**STATE OF NEW MEXICO**
**HUMAN SERVICES DEPARTMENT**
**INFORMATION TECHNOLOGY AGREEMENT**
**AMENDMENT NO. 11**

SPD # PSC 10-630-00-18244 A11

**THIS AMENDMENT NO. 11** to PSC 12-630-8000-0015 is made and entered into by and between the State of New Mexico **Human Services Department**, hereinafter referred to as the "Procuring Agency" and **Conduent State Healthcare, LLC** (formerly known as Xerox State Healthcare, LLC), hereinafter referred to as the "CONTRACTOR".

The purpose of this Amendment is to:

1. Amend Article 12 ("Contractor Personnel") – Require hiring approval for the Client Services Director.
2. Amend Exhibit A, Amended Scope of Work, Deliverable 18, task 18.1.1.11 – Extend frequency of re-verifying provider participation information from once every two (2) years to once every three (3) years, as tracked by the MMIS on an individual provider basis.
3. Amend Exhibit A, Amended Scope of Work, Deliverable 18, task 18.2.2 – Rather than requiring disenrollment automatically, disenrollment will be required only if the Procuring Agency directs it for an individual provider.
4. Amend Exhibit A, Amended Scope of Work, Deliverable 18, task 18.3.2.2 – Remove "SALUD" and replace with "Centennial Care".
5. Remove from Exhibit A, Amended Scope of Work, Deliverable 18, task 18.5.12 – The CONTRACTOR's Account Manager and Provider Relations Manager will no longer meet with executives from the major provider associations.
6. Remove from Exhibit A, Amended Scope of Work, Deliverable 19, task 19.3.1.5 – CONTRACTOR will no longer make payment via paper warrant to providers who have not supplied banking information, who have supplied this information but have not completed the testing process with the Procuring Agency's bank, or in response to approved manual warrant requests.
7. Remove from Exhibit A, Amended Scope of Work, Deliverable 61, task 61.15.1.7, which requires Contractor to provide callers with a callback option.

**UNLESS OTHERWISE SET OUT BELOW, ALL OTHER PROVISIONS OF THE ABOVE REFERENCED AGREEMENT REMAIN IN FULL EFFECT AND IT IS MUTUALLY AGREED BETWEEN THE PARTIES THAT THE FOLLOWING PROVISIONS OF THE ABOVE-REFERENCED AGREEMENT ARE AMENDED AS FOLLOWS:**

General Provisions. This Amendment No. 11 shall be deemed and considered as part of the Agreement for all purposes. All the other provisions of the Agreement not specifically deleted or modified herein shall remain in full force and effect.

1. Article 12, Contractor Personnel, item A, Key Personnel, is replaced in its entirety with the following:

## ARTICLE 12 – CONTRACTOR PERSONNEL

A. Key Personnel. CONTRACTOR's key personnel are the CONTRACTOR's: Executive Account Manager; Deputy Account Manager; MMIS Systems Manager; Provider Relations Manager; Claims/TPL Manager; Financial Manager; Client Services Director; Business Support Unit Manager; Technical Support Manager; Transition Manager; and Pharmacy Services Manager.

2. Exhibit A, Amended Scope of Work, Deliverable 18, Ongoing Provider Management Services, is replaced in its entirety with the following:

**Exhibit A**
**Amended Scope of Work**

Deliverable Number 18: Ongoing Provider Management Services

| **Deliverable Eighteen** | **Due Date** | **Compensation** |
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| **Ongoing Provider Management Services**<br><br>**[Monthly Fiscal Operations]** | **Start: 1-Jan-2013**<br>**End: 31-Dec-2019** | **$11,015,087.25**<br><br>**Amount, plus NM GRT, due per agreed payment schedule.** |

