



Proposal to Provide

Enrollment Broker Services

Prepared For
**Indiana Department of
Administration on Behalf
of the Office of Medicaid
Policy and Planning (OMPP)**



Maximus Health Services, Inc.

Best and Final Offer REDACTED

RFP No. 21-2059

November 6, 2020 at 2:00 p.m. EST

**Enrollment Broker Services
Attachment G - Cost Proposal
*Update***

RFP 21-2059
(Responses Due on August 21, 2020)

State of Indiana
July 6, 2020
Updated July 31, 2020

State of Indiana, Enrollment Broker Services RFP 21-2059

Attachment G - Enrollment Broker Services Cost Proposal

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State of Indiana, Enrollment Broker Services RFP 21-2059
Attachment G - Enrollment Broker Services Cost Proposal
Instructions

INSTRUCTIONS

Please provide your cost proposal by populating the Cost Proposal template (Attachment E). Note that throughout the template, you are only to fill in cells shaded in yellow. Do not fill in cells shaded grey, blue, or white. Blue cells will populate automatically.

COST PROPOSAL SUMMARY TAB

Other than entering your firm’s name at the top of the page, there is no response necessary on this worksheet. The blue cells will populate automatically based on information entered on other worksheets.

REQUIRED STAFF TAB

Please provide qualification and pricing information for the four staff positions required in the Scope of Work: Project Manager, Operations Supervisor, Information Systems Coordinator, and Quality and Training Coordinator under the section labeled, "Required Staff HOURLY Pricing." Please provide a position description, minimum work experience required, and any degree or special certification needed for the position. Next, provide the HOURLY Wage Rate Per Position for each position. This is NOT the bill rate for the position; it is the employee’s hourly pay, assuming regular 40-hour work weeks and 2080 total hours worked per year. Do NOT include the cost of benefits or other indirect expenses. Next, please provide the associated Administrative Overhead (%), as a percentage of the HOURLY Wage Rate Per Position. The HOURLY Wage Rate Per Position and Administrative Overhead (%) are combined into a Total HOURLY Cost Per Position which will populate automatically. Note, the Total HOURLY Cost Per Position will feed through to all relevant tasks where a Position specification is required.

OTHER STAFF TAB

Under the section labeled, "Other Staff HOURLY Pricing," please provide the Positions by title of all other staff BESIDES required staff included in your staffing plan. Please provide a position description, minimum work experience required, and any degree or special certification needed for the position. Next, provide the HOURLY Wage Rate Per Position for each position. This is NOT the bill rate for the position; it is the employee’s hourly pay, assuming regular 40-hour work weeks and 2080 total hours worked per year. Do NOT include the cost of benefits or other indirect expenses. Next, please provide the associated Administrative Overhead (%), as a percentage of the HOURLY Wage Rate Per Position. The HOURLY Wage Rate Per Position and Administrative Overhead (%) are combined into a Total HOURLY Cost Per Position which will populate automatically. Note, the Total HOURLY Cost Per Position will feed through to all relevant tasks where a Position specification is required.

HELPLINE SERVICES TAB

Under the section labeled, "Helpline Services Assumptions" please provide your Fixed Annual Price Increase percentage - this drives pricing changes for subsequent contract years. Under the section labeled "Helpline Services Annual Contract Costs" there is no response necessary. The cells in this table will populate automatically based off of the "Helpline Services Assumptions" and the "Proposed Year 1 Pricing". Under the section labeled "Helpline Services Monthly Cost Per Call," please provide the Proposed Year 1 Pricing per each call in each call volume band. Your pricing must go to the cent level. Note that Years 2 - 6 will populate automatically based on the Proposed Year 1 Pricing. Under the section labeled "Helpline Position FTE Volume" please provide the position and number of FTEs that will be needed at call volumes of twenty thousand, thirty-five thousand, and fifty thousand. You may select from a drop-down menu pre-populated with staff from the "Required Staff" and "Other Staff" tabs.

LIVE CHAT SERVICES TAB

Under the section labeled, "Live Chat Services Assumptions" please provide your Fixed Annual Price Increase percentage - this drives pricing changes for subsequent contract years. Under the section labeled, "Live Chat Services Costs" please provide your one-time implementation fee for each of the three Indiana Health Plans. Please note that the "Total Proposed Year 1 Pricing" will only take into account HIP's live chat implementation fee as it is the only plan that currently has an active live chat. Next, please provide the Proposed Year 1 Pricing for the chat price per chat in each live chat volume band. Your pricing must go to the cent level. Note that Years 2-6 will populate automatically based on the Proposed Year 1 Pricing.

PRINTING TAB

Under the section labeled, "Printed Material Assumptions" please provide your Fixed Annual Price Increase percentage - this drives pricing changes for subsequent contract years. Under the section labeled, "Printing Annual Contract Costs" there is no response necessary. The cells in this table will populate automatically based off of the "Printed Material Assumptions" and the "Proposed Year 1 Pricing". Under the section labeled "Expected Monthly Volumes for Printed Material" there is no response necessary. The information contained in this section is based on the State's expected volumes for various printed materials. Under the section labeled "Printed Material Proposed Price Per Unit By Monthly Volume Band Detail," please provide the Proposed Year 1 Pricing for each monthly volume band of specified printed material. Your pricing must go to the tenth of a cent level. Postage will be billed separately at cost. All other printing and mailing costs must be inclusive in the pricing provided below. Note that Years 2 - 6 will populate automatically based on the Proposed Year 1 Pricing.

INFORMATION SYSTEMS TAB

Under the section labeled, "Information Systems Assumptions" please provide your Fixed Annual Systems Operations Price Increase percentage and Fixed Annual Staffing Price Increase percentage - these drive pricing changes for subsequent contract years. Under the section labeled "Information Systems Annual Contract Costs" there is no response necessary. The cells in this table will populate automatically based on the total cost for operations and staffing. Under the "Information Systems Staffing Detail" section, please provide the Expected Number of Hours required MONTHLY to Complete Task for each staff member required for information systems. The Information Systems Coordinator position is already pre-populated, but if you choose to include positions other than Information Systems Coordinator, you may select from a drop-down menu pre-populated with staff from the "Required Staff" and "Other Staff" tabs. The Hourly Rate and Total Price for Year 1 by position will calculate automatically and roll up into the Proposed Staffing Cost in Year 1. Note that Years 2 - 6 will populate automatically based on the Proposed Staffing Cost in Year 1. Under the "Information Systems Operations Detail" section, please list each individual element of hardware, software, and ancillary costs, including their corresponding details. The total price x quantity for Year 1 will calculate automatically and roll up into the Proposed Operations Cost in Year 1. Note that Years 2 - 6 will populate automatically based on the Proposed Monthly Operations Cost in Year 1.

OTHER TASKS TAB

Under the section labeled, "Other Tasks Assumptions" please provide your Fixed Annual Price Increase percentage - this drives pricing changes for subsequent contract years. Under the section labeled "Other Tasks Staffing Detail," please detail the positions involved in performing any other tasks related to executing the Scope of Work and also provide Expected Number of Hours required MONTHLY to Complete Task for each position. Three positions from the "Required Staff" tab are already pre-populated, but are not required entries. You may choose to include other positions from a drop-down menu pre-populated from the "Required Staff" and "Other Staff" tabs. If you select additional positions from the drop-down menu, make sure to include information regarding the function under the "Task(s)" column. The Hourly Rate and Total Price for Year 1 by position will calculate automatically and roll up into the Proposed Staffing Cost in Year 1. Note that Years 2 - 6 will populate automatically based on the Proposed Staffing Cost in Year 1.

State of Indiana, Enrollment Broker Services RFP 21-2059
Attachment G - Enrollment Broker Services Cost Proposal
Cost Proposal Summary

Respondent Name:

Maximus Health Services

Please Complete Yellow Shaded Regions

Instructions:
Other than entering your firm's name at the top of the page, there is no response necessary on this worksheet. The blue cells will populate automatically based on information entered on other worksheets.

