



Jeffrey A. Meyers
Commissioner

David E. Wieters
Director

STATE OF NEW HAMPSHIRE
DEPARTMENT OF HEALTH AND HUMAN SERVICES
BUREAU OF INFORMATION SERVICES

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June 1, 2018

His Excellency, Governor Christopher T. Sununu
and the Honorable Council
State House
Concord, New Hampshire 03301

REQUESTED ACTION

Authorize the Department of Health and Human Services, Bureau of Information Services, to enter into a **sole source**, amendment (Amendment 15) to an existing contract (Purchase Order #1055816) with Conduent State Healthcare, LLC ("Conduent") (formerly known as Xerox State Healthcare, LLC) (Vendor #278791) at 12410 Milestone Center Drive, Germantown, MD, 20876, to develop, operate, and transition the State's Medicaid Management Information System (MMIS) by increasing the price limitation by \$95,372,215 from \$156,192,991 to a new amount not to exceed \$251,565,206, effective upon the date of Governor and Council approval through June 30, 2021. 85% Federal Funds 15% General Funds.

The Governor and Executive Council approved the original contract on December 7, 2005 (Late Item #C), Amendment 1 on December 11, 2007 (Item #59), Amendment 2 on June 17, 2009 (Item #92), and Amendment 3 on June 23, 2010 (Item #97), Amendment 4 on March 7, 2012 (Item #22A), Amendment 5 on December 19, 2012 (Item #27A), Amendment 6 on March 26, 2014 (Late Item A), Amendment 7 on June 18, 2014 (Item #61A), Amendment 8 on May 27, 2015 (Item #16), Amendment 9 on June 24, 2015 (Item #9), Amendment 10 on December 16, 2015 (Late Item #A1), Amendment 11 on June 29, 2016 (Item #8), Amendment 12 on November 18, 2016 (Item #21A), Amendment 13 on July 19, 2017 (Item #7C), and Amendment 14 on March 21, 2018 (Item #6B).

Funds to support this request are anticipated to be available in the following accounts in State Fiscal Years 2019, 2020 and 2021, upon the availability and continued appropriation of funds in the future operating budget, with the ability to adjust amounts within the price limitation and adjust encumbrances between state fiscal years through the Budget Office, without approval of the Governor and Executive Council, if needed and justified.

**05-95-954010-5952 HEALTH AND SOCIAL SERVICES, DEPT OF HEALTH AND HUMAN SERVICES, HHS:
COMMISSIONER, OFFICE OF INFORMATION SERVICES, OFFICE OF INFORMATION SERVICES**

Design, Development and Implementation Phase

State Fiscal Year	Class/Object	Class Title	Current Budget	Increase/Decrease	Revised Budget
2005	034/500099	Capital Projects	\$25,000,000	\$0	\$25,000,000
2006	034/500099	Capital Projects	\$1,076,918	\$0	\$1,076,918
2006	102/500731	Contracts for Prog Svs	\$76,326	\$0	\$76,326
2012	102/500731	Contracts for Prog Svs	\$7,152,125	\$0	\$7,152,125
2013	102/500731	Contracts for Prog Svs	\$4,298,885	\$0	\$4,298,885
2014	102/500731	Contracts for Prog Svs	\$30,239,095	\$0	\$30,239,095
2015	102/500731	Contracts for Prog Svs	\$4,321,110	\$0	\$4,321,110
2016	102/500731	Contracts for Prog Svs	\$6,953,485	\$0	\$6,953,485
2017	102/500731	Contracts for Prog Svs	\$5,582,018	\$0	\$5,582,018
2018	102/500731	Contracts for Prog Svs	\$324,479	\$0	\$324,479
Total Design, Development and Implementation Phase			\$85,024,441	\$0	\$85,024,441

Operations Phase

State Fiscal Year	Class/Object	Class Title	Current Budget	Increase/Decrease	Revised Budget
2013	102/500731	Contracts for Prog Svs	\$2,084,889	\$0	\$2,084,889
2014	102/500731	Contracts for Prog Svs	\$8,544,809	\$0	\$8,544,809
2015	102/500731	Contracts for Prog Svs	\$9,164,847	\$0	\$9,164,847
2016	102/500731	Contracts for Prog Svs	\$16,000,932	\$0	\$16,000,932
2017	102/500731	Contracts for Prog Svs	\$16,329,529	\$0	\$16,329,529
2018	102/500731	Contracts for Prog Svs	\$19,043,544	\$0	\$19,043,544
2019	102/500731	Contracts for Prog Svs	\$0	\$23,062,007	\$23,062,007
2020	102/500731	Contracts for Prog Svs	\$0	\$24,676,096	\$24,676,096
2021	102/500731	Contracts for Prog Svs	\$0	\$26,159,579	\$26,159,579
Total Operations Phase			\$71,168,550	\$73,897,682	\$145,066,232

**05-95-954010-1527 HEALTH AND SOCIAL SERVICES, DEPT OF HEALTH AND HUMAN SERVICES, HHS:
 COMMISSIONER, OFFICE OF INFORMATION SERVICES, OFFICE OF, INFORMATION SERVICES**

State Fiscal Year	Class/Object	Class Title	Current Budget	Increase/Decrease	Revised Budget
2019	034/500099	Capital Projects	\$0	\$21,474,533	\$21,474,533
Total Design, Development and Implementation Phase			\$0	\$21,474,533	\$21,474,533
Grand Total			\$156,192,991	\$95,372,215	\$251,565,206

EXPLANATION

This request is for a **sole source** amendment to extend Conduent's contract as Medicaid Management Information System (MMIS) operator for three (3) years, which includes two (2) years of operations by Conduent and one (1) year of transition to the system solutions acquired through the Department's reprocurement strategy. The services of vendor technical and operational resources will be expanded and extended, upon Governor and Executive Council approval, for the period of July 1, 2018, to June 30, 2021. The services provided for under this amendment include system development of new functional capabilities needed to address federal compliance and NH Medicaid Program requirements, MMIS technical infrastructure (hardware and system software) upgrades, and ongoing fiscal agent business and technical operations support.

This sole source amendment is also requested to extend the services of technical resources that are already in place and who have been performing the required tasks for a significant period of time. The Department intends to leverage and maximize its investment in the experienced technical support team that has developed an intricate knowledge of the NH MMIS and will be able to meet the challenges of implementing the new system capabilities and technical upgrades most expeditiously. Not extending the operations services of this contractor will create a gap in service coverage and would result in the Medicaid Management Information System ceasing to operate.

Funds in this amendment will be used to extend the services of Conduent for an additional three-year period (2 years of operations and 1 year of transition) to June 30, 2021. It allows for Conduent to continue providing essential technical and operational services to enhance, upgrade, host, maintain, and operate the NH MMIS, and thereby, keep one of the Department's most critical systems up and running and responsive to program needs, through this extension period.

The services acquired under this Amendment 15 fall into three (3) areas:

1. Expanding the functional capabilities of the MMIS to meet federal compliance requirements and to address changes needed to support the NH Medicaid Program;
2. Upgrading the technical infrastructure of the MMIS, replacing aged hardware and upgrading unsupported software to maintain the security, reliability, and integrity of the MMIS; and

3. Extending and expanding ongoing operational support, including fiscal agent business operations and system hosting, maintenance, and operations support, through the extension period, including the transition year.

Expanded Functional Capabilities:

The Department has identified the need for a number of functional modifications to the MMIS that, when implemented, will address federal compliance requirements, improve the quality of care provided to New Hampshire enrollees, and improve the efficiency of Medicaid program administration. System changes needed to support the NH Medicaid Program, new initiatives, and/or federal initiative compliance include the following:

1. New Medicare Card ID:
 - Modify the MMIS to be able to receive, store, retrieve, and process using the new Medicare Beneficiary ID as required by the federal Centers for Medicare and Medicaid Services (CMS). The MMIS must be able to identify dually eligible (Medicare and Medicaid) members to edit for appropriate benefit coverage.
2. Ordering, Referring and Prescribing (ORP) Provider Enrollment and Claims Editing
 - Modify the MMIS to create a streamlined provider enrollment application to allow ORP providers to enroll in the Medicaid Program as federally required, and to allow the MMIS to perform ORP provider screening, and claims editing.
3. Managed Care Modifications
 - Adapt MMIS processing to handle "any day enrollment" in managed care; no longer requiring enrollment to begin on the 1st day of the month, and thereby acquiring managed care support for members most expeditiously.
 - Other Managed Care changes to member per month capitation payment processing, data interfaces, and electronic data interfaces, expanding the data sent to Managed Care Organizations to enhance service provision to members.
4. Waiver Service Authorization
 - System changes to enhance the usability of external service authorization request screens and to implement new data interfaces to exchange service authorization data in support of waiver programs.
5. Acuity Rate Setting Change of Ownership and Partial Year Cost Reporting
 - Requirements definition for future changes to the MMIS to support changes in Ownership, Partial Year Cost Reporting, and Rate Setting for Nursing Facilities.
6. UPIC Data Exchange and Third Party Liability Coverage
 - System changes to improve provider fraud detection through data exchanges with the federal Unified Program Integrity Contractor (UPIC).
 - Modify the MMIS to send electronic data interchange files to other insurers to acquire other insurance coverage data for Medicaid eligible members, so that the MMIS will be able to cost avoid payment if the member has other insurance.

7. T-MSIS – Additional Data and Data Quality Issue Resolution
 - System modifications to ensure that the data sent from the MMIS to the Centers for Medicare and Medicaid Services (CMS) under the Transformed Medicaid Statistical Information System (T-MSIS) complies with CMS' specifications and is accurately transmitted to CMS as required.
8. Qualified Health Plan (QHP) Encounter Data and Encounter Claims Analysis
 - Modify the MMIS to receive, store, report, and transmit the health care claim encounter data acquired by the Qualified Health Plans throughout their service provision to members enrolled in the NH Health Protection Program.
 - Conduct an analysis of MMIS encounter processing to identify efficiencies.
9. Security Policy Page
 - Federally required change to the MMIS to require system users to acknowledge the need to protect the data accessible to authorized users of the MMIS.
10. Tivoli Access Manager (TAM) Upgrade to Security Access Manager (SAM)
 - Upgrade to the system software that manages user profiles and access to the MMIS.
11. Cognos Upgrade
 - Upgrade to the MMIS reporting solution, Cognos, to the most current software version.

