

STATE OF CONNECTICUT
DEPARTMENT OF SOCIAL SERVICES

CONTRACT AMENDMENT

Contractor: XEROX STATE HEALTH CARE, LLC
Contractor Address: 9040 ROSWELL ROAD, SUITE 700, ATLANTA, GA 30350
Contract Number: 999ACS-HUS-02 / 07DSS1101AF
Amendment Number: A6
Amount as Amended: \$117,875,259.00
Contract Term as Amended: 02/01/07 - 12/31/16

The contract between **Xerox State Health Care, LLC** ("Xerox" or the Contractor) and the Department of Social Services (the Department), which was last executed by the parties and approved by the Office of the Attorney General on 04/03/13, is hereby further amended as follows:

- A. The total maximum amount payable under this contract is increased by \$56,154,296.00 from \$61,720,963.00 to \$117,875,259.00.
- B. The term of the contract is extended for an additional thirty-six months and the contract expiration date is changed from December 31, 2013 to December 31, 2016.
- C. Effective with the close of business December 31, 2013 the Contractor will cease performing the tasks set forth below. All staff performing these tasks will be redeployed, as needed, to work on the new, required tasks outlined in Section D. Excess staff, if any, will be separated from the services provided through this contract, as amended. Tasks no longer to be performed by the Contractor effective close of business December 31, 2013 are:
 1. Tasks related to screening and eligibility determination for HUSKY A, HUSKY B, Charter Oak and CT PCIP Programs as set forth in Part I Scope of Work, Section 2, as amended.
 2. Premium billing collection and cost share aggregation for the Charter Oak Program as set forth in Part I Scope of Work, Section 2 as amended.
 3. Through section F of amendment 5 executed by the parties on March 28, 2013, the Contractor assumed responsibility for providing Medical Spenddown support to the Department. It is expected that the Affordable Care Act, when implemented, shall reduce the volume of cases that are screened for Medical Spenddown eligibility. The Contractor shall, after consultation with the Department, project the decrease in volume and shall redeploy excess staff supporting the Spend down screening task to the new required tasks covered in Section D, if needed to support those tasks. Excess staff, if any, shall be separated from the services under this contract as amended.

D. Part I Scope of Work as amended is further amended through the addition of the following tasks.

1. Effective December 1, 2013 the Contractor shall manually data enter HUSKY A eligibility decisions made through the Connecticut Health Insurance Exchange (CT HIX) Eligibility System into the Department's Eligibility Management System (EMS) and shall manually data enter HUSKY B (CHIP) eligibility decisions made through CT HIX into the Contractor's ConneXion (CX) System. (Spec AU Process)
2. Effective October 1, 2013, the Contractor shall data enter all paper Single Streamlined Applications (SSA) directed to the Contractor from the CT HIX into the CT HIX/DSS Integrated Eligibility System on DSS' behalf. The Contractor shall follow-up on missing information and verifications to complete the data entry process and refer required verifications to DSS for final eligibility determination.
3. Effective October 1, 2013 the Contractor shall support the logging, research, response and resolution for all eligibility based appeals that arise following the application of the MAGI rules based eligibility process through the CT HIX Eligibility System. The Contractor shall staff a dedicated Appeals Unit who shall provide the Department's Fair Hearing staff with the details and documentation, including a hearing summary and recommended actions on those eligibility based appeals that go through the Fair Hearing process. The Contractor's Appeals Unit shall submit to the Department a monthly report, in a form approved by the Department, that at a minimum, provides detail on the volume, type and outcome of appeals requested each month.
4. Effective October 1, 2013, the Contractor shall support the eligibility verification processes for the SSA paper applications and those applications that are submitted by the client through the CT HIX web portal or through the CT HIX Call Center on behalf of access health Connecticut ("ahCT"). The Contractor support provided includes verifications through use of and access to resources provided by ahCT, DSS or information provided by the applicant and also includes providing updates to the appropriate CT HIX staff.
5. The Contractor shall, effective October 1, 2013, expand the current call center services to include a single telephone number and eligibility service center for CHIP clients or family units with multiple types of benefits such as a family unit where the children are covered under CHIP and the parents are covered under Advance Premium Tax Credit (APTC).
6. Effective October 1, 2013 the Contractor shall make available for use by and at the request of the Department, 3000 hours of consulting services to support the development and implementation of the full Integrated Eligibility Platform.
7. On or after September 1, 2013, and contingent upon the Department receiving federal funding and upon notification to Contractor that the Department has secured the federal funding, the Contractor shall begin to support a temporary outreach initiative through which the Contractor shall provide outreach staff to be stationed at DSS regional office sites to assist those clients who wish to apply at a DSS office. In the event the Department is unable to secure federal funding for this Section D.7 work, the Contractor shall not be required to perform such work.
 - a. Subject to Section D.7 above regarding federal funding, training for the outreach staff shall begin on or after September 1, 2013. The Contractor shall facilitate staff training and support as well as activity reporting. The Department shall provide the Contractor's outreach staff with work space in the regional office, access to PCs, Internet connectivity and access to the CT HIX portal as well.
 - b. Subject to Section D.7 above regarding federal funding, outreach staff will be placed in the DSS regional offices on or after October 1, 2013 and shall continue through March 31, 2014. Prior to the March 31, 2014 end date the Department shall review the impact of the outreach effort and determine whether it should be continued. A decision to continue will require the Department's issuance of a change order to the Contract to authorize subsequent outreach efforts for specified periods.