Total 4-Year Bid Amount

\$

Cost Proposal Summary*

Task Description	Total Proposed Year 1 Cost	Year 2 Cost	Year 3 Cost	Year 4 Cost	Year 5 Cost (Optional Extension)	Year 6 Cost (Optional Extension)
Baseline Amount						
Helpline Services						
Live Chat Services						
Printing						
Information Systems						
Other Tasks						
Total						

State of Indiana, Enrollment Broker Services RFP 21-2059

Attachment G - Enrollment Broker Services Cost Proposal

Required Staff

Respondent Name:

Maximus Health Services

Please Complete Yellow Shaded Regions

Instructions:

Please provide qualification and pricing information for the four staff positions required in the Scope of Work: Project Manager, Operations Supervisor, Information Systems Coordinator, and Quality and Training Coordinator under the section labeled, "Required Staff HOURLY Pricing." Please provide a position description, minimum work experience required, and any degree or special certification needed for the position. Next, provide the HOURLY Wage Rate Per Position for each position. This is NOT the bill rate for the position; it is the employee's hourly pay, assuming regular 40-hour work weeks and 2080 total hours worked per year. Do NOT include the cost of benefits or other indirect expenses. Next, please provide the associated Administrative Overhead (%), as a percentage of the HOURLY Wage Rate Per Position. The HOURLY Wage Rate Per Position and Administrative Overhead (%) are combined into a Total HOURLY Cost Per Position which will populate automatically. Note, the Total HOURLY Cost Per Position will feed through to all relevant tasks where a Position specification is required.

Required Staff HOURLY Pricing

Position	SOW Reference	Position Description	Minimum Work Experience Required	Degree(s) Required	Certifications Required	Year 1 Cost		
						HOURLY Wage Rate Per Position	Administrative Overhead (%)	Total HOURLY Cost Per Position
Example - Operations Supervisor	4.1.1	Responsible for directing the activities of the Contract's member services, Helpline performance, member education, member materials development, etc..	5 Years of Experience in Operations Management	4-Year Bachelor's Degree	None			
Project Manager	4.11	Acts as the primary liaison with the State (or its designees) to facilitate communications between FSSA, the State's contractors and Maximus executive leadership and staff. Maintains a current knowledge of Federal and State legislation, legislative initiatives, and regulations that may impact Hoosier Healthwise, HIP, or the Hoosier Care Connect program.	3-5 years of experience in Project Management. Experience with operations, program policy development, program implementation, contract compliance, and program assessments are required. Project development experience from inception to deployment is strongly encouraged. Demonstrated capability in managing multi-task contracts and/or subcontracts of various types and complexity is also strongly encouraged.	4-Year Bachelor's Degree	None			
Operations Supervisor	4.11	Directs the activities of member services, Helpline telephone performance, member education and member materials development, approval and distribution. Serves as the primary interface with FSSA, the State's Fiscal Agent, and MCEs regarding such issues as member enrollment, disenrollment, and eligibility. Provides orientation and ongoing training for Helpline Representatives.	2 - 4 years of experience in managing Tier I and Tier II call center functions for a health care-related organization. Experience with Social Services and State regulations. Must be able to perform in fast-paced, deadline and detail-oriented work environment and must successfully execute on many complex tasks simultaneously	4-Year Bachelor's Degree or equivalent work experience	None			

Information Systems Coordinator	4.11	Oversees the database and phone systems and serve as a liaison between the Contractor and the State's other contractors regarding data transmission interface, phone connectivity, HIPAA requirements, reporting and data management issues.	2 - 4 years' experience in an Information Technology role. Experience with phone switches, servers, fire walls, PCs, printers and fax machines. Ability to troubleshoot and maintain hardware as well as phone systems and networks. Strong coordination skills to facilitate relationships with corporate personnel as well as outside vendors.	4-Year Bachelor's Degree or equivalent work experience	None			
Quality and Training Coordinator	4.11	Investigates and coordinates responses to resolve member and provider grievances and appeals against the Contractor, and interfaces with FSSA Hearings and Appeals Office. Leads the quality improvement efforts and provides an orientation and ongoing training for Helpline Representatives.	3 - 5 years of quality and/or professional development experience for a health care-related organization. Demonstrate strong analytical/statistical skills. Ability to work with staff using multiple training techniques and styles.	4-Year Bachelor's Degree or equivalent work experience	None			

Instructions:
Under the section labeled, "Other Staff HOURLY Pricing," please provide the Positions by title of all other staff BESIDES required staff included in your staffing plan. Please provide a position description, minimum work experience required, and any degree or special certification needed for the position. Next, provide the HOURLY Wage Rate Per Position for each position. This is NOT the bill rate for the position; it is the employee's hourly pay, assuming regular 40-hour work weeks and 2080 total hours worked per year. Do NOT include the cost of benefits or other indirect expenses. Next, please provide the associated Administrative Overhead (%), as a percentage of the HOURLY Wage Rate Per Position. The HOURLY Wage Rate Per Position and Administrative Overhead (%) are combined into a Total HOURLY Cost Per Position which will populate automatically. Note, the Total HOURLY Cost Per Position will feed through to all relevant tasks where a Position specification is required.

Other Staff HOURLY Pricing

					Year 1 Cost		
Position	Position Description	Minimum Work Experience Required	Degree(s) Required	Certifications Required	HOURLY Wage Rate Per Position	Administrative Overhead (%)	Total HOURLY Cost Per Position
Example - Helpline Representative I	Provides program-specific information and managed care education to members.	Experience working courteously and effectively with individuals across varying backgrounds and languages; experience with data entry.	2-Year Associate's Degree	None			
Helpline Representative	Responds to phone and chat inquiries using standard technology. Provides information to assist caller in selecting health plan and provider. Uses computerized system for tracking, information gathering and/or troubleshooting.	Miminum of 6 months of customer service experience. Must have excellent interpersonal skills and the ability to organize simultaneous tasks.	High School Diploma or equivalent	None			
Helpline Representative - Bilingual (Spanish)	Responds to phone and chat inquiries using standard technology. Provides information to assist caller in selecting health plan and provider. Uses computerized system for tracking, information gathering and/or troubleshooting.	Miminum of 6 months of customer service experience. Must have excellent interpersonal skills and the ability to organize simultaneous tasks. Spanish fluency is required.	High School Diploma or equivalent	None			
Helpline Representative - Bilingual (Burmese)	Responds to phone and chat inquiries using standard technology. Provides information to assist caller in selecting health plan and provider. Uses computerized system for tracking, information gathering and/or troubleshooting.	Miminum of 6 months of customer service experience. Must have excellent interpersonal skills and the ability to organize simultaneous tasks. Burmese fluency is required.	High School Diploma or equivalent	None			
Human Capital Specialist	Provides human resources support including company policies, recruiting, onboarding, providing employment law expertise, and solving employee relations problems.	3 years Human Capital Generalist experience. Ability to manage high level confidentiality and experience handling PII and PHI. Advanced knowledge of human capital practices, techniques and standards.	4-Year Bachelor's Degree	None			
Administrative Specialist	Responds to written inquiries with accurate and thorough responses, ensuring correspondence is HIPAA compliant. Reviews information for a facilitated enrollment to ensure accuracy. Performs clerical functions as needed.	Strong written and verbal communication skills. Ability to perform in fast-paced environment.	2-Year Associate's Degree	None			