These system changes will expand on MMIS capabilities to ensure responsive coverage for members and expand enrollment for providers. Many are time-sensitive, needed under this amendment in order to meet Medicaid Program delivery dates and/or to align with federal program implementation dates in the next State Fiscal Year.

Technical Platform Minimal Investment (TPMI):

The fundamental business need addressed by the TPMI Project is to upgrade key MMIS technical components to maintain ongoing vendor support and mitigate the risk of a prolonged system outage or security breach. To ensure the security and reliability of Medicaid system operations, it is essential that hardware and software failures be resolved quickly and accurately, and that vendor software updates be received and applied to address bugs and emerging security threats. Key technical components of the NH MMIS are approaching their end of life and will no longer be supported by the companies who provide maintenance and support.

The Department has worked with Conduent to determine, at a minimum, which key MMIS hardware and system software components are at a critical state, and must be upgraded to newer versions to ensure continued operation of the NH MMIS and to secure continued hardware/software vendor support. These upgrades will protect the investment that has been made in the NH system by extending its useful life through this extension, and ensuring uninterrupted service to New Hampshire's Medicaid clients, providers, and other stakeholders who use the system.

The TPMI project will be implemented in three (3) phases and includes the following high level activities:

- Hardware Upgrade: Core components of the underlying system server hardware will be replaced;
- Operating System Software Upgrade: Upgrading the operating system and letter-generation software XPression to fully supported versions; and
- Browser Upgrade: System upgrades to make the MMIS compatible with current versions of common internet browsers and Google ReCAPTCHA.

The resulting package of upgrades is considered to be the optimum minimal investment for the NH MMIS, taking into account cost and benefit.

While all hardware, operating system, and browser software will be upgraded to a version that vendors will support through the term of this amendment (two years operations plus one year transition), some software will not be upgraded. The cost to upgrade all hardware and all software exceeds \$23M. This Technical Platform Minimum Investment approach costs \$8.5M. Due to the three-year term of this agreement and the intent to reprocur the MMIS software solution, this approach provides the best cost-benefit solution for the State of New Hampshire.

DHHS and DoIT leadership have carefully evaluated this amendment and are in concurrence that this approach is reasonable and manageable. The software which is not being upgraded are products that have been used by Conduent for years without incident. They are very stable and they are unlikely to fail. Should a software product that has not been upgraded fail, Conduent will work with the State and engage as needed the software vendor to correct the problem. The impact of a software product failing ranges from losing a specific capability such as the web portal, batch processing, or reporting to losing core functions such as provider enrollment, member enrollment and claims processing.

In exchange for a minimal investment option at a substantially decreased cost to the State, the Department has agreed to hold Conduent harmless for Incidents as defined by the contract. The Department has specifically agreed it will not hold Conduent liable for Service Level Agreements or any related penalties, performance issues, defects, errors in processing or reporting caused by such Incidents.

Extended and Expanded Operations:

Through this amendment, the Operations Phase of the Conduent contract is extended for two (2) years, followed by a year of transition. It sustains existing operations services through the three-year extension period. The Contractor shall continue to provide the technical services required to maintain system operations, and to keep the NH MMIS available and fully operational. The Contractor's fiscal agent and local provider call center services are extended and expanded, which include NH Medicaid provider enrollment, medical claims processing, and provider and Managed Care Organization payment support.

This amendment also expands the provider enrollment and revalidation support services of the Contractor to provide additional support for the enrollment of ordering, referring, and prescribing (ORP) providers through this extension period. To achieve compliance with federal mandates at 45 CFR 455 410(b), the MMIS must be enhanced to support the enrollment and screening of all Ordering, Referring, and Prescribing providers. Thousands of providers not previously enrolled in the NH Medicaid Program will be required to enroll. The Provider Revalidation support will continue to provide assistance through the extension period to the 24,000 NH Medicaid Providers who are required, under federal mandate, to complete a Provider Revalidation application every five (5) years. Provider Revalidation ensures that the NH Medicaid Program has the most up to date information on its enrolled providers, including address and contact information, as well as information required for Program Integrity to assess the continued validity and good standing of providers.

The Contractor costs for the operations and transition years under this amendment have increased over the cost for operations for years priced in prior amendments. Cost drivers behind these increases as identified by the Contractor include:

1. **System Complexity:** The NH Health Enterprise MMIS platform comprises more than 30 different hardware and software products. The MMIS currently incorporates 13 separate environments hosted by 37 servers spread across three data centers. The system's complexity and cost have increased over time as new mandates and program initiatives have added to the system's workload.
2. **Program Growth:** Over the years, member enrollment activity has increased with the implementation of the NH Health Protection Program and provider enrollment activity has more than doubled, now requiring provider revalidation and the future enrollment of ORP providers. The numbers of transactions managed between system components, data interfaces, and data storage needs have increased significantly.
3. **Support staffing previously invoiced outside of operations is now included in the operations cost, including the maintenance of 17 positions to support system testing, provider revalidation, ORP enrollment, technical reporting and T-MSIS.**

If Governor and Council authorization for this Amendment 15 and its additional operations and transition period is not approved, then the continued availability and operation of the NH MMIS is in serious jeopardy. The technical maintenance and operation of this mission critical system that enrolls NH Medicaid providers, processes medical claims, and issues over \$1 billion in payment per year to NH Providers and Managed Care Organizations, cannot be overtaken by State technical resources. Because the NH MMIS is hosted by this contractor in its data centers, there is no practical feasibility in such a short period, for any other vendor to assume the services to maintain and operate the system. A significant adverse impact to the NH Medicaid Program, Medicaid eligible recipients, and providers would be realized if the MMIS becomes unavailable.

Further, the Department has begun to explore alternatives for its MMIS procurement strategy. The Department has acquired, with approval from the Governor and the Executive Council, the services of a consulting firm to complete an assessment of the MMIS and its fiscal agent. Conducting a review of the existing NH MMIS landscape, its benefits and areas of need, and existing fiscal agent services, the consulting firm will present MMIS procurement options to the Department. Approval of this contract amendment will allow for the existing system and

operational services to continue while the Department refines its strategy and initiates action towards its MMIS reprocurement.

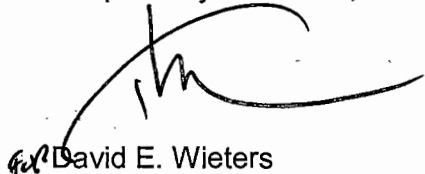
For all the reasons stated above, this extension is justified and is critical to maintaining the operation of the system and the completion of the plan for re-procurement.

Area served: Statewide.

Source of Funds: Design, Development and Implementation phase: 90% federal funds, 10% general funds; Operations phase: 75% federal funds, 25% general funds. Federal funding source is the Centers for Medicare and Medicaid Services.

In the event that the Federal Funds become no longer available, General Funds will not be requested to support this program.

Respectfully submitted,



for David E. Wieters
Director, Bureau of Information
Services



Approved by:
for Jeffrey A. Meyers
Commissioner



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Denis Goulet
Commissioner

May 30, 2018

Jeffrey A. Meyers, Commissioner
Department of Health and Human Services
State of New Hampshire
129 Pleasant Street
Concord, NH 03301

Dear Commissioner Meyers:

This letter represents formal notification that the Department of Information Technology (DoIT) has approved your agency's request to enter into a **sole source**, contract amendment (Amendment 15) with Conduent State Healthcare, LLC (formerly known as Xerox State Healthcare, LLC) (vendor #278791) of Germantown, MD as described below and referenced as DoIT No. 2005-0040.

The requested action authorizes the Department of Health and Human Services to enter into a **sole source** contract amendment with Conduent State Healthcare, LLC to develop, operate, and transition of the State's Medicaid Management Information System (MMIS). This will include hardware/software updates, functional enhancements to meet Federal and State requirements, as well as ongoing maintenance and operations.

The funding amount for this amendment is \$95,372,215, increasing the current contract from \$156,192,991 to a new amount not too exceed \$251,565,206. The contract shall become effective upon Governor and Council approval through June 30, 2021.

A copy of this letter should accompany the Department of Health and Human Services' submission to the Governor and Executive Council for approval.

Sincerely,

A handwritten signature in cursive script that reads "Denis Goulet FOR".

Denis Goulet

DG/kaf
DoIT #2005-0040

cc: Bruce Smith, IT Manager, DoIT

State of New Hampshire
Department of Health and Human Services
Amendment 15 to the Conduent State Healthcare, LLC (formerly known as Xerox State Healthcare, LLC) Contract

This 15th Amendment to the Conduent State Healthcare, LLC (formerly known as Xerox State Healthcare, LLC) contract (hereinafter referred to as "Amendment 15") dated this ~~25th~~ day of May 2018, is by and between the State of New Hampshire, Department of Health and Human Services (hereinafter referred to as the "State" or "Department") and Conduent State Healthcare, LLC, a Delaware limited liability company, with a principal place of business at 12410 Milestone Center Drive, Germantown, MD, 20876 (hereinafter referred to as "Conduent" or "Contractor"); and

WHEREAS, pursuant to an agreement (the "Contract") approved by the Governor and Executive Council on December 7, 2005, and as amended by Amendment 1 on December 11, 2007, Amendment 2 on June 17, 2009, Amendment 3 on June 23, 2010, Amendment 4 on March 7, 2012, Amendment 5 on December 19, 2012, Amendment 6 on March 26, 2014, Amendment 7 on June 18, 2014, Amendment 8 on May 27, 2015, Amendment 9 on June 24, 2015, Amendment 10 on December 16, 2015, Amendment 11 on June 29, 2016, Amendment 12 on November 18, 2016, Amendment 13 on July 19, 2017 and Amendment 14 on March 21, 2018, the Contractor agreed to perform certain services based upon the terms and conditions specified in the Contract and in consideration of certain sums specified; and

WHEREAS, the State gave conditional approval for the NH MMIS "go-live" on March 31, 2013; and

WHEREAS, the Operations Phase commenced on April 1, 2013, the first day of the month immediately following the "go-live" date; and

WHEREAS, the NH MMIS was certified by the Centers for Medicare and Medicaid Services ("CMS") on June 15, 2015; and

WHEREAS, the State and the Contractor have agreed to make changes to the payment schedules and terms and conditions of the Contract;

NOW THEREFORE, in consideration of the foregoing and the mutual covenants and conditions contained in the Contract and set forth herein, the parties hereto agree as follows:

1. Except as specifically amended and modified by the terms and conditions in this Amendment, the obligations of the parties shall remain in full force and effect in accordance with the terms and conditions set forth in the original Contract, its Amendment 1 on December 11, 2007, its Amendment 2 on June 17, 2009, its Amendment 3 on June 23, 2010, its Amendment 4 on March 7, 2012, its Amendment 5 on December 19, 2012, its Amendment 6 on March 26, 2014, its Amendment 7 on June 18, 2014, its Amendment 8 on May 27, 2015, its Amendment 9 on June 24, 2015, its Amendment 10 on December 16, 2015, its Amendment 11 on June 29, 2016, its Amendment 12 on November 18, 2016, its Amendment 13 on July 19, 2017, and its Amendment 14 on March 21, 2018.
2. The provisions of Contract Paragraph 2. CONTRACT/ORDER OF PRECEDENCE are hereby replaced by:

2.1 Contract Documents

This Contract between the Department and the Contractor (the "Contract") consists of the following Contract Documents:

- New Hampshire Standard Contract Terms and Conditions, Form P-37, together with the following exhibits:
 - Exhibit A – Statement of Work
 - Exhibit B – Price and Payment Schedule
 - Exhibit C – Special Provisions
 - Exhibit C-1 Special Provisions for MMIS Contracts
 - Exhibit D – Certification Regarding Drug Free Workplace Requirements
 - Exhibit E – Certification Regarding Lobbying
 - Exhibit F – Certification Regarding Debarment, Suspension and other Responsibility Matters
 - Exhibit G – Certificate Regarding Americans with Disabilities Act Compliance
 - Exhibit H – Certification Regarding Environmental Tobacco Smoke
 - Exhibit I –HIPAA Business Associate Agreement
 - Exhibit J – Certification Regarding Federal Funding Accountability and Transparency Act (FFATA) Compliance
 - Exhibit K – Ownership and Control Statement
 - Exhibit L – Performance Bond Continuation Certificate
 - Exhibit M – Amendment 15 Proposals
 - Conduent New Hampshire MMIS Proposed Solution Amendment 15 DDI Projects (DDI) Proposal, dated May 15, 2018, version 1.3 – referenced in Appendix A.18
 - Conduent New Hampshire MMIS Technical Platform Minimal Investment (TPMI) Proposal, dated May 15, 2018, version 3.1 - referenced in Appendix A.19
 - Conduent New Hampshire MMIS Operations and Maintenance (O&M) Proposal dated May 17, 2018, version 3.2
 - All Appendices and Tables, including but not limited to:
 - Appendix A.1 – Preliminary Work Plan
 - Appendix A.2 – Deliverables List and Payment Schedule
 - Appendix A.3 – Liquidated Damages
 - Appendix A.4 – System Change Requirements
 - Appendix A.5 – NH MMIS Outpatient Prospective Payment System
 - Appendix A.6 – NH MMIS Enhanced Analytics
 - Appendix A.7 – NH MMIS HIPAA 5010 Enhancements
 - Appendix A.8 – NH MMIS System Change Requirements
 - Appendix A.9 – NH MMIS Additional System Enhancements
 - Appendix A.10 – NH MMIS HIPAA Operating Rules Assessment
 - Appendix A.11 – NH MMIS System Change Requests and Testing Support
 - Appendix A.12 – NH MMIS System Enhancements to Meet Federal Requirements I
 - Appendix A.13 – NH MMIS System Enhancements for the New Hampshire Health Protection Plan
 - Appendix A.14 – Performance Measures

- Appendix A.15 – NH MMIS System Enhancements for the Premium Assistance Program and Medicaid Care Management
 - Appendix A.16 – NH MMIS Security and Efficiency Enhancements
 - Appendix A.17 - NH MMIS System Enhancements to Meet Federal Requirements II
 - Appendix A.18 – NH MMIS System Enhancements to Meet Federal & State Requirements III, , including Amendment 15 DDI Proposal
 - Appendix A.19 – NH MMIS System Enhancements Technical Platform Minimal Investment, , including Technology Platform Minimum Investment Project (TPMI) Proposal
- Amendment 1, Amendment 2, Amendment 3, Amendment 4, Amendment 5, Amendment 6, Amendment 7, Amendment 8, Amendment 9, Amendment 10, Amendment 11, Amendment 12, Amendment 13, Amendment 14, and Amendment 15 to the Contract.
 - DHHS MMIS RFP 2005-004, including any appendices and exhibits, as amended, and the State’s written responses to written questions posed by vendors.
 - The Contractor’s Technical Proposal submitted in response to RFP 2005-004 (1/5/2005), exclusive of any terms that are inconsistent with, or purport to modify or supersede, the New Hampshire Standard Contract Terms and Conditions, Form P-37, or the mandatory terms of RFP 2005-004.

General Terms and Conditions, Form P-37

3. The General Provisions Form P-37 are hereby amended as follows:
- 3.1. Block 1.8, Price Limitation, is increased by \$95,372,215 from \$156,192,991 to \$251,565,206, to reflect the additional requirements set forth in this Amendment 15.
- 3.2. Block 3 Effective Date: Completion of Services is amended by adding the following sentences to section 3.1:
- “The effective date of the original Contract is December 7, 2005. The effective date of Amendment 1 is December 11, 2007. The effective date of Amendment 2 is June 17, 2009. The effective date of Amendment 3 is June 23, 2010. The effective date of Amendment 4 is March 7, 2012. The effective date of Amendment 5 is December 19, 2012. The effective date of Amendment 6 is March 26, 2014. The effective date of Amendment 7 is June 18, 2014. The effective date of Amendment 8 is May 27, 2015. The effective date of Amendment 9 is June 24, 2015. The effective date of Amendment 10 is December 16, 2015. The effective date of Amendment 11 is June 29, 2016. The effective date of Amendment 12 is November 18, 2016. The effective date of Amendment 13 is July 19, 2017. The effective date of Amendment 14 is March 21, 2018. All of the preceding dates are the dates the Contract was approved by the New Hampshire Governor and Executive Council, or a date certain, whichever is later, as specified in each document. This Amendment 15 is effective on the date of Governor and Executive Council approval through June 30, 2021.”

Exhibit A

4. The provisions of Exhibit A, Contract Section 3.4 *System Specifications* shall be amended to add:
- 3.4.37 NH MMIS System Enhancements to Meet Federal & State Requirements III

Contractor Initials: JP
Date: 5/25/18

4. The provisions of Exhibit A, Contract Section 3.4 *System Specifications* shall be amended to add:

3.4.37 NH MMIS System Enhancements to Meet Federal & State Requirements III

The Contractor shall work with the State and collaborative partners to identify requirements, design, construct, test, and implement required enhancements to the NH MMIS specified in RFP 2005-004, Attachment 1, based on the State's need to implement the system enhancements identified in Appendix A.18 of this Amendment 15. The State shall specify these requirements through deliverables/payment milestones specifically set forth in Amendment 15, Appendix A.18. Any changes to the overall scope of work shall follow the Change Control Procedures identified in Section 6.16 of DHHS MMIS RFP 2005-004.

The Contractor shall fully satisfy the requirements for the implementation of the system enhancements as outlined in Amendment 15, Appendix A.18 and in accordance with the payment schedule identified within Amendment 15, Appendix A.2.

5. The provisions of Exhibit A, Contract Section 3.4 *System Specifications* shall be amended to add:

3.4.38 NH MMIS NH MMIS System Enhancements Technical Platform Minimal Investment

The Contractor shall work with the State and collaborative partners to identify requirements, design, construct, test, and implement required enhancements to the NH MMIS specified in RFP 2005-004, Attachment 1, based on the State's need to implement the system enhancements identified in Appendix A.19 of this Amendment 15. The State shall specify these requirements through deliverables/payment milestones specifically set forth in Amendment 15, Appendix A.19. Any changes to the overall scope of work shall follow the Change Control Procedures identified in Section 6.16 of DHHS MMIS RFP 2005-004.

The Contractor shall purchase or lease on behalf of the State all hardware and software necessary to implement the solution and the Contractor shall update the State's hardware and software inventory to include any new hardware and/or software purchased or leased in support of any provision of this Amendment 15.

The Contractor shall fully satisfy the requirements for the implementation of the system enhancements as outlined in Amendment 15, Appendix A.19 and in accordance with the payment schedule identified within Amendment 15, Appendix A.2.

6. The provisions of Exhibit A, Contract Paragraph 4.2.3 are hereby replaced with the following:

The Operations Phase of this Contract is extended for an Additional Extension period of two (2) years and the Contract is further extended to include one (1) year of Transition. The total length of this Contract, including the DDI Phase, Operations Phase, and Transition is limited to fifteen (15) years and seven (7) months, e.g. completed on June 30, 2021, unless the State and Contractor mutually agree to extend the Contract further in accordance with Exhibit A, Paragraph 4.2.7.

7. The Contractor's "key staff" as identified in Exhibit A, Contract Paragraph 8.1.1 *Key Staff*, are hereby replaced with the following:

The Contractor's "key staff" shall be comprised of the following individuals:

- C. Douglas Davis - Executive Account Manager;
- Kumar Kosaraju - Technical Director;
- Ravichandran Karuppiah - Functional Manager;
- Sanjay Dua - Systems Manager;
- MadhavaRao Vadlamudi - Release Manager;
- Melissa Soule - Modifications Manager;
- Nancy Stanieich - Provider Relations Manager;
- Laura Gibson - Claims Processing Supervisor;
- TBD - Call Center Supervisor;
- Neel Nayak - Data Interface Lead;
- Swathi Donoori - Reporting Specialist;

8. The provisions of Exhibit A, Contract Section 8.1 Project Staff shall be amended to add:

8.1.2 Target Roles and Positions:

During the three (3) year extension of services commencing July 1, 2018 and extending through June 30, 2021) ("Additional Extension Operations Years") as specified in Table 15-1, the Contractor shall maintain full staffing for each of the positions for the following target roles:

- State Tester Role (4 Positions)
- Transformed Medicaid Statistical Information System Support Role (2 Positions)
- Provider Revalidation Support Role (6 Positions)
- Ordering, Referring, and Prescribing Enrollment Support Role (4 Positions)
- Technical Reporting Resource 9 Role (1 Position)

Filling any vacant position is subject to State approval. These positions shall be subject to State expectations and approval, and the Contractor shall maintain each position with a Fulltime Equivalent (FTE), with the skills and competencies to meet the requirements of the position as a Conduent employee, or as a contract/temporary worker if necessary and as approved by the State.

