contract/Order No. H94002-03-C-0021	
					10B. Date (See Item 13) Jun 1, 2003	
Code		Facility Code				
11. THIS ITEM ONLY APPLIES TO AMENDMENTS OF SOLICITATIONS						
<input type="checkbox"/> The above numbered solicitation is amended as set forth in item 14. The hour and date specified for receipt of Offers <input type="checkbox"/> is extended <input type="checkbox"/> is not extended. Offers must acknowledge receipt of this amendment prior to the hour and date specified in the solicitation or as amended, by one of the following methods: (a) By completing items 8 and 15, and returning _____ copies of the amendment; (b) By acknowledging receipt of this amendment on each copy of the offer submitted; or (c) By separate letter or telegram which includes a reference to the solicitation and amendment numbers. FAILURE OF YOUR ACKNOWLEDGMENT TO BE RECEIVED AT THE PLACE DESIGNATED FOR THE RECEIPT OF OFFERS PRIOR TO THE HOUR AND DATE SPECIFIED MAY RESULT IN REJECTION OF YOUR OFFER. If by virtue of this amendment you desire to change an offer already submitted, such change may be made by telegram or letter, provided each telegram or letter makes reference to the solicitation and this amendment, and is received prior to the opening hour and date specified.						
12. Accounting and Appropriation Data (if required) See Block 14 \$ US (b)(4)						
13. THIS ITEM APPLIES ONLY TO MODIFICATIONS OF CONTRACT/ORDERS. IT MODIFIES THE CONTRACT/ORDER NO. AS DESCRIBED IN ITEM 14.						
(x)	A. This change order is issued pursuant to: (Specify authority) The changes set forth in item 14 are made in the Contract Order No. in item 10A.					
	B. The above numbered Contract/Order is modified to reflect the administrative changes (such as changes in paying office, appropriation date, etc.) Set forth item 14, pursuant to the authority of FAR 43.103 (b)					
X	C. This supplemental agreement is entered into pursuant to authority of: FAR 52.212-4 (c) Contract Terms and Conditions - Commercial Items					
	D. Other (Specify type of modification and authority)					
E. IMPORTANT: Contractor <input type="checkbox"/> is not, <input checked="" type="checkbox"/> is required to sign this document and return 1 copies to the issuing office.						

14. Description of Amendment/Modification (Organized by UCF section headings, including solicitation/contract subject matter where feasible.)

A. The purpose of this modification is to increase DITSCAP funding for Option Period Four, FY 2008 Period of Performance 1 October 2007 through 30 September 2008.

Except as provided herein, all terms and conditions of the document referenced in item 9A or 10A, as heretofore changed, remains unchanged and in full force and effect.

15A. Name and Title of Signer (Type or Print) Patricia M. C. Brown President, Johns Hopkins HealthCare LLC Board of Directors, JHMSC		16A. Name and title of Contracting Officer (Type or Print) MARTIN A. MARTINEZ Contracting Officer martin.martinez@tma.osd.mil		
15B. Contractor/Offeror Tetra Tech Inc (Signature of person authorized to sign)		15C. Date Signed 3/30/09	16B. United States of America (Signature of Contracting Officer)	
			16C. Date Signed 3/31/09	

NSN 7540-01-152-8070

30-105

STANDARD FORM 30 (REV. 10-83)

PREVIOUS EDITIONS UNUSABLE

Prescribed by GSA FAR (48 CFR) 53.243

**SCHEDULE**

Item No.	Supplies/Services	Quantity	Unit	Unit Price	Amount
5005AB	<p>DITSCAP (October 1, 2007 - September 30, 2008)</p> <p>The Contractor shall obtain authorization from the Contracting Officer prior to incurring any expenses under this cost type Sub-CLIN. Payment for authorized expenses shall be approved by the COR and CO.</p>	1	LT	<p align="right">NTE 175,532.00</p>	175,532.00

B. Increase funding for Option Period Four, Period of Performance 1 October 2007 through 30 September 2008, DITSCAP sub-CLIN 5005AB.

