

**FIRST AMENDMENT
TO
ONE-E-APP
MAINTENANCE & ENHANCEMENT AGREEMENT
DATED JULY 1, 2007
BY AND BETWEEN
SAN MATEO COUNTY
AND
THE CENTER TO PROMOTE HEALTHCARE ACCESS, INC.**

This Amendment No. 1 To One-e-App Maintenance and Enhancement Agreement By and Between San Mateo County and The Center to Promote HealthCare Access, Inc. ("Amendment") is made effective (enter date), 2007, and amends that certain agreement entitled "One-e-App Maintenance and Enhancement Agreement" dated July 1, 2007 ("the Agreement") by and between San Mateo County ("Client") and The Center to Promote HealthCare Access, Inc. ("The Center"). This Amendment amends the Agreement as set forth below.

This Amendment is 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:

Enhancement:

Initial Program Eligibility Determination for inclusion of San Mateo's new ACE Program by September 17, 2007. There are a number of other changes that the Client is requesting for additional support of the ACE Program that are the October 2007 ACE Program Changes. The Client has reviewed all of One-e-App and has identified a number of additional ACE Program changes that support the Final ACE Program requirements. The Client is phasing these additions to One-e-App to be sure that the program design is finalized prior to completing the changes in One-e-App.

In addition, the Client wishes to add certain key functions to support some of the premium billing requirements for San Mateo's ACE Program.

ACE Program Business Need

The Client wants to add their new ACE Program to One-e-App which will provide healthcare coverage to the people who meet the eligibility criteria of the Adult WELL

Program (except for the assets limit and deductions) program and meet all of the following criteria:

- Not enrolled in private or employer-sponsored health coverage
- Ineligible for full scope no-cost or share-of-cost Medi-Cal, Healthy Families or Access for Infants and Mothers (AIM)
- Resident of San Mateo County
- Between 19 and 64 years of age
- U.S. Citizens with verifiable proof of citizenship, or Legal Permanent Residents (LPR) with 5 years or more of LPR status and verifiable proof of permanent residency;
- Total net countable income at or below 200% of the FPL; and

Proposed Solution

One-e-App will be enhanced to include two new programs called "Access and Care for Everyone (ACE)" and "ACE Fee Waiver" with the following changes.

Description of Change(s):

- I. **September 17, 2007 Changes:** The following system modifications are proposed for this change by September 17, 2007:
 - a. **Modify the Person Demographics screen in One-e-App.**
 - The Person Demographics screen in One-e-App will be modified to add a new field that will state Date Legal Permanent Resident Status Received
 - This question will be asked in the immigration information section.
 - This question will appear if a person has answered "Yes" to the Legal Permanent Resident field.
 - b. **Modify the Rules Engine in One-e-App to include Access and Care for Everyone (ACE) and ACE Fee Waiver programs.**
 - The Rules Engine in One-e-App will be modified to add the following programs.
 - **"ACE Fee Waiver"** with the following criteria:
 - Basic eligibility for Adult WELL (except for assets limits and deductions);
 - Not enrolled in private or employer-sponsored health coverage; However, applicants who decline employer sponsored insurance would be eligible for ACE and ACE Fee Waiver. Conversely, applicants who decline employer sponsored insurance are ineligible for the WELL program.
 - Ineligible for full scope no-cost or share-of-cost Medi-Cal, Healthy Families or Access for Infants and Mothers (AIM)
 - Resident of San Mateo County

- Between 19 and 64 years of age
- U.S. Citizens with verifiable proof of citizenship, or Legal Permanent Residents (LPR) with 5 years or more of LPR status and verifiable proof of permanent residency;
- Total net countable income at or below 100% of the FPL; and
- **“ACE”** with the same criteria as noted above except the following:
 - Total net countable income between 101% and 200% of the FPL
 - Must not have had employer sponsored health insurance in the three months prior to enrollment unless the individual had employer-sponsored health insurance and one of the following events occurred in the three months prior to application for the ACE program:
 - a. Loss of job
 - b. A move to a zip code area or region that is not covered by the employer-sponsored health insurance
 - c. Loss of health insurance because the employer stopped providing health insurance for all employees
 - d. A divorce or legal separation from the individual whose employer provides health insurance
 - e. The death of the individual who is the subscriber of the employer-sponsored health insurance
 - f. Termination or cancellation of the individual's Consolidated Omnibus Budget Reconciliation Act (COBRA) policy
- The One-e-App Rules Engine will be modified to apply the following deductions for the two new programs:
 - \$90 per working adult
 - \$50 per family for alimony and/or child support received.
 - Total amount of alimony or child support PAID deducted from the household income.
 - \$200 for childcare for children under 2 years of age
 - \$175 for childcare for children 2 years of age and older
 - \$175 for disabled dependent care expenses
 - \$240 from disability income

The One-e-App Rules Engine will further be modified for WELL, WELL Fee Waiver, DHC and Self Pay to readjust the program hierarchy where ACE and ACE Fee Waiver will come prior to WELL in the hierarchy.

c. Modify the workflow after the Preliminary Eligibility calculation in One-e-App to include the following for the ACE and ACE Fee Waiver programs.

