

Second Amendment to the Quality Improvement Organization Services for Iowa Medicaid Contract

This Amendment to Contract Number MED-18-015 is effective as of July 1, 2020, between the Iowa Department of Human Services (Agency) and Telligen, Inc. (Contractor).

Section 1: Amendment to Contract Language

The Contract is amended as follows:

Revision 1. Contract Section 1.3.1.5.C, Health Information Technology for Economic and Clinical Health (HITECH or HIT), is hereby amended to read as follows:

C. Health Information Technology for Economic and Clinical Health (HITECH or HIT)

The Contractor shall support Agency HIT activities based on provisions in the American Recovery and Reinvestment Act (ARRA) and in compliance with Federal regulations outlined in 42 CFR 495. Contractor duties include but are not limited to the following:

1. HIT Coordinator
 - a. Research, plan and oversee the HIT project, including initiatives supporting the meaningful use of electronic health records, health information exchange and coordination with the Iowa Health Information Network (IHIN) and Iowa Department of Public Health (IDPH). HIT Planning activities related to interoperability, and integration of the Medicare Meaningful Use program into the MACRA Quality Payment Program. Stay apprised of and inform on HIT planning activities related to interoperability. Examples include but are not limited to:
 - i. Staying informed of CMS and ONC interoperability roadmaps and regulations such as
 - a) the CMS Interoperability and Patient Access final rule,
 - b) ONC 21st Century Cures Act final rule including information blocking, CEHRT rules, APIs.
 - ii. ONC's Trusted Exchange Framework and Common Agreement (TEFCA) and United States Core Data for Interoperability (USCDI)
 - iii. HL7 FHIR
 - iv. Other interoperability incentive programs
 - b. Contribute to the definition of incentive payment strategies for Medicaid Promoting Interoperability Program and other value based payment strategies by recommending HIT platforms to support those payments. Duties include but are not limited to:
 - i. Recommend strategies to leverage the availability of clinical data to promote efficiencies and improve clinical outcomes as identified through HIT planning activities.
 - ii. Recommend strategies to capture quality metrics for the purposes of measuring meaningful use of electronic health records, health/medical home performance monitoring, federal reporting, Medicaid Value Based Payment programs, or other Medicaid programs for evaluation purposes.

- iii. Identify connection points between the health information exchange and the MMIS system for administrative efficiencies and program evaluation.
- c. Support and track projects related to Health Information Technology as directed by the Agency. Duties include but are not limited to:
 - i. Ensure weekly status reports regarding HIT project(s) status, items completed, work planned for the next week (including meetings), outstanding action items and issues are provided to the agency
 - ii. Schedule and facilitate monthly status meetings with the project steering team and other IME staff as needed.
 - iii. Manage the continuing development of the HIT plan as directed by the Agency, including initiatives identified from HIT planning workgroups.
 - iv. Review and update annually the State Medicaid Health Information Technology Plan (SMHP) to allow Iowa Medicaid to leverage technology to improve quality outcomes and manage the growing costs of health care delivery. Review and update the SMHP as-needed to comply with regulatory changes, submit to regulatory authority SMHP addendums as needed.
 - v. Report to regulatory authority quarterly and annual reports for the Promoting Interoperability Program.
 - vi. Update the HIT I-APD annually and as needed, to support State HIT efforts.
 - vii. Provide HIT I-IAPD budget planning and tracking to support the Agency.
 - viii. Provide consolidated project tracking and reporting for all Health Information Technology projects.
- d. Represent the Agency in discussions with stakeholders.
- e. Participate in planning and execution of statewide provider assessment as directed by the Agency.
- f. Participate in the IHIN board meetings, ONC and CMS meetings pertaining to interoperability, and other workgroups as directed by the Agency.
- g. Represent Iowa Medicaid Enterprise in presentations and workshops related to Health Information Technology as directed by the Agency, including HIT planning workgroups.
- h. Perform Pre-payment Auditor Duties
 - i. Perform implementation of systems and process modifications to support paying provider incentives for the adoption and meaningful use of certified technology.
 - ii. Monitor provider adoption of electronic health records.
 - iii. Research barriers to EHR adoption.
 - iv. Perform outreach to providers to encourage them to adopt and meaningfully use electronic health records.
 - v. Educate providers on the Promoting Interoperability program.
 - vi. Communicate with providers regarding status of their Promoting Interoperability program application.
 - vii. Provide application instructions to providers, including

