DVHA Routing Form

Revision Date 5/1/12

Type of Agreement: **Contract** Agreement #: **21410** Form of Agreement: **Amendment** Amendment #: **5**

Name of Recipient: **Wakely Consulting Group** Vendor #: **308514**

Program Manager : **Lindsey Tucker** Phone #: **802-871-7523**

Agreement Manager: **Meaghan Kelley** Phone #: **802-871-3302**

Brief Explanation of Agreement: **Increase the maximum amount, extend the contract term one year, and revise Attachment A and Attachment B.**

Start Date: **2/10/2012** End Date: **4/30/2014** Maximum Amount: **$6,122,624.14**

Amendments Only: Maximum Prior Amount: **$5,045,750.14** Percentage of Change: **308.20%**

Bid Process (Contracts Only): ☒ Standard ☐ Simplified ☐ Sole Source ☐ Statutory ☐ Master Contract SOW

Funding Source

ACA Exchange 93.525	**$6,054,256.27**		
Special: IDF	**$18,367.87**		
Global Commitment 93.778	**$50,000.00**		

Contents of Attached Packet

☒ AA-14 ☒ Attachments A, B, C & F ☐ Attachment G - Academic Research

☐ Sole Source Memo ☐ Attachment D - Modifications to C & F ☐ MOU

☒ Qualitative/Justification Memo ☒ Attachment E - Business Associate Agreement ☒ Other: **Base, Amendment 1, 2, 3, & 4**

Reviewer		Reviewer Initials	Date In	Date Out
DVHA Grant & Contract Administrator	**Kate Jones**	K.J.		
DVHA BO	**Jill Gould**	J.G.		
DVHA Commissioner or Designee	**Mark Larson, Commissioner**	M.L.		
AHS Attorney General	**Seth Steinzor, AAG**	S.S.		
Following Approvals for Contracts Only:				
AHS CIO				
AHS Central Office	**Diane Nealy**	D.N.		
AHS Secretary	**Dixie Henry**	D.H.		

Vision Account Codes:

☐ FFATA Entry ☐ Grant Tracking Module Vision PO #: Initials & Date: Approval & B/C:

STATE OF VERMONT CONTRACT SUMMARY AND CERTIFICATION - - - - - - - - - - - Form AA-14 (8/22/11)

Note: All sections are required. Incomplete forms will be returned to department.

I. CONTRACT INFORMATION:

Agency/Department: AHS/ DVHA **Contract #:** 21410 **Amendment #:** 5

Vendor Name: Wakely Consulting Group VISION Vendor No: 308514

Vendor Address: One Constitution Center, Boston, MA 02129

Starting Date: 2/10/2012 **Ending Date:** 4/30/2014 **Amendment Date:** 9/12/2013

Summary of agreement or amendment: Increase the maximum amount, extend the contract term, and revise Attachment A and Attachment B.

II. FINANCIAL INFORMATION

Maximum Payable: $6,122,624.14 Prior Maximum: $ 5,045,750.14 Prior Contract # (If Renewal):

Current Amendment: $1,076,874.00 Cumulative amendments: $ 4,622,637.00 % Cumulative Change: 308.20 %

Business Unit(s): 3410; ; - [notes:] **VISION Account(s): 507600;**

II. PERFORMANCE INFORMATION

Does this Agreement include Performance Measures tied to Outcomes and/or financial reward/penalties? ☒ Yes ☐ No

Estimated Funding Split:	G-Fund %	S-Fund %	F-Fund 98.89 %	GC-Fund 0.81 %	Other 0.30 %

III. PUBLIC COMPETITION

The agency has taken reasonable steps to control the price of the contract or procurement grant and to allow qualified organizations to compete for the work authorized by this contract. The agency has done this through:

☒ Standard bid or RFP ☐ Simplified Bid ☐ Sole Sourced ☐ Qualification Based Selection ☐ Statutory

IV. TYPE OF AGREEMENT & PERFORMANCE INFORMATION

Check all that apply: ☐ Service ☒ Personal Service ☐ Architect/Engineer ☐ Construction ☐ Marketing ☐ Information Technology ☐ Other, describe:

V. SUITABILITY FOR CONTRACT FOR SERVICE

☒ Yes ☐ No ☐ n/a If this is a Personal Service contract, does this agreement meet all 3 parts of the "ABC" definition of independent contractor? (See Bulletin 3.5) If NO, then contractor must be paid through Payroll

VI. CONTRACTING PLAN APPLICABLE:

Are one or more contract or terms & conditions provisions waived under a pre-approved Contracting Plan? ☐ Yes ☒ No

VII. CONFLICT OF INTEREST

By signing below, I certify that no person able to control or influence award of this contract had a pecuniary interest in its award or performance, either personally or through a member of his or her household, family, or business.

☐ Yes ☒ No Is there an "appearance" of a conflict of interest so that a reasonable person may conclude that this party was selected for improper reasons: (If yes, explain)

VIII. PRIOR APPROVALS REQUIRED OR REQUESTED

			E.B.	D.N.
☒ Yes	☐ No	Agreement must be approved by the Attorney General under 3 VSA §311(a)(10) (personal service)		
☒ Yes	☐ No	I request the Attorney General review this agreement as to form No, already performed by in-house AAG or counsel: _____ (initial)		
☐ Yes	☒ No	Agreement must be approved by the Comm. of DII; for IT hardware, software or services and Telecommunications over $100,000		
☐ Yes	☒ No	Agreement must be approved by the CMO; for Marketing services over $15,000		
☐ Yes	☒ No	Agreement must be approved by Comm. Human Resources (privatization and retiree contracts)		
☒ Yes	☐ No	Agreement must be approved by the Secretary of Administration		

IX. AGENCY/DEPARTMENT HEAD CERTIFICATION; APPROVAL

I have made reasonable inquiry as to the accuracy of the above information:

Date	Agency / Department Head	Date	Agency Secretary or Other Department Head (if required)
	E-SIGNED by Mark Larson on 2013-09-11 23:58:20 GMT		E-SIGNED by Dixie Henry on 2013-09-12 13:16:28 GMT

Date	Approval by Attorney General	Date	Approved by Commissioner of Human Resources
	E-SIGNED by Seth Steinzor on 2013-09-12 13:07:00 GMT		E-SIGNED by Michael Clasen on 2013-09-13 05:38:20 GMT

Date	CIO	Date	CMO	Date	Secretary of Administration

VERMONT

State of Vermont
Department of Vermont Health Access
312 Hurricane Lane, Suite 201
Williston VT 05495-2807
dvha.vermont.gov

Agency of Human Services
[Phone] 802-879-5900
[Fax] 802-879-5651

TO: Jeb Spaulding, Secretary of Administration M.C.

FROM: Mark Larson; Commissioner, Department of Vermont Health Access (DVHA) M.L.

DATE: August 30, 2013

RE: Wakely Consulting Group Contract #21410, Amendment 5 Justification

CONTRACT TERM: February 10, 2012 – April 30, 2014; Amount: $6,122,624.14

In January 2012, DVHA was awarded a Level 1 Exchange Establishment Grant from the federal Department of Health and Human Services (HHS) to further its Exchange planning and development efforts. DVHA has been working with Wakely Consulting for assistance with the planning, design, and development of Vermont's Health Benefits Exchange.

This amendment adds in new projects to the agreement and funding. Due to delays in the negotiation process, DVHA was unable to amend this agreement to add the new scope in a timely manner. However, it was imperative to the success of the Health Insurance Exchange to continue work under this agreement, despite the work being not yet captured in the amendment. This amendment separates all work performed since the execution of Amendment 4 and leaves actual deliverable dates of items received during the lapse in amendments, although they occurred prior to the execution of this Amendment 5.

This contract complies with all mandatory provisions of AOA Bulletin 3.5. DVHA looks forward to the approval of this contract amendment.

