

HHSC CONTRACT 529-16-0007-00001AZ

**AMENDMENT FIFTY-TWO
To HHSC CONTRACT NO. 529-16-0007-00001**

THIS AMENDMENT Fifty-Two (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 4601 W. Guadalupe, 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 323 Congress Avenue, Suite 150, Austin, TX 78701. HHSC and the CONTRACTOR may be referred to in this Amendment individually as a “Party” and collectively as the “Parties.”

WHEREAS, in accordance with Article 9 of the Agreement, CONTRACTOR submitted to HHSC, and HHSC accepted, Change Order Request response 21-030, Version 3.0, which is attached to this Amendment as **Attachment A (“COR 21-030”)**. COR 21-030 modifies the Scope of Work of the Agreement. The purpose of this Amendment is to enhance the Texas Medicaid Management Information System to support the implementation of Electronic Visit Verification for Medicaid home health care services as required by the federal 21st Century Cures Act; and

WHEREAS, the Parties wish to incorporate the terms and conditions of COR 21-030 into the Agreement.

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

1. **INCORPORATION OF COR 21-030.** The requirements, terms and conditions of COR 21-030 are incorporated into the Agreement. If the requirements, terms and conditions of COR 21-030 in any way conflict with a term or condition in the Agreement, the term or condition in this Amendment will control with respect to this Amendment only.
2. **PRICING.** CONTRACTOR will perform the Services set forth in COR 21-030 on a “fixed fee” basis in the amount and under the terms set forth in COR 21-030. Total Fees under this Amendment will not exceed \$1,499,317.00.
3. **RETROSPECTIVE COST SETTLEMENT.** 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.
4. **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 terminated, amended or modified by the Parties.
5. **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.

6. **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 Amendment 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.

7. **ENTIRE AGREEMENT.** The Parties agree that the terms of the Agreement will remain in effect and continue to govern except to the extent expressly 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 therein.

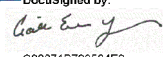
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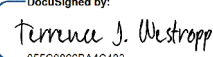
**SIGNATURE PAGE FOR
AMENDMENT FIFTY-TWO
TO HHSC CONTRACT NO. 529-16-0007-00001**

IN WITNESS HEREOF, 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

DocuSigned by:

CB0071B769504E9...

DocuSigned by:

055C0866BA4C483...

Cecile Young
Executive Commissioner

Terrence J. Westropp
Account Director

July 6, 2022

July 6, 2022

Signature Date

Signature Date

THE FOLLOWING ATTACHMENT IS ATTACHED AND INCORPORATED AS PART OF THE AGREEMENT:

ATTACHMENT A – COR 21-030, VERSION 3.0



Electronic Visit Verification (EVV) Home Health Care Services Expansion

Accenture State Healthcare Services, LLC Change Order Request (COR) Response

April 7, 2022

COR 21 – 030, Version 3.0

COR PROJECT NAME

Electronic Visit Verification (EVV) Home Health Care Services Expansion

COR NUMBER:

21 – 030

HHSC COR SPONSORSHIP

The following HHSC COR sponsor for this change order and associated federal funding requests (e.g., advanced planning documents) has decision-making authority for HHSC matters related to this COR and escalates risks and issues for this COR, as appropriate.

SPONSOR TITLE:

Deputy Associate Commissioner Operations, Medicaid and CHIP Services

SPONSOR NAME:

KJ Scheib

DATE(S) SUBMITTED TO HHSC

Version 1.0 – October 15, 2021; Version 1.1 – December 1, 2021; Version 1.2 – December 21, 2021; Version 1.3 – January 3, 2022; Version 2.0 – January 4, 2022; Version 3.0 – April 7, 2022

This COR is a change to the Texas Health & Human Services Commission (HHSC) Contract #529-16-0007-00001 (Agreement) with Accenture State Healthcare Services, LLC (CONTRACTOR).

PURPOSE

The purpose of this Project is to enhance Texas Medicaid Management Information System (TMMIS) systems to support the implementation of EVV for Medicaid home health care services as required by the federal 21st Century Cures Act.

BACKGROUND

The federal 21st Century Cures Act (2016) requires all states to implement EVV for Medicaid home health care services by January 1, 2023 or January 1, 2024¹. Failure to implement EVV will result in a significant reduction in federal financial participation (FFP) funding for these services. EVV systems are tools used to document service delivery visits performed in the home or in the community. HHSC fully implemented EVV for Medicaid personal care services on January 1, 2021, in accordance with the Cures Act requirements.

Senate Bill (SB) 894, 85th Texas Legislature, 2017, required the State to conduct an administrative review of the EVV program by March 15, 2018. The subsequent review, informed in part by an

¹ The Cures Act allows the Centers for Medicare and Medicaid Services (CMS) to grant states an additional year to implement EVV for home health care services if a state requests an extension and meets certain criteria.

HHSC Office of Inspector General (OIG) report, resulted in the redesign of the EVV system and significant changes to EVV contracting structure, data flow, and data validation within automated systems. HHSC implemented the redesigned EVV model in September 2019.

SB 1991, 86th Texas Legislature, 2019, mandated the development of an open model to allow the use of proprietary EVV systems meeting State standards and required stakeholder collaboration to set those standards. HHSC implemented the open model in February 2020.

HHSC Exceptional Item #23 (86th Texas Legislature, 2019) funded technology and operations costs to implement the redesigned EVV model and comply with the federal 21st Century Cures Act requirement for personal care services. The Texas Legislature also provided funding to supplement increased costs for Medicaid consumer-directed services (CDS) employers to purchase devices necessary to use the EVV systems, such as laptops or mobile phones.