C. As a result of this modification, Section B is hereby modified to increase the DITSCAP sub-CLIN NOT TO EXCEED amount as shown below and in the contract's schedule, page 2 of this modification.

sub-CLIN	ESTIMATED COST CHANGE FROM	ESTIMATED COST CHANGE TO	ESTIMATED COST NET CHANGE	QTY	UNIT	TOTAL ESTIMATED COST CHANGE
5005AB	(b)(4)					

Total Price Change This Modification (b)(4)

D. As a result of this modification, the sub-CLIN funding is changed as follows:

sub-CLIN	PREVIOUS MOD	TOTAL PRIOR OBLIGATION	TOTAL CURRENT OBLIGATION	OBLIGATED THIS MODIFICATION	FY
5005AB	P35,42	(b)(4)			08

Total Price Change This Modification (b)(4)

E. Accounting and Appropriation Data:

FY	FUND SITE	sub-CLIN	AMOUNT	PRNUMBER
08	97XXXX5472 18D9 000000 (FY08)	5005AB	(b)(4)	09-DPC-0016
08	9708080130.1889.102000	5005AB		09-DPC-0016

F. The total contract price and total contract obligated amount is increased by (b)(4)

G. All other terms and conditions remain unchanged.

<b>AMENDMENT OF SOLICITATION/MODIFICATION OF CONTRACT</b>			1. Contract ID Code J	Page of Pages 1 3
2. Amendment/Modification No. P00051	3. Effective Date 7 Oct 09	4. Requisition/Purchase Req. No. 09-CMA-0200	5. Project No. (if applicable) 14125	
Issued By DEPARTMENT OF DEFENSE TRICARE MANAGEMENT ACTIVITY/CM 16401 E. CENTRETECH PARKWAY AURORA, CO 80011-9066 REBECCA REINEKE 303-676-3923		Code H94002	7. Administered By (if other than Item 6) SEE BLOCK 6	
8. Name and Address of Contractor (No., Street, County, and Zip Code)  JOHNS HOPKINS MEDICAL SERVICE CORPORATION Vendor ID: 00003550 6704 CURTIS COURT DUNS: 069390037 GLEN BURNIE MD 21060-6406 CAGE: INXX2			(X)	9A. Amendment of Solicitation No.
				9B. Date (See Item 11)
			X	10A. Modification of Contract/Order No. H94002-03-C-0021
				10B. Date (See Item 13) Jun 1, 2003
Code	Facility Code			

11. THIS ITEM ONLY APPLIES TO AMENDMENTS OF SOLICITATIONS

The above numbered solicitation is amended as set forth in item 14. The hour and date specified for receipt of Offers  is extended  is not extended. Offers must acknowledge receipt of this amendment prior to the hour and date specified in the solicitation or as amended, by one of the following methods:  
 (a) By completing items 8 and 15, and returning \_\_\_\_\_ copies of the amendment; (b) By acknowledging receipt of this amendment on each copy of the offer submitted; or (c) By separate letter or telegram which includes a reference to the solicitation and amendment numbers. FAILURE OF YOUR ACKNOWLEDGMENT TO BE RECEIVED AT THE PLACE DESIGNATED FOR THE RECEIPT OF OFFERS PRIOR TO THE HOUR AND DATE SPECIFIED MAY RESULT IN REJECTION OF YOUR OFFER. If by virtue of this amendment you desire to change an offer already submitted, such change may be made by telegram or letter, provided each telegram or letter makes reference to the solicitation and this amendment, and is received prior to the opening hour and date specified.

12. Accounting and Appropriation Data (if required)

See Block 14 \$ US (b)(4)

13. THIS ITEM APPLIES ONLY TO MODIFICATIONS OF CONTRACT/ORDERS.

IT MODIFIES THE CONTRACT/ORDER NO. AS DESCRIBED IN ITEM 14.

- A. This change order is issued pursuant to: (Specify authority) The changes set forth in item 14 are made in the Contract Order No. in item 10A.
- B. The above numbered Contract/Order is modified to reflect the administrative changes (such as changes in paying office, appropriation date, etc.) Set fourth item 14, pursuant to the authority of FAR 43.103 (b)
- C. This supplemental agreement is entered into pursuant to authority of:  
FAR 52.212-4(c) Contract Terms and Conditions - Commercial Items
- D. Other (Specify type of modification and authority)

**E. IMPORTANT:** Contractor  is not,  is required to sign this document and return 2 copies to the issuing office.

14. Description of Amendment/Modification (Organized by UCF section headings, including solicitation/contract subject matter where feasible.)