- Retroactive coverage request
- ACE and ACE Fee Waiver Rights and Declarations with both paper and electronic signatures.
- Program Submission logic
- Fax Cover Sheet

d. Modify the Verification Document Check Point in One-e-App to include the ACE and ACE Fee Waiver programs.

e. Modify the Disposition module One-e-App to include automated disposition for the ACE and ACE Fee Waiver programs.

II. October 2007 Changes: The Client has identified the following changes to be added to One-e-App during the month of October to address some of the specific WELL and WELL FW program operational support needs:

a. Modify One-e-App to treat individuals from age 19 through date of their 21st birthday, and not living in the household as Medi-Cal adults.

- **Business Need:** Per the current design, individuals who are age 19 through date of their 21st birthday are treated as children for the Medi-Cal program. This means that the parents for this age group get linkage to Medi-Cal if deprivation exists. However, if these young adults don't live in the same household as their parents and are not claimed as dependants in the parents' income tax, then they should not be treated as children in Medi-Cal and hence the parents will not get any deprivation linkage. Further, these individuals will not be a part of the budget unit for the parents or their siblings.
- **Proposed Solution:** Modify the One-e-App Rules Engine to treat the above mentioned individuals as Medi-Cal adults.
- **Description of Changes:** The following system changes are proposed for this enhancement.
 - **Modify the Household Summary screen in One-e-App with the following**
 - Display the individuals who are age 19 through date of their 21st birthday, and ask who amongst them is currently living in the same household as their parents.
 - For the persons who are not living in the household, include a new question that collects the information about whether those persons are claimed as dependants in their parents' income tax.
 - **Modify the Rules Engine in One-e-App with the following:**
 - If the person age 19 through date of his or her 21st birthday does not live in the same household as his or her parents and is not claimed as dependant in his or her parents'

income tax, then the parents will not get any deprivation linkage unless they have other children that are either under 19 years of age or are living in the household.

- The persons who are age 19 through date of their 21st birthday does not live in the same household as their parents and are not claimed as dependant in their parents' income tax will not be a part of the family size of their parents and their siblings and their income will not be counted towards eligibility for their parents or siblings.
- These persons will have a budget unit of their own where they can be a part of the family size for their spouses and their children and their income will be counted towards the eligibility of their spouses and children.
- The budget unit calculation for the above mentioned individuals will also be applicable to the following programs:
 - WELL
 - WELL Fee Waiver
 - ACE
 - ACE Fee Waiver
 - Discounted Health Care

b. Modify One-e-App to provide retroactive WELL and WELL Fee Waiver coverage for ACE and ACE FW eligible persons who are seeking retroactive coverage beyond the 1st day of the month of their application.

- **Business Need:** Per the current design, persons who are eligible for WELL/WELL FW are allowed to seek retro active coverage for the past 90 days. However, per the business rules for ACE/ACE FW, a retro active coverage can only be provided back to the 1st day of the month when the application was signed. This creates an issue where the person is seeking retro active coverage for services that were obtained prior to the 1st day of the month when the application was created.
- **Proposed Solution:** Modify the One-e-App to provide retro active coverage for ACE or ACE Fee Waiver in the above scenario if the person also meets WELL/WELL Fee Waiver eligibility criteria.
- **Description of Changes:** The following system changes are proposed for this enhancement.
 - **Ask the WELL/WELL Fee Waiver and ACE/ACE Fee Waiver Retroactive Coverage questions before determining the preliminary eligibility**
 - Per the current design, the retro active coverage questions for WELL/WELL Fee Waiver and DHC are asked after the preliminary eligibility is determined. These questions need to be moved to the screen where One-e-App asks about the

retroactive coverage question for Medi-Cal before the preliminary eligibility section.