Finance and Accounting Manager	Performs all project finance functions. Coordinates with Project Management to develop operational productivity analysis and tracking of metrics. Develops and manages project status reporting for leadership team. Prepares project financial forecasts and tracks performance.	5 years of related experience. Strong analytical and financial skills.	4-Year Bachelor's Degree	None			
Quality Specialist	Assists the Quality and Training Coordinator with maintaining quality controls measures and reports. Leads the monitoring of 5 live calls per agent per month. Identifies potential problems/issues and identifies training needs.	1 year of quality experience. Demonstrate strong analytical/statistical skills. Knowledge of project operations, systems processes and flows. Ability to solve problems quickly and accurately.	4-Year Bachelor's Degree	None			
Hoosier Care Connect Liaison	Researches HCC member cases in CoreMMIS to determine why the individual is hard to reach then finding new ways to connect. Creates relationships with community organizations to increase reach to this population. Serves as the direct point of contact for community organizations and member who have questions or concerns regarding enrollment.	Experience developing and managing complex project plans. Experience with data management, analysis, auditing and reporting. Strong relationship building skills	4-Year Bachelor's Degree	None			
Vice President - Operations	Leads operational execution to drive efficiency. Shapes service delivery and execution with the design and implementation of strategies and initiatives. Evaluates program performance using data, reports of contract compliance and outcomes. Develop policies and procedures for operational processes in order to ensure optimization and compliance.	5 years of management experience. Ability to successfully execute on many complex tasks simultaneously. Ability to manage large-scale projects and create structure.	4-Year Bachelor's Degree	PMP Certification desired			
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State of Indiana, Enrollment Broker Services RFP 21-2059

Attachment G - Enrollment Broker Services Cost Proposal

Helpline Services

Respondent Name:

Maximus Health Services

Please Complete Yellow Shaded Regions

Instructions:

Under the section labeled, "Helpline Services Assumptions" please provide your Fixed Annual Price Increase percentage - this drives pricing changes for subsequent contract years. Under the section labeled "Helpline Services Annual Contract Costs" there is no response necessary. The cells in this table will populate automatically based off of the "Helpline Services Assumptions" and the "Proposed Year 1 Pricing". Under the section labeled "Helpline Services Monthly Cost Per Call," please provide the Proposed Year 1 Pricing per each call in each call volume band. Your pricing must go to the cent level. Note that Years 2 - 6 will populate automatically based on the Proposed Year 1 Pricing. Under the section labeled "Helpline Position FTE Volume" please provide the position and number of FTEs that will be needed at call volumes of twenty thousand, thirty-five thousand, and fifty thousand. You may select from a drop-down menu pre-populated with staff from the "Required Staff" and "Other Staff" tabs.

Helpline Services Assumptions

Fixed Annual Price Increase percentage	0.7%
Expected Monthly Call Volume	
Year 1 Baseline Cost	

Helpline Services Annual Contract Costs

Total Proposed Year 1 Cost	
Year 2 Cost	
Year 3 Cost	
Year 4 Cost	
Year 5 Cost (Optional Extension)	
Year 6 Cost (Optional Extension)	

Helpline Services Monthly Cost Per Call

	0 - 30,000 MONTHLY CALLS	30,001 - 40,000 MONTHLY CALLS	40,001 + MONTHLY CALLS
	Total Price Per Call	Total Price Per Call	Total Price Per Call
Current Pricing			

Helpline Position FTE Volume

Position	Total Number of FTEs at 20,000 Calls	Total Number of FTEs at 35,000 Calls	Total Number of FTEs at 50,000 Calls
Helpline Representative			
Helpline Representative - Bilingual (Spanish)			
Helpline Representative - Bilingual (Burmese)			

State of Indiana, Enrollment Broker Services RFP 21-2059
Attachment G - Enrollment Broker Services Cost Proposal
Live Chat Services

Respondent Name:

Maximus Health Services

Please Complete Yellow Shaded Regions

Instructions:
Under the section labeled, "Live Chat Services Assumptions" please provide your Fixed Annual Price Increase percentage - this drives pricing changes for subsequent contract years. Under the section labeled, "Live Chat Services Costs" please provide your one-time implementation fee for each of the three Indiana Health Plans. Please note that the "Total Proposed Year 1 Pricing" will only take into account HIP's live chat implementation fee as it is the only plan that currently has an active live chat. Next, please provide the Proposed Year 1 Pricing for the chat price per chat in each live chat volume band. Your pricing must go to the cent level. Note that Years 2-6 will populate automatically based on the Proposed Year 1 Pricing.

Live Chat Services Assumptions	
Fixed Annual Price Increase percentage	3.2%
Expected Monthly Chat Volume (<5 mins.)	465
Expected Monthly Chat Volume (5+ mins.)	335
Year 1 Baseline Cost	\$55,728

Live Chat Services Costs		Hoosier Healthwise	HIP	Hoosier Care Connect
One-Time Implementation Fee (HIP)	\$		\$	
Proposed Year 1 Pricing (<5 mins.) per Chat				
Proposed Year 1 Pricing (5+ mins.) per Chat				
Total Proposed Year 1 Pricing				
Total Proposed Year 2 Pricing				
Total Proposed Year 3 Pricing				
Total Proposed Year 4 Pricing				
Total Proposed Year 5 Pricing (Optional Extension)				
Total Proposed Year 6 Pricing (Optional Extension)				

Year 5 Pricing (Optional Extension)	501 - 1,000	
	1,001 - 2,500	
	2,501 - 5,000	
	5,001 - 10,000	
	10,001 - 20,000	
	> 20,000	
Year 6 Pricing (Optional Extension)	0-100	
	101 - 500	
	501 - 1,000	
	1,001 - 2,500	
	2,501 - 5,000	
	5,001 - 10,000	
	10,001 - 20,000	
	> 20,000	

Respondent Name:

Maximus Health Services
Please Complete Yellow Shaded Regions

Instructions:

Under the section labeled, "Information Systems Assumptions" please provide your Fixed Annual Systems Operations Price Increase percentage and Fixed Annual Staffing Price Increase percentage - these drive pricing changes for subsequent contract years. Under the section labeled "Information Systems Annual Contract Costs" there is no response necessary. The cells in this table will populate automatically based on the total cost for operations and staffing. Under the "Information Systems Staffing Detail" section, please provide the Expected Number of Hours required MONTHLY to Complete Task for each staff member required for information systems. The Information Systems Coordinator position is already pre-populated, but if you choose to include positions other than Information Systems Coordinator, you may select from a drop-down menu pre-populated with staff from the "Required Staff" and "Other Staff" tabs. The Hourly Rate and Total Price for Year 1 by position will calculate automatically and roll up into the Proposed Staffing Cost in Year 1. Note that Years 2 - 6 will populate automatically based on the Proposed Staffing Cost in Year 1. Under the "Information Systems Operations Detail" section, please list each individual element of hardware, software, and ancillary costs, including their corresponding details. The total price x quantity for Year 1 will calculate automatically and roll up into the Proposed Operations Cost in Year 1. Note that Years 2 - 6 will populate automatically based on the Proposed Monthly Operations Cost in Year 1.

Information Systems Assumptions

Fixed Annual Staffing Price Increase percentage	1.8%
Fixed Annual Systems Operations Price Increase percentage	9.2%
Year 1 Baseline Cost	

Information Systems Annual Contract Costs

Total Proposed Year 1 Cost	\$	
Year 2 Cost	\$	
Year 3 Cost	\$	
Year 4 Cost	\$	
Year 5 Cost (Optional Extension)	\$	
Year 6 Cost (Optional Extension)	\$	

Information Systems Staffing Detail

Proposed Staffing Cost in Year 1	\$			
Year 2 Cost	\$			
Year 3 Cost	\$			
Year 4 Cost	\$			
Year 5 Cost (Optional Extension)	\$			
Year 6 Cost (Optional Extension)	\$			
Proposed Year 1 Staffing Cost				
Position	Expected Number of Hours required MONTHLY to Complete Task	HOURLY Rate (paid by the State)	Total Price	
Information Systems Coordinator				
		\$ -	\$ -	
		\$ -	\$ -	
		\$ -	\$ -	
		\$ -	\$ -	
		\$ -	\$ -	
		\$ -	\$ -	
		\$ -	\$ -	
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		\$ -	\$ -
		\$ -	\$ -
		\$ -	\$ -
		\$ -	\$ -
		\$ -	\$ -
		\$ -	\$ -
		Total	\$