A. The purpose of this modification is to 1) decrease the estimated value of the contract Comprehensive Health Care Services and Associated Support Services Subcontract Line Item Numbers (SubCLINs) 3001AB, 4001AA, 4001AB, 5001AA, 5001AB; and 2) decrease the obligated amounts of SubCLINs 3001AB, 4001AA, 4001AB, 5001AA, 5001AB.

See Following Page(s)

Except as provided herein, all terms and conditions of the document referenced in item 9A or 10A, as heretofore changed, remains unchanged and in full force and effect.

15A. Name and Title of Signer (Type or Print) Patricia mc Brown Member, Board of Directors		16A. Name and title of Contracting Officer (Type or Print) ROSE ROACH 303-676-3675 Contracting Officer rose.roach@tma.osd.mil	
15B. Contractor/Officer Patricia mc Brown (Signature of person authorized to sign)	15C. Date Signed 10/5/09	16B. United States of America 	16C. Date Signed 7 Oct 09

NSN 7540-01-152-8070  
PREVIOUS EDITIONS UNUSABLE

30-105

STANDARD FORM 30 (REV. 10-83)  
Prescribed by GSA FAR (48 CFR) 53.243

**SCHEDULE**

Item No.	Supplies/Services	Quantity	Unit	Unit Price	Amount
3001AB	Comprehensive Health Care Services and Associated Support Services. (October 1, 2005 - May 31, 2006) See Exhibit 6	(b)(4)			
4001AA	Comprehensive Health Care Services and Associated Support Services. (June 1, 2006 - September 30, 2006) See Exhibit 7				
4001AB	Comprehensive Health Care Services and Associated Support Services. (October 1, 2006 - May 31, 2007) See Exhibit 8				
5001AA	Comprehensive Health Care Services and Associated Support Services (June 1, 2007 - September 30, 2007) See Exhibit 9				
5001AB	Comprehensive Health Care Services and Associated Support Services (October 1, 2007 - September 30, 2008)				

B. In accordance with paragraph A. above, and as a result of this modification, Section B is hereby modified to decrease the estimated amount of the SubCLINs depicted below, and in the contract schedule on page 2 of this modification. Please note the column titled "Estimated Price/Cost Net Change" in the table that follows reflects the difference between the Total Prior Obligated amounts, and the Total Current Obligations, as funded through the contract modifications listed in the table at paragraph C. of this document.

SubCLIN	Estimated Price/Cost Change FROM	Estimated Price/Cost Change TO	Estimated Price/Cost Net Change	Qty	Unit	Total Estimated Price/Cost Change
3001AB	(b)(4)					
4001AA						
4001AB						
5001AA						
5001AB						

Total Price Change this Modification (b)(4)

C. As a result of this modification, the SubCLIN funding is changed as follows:

SubCLIN	Previous Mods	Total Prior Obligations	Total Current Obligations	Obligated This Modification	FY
3001AB	P08, P09, P11, P12, P14, P29, P36, P39	(b)(4)			06
4001AA	P17, P29, P36, P37, P39, P44				06
4001AB	P17, P19, P20, P22, P23, P24, P25, P26, P29, P36, P39				07
5001AA	P28, P39				07
5001AB	P28, P30, P31, P33, P34, P40, P42, P47				08

Total Obligation Change this Modification (b)(4)

D. Accounting and Appropriation Data

FY	Fund Site	SubCLIN	Amount
06	9706060130 1889 102000	3001AB	(b)(4)
06	97XXXX5472 18D9 000000 (FY06)	3001AB	
06	9706060130 1889 102000	4001AA	
06	97XXXX5472 18D9 000000 (FY06)	4001AA	
07	9707070130 1889 102000	4001AB	
07	97XXXX5472 18D9 000000 (FY07)	4001AB	
07	9707070130 1889 102000	5001AA	
07	97XXXX5472 18D9 000000 (FY07)	5001AA	
08	97XXXX5472 18D9 000000 (FY08)	5001AB	

E. As a result of this modification, the total contract price is decreased by (b)(4) and the total contract obligated amount is decreased by (b)(4). All other terms and conditions of the contract remain in full force and effect.