AMENDMENT

It is agreed by and between the State of Vermont, Department of Vermont Health Access (hereafter called the "State") and Wakely Consulting Group, Inc. (hereafter called the "Contractor") that the contract on the subject of assisting with planning, designing, and developing Vermont's Health Benefits Exchange, effective February 10, 2012, is hereby amended effective September 12, 2013, as follows:

1. **By deleting Section 3 (Maximum Amount) on page 1 of 36 of the Base agreement, as previously changed by Amendment 3, and substituting in lieu thereof the following Section 3:**

   3. Maximum Amount. In consideration of the services to be performed by Contract, the State agrees to pay Contractor, in accordance with the payment provisions specified in Attachment B, a sum not to exceed $6,122,624.14.

2. **By deleting Section 4 (Contract Term) on page 1 of 36 of the Base agreement, as previously changed by Amendment 3, and substituting in lieu thereof the following Section 4:**

   4. Contract Term. The period of the Contractor's performance shall begin on February 10, 2013 and end on April 30, 2014.

3. **By adding to Attachment A, Specifications of Work to be Performed, beginning on page 3 of 36 of the Base agreement and as changed by Amendments 1, 2, 3, and 4 the following:**

   Authorized Representatives:

   State:

   Lindsey Tucker
   Lindsey.Tucker@state.vt.us
   312 Hurricane Lane
   Williston, VT 05495

   Contractor:
   Patrick Holland, Director Boston
   patrickh@wakely.com
   1 Constitution Center
   Boston, MA 02136

4. **By deleting on page 4 of 7 of Amendment 3, Staffing, and substituting in lieu thereof the following:**

   Staffing

   The below table identifies the Contractor's key staff, their qualifications, and the number of hours they will be assigned to the project:

Key Staff Name	Qualifications	Estimated Hours
Julie Peper/Julia Lambert and Others to be Identified	FSA, MAAA (Director and Senior Consulting Actuary)	330
Crystal Bradley/Dave Neiman/Aree Bly and Others to be Identified	FSA, MAAA (Senior Consulting Actuary)	325
Dan Myers and Others to be Identified	FSA or ASA, MAAA (Consulting Actuary)	215
To be Identified	Actuarial Analyst	130
	Total Hours	1,000

5. **By adding to Attachment A, Specification of Work to be Performed, beginning on page 3 of 36 of the Base agreement, and as previously changed under Amendments 1, 2, and 3, the following:**

Section 13: Evaluation of Qualified Health Plans

The State is required to contract with Health Insurance Issuers (Issuers) for the sale of Qualified Health Plans (QHPs) on Vermont's Insurance Exchange. In November 2012, the State issued an RFP to potential issuers describing the general criteria through which plans will be evaluated, scored, and selected. Once developed, the State will use these criteria to make decisions about which plans will be sold on Vermont Health Connect (VHC) in October.

Contractor will:

1. Perform an actuarial analysis of non-standard plan submissions and assess whether each plan meets the stated criteria for meaningful difference.

2. Define the evaluation criteria for assessing QHPs submitted to the State.

3. Propose a quantitative scoring mechanism for the evaluation of non-standard plans, including objective and subjective measure based on the goals set forth in the carrier RFP released in November 2012.

4. Assign relative value to innovative plan benefits that respond to specific established evaluation criteria and perform overall plan scoring.

Deliverables

Contractor will produce the following deliverables:

I. Documentation of the evaluation criteria from assessment of Qualified Health Plans (QHP) submitted to the State:

Contractor will submit a document outlining plan evaluation metrics and a weighted scoring proposal following a planning discussion with key State representatives. The planning discussion will focus on key goals and priorities in the evaluation criteria so that the contractor can reflect them appropriately in the scoring mechanism.

II. Documentation of choice plans and identification of meaningful differences between QHP submitted to the State by Issuers:

Contractor will review non-standard plan submissions and perform an actuarial analysis of benefit structure and out-of-pocket costs. The Contractor will compare the non-standard plan data to the standard plan designs to assess whether each non-standard plan submitted meets the State's requirement for meaningful difference.

