

HHSC CONTRACT 529-16-0007-00001A

**AMENDMENT ONE
TO HHSC CONTRACT NO. 529-16-0007-00001**

THIS AMENDMENT ONE (the "Amendment") to HHSC Contract No. 529-16-0007-00001 (the "Agreement") is entered into between the HEALTH AND HUMAN SERVICES COMMISSION ("HHSC" or the "State"), an administrative agency within the executive department of the State of Texas and having its principal office at 4900 North Lamar Boulevard, Austin Texas 78751, and Accenture State Healthcare Services LLC ("CONTRACTOR"), a limited liability corporation organized under the laws of the State of Delaware and having its principal place of business at 1501 S. MoPac Expressway, Austin, TX 78746. HHSC and the CONTRACTOR may be referred to in this Amendment individually as a "Party" and collectively as the "Parties."

WHEREAS, Federal regulations at 42 CFR 438.602 require HHSC, as the single State Medicaid agency, to screen, enroll, and periodically revalidate all Medicaid network providers of managed care organizations (MCOs);

WHEREAS, pursuant to 42 CFR 457.990, HHSC, as the single state agency that oversees the Children's Health Insurance Program (CHIP), must screen, enroll, and revalidate CHIP network providers participating or wishing to participate in CHIP, in the same manner as it does for Medicaid network providers under 42 CFR 438.602, and these CHIP network providers must be aligned to the FFS provider enrollment process;

WHEREAS, the fee-for-services (FFS) process is facilitated by CONTRACTOR on HHSC's behalf, and to add the CHIP providers will impact the Statement of Work of the Agreement; and

WHEREAS, this Amendment represents the Parties mutual agreement regarding additional requirements for CONTRACTOR staff to support the CHIP provider enrollment within Texas Medicaid in compliance with the federal regulations.

NOW, THEREFORE, the Parties hereby amend and modify the Agreement as follows:

1. STATEMENT OF WORK.

- a. The following requirements are incorporated in the Statement of Work (SOW) set forth in Exhibit B to the Agreement to include CHIP provider enrollment.

ID#	TYPE	REQUIREMENT
PRV - 0462	General	Facilitate Project Status meetings twice monthly with HHSC.
PRV - 0463	Reporting	Track and report the status of enrollment for the CHIP providers to HHSC on a mutually agreed upon frequency.
PRV - 0464	Training, Education & Materials	Perform outreach and education to providers identified as CHIP-enrolled to support the ACA-mandated enrollment. Included in outreach are updates to the TMHP website.

ID#	TYPE	REQUIREMENT
PRV - 0465	Reporting	Track and report the outreach and education to CHIP providers to HHSC on a mutually agreed upon frequency.
PRV - 0466	Enrollment	Complete the enrollment of CHIP providers through the ACA-mandated screening and processes.
PRV - 0467	Enrollment	Complete site visits for moderate and high risk CHIP providers.

- b. The project management delivery for implementing associated system modifications are managed by the base enhancement team. CONTRACTOR will perform the requirements set forth above from the effective date of this Amendment through December 31, 2017. HHSC may elect for CONTRACTOR to continue to perform the SOW from January 1, 2018 through June 30, 2018, as more fully described below (“Optional Services”).
2. **ASSUMPTIONS.** The requirements and associated fees set forth in this Amendment are based on the following assumptions. For the avoidance of doubt, the assumptions contained in this Amendment only relate to the contemplated changes to the SOW by this Amendment and do not relate to the remainder of the SOW.

ITEM	ASSUMPTIONS
1.	Communications and notifications will be created and distributed for internal staffing and the provider community per standard communication processes.
2.	CONTRACTOR is anticipated to address approximately 45,000 provider applications during the initial enrollment phase each of which may encounter additional touchpoints and documentation due to deficiencies found after original submissions. CONTRACTOR assumes that 58% of applications will require deficiency corrections for provider application errors sourced from providers.
3.	CHIP providers will utilize the Provider Enrollment Portal (PEP) without modifications to screens, work flows, business edits, business rules or other functionality.
4.	CHIP providers will need to log in to PIMS after enrollment processes are completed to choose to opt out of online provider lookup (OPL) inclusion.
5.	Site visits for CHIP providers will be completed without additional CONTRACTOR staff.
6.	CONTRACTOR will perform outreach to 25% of CHIP providers using targeted prioritized approach based on data from MCOs.
7.	CHIP providers will be identified by CONTRACTOR using CHIP MCO network file information.
8.	CONTRACTOR operational processes apply to CHIP provider enrollments, and therefore no changes to work instructions or P&Ps are required, or included, in this Amendment.