- directing them to the CMS registration and attestation system.
 - viii. Process second quality reviews of provider applications for the Promoting Interoperability program incentives in a timely manner.
 - ix. Retrieve the necessary data from the EHR incentive payment system. Data includes but is not limited to:
 - a) Performance data;
 - b) Number of providers applying for incentives
 - c) Number of payments made, total dollars distributed, broken down by provider type; and
 - d) Average length of time from application to payment from the system.
 - i. Final EHR Environmental Scan.
 - i. Monitor work performed by the EHR Final Environmental Scan Administrator;
 - ii. Coordinate and collaborate with Agency staff on review and approval of deliverables;
 - iii. Contribute to survey development as subject matter expert;
 - iv. Create contact list to administer survey;
 - v. Create and administer communication strategy;
 - vi. Perform outreach to maximize survey participation
 - vii. Contribute to final EHR Environmental Scan survey development as Subject Matter Expert; and
 - viii. Submit final approved environmental scan information to CMS as part of the final SMHP no later than March 31, 2022.
2. HIT Advisor
- a. Support and track projects related to Health Information Technology as directed by the Agency that includes:
 - i. Direct provider outreach for incoming and outbound calls for Promoting Interoperability program inquiries.
 - ii. Review and resolve Promoting Interoperability Program application questions from providers attesting to the program.
 - iii. Provide direction and training pertaining to the Promoting Interoperability Program.
 - iv. Coordinate and resolve Promoting Interoperability Program incentive payment issues.
 - v. Support the Agency's Promoting Interoperability Program incentive payment system's queue progress per incentive year, including prioritization of tickets, testing releases, and identifying bugs that need action.
 - vi. Research CMS updates impacting the Promoting Interoperability program and submit system change requests. Work with HIT Coordinator and suggest changes for updating processes for pre- and post-payment auditors.
 - vii. Recreate and solidify processes for pre- and post-payment auditors, and correlating system enhancements or updates needed.
 - b. Support the HIT Coordinator in compiling weekly status reports regarding HIT project(s) status, items completed, work planned for the next week (including meetings), outstanding action items and issues

- c. Participate in regular status meetings with the project steering team.
 - d. Assist the HIT Coordinator in reviewing and developing updates to the SMHP and IAPD documents and monthly and quarterly updates to CMS to support the EHR Incentive Payment Program.
 - e. Assist HIT Coordinator with information impacting interoperability. Stay apprised of and inform on HIT planning activities related to interoperability, such as the Quality Payment Program and other CMS and ONC interoperability initiatives.
 - f. Final EHR Environmental Scan.
 - i. Contribute to survey development as subject matter expert;
 - ii. Assist with creation of contact list to administer survey;
 - iii. Assist with creation and administration of communication strategy;
 - iv. Assist with outreach to maximize survey participation.
 - v. Contribute to final EHR Environmental Scan survey development as Subject Matter Expert.
 - g. Perform Pre-payment Auditor Duties
 - i. Assist in the implementation of the Promoting Interoperability Program at the direction of the HIT Coordinator.
 - ii. Perform implementation of systems and process modifications to support paying provider incentives for the adoption and meaningful use of certified technology at the direction of the HIT Coordinator.
 - iii. Monitor provider adoption of electronic health records.
 - iv. Research barriers to EHR adoption.
 - v. Perform outreach to providers to encourage them to adopt and meaningfully use electronic health records.
 - vi. Educate providers on the Promoting Interoperability program.
 - vii. Communicate with providers regarding status of their Promoting Interoperability program application.
 - viii. Provide application instructions to providers, including directing them to the CMS registration and attestation system.
 - ix. Process first quality reviews of provider applications for the Promoting Interoperability program incentives in a timely manner.
 - x. Retrieve the necessary data from the EHR incentive payment system for the HIT Coordinator and assist with analysis. Data includes but is not limited to:
 - a) Performance data;
 - b) Number of providers applying for incentives;
 - c) Number of payments made, total dollars distributed, broken down by provider type; and
 - d) Average length of time from application to payment from the system.
3. EHR Final Environmental Scan Administrator
Contractor shall submit a final report to the Agency summarizing the results of the assessment. The final report will include findings across the program such as the extent of EHR adoption by practitioners and hospitals, information about the types of EHRs in use by the state's providers, and opportunities for health IT and interoperability which lie ahead.