HHSC Exceptional Item #6 (87th Texas Legislature, 2021) funded technology and operations costs to implement EVV system and operational enhancements necessary to expand EVV to include home health care services by 2023. This Project focuses on the necessary changes to the TMMIS.

ASSUMPTIONS

The requested changes to the Statement of Work (SOW) set forth in Functional Requirements Exhibit B in the Agreement including Deliverables and the pricing schedule in this COR are based on the following Assumptions. For the avoidance of doubt, the Assumptions contained in this COR only relate to the contemplated changes to the SOW in this COR and do not relate to the remainder of the SOW.

ITEM #	TYPE (BUSINESS, TECHNICAL, OR BOTH)	ASSUMPTIONS
1.	Both	HHSC and CONTRACTOR agree to review the SOW and timeline included in the COR prior to the beginning of the Operations phase of the Project. HHSC and CONTRACTOR will jointly agree upon all applicable contract requirements, any required amendments, and Key Measures.
2.	Both	Unless otherwise specified in this document, any reference to the agency HHSC is considered a joint collaboration between the relevant Health and Human Services System agencies. Notwithstanding the foregoing, HHSC itself remains the only party who may obligate the State for additional expenditures and direct or approve CONTRACTOR's performance under this COR.
3.	Both	HHSC is responsible for providing a Product Owner for each Sprint Team. The Product Owner will have the authority and is accountable for setting priorities and business value associated with each of the User Stories for this Project. The Product Owner is accountable for communicating the required features and functionality that are being requested in each Sprint to the Sprint Team and collaborating with the Sprint Team to align development with those requirements.
4.	Both	CONTRACTOR is not responsible for delays or additional Sprint impacts associated with the unavailability of required HHSC resources or delays in the delivery or performance of third-party tools and/or services.
5.	Both	HHSC and CONTRACTOR will jointly prepare the Sprint schedules, inclusive of meetings, delivery target dates, review cycles, and Sprint completion milestones.

ITEM #	TYPE (BUSINESS, TECHNICAL, OR BOTH)	ASSUMPTIONS
6.	Both	HHSC and CONTRACTOR will jointly specify the level of status reporting and metrics required in the Monthly Status Report deliverable.
7.	Both	CONTRACTOR will maintain a record of hours expended on the Services activities, including a separate record for each Agile Sprint, and provide this information to HHSC with each Monthly Status Report.
8.	Both	HHSC program staff from EVV Operations, Claims Management Division (CMD) will be available for, and participate in, Sprint refinement ceremonies, Sprint review ceremonies and User Acceptance Testing (UAT).
9.	Both	Costs for modifications by EVV Vendors and EVV Proprietary System Operators (PSOs) are not included in this COR.
10.	Both	Costs for modifications by Managed Care Organizations (MCOs) impacted by this Project are not included in this COR.
11.	Both	Programs and Services included or excluded from EVV 2023 requirements will align with those identified in the SRI 2199 Analysis Document for EVV 2023 Programs and Services V3.0, approved by HHSC on August 13, 2021. Outstanding HHSC EVV 2023 Programs and Services decisions as tracked in HHSC EVV Home Health Project Register Policy Workstream may result in additional impacts that are not included in this COR.
12.	Both	Texas Administrative Code (TAC) rule changes related to EVV 2023 requirements will be final according to the HHSC-approved Project Work Plan. Final rule changes may result in additional impacts that are not included in this COR.
13.	Both	Program Policy changes related to EVV 2023 requirements will align with those identified in the SRI 2199 Analysis Document for EVV Services Policy Impacts V3.0, approved by HHSC on August 13, 2021. Outstanding HHSC EVV 2023 Programs and Services decisions as tracked in HHSC EVV Home Health Project Register Policy Workstream may result in additional impacts that are not included in this COR.
14.	Both	Medical Policy changes related to EVV 2023 requirements will align with those identified in the SRI 2199 Analysis Document for EVV Services Policy Impacts V3.0, approved by HHSC on August 13, 2021. Outstanding HHSC EVV 2023 Programs and Services decisions as tracked in HHSC EVV Home Health Project Register Policy Workstream may result in additional impacts that are not included in this COR.
15.	Both	CONTRACTOR technical and Operations staff to support a post-implementation Green Room is not included in this COR. Effort is included to support post-production processes and activities associated with the Project.
16.	Business	Medical Policy changes related to EVV 2023 requirements will follow the established State Action Request (SAR) and Benefit Assessment Meeting (BAM) review process for policies that require updates.
17.	Business	Medical Policy changes related to EVV 2023 requirements will not impact established Prior Authorization and Claims Adjudication processes for Acute Care therapy and nursing services.