<b>AMENDMENT OF SOLICITATION/MODIFICATION OF CONTRACT</b>			1. Contract ID Code J	Page of Pages 1 5
2. Amendment/Modification No. P00052	3. Effective Date 6-30-10	4. Requisition/Purchase Req. No. 10-CMA-0048	5. Project No. (if applicable) 14125	
6. Issued By DEPARTMENT OF DEFENSE TRICARE MANAGEMENT ACTIVITY/CM 16401 E. CENTRETECH PARKWAY AURORA, CO 80011-9066 REBECCA REINEKE 303-676-3923		Code H94002	7. Administered By (If other than Item 6) SEE BLOCK 6 Code	
8. Name and Address of Contractor (No., Street, County, and Zip Code)  JOHNS HOPKINS MEDICAL SERVICE CORPORATION Vendor ID: 00003550 6704 CURTIS COURT DUNS: 069390037 GLEN BURNIE MD 21060-6406 CAGE: INXX2			(X)	9A. Amendment of Solicitation No.
				9B. Date (See Item 11)
			X	10A. Modification of Contract/Order No. H94002-03-C-0021
				10B. Date (See Item 13) Jun 1, 2003
Code	Facility Code			

11. THIS ITEM ONLY APPLIES TO AMENDMENTS OF SOLICITATIONS

The above numbered solicitation is amended as set forth in Item 14. The hour and date specified for receipt of Offers  is extended  is not extended. Offers must acknowledge receipt of this amendment prior to the hour and date specified in the solicitation or as amended, by one of the following methods: (a) By completing items 8 and 15, and returning \_\_\_\_\_ copies of the amendment; (b) By acknowledging receipt of this amendment on each copy of the offer submitted; or (c) By separate letter or telegram which includes a reference to the solicitation and amendment numbers. FAILURE OF YOUR ACKNOWLEDGMENT TO BE RECEIVED AT THE PLACE DESIGNATED FOR THE RECEIPT OF OFFERS PRIOR TO THE HOUR AND DATE SPECIFIED MAY RESULT IN REJECTION OF YOUR OFFER. If by virtue of this amendment you desire to change an offer already submitted, such change may be made by telegram or letter, provided each telegram or letter makes reference to the solicitation and this amendment, and is received prior to the opening hour and date specified.

12. Accounting and Appropriation Data (if required)  
See Block 14 \$ US (b)(4)

13. THIS ITEM APPLIES ONLY TO MODIFICATIONS OF CONTRACT/ORDERS.  
IT MODIFIES THE CONTRACT/ORDER NO. AS DESCRIBED IN ITEM 14.

(x)	A. This change order is issued pursuant to: (Specify authority) The changes set forth in Item 14 are made in the Contract Order No. in Item 10A.
	B. The above numbered Contract/Order is modified to reflect the administrative changes (such as changes in paying office, appropriation date, etc.) Set fourth item 14, pursuant to the authority of FAR 43.103 (b)
X	C. This supplemental agreement is entered into pursuant to authority of: FAR 52.212-4(c) Contract Terms and Conditions - Commercial Items
	D. Other (Specify type of modification and authority)

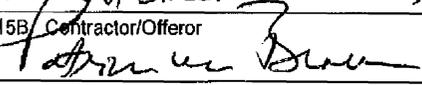
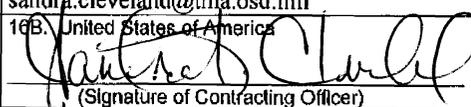
E. IMPORTANT: Contractor  is not,  is required to sign this document and return 2 copies to the issuing office.

14. Description of Amendment/Modification (Organized by UCF section headings, including solicitation/contract subject matter where feasible.)

A. The purpose of this modification is to 1) decrease the estimated value of the contract Travel, DITSCAP, and Data Contractor Transition Activity Subcontract Line Item Numbers (SubCLINs), and 2) decrease the obligated amounts of the same CLINs.

See Following Page(s)

Except as provided herein, all terms and conditions of the document referenced in item 9A or 10A, as heretofore changed, remains unchanged and in full force and effect.

