

EXECUTIVE DOCUMENT SUMMARY

State Form 41221 (R10/4-09)



Instructions for completing the EDS and the Contract process.

Received

FEB 28 2012

1. Please read the guidelines on the back of this form.
2. Please type all information.
3. Check all boxes that apply.
4. For amendments / renewals, attach original contract.
5. Attach additional pages if necessary.

DOA Contracts

4/10

LB

1. EDS Number: A129-1-29-11-ZN-1758	2. Date prepared: 2/21/2012
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3. CONTRACTS & LEASES

<input checked="" type="checkbox"/> Professional/Personal Services	<input type="checkbox"/> Contract for procured Services
<input type="checkbox"/> Grant	<input type="checkbox"/> Maintenance
<input type="checkbox"/> Lease	<input type="checkbox"/> License Agreement
<input type="checkbox"/> Attorney	<input checked="" type="checkbox"/> Amendment# <u>1</u>
<input type="checkbox"/> MOU	<input type="checkbox"/> Renewal # _____
<input type="checkbox"/> QPA	<input type="checkbox"/> Other _____

FISCAL INFORMATION

4. Account Number: Multiple	5. Account Name: Multiple-Refer to Online
6. Total amount this action: \$475,025.00	7. New contract total: 1,573,025.00
8. Revenue generated this action: \$0.00	9. Revenue generated total contract: \$0.00
10. New total amount for each fiscal year:	
Year 2011	\$116,133.25
Year 2012	\$1,359,603.75
Year 2013	\$97,288.00
Year _____	\$ _____

TIME PERIOD COVERED IN THIS EDS

11. From (month, day, year): 5/23/2011	12. To (month, day, year): 12/31/2012
13. Method of source selection:	
<input type="checkbox"/> Bid/Quotation	<input type="checkbox"/> Emergency
<input type="checkbox"/> RFP# _____	<input checked="" type="checkbox"/> Special Procurement
<input type="checkbox"/> Other (specify) _____	

AGENCY INFORMATION

14. Name of agency: Family & Social Services Admin	15. Requisition Number:
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16. Address: Family & Social Services Admin Secretary's Office 402 W WASHINGTON ST W461 INDIANAPOLIS, IN 46204
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AGENCY CONTACT INFORMATION

17. Name: JOE PATTON	18. Telephone #: 317/233-6468
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19. E-mail address: R.JOSEPH.PATTON@FSSA.IN.GOV
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COURIER INFORMATION

20. Name: FSSA/COMMAND	21. Telephone #: 317-233-4703
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22. E-mail address: CONTRACT.STATUS@FSSA.IN.GOV
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VENDOR INFORMATION

23. Vendor ID # 0000257665

24. Name: SVC INC	25. Telephone #: NA
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26. Address: 485 BOIDERWOOD LN CARMEL, IN 46032

27. E-mail address: sverma@seemavermaconsulting.com
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28. Is the vendor registered with the Secretary of State? (Out of State Corporations, must be registered) <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No

29. Primary Vendor: M/WBE	30. If yes, list the %:
Minority: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Minority: _____ %
Women: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Women: _____ %

31 Sub Vendor: M/WBE	32. If yes, list the %:
Minority: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Minority: _____ %
Women: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Women: _____ %

33. Is there Renewal Language in the document? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	34. Is there a "Termination for Convenience" clause in the document? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
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35. Will the attached document involve data processing or telecommunications systems(s)?	Yes: IOT or Delegate has signed off on contract
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36. Statutory Authority (Cite applicable Indiana or Federal Codes): NA

37. Description of work and justification for spending money. (Please give a brief description of the scope of work included in this agreement.) The purpose of this amendment is to add dollars and Scope of Work for the Contractor's services relative to the Healthy Indiana Plan
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38. Justification of vendor selection and determination of price reasonableness: This contractor has worked with FSSA in the past performing consulting and project leadership services.

RECEIVED

MAR 02 2012

OAG-ADVISORY

39. If this contract is submitted late, please explain why: (Required if more than 30 days late.)

40. Agency fiscal officer or representative approval 	41. Date Approved 2/23/12	42. Budget agency approval 	43. Date Approved 3/1/12
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44. Attorney General's Office approval 	45. Date Approved 3-15-12	46. Agency representative receiving from AG	47. Date Approved
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**INDIANA FAMILY AND SOCIAL SERVICES ADMINISTRATION
CONTRACT WITH SVC, INC.
FIRST AMENDMENT TO
CONTRACT NUMBER A129-1-29-11-ZN-1758**

This is an amendment to the Contract (the "Contract") entered into by and between the **Indiana Family and Social Services Administration**, 402 West Washington Street, Indianapolis, Indiana (the "State") and **SVC, Inc.**, 485 Bolderwood Lane, Carmel, Indiana 46032 (the "Contractor") dated **May 23, 2011**.