ITEM #	TYPE (BUSINESS, TECHNICAL, OR BOTH)	ASSUMPTIONS
18.	Business	There will be no additional Medical Policies created or modified as a result of EVV 2023 requirements that will require analysis or reference file changes during project delivery or On-going support from CONTRACTOR. Should policy reviews exceed current volume thresholds as a result of EVV 2023 requirements, additional effort and/or cost by CONTRACTOR for those policy reviews will be mutually discussed and agreed between CONTRACTOR and HHSC.
19.	Business	MCO Liaison support, including updates to the EVV MCO Technical guide and setting up TexMedCentral folders for new MCOs, will be provided per the Agreement without additional CONTRACTOR staff.
20.	Business	EVV reporting and metrics will continue to be provided in the same format and frequency per the Agreement without additional CONTRACTOR staff.
21.	Business	Updates to the Texas Medicaid and Healthcare Partnership (TMHP) Learning Portal identified in the SRI 2199 Analysis Document for EVV 2023 Services Operational Impacts V3.0, approved by HHSC on August 16, 2021, will be made without additional CONTRACTOR staff.
22.	Business	Updates to the TMHP.com website identified in the SRI 2199 Analysis Document for EVV 2023 Services Operational Impacts V3.0, approved by HHSC on August 16, 2021, will be made without additional CONTRACTOR staff.
23.	Business	Updates to CONTRACTOR training materials identified in the SRI 2199 Analysis Document for EVV 2023 Services Operational Impacts V3.0, approved by HHSC on August 16, 2021, will be made without additional CONTRACTOR staff.
24.	Business	Updates to Processes and Procedures (P&Ps) identified in the SRI 2199 Analysis Document for EVV 2023 Services Operational Impacts V3.0, approved by HHSC on August 16, 2021, will be made without additional CONTRACTOR staff.
25.	Business	Provider outreach activities identified in the SRI 2199 Analysis Document for EVV 2023 Services Operational Impacts V3.0, approved by HHSC on August 16, 2021, will be conducted without additional CONTRACTOR staff.
26.	Business	HHSC will deliver EVV 2023 policy training separately from EVV 2023 portal training delivered by CONTRACTOR.
27.	Business	Annual and initial EVV program provider trainings will continue to be delivered through Computer Based Trainings (CBTs) under the base Agreement.
28.	Business	Updates to the Texas Medicaid Provider Procedures Manual (TMPPM) to communicate changes made under this COR will be completed per the Agreement without additional CONTRACTOR staff.
29.	Technical	Modifications included in this Project will be based on HHSC prioritization during product backlog refinement under the Agile delivery method and will be limited in scope by items identified as Critical or High on the EVV 2023 Home Health COR Product Backlog 20211213, and the total number of Sprints (12Sprint Cycles) included in this COR. Should HHSC prioritization result in a backlog exceeding the Sprint capacity of this COR, a contract amendment will be required to complete the effort.

ITEM #	TYPE (BUSINESS, TECHNICAL, OR BOTH)	ASSUMPTIONS
30.	Technical	EVV Vendors and PSOs will follow established business rules for the additional EVV Home Healthcare services expansion.
31.	Technical	HHSC will continue to maintain responsibility for monitoring Fee for Service (FFS) EVV providers for compliance with EVV Program rules, per established processes.
32.	Technical	MCOs will continue to be responsible for monitoring Managed Care providers for compliance with EVV Program rules, per established processes.
33.	Technical	Effort to utilize place of service on LTC CMS claims is not included in this COR. HHSC will pursue creation of bill codes that identify EVV vs. non EVV services without utilizing the place of service indicator on LTC CMS claims.
34.	Technical	Modifications to the EVV visit transaction will be limited to deactivation of fields and addition of fields and will not include changes to the file layout for existing fields.
35.	Technical	Deactivated fields on the EVV visit transaction will continue to appear in EVV Portal Search Results, displaying as blank upon field deactivation but continuing to display data for historical visit transactions.
36.	Technical	Effort to complete analysis for modifications to the EVV visit transaction is not included in this COR. Analysis for modifications to the EVV visit transaction will be completed by CONTRACTOR Base Enhancement Team (BET) prior to the beginning of this Project.
37.	Technical	Effort to complete MCO and PSO Trading Partner Testing is not included in this COR. MCO and PSO Trading Partner Testing will be completed by CONTRACTOR BET in parallel with delivery of this Project.
38.	Technical	Effort to complete EVV vendor Trading Partner Testing is included in this COR. Trading Partner Testing with the EVV vendors is limited to testing that the EVV vendors can successfully submit the revised EVV visit transaction file layout with blank fields where new fields have been added to the layout.

Changes which invalidate Assumptions or materially revise this COR will require a review and written approval by HHSC and CONTRACTOR of the staffing, design, development and/or Project Implementation Schedule, and related Fee Schedule(s). Supporting full time equivalents (FTEs) or any other costs requested in this change order are not already allocated in previous CORs and/or the Agreement. HHSC will not be liable for multiple costing associated with the same resources. Notwithstanding the foregoing, CONTRACTOR may utilize personnel on both base services and Amendments/CORs.

After this COR is incorporated into the Agreement via an executed Amendment, any changes to this COR will be accomplished in accordance with Article 9 of the Agreement.

REVISIONS TO THE STATEMENT OF WORK

Upon execution of an Amendment, the following revisions are incorporated into the SOW as if set forth fully therein.

