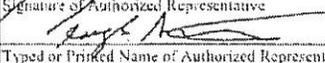
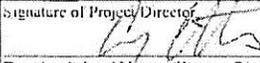
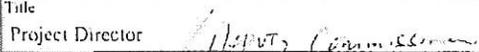


STATE OF ALASKA
AMENDMENT TO PROFESSIONAL SERVICES CONTRACT

1 Agency Contract Number 060706
2 ASPS Number 2007-0600-6640
3 Optional Renewal? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Years remaining _____
4 Financial Coding
5 Agency Assigned Encumbrance Number 0682242
6 Amendment Number Eight (8)

This agreement is between the State of Alaska,		
7 Department of Health and Social Services Health and Social Services/ Health Care Services		hereafter the State, and
8 Contractor Xerox State Healthcare, LLC		hereafter the Contractor
Mailing Address	Street or P.O. Box	City State ZIP Code
9040 Roswell Road, Suite 700		Atlanta Georgia 30350
9 Original period of performance FROM: October 1, 2007 TO: September 30, 2017		10 Amended period of performance FROM: October 1, 2007 TO: September 30, 2017
11 Previous amount of contract to date. \$ 146,274,042.31	12 Amount of this amendment: \$0.00	13 This amended contract shall not exceed a total of. \$ 146,274,042.31
14 In accordance with the provisions of the above referenced contract, the parties to that contract agree that the services to be performed by the contractor under the contract are amended as follows: All other terms and conditions of the contract remain in effect. This amendment is to amend MMIS DDI appendix G adding language for Erroneous and Fraudulent Payments IN WITNESS WHEREOF the parties hereto have executed this amendment. NOTICE: This amendment has no effect until signed by the head of the contracting agency, project director and head contracting agency or designee.		
15. CONTRACTOR		17 CERTIFICATION
Name of Firm Xerox State Healthcare, LLC		I certify that the facts herein and on supporting documents are correct, that this voucher constitutes a legal charge against funds and appropriations cited, that sufficient funds are encumbered to pay this obligation, or that there is a sufficient balance in the appropriation cited to cover this obligation. I am aware that to knowingly make or allow false entries or alterations on a public record, or knowingly destroy, mutilate, suppress, conceal, remove or otherwise impair the verity, legibility or availability of a public record constitutes impeding with public records punishable under AS 11.56.815-820. Other disciplinary action may be taken up to and including dismissal.
Signature of Authorized Representative 	Date 9/27/13	
Typed or Printed Name of Authorized Representative Craig E. Steffen		
Title Sr. Vice President & Managing Director		
16. CONTRACTING AGENCY		Signature of Head Contracting Agency or Designee 
Department/Division Health & Social Services / Health Care Services		Date 9/27/13
Signature of Project Director 	Date 9/27/13	Typed or Printed Name of Authorizing Official Darla Madden
Typed or Printed Name of Project Director Craig Christenson		Title Chief, Grants and Contracts
Title Project Director 		

APPENDIX G
Scope of Work

All terms, conditions, amendments, and conditions of the original contract remain in effect.

F.6 Erroneous and Fraudulent Payments

F.6.1 Contractor shall have the sole responsibility during the term of this Agreement for ensuring that erroneous payments (including overpayments, underpayments and duplicate payments) from the Alaska MMIS and all manually priced claims are promptly identified, reported to the project director and corrected. If an overpayment, underpayment, or duplicate payment is made, and the payment is attributable to acts or omissions of the contractor, the contractor shall be liable to the State Contracting Agency for the difference between the amount paid erroneously and the amount that should have been paid using the correct guidelines and any claims from beneficiaries relating to failure to make appropriate payments.

F.6.2 Contractor shall be strictly liable under this Agreement for any fraudulent payments made by any personnel performing work under this Agreement. Under this section a payment is fraudulent if a person, regardless of whether they are charged or convicted, engages in medical assistance fraud as defined in AS 47.05.210.

F.6.3 The Contractor shall (a) reimburse the State Contracting Agency for any overpayment, duplicate payment, or fraudulent payment, or (b) make a correcting payment to account for any underpayment, in each case within sixty days of the discovery of the erroneous or fraudulent payment.