

**AMENDMENT NO. 2
TO
ONE-E-APP
MAINTENANCE & ENHANCEMENT AGREEMENT
DATED JULY 1, 2005
BY AND BETWEEN
SAN MATEO COUNTY
AND
PUBLIC HEALTH INSTITUTE
("PROGRAM OFFICE")**

This Amendment No. 2 To One-e-App Maintenance and Enhancement Agreement By and Between San Mateo County and Public Health Institute ("Amendment") is made effective July 1, 2005, and amends that certain agreement entitled "One-e-App Maintenance and Enhancement Agreement" dated July 1, 2005 ("the Agreement") by and between San Mateo County ("Client") and Public Health Institute ("Program Office"). This Amendment amends the Agreement as set forth below.

This Amendment an integral part of the Agreement and except as set forth herein, is subject to its terms and conditions. In the event of any conflict between the Agreement and this Amendment, this Amendment shall control. Except as to those portions of the Agreement which are modified by this Amendment, the terms and conditions of the Agreement shall continue in full force and effect.

NOW, THEREFORE, in consideration of the mutual promises of the undersigned parties, and for other good and valuable consideration, the parties hereby enter into this Amendment as set forth below.

AMENDMENT TO EXHIBIT A OF THE AGREEMENT. The undersigned parties agree that the following will be added to Exhibit A of the Agreement:

19. Add two new questions to the One-e-App eligibility screen to more thoroughly determine eligibility for the WELL screening and disposition process. The questions will be as follows:

- ***Do you need retroactive coverage for any San Mateo Medical Center visits?***
 1. If person does not need retroactive coverage, then One-e-App will automatically calculate the coverage period with a start date of the signature date and the termination date as one year from the signature date.
 2. If answer is YES and user is a NOT a SMMC CHA, then One-e-App will still calculate the coverage period as stated above.
 3. If answer is YES and user is a SMMC CHA, One-e-App will give the option to the user to enter a retroactive WELL Enrollment Start Date. One-e-App will then automatically calculate the termination date which will be 1 year from the effective date of coverage.

- ***Will this be a manual WELL enrollment?***

1. This question will be asked for SMMC CHAs only.
2. This question will be asked regardless of their response to the retroactive enrollment question.
3. If the user answers "Yes" to this question, then data files transmitted to Invision will only be the application's demographic information.
4. If the answer is No, then data files transmitted to Invision will include all data elements.
5. WELL Enrollment Form will also need to be modified if applicant indicated they need retroactive coverage and he/she was assisted by a SMMC CHA.

These questions will be asked after the Preliminary Determination is completed in One-e-App and before One-e-App collects the signature from the user.

20. Modify the Preliminary Eligibility screen in One-e-App to include a list of opt-out reasons for WELL. One-e-App will provide a list of opt-out reasons to the users through a pull down list. The pull down list will be displayed only for WELL program. The Universal Application Summary in One-e-App will also be modified to display the opt-out reason selected by the user.

21. Modify the One-e-App system to temporarily remove the eligibility logic for the Discounted Health Care program (DHCP). In a case where the applicant is not eligible for WELL, he/she will be determined for Self-Pay instead. One-e-App will bring back DHCP program once San Mateo County decides to implement it.

22. Modify the One-e-App system to identify WELL eligible applicants that fall under 100% of FPL. The Preliminary Eligibility screen in One-e-App will be enhanced to flag the WELL eligible applicants that belong to less than 100% of the FPL. The WELL enrollment brochure will be modified to reflect the above mentioned WELL eligible status.

23. Enhance One-e-App system to include the Denial Reason for Adult WELL and DHCP on the DHCP and Self Pay Enrollment Form respectively. The framework for capturing the Denial Reasons in the One-e-App's Eligibility Determination will be enhanced. The Enrollment forms for DHC and Self Pay will be modified to reflect the Denial Reasons. The Submitted Applications Details page in One-e-App will allow the users to re print these enrollment forms.

24. Enhance the One-e-App system to screen General Assistance/ Recovery Treatment Program (GA/RTB) patients for all programs. The Eligibility Determination logic in One-e-App will be modified to screen the GA/RTB patients for all programs.

25. Create a new Clearance Clerk and Clearance Clerk Supervisor user types. These user types will have the ability to access the applications that have been determined eligible for Adult Medi-Cal and complete the clearance function prior to the application being assigned to the Benefits Analyst user type for completion and disposition. The One-e-App File Clearance functionality will be available to these new user types.

26. Develop custom logic to route every 5th WELL/DHC/WELL Fee Waiver application to the next available WELL Liaison workload. The One-e-App data model will be changed to store a pool of WELL/DHC Liaison user accounts.