In consideration of the mutual undertakings and covenants hereinafter set forth, the parties agree as follows:

1. The purpose of this amendment is to add dollars and Scope of Work for the Contractor's services relative to the Healthy Indiana Plan, 209 (b) Transition, Medicaid Eligibility Regulations, and Medicaid Electronic Health Records (EHR) Incentive Program related efforts.

An amount of One Hundred Forty Thousand Dollars and Zero Cents (\$140,000.00) is added to pay for the services relative to the Healthy Indiana Plan. Total remuneration relative to the Healthy Indiana Plan shall not exceed One Hundred Forty Thousand Dollars and Zero Cents (\$140,000.00).

An amount of One Hundred Twenty Nine Thousand Six Hundred Dollars and Zero Cents (\$129,600.00) is added to pay for the services relative to the 209 (b) transition. Total remuneration relative to the 209 (b) transition shall not exceed One Hundred Twenty Nine Thousand Six Hundred Dollars and Zero Cents (\$129,600.00).

An amount of Thirty Four Thousand Four Hundred Twenty Five Dollars and Zero Cents (\$34,425.00) is added to pay for the services relative to the Medicaid Eligibility Regulations Project. Total remuneration relative to the Medicaid Eligibility Regulations Project shall not exceed Thirty Four Thousand Four Hundred Twenty Five Dollars and Zero Cents (\$34,425.00).

An amount of One Hundred Seventy One Thousand Dollars and Zero Cents (\$171,000.00) is added to pay for the services relative to the Medicaid Electronic Health Records (EHR) Incentive Program. For December of 2011, the hourly rate for the consultant assigned to these services shall be \$135.00 and the remuneration shall not exceed Twenty Seven Thousand Dollars and Zero Cents (\$27,000). For January through June of 2012, the hourly rate for the consultant assigned to these services shall be \$150.00 and the monthly remuneration shall not exceed Twenty Four Thousand Dollars and Zero Cents (\$24,000). Total remuneration relative to the Medicaid Electronic Health Records (EHR) Incentive Program shall not exceed One Hundred Seventy One Thousand Dollars and Zero Cents (\$171,000.00).

Total remuneration for this contract shall not exceed One Million Five-Hundred-Seventy-Three Thousand Twenty-Five Dollars and Zero Cents (**\$1,573,025**) as set out on the "**Financial Attachment AM1**" which is attached hereto and incorporated herein.

2. The Contractor shall support the Healthy Indiana Plan by providing the services shown in the Contractor's scope of work items listed below:

Scope of Work for Healthy Indiana Plan

- Coordinate and lead State's efforts to negotiate HIP waiver. Includes coordinating with legal and actuarial teams.
 - Provide reports/testimony to Legislature as needed on HIP.
 - Provide general policy expertise to the HIP program
 - Review drafts of HIP evaluation vendor - including quarterly and annual reports, white papers.
 - Provide general technical assistance to OMPP on evaluation aspects HIP program
 - Participate in CMS monthly conference calls
 - Develop State plan amendments, waivers, and rule changes related to the HIP program, coordinate internal review of documents
 - Review federal regulations and legislation that may have impact on the HIP program.
 - Develop HIP continuation strategy for the State
 - Identify State legislative needs for the State surrounding the HIP program
 - Provide testimony and information to State legislators as needed around the HIP program.
 - Identify and or analyze potential policy changes for the HIP program
3. The Contractor shall support the 209 (b) Transition by providing the services listed in the scope below:

209 (b) Transition Scope of Work

- State Plan Amendment (SPA)
 - Rule change
 - Coordination with SSA
 - MRT transition planning
 - DFR changes
 - MMIS (HP) technical changes
 - Planning for transition of Spend Down recipients
 - Planning for transition of SSI recipients not currently on Spend Down
 - External and stakeholder communications
 - Policy research
 - Policy developments/updates
 - Coordination/Planning with OMPP
4. The Contractor shall support the Medicaid Eligibility Regulations Project by providing the services listed in the scope below:

Medicaid Eligibility Regulations Scope of Work

- Review, analysis, and updating of current policies
- Coordination with OMPP/DFR

- Documentation updates
 - Identifying required legislative changes
 - Rule changes
5. The Contractor shall assist with the Medicaid Electronic Health Records (EHR) Incentive Program by providing the services listed in the scope below:

A. Project Management Support

- i. The Contractor shall work closely with the OMPP and those responsible for operating the Indiana Electronic Health Records (EHR).
- ii. The Contractor shall conduct planning sessions with OMPP, at dates and times mutually agreed to by the Contractor and OMPP.
- iii. The Contractor shall produce and submit a Project Work Plan to the Director or Medicaid or designee for review and approval within 30 days of contract signing.
- iv. The Contractor shall provide weekly status reports to the Director of Medicaid or designee.