Information Systems Operations Detail

Proposed Operations Cost in Year 1	\$
Year 2 Cost	\$
Year 3 Cost	\$
Year 4 Cost	\$
Year 5 Cost (Optional Extension)	\$
Year 6 Cost (Optional Extension)	\$

Proposed Year 1 Annual Hardware, Software, and Ancillary Cost Details

[illegible]

State of Indiana, Enrollment Broker Services RFP 21-2059
Attachment G - Enrollment Broker Services Cost Proposal
Other Tasks

Respondent Name:

Maximus Health Services
Please Complete Yellow Shaded Regions

Instructions:

Under the section labeled, "Other Tasks Assumptions" please provide your Fixed Annual Price Increase percentage - this drives pricing changes for subsequent contract years. Under the section labeled "Other Tasks Staffing Detail," please detail the positions involved in performing any other tasks related to executing the Scope of Work and also provide Expected Number of Hours required MONTHLY to Complete Task for each position. Three positions from the "Required Staff" tab are already pre-populated, but are not required entries. You may choose to include other positions from a drop-down menu pre-populated from the "Required Staff" and "Other Staff" tabs. If you select additional positions from the drop-down menu, make sure to include information regarding the function under the "Task(s)" column. The Hourly Rate and Total Price for Year 1 by position will calculate automatically and roll up into the Proposed Staffing Cost in Year 1. Note that Years 2 - 6 will populate automatically based on the Proposed Staffing Cost in Year 1.

Other Tasks Assumptions

Fixed Annual Price Increase	3.6%
Year 1 Baseline Cost	

Other Tasks Staffing Detail

Total Proposed Year 1 Cost	\$
Year 2 Cost	\$
Year 3 Cost	\$
Year 4 Cost	\$
Year 5 Cost (Optional Extension)	\$
Year 6 Cost (Optional Extension)	\$

Task(s)	Position	Expected Number of Hours required MONTHLY to Complete Task	Proposed Year 1 Cost	
			HOURLY Rate (paid by the State)	Total Price
Contract Management	Project Manager			
Operations Management	Operations Supervisor			
Quality and Training Coordination	Quality and Training Coordinator			
Human Capital Support	Human Capital Specialist			
Finance and Accounting Support	Finance and Accounting Manager			
HCC Member Outreach	Hoosier Care Connect Liaison			
Executive Oversight	Vice President - Operations			
			\$ -	\$ -
			\$ -	\$ -
			\$ -	\$ -
			\$ -	\$ -
			\$ -	\$ -
			\$ -	\$ -
			\$ -	\$ -
			\$ -	\$ -
			\$ -	\$ -
			\$ -	\$ -
			\$ -	\$ -
			\$ -	\$ -
			\$ -	\$ -
Total				

Indiana Economic Impact Form, Attachment C

Instructions

1. Complete lines 1 - 15 with the information requested about the company in the Attachment C worksheet.

All companies desiring to do business with state agencies must complete an "Indiana Economic Impact" form (Attachment C). The collection and recognition of the information collected with the Indiana Economic Impact form places a strong emphasis on the economic impact a project will have on Indiana and its residents regardless of where a business is located. The collection of this information does not restrict any company or firm from doing business with the state.

2. Line 16: Enter total amount of this proposal, bid, or current contract.

This figure is the respondent's total cost proposal to the state (as submitted in Attachment G, Cost Proposal Template). Additionally, this total shall be utilized when completing your Attachment A, MWBE Subcontractor Commitment Form.

3. Lines 18 and 21 measure the full-time equivalent (FTE) count of Indiana residents; this number will be auto-populated on Attachment C worksheet. Respondents shall populate the yellow-shaded cells in the FTE Details worksheet.

The state defines FTE as a measurement of an employee's productivity on a specific project or contract. An FTE of 1 would mean that there is one worker fully engaged on a project. If there are two employees each spending 1/2 of their working time on a project that would also equal 1 FTE.

Please populate the yellow-shaded cells in the FTE Details worksheet.

Respondents shall provide a job title for each of the FTEs proposed for The State of Indiana contract as well as the number of FTEs that job title contributes to the total.

PROJECT MANAGER - 1 FTE

Please keep in mind that the only FTEs that should be included in this count are Indiana employees working on this contract ONLY. If there are 10 employees working on this contract but they are splitting their time with numerous other contracts as well, then these employees cannot be counted as 1 FTE. Instead, these employees should be counted as a fraction of an FTE. For example: 10 employees working on 4 contracts (1 of them being the State of Indiana contract) - each of the 10 employees would only count as 1/4 of an FTE or .25. Therefore, the total number of FTEs for this scenario would be 2.5.

**INDIANA ECONOMIC IMPACT - PROPOSALS AND CONTRACTS**

State Form 51778 (R4 / 1-06)

DEPARTMENT OF ADMINISTRATION

Approved by State Board of Accounts, 2006

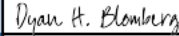
This information is required by the Indiana Department of Administration for all contractors, vendors/suppliers to the State of Indiana (complete all 22 items).

1	Legal Name of firm:	Maximus Health Services, Inc.
2	Address/City/State/Zip Code:	1891 Metro Center Drive, Reston, VA 20190
3	Telephone #/Fax #/Website:	(703) 251-8500; (703) 251-8420; www.maximus.com
4	Federal Tax Identification Number:	26-0307682
5	State/Country of domicile/incorporation:	Indiana, USA
6	Location of firm's headquarters or principal place of business:	Reston, VA
7	Name of parent company or holding company (if applicable):	Maximus, Inc.
8	State/Country of domicile/incorporation of company listed in #7:	Virginia, USA
9	Address of company listed in #7:	1891 Metro Center Drive, Reston, VA 20190
10	IN Department of Workforce Development (DWD) account number:	
11	IN Department of Revenue (DOR) account number:	
12	Number of Indiana resident employees per most recently completed IRS Form W-2 distribution:	
13	Total number of employees per most recently completed IRS Form W-2 distribution:	
14	Total amount of payroll paid to Indiana resident employees per most recently completed IRS Form W-2 distribution:	\$
15	Total amount of payroll paid to all employees per the most recently completed IRS Form W-2 distribution:	\$
16	Total amount of this proposal, bid, or current contract:	\$

ACCOUNTING OF INDIANA RESIDENT EMPLOYEES

17	<u>Prime Contractor Company Name:</u>	Maximus Health Services, Inc.
18	<u>Number of Full Time Equivalent (FTE) employees</u> that are Indiana residents specifically for this proposal or contract:	

19	<u>Subcontractor Company Name:</u>			

22	<u>Affirmation by authorized official:</u> I affirm under penalties of perjury that the foregoing representations are true to be the best of my knowledge and belief:	
	Signature:	<div>DocuSigned by:</div>  E2F05CB7E2B44E8
	Name of authorized official:	Dyan H. Blomberg
	Title:	Senior Contracts Director and Legal Counsel
	Date:	3-Sep-20

Job Titles and Contributing FTE

- Populate the yellow-shaded cells; with all applicable job titles and the total FTE count.
- Respondents may insert additional rows to account for all job titles attributing to the total FTE count.

Please keep in mind that the only FTE's that should be included in this count are Indiana employees working on this contract ONLY. If there are 10 employees working on this contract but they are splitting their time with numerous other contracts as well, then these employees cannot be counted as 1 FTE. Instead, these employees should be counted as a fraction of an FTE. For example: The project length of the contract is 24 months. There are 10 employees working on the contract over the 24 month contract period. 5 employees are working solely on the project for 12 months. 3 employees are working equal time on 2 projects for 24 months. 2 employees are working solely on the project for 6 months.