The two-year Additional Extension and one-year Transition costs under this Amendment 15 shall include the costs for the seventeen (17) positions supporting the five (5) roles identified in 8.1.2. The Contractor shall invoice for these Target roles and Positions as separate line items from the total monthly operations invoice charge. The Contractor shall credit the State on the following month's operations invoice for the monthly cost of the position, after thirty (30) consecutive days of a Targeted Position being vacant in any given month, and when the vacancy was not caused by, or in combination with, authorized personal time off, Vacation time, or a staff member's brief illness. Ordering, Referring, and Prescribing (ORP) provider enrollment support positions will be billed and be subject to this provision once staffing is complete in accordance with the ORP DDI Project Plan. The credit amount per month by Target Role is stipulated in the Operations Cost for Target Roles and Positions table below:

Operations Cost for Target Roles and Positions

# Positions	Staff Role	Credit Per Person Per Month
4	State Testers	\$15,395.81
2	T-MSIS Technical Resource	\$21,666.67
6	Provider Revalidation Resource	\$7,506.96
4	Ordering, Referring, Prescribing Enrollment Resources	\$7,506.96
1	Technical Reporting Resources	\$19,536.50
Total Cost All Positions:		\$71,612.90

9. The provisions of Amendment 14, Appendix A.2, *Deliverables List and Payment Schedule* of the Contract are hereby deleted and replaced with Amendment 15, Appendix A.2 as attached.

Exhibit B

10. The provisions of Exhibit B, Paragraph 1.1 *Firm Fixed Price* are hereby deleted and replaced with the following paragraphs:

1.1 Price

This Contract between The State of New Hampshire and Contractor is an agreement to plan, design, install, implement, support, maintain, and operate the State's new NH MMIS System for a base contract period of up to ten years and four months. The base contract includes a seven year and four-month DDI Phase, for an amount Not to Exceed \$47,791,503. The base contract period includes a three-year Base Operations Phase for an amount Not to Exceed \$7,975,733 for the first year, \$8,752,153 for the second year, and \$13,773,164 for the third year, for a total Base Operations Phase amount Not to Exceed \$30,501,050. The total amount for the base contract period shall not exceed \$78,292,553.

The Contract further provides for an optional two-year extension of the Operations Phase, which the State exercised by notifying the Contractor of its intention to extend on September 22, 2015. The Contract as extended includes a two-year Extension Operations Phase for an amount Not to Exceed \$16,765,928 for the first year (extension operations year 1) and \$17,882,345 for the second year (extension operations year 2) for a total two year Extension Operations Phase amount not to exceed \$34,648,273.

The Contract also provides for Post-DDI Phase Enhancements to be implemented during the base operations phase in accordance with Appendix A.12, Appendix A.13, Appendix A.15, Appendix A.16, Appendix A.17, Appendix A.18, and Appendix A.19 for a Post-DDI Phase Enhancement total amount Not to Exceed \$58,999,991 (increased by \$12,994,593 for Appendix A.18 and by \$8,479,940 for Appendix 19; for a total increase of \$21,474,533 under this Amendment 15).

The Contract under Amendment 14 provided for a three (3) month Additional Extension to the Operations Phase through to June 30, 2018. This Amendment 15 provides for a two (2) year Additional Extension to the Operations Phase for an amount Not to Exceed \$47,738,103 and further provides for one (1) Transition year for an amount Not to Exceed \$26,159,579. This

Contractor Initials: 

Date: 5/25/18

three-year extension period is inclusive of the costs for the services identified in Table 15-1: "Amendment 15 Three-Year Extension - Cost by Item by Month and Year".

**Table 15-1 Amendment 15:
Three-Year Extension - Cost by Item by Month and Year**

Operations Cost Item	Add'l Extension Year 1		Add'l Extension Year 2		Transition Year		3-Year
	Monthly	Annual	Monthly	Annual	Monthly	Annual	Total
Base Operations	\$1,741,879	\$20,902,552	\$1,834,131	\$22,009,573	\$1,949,644	\$23,395,724	\$66,307,849
State Testers (4)	\$61,583	\$738,999	\$63,431	\$761,169	\$65,334	\$784,004	\$2,284,172
Provider Support (6)	\$45,042	\$540,501	\$46,393	\$556,716	\$47,785	\$573,418	\$1,670,635
T-MSIS Tech Support (2)	\$43,333	\$520,000	\$44,633	\$535,600	\$45,972	\$551,668	\$1,607,268
Reporting Tech Support (1)	\$19,537	\$234,438	\$20,123	\$241,471	\$20,726	\$248,715	\$724,624
Subtotal:	\$1,911,374	\$22,936,490	\$2,008,711	\$24,104,529	\$2,129,461	\$25,553,529	\$72,594,548
ORP Enrollment Support (4) ¹	\$26,275	\$105,098	\$30,928.83	\$371,146	\$31,857	\$382,280	\$858,524
ORP DH Enhanced Screening ²	\$14,204	\$14,204	\$14,630.33	\$175,564	\$16,576	\$198,913	\$388,681
Subtotal:	\$40,479	\$119,302	\$45,559	\$546,710	\$48,433	\$581,193	\$1,247,205
Security Access Manager Storage ³	\$1,243	\$3,729	\$1,242.83	\$14,914	\$1,242.83	\$14,914	\$33,557
Cognos Data Storage ⁴	\$828.67	\$2,486	\$828.58	\$9,943	\$828.58	\$9,943	\$22,372
Subtotal:	\$2,072	\$6,215	\$2,071	\$24,857	\$2,071	\$24,857	\$55,929
Total Operations Cost Increase:	\$1,953,924	\$23,062,007	\$2,056,341	\$24,676,096	\$2,179,965	\$26,159,579	\$73,897,682

¹Monthly/Annual cost for ORP Enroll Support Year 1 is limited to 4 months, ramp up of staff occurring over months; invoices could vary.

²Reflects additional DigitalHarbor Costs associated for ORP enrollment only; Year 1 includes only 1 month due to DDI delivery date.

³Monthly/Annual costs for SAM storage Year 1 limited to 3 months - April to June 2019; dependent on DDI being completed by April.

⁴Monthly/Annual cost for Cognos storage Year 1 is limited to 3 months-April to June 2019; dependent on DDI being completed by April.

The total amount for the base contract, Post DDI Enhancements, optional operations extension periods, the Additional Extension to the Operations Phase, and Transition Year shall not exceed \$251,565,206.

The Contractor shall be responsible for performing the work in accordance with the Contract Documents, including without limitation, the requirements, and terms and conditions contained herein.

11. The provisions of Exhibit B, Paragraph 1.5 *Total Contract Price* are hereby replaced with the following:

Notwithstanding anything in this Contract to the contrary, and notwithstanding unexpected circumstances, in no event shall the total of all payments under this Contract (excluding pass-through costs identified in section 1.4) exceed \$251,565,206, as set forth in Table 1.5-1: Total Contract Price – DDI, Operations, and Post DDI Enhancements. The payment by the State of the total Contract price shall be the only and the complete reimbursement to the Contractor for all fees and expenses, of whatever nature, incurred by the Contractor in performance hereof.

Notwithstanding Paragraph 17 of Form P-37, General Provisions, an amendment limited to transferring funds between budget line items and between budgets contained in Exhibit B and in Amendment 15 Appendix A.2, within the price limitation, can be made by written agreement of

both parties and may be made without obtaining the approval of the Governor and Executive Council.

Table 1.5-1: Total Contract Price –DDI, Operations, and Post DDI Enhancements

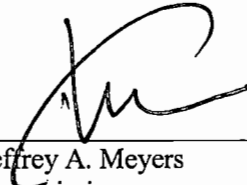
AMENDMENT 15 PRICE ITEM	Am 14 PRICE	Amend 15 Change	Am 15 PRICE
DDI Phase	\$47,791,503	\$0	\$47,791,503
Subtotal DDI Phase:	\$47,791,503		\$47,791,503
Post-DDI Phase Enhancements – Appendix A.12	\$21,564,935	\$0	\$21,564,935
Post-DDI Phase Enhancements – Appendix A.13	\$2,923,787	\$0	\$2,923,787
Post-DDI Phase Enhancements – Appendix A.15	\$6,924,326	\$0	\$6,924,326
Post-DDI Phase Enhancements – Appendix A.16	\$1,037,186	\$0	\$1,037,186
Post-DDI Phase Enhancements – Appendix A.17	\$5,075,224	\$0	\$5,075,224
Post-DDI Phase Enhancements – Appendix A.18		\$12,994,593	\$12,994,593
Post-DDI Phase Enhancements – Appendix A.19		\$8,479,940	\$8,479,940
Subtotal Post DDI Enhancements:	\$37,525,458	\$21,474,533	\$58,999,991
Total DDI Phase and Post DDI Enhancements :	\$85,316,961	\$21,474,533	\$106,791,494
Base Operations Year 1	\$7,975,733	\$0	\$7,975,733
Base Operations Year 2	\$8,752,153	\$0	\$8,752,153
Base Operations Year 3	\$13,773,164	\$0	\$13,773,164
Subtotal Base Operations Phase:	\$30,501,050	\$0	\$30,501,050
(DDI Phase and Base Operations Phase) Total Base Contract:	\$78,292,553	\$0	\$78,292,553
Extension Operations Year 1	\$16,765,928	\$0	\$16,765,928
Extension Operations Year 2	\$17,882,345	\$0	\$17,882,345
Subtotal Extension Operations Phase:	\$34,648,273	\$0	\$34,648,273
Additional Extension Operations 3 Months	\$5,726,707	\$0	\$5,726,707
Additional Extension Operations Year 1 of 2		\$23,062,007	\$23,062,007
Additional Extension Operations Year 2 of 2		\$24,676,096	\$24,676,096
Subtotal Additional Extension Operations Phase:	\$5,726,707	\$47,738,103	\$53,464,810
Total Operations Phase:	\$70,876,030	\$47,738,103	\$118,614,133
Transition Year		\$26,159,579	\$26,159,579
Total Transition Phase:		\$26,159,579	\$26,159,579
(DDI, Post-DDI Enhancements, Operations and Transition) Total Contract Price:	\$156,192,991	\$95,372,215	\$251,565,206

12. In the event of any discrepancies between Amendment 15 and its Appendices and the three (3) Proposals, Amendment 15 and its Appendices take precedence.

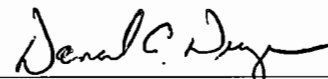
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IN WITNESS WHEREOF, the parties have set their hands as of the date above written.