B. Iteratively Improve Provider Incentive Program (PIP)

- i. The Contractor shall conduct planning sessions with key OMPP executives, managers, and subject matter experts (SMEs), at dates and times mutually agreed to by the Contractor and OMPP to determine actions necessary for iterating the EHR PIP.
- ii. The Contractor shall obtain consensus from OMPP and document the approach regarding capturing and storing clinical data, including what types of data shall be gathered, where this clinical data shall be stored, what reports are needed for monitoring and tracking payments, and the identification and documentation of potentially new system requirements for CMS 64 reports.
- iii. The Contractor shall assist OMPP in identifying and documenting the most effective and efficient process to accept clinical data and/or provider (based on Medicaid member or patient) encounter submitted by Indiana contracted Management Care Organizations (MCOs) into the Medicaid Management Information Systems (MMIS).
- iv. The Contractor shall submit a high level PIP Communications Plan to the Director of Medicaid or designee for approval by a mutually agreed date, to be no later than March 1, 2012. The Contractor shall provide updates to the plan as needed and will assure the plan meets PMI PMBOK standards in preparation for the CMS Onsite Audit.

C. Iteratively Improve Provider Incentive Program (PIP) Deliverables

- i. The Contractor shall submit a list of PIP Policies and Procedures needed to support PIP administration during the implementation phase to the Director of Medicaid or designee for approval.
- ii. The Contractor shall refine and submit the process for monitoring meaningful use data to the Director of Medicaid or designee for approval.
- iii. The Contractor shall submit a PIP Communications Plan including a timeline, milestones, and deliverables to the Director of Medicaid or designee for approval.

- iv. The Contractor shall review, refine, and submit business processes to be published in the SMHP to the Director of Medicaid or designee for approval by a mutually agreed date, to be no later than March 9, 2012.

D. Health Information Technology (HIT) Roadmap

- i. The Contractor shall update the existing comprehensive HIT Roadmap to identify and prioritize projects for systems integration.
- ii. The Contractor shall ensure all activities for updating the PIP are aligned with MMIS and/or Data Warehouse projects.
- iii. The Contractor shall describe OMPP's prioritized projects and timelines.
- iv. The Contractor shall document how HIT projects integrate into the existing MITA State Self-Assessment, and if those projects affect current MITA maturity levels.
- v. The Contractor shall ensure that the HIT Roadmap will be documented for submission in the SMHP taking into account the implementation of PIP requirements, timeframes for statewide HIE and Public Health initiatives, and the simultaneous integration of other federally mandated projects, such as, 5010, or ICD-10.
- vi. The Contractor shall update the State's plan for using Medicaid American Recovery and Reinvestment Act (ARRA) 4201 funds as an incentive to encourage eligible providers to adopt and use certified EHR technology. This plan will encompass adopting, implementing, or upgrading during an eligible provider or hospital's first participation year and include meaningful use in subsequent participation years.

E. Create the Next Iteration of the State Medicaid HIT Plan (SMHP)

- i. The Contractor shall document and submit to the Director of Medicaid or designee a completed final draft of the SMHP, for submission to CMS.
- ii. The Contractor shall develop and submit to the Director of Medicaid or designee an updated audit strategy for the prevention of fraud and abuse concerning provider payments.
- iii. The Contractor shall use the information gathered from the HIT environmental scan, PIP project plan, HIT roadmap, and use of clinical data to prepare a SMHP draft to be reviewed and approved by OMPP.
- iv. The Contractor shall make any updates or changes to SMHP following the Centers for Medicare & Medicaid Services' (CMS) review.

F. Implementation Advanced Planning Document(s) (IAPD)

- i. The Contractor shall assist OMPP in developing IAPD(s) and or updates to the existing SMHP IAPD, as directed by the Director of Medicaid or designee.
- ii. The Contractor shall determine and refine the funding stream for the implementation costs of the PIP using ARRA or traditional Medicaid funding within the IAPD(s). The Contractor shall estimate resources and costs concerning the administration of the PIP in the IAPD(s).
- iii. The Contractor shall estimate the cost for provider incentive payments for the PIP in the IAPD(s).
- iv. The Contractor shall identify viable options for the PIP within the IAPD(s).