The FTEs would be calculated as follows:

5 employees x 24 months (24 months working solely on this project) x 1 (time spent solely on this project) = 120 months / 24 months (length of contract) = 5 FTEs

3 employees x 24 months x .5 (splitting time equally between 2 projects) = 36 months / 24 months = 1.5 FTEs

2 employees x 6 months (6 months dedicated solely to this project) x 1 (time spent solely on this project) = 12 months / 24 months = .5 FTEs

Column Title Definitions:

Number of Employees = Number of employees working on this State contract.

Duration (In Months) = Amount of time that the employee(s) will spend on the State contract.

Time Spent (Percentage) = Percentage of time the employee(s) will be working on the contract.

[illegible]

ATTACHMENT A1
INDIANA VETERAN OWNED SMALL BUSINESS RFP SUBCONTRACTOR
COMMITMENT FORM

In accordance with Section 1.22 of RFP 21-2059, the respondent is expected to submit with its proposal an Indiana Veteran Owned Small Business (IVOSB) RFP Subcontractor Commitment Form. The Form must show that there are, participating in the proposed contract, Indiana Veteran Owned Small Business(es) listed in the [VA OSDBU](http://www.in.gov/idoa/2862.htm) registry, or listed on the IDOA Directory of Certified Firms that conform to the IVOSB rules as laid out at <http://www.in.gov/idoa/2862.htm>.

If participation is met through use of vendors who supply products and/or services directly to the Respondent, the Respondent must provide a description of products and/or services provided that are directly related to this proposal and the cost of direct supplies for this proposal. Respondents must complete the Subcontractor Commitment Form in its entirety. The amount entered in “**TOTAL BID AMOUNT**” should match the four year total amount in the completed Cost Proposal (Attachment G).

If the vendor responding to the RFP is an IVOSB certified entity, the letter confirming same should be submitted with their response. IDOA will verify the certification but will not check for it. Therefore the responding vendor has the responsibility to alert IDOA of their certification. The IVOSB respondent will receive the total points for the IVOSB evaluation criteria per Section 3.2.6. Additional ISVOB subcontractors must be included if the IVOSB respondent is seeking the additional bonus point.

The IVOSB respondent must list their **company contact information only** on the IVOSB Subcontractor Commitment Form.

Failure to address these goals may impact the evaluation of your Proposal. The Department reserves the right to verify all information included on the IVOSB Subcontractor Commitment Form.

Prime Contractors must ensure that the proposed IVOSB subcontractors meet the following criteria:

- Must be listed on Federal Center for Veterans Business Enterprise ([VA OSDBU](http://www.in.gov/idoa/2862.htm)) registry or listed on the IDOA Directory of Certified Firms, **on or before** the proposal due date.
- Prime Contractor must include with their proposal the subcontractor’s veteran business Certification Letter provided by either IDOA or Federal Govt. (VA OSDBU), to show current status of certification.
- Each firm may only serve as one classification – MBE, WBE (see Section 1.21) or IVOSB
- IVOSB must have a Bidder ID (see Section 2.3.7 - Department of Administration, Procurement Division).
- A Prime Contractor who is an IVOSB can count their own workforce or companies to meet this requirement.
- **Must serve a Valuable Scope Contribution (VSC). The firm must serve a value-added purpose on the engagement, as confirmed by the State.**
- Must provide goods or service only in the industry area for which it is certified as listed in the [VA OSDBU](http://www.in.gov/idoa/2352.htm) or IDOA Certified Firm directories <http://www.in.gov/idoa/2352.htm>.
- Must be used to provide the goods or services specific to the contract.

INDIANA VETERAN OWNED SMALL BUSINESS RFP SUBCONTRACTOR LETTER OF COMMITMENT

A signed letter(s), on company letterhead, from the IVOSB must accompany the IVOSB Subcontractor Commitment Form. Each letter shall state and will serve as acknowledgement from the IVOSB of its subcontract amount, a description of products and/or services to be provided on this project, and approximate date the subcontractor will perform work on this contract. The State reserves the right to deny evaluation points if the letter(s) is not attached. The State may deny evaluation points if the letter(s) is not attached, not on company letterhead, not signed and/or does not reference and match the subcontract amount, subcontract amount as a percentage of the “**TOTAL BID AMOUNT**” and the anticipated period that the Subcontractor will perform work for this solicitation.

By submission of the Proposal, the Respondent acknowledges and agrees to be bound by the policies and processes involving the State's IVOSB Program. Questions involving the regulations governing the IVOSB Subcontractor Commitment Form should be directed to: indianaveteranspreference@idoa.in.gov.

STATE OF INDIANA IVOSB SUBCONTRACTOR COMMITMENT FORM

RFP 21-2059: Enrollment Broker

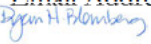
DUE DATE: September 4, 2020 by 3:00 PM EST. BAFO DUE DATE: November 6, 2020 at 2:00 PM EST

TOTAL BID AMOUNT: [REDACTED] {enter four (4) year total from the completed Cost Proposal (Attachment G)}

Company Name: DX Enterprises, LLC	Contact Person: William Boss	
Address: 2412 S. Crabtree Drive Princeton, IN 47670	E-mail: bill@gcqa-inc.com	
	Telephone Number: (812) 385-4272	Fax Number: N/A
Sub-Contract Amount: [REDACTED]	Describe service/product to be provided and <u>how this is a Valuable Scope Contribution of the Contract</u> : DX Enterprises will provide staffing support services to Maximus throughout the course of the Indiana EB Project, including identifying, screening, and recruiting qualified staff to fill critical positions on the Maximus team.	
Sub-Contract Percentage of Total Bid: [REDACTED]		
Provide approximate dates when Sub-Contractor will perform on this project: January 1, 2022 – end of contract		

Company Name:	Contact Person:	
Address:	E-mail:	
	Telephone Number: ()	Fax Number: ()
Sub-Contract Amount:	Describe service/product to be provided and <u>how this is a Valuable Scope Contribution of the Contract</u> :	
Sub-Contract Percentage of Total Bid:		
Provide approximate dates when Sub-Contractor will perform on this project:		

Maximus Health Services, Inc.
Respondent Firm
1891 Metro Center Drive
Address
Reston, VA 20190
City/State/Zip Code
Dyan H. Blomberg
Representative
11.4.2020
Date

(703) 251-8500
Telephone Number
(703) 251-8240
Fax Number
MAXIMUSHealthProposals@maximus.com
Email Address

Authorizing Signature
Dyan H. Blomberg, Senior Contracts Director and Legal Counsel
Printed Name and Title

☐ Please check if additional forms are attached.

Page 2 of 2

FORM MUST BE COMPLETED IN ITS ENTIRETY WITH COMPLETED LETTERS OF COMMITMENT.

ATTACHMENT A
MINORITY & WOMEN'S BUSINESS ENTERPRISES RFP SUBCONTRACTOR
COMMITMENT FORM

In accordance with 25 IAC 5-5 of RFP 21-2059, the respondent is expected to submit with its proposal a Minority & Women's Business Enterprises RFP Subcontractor Commitment Form. The Form must show that there are, participating in the proposed contract, Minority Business Enterprises (MBE) and Women Business Enterprises (WBE) listed in the Minority and Women's Business Enterprises Division (MWBED) directory of certified firms located at <http://www.in.gov/idoa/2352.htm>.

If participation is met through use of vendors who supply products and/or services directly to the Respondent, the Respondent must provide a description of products and/or services provided that are directly related to this proposal and the cost of direct supplies for this proposal. Respondents must complete the Subcontractor Commitment Form in its entirety. The amount entered in "**TOTAL BID AMOUNT**" should match the four year total amount in the completed cost proposal (Attachment G).

Failure to meet these goals will affect the evaluation of your Proposal. The Department reserves the right to verify all information included on the MWBE Subcontractor Commitment Form.