ONE-TIME CONTRACT REQUIREMENTS

ITEM #	TYPE	REQUIREMENT
21-030-01	Technical	Develop, test, and deploy modifications to Compass21 (C21) claim criteria to distinguish EVV vs. Non-EVV for the EVV Claims Matching Process, identified as Critical or High in the EVV 2023 Home Health COR Product Backlog 20211213, and prioritized by HHSC during product backlog refinement.
21-030-02	Technical	Develop, test, and deploy modifications to MCO claim criteria to distinguish EVV vs. Non-EVV for the EVV Claims Matching Process, identified as Critical or High in the EVV 2023 Home Health COR Product Backlog 20211213, and prioritized by HHSC during product backlog refinement.
21-030-03	Technical	Develop, test, and deploy modifications to EVV Claims Matching Edit Logic, identified as Critical or High in the EVV 2023 Home Health COR Product Backlog 20211213, and prioritized by HHSC during product backlog refinement.
21-030-04	Technical	Develop, test, and deploy modifications to EVV Visit Interfaces, identified as Critical or High in the EVV 2023 Home Health COR Product Backlog 20211213, and prioritized by HHSC during product backlog refinement.
21-030-05	Technical	Develop, test, and deploy modifications to the EVV Services Code Table, identified as Critical or High in the EVV 2023 Home Health COR Product Backlog 20211213, and prioritized by HHSC during product backlog refinement.
21-030-06	Technical	Develop, test, and deploy modifications to the EVV Portal, identified as Critical or High in the EVV 2023 Home Health COR Product Backlog 20211213, and prioritized by HHSC during product backlog refinement.
21-030-07	Technical	Develop, test, and deploy modifications for HHSC EVV enhancements, identified as Critical or High in the EVV 2023 Home Health COR Product Backlog 20211213, and prioritized by HHSC during product backlog refinement.
21-030-08	Technical	Develop, test, and deploy modifications to the EVV visit transaction to deactivate and add fields as prioritized by HHSC during product backlog refinement.
21-030-09	Operations	Update Provider and State training materials as identified in the SRI 2199 Analysis Document for EVV 2023 Services Operational Impacts V3.0, approved by HHSC on August 16, 2021.
21-030-10	Operations	Develop ten (10) Provider and State training Webinars specific to each new program.
21-030-11	Operations	Develop and publish provider notifications as identified in the SRI 2199 Analysis Document for EVV 2023 Services Operational Impacts V3.0, approved by HHSC on August 16, 2021.
21-030-12	Operations	Modify reference data based on Medical Policy reviews and changes related to EVV 2023 requirements.

ADDITIONAL ON-GOING CONTRACT REQUIREMENTS

No additional On-going Contract Requirements have been identified as necessary through COR development based on the One-Time Requirements above but should there be On-going Contract Requirements identified following Amendment execution, additional effort and/or cost by CONTRACTOR will be mutually discussed and agreed between HHSC and CONTRACTOR.

REVISED CONTRACT REQUIREMENTS

No Contract Requirements requiring revision because of the One-Time Requirements above have been identified through COR development, but should there be Revised Contract Requirements

identified following Amendment execution, additional effort and/or cost by CONTRACTOR will be mutually discussed and agreed between HHSC and CONTRACTOR.

DEACTIVATED ON-GOING CONTRACT REQUIREMENTS

No On-going Contract Requirements requiring deactivation because of the One-Time Requirements above have been identified through COR development, but should there be Deactivated Contract Requirements identified following Amendment execution, additional effort and/or cost by CONTRACTOR will be mutually discussed and agreed between HHSC and CONTRACTOR.

STAFFING

CONTRACTOR estimates the need for the following staffing resources. Supporting FTEs or any other costs requested in this COR are not already allocated in previous CORs and/or the Agreement. The supporting financial documentation and estimate breakdown is included in the Cost Model.

Temporary Staff

A. Business Operations:

Operations Project Office (OPO)

1. Operations Business Analyst to manage the effective implementation of each of the Project business requirements. Manage Project scope, risks, and issues. Manage Operations team mobilization at Project initiation and demobilization at Project conclusion, including transition to daily Operations. Drive Operations Project Work Plan milestones to completion. Escalate delivery challenges to appropriate Project leadership and stakeholders. Includes FTEs as follows:
 - One (1) FTE for seven (7) months

Training Services Group (TSG)

2. Learning and Development Consultant responsible for educating State staff and providers with knowledge, resources, and support required to interface with CONTRACTOR. Develop and deliver State staff and the provider community training. Maintain biweekly State stakeholder meetings, maintain the EVV deliverable tracker, and coordinate the creation, approval, and publication of Provider Notifications. Includes FTEs as follows:
 - One (1) FTE for seven (7) months

Reference Data Maintenance (RDM)

3. Senior Business Analyst to serve as C21 reference files subject matter expert. Analyze the reference data file relationships between policy procedure codes and system rules. Engage in Medical Policy Reviews providing procedure code recommendations in response to state-directed system changes. Conduct needed testing and complete Production and Online Fee Look up quality auditing. Analyze code changes post deployment, build Mass Update to Tandem server (MUTTs), conduct required testing, peer reviews, and perform quality audits. Includes FTEs as follows:

- One-half (0.5) FTE for six (6) months

B. TMMIS Technology:

Project Agile Delivery Staff

CONTRACTOR will provide resources to staff one (1) Scrum Team. Scrum Team will include the following CONTRACTOR resources:

Scrum Team

CONTRACTOR Role	Department	FTE	Duration (Months)
Business Analyst	EDI	0.25	2
		1.5	1
		2	5
Business Analyst	Portal	0.25	5
Developer	EDI	0.25	2
		1.5	1
		2.25	5
Developer	MDAT	0.5	6
TOTAL at Peak Staffing Level		5	

In addition to the Scrum Teams, CONTRACTOR requires the following resources to satisfy the requirements of the SOW.

Scrum Master

- One (1) Scrum Master for six (6) months

Product Owner Liaison (POL)

- One-quarter (0.25) Senior Business Analyst to function as POL for two (2) months
- One (1) Senior Business Analyst to function as POL for six (6) months

Platform Team

- Program Manager
 - One-quarter (0.25) for seven (7) months
- Project Manager
 - One-quarter (0.25) for two (2) months
 - One (1) for six (6) months
- Solution Architect
 - One-quarter (0.25) for five (5) months
 - One-half (0.5) for two (2) months
 - One (1) for one (1) month

- Application Architect – EDI
 - One-quarter (0.25) for five (5) months
 - One-half (0.5) for two (2) months
 - One (1) for one (1) month
- Database Administrator
 - Two-tenths (0.2) for six (6) months
- System Programmer
 - One-tenth (0.1) for six (6) months

On-going Staff

No On-going Business or Technical staff are requested as a result of this COR.