III. Documentation of non-standard plan design scoring:

Contractor will utilize evaluation metrics and plan submissions to score each non-standard plan. The final selected plans delivered to the State, along with the justification for their allocation. The Contractor will deliver a presentation to key State representatives on the information.

Assumptions and Clarifications

- The State will provide the plan design and rate information necessary for the Contractor to complete the scoring and evaluation of each submission.
- The development of specific evaluation metrics will occur prior to and separately from the application of weighted values. This is to ensure that the scoring criteria are developed in an objective manner based on the State's stated goals, without influence of the actual plan designs submitted.

Deliverable	Due Date
Documentation of the evaluation criteria from assessment of Qualified Health Plans (QHP) submitted to the State;	6/21/2013
Documentation of choice plans and identification of meaningful differences between QHP submitted to the State by Issuers	5/31/2013
Selected non-standard plan designs;	7/30/2013

Section 14: QHP Designs

The State is required to select and contract with Health Insurance Issuers to offer QHPs on Vermont's Health Insurance Exchange in preparation for the 2015 Plan Year. The standard plan designs developed by the State must meet federal guidelines and need to be approved by the Green Mountain Care Board before a Request for Proposal (RFP) can be released to potential carriers in late 2014. The State expects that some revisions of current plan designs will need to take place for the 2015 plan year based upon federal guidance. The State may also revise the

criteria associated with non-standard plans to drive innovation, improvements to care quality and access, or participation in payment reform.

Contractor will:

1. Update standard Healthcare Plan Designs and Actuarial Valuations (AV) levels based on federal and State guidance.

2. Work with key State Representatives to update non-standard plan design parameters for the 2015 plan year.

3. Prepare technical guidance for insurance carriers to ensure that the 2015 non-standard plans submitted meet federally prescribed AV levels in a methodologically consistent manner.

Deliverables

The Contractor will produce the following deliverables:

I. Updated standard Healthcare Plan designs and AV levels:

Contractor will work with key State representatives to revise standard plan designs based on any federal or State adjustments to AV or subsidy levels for the 2015 plan year. The Contractor will submit to the State, for the State's review and approval, a standard plan design for each metal level and cost-sharing reduction level. These designs will continue to be modeled after the State's benchmark plan and will clearly demonstrate cost-sharing levels for each major category of medical expense.

II. Contractor will assist the State in presentations to key stakeholders regarding proposed plan designs. These stakeholders may include the Vermont Medicaid & Exchange Advisory Board, the VHC Executive Committee, and the Green Mountain Care Board:

The Contractor shall be responsible for providing presentation material. These presentations will be held at State facilities at dates and times to be determined by the authorized representatives of both parties. The Contractor shall provide the State with all presentation materials at least twenty-four (24) hours in advance of any scheduled presentation for the State's review and approval.

III. Update the RFP detailing non-standard plan design parameters and general evaluation metrics:

Contractor will work with the State to evaluate whether the non-standard plan designs to be submitted by carriers in 2014 meet Vermont's major goals for innovation in wellness, quality mental health and substance abuse treatment, emphasis on preventative care, and participation in health care reform efforts. The Contractor will assist the State in revisiting these goals for the 2015 plan year and will suggest revisions based on best practice guidance for innovation in wellness.

Deliverable	Due Date
Updated standard Healthcare Plan designs and AV levels;	10/30/2013
Presentations to State Stakeholders at dates and times as determined by the State and Contractor;	10/30/2013
Updated RFP detailing non-standard plan design parameters and general evaluation metrics;	11/30/2013

Section 15: Update Enrollment/Uninsured Estimates

VHC must develop an operational approach and financial management plan that ensures sustainability in 2015 and beyond. This requires accurate enrollment, revenue, and expense projections. This is particularly important in areas such as premium and cost-sharing assistance, where the State is supplementing federal subsidies for low-income Vermonters.