Prime Contractors must ensure that the proposed subcontractors meet the following criteria:

- Must be listed on the IDOA Directory of Certified Firms, **on or before** the proposal due date
- Prime Contractor must include with their proposal the subcontractor's M/WBE Certification Letter provided by IDOA, to show current status of certification.
- Each firm may only serve as one classification – MBE, WBE, or IVOSB (see Section 1.21-1.22)
- A Prime Contractor who is an MBE or WBE must meet subcontractor goals by using other listed certified firms. Certified Prime Contractors cannot count their own workforce or companies to meet this requirement.
- **Must serve a Valuable Scope Contribution (VSC). The firm must serve a value-added purpose on the engagement, as confirmed by the State.**
- Must provide goods or service only in the industry area for which it is certified as listed in the directory at <http://www.in.gov/idoa/2352.htm>
- Must be used to provide the goods or services specific to the contract
- National Diversity Plans are generally not acceptable

MINORITY & WOMEN'S BUSINESS ENTERPRISES RFP SUBCONTRACTOR LETTER OF
COMMITMENT (MWBE)

A signed letter(s), on company letterhead, from the MBE and/or WBE must accompany the MWBE Subcontractor Commitment Form. Each letter shall state and will serve as acknowledgement from the MBE and/or WBE of its subcontract amount, a description of products and/or services to be provided on this project, and approximate date the subcontractor will perform work on this contract. The MBE and/or WBE subcontractor amount and subcontractor percentage is only based on the initial term of the contract, unless the products and/or services are needed beyond the initial term. Any products and/or services desired after the initial term will require separate negotiations between the prime contractor and subcontractor. The State may deny evaluation points if the letter(s) is not attached, not on company letterhead, not signed and/or does not reference and match the subcontract amount, subcontract amount as a percentage of the "**TOTAL BID AMOUNT**" and the anticipated period that the Subcontractor will perform work for this solicitation.

By submission of the Proposal, the Respondent acknowledges and agrees to be bound by the regulatory processes involving the State's M/WBE Program. Questions involving the regulations governing the MWBE Subcontractor Commitment Form should be directed to: Minority and Women's Business Enterprises Division at (317) 232-3061 or <http://www.in.gov/idoa/2352.htm>.

STATE OF INDIANA MBE/WBE SUBCONTRACTOR COMMITMENT FORM

RFP 21-2059; Enrollment Broker

DUE DATE: September 4, 2020 by 3:00 PM EST. BAFO DUE DATE: November 6, 2020 at 2:00 PM EST

TOTAL BID AMOUNT: [REDACTED] {enter four (4) year total from the completed Cost Proposal (Attachment G)}

<input checked="" type="checkbox"/> MBE Firm	<input type="checkbox"/> WBE Firm		
Company Name: The Panther Group, Inc.		Contact Person: James Donovan	
Address: 5 Mill and Main Place, Suite 430 Maynard, MA 01754		E-mail: jdonovan@thepanthergrp.com	
Sub-Contract Amount: [REDACTED]		Telephone Number: (781) 373-6020	Fax Number: (781) 672-2570
Sub-Contract Percentage of Total Bid: [REDACTED]		Describe service/product to be provided and <u>how this is a Valuable Scope Contribution of the Contract</u> : The Panther Group will provide staffing support services to Maximus throughout the course of the Indiana EB Project, including identifying, screening, and recruiting qualified staff to fill critical positions on the Maximus team.	
Provide approximate dates when Sub-Contractor will perform on this project: January 1, 2022 – end of contract			

<input type="checkbox"/> MBE Firm	<input checked="" type="checkbox"/> WBE Firm		
Company Name: V. Elizabeth Talent Acquisition Solution		Contact Person: Veronica Banks	
Address: 532 Van Buren Street Gary, IN 46402		E-mail: veronica.banks@velizabeth.com	
Sub-Contract Amount: [REDACTED]		Telephone Number: (219) 276-7091	Fax Number: (877) 353-0062
Sub-Contract Percentage of Total Bid: [REDACTED]		Describe service/product to be provided and <u>how this is a Valuable Scope Contribution of the Contract</u> : V. Elizabeth Talent Acquisition will provide staffing support services to Maximus throughout the course of the Indiana EB Project, including identifying, screening, and recruiting qualified staff to fill critical positions on the Maximus team.	
Provide approximate dates when Sub-Contractor will perform on this project: January 1, 2022 – end of contract			

Maximus Health Services, Inc.
 Respondent Firm
 1891 Metro Center Drive
 Address
 Reston, VA 20190
 City/State/Zip Code
 Dyan H. Blomberg
 Representative
 11.4.2020
 Date

(703) 251-8500
 Telephone Number
 (703) 251-8240
 Fax Number
 MAXIMUSHealthProposals@maximus.com
 Email Address
 Dyan H. Blomberg
 Authorizing Signature
 Dyan H. Blomberg, Senior Contracts Director and Legal Counsel
 Printed Name and Title

☒ Please check if additional forms are attached.

Page 2 of 3

FORM MUST BE COMPLETED IN ITS ENTIRETY WITH COMPLETED LETTERS OF COMMITMENT.

STATE OF INDIANA MBE/WBE SUBCONTRACTOR COMMITMENT FORM


RFP 21-2059; Enrollment Broker

DUE DATE: September 4, 2020 by 3:00 PM EST. **BAFO DUE DATE:** November 6, 2020 at 2:00 PM EST

TOTAL BID AMOUNT: [REDACTED] (enter four (4) year total from the completed Cost Proposal (Attachment G))

<input type="checkbox"/> MBE Firm <input checked="" type="checkbox"/> WBE Firm		
Company Name: Your Image Works, Inc.		Contact Person: Zach Lawson
Address: 3307 W. 96th St. Suite A Indianapolis, IN 46268		E-mail: zach@yiworks.com
		Telephone Number: (317) 396-2647 Fax Number: (317) 396-2652
Sub-Contract Amount: [REDACTED]		Describe service/product to be provided and <u>how this is a Valuable Scope Contribution of the Contract:</u> Your Image Works provides print and fulfillment services ensuring potential members receive brochures that address how to enroll, how to choose an MCE, how to use the helpline, and how to obtain services.
Sub-Contract Percentage of Total Bid: [REDACTED]		
Provide approximate dates when Sub-Contractor will perform on this project: January 1, 2022 – end of contract		

<input type="checkbox"/> MBE Firm <input type="checkbox"/> WBE Firm		
Company Name:		Contact Person:
Address:		E-mail:
		Telephone Number: () Fax Number: ()
Sub-Contract Amount:		Describe service/product to be provided and <u>how this is a Valuable Scope Contribution of the Contract:</u>
Sub-Contract Percentage of Total Bid:		
Provide approximate dates when Sub-Contractor will perform on this project:		

Maximus Health Services, Inc. Respondent Firm 1891 Metro Center Drive Address Reston, VA 20190 City/State/Zip Code Dyan H. Blomberg Representative 11.4.2020 Date	(703) 251-8500 Telephone Number (703) 251-8240 Fax Number MAXIMUSHealthProposals@maximus.com Email Address  Authorizing Signature Dyan H. Blomberg, Senior Contracts Director and Legal Counsel Printed Name and Title
--	--

☒ Please check if additional forms are attached.

Page 3 of 3

FORM MUST BE COMPLETED IN ITS ENTIRETY WITH COMPLETED LETTERS OF COMMITMENT.



2412 S. Crabtree Dr.
Princeton, IN 47670

November 4, 2020

Regarding: RFP #21-2059

To Whom it May Concern,

This letter is in reference to Request for Proposal (RFP) #21-2059 issued by the Indiana Department of Administration on behalf of the Office of Medicaid Policy and Planning, entitled "Enrollment Broker RFP".

Should Maximus be named a winning bidder in connection with this RFP, DX Enterprises, LLC (DXE) agrees to act as an Indiana Veteran Owned Small Business (IVOSB), and will provide recruiting and staffing services in the approximate subcontract amount of [REDACTED], which is [REDACTED] percent of the total bid amount to be executed by dates agreed upon between Maximus and DXE that ensure the accomplishment of work agreed upon between Maximus and the Indiana Office of Medicaid Policy and Planning. The approximate dates that DXE will perform work on this project will be from January 1, 2022 until the end of the contract.

