

Third Amendment to the Member Management, Consumer Assistance, and Eligibility Help Desk Services for Iowa Medicaid and Hawki Programs Contract Contract

This Amendment to Contract Number MED-19-012 is effective as of October 26, 2020, between the Iowa Department of Human Services (Agency) and MAXIMUS Health Services, Inc. (Contractor).

Section 1: Amendment to Contract Language

The Contract is amended as follows:

Revision 1. Contract Duration. The Contract is hereby extended from July 1, 2021, through June 30, 2022.

Revision 2. Agency Billing Contact Name/Address, is hereby amended as follows:

Shannon Mueller
Iowa Medicaid Enterprise
1305 East Walnut Street
Des Moines, IA 50319
515-393-8408

Revision 3. Agency Contract Manager/Address is hereby amended as follows:

Shannon Mueller
Iowa Medicaid Enterprise
1305 East Walnut Street
Des Moines, IA 50319
515-393-8408

Revision 4. Agency Contract Owner (hereafter “Contract Owner”) / Address, is hereby amended as follows:

Elizabeth Matney
Iowa Medicaid Enterprise
1305 East Walnut Street
Des Moines, IA 50319
ematney@dhs.state.ia.us

Revision 5. Section 1.3.1.3.E, DHS Contact Center, subsection 5, ELIAS Messaging Center Helpdesk is hereby added to the Contract:

5. ELIAS Messaging Center Helpdesk
 - a. The Contractor shall provide consumer assistance via a call center as it relates to electronic portal accounts created through ELIAS. Duties include:
 - i. Assist callers who have questions setting up and opting into paperless notification from ELIAS eligibility system.
 - ii. Assist callers who have forgotten their username and passwords.
 - iii. Assist callers who have opted into paperless notification but would now like to opt out.
 - iv. Verify Authorized Representatives and link them into the paperless notification account.
 - v. Verify when a caller is authorized to set up paperless notification for multiple active accounts and enable their username to link to multiple cases.

- vi. Refer application and application appendix submittal questions to DHS Income Maintenance Customer Service Center (IMCSC).
- vii. Refer eligibility questions to IMCSC.
- viii. General troubleshooting.
- ix. Identify and escalate ELIAS case record issues to the DHS designated Tier 2 Helpdesk.
- x. The call center shall operate in alignment with requirements outlined for in Section 1.3.1.1.I.

b. Staffing

- i. Additional staff will not be added during the Public Health Emergency (PHE) unless the average daily call volume reaches 1,200 calls a day for four consecutive weeks. Additional staffing and pricing will be will be negotiated through an amendment. The Contractor and the Agency shall work collaboratively to propose additional amendments to address staffing increases which may be needed to support the ELIAS Messaging Center, as overall member call volume increases and staff are needed to continue to meet performance metrics

Revision 6. Section 1.3.1.3.E.4, Reports, subsection d, is hereby added to the Contract:

d. The Contractor shall provide a monthly summary of ELIAS Messaging Center Helpdesk activity to include:

- 1. Number of overall calls related to ELIAS Messaging Center
- 2. Helpdesk-specific contact reasons (email address changes, case linking, paperless opt out, password reset and general questions such as set up, disabled accounts and user name requests)
- 3. Quality reports will align with requirements outlined in Section 1.3.1.1.F.

Revision 7. Attachment 3.2: Collocation, is hereby deleted and replaced with Attachment 3.2: Collocation.

Revision 8. Section 1.5.1, Pricing. The maximum amount the Contractor will be compensated is hereby amended to \$17,656,696.91 for the entire term of the Contract.

Revision 9. Section 1.5.2.h, Payment Table. entitled “Payment Methodology” is amended by adding the following text at the end of the Section:

In addition to the base payment obligations of the Contract, the Agency agrees to pay the Contractor for the costs for cell phones and cellular plans needed to complete scope of work in a remote work environment. The Contractor receive Agency approval to renew each month of cellular service and shall invoice the Agency for monthly costs for cell phones and cellular plans needed to complete scope of work in a remote work environment. These costs are shall not exceed pricing set forth in the below table:

Cellular phones	Cost per phone	NTE per month
Five (5)	\$25.00	\$125.00

Costs for the cell phones from January 2021 through the effective date of the amendment will be billed the first of the month following signature. These costs are not subject to the 8% withhold. If a staff member assigned to a cell phone leaves employment, the cell phone will be returned to the agency and

will not be reassigned to a new staff. The Contractor shall not charge the Agency for cell phones no longer assigned to a staff member.

