EXHIBIT B-2

Task Order No. 2

MassHealth Eligibility (MEP)

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Task Order No. 2

Time and Materials Task Order

MassHealth Eligibility (MEP)

This Task Order No. 2 (this "Task Order") is entered into as of September 30, 2014 (the "Effective Date") under that certain Master Services Agreement between Client and Contractor dated as of September 30, 2014 (the "MSA"), and describes certain Services under the MSA. Capitalized terms used herein but not defined shall have the meanings set forth in the MSA.

1.   **Summary**

This Task Order describes T&M services (the "Services") delivered during the Term set forth below in relation modification of the Legacy HIX IES Solution (as defined below), the configuration of the hCentive Software described and listed on Exhibit A to Task Order No. 1 to the MSA and the integration of the modified Legacy HIX IES Solution and the hCentive Software with Contractor-provided Services and other Commonwealth legacy systems to: (1) handle account transfer from New HIX to MEP; (2) perform program determination (hereinafter referred to as "PD") for Medicaid Modified Adjusted Gross Income ("MAGI") eligibility categories; (3) to perform noticing with respect to the those Medicaid MAGI eligibility determinations; and (4) to provide eligibility determination results to the Medicaid Management Information System ("MMIS"). The performance of these Services was intended to result in the implementation and integration of a new MassHealth Eligibility Platform. The MEP platform would have allowed the Commonwealth to determine Medicaid eligibility under MAGI rules in accordance with the Affordable Care Act by the Fall 2014 Open Enrollment period (also referred to as "Open Enrollment 2015"), which begins in November 2014. "Legacy HIX IES Solution" means the existing Commonwealth HIX integrated eligibility system ("IES") solution developed by CGI. Subsequent to the performance of the Services described in this Task Order, Contractor and Client have agreed to pursue an alternative solution for IES.

The term of this Task Order is May 1, 2014 through September 30, 2014 (the "Term"). As of the Effective Date, the Services and Project Works described in this Task Order have been authorized by Client and provided and delivered by Contractor. Provision of the Services, as such Services are described herein, is complete as of the Effective Date. Contractor shall deliver to Client an invoice(s) in accordance with Section II.B of this Task Order for Client's review. After completing its review of such invoice(s), Client will make payment to Contractor in accordance with Section II.B of this Task Order. For the avoidance of doubt, nothing in this Task Order shall limit Client's rights under Section 12.1 of the MSA and Section 3 of the Commonwealth Terms.

2.   **Services**

A.   **Description of Services**

The Services under this Task Order are as generally described in Exhibit A. A listing of certain of the Project Works delivered as a result of the provision of the Services described in Exhibit A is provided in Exhibit B. All provisions in this Task Order and the provisions of the MSA that

are applicable to T&M Services shall apply to the provision of the Services described in Exhibit A, notwithstanding the provision of such Services prior to the Effective Date of this Task Order.

Due to the emergency nature of the procurement of Services under the MSA and this Task Order, the parties agree that provisions of the MSA that require Contractor to implement or adhere to the CommonWay Methodology do not apply to the Services provided under this Task Order. Notwithstanding Section 5.12 of the MSA, Contractor shall only be required to include in the Repository the final version of the Project Works listed in Exhibit B, which are acknowledged by both parties to be included in the Repository as of the Effective Date of this Task Order. Deposit of the copies of the Project Works gathered by Client and Contractor in accordance with this paragraph shall meet Contractor's obligations under Section 5.12 of the MSA with regard to the Project Works that were delivered to Client under this Task Order. Additionally, in the performance of this Task Order, Contractor was not required to provide a staffing plan in accordance with Section 22.1(a) of the MSA.

B. Invoicing and Payment

Invoices for Services provided under this Task Order shall be in Excel format, the form of such invoice to be mutually agreed between the parties. Without limiting the foregoing, invoices must contain the following:

- Contractor's name and address; invoice date; MSA number; name, title, phone number, and email and mailing address of the individual to be notified in the event of a questions concerning the invoice(s);

- the name, labor category and rate of each resource delivering Services during the period covered by the invoice; and

- the following detail with respect to Services performed by each resource: either (i) for Services performed on or prior to September 30, 2014, the total number of hours the resource performed for Services under this Task Order for the month covered by the invoice, or (ii) for Services performed after September 30, 2014, the dates and number of hours by day that the resource performed for Services under this Task Order for the month covered by the invoice; and

- total amount charged on a monthly basis for each resource.