- a. Conduct a project kickoff meeting between October 1 and October 6, 2020, to include key project stakeholders.
- b. Perform analysis.
 - i. Review initial environmental scan and subsequent environmental scans and other data as the basis for the final environmental scan in order to assess the difference between the beginning and end of the program.
 - ii. Work collaboratively with subject matter experts at IME to determine areas to assess for the final environmental scan to assess the HIT landscape in Iowa.
 - iii. Compile and submit draft analysis report to the Agency no later than December 31, 2020.
- c. Determine survey scope and target population.
 - i. Work collaboratively with subject matter experts at IME to determine survey scope and target population.
 - ii. Submit draft survey content to the Agency for approval no later than February 28, 2021.
- d. Finalize survey.
 - i. Construct, revise, and finalize paper survey.
 - ii. Obtain Agency approval of final survey instruments no later than March 31, 2021.
- e. Conduct surveys.
 - i. Launch online survey and conduct key informant interviews as needed.
 - ii. Complete surveys and necessary interviews no later than May 14, 2021.
- f. Analyze and report survey data.
 - i. Analyze and compile survey data and create and develop a report of current environmental scan.
 - ii. Submit draft report, including executive summary, to the Agency no later than August 31, 2021.
- g. Final Report.
 - i. Compare current scan information and evaluate historical data for impact.
 - ii. Analyze findings across the program such as the extent of EHR adoption by practitioners and hospitals, information about the types of EHRs in use by the state's providers, and opportunities for health IT and interoperability going forward.
 - iii. Analyze HIT inventory in use, HIT capability needs, data sharing needs, and desired strategy recommendations to move forward.
 - iv. Compile the results of the assessment into a final report, including findings across the program, program impact, lessons learned, and opportunities for future data sharing, HIT, and interoperability.
 - v. Obtain Agency approval of final report no later than December 31, 2021.

Revision 2. Section 1.5.1, Pricing. The maximum amount the Contractor will be compensated is hereby amended to \$56,095,489.83 for the entire term of the Contract.

Revision 3. Section 1.5.2, Payment Methodology, is hereby modified by adding the following text at the end of the section:

- g. EHR Final Environmental Scan Administrator. The Contractor may bill the following amounts upon Agency acceptance of each deliverable identified below:

Payment Milestone	Amount
Report detailing analysis of initial environmental scan, subsequent environmental scans, and other relevant data.	\$35,900
Draft survey content and target population submitted for approval.	\$10,300
Survey instrument finalized and approved.	\$24,000
Completion of survey collection and key informant interviews.	\$29,500
Draft report detailing analysis of survey responses submitted for approval.	\$47,400
Compilation report including findings across the program, program impact, lessons learned, and opportunities for future data sharing, HIT, and interoperability, finalized and approved.	\$88,300
	\$235,400

Revision 4. Attachment 3.1 Pricing Schedule is hereby deleted and replaced with the attached document titled "Attachment 3.1: Pricing Schedule".