| Task Item | Subtasks | Description |
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| 18.1 Enroll Providers | 18.1.1 Meet Detailed Specifications for Provider Enrollment | The CONTRACTOR shall perform, at a minimum, the following Provider Enrollment functions according to the standards and specifications determined by the Procuring Agency:<br><br>18.1.1.1 The CONTRACTOR shall make Provider Participation Agreement forms and instructions available to providers via download from the Web portal and on paper. Potential providers requesting Provider Participation Agreement forms will be directed to the Web portal if the provider appears to be eligible for enrollment. Paper forms will be distributed to potential providers who cannot access the Web portal within three (3) business days of receipt of the request. In addition, the CONTRACTOR shall contact potential providers regarding the enrollment process when the CONTRACTOR's Provider Relations staff receives claims identified as coming from an unenrolled provider or upon Procuring Agency request. |

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| | | 18.1.1.2 Screen applications received for completeness and verify the information on the application as necessary. The CONTRACTOR shall verify the licensure, certification, accreditation or other requirements for participation submitted by the provider. This may require contacting the prospective provider, a licensing board, another state's Medicaid agency, or another state's contractor.<br><br>18.1.1.3 Maintain an electronic log of all Provider Participation Agreement forms received from applicants. This log shall identify the applicant, the date the application was received, and the current status and location of each agreement through the final step of notifying a provider of the issued number. |
| 18.1 Enroll Providers (continued) | 18.1.1 Meet Detailed Specifications for Provider Enrollment (enrollment) | 18.1.1.4 Retain the data in such a manner that all actions relevant to a particular applicant can be identified at any point in the process. Produce a report that will identify all open agreements sorted and tallied by status or stage in the process.<br><br>18.1.1.5 Verify that the applicant is in good standing with the Medicaid program and is not a Department of Health and Human Services Office of Inspector General (HHS-OIG) excluded entity through HHS-OIG's List of Excluded Individuals/Entities (LEIE) and other appropriate databases.<br><br>18.1.1.5.1 The CONTRACTOR shall access the provider risk evaluation subcontractor's database real-time when screening the provider's application to perform provider credentialing.<br><br>18.1.1.6 Verify prospective providers' eligibility through contact with the appropriate certification, licensing, or accreditation agencies as identified by the Procuring Agency. Verification of providers will be documented on a form approved by the Procuring Agency. The CONTRACTOR shall forward verified Provider Participation Agreements and appropriately screened documentation to the Procuring Agency for final approval.<br><br>18.1.1.7 Return any incorrect or incomplete Provider Participation Agreement forms with instructions to the prospective provider for proper completion of the form. Communicate to the applicant the need for any documentation of licensure, certification, or accreditation for provider |

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| | | Enrollment purposes. Notify providers through system-generated notices or in writing of cancellation of their provider numbers, and of the reasons for the cancellations.<br><br>18.1.1.8 Forward all completed and verified applications to the Procuring Agency for final approval and signatures within five (5) business days of receipt of verification.<br><br>18.1.1.9 Apply provider updates to the Provider File within five (5) business days of receipt of the information from the Procuring Agency or the provider.<br><br>18.1.1.10 Add new providers within five (5) business days of approval of the applications by the Procuring Agency. |
| 18.1 Enroll Providers (continued) | 18.1.1 Meet Detailed Specifications for Provider Enrollment (enrollment) | 18.1.1.11 Re-verify provider participation information every three (3) years, as tracked by the MMIS on an individual provider basis, by obtaining a properly completed Procuring Agency Provider Agreement Re-verification form and verifying licensure and/or certification. The CONTRACTOR shall forward verified and appropriately screened re-verification agreements and documentation to the Procuring Agency for approval. The CONTRACTOR shall send correspondence to providers to inform them when re-verification forms have been approved.<br><br>18.1.1.12 Obtain current licensure documentation from providers in writing at least 45 days in advance when licensure is due to expire as tracked by the MMIS. The CONTRACTOR shall update the Provider File upon receipt of current licensure documentation, shall scan and index the documentation so it becomes part of the provider's file available via the EDMS, and shall file the documentation in providers' hard copy files.<br><br>18.1.1.13 Maintain a file of all Provider Agreement forms with original provider signatures and a list of individuals with ownership interests, if applicable. Hard copy files will be accessible by provider number.<br><br>18.1.1.14 Scan incoming provider applications and related documentation; these files will be accessible online by provider number via image retrieval via the |

