



**DELAWARE HEALTH
AND SOCIAL SERVICES**

DIVISION OF
MEDICAID & MEDICAL ASSISTANCE

TELEPHONE: (302) 255-9500

DATE: July 28, 2017
ISSUED BY: Department of Health and Social Services
Division of Medicaid & Medical Assistance
(302) 255-9500
SUBJECT: AWARD NOTICE
Contract No. HSS 15-060
Pharmacy PDL & Supplemental Support

1. CONTRACT PERIOD

The vendor's contract shall be valid from August 15, 2016 through June 30, 2019.

The contract shall be for the three years with two optional extensions for a period of one (1) year for each extension through negotiation between the contractor and Division of Medicaid and Medical Assistance. Negotiation may be initiated no later than twenty (20) days prior to the termination of the current agreement.

2. VENDOR(S)

Goold Health Systems
c/o Change Healthcare
Attention: Legal Dept/Pharmacy Div.
3055 Lebanon Pike
Nashville, TN 37214

3. PRICING

Prices will remain firm for the initial term of the contract.

Vendor Name	PRICE
Goold Health Systems	\$1,065,000.00