Revision 5. Federal Funds. The following federal funds information is provided

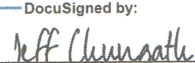
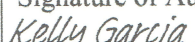
Contract Payments include Federal Funds? Yes	
The contractor for federal reporting purposes under this contract is a: Vendor	
DUNS #: 087131785	
The Name of the Pass-Through Entity: Iowa Department of Human Services	
CFDA #: 93.778	Federal Awarding Agency Name: Department of Health and Human Services/Centers 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, Telligen, Inc.		Agency, Iowa Department of Human Services	
Signature of Authorized Representative: DocuSigned by: 	Date: 9/10/2020	Signature of Authorized Representative:  Kelly Garcia (Oct 1, 2020 11:35 CDT)	Date: Oct 1, 2020
Printed Name: Jeff Chungath		Printed Name: Kelly Garcia	
Title: CEO		Title: Director	

Attachment 3.1: Pricing Schedule

Categories of Services	Initial Contract Years - Monthly Prices			Optional Contract Years - Monthly Prices		
	Year 1 7/1/2018 - 6/30/2019	Year 2 7/1/2019 - 6/30/2020	Year 3 7/1/2020 - 6/30/2021	Option Year 1 7/1/2021 - 6/30/2022	Option Year 2 7/1/2022 - 6/30/2023	Option Year 3 7/1/2023 - 6/30/2024
	Medical Support (Section 1.3.1.3.A)	\$ 216,400.00	\$ 220,900.00	\$ 225,500.00	\$ 230,300.00	\$ 235,100.00
Prior Authorizations (Section 1.3.1.3.B.1)	\$ 69,800.00	\$ 71,300.00	\$ 72,800.00	\$ 74,300.00	\$ 75,900.00	\$ 77,500.00
LOC and NBA Reviews for LTSS (Section 1.3.1.3.B.2)	\$ 172,900.00	\$ 176,500.00	\$ 180,200.00	\$ 183,900.00	\$ 187,800.00	\$ 191,700.00
Utilization Management- Other (Sections 1.3.1.3.B.3-6)	\$ 13,400.00	\$ 13,700.00	\$ 14,000.00	\$ 14,300.00	\$ 14,600.00	\$ 14,900.00
HCBS Provider Reviews (Section 1.3.1.4.B)	\$ 85,400.00	\$ 87,200.00	\$ 89,000.00	\$ 90,800.00	\$ 92,700.00	\$ 94,600.00
HCBS Waiver, Habilitation, and MFP Provider Complaints and Incident Reporting Management (Sections 1.3.1.4.C-D)	\$ 22,100.00	\$ 22,500.00	\$ 23,000.00	\$ 23,500.00	\$ 24,000.00	\$ 24,500.00
HCBS Waiver and Habilitation Member Surveys, MFP Surveys, and Slot Management (Sections 1.3.1.4.E-G)	\$ 31,100.00	\$ 31,700.00	\$ 32,400.00	\$ 33,000.00	\$ 33,700.00	\$ 34,500.00
Program of All-Inclusive Care for the Elderly (Section 1.3.1.5.A)	\$ 13,400.00	\$ 13,700.00	\$ 14,000.00	\$ 14,300.00	\$ 14,600.00	\$ 14,900.00
Health Homes (Section 1.3.1.5.B)	\$ 14,900.00	\$ 15,200.00	\$ 15,600.00	\$ 15,900.00	\$ 16,200.00	\$ 16,600.00
HIT (Section 1.3.1.5.C)	\$ 40,300.00	\$ 41,200.00	\$ 31,100.00	\$ 31,800.00	\$ 32,400.00	\$ 33,100.00
General Admin and Other	\$ 63,600.00	\$ 65,000.00	\$ 66,300.00	\$ 67,700.00	\$ 69,100.00	\$ 70,600.00
Total Monthly Pricing	\$ 743,300.00	\$ 758,900.00	\$ 763,900.00	\$ 779,800.00	\$ 796,100.00	\$ 812,900.00
Total Annual Cost	\$ 8,919,600.00	\$ 9,106,800.00	\$ 9,166,800.00	\$ 9,357,600.00	\$ 9,553,200.00	\$ 9,754,800.00
Grand Total For The Entire Project						\$ 55,858,800.00