In addition, with respect to invoices for Other Costs, except for Per Diem Allowances (as defined below), Contractor must provide a monthly summary of Other Costs per person by expense category. Expense categories will include Airfare, Lodging/Hotel/Apartment, Lodging Tax, Travel Day Per Diem, Non-Travel Day Per Diem, Parking/Tolls, Personal Car Mileage, Taxi/Shuttle, Car-Rental, Gas-Rental Cars, and Other Travel Expenses. "Per Diem Allowances" means allowances for meals and incidental expenses paid to resources that are required to travel

in order to perform Services under this Task Order, which will be paid for the 02108 zip code in accordance with the rates specified by the U.S. General Services Administration (http://www.gsa.gov/portal/category/100120). Partial per diems, not full per diems, will be used for travel days. When claiming reimbursement for Per Diem Allowances, Contractor shall provide the name of the applicable resource and the days on which he/she was traveling for the applicable period.

Client shall pay Contractor for the Services provided and listed in Exhibit A in accordance with the invoicing and payment provisions of the MSA and the Commonwealth Terms. Client shall review and pay invoices in accordance with the time frames set forth in the Commonwealth Terms. Notwithstanding the foregoing, for invoices relating to Services performed prior to the Effective Date of this Task Order, the parties agree that Client will review, accept, and pay invoices within sixty (60) calendar days after receipt.

Client shall have the right to conduct sample-based reviews of invoices provided under this Task Order. To facilitate such sample-based reviews, Client may request and Contractor shall provide to Client detail to substantiate the hours and expenses invoiced. Should any review by Client reveal that there was an overpayment by Client, Contractor shall provide Client with a credit on future invoices under the Agreement in an amount equal to the overage. If, as a result of an audit by Client, it is determined that Contractor overcharged Client five percent (5%) or more on any given invoice, Contractor will reimburse Client for its costs and expenses associated with the audit.

C.   Not-to-Exceed Price

This Task Order includes a Not-to-Exceed Price ("NTE Price") of $11,000,000. The NTE Price constitutes a ceiling that Contractor may not exceed without Client's prior written approval. The NTE Price includes all hourly professional fees incurred in the provision of the Services plus other costs incurred in providing the Services, including, but not limited to, all travel and related out-of-pocket expenses ("Other Costs").

3.   **Project Managers**

The Project Managers for Contractor and Client for this Task Order are set forth below:

Contractor: ▮▮▮▮▮▮▮▮

Client: ▮▮▮▮▮▮▮▮

4.   **Exhibits**

Exhibit A   Description of Services

Exhibit B   Project Works

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EXHIBIT B-2

Exhibit A – Description of Services

Task 1	Collect requirements for; design, develop, or configure; and test application intake for Medicaid "User Interface/User Experience"(UI/UX) through the hCentive individual portal. This is to be implemented in hCentive Release 3.

Task 2	Collect requirements for; design, develop, or configure; and test Account Transfer so that application data and data for life changes received from the account transfer gateway are processed in MEP and so that data from MEP are sent to the account transfer gateway.
	    (a) For Release 2, modify MEP to implement:
	        i. Receipt of data from account transfer gateway
	        ii. Persistence of data required for PD, Notices and MMIS in MEP
	        iii. Orchestration to trigger PD and Notices upon receipt/persistence of data
	        iv. Sending of basic response inclusive of Medicaid eligibility to account transfer gateway
	    (b) For Release 3, modify MEP to implement:
	        i. Orchestration to trigger PD and Notices for Redeterminations
	        ii. Sending of enhanced response to Account Transfer gateway

Task 3	Collect requirements for; design, develop, or configure; and test initial program determination and redetermination for 24 prioritized aid categories per Table 1 below..
	    (a) For Release 2, implement initial program determination and implement the following Change Requests (CR).
	        i. CR 14 - Update calculation of MassHealth MAGI
	        ii. CR 582 - Notice should not ask for proof of incarceration if the person has attested to "not incarcerated" but FDSH Response is NULL
	        iii. CR 629 - Need to change the 5% disregard rounding
	        iv. CR 665 - Members have a denial reason of "We did not get proof of your Social Security Number."
	        v. CR 670 - Deactivation of Disability Aid Categories
	        vi. For Release 3, implement redetermination for the 24 aid categories