DX Enterprises, LLC is an IVOSB and registered with the Indiana Department of Administration. Our Tax Identification Number is 45-4419983. We have been in business for 16 years serving the recruiting and staffing needs of state and national organizations and have successfully partnered with Maximus for the past 2 years.

We look forward to working with Maximus and the State of Indiana on this important endeavor.

Sincerely,

DX Enterprises, LLC

William Boss

President

bill@gcqa-inc.com

(812) 760-7852

Signature:

A handwritten signature in black ink that reads "William F. Boss".

Maximus Health Services, Inc.

Dyan Blomberg

Senior Contacts Director and Legal Counsel

DyanHBlomberg@maximus.com

(512) 791-7637

Signature:

A handwritten signature in blue ink that reads "Dyan H. Blomberg".



November 3, 2020

Regarding: RFP #21-2059

To Whom it May Concern,

This letter is in reference to Request for Proposal (RFP) #21-2059 issued by the Indiana Department of Administration on behalf of the Office of Medicaid Policy and Planning, entitled "Enrollment Broker RFP".

Should Maximus be named a winning bidder in connection with this RFP, The Panther Group, Inc. agrees to act as a Minority Business Enterprise (MBE), and will provide recruiting and staffing services in the approximate subcontract amount of [REDACTED] which is [REDACTED] percent of the total bid amount to be executed by dates agreed upon between Maximus and The Panther Group, Inc. that ensure the accomplishment of work agreed upon between Maximus and the Indiana Office of Medicaid Policy and Planning. The approximate dates that The Panther Group, Inc. will perform work on this project will be from January 1, 2022 until the end of the contract.

The Panther Group, Inc. is a MBE and registered with the Indiana Department of Administration. Our Tax Identification Number is 81-4042047. We have been in business for 25 years serving the recruiting and staffing needs of state and national organizations.

We look forward to working with Maximus and the State of Indiana on this important endeavor.

Sincerely,


The Panther Group, Inc.

Timothy J. Puglielli

President

tpuglielli@thepanthergroup.com

781.373.6020

Signature: Timothy J. Puglielli 

Maximus, Health Services Inc.

Dyan Blomberg

Senior Contacts Director, and Legal Counsel

DyanHBlomberg@maximus.com

512-791-7637

Signature: 

Experts in Human Capital

5 Mill & Main Place, Suite 430 • Maynard, MA 01754 • 781-373-6020 • ThePantherGrp.com



Let's Work

inclusiveleadershipinfo@velizabeth.com

532 Van Buren St. Gary, IN 46402

800-288-3576

November 3, 2020

Regarding: RFP #21-2059

To Whom it May Concern,

This letter is in reference to Request for Proposal (RFP) #21-2059 issued by the Indiana Department of Administration on behalf of the Office of Medicaid Policy and Planning, entitled "Enrollment Broker RFP".

Should Maximus be named a winning bidder in connection with this RFP, V. Elizabeth Talent Acquisition Solution agrees to act as a Women's Business Enterprise (WBE), and will provide recruiting and staffing services in the approximate subcontract amount of [REDACTED], which is [REDACTED] percent of the total bid amount to be executed by dates agreed upon between Maximus and V. Elizabeth Talent Acquisition Solution that ensure the accomplishment of work agreed upon between Maximus and the Indiana Office of Medicaid Policy and Planning. The approximate dates that V. Elizabeth Talent Acquisition Solution will perform work on this project will be from January 1, 2022 until the end of the contract.

V. Elizabeth Talent Acquisition Solution is a minority woman-owned business (MBE/WBE) and registered with the Indiana Department of Administration. Our Tax Identification Number is 83-3102252. We have been in business for three years serving contract to hire and direct hire needs of state and national organizations.

We look forward to working with Maximus and the State of Indiana on this important endeavor.

Sincerely,

V. Elizabeth Talent Acquisition Solution
Veronica E. Banks
Founder & Talent Acquisition Consultant
Veronica.banks@velizabeth.com
(219) 276-7091
Signature: *Veronica Banks*

Maximus Health Services, Inc.
Dyan Blomberg
Senior Contacts Director, and Legal Counsel
DyanHBlomberg@maximus.com
(512) 791-7637
Signature: *Dyan H. Blomberg*





Regarding: RFP #21-2059

To Whom it May Concern,

This letter is in reference to Request for Proposal (RFP) #21-2059 issued by the Indiana Department of Administration on behalf of the Office of Medicaid Policy and Planning, entitled "Enrollment Broker RFP".

Should Maximus be named a winning bidder in connection with this RFP, Your Image Works, Inc. agrees to act as a Women's Business Enterprise (WBE), and will provide printing and fulfillment services in the approximate subcontract amount of [REDACTED], which is [REDACTED] percent of the total bid amount to be executed by dates agreed upon between Maximus and Your Image Works, Inc. that ensure the accomplishment of work agreed upon between Maximus and the Indiana Office of Medicaid Policy and Planning. The approximate dates that Your Image Works, Inc. will perform work on this project will be from January 1, 2022 until the end of the contract.

Your Image Works, Inc. is a WBE and registered with the Indiana Department of Administration. Our Tax Identification Number is 35-2050331. We have been in business for 22 years serving the printing and fulfillment needs of state and national organizations.

We look forward to working with Maximus and the State of Indiana on this important endeavor.

Sincerely,

Your Image Works, Inc.

Mary Shaw & Zach Lawson

Owner, President/ Sales

mary@yiworks.com; zach@yiworks.com

(317) 396-2647

Signature:

Maximus Health Services, Inc.

Dyan Blomberg

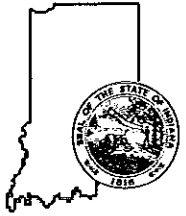
Senior Director, Contracts

DyanHBlomberg@maximus.com

(512) 791-7637

Signature:

3307 W. 96th Street, Suite A
Indianapolis, IN 46268
317-396-2647 (W) 317-396-2652 (F)
www.yiworks.com
Contact: Zach@yiworks.com



STATE OF INDIANA

Eric J. Holcomb, Governor

DEPARTMENT OF ADMINISTRATION
Indiana Veteran Business

Indiana Government Center South
402 West Washington Street, Room W468
Indianapolis, IN 46204

October 3, 2019

Mr. William Boss
DX Enterprises, LLC
2412 S. Crabtree Dr.
Princeton, IN 47670

Subject: Indiana Veteran Owned Small Business Certification

Dear Mr. Boss:

The Indiana Department of Administration is pleased to inform you that **DX Enterprises, LLC** is hereby certified as an Indiana Veteran Owned Small Business Enterprise ("IVOSB").

The State of Indiana recognizes **DX Enterprises, LLC**. Department of Veteran Affairs VetBiz certification, and the company will now be listed in the Indiana Veteran Business Directory with the same certification dates listed on your VetBiz record: **10/03/2019** through **09/04/2022**.

If **DX Enterprises, LLC** recertifies with VetBiz, be sure to send a recertification notice along with a completed recertification application to the State of Indiana so the company's information may be kept current on the Indiana Veteran Business Directory. However, if you do not continue with VetBiz certification, you can still certify directly with the State of Indiana by following the steps outlined at: <http://in.gov/idoa/2862.htm>.

If you should have any questions or concerns, please do not hesitate to contact the Department via email at indianaveteranspreference@idoa.in.gov.

Sincerely,

A handwritten signature in black ink, appearing to read "Maia Saprashvili-Lee".

