STATE OF CONNECTICUT :
: SS. Hartford March 13, 2013
COUNTY OF HARTFORD :

**AFFIDAVIT OF CORRECTION**

I, Virginia A. Lamb, General Counsel of the Connecticut Health Insurance Exchange, being duly sworn, depose and say:

1. I am over the age of eighteen and understand the meaning of an oath.
2. This Affidavit is for the purpose of correcting a typographical error in the Bid Waiver Form and Certification that accompanied the Purchase Order issued by the Connecticut Health Insurance Exchange to Deloitte Consulting LLP on September 27, 2012.
3. My review of contract documentation identified that the following typographical error was made in referring to the March 15, 2011 Information Processing Agreement between the State of Connecticut and Deloitte Consulting, LLP to which this Purchase Order was appended. The Bid Waiver Form and Certification referenced the Agreement as contract number 091TZ0042MA. The correct reference number for this Information Processing Agreement is 09ITZ0042MA; in other words, the "1" included in the reference number on the Bid Waiver Form and Certification should in fact have been an "I".

By: Virginia A. Lamb

Virginia A. Lamb, General Counsel
Connecticut Health Insurance Exchange

Subscribed and sworn to, before me, this 13 day March, 2013.

Susan Rich-Bye

Susan Rich-Bye, Juris No.: 405996
Commissioner of the Superior Court

# PURCHASE ORDER

**Connecticut Health Insurance Exchange**
450 Capitol Avenue
MS #52HIE
Hartford, CT 06106-1379
P: 860-418-6263
F: 860-418-6397

| | |
|---|---|
| DATE PREPARED: | 09/25/2012 |
| DATE REQUIRED: | 09/25/2012 |
| P.O. # | BUA-HIX000062 |

| VENDOR | SHIP TO |
|---|---|
| Deloitte Consulting LLP | Connecticut Health Insurance Exchange |
| 2500 One PPG Place | 450 Capitol Ave |
| Pittsburg, PA 15222 | MS #52HIE |
| 412-402-5265 | Hartford, CT 06106-1379 |
| Nagen Suriya | P: 860-418-6263 |

| REQUISITIONER | SHIP VIA | F.O.B. | SHIPPING TERMS |
|---|---|---|---|
| | | Delivery | |

| CATALOG, VENDOR # | DESCRIPTION OF GOODS/SERVICES | PAGE # | QTY | UNIT | UNIT PRICE | TOTAL |
|---|---|---|---|---|---|---|
| | See attached Statement of Work, HIX/iE – Tier 1 Project dated 09/25/2012 pages 1 through 9 and attached Exhibit A Performance Criteria, Pages 1-119 which includes Appendix F, G and H requirements for the Deliverables, and Exhibit B, Project Implementation Schedule pages 1-7, submitted under the Information Processing Agreement Contract #09ITZ0042MA effective October 21, 2011, between the State of Connecticut and Deloitte Consulting LLP.<br><br>Release 1 includes the Plan Management subsystem of the HIX. The planned go-live is June 2013 and shall provide for lead time for QHPs to be certified in the HIX prior to open enrollment.<br><br>Release 2 planned go-live is October 1, 2013. This release complies with the ACA and supports Commercial, Advanced Premium Tax Credit, Cost Sharing Reduction and MAGI-based Medicaid health insurance eligibility determination, purchasing and enrollment as further described in Exhibit A and B. | | | | | 42,542,500 |

ATTACH PERTINENT BACKUP MATERIAL TO THIS FORM ☒ Actual ☐ Estimated TOTAL: $42,542,500

Deloitte.

Deloitte Consulting LLP
185 Asylum St., 32nd Floor
Hartford, CT 06103-3402
Tel: +1 860 725 3000
www.deloitte.com

September 26, 2012

Peter VanLoon
450 Capitol Ave
Hartford, CT 06106-1379 .