15A. Name and Title of Signer (Type or Print) Patricia M.C. Brown President, Johns Hopkins Healthcare LLC Board of Directors Member, JHMSC		16A. Name and title of Contracting Officer (Type or Print) SANDRA K. CLEVELAND 303-676-3439 Contracting Officer sandra.cleveland@tma.osd.mil	
15B. Contractor/Officer  (Signature of person authorized to sign)	15C. Date Signed 6/29/10	16B. United States of America  (Signature of Contracting Officer)	16C. Date Signed 6-30-10

NSN 7540-01-152-8070

30-105

STANDARD FORM 30 (REV. 10-83)

Prescribed by GSA FAR (48 CFR) 53.243

**SCHEDULE**

Item No.	Supplies/Services	Quantity	Unit	Unit Price	Amount
3002AB	Travel. (October 1, 2005 - May 31, 2006)	1	LT	3,977.73	3,977.73
3005AB	DITSCAP (October 1, 2005 - May 31, 2006).  The Contractor shall obtain authorization from the Contracting Officer prior to incurring any expenses under this cost type CLIN. Payment for authorized expenses shall be approved by the COR and CO.	1	LT	NTE 85,364.15	85,364.15
4002AA	Travel (June 1, 2006 - September 30, 2006)  The Contractor shall obtain authorization from the Contracting Officer prior to incurring any expenses under this cost type Sub-CLIN. Payment for authorized expenses shall be approved by the COR and CO.	1	LT	NTE 1,033.16	1,033.16
4002AB	Travel (October 1, 2006 - May 31, 2007)  The Contractor shall obtain authorization from the Contracting Officer prior to incurring any expenses under this cost type sub-CLIN. Payment for authorized expenses shall be approved by the COR and CO.	1	LT	NTE 9,732.35	9,732.35
4005AA	DITSCAP (June 1, 2006 - September 30, 2006)  The Contractor shall obtain authorization from the Contracting Officer prior to incurring any expenses under this cost type Sub-CLIN. Payment for authorized expenses shall be approved by the COR and CO.	1	LT	NTE 0.00	0.00
4005AB	DITSCAP (October 1, 2006 - May 31, 2007)  The Contractor shall obtain authorization from the Contracting Officer prior to incurring any expenses under this cost type sub-CLIN. Payment for authorized expenses shall be approved by the COR and CO.	1	LT	NTE 11,584.00	11,584.00
4006	Data Contractor Transition Activity.  The Contractor shall obtain authorization from the Contracting Officer prior to incurring any expenses under this cost type Sub-CLIN. Payment for authorized expenses shall be approved by the COR and CO.	1	LT	NTE 0.00	0.00
5002AA	Travel (June 1, 2007 - September 30, 2007)  The Contractor shall obtain authorization from the Contracting Officer prior to incurring any expenses under this cost type Sub-CLIN. Payment for authorized expenses shall be approved by the COR and CO.	1	LT	NTE 0.00	0.00

**SCHEDULE**

Item No.	Supplies/Services	Quantity	Unit	Unit Price	Amount
5002AB	Travel (October 1, 2007 - September 30, 2008)  The Contractor shall obtain authorization from the Contracting Officer prior to incurring any expenses under this cost type Sub-CLIN. Payment for authorized expenses shall be approved by the COR and CO.	1	LT	NTE 1,630.82	1,630.82
5005AA	DITSCAP (June 1, 2007 - September 30, 2007)  The Contractor shall obtain authorization from the Contracting Officer prior to incurring any expenses under this cost type Sub-CLIN. Payment for authorized expenses shall be approved by the COR and CO.	1	LT	NTE 34,750.60	34,750.60

B. In accordance with paragraph A. above, and as a result of this modification, Section B is hereby modified to decrease the estimated amount of the SubCLINs depicted below, and in the contract schedule on page 2 of this modification. Please note the column titled “Estimated Price/Cost Net Change” in the table that follows reflects the difference between the Total Prior Obligated amounts, and the Total Current Obligations, as funded through the contract modifications listed in the table at paragraph C. of this document.

SubCLIN	Estimated Price/Cost Change FROM	Estimated Price/Cost Change TO	Estimated Price/Cost Net Change	Qty	Unit	Total Estimated Price/Cost Change
3002AB	(b)(4)					
3005AB						
4002AA						
4002AB						
4005AA						
4005AB						
4006						
5002AA						
5002AB						
5005AA						

Total Price Change this Modification (b)(4)

C. As a result of this modification, the SubCLIN funding is changed as follows:

SubCLIN	Previous Mods	Total Prior Obligations	Total Current Obligations	Obligated This Modification	FY
3002AB	P08, P09	(b)(4)			06
3005AB	P12, P13				06
4002AA	P17				06
4002AB	P27				07
4005AA	P17, P18				06
4005AB	P27				07
4006	P18				06
5002AA	P28				07
5002AB	P35				08
5005AA	P28				07