Task 4	Collect requirements for; design, develop, or configure; and test 34 eligibility notices per Table 2 below in order to communicate eligibility results and required actions to applicants/members. The 34 notices are at varying stages of completion and functioning, and this task involves making all changes necessary to get the 34 notices fully functional and implement them across two releases. Additionally, this task will implement CRs across the two releases.
	    (a) For Release 2, implement the following CRs:
	        i. CR 4 - Denial Reason Rules Change for Notice Defect

	ii. CR 643 - Update Denial/Termination Citations appearing in notices. (b) For Release 3, implement the following CRs: i. CR- 121 - Notices Requests to have Additional Rules Outputs ii. CR - 433 - Do Not Display Self-Attested Income on Notices iii. CR - 620 - HIX Database – Addresses iv. CR - 662 - Update Medically Frail language on CarePlus v. CR - 685 - Removal of Text For the TTY Phone Number and Associates Verbiage on CMSP NR
Task 5	Collect requirements for; design, develop, or configure; and test the transmission of initial enrollment information from MEP to MMIS as well as life change enrollment changes from MEP to MMIS. This is for Release 2.
Task 6	Collect requirements for; design, develop, or configure; and test changes resulting from the gap analysis which assessed changes needed to both the hCentive Software and MEP to allow for a fully functional and integration solution for Open Enrollment 2015. This is for Release 2.
Task 7	Collect requirements for; design, develop, or configure; and test changes to suppress MEP functions that will not be needed for Open Enrollment 2015, including but not limited to the following two items. This is for Release 2. (a) Application intake and verification, including interfaces to shared services such as AIMS and address gateway, and external services such as Federal Data Services Hub ("FDSH") and the Commonwealth of Massachusetts Department of Revenue (b) Aid categories and notices other than the 24 aid categories and 34 notices needed for Open Enrollment 2015
Task 8	Finalize the services provided under the 30/60/90 plan, a plan established to help the Commonwealth stabilize its business operation and technical environment for Open Enrollment 2014 and establish the roadmap for having a functioning Exchange for Open Enrollment 2015. The 30/60/90 services are elaborated in detail below.

30/60/90 Services

<u>Work Stream 1 – Application Intake</u>
- Designed solution to replace MassHealth PDF application with a "fillable" form.
- Completed User Interface / User Experience ("UI/UX") portal user experience and federal / state accessibility study
  - Delivered prioritized list of recommended enhancements and changes to the portal to improve overall user experience and to comply with federal / state accessibility standards
- Completed analysis of portal specific JIRA tickets
  - Provided prioritized list of recommended changes to portal

Work Stream 2 – Program Determination
- Executed tests of Group A – Simple Individuals.
- Executed tests of Group B1 – Complex Individuals.
- Executed tests of Group B2 – Couples.
- Executed tests of Group C – Family / Split Households.

Work Stream 3 – Notices/Verifications
- Provided oversight of development required to perform end to end testing, including:
    - Verification notices;
    - Receipt of verification and triage of work;
    - Storage of verification information received;
    - Disposition of verification (disenrollment, redetermination, etc.); and
    - Noticing to acknowledge outcome.

Work Stream 4 – Life Changes
- Supported manual workarounds for simple changes.
- Implemented workaround to enable the intake and processing of member reported changes (unsubsidized).
- Requirements for short-term workaround for subsidized population.
- Process changes for subsidized (MassHealth) – Revert to Draft.
- Process changes for subsidized (Commonwealth Connector Authority ("CCA") – Revert to Draft.

Work Stream 5 - Data
- Security – Institute formal security review process.
- Database – Diminish nightly workarounds.
- Database – Identified database issue root cause(s).
- Database – Established a nightly data correction report.
- Security – Implemented a vulnerability management process and a Secure Software Development Lifecycle ("SDLC").

Work Stream 6 – Release Management/Process Management
- Initialized and executed an Operations Command Center in the new location at One Congress Street, Boston.
- Finalized the verification metrics associated with completing the migration of each population associated with the Legacy HIX/IES system.
- Determined additional performance reporting buckets.
- Implemented release management process for all Work Streams.
- Published and managed joint release management calendar.
- Created a consultative approach to operations measurements to help drive additional efficiencies across the complete team supporting Legacy HIX/IES.
- Rolled-out a process for tracking and monitoring release progress.
- Established accountability for tracking and communication of ongoing release activity including release calendaring and business sign off.

- Updated the application lifecycle dashboard with measurable initiatives driving residents' coverage.
- Established an end-to-end release planning cycle.
- Produce release notes for maintenance activities which affected any user of the system.