**RE: Submission of the Statement of Work for the State of Connecticut HIX/IE-Tier I Project**

Dear Mr. VanLoon,

Attached to this letter please find a Statement of Work ("SOW") and associated Exhibits for the State of Connecticut Health Insurance Exchange/Integrated Eligibility – Tier I Project, which is being submitted under the Information Processing Agreement Contract # 09ITZ0042MA effective March 15, 2011, between the State of Connecticut and Deloitte Consulting LLP, to add this SOW and associated exhibits to the Product Schedule. Please approve this request to update the Product Schedule to include the SOW with Exhibits by providing a confirmatory response letter. Pursuant to Section 3 (c), I hereby confirm that, as a director of Deloitte Consulting LLP, I am authorized to represent Deloitte Consulting LLP.

We appreciate the opportunity and look forward to working with you on this project. Should you have any questions, please contact me at nsuriya@deloitte.com or +1 412 402 5265.

*Enclosures:*
SOW
Exhibit A
Exhibit B

Sincerely,

Nagen Suriya, Director
Deloitte Consulting LLP

Cc: Jim Wadleigh
Rachel Whitesell
Lou Polzella

# CT HEALTH INSURANCE EXCHANGE
# BID WAIVER FORM

The bidding for the following item is being waived for the following reasons:

ITEM DESCRIPTION: Purchase Order # BUA-HIX000062, in the amount of $42,542,500 for work to be conducted under the Information Processing Agreement Contract # 091TZ0042MA effective March 15, 2011 between the State of Connecticut and Deloitte Consulting LLP as more particularly described in the Statement of Work ("SOW") and associated Exhibits for the State of Connecticut Health Insurance Exchange/Integrated Eligibility – Tier 1 Project.

VENDOR NAME/ADDRESS **Deloitte Consulting LLP**

**185 Asylum Street, 32nd Floor**

**Hartford, CT 06103-3402**

Emergency Purchase _____

Sole Source _____

Other (Describe) **X**

**Change Order**

**APPROVED BY: ***

CEO

Date September 24, 2012

**Note: Attach Narrative Outlining Circumstances that Require this Waiver**

**Narrative Bid Waiver for Sole Source**

**Purchase Order to Contract #09ITZ0042MA**

The Connecticut Health Insurance Exchange recognized the need to move quickly in designing and implementing an Integrated Eligibility Solution that could meet the Exchange's Go-Live date of October 1, 2013. The Exchange further determined that the only way it could meet this aggressive timeline and the required demonstration of progress/gate reviews necessary for certification by HHS as a State Based Exchange was to have its Systems Integrator under contract by October 1, 2012. In addition, the Exchange determined that to contract with a Systems Integrator by October 1, 2012, it would be necessary to leverage an existing state contract for substantially similar services. This leveraging is allowed under state procurement mechanisms. The decision to pursue this approach, which is technically classified as a sole-source procurement is also supported both by Exchange adopted procurement policies and procedures and by existing rules and statutory provisions outlined in Section 4a-58 of Connecticut Procurement Law for state agencies.

In reviewing state contracts for substantially similar services, four vendors were determined to qualify. Those four vendors were: Deloitte, LLP, IBM, Oracle and Xerox. On July 12, 2012, a letter was sent to each of these vendors asking them to confirm their interest in and their organization's readiness to perform the work required to support the development and operation of a fully-functioning, consumer-centric Exchange and Integrated Eligibility Solution for the State of Connecticut. Vendors were advised that their response must be received by the Exchange by July 18th, 2012 by 5:00 p.m. in an electronic format. Vendors were specifically required to acknowledge the following in the format provided below:

| No. | Item | Yes | No |
|---|---|---|---|
| 1 | Readiness to perform the work to support the information technology and core business processes of the Exchange and the Integrated Eligibility system | | |
| 2 | Readiness to provide the services in accordance with the existing Terms and Conditions of the following agreements with the State of Connecticut<br>Vendor Contract # :_____ | | |
| 3 | Utilization of existing Rate Card negotiated as part of the contract listed in number 2 above | | |
| 4 | Availability of dedicated key resources (Project Manager, Application Development Manager, Technical Manager, System Architect, and Implementation Manager) that will be committed to the Exchange and the Integrated Eligibility project. Please provide resumes for the key resources and demonstrate that the key resources have sufficient experience for the complexity and scope of this engagement. | | |