Total Obligation Change this Modification (b)(4)

D. Accounting and Appropriation Data

<b>FY</b>	<b>Fund Site</b>	<b>SubCLIN</b>	<b>Amount</b>
06	9706060130 1889 102000	3002AB	(b)(4)
06	97XXXX5472 18D9 000000 (FY06)	3002AB	(b)(4)
06	9706060130 1889 102000	3005AB	(b)(4)
06	97XXXX5472 18D9 000000 (FY06)	3005AB	(b)(4)
06	9706060130 1889 102000	4002AA	(b)(4)
06	97XXXX5472 18D9 000000 (FY06)	4002AA	(b)(4)
06	9706060130 1889 102000	4005AA	(b)(4)
06	97XXXX5472 18D9 000000 (FY06)	4005AA	(b)(4)
06	9706060130 1889 102000	4006	(b)(4)
06	97XXXX5472 18D9 000000 (FY06)	4006	(b)(4)
07	9707070130 1889 102000	4002AB	(b)(4)
07	97XXXX5472 18D9 000000 (FY07)	4002AB	(b)(4)
07	9707070130 1889 102000	4005AB	(b)(4)
07	97XXXX5472 18D9 000000 (FY07)	4005AB	(b)(4)
07	9707070130 1889 102000	5002AA	(b)(4)
07	97XXXX5472 18D9 000000 (FY07)	5002AA	(b)(4)
07	9707070130 1889 102000	5005AA	(b)(4)
07	97XXXX5472 18D9 000000 (FY07)	5005AA	(b)(4)
08	9708080130 1889 102000	5002AB	(b)(4)
08	97XXXX5472 18D9 000000 (FY08)	5002AB	(b)(4)

E. As a result of this modification, the total contract price is decreased by (b)(4) and the total contract obligated amount is decreased by (b)(4). All other terms and conditions of the contract remain in full force and effect.

**AMENDMENT OF SOLICITATION/MODIFICATION OF CONTRACT** 1. Contract ID Code J Page 1 of Pages 3

2. Amendment/Modification No. P00053 3. Effective Date 5 Mar 2010 4. Requisition/Purchase Req. No. 10-DPC-0028 5. Project No. (If applicable) 14348

6. Issued By Code H94002 DEPARTMENT OF DEFENSE TRICARE MANAGEMENT ACTIVITY/CM 16401 E. CENTRETECH PARKWAY AURORA, CO 80011-9066 REBECCA REINEKE 303-676-3923 7. Administered By (If other than Item 6) Code SEE BLOCK 6

8. Name and Address of Contractor (No., Street, County, and Zip Code) JOHN HOPKINS MEDICAL SERVICE CORPORATION Vendor ID: 00003550 6704 CURTIS COURT DUNS: 069390037 GLEN BURNIE MD 21060-6406 CAGE: INXX2 (X) 9A. Amendment of Solicitation No. 9B. Date (See Item 11) X 10A. Modification of Contract/Order No. H94002-03-C-0021 10B. Date (See Item 13) Jun 1, 2003

Code Facility Code

11. THIS ITEM ONLY APPLIES TO AMENDMENTS OF SOLICITATIONS  
 The above numbered solicitation is amended as set forth in item 14. The hour and date specified for receipt of Offers  is extended  is not extended. Offers must acknowledge receipt of this amendment prior to the hour and date specified in the solicitation or as amended, by one of the following methods: (a) By completing items 8 and 15, and returning \_\_\_\_\_ copies of the amendment; (b) By acknowledging receipt of this amendment on each copy of the offer submitted; or (c) By separate letter or telegram which includes a reference to the solicitation and amendment numbers. FAILURE OF YOUR ACKNOWLEDGMENT TO BE RECEIVED AT THE PLACE DESIGNATED FOR THE RECEIPT OF OFFERS PRIOR TO THE HOUR AND DATE SPECIFIED MAY RESULT IN REJECTION OF YOUR OFFER. If by virtue of this amendment you desire to change an offer already submitted, such change may be made by telegram or letter, provided each telegram or letter makes reference to the solicitation and this amendment, and is received prior to the opening hour and date specified.

12. Accounting and Appropriation Data (if required)  
 See Block 14 \$ US (b)(4)

13. THIS ITEM APPLIES ONLY TO MODIFICATIONS OF CONTRACT/ORDERS. IT MODIFIES THE CONTRACT/ORDER NO. AS DESCRIBED IN ITEM 14.