Work Stream 7 – Infrastructure Improvement and Services

Infrastructure
- Monitored systems via the following tools: NewRelic, GOMEZ, Google Analytics, Splunk, and OEM
- Provide consulting services to Client related to day to day infrastructure operations

Security
- Conduct weekly security reviews
- Provide consulting services to Client on incident handling and risk remediation

iMOCC
- Implement and manage 24x7Xx65 physical monitoring and support
- Implement and manage business continuity and evacuation processes
- Monitor DataPower
- Implement and manage website and performance statistics and dashboards
- Implement and manage synthetic transaction monitoring
- Implement and manage ITSM processes which include:
  - Incident Management
  - Problem Management
  - Change Management
- Implement Central Communications Management supporting Client and Contractor program efforts
- Implement and manage escalation of production incidents
- Implement and manage War Room
- Implement and manage building management at 1 Congress to include:
  - 24 hour camera surveillance monitoring
  - Administration of Card access system
  - Manage voice and data networks
- Implement and manage first-level support (triage) for Logicworks systems

Work Stream 8 – Optum Services Management
- Stand up, manage, and report on all Work Streams.

Work Stream 9 – Long-Term Plan
- Develop a recommendation for the Commonwealth of their Legacy HIX/IES long-term options

Table 1 – Program Determination Aid Categories

Mass Health Aid Category	Requirement Definition
48	Standard Expansion Children
40	Standard Family
B1	Former Foster Care Children
L1	BCCTP Benchmark 1 <= 133% FPL - Enhanced FMAP
AD	Standard BCCTP <= 250% FPL
A1	Benchmark 1 Enhanced FMAP (19-20 <=133% FPL)
T1	Standard (19-20) Direct Coverage <=150% FPL
M1	Benchmark 1 HIV – Enhanced FMAP
D1	Benchmark 2 – Childless Adult – Enhanced FMAP
H1	Healthy Start Standard NQP
J1	Healthy Start Standard UND
59	HIV Family Assistance – Unverified HIV
93	Family Assistance Children
95	SF Family Assistance + Limited NQP Children
90	SF Family Assistance NQP Children
U3	SF Family Assistance Elders
N1	SF Family Assistance + Limited NQP Adults
Q1	SF Family Assistance NQP Adults
AX	Limited + CMSP – With HSN
37	Limited – With HSN
AY	CMSP <= 400% - With HSN
BA	CMSP > 400%
AQ	HSN Full
AP	HSN Partial

Table 2 - Notices in-scope for Release 2.0 and Release 3.0

Type of Notice	Notice/Form# Name	Notice Sub Type	Notice/Form Description	Release
Approval	CarePlus Direct Coverage Approval	APPR-CP-DC	Updated Description: CarePlus Direct Coverage Approval Direct coverage means that the notice contains info about enrolling in an MCO	R2.0
Approval	CarePlus Provisional Direct Coverage Approval	APPR-CP-PDC	CarePlus Provisional Direct Coverage Approval	R2.0

Type of Notice	Notice/Form# Name	Notice Sub Type	Notice/Form Description	Release
Approval	CarePlus Post Provisional Direct Coverage Approval	APPR-CP-PPDC	CarePlus Post Provisional Direct Coverage Approval	R3.0
Approval	CMSP + Limited Approval (can include HSN or HSN Partial)	APPR-CMSP-LTD	CMSP + Limited Approval (can include HSN or HSN Partial)	R2.0
Approval	CMSP + Limited Provisional Approval (can include HSN or HSN Partial)	APPR-CMSP-PLTD	CMSP + Limited Provisional Approval (can include HSN or HSN Partial)	R2.0
Approval	CMSP Approval (can include HSN or HSN Partial)	APPR-CMSP	CMSP Approval (can include HSN or HSN Partial)	R2.0
Approval	CMSP Provisional Approval (can include HSN or HSN Partial)	APPR-CMSP-P	CMSP Provisional Approval (can include HSN or HSN Partial)	R2.0
Approval	Post Provisional / Continued CMSP Approval (can include HSN or HSN Partial)	APPR-CMSP-PP	Post Provisional / Continued CMSP Approval (can include HSN or HSN Partial)	R3.0
Approval	Family Assistance Direct Coverage	APPR-FA-DC	Family Assistance Direct Coverage	R2.0

Type of Notice	Notice/Form# Name	Notice Sub Type	Notice/Form Description	Release
Approval	Family Assistance Provisional Direct Coverage	APPR-FA-PDC	Family Assistance Provisional Direct Coverage	R2.0
Approval	Family Assistance Post Provisional DC Approval	APPR-FA-PPDC	FA Post-Provisional DC	R3.0
Approval	Health Safety Net	APPR-HSN	HSN Approval Original Description: Health Safety Net Approval is granted when not eligible for IAPs or exchange. There will be 2 scenarios on this notice: deductible, and no deductible	R2.0
Approval	Health Safety Net	APPR-HSN-P	Provisional HSN Approval	R2.0
Approval	Health Safety Net	APPR-HSN-PP	Post-Provisional / Continued HSN Approval	R2.0
Approval	Limited	APPR-LTD	MH Limited Approval	R2.0
Approval	Limited	APPR-LTD-P	MH Limited Provisional Approval	R2.0
Approval	MH Standard DC Approval	APPR-STD-DC	Updated Description: MH Standard DC Approval Standard No Health Plan Selected	R2.0