Vendors were further advised that their Initial confirmation should be limited to 20 pages and would be used for purposes of evaluation. In addition, the Exchange asked the vendors to provide a contactable reference(s) that could verify that within the last five (5) years, the vendor team has implemented the following functionality that is in production in the United States:

- Web-based comparison-shopping of health plan options
- An integrated eligibility system that includes Medicaid, SNAP and TANF programs

The reference should specifically include:

- Contact Name (must still be associated with the reference)
- Contact Title
- eMail/phone/address
- Contact's Role on the Project
- Brief Project Description
- Project Dates

On July 20, 2012 a letter was sent to the same four vendors with the Exchange's Statement of Work (SOW) Request. All vendors were advised of the following. Connecticut's goal was a single Integrated Eligibility system to be used to establish eligibility for all health and human services programs including Medicaid, Children's Health Insurance Program (CHIP), Supplemental Nutrition Assistance Program (SNAP), Temporary Assistance for Needy Families (TANF), and for subsidized and non-subsidized healthcare insurance provided by the Health Insurance Exchange (Exchange). This new Integrated Eligibility system must be in operation in support of Medicaid expansion and the Health Insurance Exchange by October 2013 for Connecticut to meet federally mandated deadlines. Eligibility determination development work for the Exchange, and for the impacted Medicaid and CHIP programs, will be closely coordinated and operate as a single project with integrated governance and project management. All vendors were also provided the following schedule and asked to respond to the SOW by August 13, 2013.

| | |
|---|---|
| Vendors' Initial Confirmation Due | July 18, 2012 |
| Vendors Receive Statement of Work Request | July 20, 2012 |
| Vendors' SOW Response Due | August 13, 2012 |
| System Integrator Award | September 14, 2012 |
| Exchange Certification by the Center for Consumer Information and Insurance Oversight (CCIIO) | January 1, 2013 |
| First release of Exchange solution | September 30, 2013 |
| Accept pre-enrollment applications for the Modified Adjusted Gross Income (MAGI) population | October 1, 2013 |
| Process applications and run eligibility for Non-MAGI benefits | January 1, 2014 |
| Close Project | January 30, 2017 |

All four vendors responded and were evaluated on:

- Readiness to perform the work to support the information technology and core business processes of the CT HIX and the Integrated Eligibility system;
- Readiness to provide the services in accordance with the existing and agreed-to Terms and Conditions with the State of Connecticut;
- Utilization of an existing Rate Card negotiated as part of the existing contract (as noted in the bullet above);
- Availability of dedicated key resources (Project Manager, Application Development Manager, Technical Manager, System Architect, and Implementation Manager) that will be committed to the CT HIX and the Integrated Eligibility project;
- Ability to provide a suitable reference that demonstrates the vendor's capabilities.

The Connecticut Health Insurance Exchange selected Deloitte LLP for the following reasons:

- System Integrator Reuse Approach/Leveraging Prior Investments
- Solution's Level of Fit
- Compliance with CMS's Seven Standards and Conditions

1). <u>System Integrator Reuse Approach/Leveraging Prior Investments</u>

In response to Connecticut's Statement of Work (SOW), Deloitte proposed to the Exchange a solution that builds on and reuses the ConneCT HHS modernization platform with strategic additions from the firm's Health and Human Services NextGen™ platform. The proposed solution platform has been refined with foundational components from dozens of implementations, including the ongoing Washington State HIX initiative. As such, Connecticut will receive a solution that meets the Exchange's and the State's immediate business needs, complies with regulatory timelines and requirements (including compliance with CMS' 7 standards and conditions), and serves as an enterprise platform for future program needs.