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| | | CONTRACTOR's Electronic Document Management System (EDMS).<br><br>18.1.1.15 Maintain all hard copy provider application material and related documentation, and the electronic images of any such material and documentation included in the CONTRACTOR's EDMS, as long as the provider is Medicaid enrolled and for seven (7) years following the end of the federal fiscal year in which the provider was terminated or disenrolled. Notes regarding the application made by the CONTRACTOR or the Procuring Agency will be documented in a clear written formal manner with signature and dates. Notes on scrap paper or post-it notepads are not acceptable. |
| 18.1 Enroll Providers (continued) | 18.1.2 Make & Store Electronic Backup Copies | The CONTRACTOR shall make electronic backup copies of all scanned application and re-verification forms so the information will not be lost in the event of any unforeseen disaster. The CONTRACTOR shall store the electronic backup copies in a remote location approved by the Procuring Agency. |
| | 18.1.3 Maintain Updated Manual | The CONTRACTOR shall maintain an updated Provider Enrollment Manual that documents the instructions used by the CONTRACTOR staff for evaluating applications in the provider enrollment process. |
| | 18.1.4 Meet Detailed Specifications for Provider Enrollment Help Desk | The CONTRACTOR shall maintain a Provider Enrollment Help Desk to answer provider questions on provider participation, enrollment requirements, enrollment status, and other topics of interest to providers participating or wanting to participate. The CONTRACTOR shall:<br><br>18.1.4.1 Ensure the Help Desk toll-free numbers have sufficient incoming lines so that providers are not given a busy signal, but are placed on hold to ensure maximum opportunities for reaching a staff person in the order the calls are received. The route table content will allow a provider or a client to hold for at least five (5) minutes before being automatically transferred to voice mail. The telephone system will also give providers the option to branch at any time from hold to voice mail. |

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| | | 18.1.4.2 The Help Desk call abandonment rate must not exceed 5%, as measured on a monthly basis.<br><br>18.1.4.3 Hold times shall not exceed, on average, more than two (2) minutes prior to reaching a Provider Enrollment staff member.<br><br>18.1.4.4 Ensure the Help Desk is available Monday through Friday from 8:00 AM to 5:00 PM Mountain Time, except for holidays approved by the Procuring Agency, to receive and respond to inquiries unless the Procuring Agency approves other hours of operation. Help Desk staff will be fully trained to answer and assist with all programs, including, at a minimum, Medicaid, CHIP, Children's Medical Services, CYFD, and Home and Community-Based Services Waivers. |
| 18.1 Enroll Providers (continued) | 18.1.4 Meet Detailed Specifications for Provider Enrollment Help Desk (continued) | 18.1.4.5 Provide a corrective action plan to the Procuring Agency if the abandonment rate exceeds 5% and/or the average speed of answer exceeds the maximum average two (2) minute threshold. An excessive number of calls routed to voice mail, as determined by the Procuring Agency, may prompt a request for corrective action.<br><br>18.1.4.6 Track and respond to all written provider inquiries within ten (10) business days of the receipt of the query.<br><br>18.1.4.7 Monitor the performance of the Help Desk. Reports shall be sent quarterly to the Procuring Agency, or more frequently as requested by the Procuring Agency when there is a performance issue. The CONTRACTOR shall provide backup personnel and support necessary to ensure that inquiries beyond the capability of the initially responding staff member are answered and/or properly referred to CONTRACTOR management or, when appropriate, to the Procuring Agency.<br><br>18.1.4.8 Ensure Help Desk staff members are thoroughly familiar with provider types and specialties, the services they provide, and the manner in which they bill. |
| 18.2 Disenroll Providers | 18.2.1 Disenroll Specified Providers | 18.2.1 The CONTRACTOR shall automatically disenroll a provider who fails to return a reverification Turnaround Document (TAD) or who does not submit updated licensure |