State of New Hampshire
Department of Health and Human Services

for 

Jeffrey A. Meyers
Commissioner



Daniel A. Dwyer
Executive Vice President of
Conduent State Healthcare, LLC

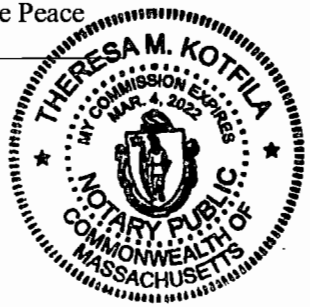
STATE OF Massachusetts
COUNTY OF Barnstable

On this the 25 day of May 2018, before me, Theresa M. Kotfila the undersigned officer, personally appeared Daniel A. Dwyer who acknowledged himself/herself to be the Executive Vice President of Conduent State Healthcare, LLC, a Delaware limited liability company, and that he/she, as such Executive Vice President being authorized to do so, executed the foregoing instrument for the purposes therein contained, by signing the name of the corporation by himself/herself as Executive Vice President .

IN WITNESS WHEREOF, I hereunto set my hand and official seal.

[Signature]

Notary Public/Justice of the Peace
My commission expires:



The preceding Amendment, having been reviewed by this office, is approved as to form, substance, and execution.

OFFICE OF THE ATTORNEY GENERAL

By: _____

Date: _____

I hereby certify that the foregoing contract was approved by the Governor and Council of the State of New Hampshire at the Meeting on: _____ (date of meeting)

Office of the Secretary of State

By: _____

Title: _____

Date: _____

Contractor Initials: SO
Date: 5/23/18

Amendment 15 Appendix A.2
Deliverable List and Payment Schedule

Ref #	Deliverable	Amend 12	Amend 15	Amend 12	Amend 15	Payment Amount	Holdback %	Holdback Amount	Payment less 15% holdback	Holdback Release %	Holdback Release Amount	Payment with Holdback Release Amt	% Retained Holdback	Holdback Retained Amount
		Delivery Date	Revised Delivery Date	Invoice Date	Revised Invoice Date									
MMIS BASE SYSTEM - Section A DDI Phase														
Project Initiation and Planning														
1	Concord, NH DDI Project Site Requirement	comp	comp	comp	comp	\$1,869,102.55	15%	\$280,365.38	\$1,588,737.17	0%	\$0.00	\$1,588,737.17	15%	\$280,365.38
2	Project Management Plan	comp	comp	comp	comp	\$12,070.00	15%	\$1,810.50	\$10,259.50	0%	\$0.00	\$10,259.50	15%	\$1,810.50
3	Detailed Project Work Plan	comp	comp	comp	comp	\$137,777.00	15%	\$20,666.55	\$117,110.45	0%	\$0.00	\$117,110.45	15%	\$20,666.55
4	Problem Control and Change Management Plan	comp	comp	comp	comp	\$12,070.00	15%	\$1,810.50	\$10,259.50	0%	\$0.00	\$10,259.50	15%	\$1,810.50
5	Project Communication Plan	comp	comp	comp	comp	\$12,070.00	15%	\$1,810.50	\$10,259.50	0%	\$0.00	\$10,259.50	15%	\$1,810.50
6	Quality Assurance Plan	comp	comp	comp	comp	\$12,070.00	15%	\$1,810.50	\$10,259.50	0%	\$0.00	\$10,259.50	15%	\$1,810.50
7	Requirements Traceability Matrix	comp	comp	comp	comp	\$42,452.00	15%	\$6,367.80	\$36,084.20	0%	\$0.00	\$36,084.20	15%	\$6,367.80
8	Weekly Project Status Reports	comp	comp	comp	comp	\$139,277.00	15%	\$20,891.55	\$118,385.45	0%	\$0.00	\$118,385.45	15%	\$20,891.55
9	Detailed Implementation Schedule (DIS) w/quarterly updates	comp	comp	comp	comp	\$21,014.00	15%	\$3,152.10	\$17,861.90	0%	\$0.00	\$17,861.90	15%	\$3,152.10
10	Performance Self-Reporting Mechanism-Monthly	comp	comp	comp	comp	\$55,024.00	15%	\$8,253.60	\$46,770.40	0%	\$0.00	\$46,770.40	15%	\$8,253.60
11	Preliminary CMS Certification Process Plan	comp	comp	comp	comp	\$12,075.00	15%	\$1,811.25	\$10,263.75	0%	\$0.00	\$10,263.75	15%	\$1,811.25
Total Project Initiation and Planning Cost						\$2,325,001.55	15%	\$348,750.23	\$1,976,251.32	0%	\$0.00	\$1,976,251.32	15%	\$348,750.23
Requirements Analysis and Validation														
12	Requirements Validation Specification	comp	comp	comp	comp	\$6,306,860.00	15%	\$946,029.00	\$5,360,831.00	1%	\$63,068.60	\$5,423,899.60	14%	\$882,960.40
13	Issues Tracking and Resolution Document	comp	comp	comp	comp	\$52,132.00	15%	\$7,819.80	\$44,312.20	1%	\$521.32	\$44,833.52	14%	\$7,298.48
14	Preliminary Test Plan	comp	comp	comp	comp	\$72,008.00	15%	\$10,801.20	\$61,206.80	1%	\$720.08	\$61,926.88	14%	\$10,081.12
15	Preliminary Training Plan	comp	comp	comp	comp	\$48,653.00	15%	\$7,297.95	\$41,355.05	1%	\$486.53	\$41,841.58	14%	\$6,811.42
16	Preliminary Conversion/Migration Plan	comp	comp	comp	comp	\$93,375.00	15%	\$14,006.25	\$79,368.75	1%	\$933.75	\$80,302.50	14%	\$13,072.50
17	Preliminary Disaster Recovery Plan	comp	comp	comp	comp	\$106,791.00	15%	\$16,018.65	\$90,772.35	1%	\$1,067.91	\$91,840.26	14%	\$14,950.74
Total Requirements Analysis and Validation						\$6,679,819.00	15%	\$1,001,972.85	\$5,677,846.15	1%	\$66,798.19	\$5,744,644.34	14%	\$935,174.66
Design														
18	General System Design	comp	comp	comp	comp	\$2,813,754.00	15%	\$422,063.10	\$2,391,690.90	2%	\$56,275.08	\$2,447,965.98	13%	\$365,788.02
19	Detailed System Design Group 1	comp	comp	comp	comp	\$1,303,702.44	15%	\$195,555.37	\$1,108,147.07	2%	\$26,074.05	\$1,134,221.12	13%	\$169,481.32
20	Detailed System Design Group 2	comp	comp	comp	comp	\$1,303,702.44	15%	\$195,555.37	\$1,108,147.07	2%	\$26,074.05	\$1,134,221.12	13%	\$169,481.32
21	Detailed System Design Group 3	comp	comp	comp	comp	\$1,303,702.44	15%	\$195,555.37	\$1,108,147.07	2%	\$26,074.05	\$1,134,221.12	13%	\$169,481.32
22	Test Environment Preparation	comp	comp	comp	comp	\$104,082.00	15%	\$15,612.30	\$88,469.70	2%	\$2,081.64	\$90,551.34	13%	\$13,530.66
23	Provider Operations Plan	comp	comp	comp	comp	\$30,000.00	15%	\$4,500.00	\$25,500.00	2%	\$600.00	\$26,100.00	14%	\$4,200.00
24	Preliminary Operations Plan	comp	comp	comp	comp	\$110,391.00	15%	\$16,558.65	\$93,832.35	2%	\$2,207.82	\$96,040.17	14%	\$15,454.74
25	Preliminary MMIS Implementation Plan	comp	comp	comp	comp	\$49,422.00	15%	\$7,413.30	\$42,008.70	2%	\$988.44	\$42,997.14	13%	\$6,424.86
26	Preliminary Contingency Plan	comp	comp	comp	comp	\$84,206.00	15%	\$12,630.90	\$71,575.10	2%	\$1,684.12	\$73,259.22	13%	\$10,946.78
27	Preliminary Security Plan	comp	comp	comp	comp	\$47,566.00	15%	\$7,134.90	\$40,431.10	2%	\$951.32	\$41,382.42	13%	\$6,183.58
28	Finalized Disaster Recovery Plan	comp	comp	comp	comp	\$84,206.00	15%	\$12,630.90	\$71,575.10	2%	\$1,684.12	\$73,259.22	13%	\$10,946.78
65a	MMIS Change Order Analysis-DSD Update Gp 1-7	comp	comp	comp	comp	\$404,429.00	15%	\$60,664.35	\$343,764.65	2%	\$8,088.58	\$351,853.23	13%	\$52,575.77
65b	MMIS Change Order Analysis-DSD Update Gp 8-9	comp	comp	comp	comp	\$16,851.00	15%	\$2,527.65	\$14,323.35	2%	\$337.02	\$14,660.37	13%	\$2,190.63
66a	Archive Claims Retrieval Solution	comp	comp	comp	comp									
Total Design						\$7,656,014.32	15%	\$1,148,402.15	\$6,507,612.17	2%	\$153,120.29	\$6,660,732.46	13%	\$995,281.86
Construction and Unit Testing														
29a	Functional Test Summary Iteration 1a	comp	comp	comp	comp	\$651,851.22	15%	\$97,777.68	\$554,073.54	2%	\$13,037.02	\$567,110.56	13%	\$84,740.66
29b	Functional Test Summary Member Function	comp	comp	comp	comp	\$358,518.17	15%	\$53,777.73	\$304,740.44	2%	\$7,170.36	\$311,910.81	13%	\$46,607.36
29c	Functional Test Summary Non-Functional Req.	comp	comp	comp	comp	\$97,777.68	15%	\$14,666.65	\$83,111.03	2%	\$1,955.55	\$85,066.58	13%	\$12,711.10
30a	Functional Test Summary Operations Functions	comp	comp	comp	comp	\$1,466,665.40	15%	\$219,999.81	\$1,246,665.59	2%	\$29,333.31	\$1,275,998.90	13%	\$190,666.50
30b	Functional Test Summary Program Functions	comp	comp	comp	comp	\$1,140,739.60	15%	\$171,110.94	\$969,628.66	2%	\$22,814.79	\$992,443.45	13%	\$148,296.15
30c	Functional Test Summary Provider Functions	comp	comp	comp	comp	\$130,370.24	15%	\$19,555.54	\$110,814.70	2%	\$2,607.40	\$113,422.11	13%	\$16,948.13
30d	Functional Test Summary Security Functions	comp	comp	comp	comp	\$65,185.12	15%	\$9,777.77	\$55,407.35	2%	\$1,303.70	\$56,711.05	13%	\$8,474.07
31	Functional Test Results													
32	Integration and System Test Scripts													
33	MMIS Change Orders # 2		Removed Amendment	Per 12		\$0.00	15%	\$0.00	\$0.00	2%	\$0.00	\$0.00	13%	\$0.00
33a	New PBM Interface Design and Construction	comp	comp	comp	comp	\$25,000.00	15%	\$3,750.00	\$21,250.00	2%	\$500.00	\$21,750.00	13%	\$3,250.00
33b	Change Orders A.8	comp	comp	comp	comp	\$51,480.00	15%	\$7,722.00	\$43,758.00	2%	\$1,029.60	\$44,787.60	13%	\$6,692.40
34	Preliminary Provider Handbooks	comp	comp	comp	comp	\$160,143.00	15%	\$24,021.45	\$136,121.55	2%	\$3,202.86	\$139,324.41	13%	\$20,818.59
35a	Finalized MMIS Implementation Plan-Provider Enroll	comp	comp	comp	comp	\$49,488.33	15%	\$7,423.25	\$42,065.08	2%	\$989.77	\$43,054.85	13%	\$6,433.48
35b	Finalized MMIS Implementation Plan-MMIS	comp	comp	comp	comp	\$98,976.67	15%	\$14,846.50	\$84,130.17	2%	\$1,979.53	\$86,109.70	13%	\$12,866.97
36	Finalized Integration and System Test Plan	comp	comp	comp	comp	\$141,757.00	15%	\$21,263.55	\$120,493.45	2%	\$2,835.14	\$123,328.59	13%	\$18,428.41
37	Finalized Contingency Plan	comp	comp	comp	comp	\$148,465.00	15%	\$22,269.75	\$126,195.25	2%	\$2,969.30	\$129,164.55	13%	\$19,300.45
38	Finalized Conversion/Migration Plan	comp	comp	comp	comp	\$114,676.00	15%	\$17,201.40	\$97,474.60	2%	\$2,293.52	\$99,768.12	13%	\$14,907.88
39	Finalized Operations Plan	comp	comp	comp	comp	\$49,647.00	15%	\$7,447.05	\$42,199.95	2%	\$992.94	\$43,192.89	13%	\$6,454.11
40	Finalized Security Plan	comp	comp	comp	comp	\$48,553.00	15%	\$7,282.95	\$41,270.05	2%	\$971.06	\$42,241.11	13%	\$6,311.89
Total Construction and Unit Testing						\$4,799,293.43	15%	\$719,894.01	\$4,079,399.42	2%	\$95,985.87	\$4,175,385.28	13%	\$623,908.15
Integration and System Testing														
41a	Integration and System Test Summary Iteration 1a	comp	comp	comp	comp	\$651,851.22	15%	\$97,777.68	\$554,073.54	2%	\$13,037.02	\$567,110.56	13%	\$84,740.66
41b	Integration and System Test Summary Member Functions	comp	comp	comp	comp	\$195,555.36	15%	\$29,333.30	\$166,222.06	2%	\$3,911.11	\$170,133.17	13%	\$25,422.20
41c	Integration and System Test Summary Non-Functional Req.	comp	comp	comp	comp	\$32,592.56	15%	\$4,888.88	\$27,703.68	2%	\$651.85	\$28,355.53	13%	\$4,237.03
42a	Integration and System Test Summary Operations Functions	comp	comp	comp	comp	\$1,434,072.60	15%	\$215,110.89	\$1,218,961.71	2%	\$28,681.45	\$1,247,643.16	13%	\$186,429.44
42b	Integration and System Test Summary Program Functions	comp	comp	comp	comp	\$1,336,295.00	15%	\$200,444.25	\$1,135,850.75	2%	\$26,725.90	\$1,162,576.65	13%	\$173,718.35
42c	Integration and System Test Summary Provider Functions	comp	comp	comp	comp	\$195,555.36	15%	\$29,333.30	\$166,222.06	2%	\$3,911.11	\$170,133.17	13%	\$25,422.20
42d	Integration and System Test Summary Security Functions	comp	comp	comp	comp	\$65,185.10	15%	\$9,777.77	\$55,407.34	2%	\$1,303.70	\$56,711.04	13%	\$8,474.06
65c	Integration and System Test Summary Changes 1-7	comp	comp	comp	comp	\$885,504.00	15%	\$132,825.60	\$752,678.40	2%	\$17,710.08	\$770,388.48	13%	\$115,115.52
65d	Integration and System Test Summary Iteration 6	comp	comp	comp	comp	\$36,896.00	15%	\$5,534.40	\$31,361.60	2%	\$737.92	\$32,099.52	13%	\$4,796.48