HHS NextGen™ provides a solid foundation for HIX/IE upon which the State can build and expand with additional programs. The Enterprise Service Bus (ESB)-based Service Oriented Architecture (SOA) that is already present in the ConneCT through HHS NextGen™ allows Connecticut to effectively integrate the new Exchange programs with Medicaid and CHIP functionality, including support for MAGI rules. Connecticut can transition other planned programs and functions from EMS, ConneXions, and other subsidiary systems to the expanded HIX/IE solution in the future. In summary, the proposed solution builds upon the State's existing HIX/IE and ConneCT systems to deliver the comprehensive IE solution for Connecticut.

Specifically, the functional solution is driven by a system platform architecture that is layered, component-based, and built on open standards using SOA best practices. Deloitte's proposed architecture provides Connecticut the opportunity to use leading government-tested software, the flexibility to make specific changes to the solution without affecting the rest of the application

code, and the ability to scale as needs arise. More importantly, the solution reuses foundational components from "in production" systems in similar environments for the following implementations for Deloitte's state clients: CA, CO, CT, FL, GA, IL, IN, LA, MA, MI, MT, NV, NH, NM, NY, OH, SD, TX, VA, WV, and WI. The thirty prior implementations of this architecture have also used a SOA-based approach to integrate the Web application with other eligibility-supporting systems. Additionally, the solution reuses the HIX and IE components from many states including MA, MI, MT, TX, VA, WA, and WV, reducing the cost, time and risk to implementation for the State.

Moreover, the CT HIX/IE system platform effectively leverages the State's IT investments. Key features of Deloitte's architecture are congruent with the State's IT architecture. Deloitte's CT HIX/IE architecture provides Connecticut:

- N-tier service-oriented architecture
- Flexibility, scalability and extensibility
- Alignment with Connecticut's IT vision and MITA standards
- Compliance with CMS's 7 conditions and standards
- A foundation built on strong architecture and design principles
- Support of multiple access channels
- Business-driven event management
- Flexible security and access control
- XML message-based inter-application communication
- Compliance with Connecticut's security needs based on MIT, HIPAA, KPL, PCL, IRL, and other security standards

2. Solution's Level of Fit

Deloitte responded to 546 specific requirements in the Connecticut SOW with one of the following four responses:

- Out of the Box (OOTB)
- Configuration
- Extension, or
- Not Provided

As noted below, approximately 58% of the State's requirements are satisfied as either OOTB or configure and 37% require an extension to the base solution. Six percent of the State's requirements are not provided.

3). Compliance with CMS's Seven Standards and Conditions

Deloitte confirmed their solution's specific compliance with CMS' Seven Standards and Conditions. Additionally, the Exchange included a specific requirement in the SOW that ties Deloitte to direct compliance with Section 1561 of the ACA and its associated conditions.

**CERTIFICATION:**

I, Kevin J. Counihan, CEO of the Connecticut Health Insurance Exchange certify that I am authorized to sign on behalf of the Connecticut Health Insurance Exchange the attached Purchase Order # BUA-HIX000062, in the amount of $42,542,500 for work to be conducted under the Information Processing Agreement Contract # 091TZ0042MA effective March 15, 2011 between the State of Connecticut and Deloitte Consulting LLP as more particularly described in the Statement of Work ("SOW") and associated Exhibits for the State of Connecticut Health Insurance Exchange/Integrated Eligibility – Tier 1 Project.

I further certify that the selection of Deloitte Consulting LLP for this work was not the result of collusion, the giving of a gift or the promise of a gift, compensation, fraud or inappropriate influence from any person.