ITEM	ASSUMPTIONS
9.	Month one staffing assumes that the impacted provider population has had some communications from the MCOs and/or the State and will have the ability to start submitting immediately upon the effective date of this Amendment.
10.	CHIP provider enrollment applications will not be differentiated from other traditional Medicaid provider enrollment applications and documentation in CONTRACTOR processes. This includes CONTRACTOR reporting which will not differentiate CHIP providers or enrollment status.
11.	Risk management associated with impacts with trading partners and state agencies, including MCOs, will be managed by HHSC. Anticipated impacts are not included in CONTRACTOR estimates for this Amendment. Delays in completion of tasks delegated to those entities could affect the overall timelines to complete enrollment for the CHIP providers.
12.	Calls related to enrollment of CHIP providers will be handled by CONTRACTOR Contact Center without additional CONTRACTOR staff.

3. SERVICES PRICING.

- a. CONTRACTOR estimates the positions listed in the table below to perform the Services under this Amendment. The appropriate rates for the positions are listed in the table below and the CHIP Provider Enrollment Cost Model, version 1.8 attached to this Amendment as Attachment 1 ("CPE Cost Model").

Rate Card Role	Team/Role	Rate	Number of Resources	Number of Months	Hours per Month
Agent	Provider Enroll Specialist	\$46.47	Min 50 – Max 55	5	160
Agent	Provider Enroll Coordinator	\$46.47	Min 3 – Max 4	5	160
Sr. Agent	Provider Enroll Special Handler	\$57.47	Min 7 – Max 9	5	160
Sr. Agent	Provider Enroll Internal QA	\$57.47	Min 2 – Max 2.25	5	160
Team Leader/Supervisor	Provider Enroll Team Lead	\$71.19	Min 2 – Max 2.5	5	160
Operations Management	Provider Enroll Supervisor	\$101.36	Min 2 - Max 2.5	5	160
Sr. Agent	Quality Auditing Analyst	\$57.47	Min 2 – Max 2.5	5	160
Sr. Agent	Provider Relations Recruitment and Retention Rep	\$57.47	Min 3 – Max 5	5	160
Agent	Provider Relations Outreach Rep	\$46.47	Min 3 – Max 5	5	160
Sr. Agent	Learning Design Consultant	\$57.47	1	4	160

- b. CONTRACTOR estimates the following positions listed in the table below to perform the Optional Services under this Amendment, if HHSC elects for CONTRACTOR to perform the Optional Services. The appropriate rates for the positions are listed in the CPE Cost Model.

Rate Card Role	Team/Role	Rate	Number of Resources	Number of Months	Hours per Month
Agent	Provider Enroll Specialist	\$46.47	42	Min 1- Max 6	160
Agent	Provider Enroll Coordinator	\$46.47	1	Min 1- Max 6	160
Sr. Agent	Provider Enroll Special Handler	\$57.47	6	Min 1- Max 6	160
Sr. Agent	Provider Enroll Internal QA	\$57.47	1	Min 1- Max 6	160
Team Leader/Supervisor	Provider Enroll Team Lead	\$71.19	1	Min 1- Max 6	160
Operations Management	Provider Enroll Supervisor	\$101.36	1	Min 1- Max 6	160
Sr. Agent	Quality Auditing Analyst	\$57.47	2	Min 1- Max 6	160
Sr. Agent	Provider Relations Recruitment and Retention Rep	\$57.47	3	Min 1- Max 6	160
Agent	Provider Relations Outreach Rep	\$46.47	3	Min 1- Max 6	160

- c. CONTRACTOR anticipates additional documents may be received by the mailroom to support enrollment of CHIP providers, as shown in the table below and the CPE Cost Model.