Amendment 15 Appendix A.2
Deliverable List and Payment Schedule

Ref #	Deliverable	Amend 12 Delivery Date	Amend 15 Revised Delivery Date	Amend 12 Invoice Date	Amend 15 Revised Invoice Date	Payment Amount	Holdback %	Holdback Amount	Payment less 15% holdback	Holdback Release %	Holdback Release Amount	Payment with Holdback Release Amt	% Retained Holdback	Holdback Retained Amount
43	Integration and System Test Results					\$0.00								
44	X12N EDI Companion Guides	comp	comp	comp	comp	\$48,672.00	15%	\$7,300.80	\$41,371.20	2%	\$973.44	\$42,344.64	13%	\$6,327.36
45	Provider Status Evaluation	comp	comp	comp	comp	\$76,604.00	15%	\$11,490.60	\$65,113.40	2%	\$1,532.08	\$66,645.48	13%	\$9,958.52
46	Preliminary Converted Files	comp	comp	comp	comp	\$58,610.00	15%	\$8,791.50	\$49,818.50	2%	\$1,172.20	\$50,990.70	13%	\$7,619.30
47	Revised Detailed System Design													
48	Acceptance Test Plan	comp	comp	comp	comp	\$82,461.00	15%	\$12,369.15	\$70,091.85	2%	\$1,649.22	\$71,741.07	13%	\$10,719.93
49	Acceptance Test Tracking System	comp	comp	comp	comp	\$48,672.00	15%	\$7,300.80	\$41,371.20	2%	\$973.44	\$42,344.64	13%	\$6,327.36
50	Finalized Training Plan	comp	comp	comp	comp	\$36,249.00	15%	\$5,437.35	\$30,811.65	2%	\$724.98	\$31,536.63	13%	\$4,712.37
51	Training Materials & Manuals - Provider Enrollment	comp	comp	comp	comp	\$16,061.76	15%	\$2,409.26	\$13,652.50	2%	\$321.24	\$13,973.73	13%	\$2,088.03
52	Training Materials & Manuals - MMIS	comp	comp	comp	comp	\$32,610.24	15%	\$4,891.54	\$27,718.70	2%	\$652.20	\$28,370.91	13%	\$4,239.33
	Total Integration and System Testing					\$5,233,447.20	15%	\$785,017.08	\$4,448,430.12	2%	\$104,668.94	\$4,553,099.06	13%	\$680,348.14
	Conversion													
53	Conversion Test Results	comp	comp	comp	comp	\$60,622.00	15%	\$9,093.30	\$51,528.70	1%	\$606.22	\$52,134.92	14%	\$8,487.08
	Total Conversion					\$60,622.00	15%	\$9,093.30	\$51,528.70	1%	\$606.22	\$52,134.92	14%	\$8,487.08
	Acceptance Test													
54	Acceptance Test Resolutions Document	comp	comp	comp	comp	\$147,829.00	15%	\$22,174.35	\$125,654.65	1%	\$1,478.29	\$127,132.94	14%	\$20,696.08
65e	MMIS Change Order Acceptance Test	comp	comp	comp	comp	\$1,254,240.00	15%	\$188,136.00	\$1,066,104.00	1%	\$12,542.40	\$1,078,646.40	14%	\$175,593.60
55	Operational Readiness Report	comp	comp	comp	comp	\$32,175.00	15%	\$4,826.25	\$27,348.75	1%	\$321.75	\$27,670.50	14%	\$4,504.50
56	Program Expansion Enhancements		Removed Amendment	Per 12		\$0.00	15%	\$0.00	\$0.00	1%	\$0.00	\$0.00	14%	\$0.00
57	Finalized MMIS Provider Handbooks	comp	comp	comp	comp	\$39,305.00	15%	\$5,895.75	\$33,409.25	1%	\$393.05	\$33,802.30	14%	\$5,502.70
	Total Acceptance Test					\$1,473,549.00	15%	\$221,032.35	\$1,252,516.65	1%	\$14,735.49	\$1,267,252.14	14%	\$206,296.86
	Implementation													
58	Finalized CMS Certification Process Plan	comp	comp	comp	comp	\$84,209.00	15%	\$12,631.35	\$71,577.65	1%	\$842.09	\$72,419.74	13%	\$10,947.17
66b	Archive Claims Retrieval Solution	comp	comp	comp	comp									
59	MMIS Systems Documentation	comp	comp	comp	comp	\$114,924.00	15%	\$17,238.60	\$97,685.40	1%	\$1,149.24	\$98,834.64	14%	\$16,089.36
65f	MMIS Change Order Readiness & Implementation	comp	comp	comp	comp	\$313,600.00	15%	\$47,040.00	\$266,560.00	1%	\$3,136.00	\$269,696.00	14%	\$43,904.00
60	Results of Final Conversion	comp	comp	comp	comp	\$98,575.00	15%	\$14,786.25	\$83,788.75	1%	\$985.75	\$84,774.50	14%	\$13,800.50
	Total Implementation					\$611,308.00	15%	\$91,696.20	\$519,611.80	1%	\$6,113.08	\$525,724.88	14%	\$85,583.12
	Post-Implementation evaluation													
61	Evaluation plan		Removed Amendment	Per 12		\$0.00	15%	\$0.00	\$0.00	1%	\$0.00	\$0.00	14%	\$0.00
62	Evaluation report		Removed Amendment	Per 12		\$0.00	15%	\$0.00	\$0.00	1%	\$0.00	\$0.00	14%	\$0.00
63	Corrective action plan		Removed Amendment	Per 12		\$0.00	15%	\$0.00	\$0.00	1%	\$0.00	\$0.00	14%	\$0.00
64	Certification manuals for each required system function, including first run reports for federally-required reports	comp	comp	comp	comp	\$13,805.00	15%	\$2,070.75	\$11,734.25	1%	\$138.05	\$11,872.30	14%	\$1,932.70
	Total Post-Implementation evaluation					\$13,805.00	15%	\$2,070.75	\$11,734.25	1%	\$138.05	\$11,872.30	14%	\$1,932.70
	TOTAL BASE SYSTEM					\$28,852,859.50	15%	\$4,327,928.93	\$24,524,930.58	1%	\$442,166.13	\$24,967,096.70	14%	\$3,885,762.80
	Note:													
	Note:													
	Note:													
	OUTPATIENT PROSPECTIVE PAYMENT SYSTEM													
	Requirements Analysis													
1	Analytical Database	comp	comp	comp	comp	\$50,000.00	15%	\$7,500.00	\$42,500.00	1%	\$500.00	\$43,000.00	14%	\$7,000.00
2	Requirements Analysis Report 1	comp	comp	comp	comp	\$50,000.00	15%	\$7,500.00	\$42,500.00	1%	\$500.00	\$43,000.00	14%	\$7,000.00
3	Requirements Analysis Report 2	comp	comp	comp	comp	\$60,000.00	15%	\$9,000.00	\$51,000.00	1%	\$600.00	\$51,600.00	14%	\$8,400.00
	Total Requirements Analysis					\$160,000.00	15%	\$24,000.00	\$136,000.00	1%	\$1,600.00	\$137,600.00	14%	\$22,400.00
	Business Rules and Design													
4	Business Requirements Document - Report 1	comp	comp	comp	comp	\$70,000.00	15%	\$10,500.00	\$59,500.00	1%	\$700.00	\$60,200.00	14%	\$9,800.00
5	Business Requirements Document - Report 2	comp	comp	comp	comp	\$70,000.00	15%	\$10,500.00	\$59,500.00	1%	\$700.00	\$60,200.00	14%	\$9,800.00
6	Business Requirements Document - Report 3	comp	comp	comp	comp	\$75,000.00	15%	\$11,250.00	\$63,750.00	1%	\$750.00	\$64,500.00	14%	\$10,500.00
	Total Business Rules and Design					\$215,000.00	15%	\$32,250.00	\$182,750.00	1%	\$2,150.00	\$184,900.00	14%	\$30,100.00
	Construction													
7	Detailed System Design Update		Removed Amendment	Per 10		\$0.00	15%	\$0.00	\$0.00	1%	\$0.00	\$0.00	14%	\$0.00
	Total Construction					\$0.00	15%	\$0.00	\$0.00	1%	\$0.00	\$0.00	14%	\$0.00
	Implementation													
8	Implementation Go Live		Removed Amendment	Per 10		\$0.00	15%	\$0.00	\$0.00	1%	\$0.00	\$0.00	14%	\$0.00
	Total Implementation					\$0.00	15%	\$0.00	\$0.00	1%	\$0.00	\$0.00	14%	\$0.00
	TOTAL OUTPATIENT PROSPECTIVE PAYMENT SYSTEM					\$375,000.00	15%	\$56,250.00	\$318,750.00	1%	\$3,750.00	\$322,500.00	14%	\$52,500.00
	ENHANCED ANALYTICS													

