

ORIGINAL

329

AMENDMENT TO
AGREEMENT BETWEEN STATE OF LOUISIANA
DEPARTMENT OF HEALTH AND HOSPITALS

Amendment #: 1

CFMS #: 708339

DOA #: 305-200574

DHH #: 057770

(Regional/ Program/
Facility) Medical Vendor Administration

Original Contract Amt \$11,888,545.00

Original Contract Begin Date 11-01-2011

Original Contract End Date 10-31-2014

AND

MAXIMUS Health Services, Inc.
Contractor Name

AMENDMENT PROVISIONS

Change Contract From: Maximum Amount: \$11,888,545.00

CF-1 Block 13 Maximum Contract Amount: \$11,888,545.00 FY12 \$3,407,809 FY13 \$4,361,976 FY14 \$3,171,891 FY15 \$946,869
CF-1 Block 14 - See Addendum 1 attached.

Change To: Maximum Amount: \$12,503,919.00

CF-1 Block 13 Maximum Contract Amount: \$12,503,919 FY12 \$3,407,809 FY13 \$4,361,976 FY14 \$3,558,603 FY15 \$1,175,531
CF-1 Block 14 - See Addendum 1 attached.

Justification:

The contractor is required to mail enrollment packets to potential enrollees, as well as letters confirming enrollment activities and eligibility changes to existing enrollees. The cost of the postage expended by the contractor, as documented through monthly invoices, was paid previously with funds allocated for departmental postage rather than through dedicated contract funds. Funds are being added to the contract to cover these postage costs.

This Amendment Becomes Effective: 07-01-2013

This amendment contains or has attached hereto all revised terms and conditions agreed upon by contracting parties.

IN WITNESS THEREOF, this amendment is signed and entered into on the date indicated below.

CONTRACTOR

MAXIMUS Health Services, Inc.

[Signature] 3/10/14
CONTRACTOR SIGNATURE DATE

PRINT NAME Adam Polatnick

CONTRACTOR TITLE Vice President, Contracts

APPROVED
Office of the Governor
Office of Contractual Review

APR 28 2014

[Signature]
DIRECTOR

STATE OF LOUISIANA
DEPARTMENT OF HEALTH AND HOSPITALS

Secretary, Department of Health and Hospital or Designee

[Signature] 3/11/14
SIGNATURE DATE

NAME J RUTH KENNEDY

TITLE MEDICAID DIRECTOR Undersecretary

OFFICE Bureau of Health Services Financing

PROGRAM SIGNATURE DATE

NAME

CF-6 Addendum 1

Changes to CF-1 Block 14 (Changes in bold)

Change From:

The Contractor shall submit a monthly invoice no later than 15 days following the month of services for the total number of members included on the full X12 834 Member Enrollment File sent to the Medicaid Fiscal Intermediary, CCN activities and GNOCHC activities shall be shown separately, Payment will be determined by the number of members times the Per Member Per Month (PMPM) amount. For Add'l Terms of Payment, See Attachment 3. Within ten (10) days of the signing of the contract. The Contractor shall procure, submit and maintain a Performance Bond in the amount of ten (10) percent of the annual contract amount and be renewable annually. The bond will be released at the end of contract.

Change To:

The Contractor shall submit a monthly invoice no later than 15 days following the month of services for the total number of members included on the full X12 834 Member Enrollment File sent to the Medicaid Fiscal Intermediary, CCN activities and GNOCHC activities shall be shown separately, Payment will be determined by the number of members times the Per Member Per Month (PMPM) amount. **The monthly invoice shall also include the cost of postage, specifically listing whether the mail was bundled, the postage rate, the class of mail and the item count statistics on the invoice.** For Add'l Terms of Payment, See Attachment 3. Within ten (10) days of the signing of the contract. The Contractor shall procure, submit and maintain a Performance Bond in the amount of ten (10) percent of the annual contract amount and be renewable annually. The bond will be released at the end of contract.

STATE OF LOUISIANA
DIVISION OF ADMINISTRATION
BA-22 (Revised 10/2005)

Date: 2/5/2014 Dept/Budget Unit/Program #: 09-305 / Prg 200
 Dept/Agency/Program Name: DHH / Medical Vendor Administration / MVA OCR/CFMS Contract #: 708339
 Agency/Program BA-22 #: 63 Agency/Program Contract #: 057770

Fiscal Year for this BA-22: 2013-2014 BA-22 Start/End Dates: 07/01/13 06/30/14
(yyyy-yy) (Start Date) (End Date)

Multi-year Contract (Yes/No): Yes If "Yes", provide contract dates:
11/01/11 10/31/14
(Start Date) (End Date)

Maximus Health Services, Inc. 260307682
(Contractor/Vendor Name) (Contractor/Vendor No.)

Provide support services and further the general welfare of LA Medicaid eligible citizens through choice counseling, enrollment and disenrollment into CCN

Contract Amendment (Yes/No): Yes Amendment Start/End Dates: 07/01/13 10/31/14
(Start Date) (End Date)

Contract Cancellation (Yes/No): No Date of Cancellation:
 Amd. #1
(Provide rationale for amendment or cancellation)

This information is to be provided at the Agency/Program Level

MEANS OF FINANCING	AMOUNT			
	Current Year	%	Total Contract	%
State General Fund	\$193,356.00	50.00%	\$6,251,959.50	50.00%
Interagency Transfers	\$0.00	0.00%	\$0.00	0.00%
Fees and Self Gen.	\$0.00	0.00%	\$0.00	0.00%
Statutory Dedication	\$0.00	0.00%	\$0.00	0.00%
Federal	\$193,356.00	50.00%	\$6,251,959.50	50.00%
TOTALS	\$386,712.00	100.00%	\$12,503,919.00	100.00%

*Specify Source (i.e., grant name, fund name, IAT sending agency and revenue source, fee type and source, etc.)
 Are revenue collections for funds utilized above in line with budgeted amounts? (Yes/No) Yes
 If not, explain.

This information is to be provided at the Agency/Program Level

Name of Object Code/Category:	<u>Professional Services</u>
Object Code/Category Number:	<u>3460</u>
Amount Budgeted:	<u>\$255,762,988</u>
Amount Previously Obligated:	<u>\$136,938,925</u>
Amount this BA-22:	<u>\$386,712</u>
Balance:	<u>\$118,437,351</u>

The approval of the aforementioned contract will not cause this agency/program to be placed in an Object Category deficit.

Agy/Prg Contact: Jenny Borders Reviewed/Approved By: Teresa Bravo
 Name: Jenny Borders Name: Teresa Bravo
 Title: Medicaid Program Monitor Title: Medicaid Program Manager 4
 Phone: 225-342-1264 Phone: 225-342-9480

FOR AGENCY USE ONLY

AGENCY	PROGRAM	ACTIVITY	ORGANIZ.	OBJECT	REPT CAT	AMOUNT
305	200		7113	3460	4436	\$386,712