PROJECT COMMENCEMENT AND IMPLEMENTATION DATE

CONTRACTOR will commence work under the Project according to the associated Cost Model. This may be as soon as the business day following receipt of the email transmission from HHSC of the executed Amendment, but not later than the first business day of the following month. CONTRACTOR will complete the Services and Deliverables in this COR through twelve (12) Sprint Cycles each being ten (10) business days in duration. It is estimated the Project will complete within **eight (8) months** after the effective date of the Amendment, unless otherwise specified in the Deliverables table below. As used in this COR, “Project Implementation Date” means the date on which all Services and Deliverables set forth in this COR are completed by CONTRACTOR and accepted by HHSC.

DELIVERABLES

On-going and One-time Deliverables will be submitted to the State via the Vendor Initiated Correspondence (VIC) process. CONTRACTOR must document the due date and the contract requirement number of the Deliverable on the VIC cover. CONTRACTOR will produce the Deliverables, which the State will review and approve or provide required revisions per the Deliverables acceptance process outlined in Section 4.05 “Acceptance” in the Agreement unless otherwise noted with a specific deliverable below. In accordance with Section 4.05, the parties may increase or decrease the Review Period.

CONTRACTOR will provide the following One-time Deliverables by the Project Implementation Date or the specified due dates.

LIST OF DELIVERABLES

ITEM #	RQMT ID	DELIVERABLE	DUE DATE
1.	EVV HH EXP - 0001	Submit a Project Work Plan including Operational and Technical components for HHSC approval using an approved work plan template containing key Agile Scrum milestones.	Within twenty (20) business days of the Project Commencement.

ITEM #	RQMT ID	DELIVERABLE	DUE DATE
2.	EVV HH EXP – 0002	Submit a Monthly Project Status Report for HHSC approval using an approved Agile Monthly Project Status Report template for key Agile Scrum activities and milestones.	During Project Implementation and due by the fifteenth (15 th) business day of each month beginning the month after Project Commencement.
3.	EVV HH EXP - 0003	Submit Agile Baseline Document (ABD) for HHSC approval.	Provided to HHSC upon request with timing of submissions and approvals to be determined according to the HHSC-approved Project Work Plan.
4.	EVV HH EXP – 0004	Agile Solution Blueprint	Provided to HHSC upon request with timing of submissions and approvals to be determined according to the HHSC-approved Project Work Plan.
5.	EVV HH EXP – 0005	Agile Test Model	Provided to HHSC upon request with timing of submissions and approvals to be determined according to the HHSC-approved Project Work Plan.
6.	EVV HH EXP – 0006	Submit updated Companion Guide(s).	N/A
7.	EVV HH EXP – 0007	Submit Technical Report documentation including updates to Joint Interface Plans (JIPs).	Provided to HHSC upon request with timing of submissions and approvals to be determined according to the HHSC-approved Project Work Plan.
8.	EVV HH EXP – 0008	Submit, report, and maintain the management of Project risks and issues in the CONTRACTOR's Project and Portfolio Management (PPM) tool for reporting at Project Governance. COR Action through the life of the Project.	Reported on a frequency consistent with Project governance meetings per the HHSC-approved Project Work Plan.
9.	EVV HH EXP – 0009	Conduct Project Status meetings with HHSC, including the creation and distribution of meeting minutes for HHSC approval.	Meetings to be scheduled according to the HHSC-approved Project Work Plan. Meeting minutes due within five business days after the meeting occurs.

The Work Plan may be adjusted in accordance with the Agreement if the delivery of services is accelerated or delayed and the total cost is not changed.

KEY MEASURES

No new Key Measures are requested or modified as a result of this COR.

SYSTEMS INVENTORY UPDATE

Exhibit B Attachment 40 SYSTEMS APPLICATION INVENTORY is not applicable to this Project.

POST PROJECT IMPLEMENTATION REVIEW

CONTRACTOR will conduct a Post Project Implementation Review for this COR in accordance with contractual requirements (FIN – 0085, GOC – 0130). A Post Project Implementation Review

meeting will be scheduled by HHSC on a date following CONTRACTOR's submission of the Post Implementation Review materials.

CHANGES TO CONTRACT PRICE

Services and Deliverables of this COR will be performed on the financial basis described in Appendix A. The pricing in Appendix A is based on the assumptions, scope and timing stated in the COR. A pricing schedule by Federal Fiscal Year (FFY) and State Fiscal Year (SFY) is included in Appendix A.

Notwithstanding any provision of this COR or the Amendment that incorporates this COR into the Agreement, unless and to the extent already required by the Agreement, CONTRACTOR shall only provide data relating to its underlying costs or profit margin in accordance with the Financial Terms, Exhibit C to the Agreement.

FINANCIAL STRUCTURE

Upon request, CONTRACTOR will submit to HHSC documentation of costs associated with FCS-0019 set forth in Attachment 1 to Exhibit C of the Agreement. For the purposes of this Amendment, these costs will be represented as hours worked by resource multiplied by the CONTRACTOR rate for the level of that resource, according to the CONTRACTOR rates set forth in Exhibit D-04 of the Agreement.

HHSC will pay CONTRACTOR for services and Deliverables associated with this COR according to the attached Pricing Schedule included in Appendix A and in accordance with the terms of the Agreement. If CONTRACTOR cannot demonstrate actual costs, as defined above, that were reflected in the Pricing Schedule, HHSC may exercise their right to dispute all or any portion of the CONTRACTOR’S invoice according to Section 8.14 of the Agreement.