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| | | information in accordance with Procuring Agency requirements.<br><br>18.2.2 The CONTRACTOR shall disenroll a disqualified provider that is identified in a recognized exclusion database such as the HHS OIG List of Excluded Individuals/Entities (LEIE) or the GSA Excluded Parties List System (EPLS) only if directed to do so by the Procuring Agency.<br><br>18.2.3 The CONTRACTOR shall disenroll providers in response to provider request or at the direction of the Procuring Agency, the Department of Health or the Aging and Long-Term Services Department. |
| 18.3 Manage Provider Information | 18.3.1 Maintain a Provider Subsystem | The CONTRACTOR shall maintain the Provider Subsystem within the MMIS which is used, at a minimum, for correct claims payment, claims editing, accurate mailing addresses, medical necessity reviews, and reporting. The CONTRACTOR must provide all functionality present in the current system and processes. |
| | 18.3.2 Meet Detailed Specifications for Provider Subsystem | The CONTRACTOR shall enter and maintain, at a minimum, the following information:<br><br>18.3.2.1 Demographic information as provided on the provider application form and supplemental information forms, re-verification forms, verification of licensure forms, and provider change requests.<br><br>18.3.2.2 Information as provided on licenses, certifications, and accreditations, all with effective dates, and other information from various accrediting and licensing agencies. Provider information is generally maintained online with the exception of Centennial Care Managed Care provider information that is supplied by batch interface.<br><br>18.3.2.3 Cross references to Medicare provider numbers to accommodate accurate payment of crossover claims.<br><br>18.3.2.4 Provider enrollment data from the Procuring Agency.<br><br>18.3.2.5 Current tax rates and taxable status associated with the provider. |

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| 18.3 Manage Provider Information (continued) | 18.3.3 Cross-Reference Providers as Appropriate | The CONTRACTOR shall cross-reference individual providers to a group practice or other medical corporation, facility, or entity, as appropriate. |
| | 18.3.4 Maintain MMIS Provider File & Make Timely Updates | The CONTRACTOR shall maintain an accurate MMIS Provider File and make all routine updates and changes to the Provider File within five (5) business days of the request from the Procuring Agency or other authorized source, such as a provider submitting a written address change. |
| | 18.3.5 Provide Same-Day Provider File Updates When Necessary | The CONTRACTOR shall make every reasonable effort to make changes on the day that said changes or updates are requested when such updates or changes are necessary on an emergency basis |
| | 18.3.6 Maintain Electronic History of Terminated or Suspended Providers Indefinitely | The CONTRACTOR shall maintain a history of terminated providers and providers with payments suspended. This history will include the action taken and the reason for and date of the action. MMIS provider data is retained on file indefinitely. |
| | 18.3.7 Maintain Paper Documentation for Seven Years | The CONTRACTOR shall maintain all paper documentation related to provider enrollment, status, or changes for a minimum of seven years after provider termination. |
| | 18.3.8 Scan All Paper Documentation Regarding Provider Enrollment to the EDMS | The CONTRACTOR shall scan all paper documentation related to provider enrollment, status, or changes; these files will be accessible online by provider number via image retrieval via the CONTRACTOR's Electronic Document Management System (EDMS). |