Contractor will:

1. Update State premium assistance budget estimates when final premiums rates have been determined.

2. Reevaluate current enrollment estimates for development of the consensus enrollment estimates and budget.

3. Assess and update cost sharing reconciliation projections for budgeted growth for enrollment.

Deliverables

The Contractor will produce the following deliverables:

I. An updated budget including up-to-date final premium rates:

   Contractor will update budget estimates for State premium subsidy and cost sharing assistance based on enrollment projections and final premium rates. The enrollment projections will include Medicaid eligibility. The Contractor shall submit the budget estimates to the State for the State's review and approval.

II. Estimates of projected enrollment for development of the consensus enrollment estimates and budget:

   The Contractor will provide an updated enrollment spreadsheet with projects for VHC enrollment in 2014, 2015, and 2016. The estimates will include Medicaid enrollees, enrollees in the private market by Federal Poverty Line (FPL), small group enrollment, and rate of uninsured. The Contractor will work with key State representatives to develop consensus regarding the assumptions underlying the enrollment estimates. The Contractor shall submit the updated enrollment spreadsheet for enrollment to the State for the State's review and approval.

III. Report showing the assessment and updated cost sharing reconciliation productions for budgeted growth for enrollment:

The Contractor will condense enrollment and budget estimates into a final report that estimates federal and State premium subsidy and cost-sharing-reduction amounts for each year from 2014 through 2016. Upon the State's review and approval, this report will be presented to key State representatives and provide the basis for the VHC sustainability and operational performance plan.

Deliverable	Due Date
An updated budget including up-to-date final premium rates	9/01/2013
Estimates of projected enrollment for development of the consensus enrollment estimates and budget;	9/01/2013
Report showing the assessment and updated cost sharing reconciliation productions for budgeted growth for enrollment.	09/30/2013

Section 16: Issuer Filings Actuarial Guidance on Federal AV Calculator

The State is responsible for developing Qualified Health Plan (QHP) designs and working with all State Departments and Agencies to ensure plan compliance with Federal and State Law. The Federal AV Calculator does not account for all the QHP design variables submitted by Carriers. The Contractor will provide the following services in preparation for the 2015 Plan Year:

1. Work with the State on areas of inconsistencies in initial Issuer filings.

2. Develop guidance and potential factors for Issuers to use in the development of their actuarial values.

3. Draft memo to the Issuers on AV calculator workarounds to be submitted, reviewed, and approved by the State to be sent to Issuers of AV calculator workarounds.

Deliverables

The Contractor will produce the following deliverables:

I. Report on inconsistencies in initial Issuer RFP;

Contractor will examine 2015 standard plan designs and non-standard plan submission criteria for potential inconsistencies between Issuer filings and the federal actuarial value calculator. The Contractor will produce a brief report for the State's review and approval outlining non-conforming plan design elements.

II. Produce a guide for Issuers to reference when developing their actuarial values

Contractor will review federal actuarial value calculator methodology and, upon the State's review and approval, issue methodological instructions to Issuers about how to assess the actuarial value of submitted plans. This will ensure that Issuers meet prescribed AV levels in a methodologically consistent manner across tiers and carriers.

This memo will offer official technical guidance to carriers and utilized during form and rate review undertaken by the Vermont Department of Financial Regulation (DFR) and Green Mountain Care Board during the 2015 plan certification process.

III. Provide the State with actuarial values for non-conforming AV plans with a supporting actuarial certification and memorandum;

The Contractor will assist the Department of Financial Regulation (DFR) with the issuance of Actuarial Value certifications for all plans submitted for the 2015 plan year. Certifications will be granted based on the methodology described in the AV guidance outlined above. These certifications will be utilized during the form and rate review process undertaken by DFR.