FINANCIAL TYPE

The financial type of the change order is:

- No Price Impact
- Implementation
- Implementation and/or On-going
- Analysis

CHANGE ORDER CATEGORY

The category of this change order is:

- Modification to Contractual Requirements
- Modification to Business Processes and/or Business Rules
- New Requirement: Contract Amendment Required

APPENDICES

The following appendices are attached to and incorporated into this COR:

- Appendix A – Pricing Schedule
- Appendix B – Federal Financial Participation for Texas Medicaid Management Information System (TMMIS) Projects
- Appendix C – CMS Conditions and Standards
- Appendix D – Final Cost Model
- Appendix E – Glossary of Acronyms and Terms

APPENDIX A**COR 21 - 030 EVV Home Health Services Expansion
Pricing Schedule (Extension)**

	SFY22	SFY23	Total
Accenture Labor (Tech)	450,729	817,252	1,267,981
Accenture Labor (Ops)	93,709	134,346	228,054
Consulting	-	-	-
Pass Through HW/SW	3,281	-	3,281
Pass Through- Other	-	-	-
Non Pass Through	-	-	-
Total Cost	547,719	951,598	1,499,317
	FFY22	FFY23	Total
Accenture Labor (Tech)	656,749	611,232	1,267,981
Accenture Labor (Ops)	127,295	100,759	228,054
Consulting	-	-	-
Pass Through HW/SW	3,281	-	3,281
Pass Through- Other	-	-	-
Non Pass Through	-	-	-
Total Cost	787,325	711,991	1,499,317

SFY 2022				
Month	Contract Period	Development	Operations/Run	Total
Jun-22	Ext. Yr. 2	73,529	-	73,529
Jul-22	Ext. Yr. 2	235,997	-	235,997
Aug-22	Ext. Yr. 2	234,912	-	234,912
Total		544,438	-	544,438
SFY 2023				
Month	Contract Period	Development	Operations/Run	Total
Sep-22	Ext. Yr. 3	239,607	-	239,607
Oct-22	Ext. Yr. 3	225,566	-	225,566
Nov-22	Ext. Yr. 3	225,566	-	225,566
Dec-22	Ext. Yr. 3	225,566	-	225,566
Jan-23	Ext. Yr. 3	35,293	-	35,293
Total		951,598	-	951,598

Other Costs	Development	Operations/Run	Total
Capital and Supporting	3,281	-	3,281
Total	3,281	-	3,281

Total Cost	1,499,317	-	1,499,317
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CONTRACTOR will submit invoices upon the completion of each month of service in accordance with the Agreement.

APPENDIX B

FEDERAL FINANCIAL PARTICIPATION FOR TEXAS MEDICAID MANAGEMENT INFORMATION SYSTEM (TMMIS) PROJECTS

COR 21 - 030 EVV Home Health Services Expansion FFP Summary (Extension)

<i>Title XIX TMMIS FFY 2022 Federal Funding Participation Allocation: APD Related</i>			
Allocation Category	State Portion	Federal Portion	Total Federal & State
Non-TMMIS 50/50 FFP	\$ -	\$ -	\$ -
TMMIS Related 50/50 FFP	\$ -	\$ -	\$ -
TMMIS Related 75/25 FFP	\$ 31,824	\$ 95,471	\$ 127,295
TMMIS Related 90/10 FFP	\$ 66,003	\$ 594,027	\$ 660,030
Total Cost Title XIX FFY 2022	\$ 97,827	\$ 689,499	\$ 787,325

<i>Title XIX TMMIS FFY 2023 Federal Funding Participation Allocation: APD Related</i>			
Allocation Category	State Portion	Federal Portion	Total Federal & State
Non-TMMIS 50/50 FFP	\$ -	\$ -	\$ -
TMMIS Related 50/50 FFP	\$ -	\$ -	\$ -
TMMIS Related 75/25 FFP	\$ 25,190	\$ 75,569	\$ 100,759
TMMIS Related 90/10 FFP	\$ 61,123	\$ 550,109	\$ 611,232
Total Cost Title XIX FFY 2023	\$ 86,313	\$ 625,678	\$ 711,991

<i>Title XIX TMMIS Total Federal Funding Participation Allocation: APD Related</i>			
Allocation Category	State Portion	Federal Portion	Total Federal & State
Non-TMMIS 50/50 FFP	\$ -	\$ -	\$ -
TMMIS Related 50/50 FFP	\$ -	\$ -	\$ -
TMMIS Related 75/25 FFP	\$ 57,014	\$ 171,041	\$ 228,054
TMMIS Related 90/10 FFP	\$ 127,126	\$ 1,144,136	\$ 1,271,262
Total Cost Title XIX Total	\$ 184,140	\$ 1,315,177	\$ 1,499,317

Above is the determination for the division of Federal Financial Participation (FFP) funds. CONTRACTOR will rely on this information as updated by HHSC for the submission of invoices.

PROGRAM FUNDING

This change order will be funded by the following program(s):

- Title XIX
- Children with Special Health Care Needs Services Program (CSHCN)
- Long Term Care (LTC)
- Medical Transportation Program (MTP)
- Women's Health Services
- Other: EVV Program

ADVANCED PLANNING DOCUMENT

An Advanced Planning Document (APD) or Advanced Planning Document Update (APD-U) will be submitted for COR 21 – 030.

An APD or APD-U is not required if the Project is 100% funded by the State, does not exceed federal funding request threshold requirements, or other special circumstances specified by the State.