27. Modify the One-e-App Rules Engine so that it exclude the applicant from all County Indigent programs if he or she has indicated having a Pending Medi-Cal application. Create a new program as "Medi-Cal Pending" and modify the Preliminary Eligibility Determination screen to display "Medi-Cal Pending" as the program name if the user has indicated that he or she has a Pending Medi-Cal application.

28. Modify the One-e-App Rules Engine so that it records all denial reasons for a Medi-Cal application. The following modifications will be made to the One-e-App Rules Engine:

- Screen the applicant for Medi-Cal if the applicant indicates that he/she has Medi-Cal and is undocumented.
- Exclude the applicant from the screening for any program if the user has responded "Yes" to the Pending Medi-Cal question and the applicant is documented.
- Screen the applicant for programs other than Medi-Cal if the user has responded "Yes" to the Pending Medi-Cal question and the applicant is undocumented.
- Exclude the applicant from the screening for Medi-Cal, but screen for WELL and DHC if the user has selected "Excess real or personal property" as the Medi-Cal Denial or Discontinuance reason and has answered "No" to the "Has <person_name> spent down all or some of the assets since the discontinuance of his/her Medi-Cal?" question.
- Screen the applicant for Medi-Cal if the user has responded "Yes" to the "Has <person_name> spent down all or some of the assets since the discontinuance of his/her Medi-Cal?" question.
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In addition, the One-e-App "Other Health Insurance" screen will be modified as follows:

- Ask a new question "Has <person_name> applied for Medi-Cal in last 6 months" if the applicant answers "No" to the "Does <person_name> have Medi-Cal" question.
- Ask the Pending Medi-Cal question if the user responds "No" to the question described above.
- Ask a new question "Was your MC case denied or discontinued?" if the user responds "No" to the Pending Medi-Cal question.
- Provide a pull down list of Denial Reasons if the user responds "Yes" to the above question.
- Ask a new question "Please select the discontinuance reason" followed by a pull down list of Discontinuance Reasons if the user has selected "Discontinued" as the denial reason.
- Ask a new question "Has <person_name> spent down all or some of the assets since the discontinuance of his/her Medi-Cal?" if the user selects "Excess real or personal property" as the reason for discontinuance.

29. Modify the One-e-App data model to store the San Mateo Medical Center provider type and modify the Invision interface to send this new provider information.

30. Compliance with Employee Jury Service Ordinance:

The Program Office shall comply with the County Ordinance with respect to provision of jury duty pay to employees and have and adhere to a written policy that provides that its employees shall receive from the Program Office, on an annual basis, no less than five days of regular pay for actual jury service in San Mateo County. The policy may provide that employees deposit any fees received for such jury service with the Program Office or that the Program Office deduct from the employees regular pay the fees received for jury service.

Assumptions

Program Office shall complete this work on the schedule necessary to support Client's program start up. Client will provide answers to questions on a timely basis and will provide support to system testing that will occur prior to User Acceptance Testing. In the timeline identified below, this testing period is shown in yellow. It is expected that at least one subject matter expert is available to support this system testing activity.

Once the functionality is completed, Client shall perform one round of testing for a period of five total days over the course of this change order. All issues identified will be recorded as part of this testing and will be due to the Program Office within 24 hours of the conclusion of testing. The Program Office will categorize the issues identified as High, Medium, Low or Change Order based on previously established criteria. All High and Medium issues will be corrected by the Program Office prior to go live. Low priority items will be scheduled as part of regular production releases.

Client will have one day to re-validate that the High and Medium issues were corrected. No new issues or considerations that were not previously identified as part of the testing will be considered prior to go live. Items identified will be considered as part of future production releases.

1. This change order will supplement the One-e-App Agreement (Dated July 1, 2005) and Amendment #1. All the assumptions and agreements set forth in the aforementioned document are applicable to this agreement.
2. Any changes to the requirements specified herein will require an additional change order.
3. The Program Office will schedule the development once a signed copy of the Change Order is received. Once the Program Office have completed the changes, the Client will test these changes prior to the Program Office publishing the changes to the production system.
4. Cost estimates are contingent on timely review, testing and feedback on changes. Client is responsible for providing testers, managing the testing process and providing the feedback to the Program Office. Feedback must be