- The retroactive question needs to be added to the screen where One-e-App asks about San Mateo residency.
 - The question on this screen will say "Have you ever received services at any of the following locations?"
 - The retroactive question will say, "Do you need retroactive coverage for any San Mateo Medical Center visits?" Yes or No
 - If yes, the medical record number field will appear.
- **Modify the Rules Engine in One-e-App with the following:**
 - If the date provided for the retroactive coverage on the above mentioned screen is less than the 1st day of the month of the creation date, then the rules engine should screen the person for WELL and WELL Fee Waiver even if he or she is preliminarily eligible for ACE.
 - If the person meets the eligibility criteria for WELL or WELL Fee Waiver then the person should get dual preliminary eligibility (ACE as Primary and WELL or WELL Fee Waiver as secondary)
 - **Modify the WELL Disposition logic in One-e-App with the following:**
 - If the person is preliminarily eligible for secondary WELL/WELL Fee Waiver coverage and Primary ACE/ ACE Fee Waiver coverage, then the person should be automatically dispositioned for WELL or WELL Fee Waiver for the period that can not be covered by ACE/ACE Fee Waiver. For example, if a person is requesting retro active coverage from August 1st, 2007 and the application creation date is October 22nd, 2007, then the person should be dispositioned for WELL or WELL Fee Waiver with an enrollment date of August 1st, 2007 to September 30th, 2007. The ACE eligibility is effective October 1, 2007.
- **Implement the new eligibility rules for the Discounted Health Care Program** – The client has decided to implement new rule changes to the Discounted Health Care Program in San Mateo.
 - **Description of Changes:** The following system changes are proposed for this enhancement.
 - **Modify the Discounted Health Care Rules in One-e-App with the following.**
 - Remove the following rules that deny the applicants from being preliminarily eligible for DHC

- If the applicant has not been a resident of San Mateo county for 6 months or more.
 - If the family has more than \$15,000.00 in liquid assets.
 - If the applicant own the primary residence that he or she lives in
- Remove the following rule in the total assets calculation for DHC
 - If the family has more than one car per adult, then one car per adult is exempted and the value of the least priced vehicle is added to the total assets for the applicant

Final ACE Program Requirements: The Client has reviewed all of One-e-App and has identified a number of additional ACE changes that support the Final ACE Program requirements.

Complete the additional ACE program requirements as highlighted in the attached flowchart, Exhibit A-1. While there are additional minor changes, the largest changes are to the workloads, modifications to the disposition module and follow-up process and handling of income and estimated income associated with the ACE Program. Certain of these requirements have already been completed and implemented in One-e-App. Implemented items are also noted and highlighted in the attached flowchart labeled as Exhibit A-1.

In addition, the Center will perform the following activities as it relates to the Health Plan of San Mateo (HPSM) membership data and premium information interface.

- Interim membership and premium data must be provided to HPSM daily in a simple format such as an Excel spreadsheet until such an automated process can be built for an 834 transaction.
- Minimum information should consist of member identification, social security number, client identification number, name, address, dates of eligibility, date of birth, gender, phone number, ethnicity and premium amount and override.

Premium Billing Business Need

As noted above, the Client needs to add Premium Billing Functionality to One-e-App to support the ACE Program.

While the Client is exploring implementation of comprehensive Premium Billing, they have indicated that they want to handle point of service invoicing and associated indicators and the premium override functions in One-e-App. These functions will be designed and implemented based on the Healthy Kids model that is operational in One-e-App. These changes do not include the development of an ACE interface with the Health Plan of San Mateo, so the assumption is that invoice, premium amount and premium override will be looked up in One-e-App.

Assumptions

The Center 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 Center within 24 hours of the conclusion of testing. The Center 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 Center prior to go live. Low priority items will be scheduled as part of regular production releases.

The 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, 2007). 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 Center will schedule the development once a signed copy of the Change Order is received. Once we have completed the changes, the Client will test these changes prior to The Center publishing the changes to the production system.
4. Cost estimates are contingent on timely review, testing and feedback on changes. The Client is responsible for providing testers, managing the testing process and providing the feedback to The Center. 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. The Client will be responsible for conducting the user acceptance and testing of this enhancement.
6. The Client will be responsible for providing the Spanish translations for the changes specified above.
7. The Client will also responsible for providing the translation for all additional foreign languages for the changes.
8. The Premium Billing changes do not include the development of an ACE interface with the Health Plan of San Mateo, so the assumption is that invoice, premium amount and premium override will be looked up in One-e-App.
9. 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.

10. 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.
11. Maintenance for this functionality will begin on go-live. If go-live is delayed for more than 30 days from the original agreed to date with the Client do to circumstances beyond The Center's control, the Client understands that maintenance for this enhancement will begin even though the enhancement has not been moved into production.