CATEGORY	UNIT RATE	ESTIMATED MONTHLY VOLUME	ESTIMATED MONTHLY UNIT FEES
On-site Mailroom - Intake	\$0.108	281,634	\$30,416
Correspondence Single/Multi	\$2.364	8,284	\$19,583

- d. Documentation received in CONTRACTOR'S Front End Services operation related to enrollment of CHIP providers will be billed as Correspondence and will be included in the monthly invoice to HHSC under the "Correspondence Single/Multi" category. The amount included will reflect the actual volumes received by CONTRACTOR.
- e. HHSC and CONTRACTOR agree to meet and mutually agree to ongoing CONTRACTOR staff needed to support CHIP provider activities prior to the anticipated start date of January 1, 2018; as such no ongoing CONTRACTOR staff are included in this Amendment as of the effective date of the Amendment.

4. **FEES.**
 - a. CONTRACTOR will perform the Services on a "fixed fee" basis in the amount and terms set forth in the Fee Schedule included in the CPE Cost Model and made part of Exhibit D to the Agreement. Total Fees under this Amendment will not exceed THREE MILLION SEVEN HUNDRED TWENTY THOUSAND FIVE HUNDRED EIGHTY FOUR DOLLARS (\$3,720,584).
 - b. CONTRACTOR has included costs for Optional Services which would allow CONTRACTOR staff to continue executing requirements beyond the December 31, 2017. Exercising these Optional Services would be at HHSC's discretion. The costs included with this Amendment represent the maximum cost to HHSC, and HHSC has the option to utilize any or all of the staff for any or all of the months through June 30, 2018. HHSC may elect to exercise its option for Optional Services on a monthly basis by sending a State Action Request (SAR) monthly to fund and authorize performance of the Optional Services fully and in every way. The SAR(s) must be provided to CONTRACTOR no later than ten (10) business days prior to the planned start of the Optional Services each month. Total costs for Optional Service will not exceed TWO MILLION NINE HUNDRED THIRTY SEVEN THOUSAND FOUR HUNDRED TWENTY FOUR DOLLARS (\$2,937,424).
5. **RETROSPECTIVE COST SETTLEMENT.** Notwithstanding any term in the Agreement to the contrary, the costs incurred under this Amendment will be subject to the Retrospective Cost Settlement provisions included in Section 6.03 and Exhibit C of the Agreement.
6. **EFFECTIVE DATE.** This Amendment is effective upon the last signature date below, and will continue in full force and effect through the remainder of the Term of the Agreement unless subsequently amended or modified by the Parties.
7. **CAPITALIZED TERMS.** All capitalized terms in this Amendment shall have the meaning as set forth in Section 3.03 of the Agreement unless modified herein.
8. **INCORPORATION BY AMENDMENT.** The Parties agree that the terms and conditions set forth in this Amendment apply to the Services and Deliverables to be provided by the CONTRACTOR under the Agreement in consideration of certain payments to be made by HHSC. By signing this Amendment, the Parties expressly understand and agree that this Amendment is made a part of the Agreement as though it were set out word for word in the Agreement.
9. **ENTIRE AGREEMENT.** The Parties agree that the terms of the Agreement will remain in effect and continue to govern except to the extent modified in this Amendment. The Services and Deliverables under this Amendment are subject to all other terms and requirements of the Agreement as if set forth fully herein.

SIGNATURE PAGE FOLLOWS

**SIGNATURE PAGE FOR
AMENDMENT ONE
TO HHSC CONTRACT NO. 529-16-0007-00001**

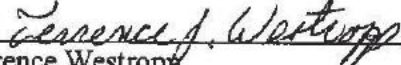
IN WITNESS WHEREOF, HHSC and CONTRACTOR have each caused this Amendment to be signed and delivered by its duly authorized representative.

Health and Human Services Commission

Accenture State Healthcare Services, LLC

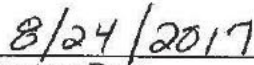
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By: _____
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By: 
Terrence Westropp
Chief Executive Officer

Charles Smith
Executive Commissioner

8/31/2017 | 5:44 PM CDT


Signature Date

Signature Date