Amendment 15 Appendix A.2
Deliverable List and Payment Schedule

Ref.#	Deliverable	Amend 12 Delivery Date	Amend 15 Revised Delivery Date	Amend 12 Invoice Date	Amend 15 Revised Invoice Date	Payment Amount	Holdback %	Holdback Amount	Payment less 15% holdback	Holdback Release %	Holdback Release Amount	Payment with Holdback Release Amt	% Retained Holdback	Holdback Retained Amount
TOTAL ENHANCED ANALYTICS						\$0.00	15%	\$0.00	\$0.00	1%	\$0.00	\$0.00	14%	\$0.00
5010 Enhancements														
Requirements and Design														
1	Requirements Analysis and Start Up	comp	comp	comp	comp	\$1,777,000.00	15%	\$266,550.00	\$1,510,450.00	0%	\$0.00	\$1,510,450.00	0%	\$0.00
2	Detailed System Design	comp	comp	comp	comp	\$712,500.00	15%	\$106,875.00	\$605,625.00	1%	\$7,125.00	\$612,750.00	14%	\$99,750.00
Total Requirements and Design						\$2,489,500.00	15%	\$373,425.00	\$2,116,075.00	1%	\$24,895.00	\$2,140,970.00	14%	\$348,530.00
Construction and User Acceptance Test														
3	Initiation of UAT	comp	comp	comp	comp	\$1,790,300.00	15%	\$268,545.00	\$1,521,755.00	1%	\$17,903.00	\$1,539,658.00	14%	\$250,642.00
4	Completion of UAT	comp	comp	comp	comp	\$1,828,900.00	15%	\$274,335.00	\$1,554,565.00	1%	\$18,289.00	\$1,572,854.00	14%	\$256,046.00
Total Construction and Unit Test						\$3,619,200.00	15%	\$542,880.00	\$3,076,320.00	1%	\$36,192.00	\$3,112,512.00	14%	\$506,688.00
Implementation														
6	User Interface Updated for 5010	comp	comp	comp	comp	\$568,425.00	15%	\$85,263.75	\$483,161.25	1%	\$5,684.25	\$488,845.50	14%	\$79,579.50
Total Implementation						\$568,425.00	15%	\$85,263.75	\$483,161.25	1%	\$5,684.25	\$488,845.50	14%	\$79,579.50
TOTAL 5010 Enhancements						\$6,677,125.00	15%	\$1,001,568.75	\$5,675,556.25	1%	\$66,771.25	\$5,742,327.50	14%	\$934,797.50
Managed Care System Enhancement Phase I														
Requirements and Design														
1	Requirements Analysis and Start Up	comp	comp	comp	comp	\$442,250.00	15%	\$66,337.50	\$375,912.50	1%	\$4,422.50	\$380,335.00	14%	\$61,915.00
2	Detailed System Design	comp	comp	comp	comp	\$93,750.00	15%	\$14,062.50	\$79,687.50	1%	\$937.50	\$80,625.00	14%	\$13,125.00
Total Requirements and Design						\$536,000.00	15%	\$80,400.00	\$455,600.00	1%	\$5,360.00	\$460,960.00	14%	\$75,040.00
Construction and User Acceptance Test														
3	Completion of UAT	comp	comp	comp	comp	\$1,973,875.00	15%	\$296,081.25	\$1,677,793.75	1%	\$19,738.75	\$1,697,532.50	14%	\$276,342.50
Total Construction and Unit Test						\$1,973,875.00	15%	\$296,081.25	\$1,677,793.75	1%	\$19,738.75	\$1,697,532.50	14%	\$276,342.50
Implementation														
4	Completion of Implementation	comp	comp	comp	comp	\$292,400.00	15%	\$43,860.00	\$248,540.00	1%	\$2,924.00	\$251,464.00	14%	\$40,936.00
Total Implementation						\$292,400.00	15%	\$43,860.00	\$248,540.00	1%	\$2,924.00	\$251,464.00	14%	\$40,936.00
TOTAL Managed Care Phase I Enhancements						\$2,802,275.00	15%	\$420,341.25	\$2,381,933.75	1%	\$28,022.75	\$2,409,956.50	14%	\$392,318.50
Managed Care System Enhancement Phase II														
Requirements and Design														
1	Management Oversight	comp	comp	comp	comp	\$56,500.00	15%	\$8,475.00	\$48,025.00	1%	\$565.00	\$48,590.00	14%	\$7,910.00
2	Documented Change Requests	comp	comp	comp	comp	\$87,150.00	15%	\$13,072.50	\$74,077.50	1%	\$871.50	\$74,949.00	14%	\$12,201.00
3	Updated DSD Chapters	comp	comp	comp	comp	\$94,150.00	15%	\$14,122.50	\$80,027.50	1%	\$941.50	\$80,969.00	14%	\$13,181.00
4	Technical Design	comp	comp	comp	comp	\$70,500.00	15%	\$10,575.00	\$59,925.00	1%	\$705.00	\$60,630.00	14%	\$9,870.00
Total Requirements and Design						\$308,300.00	15%	\$46,245.00	\$262,055.00	1%	\$3,083.00	\$265,138.00	14%	\$43,162.00
Construction and Unit Test														
5	Construction	comp	comp	comp	comp	\$535,000.00	15%	\$80,250.00	\$454,750.00	1%	\$5,350.00	\$460,100.00	14%	\$74,900.00
Total Construction and Unit Test						\$535,000.00	15%	\$80,250.00	\$454,750.00	1%	\$5,350.00	\$460,100.00	14%	\$74,900.00
System Integration Testing														
6	System Test Plan	comp	comp	comp	comp	\$41,000.00	15%	\$6,150.00	\$34,850.00	1%	\$410.00	\$35,260.00	14%	\$5,740.00
7	System Test Complete	comp	comp	comp	comp	\$318,100.00	15%	\$47,715.00	\$270,385.00	1%	\$3,181.00	\$273,566.00	14%	\$44,534.00
Total System Integration Testing						\$359,100.00	15%	\$53,865.00	\$305,235.00	1%	\$3,591.00	\$308,826.00	14%	\$50,274.00
User Acceptance Testing														
6	UAT Test Planning	comp	comp	comp	comp	\$104,250.00	15%	\$15,637.50	\$88,612.50	1%	\$1,042.50	\$89,655.00	14%	\$14,595.00
7	Train State/State Users	comp	comp	comp	comp	\$8,450.00	15%	\$1,267.50	\$7,182.50	1%	\$84.50	\$7,267.00	14%	\$1,183.00
Total User Acceptance Testing						\$112,700.00	15%	\$16,905.00	\$95,795.00	1%	\$1,127.00	\$96,922.00	14%	\$15,778.00
Implementation														
4	Production Release	02/28/17	02/28/18	03/31/17	08/31/18	\$99,973.00	15%	\$14,995.95	\$84,977.05	1%	\$999.73	\$85,976.78	14%	\$13,996.22
Total Implementation						\$99,973.00	15%	\$14,995.95	\$84,977.05	1%	\$999.73	\$85,976.78	14%	\$13,996.22
TOTAL Managed Care Phase II Enhancements						\$1,415,073.00	15%	\$212,260.95	\$1,202,812.05	1%	\$14,150.73	\$1,216,962.78	14%	\$198,110.22
Medicaid Hospice Benefit														
TOTAL Medicaid Hospice Benefit Enhancements			Removed Amendment	Per 10		\$0.00	15%	\$0.00	\$0.00	1%	\$0.00	\$0.00	14%	\$0.00
Enhanced Provider Screening														
Requirements and Design														
1	Requirements Analysis	comp	comp	comp	comp	\$111,250.00	15%	\$16,687.50	\$94,562.50	1%	\$1,112.50	\$95,675.00	14%	\$15,575.00
2	Detailed System Design	comp	comp	comp	comp	\$78,500.00	15%	\$11,775.00	\$66,725.00	1%	\$785.00	\$67,510.00	14%	\$10,990.00
Total Requirements and Design						\$189,750.00	15%	\$28,462.50	\$161,287.50	1%	\$1,897.50	\$163,185.00	14%	\$26,565.00