Type of Notice	Notice/Form# Name	Notice Sub Type	Notice/Form Description	Release
Approval	MH Standard Provisional Direct Coverage	APPR-STD-PDC	Updated Description: MH Standard Provisional Direct Coverage	R2.0
Approval	MH Standard Post Provisional DC	APPR-STD-PPDC	MH Standard Post Provisional DC	R3.0
BCCTP	Breast and Cervical Cancer Certification	FBCC-CERT	This is a new notice that would be sent out when someone attests to having breast or cervical cancer on the IAP application.	R2.0
BCCTP	Breast and Cervical Cancer Recertification	BCC-RECERT	This letter and form informs the member of an upcoming date on which their eligibility for MassHealth based on their need for breast and cervical cancer treatment will end.	R3.0
Change in Benefits	MassHealth Downgrade Notice	DWNG-HCR	Downgrade from Medicaid/CHIP	R3.0
Change in Benefits	MassHealth Upgrade Notice	UPGR-HCR	Upgrade to Medicaid / CHIP	R3.0
Denial	Denial Notice	DENY-ALL	Denied for IAP - Not eligible for the exchange or MassHealth programs and will NOT receive HSN	R2.0
Termination	TERMINATION NOTICE	TERM-HCR	Termination or loss of MassHealth benefits	R3.0
Informational	Appeals Form	HRF	Form to request a hearing	R2.0
Informational	SSA MATCH APPROVAL NOTICE	SSA-MTCH	This letter is sent when MassHealth was able to successfully verify the individuals SSN subsequent to sending a VC1.	R3.0
Informational	Department of Homeland Security Notice	DHS-VER	This notice will be similar to the SSA Match notice. It will tell the person that they no longer need to verify their citizenship.	R3.0
Informational	HEALTHY BABY BROCHURE COVER LETTER	HBB-HCR	This letter is sent to pregnant women with a brochure when the determination notice is issued.	R2.0

Type of Notice	Notice/Form# Name	Notice Sub Type	Notice/Form Description	Release
Member Request for Information	New Application VC1	VC1-NA	Sent to individuals applying for benefits who are not enrolled in MassHealth or CCA benefits at the time of determination. The notice requests that the head of household send in verifications so that MassHealth / CCA can determine household member eligibility for benefits.	R2.0
Member Request for Information	Change Report VC1	VC1-CR	Sent to individuals who are enrolled in MassHealth or CCA benefits at the time of a determination run due to an annual or periodic review or change report submitted by the individual.	R3.0
Member Request for Information	Invalid Proofs VC1	VC1-IP	Sent to individuals who submitted proofs after receiving a New Application VC1 or Change Report VC1 whose proofs were marked as invalid by a worker within the 90 day verification period.	R3.0
Member Request for Information	HIV REQUEST FOR INFORMATION	VCH-HCR	This letter is sent when someone is indicated as HIV positive on the application. The letter requests that verification / proof of HIV status be submitted.	R2.0
Premium Billing	CHANGE IN PREMIUM NOTICE	CHPR-HCR	This notice is sent when MH changes the amount of your premium due to a change in circumstances.	R3.0

Exhibit B – Project Works

	Project Work
1.	MEP_AppIntake_ATICD_v
2.	MEP_AppIntake_ATSDD_v
3.	MEP_Eligibility_PDTDD_PD_Rules_Proxy_Svc_v
4.	MEP_AppIntake_eVerificationsBRD_v4.0
5.	MEP_AppIntake_UIUXBRD_v4.0
6.	MEP_AppIntake-hCentive_Account Transfer_Full Service_v2 0
7.	MEP_CaseManagement_AppealsBRD_v1.5
8.	MEP_CaseManagement_ManualVerificationsBRD_v3.3
9.	MEP_CaseManagement_ReportAChangeBRD_v4.0
10.	MEP_Eligibility_NoticesBRD_v1.3
11.	MEP_Eligibility_PD_BRD_v3.1
12.	MEP_Eligibility_SuppressionsBRD_v2.0
13.	MEP_Eligibility_TimeclockBRD_v4.3