Deliverable	Due Date
Report on inconsistencies in initial Issuer RFP	11/30/2013
Produce a guide for Issuers to reference when developing their actuarial values	12/30/2013
Provide the State with actuarial values for non-conforming AV plans with a supporting actuarial certification and memorandum	3/31/2014

Section 17: Cost Sharing Reconciliation

Cost Sharing Reconciliation (CSR) is an allocation paid by the Federal Government designed to lower healthcare premiums for income disadvantaged individuals and families. The Federal Government will calculate CSR payments based on the difference between issuer's CSR advance payments and the value of cost-sharing reductions provided. This is true for both the "standard" and "simplified" methodologies. The State will provide an additional CSR for Vermonters below 300% of the FPL who are purchasing QHPs on Vermont's Health Exchange. The Contractor will:

1. Review CSR options, which include options on when to perform the reconciliation.
2. Calculate the estimated impact for each option in order to assist the State in determining optimal approach to reconciliation.

Deliverables

The Contractor will produce the following deliverables:

I. Calculation of the estimated impact for each CSR option.

The Contractor will produce a memo, to be reviewed and approved by the State, detailing the estimated impact and trade-offs for each proposed method of State cost sharing reduction reconciliation. The Contractor will make a recommendation to the State regarding state CSR reconciliation based on impact, data quality, and program integrity.

Section 18: System Integrator Assistance

The Contractor will build on select current State business processes to assist in the development of business requirements in order to inform the State's System Integrator to perform solution design and implementation. Based on experience with other Exchange projects, the Contractor will leverage requirements defined by other states including those of early innovator states. The Contractor will coordinate with the State to ensure that the Contractor will develop requirements aligned with Centers for Medicare & Medicaid Services (CMS) guidance provided in the Medicaid Information Technology Architecture (MITA) and the Exchange Reference Architecture (ERA). The Contractor will provide these services for the following functional areas:

1. Develop Broker Navigator business requirements (BRD)
2. Develop the Issuer premium remittance Software Requirements System (SRS)
3. Develop the Customer Service Software Requirement System (CS-SRS)
4. Develop the Individual premium processing software requirement system (PP-SRS)

Deliverables

The following deliverables are to be submitted by the Contractor to the State for the State's review and approval:

I. Documentation of BRD;

II. Documentation of the Issuer premium remittance SRS;

III. Documentation of the CS-SRS; and

IV. Documentation of the individual PP-SRS.

Section 19: Duals

The State's Agency of Human Services Duals initiative is a program designed to integrate care for Vermont's 22,000 Medicare-Medicaid enrollees (dually eligible individuals). The State must update the feasibility of this program. Within sixty (60) days from notification of approval of federal funds, the Contractor will provide the following services:

1. Review and update the original feasibility analysis of the Vermont Dual Eligible Demonstration based on Memorandums of Understanding (MOU) negotiations with CMS, subject to the approval of additional State funding request.

The original feasibility study summarized surplus/margin estimates based on assumed revenue, medical cost, and admin cost estimates. The projection included various assumptions, including:

- Program membership by membership classification
- Estimated funding streams, including projected risk score levels

- Medical claim cost trend projections
- Estimated medical cost savings that would be achieved under the demonstration
- Administrative cost projections, including additional costs related to the dual program

During MOU negotiations with CMS, all of the above assumptions may need to be updated in a subsequent amendment. Adjustments may also be necessary to account for changes in covered services and/or the proposed funding mechanism. No work shall be performed under this section until federal funding is approved, and the State has notified the Contractor of such approval of funding.

Deliverable:

The Contractor will produce the following deliverables for the State's review and approval within six (6) months of the State notifying the Contractor of federal funding approval.

I. Updated feasibility analysis of the VT Dual Eligible Demonstration

6. By deleting on page 2 of 14 of Amendment 2, Project Management Budget:

Budget:

Maximum of 20 hrs/week at a blended rate of $232/hr for the period starting on February 10, 2012 and ending on June 30, 2012 up to a maximum amount of $55,680.00.

Maximum of 120 hrs/month at a blended rate of $232/hr for the period starting on July 1, 2012 and ending on November 15, 2012 up to a maximum amount of $139,200.00. Payment will be made on an as-incurred basis up to the maximum amounts herein.

And substituting in lieu thereof the following Project Management Budget:

The Contractor shall bill for a maximum of 1000 hours at a blended rate of $232/hour up to a maximum amount of $232,000. Payment will be made on an as-incurred basis up to the maximum amounts herein.