Timeline

These proposed solutions will be implemented based on the Client's needs. The timeline for each specific change is listed below:

ACE

September 17, 2007	September 17, 2007
October 2007	November 5, 2007
Final Requirements	February 28, 2008
Discounted Health Care Modifications	February 28, 2008
Premium Billing	February 28, 2008

Cost

Based on the changes requested above and the proposed solution we have provided the cost for each set of solutions as shown below:

Project Description						
Coverage Initiative		Implementation Go-Live Cost	Maintenance Per Month	Period covered for maintenance cost	Total Maintenance Cost	Total Cost
	Workaround process deployed Sept 17, 2007	\$18,000	\$950	9/17/07-6/30/10	\$31,762	\$49,762
	Final requirements to be deployed April 1, 2008	\$35,000	\$750	4/1/08-6/30/10	\$20,250	\$55,250
Total OeA Coverage Initiative Cost						\$105,012
WELL-related enhancements		Implementation Go-Live Cost	Maintenance Per Month	Period covered for maintenance cost	Maintenance Cost	Total Cost
	Rules Engine Change for screening documented persons between 19 and 21 for indigent programs	\$13,000	\$250	4/1/08-6/30/10	\$6,750	\$19,750
	Coverage for 19-21 non-US Citizens and not living in the household	\$6,000	\$200	4/1/08-6/30/10	\$5,400	\$11,400
	Support Retroactive WELL for Coverage Initiative	\$10,500	\$250	4/1/08-6/30/10	\$6,750	\$17,250
Total WELL-related cost						\$48,400
Total Amendment Cost		\$153,412				

*Maintenance is paid in advance and is due on the first day of the month of go-live or 30 days after go-live was scheduled as indicated on the assumptions above

The costs for the changes for the DHC Program will be applied to a grant balance that has been established by the California HealthCare Foundation due to San Mateo County's support of the Business Case Analysis for One-e-App. As a result of this, no additional costs are added to this amendment to accommodate the DHC Program changes.

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 (enter date), 2007.

THE CENTER TO PROMOTE HEALTHCARE SAN MATEO COUNTY
ACCESS, INC.

By: <u></u>	By: _____
Printed Name: <u>Claudia Page</u>	Printed Name: <u>Adrienne Tissier</u>
Title: <u>Director</u>	Title: <u>President, Board of Supervisors</u>

**County of San Mateo
Contractor's Declaration Form**

I. CONTRACTOR INFORMATION

Contractor Name:	The Center to Promote Health Care Access	Phone:	510-834-1300
Contact Person:	Claudia Paige	Fax:	510-834-1301
Address:	1333 Broadway, Suite 1020 Oakland, CA 94612		

II. EQUAL BENEFITS (check one or more boxes)

Contractors with contracts in excess of \$5,000 must treat spouses and domestic partners equally as to employee benefits.

- ☒ Contractor complies with the County's Equal Benefits Ordinance by:
- ☒ offering equal benefits to employees with spouses and employees with domestic partners.
 - ☐ offering a cash equivalent payment to eligible employees in lieu of equal benefits.
- ☐ Contractor does not comply with the County's Equal Benefits Ordinance.
- ☐ Contractor is exempt from this requirement because:
- ☐ Contractor has no employees, does not provide benefits to employees' spouses, or the contract is for \$5,000 or less.
 - ☐ Contractor is a party to a collective bargaining agreement that began on _____ (date) and expires on _____ (date), and intends to offer equal benefits when said agreement expires.

III. NON-DISCRIMINATION (check appropriate box)

- ☐ Finding(s) of discrimination have been issued against Contractor within the past year by the Equal Employment Opportunity Commission, Fair Employment and Housing Commission, or other investigative entity. Please see attached sheet of paper explaining the outcome(s) or remedy for the discrimination.
- ☒ No finding of discrimination has been issued in the past year against the Contractor by the Equal Employment Opportunity Commission, Fair Employment and Housing Commission, or any other entity.

IV. EMPLOYEE JURY SERVICE (check one or more boxes)

Contractors with original or amended contracts in excess of \$100,000 must have and adhere to a written policy that provides its employees living in San Mateo County up to five days regular pay for actual jury service in the County.

- ☒ Contractor complies with the County's Employee Jury Service Ordinance.
- ☐ Contractor does not comply with the County's Employee Jury Service Ordinance.
- ☐ Contractor is exempt from this requirement because:
- ☐ the contract is for \$100,000 or less.
 - ☐ Contractor is a party to a collective bargaining agreement that began on _____ (date) and expires on _____ (date), and intends to comply when the collective bargaining agreement expires.

I declare under penalty of perjury under the laws of the State of California that the foregoing is true and correct, and that I am authorized to bind this entity contractually.


Signature

1-25-08
Date

Claudia Paige
Name

Director
Title