The following federal regulations and constraints apply:

Centers for Medicare and Medicaid Services (CMS) requires the State to submit an APD for prior approval for any Project/COR that totals or exceeds the normal administrative rate threshold of \$1,000,000 for total TMMIS Project costs that are claimed at either a 50% FFP or the 75% FFP levels. All FFP requests at the 90% FFP rate must have APD approval from CMS. The \$1,000,000 is based on the cost of the Contract Amendment only (not the original contract cost for the Project/COR plus the Amendment).

If the SOW included in the COR is part of a project covered by a previously approved TMMIS APD, then an APD-U must be submitted for total project cost increases of \$300,000 or ten percent (10%) of project costs, whichever is less. CMS will not provide FFP for projects that are comparable in scope, but divided into separate Amendments, COR responses, or projects in order to remain under the threshold. In addition, if a project was undertaken by the State that was under the threshold, and a subsequent project is being considered, all TMMIS costs must be combined from all projects. If the total TMMIS costs exceed the threshold, an APD must be submitted for prior approval for all TMMIS activities and costs.

APPENDIX C

CMS CONDITIONS AND STANDARDS

CMS Conditions and Standards as prescribed in Medicaid IT Supplement (MTS 11-01, v1.0) apply to this COR as described below.

1. Modularity Standard:

COR 21 – 030 further enhances the Claims and EVV TMMIS systems using a modular service-oriented architecture. The Project follows a well-defined System Development Lifecycle (SDLC), producing specific deliverables as defined in the Deliverables section of the COR. The SDLC provides a structured approach to development. It includes stakeholder reviews at each stage to keep the Project on schedule and to meet Project objectives.

2. Medicaid Information Technology Architecture (MITA) Condition:

This Project will maintain the MITA maturity of the following business processes:

OM04 – CLAIMS ADJUDICATION – SUBMIT ELECTRONIC ATTACHMENT			
QUESTION	PER 2020 MITA 3.0 SS-A: AS IS	PER 2020 MITA 3.0 SS-A: TO BE	COMMENTS
Is the process primarily manual or automatic?	3	3	COR 21 – 030 supports an automated process for capturing, storing, linking, and validating EVV data.
How is clinical information requested and received when this information is required to process a transaction (claim, service authorization request, treatment plan) or for other processes?	2	2	This Project is not expected to contribute to an increase in maturity.
Does the State Medicaid Agency use standards in the process?	3	3	This Project is not expected to contribute to an increase in maturity.
Does the clinical information accompany the transaction?	2	3	This Project is not expected to contribute to an increase in maturity.
Are validation activities manual or automatic?	2	2	COR 21 – 030 supports an automated process for capturing, storing, linking, and validating EVV data.
How does the State Medicaid Agency collaborate with other agencies or entities in performing the process?	2	2	COR 21 – 030 supports sharing EVV data between EVV systems and MCOs using automated file transfers.
How timely is the end-to-end process?	2	2	This Project is not expected to contribute to an increase in maturity.
How accurate is the information in the process?	2	2	COR 21 – 030 supports accuracy of visit verification data by capturing the data electronically at the time and place of service.

OM04 – CLAIMS ADJUDICATION – SUBMIT ELECTRONIC ATTACHMENT			
QUESTION	PER 2020 MITA 3.0 SS-A: AS IS	PER 2020 MITA 3.0 SS-A: TO BE	COMMENTS
How accessible is the information in the process?	3	3	COR 21 – 030 supports availability of visit verification data through the EVV universe and portal search application.
What is the cost of the process compared to the benefits of its results?	3	3	This Project is not expected to contribute to an increase in maturity.
How efficient is the process?	3	3	COR 21 – 030 supports efficiency of the visit verification process.
How accurate are the results of the process?	2	2	COR 21 – 030 supports accuracy of the visit verification process.
Does the business process satisfy stakeholders?	2	2	This Project is not expected to contribute to an increase in maturity.

PE01 – IDENTIFY UTILIZATION ANOMALIES			
QUESTION	PER 2020 MITA 3.0 SS-A: AS IS	PER 2020 MITA 3.0 SS-A: TO BE	COMMENTS
How integrated is the process?	3	4	This Project is not expected to contribute to an increase in maturity.
Is the process primarily manual or automatic?	3	4	This Project is not expected to contribute to an increase in maturity.
Does the State Medicaid Agency use standards in the process?	3	4	This Project is not expected to contribute to an increase in maturity.
How does the State Medicaid Agency collaborate with other agencies or entities in performing the process?	3	4	COR 21 – 030 supports sharing of EVV transaction and authorization data with providers and trading partners.
How timely is this end-to-end process?	2	3	COR 21 – 030 supports timeliness of claim match, data validation, and interactive submission of EVV transaction data.
How accurate is the information in the process?	2	2	COR 21 – 030 supports accuracy of information for eligibility verification, authorizations, visit data, and aggregated EVV transaction data storage.
How accessible is the information in the process?	3	4	COR 21 – 030 supports access to EVV transaction and authorization data via user interface search capability.
What is the cost of the process compared to the benefits of the results?	3	4	This Project is not expected to contribute to an increase in maturity.
How efficient is the process?	3	4	COR 21 – 030 supports efficient and comprehensive monitoring of the EVV program.

PE01 – IDENTIFY UTILIZATION ANOMALIES			
QUESTION	PER 2020 MITA 3.0 SS-A: AS IS	PER 2020 MITA 3.0 SS-A: TO BE	COMMENTS
How accurate are the results of the process?	3	3	COR 21 – 030 supports data management and reporting of EVV data.
Does the business process satisfy stakeholders?	3	4	This Project is not expected to contribute to an increase in maturity.