7. By deleting beginning on the bottom of page 21 of 36 of the Base agreement, as previously changed by Amendments 1, 2, and 3, "Fee Schedule" and substituting in lieu thereof the following:

6. Total maximum payable under this contract shall not exceed $6,122,624.14.

Fee Schedule	
Deliverable	Amount
Section 1: Exchange Operations/Business Functions	
Call Center	$82,578.50
Financial Management	$56,720.00
Program Integrity	$61,206.00
Exchange Staffing	$14,695.00
Exchange Evaluation	$43,855.00

Level 2 Establishment Grant Application	$279,511.00
	$538,565.50
Section 2: Small Business Health Options Program (SHOP)/Individual & Employee Responsibility/Enrollment	
SHOP Exchange	$128,670.00
Individual and Employer Responsibility Determinations	$41,780.00
Enrollment in Qualified Health Plans	$24,907.14
	$195,357.14
Section 3: Health Insurance Market Reform	
Analysis of the Impact of the Exchange on the Commercial Insurance Market Outside the Exchange	$60,500.00
Risk-Leveling Programs	$57,143.00
Certification of Qualified Health Plans (QHPs)	$46,060.00
Consumer Satisfaction Surveys	$22,655.00
	$186,358.00
QHP Plan Design	
Phase 2	$63,368.00
Phase 3	$147,859.00
Project Management *1000 hours at $232/hour	$232,000.00
Assistance to GMMB Inc. on design of navigator program	$75,000.00
	$518,227.00
Section 4: Ad Hoc Tasks	
*See Rate Schedule for billing not to exceed Section maximum amount	**$802,500.00**
Section 5: Exchange Certification Requirements	
Crosswalk Matrix Template	$13,014.75
Final Populated Matrix	$39,044.25
	$52,059.00
Section 6: Procurement Action Comparative Analysis	
Comparative Analysis Summary Report	**$20,790.00**
Section 7: IT Gap Analysis	
Summary IT Gap Analysis Narrative	$104,553.75
Final IT Gap Analysis Narrative	$104,553.75
	$209,107.50
Section 8: Subject Matter Expertise	
*See Rate Schedule for billing not to exceed Section maximum amount	**$75,000.00**
Section 9: Large Group & Association Migration	
Data request	$4,000.00
Initial Findings	$12,000.00
Large Group and Association Analysis Report	$24,000.00
*See Rate Schedule for billing not to exceed Section maximum amount	**$40,000.00**
Section 10: Target Operating Model Workshop Assistance	
Workshop #1	$19,981.50
Workshop #2	$19,981.50
Workshop #3	$19,981.50
Workshop #4	$19,981.50
	$79,926.00
Section 11: Business Requirements	