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| 18.3 Manage Provider Information (continued) | 18.3.10 Provide Quality Control to Verify File Changes | The CONTRACTOR shall subject the file changes to verification with the CONTRACTOR's internal quality control process. |
| | 18.3.11 Notify the State When Changes are Complete | The CONTRACTOR shall notify the Procuring Agency in writing when changes have been made if the change was at the request of the Procuring Agency. |
| | 18.3.12 Maintain a Complete Audit Trail | The CONTRACTOR shall maintain an audit trail that identifies the date and time of the change, the person who made the change, who requested or authorized the change, and change details including before and after images of all modified data.<br><br>The CONTRACTOR shall review internal system audit trails to ensure that no unauthorized changes are made to the files. |
| | 18.3.13 Review Audit Trails for Accuracy | The CONTRACTOR shall process Clinical Laboratory Improvement Amendment (CLIA) data, certification, and effective dates, including laboratory certification CLIA numbers, and produce the CLIA Certification Update Report. |
| | 18.3.14 Process Clinical Laboratory Improvement Amendment (CLIA) Data | The CONTRACTOR shall track records for expiration and obtain updated documentation, including using CLIA data available through an interface with the Centers for Medicare and Medicaid Services.<br><br>The CONTRACTOR shall maintain information about Managed Care and Coordinated Service Program (MCO) providers received from MCOs via an electronic interface, with cross-references that enable linking of the provider to the MCO contractors. |
| | 18.3.15 Maintain and Cross-Reference MCO Information | The CONTRACTOR shall incorporate necessary security measures to ensure unauthorized providers are not included in the Provider File. |
| | 18.3.16 Exclude Unauthorized Providers | |

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| 18.3 Manage Provider Information (continued) | 18.3.17 Control Access to the Provider File | The CONTRACTOR shall prohibit CONTRACTOR and Procuring Agency staff that has claims resolution privileges from updating the Provider File. |
| | 18.3.18 Distribute List of Staff Authorized to Update the Provider File | The CONTRACTOR shall maintain a current list of all CONTRACTOR and Procuring Agency personnel authorized to make Provider File updates and distribute the updated list periodically to the Procuring Agency. |
| | 18.3.19 Develop and Maintain a Provider File Maintenance Manual | The CONTRACTOR shall develop and maintain an updated Provider File maintenance manual that documents the instructions and procedures used by CONTRACTOR staff for updating the Provider File and supply the current version to the Procuring Agency. Files maintenance instructions are subject to approval by the Procuring Agency. |
| | 18.3.20 Send Active Provider Data to provider risk evaluation subcontractor Monthly for Risk Evaluations | The CONTRACTOR shall send an interface file that includes active fee-for-service and Mi Via provider data to the provider risk evaluation subcontractor on a monthly basis. Provider risk evaluation subcontractor will assign a dynamic risk profile score to each active provider that evaluates the providers' backgrounds and alerts staff to critical changes. The risk profile score will be based on quantifiable attributes such as death indicators, licensure and criminal record, as well as factors such as associations with excluded providers, multiple address changes, bankruptcies, etc. |
| | 18.3.21 Collect Provider Risk Evaluations | The CONTRACTOR shall collect the "triaged," actionable files and Risk Profile Scores on fee-for-service and Mi Via providers from the provider risk evaluation subcontractor. |
| | 18.3.22 Deliver Provider Risk Evaluations to the State | Upon completion of risk scoring, the CONTRACTOR shall deliver the provider risk evaluation subcontractor report to the Procuring Agency identifying the risk category assignment and relative ranking of each provider and describing why a provider is in the assigned risk category. |
| | 18.3.23 Make Risk Profile | The CONTRACTOR shall make risk profile reports generated by the provider risk evaluation subcontractor available via the |