G. Other Consultant Services

The Contractor shall perform other consultant services relevant to the duties set forth herein as requested by the Director of Medicaid or designee as mutually agreed upon

and when no conflict exists with meeting specific dates mandated with this Scope of Work.

H. CMS Onsite Audit

The Contractor shall provide FSSA and OMPP CMS audit readiness services in preparation for the HIT EHR CMS Onsite Audit scheduled for June, 2012. Examples of activities to perform include at a minimum: preparing a pre-audit checklist, mock audit training, reviewing existing HIT EHR project materials, developing needed HIT EHR materials as agreed upon, and assisting the HIT Coordinator during the live audit as requested.

6. The term of the contract is being extended to accommodate the projected timeline for the additional services. The original Contract as amended commenced on **May 23, 2011** and shall now terminate on **December 31, 2012**. The services relative to the Level One Grant commenced on **May 23, 2011** and shall conclude on **May 22, 2012**. This first amendment is also adding services relative to the Healthy Indiana Program, 209 (b) Transition, and Medicaid Eligibility Regulations, all of which commenced on **May 23, 2011** and shall conclude on **December 31, 2012**. In addition, the first amendment is adding services relative to the Medicaid Electronic Health Records (EHR) Incentive Program, which commenced December 1, 2011 and shall conclude on June 30, 2012.

All other matters previously agreed to and set forth in the original Contract and not affected by this Amendment / Renewal shall remain in full force and effect.

THE REMAINDER OF THIS PAGE HAS BEEN INTENTIONALLY LEFT BLANK.

Non-Collusion and Acceptance

The undersigned attests, subject to the penalties for perjury, that he/she is the Contractor, or that he/she is the properly authorized representative, agent, member or officer of the Contractor, that he/she has not, nor has any other member, employee, representative, agent or officer of the Contractor, directly or indirectly, to the best of the undersigned's knowledge, entered into or offered to enter into any combination, collusion or agreement to receive or pay, and that he/she has not received or paid, any sum of money or other consideration for the execution of this Contract other than that which appears upon the face of this Contract.

In Witness Whereof, Contractor and the State have, through their duly authorized representatives, entered into this Contract. The parties, having read and understood the foregoing terms of this Contract, do by their respective signatures dated below hereby agree to the terms thereof.

SVC, Inc.:

By: Seema Verma
Printed Name: Seema Verma
Title: President, SVC, Inc
Date: 2/23/2012

Attested By: _____

Indiana Family and Social Services Administration:

By: Michael A. Gargano
Michael A. Gargano, Secretary
Date: 2/24/2012

Department of Administration

Robert D. Wynkoop (for)
Robert D. Wynkoop, Commissioner
Date: 2/24/12

State Budget Agency

Adam M. Horst (for)
Adam M. Horst, Director
Director
Date: 3/1/12

**APPROVED as to Form and Legality:
Office of the Attorney General**

Gregory F. Zoeller (for)
Gregory F. Zoeller, Attorney General
Date: 3-15-12



ATTACHMENT DOCUMENT SUMMARY
2/23/2012

ATTACHMENT: AM1
AGREEMENT #: 29-11-ZN-1758
AGREEMENT TERM: 05/23/2011-12/31/2012

VENDOR INFORMATION:

LEGAL NAME: SVC INC

MAILING ADDRESS: 485 BOIDERWOOD LN
CARMEL, IN 46032

CONTACT NAME: SEEMA VERMA
EMAIL ADDRESS: sverma@svcinc.org

TELEPHONE NUMBER: (317) 809-8536
FAX NUMBER: (317) 571-8848

DIRECTOR'S NAME: SEEMA VERMA
TELEPHONE NUMBER: (317) 809-8536
FAX NUMBER: (317) 571-8848

FSSA CONTRACT CONTACT: Patton, Joe (317) 233-6468

FID/SSN: XX-XXX9528
PS Vendor ID: 0000257665

CHANGE NUMBER: CH2

FINANCIAL SUMMARY:

CLAIM PROG ID	SERVICE CODE	PROGRAM	EFFECTIVE DATES	AWARD AMOUNT
29-11-GU-1758-01	1094	HEALTHY IN PLAN	05/23/2011-06/30/2011	\$7,000.00
29-11-GU-1758-02	1094	HEALTHY IN PLAN	07/01/2011-06/30/2012	\$88,200.00
29-11-GU-1758-03	1094	HEALTHY IN PLAN	07/01/2012-12/31/2012	\$44,800.00
29-11-GV-1758-01	1095	209 (B) TRANSIT	05/23/2011-06/30/2011	\$6,480.00
29-11-GV-1758-02	1095	209 (B) TRANSIT	07/01/2011-06/30/2012	\$81,648.00
29-11-GV-1758-03	1095	209 (B) TRANSI	07/01/2012-12/31/2012	\$41,472.00
29-11-GW-1758-01	1096	MEDICAL RECORDS	05/23/2011-06/30/2011	\$1,721.25
29-11-GW-1758-02	1096	MEDICAL RECORDS	07/01/2011-06/30/2012	\$21,687.75
29-11-GW-1758-03	1096	MEDICAL RECORDS	07/01/2012-12/31/2012	\$11,016.00
29-11-GX-1758-01	1097	EHR INCENTIVE S	12/01/2011-06/30/2012	\$171,000.00





ATTACHMENT DOCUMENT SUMMARY
2/23/2012

ATTACHMENT: AM1
AGREEMENT #: 29-11-ZN-1758
AGREEMENT TERM: 05/23/2011-12/31/2012

FINANCIAL SUMMARY:

CLAIM PROG ID	SERVICE CODE	PROGRAM	EFFECTIVE DATES	AWARD AMOUNT
29-11-ZN-1758-01	1677	Health Exchange	05/23/2011-06/30/2011	\$100,932.00
29-11-ZN-1758-02	1677	Health Exchange	07/01/2011-05/22/2012	\$997,068.00
TOTAL DOLLAR AMOUNT:				\$1,573,025.00





ATTACHMENT DOCUMENT DETAIL
2/23/2012

ATTACHMENT: AM1
AGREEMENT #: 29-11-ZN-1758
AGREEMENT TERM: 05/23/2011-12/31/2012

LEGAL NAME:	SVC INC	PS Vendor ID:	0000257665
CLAIM PROGRAM ID:	29-11-GU-1758-01	REGION:	Statewide
PROGRAM TOTAL:	7,000.00	CFDA NUMBER:	93.778
FUND DESCRIPTION:	HEALTHY IN PLAN (HIP) SFY11	STATE YEAR:	2011
FEDERAL YEAR:	2011	CLOSE OUT DATE:	08/29/2011
EFFECTIVE DATES:	05/23/2011-06/30/2011		

SERVICE INFORMATION:	1094 OMPP HIP		
SERVICE EFF DATES:	5/23/2011-6/30/2011		
COMPONENT DESCRIPTION	COMPONENT DATES	UNITS	RATE
.1 PROJECT MGMT	5/23/11-6/30/11	HOUR	165.0000
.2 POLICY REVIEW	5/23/11-6/30/11	HOUR	135.0000
.98 TRAVEL	5/23/11-6/30/11	ACTUAL COST	1.0000
.99 EXPENSES	5/23/11-6/30/11	ACTUAL COST	1.0000
SERVICE TOTAL:			7,000.00





ATTACHMENT DOCUMENT DETAIL
2/23/2012

ATTACHMENT: AM1
AGREEMENT #: 29-11-ZN-1758
AGREEMENT TERM: 05/23/2011-12/31/2012

LEGAL NAME:	SVC INC	PS Vendor ID:	0000257665
CLAIM PROGRAM ID:	29-11-GU-1758-02	REGION:	Statewide
PROGRAM TOTAL:	88,200.00	CFDA NUMBER:	93.778
FUND DESCRIPTION:	HEALTHY IN PLAN (HIP) SFY12	STATE YEAR:	2012
FEDERAL YEAR:	2011	CLOSE OUT DATE:	08/29/2012
EFFECTIVE DATES:	07/01/2011-06/30/2012		

SERVICE INFORMATION:	1094 OMPP HIP		
SERVICE EFF DATES:	7/1/2011-6/30/2012		
COMPONENT DESCRIPTION	COMPONENT DATES	UNITS	RATE
.1 PROJECT MGMT	7/01/11-6/30/12	HOUR	165.0000
.2 POLICY REVIEW	7/01/11-6/30/12	HOUR	135.0000
.98 TRAVEL	7/01/11-6/30/12	ACTUAL COST	1.0000
.99 EXPENSES	7/01/11-6/30/12	ACTUAL COST	1.0000
SERVICE TOTAL:			88,200.00