Revision 10. Federal Funds. The following federal funds information is provided

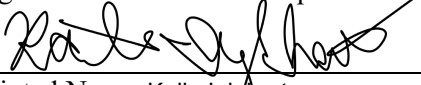

Contract Payments include Federal Funds? Yes	
The contractor for federal reporting purposes under this contract is a: Vendor	
DUNS #: 078402994	
The Name of the Pass-Through Entity: Iowa Department of Human Services	
CFDA #: 93.778	Federal Awarding Agency Name: Department of Health and Human Services/Centers for Medicare and Medicaid Services
Grant Name: Medical Assistance Program	

Section 2: Ratification & Authorization

Except as expressly amended and supplemented herein, the Contract shall remain in full force and effect, and the parties hereby ratify and confirm the terms and conditions thereof. Each party to this Amendment represents and warrants to the other that it has the right, power, and authority to enter into and perform its obligations under this Amendment, and it has taken all requisite actions (corporate, statutory, or otherwise) to approve execution, delivery and performance of this Amendment, and that this Amendment constitutes a legal, valid, and binding obligation.

Section 3: Execution

IN WITNESS WHEREOF, in consideration of the mutual covenants set forth above and for other good and valuable consideration, the receipt, adequacy and legal sufficiency of which are hereby acknowledged, the parties have entered into the above Amendment and have caused their duly authorized representatives to execute this Amendment.

Contractor, MAXIMUS Health Services, Inc.		Agency, Iowa Department of Human Services	
Signature of Authorized Representative:	Date:	Signature of Authorized Representative:	Date:
	06/04/2021	 <small>Kelly Garcia (Jun 24, 2021 12:40 CDT)</small>	Jun 24, 2021
Printed Name: Kaila Iglehart		Printed Name: Kelly Garcia	
Title: Sr. Manager, Contracts		Title: Director	

Attachment 3.2: Collocation

As part of the Contract agreement, the Agency will not require all Contractor staff be housed at the Iowa Medicaid Enterprise (IME) facility. Until an official DHS telework policy is implemented, the IME will allow flexibility with staff working from home and on-site, subject to Agency approval*(see notes). Regardless of whether staff are working from home or on-site, the Agency will provide the following to Contractor staff:

- Shared office work space (on-site only)
- Telephones and telephone service
- Standard DHS Desktop PC or Laptop with docking station
- Keyboard and mouse
- DHS Network Access
- Internet Access (on-site only)
- Software List (see table below)
- Access to IME laptops for occasional use
- Printing, envelopes, and postage for correspondence directly related to the Iowa Medicaid Program
- DHS Standard Forms
- Access to copiers including copy supplies, network printers, and Fax (on-site only)
- Access to storage (on-site only)
- Access to shredding (on-site only)
- Access to IME training equipment (on-site only)
- Access to break rooms, restrooms, and conference rooms (on-site only)

Notes:

* Due to the COVID19 public health emergency, a permanent facility site has not been determined for all staff. The Agency is currently providing a shared work site for Agency-approved personnel.

** Work surfaces throughout the building have been installed at the “standard” height. If a Contractor employee is tall or short the work surface can be adjusted for that employee up or down. If an employee has pain due to equipment they are using, an ergonomic evaluation can be completed at the Contractor’s expense. If special equipment is needed based on the ergonomic evaluation, purchase of equipment is at the Contractor’s expense. If any change is needed due to a medical necessity, a note from the employee’s doctor is required. This includes lights out or on, work surfaces raised for standing purposes (more than an inch or two), etc.

Software List***

Below is a list of Agency-licensed systems and software available for use on Agency computers.

Name of System/Software	Business Purpose
Adobe Acrobat	Reports
Health Financial Systems (HFS)	Medicare Cost Report
IOWANS	HCBS Services coordination system. Rates entered and automatically calculated based on service plans.
IMPA	File Transfers (Sharing Data)
Microsoft Office 2016	Access, Excel, PowerPoint, Project, Publisher, SharePoint, Visio, Word
Microsoft Windows 10	Operating system
Microsoft Outlook 2016	State email system
Microsoft Teams 2016	
MMIS	Payment System
OnBase Client	User Access & Development Software - Electronic Document Management System

RightFax	Method for Provider to submit Documents into OnBase
WinZip 12.5	Compression and encryption software
WinZip 14.5	Compression and encryption software
WinZip 15.5	Compression and encryption software