(x) A. This change order is issued pursuant to: (Specify authority) The changes set forth in item 14 are made in the Contract Order No. in item 10A.  
 B. The above numbered Contract/Order is modified to reflect the administrative changes (such as changes in paying office, appropriation date, etc.) Set forth in item 14, pursuant to the authority of FAR 43.103 (b)  
 X C. This supplemental agreement is entered into pursuant to authority of: FAR 52.212-4(c) Contract Terms and Conditions - Commercial Items  
 D. Other (Specify type of modification and authority)

E. IMPORTANT: Contractor  is not,  is required to sign this document and return 2 copies to the issuing office.

14. Description of Amendment/Modification (Organized by UCF section headings, including solicitation/contract subject matter where feasible.)

A. The purpose of this modification is to 1) increase the value of Sub-CLIN 5005AB DITSCAP (October 1, 2007 - September 30, 2008), and 2) increase the obligated amount of the same Sub-CLIN.

See Following Page(s)

Except as provided herein, all terms and conditions of the document referenced in item 9A or 10A, as heretofore changed, remains unchanged and in full force and effect.

15A. Name and Title of Signer (Type or Print) Patricia M. C. Brown, President, Johns Hopkins HealthCare LLC, Board of Directors Member, JAMSC 16A. Name and title of Contracting Officer (Type or Print) SANDRA K. CLEVELAND 303-676-3439 Contracting Officer sandra.cleveland@tma.osd.mil 15B. Contractor/Officer (Signature of person authorized to sign) [Signature] 15C. Date Signed 3/4/10 16B. United States of America (Signature of Contracting Officer) [Signature] 16C. Date Signed 5 Mar 2010

**SCHEDULE**

Item No.	Supplies/Services	Quantity	Unit	Unit Price	Amount
5005AB	<p>DITSCAP (October 1, 2007 - September 30, 2008)</p> <p>The Contractor shall obtain authorization from the Contracting Officer prior to incurring any expenses under this cost type Sub-CLIN. Payment for authorized expenses shall be approved by the COR and CO.</p>	1	LT	<p align="right">NTE 200,605.80</p>	200,605.80

B. In accordance with paragraph A. above, and as a result of this modification, Section B is hereby modified to increase the estimated amount of the Sub-CLIN depicted below, and in the contract schedule on page 2 of this modification.

Sub-CLIN	ESTIMATED COST CHANGE FROM	ESTIMATED COST CHANGE TO	ESTIMATED COST NET CHANGE	QTY	UNIT	TOTAL ESTIMATED COST CHANGE
5005AB	(b)(4)					

C. As a result of this modification, the sub-CLIN funding is changed as follows:

Sub-CLIN	PREVIOUS MOD	TOTAL PRIOR OBLIGATIONS	TOTAL CURRENT OBLIGATION	OBLIGATED THIS MODIFICATION	FY
5005AB	P35, P42, P50	(b)(4)			08

D. Accounting and Appropriation Data.

FY	FUND SITE	Sub-CLIN	AMOUNT	PR NUMBER
08	97XXXX5472 18D9 000000 (FY08)	5005AB	(b)(4)	10-DPC-0028
08	9708080130 1889 102000	5005AB		10-DPC-0028

Total Obligated This Modification

(b)(4)

E. As a result of this modification, the total contract value and obligated amount is increased by (b)(4). All other terms and conditions of the contract remain in full force and effect.

# AMENDMENT OF SOLICITATION/MODIFICATION OF CONTRACT

1. Contract ID Code: J  
 Page 1 of Pages 3

2. Amendment/Modification No. P00054  
 3. Effective Date: 10/26/10  
 4. Requisition/Purchase Req. No. 11-CMA-0002  
 5. Project No. (if applicable) 14348

6. Issued By Code H94002  
 DEPARTMENT OF DEFENSE  
 TRICARE MANAGEMENT ACTIVITY/CM  
 16401 E. CENTRETECH PARKWAY  
 AURORA, CO 80011-9066  
 TOM YORK 303-676-3953  
 7. Administered By (if other than Item 6) Code  
 SEE BLOCK 6