ATTACHMENT DOCUMENT DETAIL
2/23/2012

ATTACHMENT: AM1
AGREEMENT #: 29-11-ZN-1758
AGREEMENT TERM: 05/23/2011-12/31/2012

LEGAL NAME: SVC INC **PS Vendor ID:** 0000257665
CLAIM PROGRAM ID: 29-11-GU-1758-03
PROGRAM TOTAL: 44,800.00 **REGION:** Statewide
FUND DESCRIPTION: HEALTHY IN PLAN (HIP)
 SFY 13 **CFDA NUMBER:** 93.778
FEDERAL YEAR: 2012 **STATE YEAR:** 2013
EFFECTIVE DATES: 07/01/2012-12/31/2012 **CLOSE OUT DATE:** 03/01/2013

SERVICE INFORMATION:		1094 OMPP HIP			
SERVICE EFF DATES:		7/1/2012-12/31/2012			
COMPONENT DESCRIPTION	COMPONENT DATES	UNITS	RATE	AWARD AMT	
.1 PROJECT MGMT	7/01/12-12/31/12	HOUR	165.0000	0.00	
.2 POLICY REVIEW	7/01/12-12/31/12	HOUR	135.0000	0.00	
.98 TRAVEL	7/01/12-12/31/12	ACTUAL COST	1.0000	0.00	
.99 EXPENSES	7/01/12-12/31/12	ACTUAL COST	1.0000	0.00	
SERVICE TOTAL:				44,800.00	





ATTACHMENT DOCUMENT DETAIL
2/23/2012

ATTACHMENT: AM1
AGREEMENT #: 29-11-ZN-1758
AGREEMENT TERM: 05/23/2011-12/31/2012

LEGAL NAME:	SVC INC	PS Vendor ID:	0000257665
CLAIM PROGRAM ID:	29-11-GV-1758-01		
PROGRAM TOTAL:	6,480.00	REGION:	Statewide
FUND DESCRIPTION:	209 (B) TRANSITION SFY 11	CFDA NUMBER:	N/A
FEDERAL YEAR:	2011	STATE YEAR:	2011
EFFECTIVE DATES:	05/23/2011-06/30/2011	CLOSE OUT DATE:	08/29/2011

SERVICE INFORMATION:	1095 209 (b) TRANSITION				
SERVICE EFF DATES:	5/23/2011-6/30/2011				
COMPONENT DESCRIPTION	COMPONENT DATES	UNITS	RATE	AWARD AMT	
.1 PROJECT MGMT	5/23/11-6/30/11	HOUR	165.0000	0.00	
.2 POLICY REVIEW	5/23/11-6/30/11	HOUR	135.0000	0.00	
.98 TRAVEL	5/23/11-6/30/11	ACTUAL COST	1.0000	0.00	
.99 EXPENSES	5/23/11-6/30/11	ACTUAL COST	1.0000	0.00	
SERVICE TOTAL:					6,480.00





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2/23/2012

ATTACHMENT: AM1
AGREEMENT #: 29-11-ZN-1758
AGREEMENT TERM: 05/23/2011-12/31/2012

LEGAL NAME:	SVC INC	PS Vendor ID:	0000257665
CLAIM PROGRAM ID:	29-11-GV-1758-02	REGION:	Statewide
PROGRAM TOTAL:	81,648.00	CFDA NUMBER:	N/A
FUND DESCRIPTION:	209 (B) TRANSITION SFY 12	STATE YEAR:	2012
FEDERAL YEAR:	2011	CLOSE OUT DATE:	08/29/2012
EFFECTIVE DATES:	07/01/2011-06/30/2012		

SERVICE INFORMATION:	1095 209 (b) TRANSITION				
SERVICE EFF DATES:	7/1/2011-6/30/2012				
COMPONENT DESCRIPTION	COMPONENT DATES	UNITS	RATE	AWARD AMT	
.1 PROJECT MGMT	7/01/11-6/30/12	HOUR	165.0000	0.00	
.2 POLICY REVIEW	7/01/11-6/30/12	HOUR	135.0000	0.00	
.98 TRAVEL	7/01/11-6/30/12	ACTUAL COST	1.0000	0.00	
.99 EXPENSES	7/01/11-6/30/12	ACTUAL COST	1.0000	0.00	
SERVICE TOTAL:				81,648.00	