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| | Evaluations Available Electronically | Electronic Document Management System for Procuring Agency staff to retrieve and review. |
| | 18.3.24 Make Risk Profile Evaluations Available Electronically | The CONTRACTOR shall make risk profile files generated by the provider risk evaluation subcontractor available via the data warehouse or secure web-based file transfer for Procuring Agency staff to retrieve and review. |
| | 18.3.25 Recommend Methods to Improve the Provider File and Subsystem | The CONTRACTOR shall make recommendations to the Procuring Agency on methods for improving the forms, materials, and procedures involved with maintaining the Provider File and Subsystem. |
| Task 18.4 Manage Provider Communication | 18.3.26 Recommend Methods to Improve the Provider File and Subsystem | The CONTRACTOR shall make recommendations to the Procuring Agency on methods for improving the forms, materials, and procedures involved with maintaining the Provider File and Subsystem. |
| | 18.4.1 Print & Mail System-Generated Notices | The CONTRACTOR shall print and mail system-generated notices pertaining to the provider enrollment process, including approval letters, disapproval letters, termination notices, license expiration reminders, and reverification Turnaround Documents (TADs). |
| | 18.4.2 Deliver Provider Information Packets | The CONTRACTOR shall make Procuring Agency-approved provider information packets available via the Web portal, CD, or hard copy to all providers once enrolled. Each information packet will include, at a minimum, a sample claim form, billing instructions, an explanation of the remittance advice, and the relevant sections of a program policy manual. |
| | 18.4.3 Instruct Providers on How to Obtain Information Packets During Enrollment | Provider enrollment notifications shall ensure and document that providers understand their responsibility to obtain an information packet and the procedures for either downloading a packet from the Web portal or requesting a CD or hard copy from the CONTRACTOR. |

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| Task 18.4 Manage Provider Communication (continued) | 18.4.4 Meet Detailed Specifications for Provider Inquiry Help Desk | The CONTRACTOR shall establish and maintain a Provider Inquiry Help Desk to answer provider questions on claim payments or denials, claim status, proper billing procedures, and other topics of interest to providers. The Provider Inquiry Help Desk must be equipped with a toll-free number that is available nationally as well as from any point in New Mexico.<br><br>The CONTRACTOR shall:<br><br>18.4.4.1 Ensure the Provider Inquiry Help Desk is equipped with sufficient incoming lines so providers are not given a busy signal but are placed on hold to ensure maximum opportunities for reaching a staff person in the order the calls are received. The telephone route-table content will allow a provider or a client to hold. The telephone system will also give providers the option to branch from hold to voice mail. The CONTRACTOR shall respond to messages left on voice mail within one business day.<br><br>18.4.4.2 Ensure that hold times shall not exceed, on average, more than two (2) minutes prior to reaching a Provider Services staff member.<br><br>18.4.4.3 Ensure that the Help Desk call abandonment rate does not exceed 10%, as measured on a monthly basis.<br><br>18.4.4.4 Ensure that the Help Desk is available Monday through Friday from 8:00 AM to 5:00 PM Mountain Time, except for holidays approved by the Procuring Agency, to receive and respond to provider inquiries unless the Procuring Agency approves other hours of operation. Help desk staff will be fully trained to answer and assist with all programs and billing issues, including, at a minimum, Medicaid, CHIP, Insure New Mexico, Children's Medical Services, and Home and Community-Based Services Waivers.<br><br>18.4.4.5 Provide a corrective action plan to the Procuring Agency if the abandonment rate exceeds 10% and/or the average speed of answer exceeds the maximum average two (2) minute threshold. An excessive number of calls routed to voice mail, as determined by the Procuring Agency, may prompt a request for corrective action. |
| | 18.4.4 Meet Detailed Specifications for Provider Inquiry Help Desk (continued) | |

