STATE OF NEW MEXICO
HUMAN SERVICES DEPARTMENT
PROFESSIONAL SERVICES CONTRACT
AMENDMENT No. 3

This Amendment No. 3 to Professional Services Contract (PSC) 15-630-8000-0013 is made and entered into by and between the State of New Mexico Human Services Department, hereinafter referred to as “Department” or “HSD”, and Qualis Health, hereinafter referred to as the “Contractor”, and collectively referred to as the “Parties”.

The purpose of this Amendment is to extend the term for an additional year including compensation, update the HSD contract manager, expand access to the Contractor’s utilization review system, and amend Exhibit C, Reports.

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 THAT AGREEMENT ARE AMENDED AS FOLLOWS:

Section 1, Scope of Work, is hereby amended to read as follows:

1. **Scope of Work**
The Contractor shall perform all services detailed in Exhibit A. Amended Scope of Work, attached herein and incorporated in this amendment by reference. The services to be performed shall be in accordance with all pertinent federal and state statutes, regulations, rules, policies and/or procedures, including any supplemental directives issued by the Centers for Medicare and Medicaid Services (CMS).

Section 3, Term, is amended and reads as follows:

3. **Term.**
This Agreement is effective March 1, 2015 and shall terminate June 30, 2018, unless terminated pursuant to paragraph 4 (Termination), or paragraph 5 (Appropriations) of PSC 15-630-8000-0013. In accordance with Section 13-1-150 NMSA 1978, no contract term for a professional services contract, including extensions and renewals, shall exceed four years, except as set forth in Section 13-1-150 NMSA 1978.

Section 25, Notices, To the HSD, is amended and reads as follows:

25. **Notices**
To the HSD: LaRisa Rodgers, Contract Manager
Exempt Services and Programs Bureau
Human Services Department, Medical Assistance Division
PO Box 2348
Santa Fe, NM 87504-2348
Exhibit A, Scope of Work, Section 1, OVERHEAD SERVICES ARE NOT SEPARATELY REIMBURSABLE, section 1.1 PROGRAM ADMINISTRATION, subsection 1.4 DATA SUPPORT SYSTEMS AND MANAGEMENT, item I, General Information, Paragraph N, is amended, attached hereto and referenced in this Amendment.

Exhibit C, Reports, is replaced in its entirety, attached hereto and referenced in this Amendment.

All other Articles, Sections and Deliverables of PSC 15-630-8000-0013, as amended, remain unchanged.

IN WITNESS WHEREOF, parties have executed this Agreement as of the date of signature by the Parties.

By: ____________________________ Date: 6/7/17
HSD Cabinet Secretary

By: ____________________________ Date: 5/16/17
HSD Chief Financial Officer

By: ____________________________ Date: 5/31/17
HSD General Counsel

By: ____________________________ Date: 5/12/17
Contractor JONATHAN SUGARMAN, PRESIDENT & CEO

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: 03-295345-00-3

By: ____________________________ Date: 6/8/17
Taxation and Revenue Department
Exhibit A

Amended Scope of Work

1. OVERHEAD SERVICES ARE NOT SEPARATELY REIMBURSABLE

1.4 DATA SUPPORT SYSTEMS AND MANAGEMENT

1. General Information

N. The Contractor shall allow HSD limited access to the Contractor’s utilization review system for the ability to view recipient and provider records, documentation, and activity or status of a review, and shall allow DOH limited access to the Contractor’s utilization review system for the ability to view recipient and provider records, documentation, and activity or status of a review for the Developmental Disabilities, Medically Fragile, and Mi Via waiver programs.
EXHIBIT C  
Amended Reports

<table>
<thead>
<tr>
<th>Number</th>
<th>TITLE</th>
<th>DESCRIPTION</th>
</tr>
</thead>
<tbody>
<tr>
<td>A1</td>
<td>Internal Quality Management</td>
<td>Annual report that captures the description of program, description of processes, description of procedures, and shares TQM &amp; CQI Results.</td>
</tr>
<tr>
<td>M1</td>
<td>Mi Via Master List</td>
<td>Monthly detailed participant list of all current and past (active and inactive) participants and their most recent budget and LOC for Mi Via (MFW and DDW).</td>
</tr>
<tr>
<td>M2</td>
<td>Activity and TAT Report - Long Term Care</td>
<td>Monthly report that captures client detail and summary for monthly Level of Care Reviews By Service Type and Status with TAT tracking.</td>
</tr>
<tr>
<td>M3</td>
<td>Activity and TAT Report - Mi Via</td>
<td>Monthly TAT Reports Assessments, Level of Care Reviews, and Budget Reviews for Mi Via (MFW and DDW). Report includes client level detail for all activity and aggregate summary.</td>
</tr>
<tr>
<td>M4</td>
<td>Activity and TAT Report - Waiver</td>
<td>Monthly TAT Assessments, Level-of-Care Reviews, Budget Reviews for Traditional MFW and DDW. Report includes client level detail for all activity and aggregate summary.</td>
</tr>
<tr>
<td>M5</td>
<td>Activity and TAT Report - FFS</td>
<td>Monthly client detail and summary to review activity (approvals and denials for FFS Prior Authorizations) by Service Type and Status with TAT tracking.</td>
</tr>
<tr>
<td>M5</td>
<td>Activity and TAT Report – Behavioral Health and Alternative Benefit Plan</td>
<td>Monthly client detail and summary to review activity (approvals and denials for BH and ABP Prior Authorizations) by Service Type and Status with TAT tracking.</td>
</tr>
<tr>
<td>M6</td>
<td>DD waiver Late Log</td>
<td>Monthly client detail from filter of TAT Report M4 of Late DD LOC or ISP submissions.</td>
</tr>
<tr>
<td>M7</td>
<td>Request for Information</td>
<td>Monthly report that captures request for information by Program Type with Client detail and Provider information; Date RFI Requested and Information received by TPA.</td>
</tr>
<tr>
<td>Q1</td>
<td>Fair Hearings Report</td>
<td>Quarterly report that captures detailed provider and participant reconsiderations, and fair hearings as received by TPA. Includes aggregate summary.</td>
</tr>
<tr>
<td>Q2</td>
<td>Grievance/Customer Service Calls</td>
<td>Quarterly report that captures customer service calls and includes data regarding the types of calls received and the resolution.</td>
</tr>
<tr>
<td>Q3</td>
<td>Critical Incident Reporting</td>
<td>Quarterly report that provides description of adverse event with client and provider details.</td>
</tr>
</tbody>
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