ATTACHMENT DOCUMENT DETAIL
2/23/2012

ATTACHMENT: AM1
AGREEMENT #: 29-11-ZN-1758
AGREEMENT TERM: 05/23/2011-12/31/2012

LEGAL NAME: SVC INC **PS Vendor ID:** 0000257665
CLAIM PROGRAM ID: 29-11-GV-1758-03
PROGRAM TOTAL: 41,472.00 **REGION:** Statewide
FUND DESCRIPTION: 209 (B) TRANSITION SFY 13 **CFDA NUMBER:** N/A
FEDERAL YEAR: 2012 **STATE YEAR:** 2013
EFFECTIVE DATES: 07/01/2012-12/31/2012 **CLOSE OUT DATE:** 03/01/2013

SERVICE INFORMATION:		1095 209 (b) TRANSITION			
SERVICE EFF DATES:		7/1/2012-12/31/2012			
COMPONENT DESCRIPTION		COMPONENT DATES	UNITS	RATE	AWARD AMT
.1	PROJECT MGMT	7/01/12-12/31/12	HOUR	165.0000	0.00
.2	POLICY REVIEW	7/01/12-12/31/12	HOUR	135.0000	0.00
.98	TRAVEL	7/01/12-12/31/12	ACTUAL COST	1.0000	0.00
.99	EXPENSES	7/01/12-12/31/12	ACTUAL COST	1.0000	0.00
SERVICE TOTAL:					41,472.00





ATTACHMENT DOCUMENT DETAIL
2/23/2012

ATTACHMENT: AM1
AGREEMENT #: 29-11-ZN-1758
AGREEMENT TERM: 05/23/2011-12/31/2012

LEGAL NAME:	SVC INC	PS Vendor ID:	0000257665
CLAIM PROGRAM ID:	29-11-GW-1758-01	REGION:	Statewide
PROGRAM TOTAL:	1,721.25	CFDA NUMBER:	N/A
FUND DESCRIPTION:	MEDICAL RECORDS ELIG SFY 11	STATE YEAR:	2011
FEDERAL YEAR:	2011	CLOSE OUT DATE:	08/29/2011
EFFECTIVE DATES:	05/23/2011-06/30/2011		

SERVICE INFORMATION:	1096 ELIG REG PROJECT				
SERVICE EFF DATES:	5/23/2011-6/30/2011				
COMPONENT DESCRIPTION	COMPONENT DATES	UNITS	RATE	AWARD AMT	
.1 PROJECT MGMT	5/23/11-6/30/11	HOUR	165.0000	0.00	
.2 POLICY REVIEW	5/23/11-6/30/11	ACTUAL COST	135.0000	0.00	
.98 TRAVEL	5/23/11-6/30/11	ACTUAL COST	1.0000	0.00	
.99 EXPENSES	5/23/11-6/30/11	ACTUAL COST	1.0000	0.00	
SERVICE TOTAL:				1,721.25	





ATTACHMENT DOCUMENT DETAIL
2/23/2012

ATTACHMENT: AM1
AGREEMENT #: 29-11-ZN-1758
AGREEMENT TERM: 05/23/2011-12/31/2012

LEGAL NAME: SVC INC **PS Vendor ID:** 0000257665
CLAIM PROGRAM ID: 29-11-GW-1758-02
PROGRAM TOTAL: 21,687.75 **REGION:** Statewide
FUND DESCRIPTION: MEDICAL RECORDS ELIG
 SFY 12 **CFDA NUMBER:** N/A
FEDERAL YEAR: 2011
EFFECTIVE DATES: 07/01/2011-06/30/2012 **STATE YEAR:** 2012
CLOSE OUT DATE: 08/29/2012

SERVICE INFORMATION:		1096 ELIG REG PROJECT			
SERVICE EFF DATES:		7/1/2011-6/30/2012			
COMPONENT DESCRIPTION	COMPONENT DATES	UNITS	RATE	AWARD AMT	
.1 PROJECT MGMT	7/01/11-6/30/12	HOUR	165.0000	0.00	
.2 POLICY REVIEW	7/01/11-6/30/12	ACTUAL COST	135.0000	0.00	
.98 TRAVEL	7/01/11-6/30/12	ACTUAL COST	1.0000	0.00	
.99 EXPENSES	7/01/11-6/30/12	ACTUAL COST	1.0000	0.00	
SERVICE TOTAL:				21,687.75	





ATTACHMENT DOCUMENT DETAIL
2/23/2012

ATTACHMENT: AM1
AGREEMENT #: 29-11-ZN-1758
AGREEMENT TERM: 05/23/2011-12/31/2012

LEGAL NAME:	SVC INC	PS Vendor ID:	0000257665
CLAIM PROGRAM ID:	29-11-GW-1758-03	REGION:	Statewide
PROGRAM TOTAL:	11,016.00	CFDA NUMBER:	N/A
FUND DESCRIPTION:	MEDICAL RECORDS ELIG SFY 13	STATE YEAR:	2013
FEDERAL YEAR:	2012	CLOSE OUT DATE:	03/01/2013
EFFECTIVE DATES:	07/01/2012-12/31/2012		