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| Task 18.4 Manage Provider Communication (continued) | 18.4.4 Meet Detailed Specifications for Provider Inquiry Help Desk (continued) | 18.4.4.6 Distribute a Procuring Agency approved Provider Inquiry Response Form to expedite provider inquiries and maintain an efficient tracking system. The CONTRACTOR shall also accept provider inquiries in letter format.<br><br>18.4.4.7 Track and respond to all written provider inquiries within ten (10) business days of the receipt of the query.<br><br>18.4.4.8 Provide, within ten (10) business days, verbal or written professional responses to all verbal and written inquiries regarding the status of claims. For telephone and walk-in inquiries regarding claim problems, the CONTRACTOR shall give the provider a complete answer or inform the provider as to when a complete answer will be received.<br>18.4.4.9 Monitor the performance of the Provider Inquiry Help Desk. Reports shall be sent weekly to the Procuring Agency, or more frequently as requested by the Procuring Agency when there is a performance issue. The CONTRACTOR shall provide backup personnel and support necessary to ensure that inquiries beyond the capability of the initially responding staff member are answered and/or properly referred to CONTRACTOR management or, when appropriate, to the Procuring Agency.<br><br>18.4.4.10 Review appeals, reconsiderations, claim status inquiries and adjustment requests and report final dispositions to the provider.<br><br>18.4.4.10.1 Understand the MMIS sufficiently to identify missing and/or erroneous data on a hard copy claim that could prevent the claim from being paid or processed accurately. This will include claims from all programs, including, but not limited to, Medicaid, CYFD, Children's Medical Services, and Home and Community-Based Services Waivers.<br><br>18.4.4.10.2 Utilize adjudication and claims resolution instructions used by the Fiscal Agent claims resolution staff.<br><br>18.4.4.10.3 When an error in payment has been made because the CONTRACTOR's error in keying or adjudication and no correction is required on the part of the provider, the CONTRACTOR is required to receive the request for |

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| | | adjustment by telephone and initiate the adjustment for correct processing.<br><br>18.4.4.11 Use online claims resolution instructions to assist providers in correcting any problems with their claims.<br><br>18.4.4.12 Detect problems in claims processing, errors in reference files, providers abusing the system or unclear program policy, and other errors and/or omissions in the program and report the problem to CONTRACTOR management and Procuring Agency staff for proper resolution and follow-up.<br><br>18.4.4.13 Ensure the staff has access to all data necessary to provide complete, accurate, and timely service to the provider making inquiry. |
| 18.5 Perform Provider Outreach | 8.5.1 Operate a Provider Training Unit | The CONTRACTOR shall operate a Provider Training Unit that will conduct initial and ongoing training to all New Mexico Medicaid providers. |
| | 18.5.2 Conduct Initial Training Workshops Before Operations | Initial training workshops must be conducted prior to the start of the Operations Phase to acquaint providers with changes associated with the new contract, including any system modifications and resultant changes to billing and other procedures. At a minimum, initial training workshops must be provided in Santa Fe, Albuquerque, Farmington, Roswell and Las Cruces. |
| | 18.5.3 Conduct Additional Workshops During Operations Phase | During the Operations Phase, training workshops must be conducted at least annually in Santa Fe, Albuquerque, Farmington, Roswell and Las Cruces. |
| | 18.5.4 Conduct General Billing Training Seminars for IHS Providers | The CONTRACTOR shall conduct general billing training seminars for IHS/Tribal/638 providers twice per year, unless otherwise agreed on between the Procuring Agency and CONTRACTOR. The training seminars shall be conducted in locations to be determined with the input of the Procuring Agency and IHS/Tribal/638 representatives. |

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| | 18.5.5 Offer Live Training Webcasts Monthly | On a monthly basis, the CONTRACTOR must offer live training webcasts on a variety of topics, including sessions targeted at new providers and billers as well as more specialized topics. |
| 18.5 Perform Provider Outreach (continued) | 18.5.6 Report Provider Training Summaries to the State Quarterly | The CONTRACTOR shall submit to the Procuring Agency a quarterly summary of training workshop activity, including the course name, medium (live workshop or webcast), number of participants, results of evaluation forms, provider comments, and recommendations for future workshops. |
| | 18.5.7 Designate Staff Who Will Make On-Site Visits to Providers | The CONTRACTOR shall designate at least two staff members to be available for on-site visits with providers throughout the State to help in resolution of claims submission and related problems. These staff members may also be designated to conduct provider training workshops and webcasts, and to meet with providers at the office of the CONTRACTOR, as appropriate. |
| | 18.5.8 Designate Primary Contact for IHS Providers | The CONTRACTOR shall designate a staff member who shall serve as the primary contact for IHS providers. This staff member will receive guidance from the Procuring Agency's Native American Liaison and other Procuring Agency staff in addressing billing and claim payment issues experienced by these providers. |
| | 18.5.9 Designate Primary Contact for School-Based Providers | The CONTRACTOR shall designate a staff member who shall serve as the primary contact for school-based providers. This staff member will receive guidance from the Procuring Agency's School Health Unit in addressing billing and claim payment issues experienced by these providers. |
| | 18.5.10 Document Provider Meetings in CTS | The CONTRACTOR shall use the electronic Contract Tracking System (14.2) to document every provider meeting, including documenting any actions to be taken by any party and any claims received for processing. |
| | 18.5.11 Maintain Written Plan to | The CONTRACTOR shall have a written plan to identify, contact, and train providers who have billing problems, and otherwise be proactive in reducing provider billing problems. |