Plan Management BRD	$200,000.00
Anonymous Browsing / Comparison Shopping BRD	$200,000.00
Eligibility (SHOP only) BRD	$200,000.00
Enrollment BRD	$200,000.00
Small Business Online Capabilities BRD	$200,000.00
Individual Online Capabilities & decision Support Tools BRD	$200,000.00
Financial Management BRD	$200,000.00
Premium Tax Credit & Cost Sharing BRD	$200,000.00
Premium Billing BRD	$200,000.00
Customer Service (Call Center) BRD	$200,000.00
Conops Draft and Completion of BRD's and SRS (as approved by State)	$336,040.00
	$2,336,040.00
Section 12: Financing Plan	
2.1: Base coverage estimates	$49,560.00
2.2: Federal financial contribution estimates	$17,185.00
2.3: Health care reform costs and savings estimates	$16,080.00
2.4: Financing options	$25,660.00
Deliverable Support Task: Support with drafting reports and presentations	$16,460.00
	$124,945.00
Section 13: Evaluation of QHP Submissions	
Evaluate Choice Qualified Health Plans for meaningful differences	$20,000
Define evaluation criteria	$20,000
Assign relative value to innovative plan benefits that respond to specific evaluation criteria	$15,000
Assist in Overall Plan Scoring	$20,000
*See Rate Schedule for billing not to exceed Section maximum amount	**$75,000**
Section 14: Plan Designs	
Update standard plan designs and AV levels (includes discussions/presentations, CSR plan designs and actuarial certification for non-conforming AVC plan designs)	$100,000
Update parameters set for Choice plans to expand requirements around wellness, innovation, quality	$25,000
Assist with 2015 QHP RFP	$25,000
*See Rate Schedule for billing not to exceed Section maximum amount	**$150,000**
Section 15: Update Enrollment/Uninsured Estimates	
Update budget estimates when final premium rates or known	$5,000
Reevaluate current enrollment estimates for development of consensus enrollment estimates and budget	$10,000
Assess and update CSR projections budgeted growth	$10,000
*See Rate Schedule for billing not to exceed Section maximum amount	**$25,000**
Section 16: Issuer Filings Actuarial Guidance on Federal AV Calculator	
Memo for carriers on AV Calculator workaround	$20,000
*See Rate Schedule for billing not to exceed Section maximum amount	**$20,000**
Section 17: Cost Sharing Reconciliation	
Calculation of cost sharing reconciliation options	$5,000
	$5,000
Section 18: System Integrator Assistance	
Broker Navigator business requirements (BRD)	$48,276
Issuer premium remittance Software Requirements System (SRS)	$90,902

Customer Service Software Requirement Systems (CS-SRS)	$99,141
Individual premium processing Software Requirement System (PP-SRS)	$13,555
	$251,874
Section 19: Duals	
Update the original feasibility analysis of the Vermont Dual Eligible Demonstration	**$50,000**
Travel Allowance	
	$366,875.00
Total	**$6,122,624.14**

8. **By deleting on page 21 of 26 of the Base Agreement, and as amended by Amendment 1 and 2, Attachment B, Payment Provisions, number 2, Payment Schedule: Section IV – Ad Hoc Tasks, and substituting in lieu thereof the following:**

   2. **Payment Schedule: Section IV – Ad Hoc Tasks**
   Upon the State's request, the Contractor shall perform additional tasks in accordance with the scope of work as found necessary in achievement of the goals set out under the Health Care Exchange Grant. Each additional task will be reduced to writing contained in a scope of work and submitted to the State for approval prior to commencement of any additional tasks. The approved scope of work must include a total cost not to be exceeded for each approved task area. The Contractor shall submit monthly invoices that include the number of hours worked by staff, level of staff expertise, as well as a description of the work performed.

   Contractor shall be reimbursed per the Rate Schedule dependent upon each individual employee's number of hours worked and level of expertise.

9. **By adding to Attachment B, beginning on page 21 of 36 of the Base Agreement as amended by Amendments 1, 2, and 3, the following Rate Schedule to apply to Sections 4, 8, 13, 14, 15 and 16:**

Rate Schedule		
Position	**Level of Expertise**	**Rate per Hour**
A.	Actuarial Analyst	$170
B.	Senior Actuarial Analyst	$200
C.	Consulting Actuary	$275
D.	Senior Consulting Actuary	$345
E.	Director and Senior Consulting Actuary	$395

This amendment consists of 13 pages. Except as modified by this amendment and any previous amendments, all provisions of this contract, (#21410) dated April 30, 2013 shall remain unchanged and in full force and effect.

STATE OF VERMONT

DEPARTMENT OF VERMONT HEALTH ACCESS

E-SIGNED by Mark Larson
on 2013-09-24 22:47:36 GMT

MARK LARSON, COMMISSIONER DATE
Mark.Larson@state.vt.us
312 Hurricane Lane
Williston, VT 05495
802-879-5952

CONTRACTOR

WAKELY CONSULTING GROUP, INC.

E-SIGNED by Patrick Holland
on 2013-09-24 21:44:01 GMT

PATRICK HOLLAND, MANAGING DIRECTOR DATE
patrickh@wakely.com
1 Constitution Center
Boston, MA 02136
(617) 939-2002