Maia Saprashvili-Lee, Deputy Commissioner
Division of Supplier Diversity
Indiana Department of Administration



STATE OF INDIANA

Eric J. Holcomb, Governor

DEPARTMENT OF ADMINISTRATION Division of Supplier Diversity

Indiana Government Center South
402 West Washington Street, Room W469
Indianapolis, IN 46204
(317) 232 - 3061

June 25, 2020

Mr. Keith Cogdell
The Panther Group, Inc.
5 Mill and Main Place, Suite 430
Maynard, MA 01754

Subject: Application for MBE Certification

Dear Mr. Cogdell,

Congratulations! The Indiana Department of Administration, Division of Supplier Diversity is pleased to inform you that The Panther Group, Inc., is hereby certified as a Minority Business Enterprise (MBE).

Your company provides a commercially useful function in the areas listed below. Only work performed in these areas will be counted towards Minority Business Enterprise participation:

UNSPSC CODE(S)

<i>Code</i>	<i>Description</i>
80111600	Temporary personnel services
80111700	Personnel recruitment

On September 13, 2010, the Governor's Commission on Minority and Women's Business Enterprises approved the department's effort to streamline its recertification process. Instead of conducting an onsite visit to each company seeking recertification, the department now has the discretion to waive the visit after a thorough review of the company's file and recertification documents. We have approved your certification and it is valid through **June 30, 2023**. Please note that IDOA continues to reserve the right to conduct a site visit or phone interview at any time to certified companies.

Although your certification is valid for a three-year period, you are required to submit an annual ***Affidavit of Continued Eligibility (ACE)*** form, located at www.in.gov/idoa/mwbe/files/ACE_Form.pdf. Please remember you must notify us immediately if any changes occur. Failure to notify us of changes or to provide an ACE form annually will result in revocation of your certification. Changes include, but are not limited to, changes in location, contact information, ownership and control.

We encourage you to visit IDOA's procurement website, www.in.gov/idoa/2464.htm, and update your Business Registration Profile. It is important that you review and update your profile regularly, because state purchasing agents and prime contractors may use this information to contact you for business opportunities. For questions regarding your registration profile, you may contact our office at 317-232-3061.

While this letter serves as notification of certification, it does not serve to prove continued eligibility. Please visit www.in.gov/idoa/mwbe/2743.htm to verify certification status. Please contact our office at (317) 232-3061 if you have any other questions.

We ask that you please contact Ralph W. Adams Jr, Deputy Commissioner of Certifications, at (317)234-2820 or RaAdams@idoa.IN.gov if you have any questions or concerns about your letter.

Sincerely,

Ralph W. Adams Jr.

(Approved Electronic Signature COVID-19)

Ralph W. Adams Jr, Deputy Commissioner of Certifications
Indiana Department of Administration
Division of Supplier Diversity

RWA/cl



STATE OF INDIANA

Eric J. Holcomb, Governor

DEPARTMENT OF ADMINISTRATION Division of Supplier Diversity

Indiana Government Center South
402 West Washington Street, Room W469
Indianapolis, IN 46204
(317) 232 - 3061

August 14, 2020

Ms. Veronica Banks
V. Elizabeth Talent Acquisition Solution
532 Van Buren Street
Gary, IN 46402

Subject: Application for M/WBE Certification **(re-issued Covid-19)**

Dear Ms. Banks,

Congratulations! The Indiana Department of Administration, Division of Supplier Diversity is pleased to inform you that **V. Elizabeth Talent Acquisition Solution** is hereby certified as a Minority and Women's Business Enterprise (M/WBE).

Your company provides a commercially useful function in the areas listed below. Only work performed in these areas will be counted towards Minority or Women's Business Enterprise (M/WBE) participation:

UNSPSC CODE(S)

<i>Code</i>	<i>Description</i>
80111700	Personnel recruitment
80110000	Human Resource development
80111701	Staff recruiting services
80111707	Permanent technical staffing needs
80111715	Permanent professional staff
80111716	Permanent information technology staffing needs
80111620	Temporary human resources services

This certification is valid through **February 28, 2023**.

Although your certification is valid for a three-year period, you are required to submit an annual **Affidavit of Continued Eligibility (ACE)** form, located at www.in.gov/idoa/mwbe/files/ACE_Form.pdf. Please remember you must notify us immediately if any changes occur. Failure to notify us of changes or to provide the ACE form annually will result in revocation of your certification. Changes include, but are not limited to, changes in location, contact information, ownership or control.

We encourage you to visit IDOA's procurement website, <http://www.in.gov/idoa/2464.htm>, and update your Business Registration Profile. It is important that you review and update your profile regularly, because state purchasing agents and prime contractors may use this information to contact you for business opportunities. For questions regarding your registration profile, you may contact our office at 317-232-3061.

While this letter serves as notification of certification, it does not serve to prove continued eligibility. Please visit <http://www.in.gov/idoa/mwbe/2743.htm> to verify certification status. Please contact our office at (317) 232-3061 if you have any other questions.

We ask that you please contact Ralph Adams at (317) 234-2820 or email RaAdams@idoa.IN.gov if you have any questions or concerns about your letter.

Sincerely,

Ralph W. Adams Jr.

Ralph W. Adams Jr.
Deputy Director of Certifications
Indiana Department of Administration
Division of Supplier Diversity

RWA/cb



STATE OF INDIANA

Eric J. Holcomb, Governor

DEPARTMENT OF ADMINISTRATION Division of Supplier Diversity

Indiana Government Center South
402 West Washington Street, Room W469
Indianapolis, IN 46204
(317) 232 - 3061

January 11, 2018

Mary Shaw
Your Image Works, Inc.
3307A W. 96th St
Indianapolis, IN 46268

Subject: Application for WBE Certification

Dear Ms. Shaw,

Congratulations! The Indiana Department of Administration, Division of Supplier Diversity is pleased to inform you that **Your Image Works, Inc.** is hereby certified as a Women's Business Enterprise (WBE).

Your company provides a commercially useful function in the areas listed below. Only work performed in these areas will be counted towards Women's Business Enterprise participation:

UNSPSC CODE(S)

<i>Code</i>	<i>Description</i>
80141605	Promotional merchandising service
55101515	Promotional material or annual reports
82121505	Promotional or advertising printing
93141811	Promotional services

On September 13, 2010, the Governor's Commission on Minority and Women's Business Enterprises approved the department's effort to streamline its recertification process. Instead of conducting an onsite visit to each company seeking recertification, the department now has the discretion to waive the visit after a thorough review of the company's file and recertification documents. We have approved your recertification and it is valid through **January 31, 2021**. Please note that IDOA continues to reserve the right to conduct a site visit or phone interview at any time to certified companies.

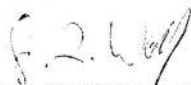
Although your certification is valid for a three-year period, you are required to submit an annual ***Affidavit of Continued Eligibility (ACE)*** form, located at www.in.gov/idoa/mwbe/files/ACE_Form.pdf. Please remember you must notify us immediately if any changes occur. Failure to notify us of changes or to provide an ACE form annually will result in revocation of your certification. Changes include, but are not limited to, changes in location, contact information, ownership and control.

We encourage you to visit IDOA's procurement website, www.in.gov/idoa/2464.htm, and update your Business Registration Profile. It is important that you review and update your profile regularly, because state purchasing agents and prime contractors may use this information to contact you for business opportunities. For questions regarding your registration profile, you may contact our office at 317-232-3061.

While this letter serves as notification of certification, it does not serve to prove continued eligibility. Please visit www.in.gov/idoa/mwbe/2743.htm to verify certification status. Please contact our office at (317) 232-3061 if you have any other questions.

We ask that you please contact Amy L. Wolf, Deputy Director of Certification, at (317) 232-3061 or awolf@idoa.in.gov if you have any questions or concerns about your letter.

Sincerely,

A handwritten signature in dark ink, appearing to read "A. L. Wolf", is written over the printed name.

Amy L. Wolf, Deputy Director of Certification
Indiana Department of Administration
Division of Supplier Diversity

ALW:yj