8. Name and Address of Contractor (No., Street, County, and Zip Code)  
 JOHNS HOPKINS MEDICAL SERVICE CORPORATIO Vendor ID: 00003550  
 6704 CURTIS COURT DUNS: 069390037  
 GLEN BURNIE MD 21060-6406 CAGE: 1NXX2  
 9A. Amendment of Solicitation No. (X)  
 9B. Date (See Item 11)  
 10A. Modification of Contract/Order No. H94002-03-C-0021  
 10B. Date (See Item 13) Jun 1, 2003  
 Code Facility Code

### 11. THIS ITEM ONLY APPLIES TO AMENDMENTS OF SOLICITATIONS

The above numbered solicitation is amended as set forth in item 14. The hour and date specified for receipt of Offers  is extended  is not extended. Offers must acknowledge receipt of this amendment prior to the hour and date specified in the solicitation or as amended, by one of the following methods:  
 (a) By completing items 8 and 15, and returning \_\_\_\_\_ copies of the amendment; (b) By acknowledging receipt of this amendment on each copy of the offer submitted; or (c) By separate letter or telegram which includes a reference to the solicitation and amendment numbers. FAILURE OF YOUR ACKNOWLEDGMENT TO BE RECEIVED AT THE PLACE DESIGNATED FOR THE RECEIPT OF OFFERS PRIOR TO THE HOUR AND DATE SPECIFIED MAY RESULT IN REJECTION OF YOUR OFFER. If by virtue of this amendment you desire to change an offer already submitted, such change may be made by telegram or letter, provided each telegram or letter makes reference to the solicitation and this amendment, and is received prior to the opening hour and date specified.

### 12. Accounting and Appropriation Data (if required)

See Block 14 \$ US (b)(4)

### 13. THIS ITEM APPLIES ONLY TO MODIFICATIONS OF CONTRACT/ORDERS. IT MODIFIES THE CONTRACT/ORDER NO. AS DESCRIBED IN ITEM 14.

(x) A. This change order is issued pursuant to: (Specify authority) The changes set forth in item 14 are made in the Contract Order No. in item 10A.  
 B. The above numbered Contract/Order is modified to reflect the administrative changes (such as changes in paying office, appropriation date, etc.) Set fourth item 14, pursuant to the authority of FAR 43.103 (b)  
 X C. This supplemental agreement is entered into pursuant to authority of:  
 FAR 52.212-4(c) Contract Terms and Conditions -Commercial Items  
 D. Other (Specify type of modification and authority)

E. IMPORTANT: Contractor  is not,  is required to sign this document and return 1 copies to the issuing office.

### 14. Description of Amendment/Modification (Organized by UCF section headings, including solicitation/contract subject matter where feasible.)

A. The purpose of this modification is to delete Modification P00053 in entirety. An inadvertent error led to that obligation modification.

See following pages.

Except as provided herein, all terms and conditions of the document referenced in item 9A or 10A, as heretofore changed, remains unchanged and in full force and effect.

15A. Name and Title of Signer (Type or Print) Patricia M. C. Brown President, Johns Hopkins HealthCare LLC Board of Directors Member, JHM SC		16A. Name and title of Contracting Officer (Type or Print) SANDRA K. CLEVELAND 303-676-3439 Contracting Officer sandra.cleveland@tma.osd.mil	
15B. Contractor/Offeror 	15C. Date Signed 10/21/10	16B. United States of America 	16C. Date Signed 10/26/10
(Signature of person authorized to sign)		(Signature of Contracting Officer)	

**SCHEDULE**

Item No.	Supplies/Services	Quantity	Unit	Unit Price	Amount
5005AB	DITSCAP (October 1, 2007 - September 30, 2008)  The Contractor shall obtain authorization from the Contracting Officer prior to incurring any expenses under this cost type Sub-CLIN. Payment for authorized expenses shall be approved by the COR and CO.	1	LT	NTE 175,532.00	175,532.00

B. The deletion of Modification P00053 necessitates the following change:

Accounting and Appropriation:

FY	Fund Site	Amount	Original PR	CLIN
08	97XXXX5472.18D9.000000	(b)(4)	10-DPC-0028	5005AB
08	9708080130.1889.102000		10-DPC-0028	5005AB

C. As a result of this modification, the current total contract value as well as total obligated value of Sub-CLIN 5005AB, DITSCAP (October 1, 2007 – September 30, 2008) is (b)(4). All other terms and conditions of the contract remain in full force and effect.