E. To support the continuation of tasks and the addition of the tasks set forth herein, the Contractor shall upgrade the Contractor's ConneXion system and Contractor's FIP File Exchange as follows:

Table 1. Summary of System Requirements	
System Requirement	Description
CX: Add CHIP eligibility granted through CT HIX integrated eligibility system	This is solely for creating the client record and recording the eligibility for new CHIP eligibles through HIX for enrollment, reporting and premium collection purposes. The system will be modified to add the eligibility for CHIP without the current automated eligibility logic and edits. The automated eligibility logic will need to remain in place for current HUSKY B eligible children for processing interim changes and maintaining their eligibility until their first formal renewal. For the new CHIP eligibles there will be no logic to support eligibility decisions. Interfaces with the ASO's and HP will remain in place. Contractor shall design eligibility similar to the presumptive eligibility module contained in ConneXion.
FTP File Exchange: MPI/ Eligibility File Exchange with CT HIX	There will be several files that facilitate the exchange of eligibility data: <ul style="list-style-type: none"> • Full current caseload (one-time) MPI load into HIX • Daily update MPI load • Daily Eligibility file load • Monthly Eligibility file • Establishment of automated FTP pull and pushes for file exchanges
CX: Renewal Date Modifications	<ul style="list-style-type: none"> • Modify renewal date for currently active CHIP children to extend 3 months into the future. • Modify date renewal notice sent from 75 days to 60 days
CX: Contacts and Interactions	<ul style="list-style-type: none"> • Need to create new contact and interactions for tracking calls from blended families. (APTC, Medicaid, and CHIP) • Need to create new interactions for tracking appeals for CT HIX
CX: New Document Types	Create new document type for PDF documents
CX: New data fields on demographic screen	<ul style="list-style-type: none"> • Add new MPI # field to demographic screen for MPI number from CT HIX system • Shut off pre-ex field on demographic screen • Determine if new race and ethnicity codes as well as language and relationship codes will be added to system (if added need to work with ASO's and HP for modifications to daily and monthly files)
CX: New Workflow Group	<ul style="list-style-type: none"> • Create new Workflow groups for new PDF's sent by HIX to data enter CHIP and Medicaid eligibility into ConneXion and EMS • Create new group for the single streamlined applications
CX: New Security group	Create new security group for data entry unit
CX: Workflow types	Create new workflow types for call center to notify application processor of information received that needs processing.
CX: Reports	Review current reports for any modifications necessary
CX: Batches	<ul style="list-style-type: none"> • Modify age out batch to run earlier (60 days) so can apply on CT HIX without denial. Review batches and determine modifications needed (lockout, cancel/close, not enrolled in 90 days, HUSKY B PE batch) • Create new batch to close eligibility for PCIP and CO for 12/31/13. • Disable lockout rules/ rules for reinstatement • Disable notices generated from batches for newly eligible but send for the current eligibles • Modify assignment batches for new document types • Turn off citizenship batches/ modify citizenship screen to read only
CX: Letters	<ul style="list-style-type: none"> • Modify current renewal notices to direct client to reapply via the CT HIX web portal • Suspend notices for newly eligible CHIP clients. No need to send eligibility and enrollment notices • Review entire letter generation to determine modifications needed for newly eligible vs. currently active children

- F. System Development – **ConneXion**. The Contractor shall upgrade and modify ConneXion to support the requirements of the ACA as detailed above. Contractor shall use no more than 4,500 hours to complete the modifications and upgrades. In the unlikely event that the Contractor anticipates a need for additional hours, it must receive prior, written permission from the Department to work and bill above that amount.
- G. Licenses. The Contractor shall provide CX licenses as necessary for all staff hired to support the project.
- H. Hardware. The Contractor shall provide each new staff member with appropriate hardware, software and other tools necessary to perform their duties.
- I. Exhibit A, attached hereto and incorporated herein, sets forth the staffing levels and operating budget for the performance of tasks for the period of August 1, 2013 through December 31, 2016.
- J. The Contractor shall be held to the following performance standards:

Table 2. Service Level Agreements	
Department	Current Service Level Agreement
Call Center	<p>Call Response Metrics</p> <ul style="list-style-type: none"> • 85 % of all calls answered within 60 seconds • 90% of all calls answered within 90 seconds • 10% or less call abandonment rate
Eligibility (applicable unless noted as N/A)	<ul style="list-style-type: none"> • Data enter all health coverage applications, received from Scan Optics, in date order within 5 business days. • Make one outbound call to applicant for any missing information. If obtained, enter immediately into CT HIX system. • Enter missing information or verification documentation received in paper form by the applicant within 2 business days of receipt by Scan Optics. • Refer via workflow any Medicaid verifications required to be processed by a DSS Worker 2 days of receipt.

- K. The Contract staffing and dollar cap in this Contract and its amendments assumes the estimated volumes and processing times set forth in the May 24, 2013 Proposal mutually developed between the Department and the Contractor, and is in keeping with the Thomson Reuters data analysis provided to ahCT. Recognizing that there will likely be periods of spikes as well as lower levels of volumes, Xerox has taken a flat line approach to those volumes where spikes are not easily predicted. This flat line approach will create a monthly budget that will yield a contract-to-date cap that is consistently staffed over the contract term as documented in the budget set forth as Exhibit A and fully incorporated as part of this Amendment #6. Should application or call volumes deviate during the contract year from these assumed volumes on a consistent and material basis, the following adjustment activities will need to occur. Otherwise, the Contractor and Department shall meet annually to adjust volumes based on actual annual data from the previous year.
1. If and when Xerox identifies increased volume or receives directed program changes based on volume increases, there will be communication in writing, email sufficient, to the Department regarding estimated financial impact, alternatives for handling the impact, and impacts on service levels and service level agreements (SLAs) if no resources are approved to address the impact. No action that would result in unauthorized expenditures above the contract maximum will be made until Departmental approvals or directions are received from the Department in writing, email sufficient.

2. Processing times per application have been developed by the Contractor and the Department based on mutual experience processing applications of this type. Both parties agree that the application time set forth herein is the expectation of time it will take to process applications out of the HIX Portal, though the infrastructure is still in its final development. Should processing times deviate from this projection, the Contractor will work with the Department to suggest potential changes to the HIX Portal, and work together to find mutually acceptable ways to address this concern. If a mutually acceptable method is not achieved, the Contractor and the Department will review the process and negotiate acceptable processing times. In addition, the Contractor and the Department shall review these processing times annually, along with the volume.
3. If the Department approves spending to address volume increases, they can choose either to fund it by increasing the maximum contract value or fund it by borrowing against the current maximum contract value, thus shortening the term of the contract. After approval from the Department is received by Xerox, Xerox will adjust staffing accordingly and document the resulting impact.
4. Should the Department choose not to fund the incremental work effort with either option articulated above, Xerox and the Department will work together to adjust service levels, reallocate staffing and document the resulting impact on service and relief required from SLAs.
5. If and when Xerox or the Department identifies a decrease in scope as a result of volume or directed program changes, there will be communication in writing, email sufficient, between the parties regarding estimated financial impact for reducing staffing or services, alternatives for handling the impact, and ways to reduce resources. No action will be taken by Xerox until Department approval or direction is received in writing, email sufficient.

All other terms and conditions not specifically amended herein shall remain in full force and effect.

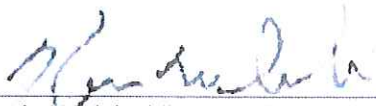
SIGNATURES AND APPROVALS

999ACS-HUS-02 / 07DSS1101AF A6

The Contractor IS a Business Associate under the Health Insurance Portability and Accountability Act of 1996 as amended.

Documentation necessary to demonstrate the authorization to sign must be attached.

CONTRACTOR - XEROX STATE HEALTH CARE, LLC



Kevin Walsh, Vice President

8/15/2013

Date

DEPARTMENT OF SOCIAL SERVICES

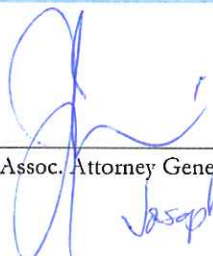


Roderick L. Bremby Commissioner

8/20/2013

Date

OFFICE OF THE ATTORNEY GENERAL



ASSOC. ATTY. GENERAL
ASST. / Assoc. Attorney General (Approved as to form & legal sufficiency)
Joseph Rubin

8 / 30 / 13

Date