SERVICE INFORMATION:	1096 ELIG REG PROJECT				
SERVICE EFF DATES:	7/1/2012-12/31/2012				
COMPONENT DESCRIPTION	COMPONENT DATES	UNITS	RATE	AWARD	AMT
.1 PROJECT MGMT	7/01/12-12/31/12	HOUR	165.0000		0.00
.2 POLICY REVIEW	7/01/12-12/31/12	ACTUAL COST	135.0000		0.00
.98 TRAVEL	7/01/12-12/31/12	ACTUAL COST	1.0000		0.00
.99 EXPENSES	7/01/12-12/31/12	ACTUAL COST	1.0000		0.00
SERVICE TOTAL:					11,016.00





ATTACHMENT DOCUMENT DETAIL
2/23/2012

ATTACHMENT: AM1
AGREEMENT #: 29-11-ZN-1758
AGREEMENT TERM: 05/23/2011-12/31/2012

LEGAL NAME:	SVC INC	PS Vendor ID:	0000257665
CLAIM PROGRAM ID:	29-11-GX-1758-01	REGION:	Statewide
PROGRAM TOTAL:	171,000.00	CFDA NUMBER:	N/A
FUND DESCRIPTION:	EHR INCENTIVE SFY 12	STATE YEAR:	2012
FEDERAL YEAR:	2012	CLOSE OUT DATE:	08/29/2012
EFFECTIVE DATES:	12/01/2011-06/30/2012		

SERVICE INFORMATION:	1097 EHR			
SERVICE EFF DATES:	12/1/2011-6/30/2012			
COMPONENT DESCRIPTION	COMPONENT DATES	UNITS	RATE	AWARD AMT
.1A PROJECT MGMT	1/01/12-6/30/12	HOUR	150.0000	0.00
.1 PROJECT MGMT	12/01/11-12/31/11	HOUR	135.0000	0.00
SERVICE TOTAL:				171,000.00





ATTACHMENT DOCUMENT DETAIL
2/23/2012

ATTACHMENT: AM1
AGREEMENT #: 29-11-ZN-1758
AGREEMENT TERM: 05/23/2011-12/31/2012

LEGAL NAME:	SVC INC	PS Vendor ID:	0000257665
CLAIM PROGRAM ID:	29-11-ZN-1758-01	REGION:	Statewide
PROGRAM TOTAL:	100,932.00	CFDA NUMBER:	93.525
FUND DESCRIPTION:	Health Exchange Grant, FY11	STATE YEAR:	2011
FEDERAL YEAR:	2011	CLOSE OUT DATE:	08/29/2011
EFFECTIVE DATES:	05/23/2011-06/30/2011		

SERVICE INFORMATION:	1677 HEALTH EXCH PLAN			
SERVICE EFF DATES:	5/23/2011-6/30/2011			
COMPONENT DESCRIPTION	COMPONENT DATES	UNITS	RATE	AWARD AMT
.PS PROGRAM STAFF	5/23/11-6/30/11	ACTUAL COST	1.0000	0.00
SERVICE TOTAL:				100,932.00





ATTACHMENT DOCUMENT DETAIL
2/23/2012

ATTACHMENT: AM1
AGREEMENT #: 29-11-ZN-1758
AGREEMENT TERM: 05/23/2011-12/31/2012

LEGAL NAME:	SVC INC	PS Vendor ID:	0000257665
CLAIM PROGRAM ID:	29-11-ZN-1758-02	REGION:	Statewide
PROGRAM TOTAL:	997,068.00	CFDA NUMBER:	93.525
FUND DESCRIPTION:	Health Exchange Grant, FY12	STATE YEAR:	2012
FEDERAL YEAR:	2011	CLOSE OUT DATE:	07/21/2012
EFFECTIVE DATES:	07/01/2011-05/22/2012		

SERVICE INFORMATION:	1677 HEALTH EXCH PLAN			
SERVICE EFF DATES:	7/1/2011-5/22/2012			
COMPONENT DESCRIPTION	COMPONENT DATES	UNITS	RATE	AWARD AMT
.PS PROGRAM STAFF	7/01/11-5/22/12	ACTUAL COST	1.0000	0.00
SERVICE TOTAL:				997,068.00

