

Seventh Amendment to the External Quality Review Services Contract

This Amendment to Contract Number MED-16-012 is effective as of May1, 2021, between the Iowa Department of Human Services (Agency) and Health Services Advisory Group, Inc. (Contractor).

Section 1: Amendment to Contract Language

The Contract is amended as follows:

Revision 1. Attachment A of the Contract (replaced by the Sixth Amendment to this contract) is hereby deleted and replaced with the attached Attachment A.

Revision 3. 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 #: 114443260 | |
| 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, Health Services Advisory Group, Inc. | | Agency, Iowa Department of Human Services | |
|---|---------|---|-------|
| Signature of Authorized Representative: | Date: | Signature of Authorized Representative: | Date: |
|  | 3-23-21 |  <small>Kelly Garcia (Apr 9, 2021 14:22 CDT)</small> | |
| Printed Name: Mary Ellen Dalton, PhD, MBA, RN | | Printed Name: Kelly Garcia | |
| Title: Chief Executive Officer | | Title: Director | |

ATTACHMENT A: PRICING SCHEDULE

| MCO External Quality Review | Payment Amount per MCO Reviewed | | | | | |
|---|---------------------------------|--------------------------------|--------------------------------|--|--|--|
| | Year 1 3/15/16 - 12/31/16 | Year 2 1/1/17 - 12/31/17 | Year 3 1/1/18 - 12/31/18 | Option Year 4 1/1/19 - 12/31/19 | Option Year 5 1/1/20 - 12/31/20 | Option Year 6 1/1/21 - 12/31/21 |
| Protocol 1: Assessment of Compliance with Medicaid Managed Care Regulations | \$78,100.00 | \$73,588.00 | \$76,458.00 | \$79,446.00 | \$82,554.00 | \$85,780.00 |
| Protocol 2: Validation of Measures Reported by the MCO | \$ 2,032.00 | \$22,310.00 | \$23,107.00 | \$23,934.00 | \$24,794.00 | \$25,690.00 |
| Protocol 3: Validation of Performance Improvement Projects (PIPs) | \$ 4,833.00 | \$12,364.00 | \$12,858.00 | \$13,373.00 | \$13,907.00 | \$14,462.00 |
| Protocol 4: Validation of Encounter Data Reported by the MCO | \$17,467.00 | \$32,370.00 | \$42,504.00 | \$44,204.00 | \$45,974.00 | \$47,810.00 |
| Protocol 5: Validation Of MCO Enrollee And Provider Surveys | \$ - | \$11,106.00 | \$11,552.00 | \$12,013.00 | \$12,494.00 | \$12,993.00 |
| Protocol 6: Calculation Of Performance Measures | \$ - | \$44,558.00 | \$46,340.00 | \$48,192.00 | \$50,121.00 | \$52,125.00 |
| Protocol 7: Implementation of Performance Improvement Projects (PIPs) | \$ - | \$ 6,182.00 | \$ 6,429.00 | \$ 6,687.00 | \$ 6,954.00 | \$ 7,231.00 |
| Protocol 8: Focused Studies | / | / | / | / | / | / |
| One-time Study | \$ - | \$15,967.00 | \$16,605.00 | \$17,269.00 | \$33,035.67 | \$18,678.00 |
| Comparative Analysis | \$ - | \$ 7,084.00 | \$ 7,369.00 | \$ 7,662.00 | \$ 7,969.00 | \$ 8,286.00 |
| Validation Of MCO Quality Management/ Quality Improvement (QM/QI) Plans | \$ - | \$ 1,479.00 | \$ 1,538.00 | \$ 1,600.00 | \$ 1,664.00 | \$ 1,731.00 |
| Quality Strategy Plan | \$ - | \$ 5,738.00 | \$ 5,967.00 | \$ 6,206.00 | \$ 6,455.00 | \$ 6,713.00 |

| PAHP/PIHP External Quality Review | Payment Amount per PAHP/PIHP Reviewed | | | | | |
|---|---------------------------------------|---------------------------------------|---------------------------------------|---------------------------------------|--|--|
| | Year 3 1/1/18 - 12/31/18 | Option Year 4 1/1/19 - 12/31/19 | Option Year 5 1/1/20 - 12/31/20 | Option Year 6 1/1/21 - 12/31/21 | | |
| Protocol 1: Assessment of Compliance with Medicaid Managed Care Regulations | \$19,114.50 | \$19,861.50 | \$20,638.50 | \$21,445.00 | | |
| Protocol 2: Validation of Measures Reported by the PAHP | \$ 5,776.75 | \$ 5,983.50 | \$ 6,198.50 | \$ 6,422.50 | | |
| Protocol 3: Validation of Performance Improvement Projects (PIPs) | \$ 3,214.50 | \$ 3,343.25 | \$ 3,476.75 | \$ 3,615.50 | | |
| Protocol 4: Validation of Encounter Data Reported by the PAHP | \$10,626.00 | \$11,051.00 | \$11,493.50 | \$11,952.50 | | |
| Protocol 5: Validation Of MCO Enrollee And Provider Surveys | \$ 2,888.00 | \$ 3,003.25 | \$ 3,123.50 | \$ 3,248.25 | | |
| Protocol 6: Calculation Of Performance Measures | \$11,585.00 | \$12,048.00 | \$12,530.25 | \$13,031.25 | | |
| Protocol 7: Implementation of Performance Improvement Projects (PIPs) | \$ 1,607.25 | \$ 1,671.75 | \$ 1,738.50 | \$ 1,807.75 | | |
| Protocol 8: Focused Studies | | | | | | |
| One-time Study | \$ 4,151.25 | \$ 4,317.25 | \$ 4,490.00 | \$ 16,412.00 | | |
| Comparative Analysis | \$ 1,842.25 | \$ 1,915.50 | \$ 1,992.25 | \$ 2,071.50 | | |
| Validation Of PAHP Quality Management/ Quality Improvement (QM/QI) Plans | \$ 384.50 | \$ 400.00 | \$ 416.00 | \$ 432.75 | | |
| Quality Strategy Plan | \$ 1,491.75 | \$ 1,551.50 | \$ 1,613.75 | \$ 1,678.25 | | |