- received in written form in the timeframes specified above. If feedback is not provided in these timeframes, the changes will be deemed accepted.
5. Client will be responsible for conducting the user acceptance and testing of this enhancement.
 6. Client will be responsible for providing the Spanish translations for the changes specified above.
 7. Client will also responsible for providing the translation for all additional foreign languages for the changes.
 8. The total period for UAT will be five total days. Documentation of issues will take place every day during UAT, but all issues must be reported within one day of the completion of UAT.
 9. This change order, as shown in the timeline spans beyond the planned go-live. The requirements have been organized and are represented in the timeline below to show those that are pre- and post-go-live based on impact on the user to utilize the system at go-live.
 10. The Client will be responsible for providing the list of opt-out reasons.
 11. One-e-App will not provide any front end utility to maintain and manage the opt-out reasons under the current scope of the change order. If such functionality will be required in future, then a separate change order will be generated for that.
 12. Since there could be multiple reasons which could have triggered the denial for a specific program, One-e-App will display only the last reason of denial on the enrollment forms.
 13. The opt-out reason will not be displayed in any of the existing reports in One-e-App.
 14. This change order does not include any new electronic interface to CalWin or Invision.
 15. This change order includes configurations, but no customizations to the Adult Medi-Cal functionality; the items included in the requirements that are not included in this change order are highlighted in blue above.
 16. Maintenance for this functionality will begin on go-live.

Timeline

These activities will be completed in accordance with the timeline set forth below:

Amendment #2	Month	2005			2006			
		Oct	Nov	Dec	Jan	Feb	Mar	April
19. Add two new questions to the One-e-App eligibility screen to more thoroughly determine eligibility for the WELL screening and disposition process.	WK 1	WK 2						
20. Modify the Preliminary Eligibility screen in One-e-App to include a list of opt-out reasons for WELL.	WK 2	WK 3						
21. Modify the One-e-App system to temporarily remove the eligibility logic for the Discounted Health Care program (DHC).	WK 1	WK 2						
22. Modify the One-e-App system to identify WELL eligible applicants that fall under 100% of FPL.	WK 3	WK 4						
23. Enhance One-e-App system to include the Denial Reason for Adult WELL and DHC on the DHC and Self Pay Enrollment Form respectively.	WK 3	WK 4						
24. Enhance the One-e-App system to screen General Assistance/ Recovery Treatment Program (GA/RTB) patients for all programs.	WK 5	WK 6						
25. Create a new Clearance Clerk and Clearance Clerk Supervisor user types.	WK 3	WK 4						
26. Develop custom logic to route every 5th WELL/DHC/WELL Fee Waiver application to the next available WELL Liaison workload.	WK 5	WK 6						
27. Modify the One-e-App Rules Engine so that it exclude the applicant from all County Indigent programs if he or she has indicated having a Pending Medi-Cal application.	WK 5	WK 6						
28. Modify the One-e-App Rules Engine so that it records all denial reasons for a Medi-Cal application.	WK 5	WK 6						
29. Modify the One-e-App data model to store the San Mateo Medical Center provider type and modify the Invision interface to send this new provider information.	WK 5	WK 6						

Cost

Based on the changes requested above and the cost will be \$73,600.00, to develop, test and implement the request. The specific costs for each change are presented below:

Additional questions for WELL screening process and Editing of WELL Disposition - \$6,000

Changes to the Preliminary Eligibility Results Page of One-e-App - \$3,800

Temporary Removal of the DHC Program and Restoring the Functionality once the County decides to implement the Program - \$7,000

Modify One-e-App to provide the ability to the users to identify WELL eligible applicants that fall under 100% of FPL - \$6,500

Enhancement to include the Denial Reason for Adult WELL and DHC on the DHC and Self Pay Enrollment Form, respectively - \$7,200

Enhancement to screen General Assistance / Recovery Treatment Program patients for all programs - \$5,600

Enhancements to the current File Clearance functionality for the submission to CalWIN - \$5,500.

Enhancement to the current routing logic for the 20% WELL/DHC audit workload - \$6,500.

Enhancement to the Pending Medi-Cal feature - \$4,500.

Enhancement to One-e-App to collect the information about Medi-Cal denial - \$15,000

Enhancement to the One-e-App to Invision interface to the Provider information - \$6,000.

These specific changes will increase Client's maintenance charges by \$500.00 per month.

Any change in scope will be discussed with the Client, an estimated impact on resources, along with a cost estimate of the change in scope will be mutually agreed upon, before any additional work is initiated.

IN WITNESS WHEREOF, the parties hereto have caused this Agreement to be executed by their duly authorized representatives as of the Effective Date of February 1, 2006.

PUBLIC HEALTH INSTITUTE

SAN MATEO COUNTY

By: 
Printed Name: DEVELYN A. ASHCROFT
Title: DIRECTOR, GRANTS &
3-7-2006 CONTRACTS

By: _____
Printed Name: _____
Title: _____