Sworn as true to the best of my knowledge and belief, subject to the penalties of false statement.

| | |
|---|---|
| Signature | Sept 27, 2012<br>Date |
| Kevin J. Counihan<br>Printed Name | CEO<br>Title |

**Sworn and subscribed before me on this** 27th **day of** September**, 20**12**.**

Virginia A Lamb 418723

**Commissioner of the Superior Court**
**~~or Notary Public~~**

Form C
07-08-2009

# STATE OF CONNECTICUT

## NONDISCRIMINATION CERTIFICATION – Affidavit

## By Entity

## For Contracts Valued at $50,000 or More

*Documentation in the form of an affidavit signed under penalty of false statement by a chief executive officer, president, chairperson, member, or other corporate officer duly authorized to adopt corporate, company, or partnership policy that certifies the contractor complies with the nondiscrimination agreements and warranties under Connecticut General Statutes §§ 4a-60(a)(1) and 4a-60a(a)(1), as amended*

---

**INSTRUCTIONS:**

For use by an entity (corporation, limited liability company, or partnership) when entering into any contract type with the State of Connecticut valued at $50,000 or more for any year of the contract. Complete all sections of the form. Sign form in the presence of a Commissioner of Superior Court or Notary Public. Submit to the awarding State agency prior to contract execution.

**AFFIDAVIT:**

I, the undersigned, am over the age of eighteen (18) and understand and appreciate the obligations of an oath. I am Principal (Signatory's Title) of Deloitte Consulting LLP (Name of Entity), an entity duly formed and existing under the laws of Delaware (Name of State or Commonwealth).

I certify that I am authorized to execute and deliver this affidavit on behalf of Deloitte Consulting LLP (Name of Entity) and that Deloitte Consulting LLP (Name of Entity) has a policy in place that complies with the nondiscrimination agreements and warranties of Connecticut General Statutes §§ 4a-60(a)(1)and 4a-60a(a)(1), as amended.

Sundhar Selchar
Authorized Signatory

Sundhar Selchar
Printed Name

**Sworn and subscribed to before me on this** 5th **day of** August, 2011.

Julie Peters Hayward
**Commissioner of the Superior Court/ Notary Public**

JULIE PETERS HAYWARD, Notary Public
My Commission Expires May 26, 2015
**Commission Expiration Date**

OPM Ethics Form 5 Rev. 10-31-07

# STATE OF CONNECTICUT
## CONSULTING AGREEMENT AFFIDAVIT

*Affidavit to accompany a State contract for the purchase of goods and services with a value of $50,000 or more in a calendar or fiscal year, pursuant to Connecticut General Statutes §§ 4a-81(a) and 4a-81(b)*

---

**INSTRUCTIONS:**

**If the bidder or vendor has entered into a consulting agreement, as defined by Connecticut General Statutes § 4a-81(b)(1):** Complete all sections of the form. If the bidder or vendor has entered into more than one such consulting agreement, use a separate form for each agreement. Sign and date the form in the presence of a Commissioner of the Superior Court or Notary Public. **If the bidder or vendor has not entered into a consulting agreement, as defined by Connecticut General Statutes § 4a-81(b)(1):** Complete only the shaded section of the form. Sign and date the form in the presence of a Commissioner of the Superior Court or Notary Public.

Submit completed form to the awarding State agency with bid or proposal. For a sole source award, submit completed form to the awarding State agency at the time of contract execution.

This affidavit must be amended if the contractor enters into any new consulting agreement(s) during the term of the State contract.

**AFFIDAVIT:** [ Number of Affidavits Sworn and Subscribed On This Day: _____ ]

I, the undersigned, hereby swear that I am the chief official of the bidder or vendor awarded a contract, as described in Connecticut General Statutes § 4a-81(a), or that I am the individual awarded such a contract who is authorized to execute such contract. I further swear that I have not entered into any consulting agreement in connection with such contract, **except for the agreement listed below:**

Consultant's Name and Title _____ Name of Firm (if applicable) _____

Start Date _____ End Date _____ Cost _____

Description of Services Provided: _____

Is the consultant a former State employee or former public official? ☐ YES ☐ NO

If YES: _____ Name of Former State Agency _____ Termination Date of Employment

Sworn as true to the best of my knowledge and belief, subject to the penalties of false statement.