3. Industry Standard Condition:

COR 21 – 030 supports use of Health Insurance Portability and Accountability Act (HIPAA) standard eligibility inquiry/response transactions with EVV systems.

4. Leverage Condition:

COR 21 – 030 uses commercially available EVV solution systems across multiple State programs and providers. Additionally, COR 21 – 030 leverages existing Electronic Data Interchange (EDI) and portal infrastructure as well as the existing secure file transfer protocol (SFTP) system for the secure exchange of inbound and outbound files with external trading partners.

5. Business Results Condition:

COR 21 – 030 supports the capture of EVV data through multiple channels and supports fraud and abuse detection capabilities.

6. Reporting Condition:

COR 21 – 030 supports gathering and storing EVV data from EVV systems to facilitate search capability and reporting needs.

7. Interoperability Condition:

COR 21 – 030 supports interfaces with HHSC, MCOs, EVV systems and providers, this COR has no impact on the condition to allow interoperability amongst Health Information Exchanges, other agencies, programs, or organizations.

8. Modified Adjusted Gross Income (MAGI)-based System Functionality:

N/A for COR 21 – 030.

9. Mitigation Plan:

No risks have been identified during Project initiation, concept, and planning that would require a Mitigation Plan for COR 21 – 030. Risks and issues that may arise during Project delivery will be managed in the CONTRACTOR's Project and Portfolio Management (PPM) tool for reporting at Project Governance.

10. Key Personnel:

State Key Personnel will be identified and documented by HHSC in the APD.

11. Documentation Condition:

CONTRACTOR will maintain documentation for software that is developed for COR 21 – 030. Documentation will follow industry standards and best practices, including all necessary information, so that the system, where contractually allowed, could be installed, and operated by a variety of contractors and other users. Documentation will also include areas where future modification may be necessary for integration with reference data from a different claims processing system.

12. Minimization of Cost for Operation on an Alternate System Condition:

The system will be developed with regards to minimizing the cost of operation on an alternate system by limiting the use of proprietary language coding, where possible, in the development of the system. This condition is considered in conjunction with APD requirements regarding cost benefit analyses required at 45 CFR95.605 or § 95.610.

APPENDIX D

FINAL COST MODEL

See accompanying Cost Model, version 3.0

APPENDIX E

For glossary of acronyms and terms not listed below, see Agreement.

GLOSSARY OF ACRONYMS AND TERMS

ACRONYM / TERM	ACRONYM DESCRIPTION/ TERM DEFINITION
ABD	Agile Baseline Document
Agile	Agile Delivery Methodology – Agile software development refers to a group of software development methodologies based on iterative development, where requirements and solutions evolve through collaboration between self-organizing cross-functional teams.
APD	Advanced Planning Document
APD-U	Advanced Planning Document – Update
BAM	Benefit Assessment Meeting
C21	Compass21
CBT	Computer Based Training
CDS	Consumer-Directed Services
CMD	Claims Management Division
CMS	Federal Centers for Medicare and Medicaid Services
CONTRACTOR	Accenture State Healthcare Services, LLC
COR	Change Order Request
EDI	Electronic Data Interchange
EVV	Electronic Visit Verification
FFP	Federal Financial Participation
FFS	Fee for Service
FFY	Federal Fiscal Year
FTE	Full Time Equivalent
HHSC	Texas Health & Human Services Commission
HIPAA	Health Insurance Portability and Accountability Act
HW/SW	Hardware/Software

ACRONYM / TERM	ACRONYM DESCRIPTION/ TERM DEFINITION
JIP	Joint Interface Plan
KM	Key Measure
LTC-CMS	Long Term Care Claims Management System
MAGI	Modified Adjusted Gross Income
MCO	Managed Care Organization
MITA	Medicaid Information Technology Architecture
MUTT	Mass Update to Tandem
OIG	Office of the Inspector General
OT	Occupational Therapy
P&P	Processes & Procedures
PMO	Project Management Office
POL	Product Owner Liaison
PPM	Project and Portfolio Management
PT	Physical Therapy
Product Owner	<p>The Product Owner is a member of the Agile Team that provides the “Voice of the Customer”, ensuring that the product delivers value to stakeholders. Responsible for the product vision and maximizing return on investment of the development effort. The Product Owner facilitates the agile delivery process by performing the following functions:</p> <ul style="list-style-type: none"> • Leads the development effort by conveying their vision to the team • Prioritizes the product backlog by adjusting any long-term expectations, such as release plans • Answers questions regarding epics, features, and user stories (a k.a. product backlog items) as well as delivers direction to the team • Accepts or rejects each product increment during sprint review based on defined acceptance criteria <p>Considers stakeholder interests and decides whether to continue development</p>
PSO	Proprietary System Operators
RDM	Reference Data Maintenance
SAR	State Action Request
SB	Senate Bill

ACRONYM / TERM	ACRONYM DESCRIPTION/ TERM DEFINITION
SDLC	System Development Life Cycle
SFTP	Secure File Transfer Protocol
SFY	State Fiscal Year
SOW	Statement of Work
TAC	Texas Administrative Code
TexMedCentral	A Secure File Transfer Protocol (SFTP) that allows CONTRACTOR, the State, and MCOs to exchange confidential information over a secure network
TMHP	Texas Medicaid and Healthcare Partnership
TMMIS	Texas Medicaid Management Information System
UAT	User Acceptance Testing
VIC	Vendor Initiated Correspondence