

CONTRACT SUMMARY

(This form must accompany all contracts submitted to the Board of Examiners (BOE) for review and approval)

I. DESCRIPTION OF CONTRACT

1. Contract Number: **13561**

| | |
|---|--|
| Agency Name: SILVER STATE HEALTH INSURANCE EXCHANGE | Legal Entity Name: Xerox State Healthcare, LLC |
| Agency Code: 960 | Contractor Name: Xerox State Healthcare, LLC |
| Appropriation Unit: 1400-70 | Address: 8260 Willow Oaks Corporate Drive Suite 600 |
| Is budget authority available?: No | City/State/Zip: Fairfax, VA 22031 |
| If "No" please explain: This contract will be funded partially from the current grant and partially from a grant expected to be awarded around August 15. | Contact/Phone: Will Saunders, President 281-382-7751 |
| | Vendor No.: |
| | NV Business ID: NV20021090239 |

To what State Fiscal Year(s) will the contract be charged? **2013-2017**

What is the source of funds that will be used to pay the contractor? Indicate the percentage of each funding source if the contractor will be paid by multiple funding sources.

| | | | |
|---------------|--------|------------------------|---|
| General Funds | 0.00 % | Fees | 0.00 % |
| Federal Funds | 0.00 % | Bonds | 0.00 % |
| Highway Funds | 0.00 % | X Other funding | 100.00 % Funding breakdown in attached memo. |

2. Contract start date:

a. Effective upon Board of Examiner's approval? **Yes** or b. other effective date: **NA**

Anticipated BOE meeting date 07/2012

Retroactive? **No**

If "Yes", please explain

Not Applicable

3. Termination Date: **12/31/2016**

Contract term: **4 years and 184 days**

4. Type of contract: **Contract**

Contract description: **BOS**

5. Purpose of contract:

This is a new contract to provide a Business Operation Solution (BOS), in the form of a Software as a Service, to support the information technology and business function of the Silver State Health Insurance Exchange in order to begin enrolling people in health insurance by October 1, 2013. As part of the BOS, the vendor must also provide a call center that will provide assistance to individuals, employers, employees, and brokers prior to an individuals enrollment in commercial health insurance coverage offered through the Exchange.

6. NEW CONTRACT

The maximum amount of the contract for the term of the contract is: **\$71,963,299.00**

Other basis for payment: upon approved invoice, within 30 days of signed off deliverable form

II. JUSTIFICATION

7. What conditions require that this work be done?

In March 2010, the Patient Protection and Affordable Care Act of 2010 (the PPACA) was enacted by Congress and signed into law by the President. The PPACA creates an opportunity to reform the health insurance marketplace in order to provide all Americans with quality, affordable health insurance coverage. The law mandates the creation of Health Benefit Exchanges that allow consumers to access and evaluate plans from commercial insurers and to apply for health subsidy programs (e.g., Medicaid, the Children's Health Insurance Program (CHIP), and subsidized commercial health insurance) that best meet their needs through an online marketplace. The contract, is contingent upon mandates, requirements and funds of the PPACA, which may be changed, discontinued, or revoked at any time.

8. Explain why State employees in your agency or other State agencies are not able to do this work:

State employees are not qualified to do this work.

9. Were quotes or proposals solicited? Yes

Was the solicitation (RFP) done by the Purchasing Division? Yes

a. List the names of vendors that were solicited to submit proposals (include at least three):

b. Solicitation Waiver: **Not Applicable**

c. Why was this contractor chosen in preference to other?

This vendor was chosen through a committee of state employees, through a selection process that was monitored by the Purchasing Division. This vendor was the highest scoring vendor.

d. Last bid date: 05/08/2012 Anticipated re-bid date: 05/01/2018

10. Does the contract contain any IT components? Yes

III. OTHER INFORMATION

11. a. Is the contractor a current employee of the State of Nevada or will the contracted services be performed by a current employee of the State of Nevada?

No

b. Was the contractor formerly employed by the State of Nevada within the last 24 months or will the contracted services be performed by someone formerly employed by the State of Nevada within the last 24 months?

No

c. Is the contractor employed by any of Nevada's political subdivisions or by any other government?

No If "Yes", please explain

Not Applicable

12. Has the contractor ever been engaged under contract by any State agency?

No If "Yes", specify when and for which agency and indicate if the quality of service provided to the identified agency has been verified as satisfactory:

Not Applicable

13. Is the contractor currently involved in litigation with the State of Nevada?

No If "Yes", please provide details of the litigation and facts supporting approval of the contract:

Not Applicable

14. The contractor is registered with the Nevada Secretary of State's Office as a:
Foreign Corporation

15. a. Is the Contractor Name the same as the legal Entity Name?

Yes

16. a. Does the contractor have a current Nevada State Business License (SBL)?

Yes

17. a. Is the legal entity active and in good standing with the Nevada Secretary of State's Office?

Yes

18. Agency Field Contract Monitor:

19. Contract Status:

Contract Approvals:

| Approval Level | User | Signature Date |
|---------------------------|----------|------------------------|
| Budget Account Approval | sderouss | 06/12/2012 10:18:39 AM |
| Division Approval | sderouss | 06/12/2012 10:18:42 AM |
| Department Approval | sderouss | 07/09/2012 15:49:45 PM |
| Contract Manager Approval | sderouss | 07/09/2012 16:18:44 PM |
| DoIT Approval | ismolya1 | 07/10/2012 08:23:15 AM |
| Budget Analyst Approval | nhovden | 07/10/2012 08:26:53 AM |
| BOE Agenda Approval | nhovden | 07/10/2012 08:27:00 AM |
| BOE Final Approval | Pending | |