Deloitte Consulting LLP — Printed Name of Bidder or Vendor

Sundhar Sekhar — **Signature of Chief Official or Individual**

8/5/11 — **Date**

Sundhar Sekhar (Principal) — Printed Name (of above)

Dept. of Administrative Services — Awarding State Agency

**Sworn and subscribed before me on this** 5th **day of** August, 2011.

Julie Peters Hayward

**Commissioner of the Superior Court or Notary Public**

JULIE PETERS HAYWARD, Notary Public
My Commission Expires May 26, 2015

OPM Ethics Form 6 Rev. 10-31-07

# STATE OF CONNECTICUT
## AFFIRMATION OF RECEIPT OF STATE ETHICS LAWS SUMMARY

*Affirmation to accompany a large State construction or procurement contract, having a cost of more than $500,000, pursuant to Connecticut General Statutes §§ 1-101mm and 1-101qq*

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**INSTRUCTIONS:**

Complete all sections of the form. Submit completed form to the awarding State agency or contractor, as directed below.

**CHECK ONE:**

☑ I am a ~~person~~ Contractor Sgt. seeking a large State construction or procurement contract. I am submitting this affirmation to the awarding State agency with my bid or proposal. [Check this box if the contract will be awarded through a competitive process.]

☐ I am a contractor who has been awarded a large State construction or procurement contract. I am submitting this affirmation to the awarding State agency at the time of contract execution. [Check this box if the contract was a sole source award.]

☐ I am a subcontractor or consultant of a contractor who has been awarded a large State construction or procurement contract. I am submitting this affirmation to the contractor.

**IMPORTANT NOTE:**

Contractors shall submit the affirmations of their subcontractors and consultants to the awarding State agency. Failure to submit such affirmations in a timely manner shall be cause for termination of the large State construction or procurement contract.

**AFFIRMATION:**

I, the undersigned person, contractor, subcontractor, consultant, or the duly authorized representative thereof, affirm (1) receipt of the summary of State ethics laws* developed by the Office of State Ethics pursuant to Connecticut General Statutes § 1-81b and (2) that key employees of such ~~person~~ Sgt., contractor performing services under the contract ~~subcontractor, or consultant~~ have read and understand the summary and agree to comply with its provisions.

* The summary of State ethics laws is available on the State of Connecticut's Office of State Ethics website at http://www.ct.gov/ethics/lib/ethics/contractors_guide_final2.pdf

Sundh Sekh — Signature

8/5/11 — Date

Sundhar Sekhar — Printed Name

Principal — Title

Deloitte Consulting LLP — Firm or Corporation (if applicable)

200, Berkeley St — Street Address

Boston — City

MA — State

02116 — Zip

Dept. of Administrative Service — Awarding State Agency

OPM Ethics Form 3

# STATE OF CONNECTICUT

## CERTIFICATION OF STATE AGENCY OFFICIAL OR EMPLOYEE AUTHORIZED TO EXECUTE CONTRACT

*Certification to accompany a State contract, having a value of more than $50,000, pursuant to Connecticut General Statutes §§ 4-250 and 4-252(b), and Governor M. Jodi Rell's Executive Order 7C, Paragraph 10*

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**INSTRUCTIONS:**

Complete all sections of the form. Sign and date in the presence of a Commissioner of the Superior Court or Notary Public. Submit to the awarding State agency at the time of contract execution.

**CERTIFICATION:**

I, the undersigned State agency official or State employee, certify that (1) I am authorized to execute the attached contract on behalf of the State agency named below, and (2) the selection of the contractor named below was not the result of collusion, the giving of a gift or the promise of a gift, compensation, fraud or inappropriate influence from any person.

Sworn as true to the best of my knowledge and belief, subject to the penalties of false statement.

**Department of Administrative Services**

Donald J. DeFronzo
**Donald J. DeFronzo**
**Commissioner**

8/18/11
Date

**Sworn and subscribed before me on this** 18th **day of** August**, 2011.**

**Commissioner of the Superior Court**
**Notary Public**