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| | Reduce Billing Problems | |
| 18.6 Manage Agreed Payment Schedule | 18.6.1 Invoice the State According to the Operations Payment Schedule | CONTRACTOR shall be paid a fixed monthly rate for delivering these operations, plus the applicable New Mexico Gross Receipts Tax (NM GRT) for that month, with no retainage, according to the following schedule:<br><br>18.6.1.1 Jan 1, 2013 – Dec 31, 2013: $ 123,318.92<br>18.6.1.2 Jan 1, 2014 – Dec 31, 2014: $ 125,864.08<br>18.6.1.3 Jan 1, 2015 – Dec 31, 2015: $ 128,471.33<br>18.6.1.4 Jan 1, 2016 – Dec 31, 2016: $ 131,156.75<br><br>Three renewal years described in Article 5:<br><br>18.6.1.5 Jan 1, 2017 – Dec 31, 2017: $ 133,456.75<br>18.6.1.6 Jan 1, 2018 – Dec 31, 2018: $ 136,356.27<br>18.6.1.7 Jan 1, 2019 – Dec 31, 2019: $ 139,299.83 |

3. Exhibit A, Amended Scope of Work, Deliverable 19, Ongoing Operations Management Services, sub-task 19.3.1.5, is deleted in its entirety from Deliverable 19.

4. Exhibit A, Amended Scope of Work, Deliverable 61, Customer Service Center (CSC) Maintenance and Operations, sub-task 61.15.1.7 is deleted in its entirety from Deliverable 61.

**All Other Articles, Terms, Conditions and Deliverables of PSC 12 630-8000-0015, the Agreement, and all subsequent Amendments, remain the same.**

**IN WITNESS WHEREOF**, parties have executed this Amendment as of the date of signature by the State Purchasing Division below.

By: _____ Date: 11/18/19
David R. Scrase, M.D.
HSD Cabinet Secretary

By: _____ Date: 11/14/19
Danny Sandoval
HSD Chief Financial Officer

By: _____ Date: 11/15/19
Sean Pearson
HSD Chief Information Officer

By: _____ Date: 10/28/2019
Donna Migoni, Senior Vice President
Conduent State Healthcare, LLC

Approved as to Form and Legal sufficiency:

By: _____ Date: 11/14/19
HSD General Counsel

Approved as to information technology contractual specifications and compliance with all pertinent statutory laws defining the mission and authority of the Department of Information Technology and all Executive Orders relating to Information Technology issued by the Governor of the State of New Mexico

By: _____ Date: 11-20-19
Vincent Martinez, DoIT Secretary

The records of the Taxation and Revenue Department reflect that the CONTRACTOR is registered with the Taxation and Revenue Department of the State of New Mexico to pay gross receipts and compensating taxes. ID Number: **02-408915-00-0**

By: Sheila Rohde Date: 11.18.19
Taxation and Revenue Department

Taxation and Revenue is only verifying the registration and will not confirm or deny taxability statements contained in this contract.

This Amendment has been approved by the State Purchasing Division:

By: _____ Date: 12-4-19
State Purchasing Agent