Amendment 15 Appendix A.2
Deliverable List and Payment Schedule

Ref #	Deliverable	Amend 12	Amend 15	Amend 12	Amend 15	Payment Amount	Holdback %	Holdback Amount	Payment less 15% holdback	Holdback Release %	Holdback Release Amount	Payment with Holdback Release Amt	% Retained Holdback	Holdback Retained Amount
		Delivery Date	Revised Delivery Date	Invoice Date	Revised Invoice Date									
License Integration Construction and System Testing														
3	Software Installed and Integrated	comp	comp	comp	comp	\$600,000.00	15%	\$90,000.00	\$510,000.00	1%	\$6,000.00	\$516,000.00	14%	\$84,000.00
4	Construction Completed	comp	comp	comp	comp	\$80,783.00	15%	\$12,117.45	\$68,665.55	1%	\$807.83	\$69,473.38	14%	\$11,309.62
5	System Integration Testing Completed	comp	comp	comp	comp	\$234,983.00	15%	\$35,247.45	\$199,735.55	1%	\$2,349.83	\$202,085.38	14%	\$32,897.62
	Total Construction and Unit Test					\$915,766.00	15%	\$137,364.90	\$778,401.10	1%	\$9,157.66	\$787,558.76	14%	\$128,207.24
User Acceptance Testing and Implementation														
6	User Acceptance Testing Completed	comp	comp	comp	comp	\$63,650.00	15%	\$9,547.50	\$54,102.50	1%	\$636.50	\$54,739.00	14%	\$8,911.00
7	Training	comp	comp	comp	comp	\$3,450.00	15%	\$517.50	\$2,932.50	1%	\$34.50	\$2,967.00	14%	\$483.00
8	Implementation	comp	comp	comp	comp	\$79,500.00	15%	\$11,925.00	\$67,575.00	1%	\$795.00	\$68,370.00	14%	\$11,130.00
	Total Implementation					\$146,600.00	15%	\$21,990.00	\$124,610.00	1%	\$1,466.00	\$126,076.00	14%	\$20,524.00
Additional Functionality														
9	Additional Licensed Software Installed and Integrated	comp	comp	comp	comp	\$136,500.00	15%	\$20,475.00	\$116,025.00	1%	\$1,365.00	\$117,390.00	14%	\$19,110.00
10	Change Request Approved	comp	comp	comp	comp	\$56,889.00	15%	\$8,533.35	\$48,355.65	1%	\$568.89	\$48,924.54	14%	\$7,964.46
11	Coding and Unit Testing Complete	comp	comp	comp	comp	\$99,623.00	15%	\$14,943.45	\$84,679.55	1%	\$996.23	\$85,675.78	14%	\$13,947.22
12	System Integration Testing Complete	comp	comp	comp	comp	\$56,889.00	15%	\$8,533.35	\$48,355.65	1%	\$568.89	\$48,924.54	14%	\$7,964.46
13	User Acceptance Testing Completed	comp	comp	comp	comp	\$42,667.00	15%	\$6,400.05	\$36,266.95	1%	\$426.67	\$36,693.62	14%	\$5,973.38
14	Post Production Validation Complete	comp	comp	comp	comp	\$28,445.00	15%	\$4,266.75	\$24,178.25	1%	\$284.45	\$24,462.70	14%	\$3,982.30
	Total Additional Functionality					\$421,013.00	15%	\$63,151.95	\$357,861.05	1%	\$4,210.13	\$362,071.18	14%	\$58,941.82
	TOTAL Enhanced Provider Screening Enhancements					\$1,673,129.00	15%	\$187,817.40	\$1,485,311.60	1%	\$16,731.29	\$1,502,042.89	14%	\$234,238.06
Electronic Health Record Provider Incentive Program														
	TOTAL EHR Provider Incentive Program Enhancements		Removed Amendment	Per 10.		\$0.00		\$0.00	\$0.00		\$0.00	\$0.00		\$0.00
HIPAA Operating Rules Assessment														
1	Project documentation and recommendations for remediation	comp	comp	comp	comp	\$489,250.00	15%	\$73,387.50	\$415,862.50	1%	\$4,892.50	\$420,755.00	14%	\$68,495.00
	Total Assessment					\$489,250.00	15%	\$73,387.50	\$415,862.50	1%	\$4,892.50	\$420,755.00	14%	\$68,495.00
	TOTAL HIPAA Operating Rules Assessment					\$489,250.00	15%	\$73,387.50	\$415,862.50	1%	\$4,892.50	\$420,755.00	14%	\$68,495.00
Appendix A11 MMIS Change Requests/Staff Augmentation														
1	All NH CRs identified in Appendix A-11 DDI Complete	comp	comp	comp	comp	\$5,117,750.00	15%	\$767,662.50	\$4,350,087.50	1%	\$51,177.50	\$4,401,265.00	14%	\$716,485.00
2	Testing Staff Augmentation January February March 2013	comp	comp	comp	comp	\$389,041.00	15%	\$58,356.15	\$330,684.85	1%	\$3,890.41	\$334,575.26	14%	\$54,465.74
	Total Change Requests and Staff Augmentation					\$5,506,791.00	15%	\$826,018.65	\$4,680,772.35	1%	\$55,067.91	\$4,735,840.26	14%	\$770,950.74
	TOTAL A11 MMIS Change Requests/Staff Augmentation					\$5,506,791.00	15%	\$826,018.65	\$4,680,772.35	1%	\$55,067.91	\$4,735,840.26	14%	\$770,950.74
	TOTAL MMIS DDI Phase					\$47,791,502.50	15%	\$7,168,725.38	\$40,622,777.13	1%	\$477,915.03	\$41,100,692.15	14%	\$6,690,810.35
Section B - Post DDI Phase														
MMIS Post DDI Phase System Enhancements														
T-MSIS														
1	Software License Acquired and Applied	comp	comp	comp	comp	\$229,784.00								
2	Requirements Elaboration - Documented Change Requests	comp	comp	comp	comp	\$178,165.00								
3	Updated Detailed System Design Approved	comp	comp	comp	comp	\$178,165.00								
4	Technical Design Completed	comp	comp	comp	comp	\$249,374.00								
5	Coding, Unit Testing, Data Configuration Updates Completed	comp	comp	comp	comp	\$293,381.00								
6	Development Integration Testing Completed	comp	comp	comp	comp	\$293,381.00								
7	System Integration Testing Completed	comp	comp	comp	comp	\$190,698.00								
8	T-MSIS User Acceptance Testing Completed	comp	comp	comp	comp	\$261,272.00								
9a	Pre-Operational Readiness Testing Approved by CMS	comp	comp	comp	comp	\$587,200.00								
9b	Pre-Operational Readiness Testing Approved by CMS	comp	comp	comp	comp	\$130,000.00								
9c	Pre-Operational Readiness Testing Approved by CMS	comp	comp	comp	comp	\$130,000.00								
10	Implementation - Post Production Validation Complete	comp	comp	comp	comp	\$275,940.00								
11	Final DSD, Use Cases, System Documentation Approved	comp	comp	comp	comp	\$256,991.00								
12	CY 2014 Catch-Up Files Submitted	comp	comp	comp	comp	\$195,000.00								
12a	CY 2015-16 Catch-Up Files Submitted	comp	comp	comp	comp	\$260,000.00								
12b	CY 2015-16 Catch-Up Files Submitted (if necessary)	01/31/17	10/31/18	02/28/17		\$32,500.00								
12c	CY 2016 Catch-Up Files Submitted (if necessary)	02/15/17	10/31/18	03/15/17		\$32,500.00								
12d	CY 2016 Catch-Up Files Submitted (if necessary)	03/31/17	10/31/18	04/30/17		\$32,500.00								
12e	CY 2016 Catch-Up Files Submitted (if necessary)	04/15/17	10/31/18	05/15/17		\$32,500.00								
12f	CY 2016 Catch-Up Files Submitted (if necessary)	04/15/17	10/31/18	05/15/17		\$32,500.00								
12g	CY 2016 Catch-Up Files Submitted (if necessary)	04/30/17	10/31/18	05/31/17		\$32,500.00								
12h	CY 2016 Catch-Up Files Submitted (if necessary)	04/30/17	10/31/18	05/31/17		\$32,500.00								
13	2.0 Database and File Format Updates	comp	comp	comp	comp	\$12,500.00								
14	2.0 Error Files Receipt and Processing	comp	comp	comp	comp	\$50,000.00								
15	2.0 Rules - NH MATT Specs Updated	comp	comp	comp	comp	\$200,000.00								
16	2.0 Rules - Coded, Tested, Implemented	comp	comp	comp	comp	\$209,375.00								
	TOTAL A12 T-MSIS					\$4,408,726.00								

Amendment 15 Appendix A.2
Deliverable List and Payment Schedule

Ref #	Deliverable	Amend 12 Delivery Date	Amend 15 Revised Delivery Date	Amend 12 Invoice Date	Amend 15 Revised Invoice Date	Payment Amount	Holdback %	Holdback Amount	Payment less 15% holdback	Holdback Release %	Holdback Release Amount	Payment with Holdback Release Amt	% Retained Holdback	Holdback Retained Amount
HIPAA Operating Rules														
1	Software License Acquired and Applied	comp	comp	comp	comp	\$1,586,809.00								
1a	Additional Software License Acquired and Applied	comp	comp	comp	comp	\$105,445.00								
2	Tool Installed and Ready to Use	comp	comp	comp	comp	\$140,419.00								
3	Change Requests Documented and Approved	comp	comp	comp	comp	\$140,419.00								
4	Updated Detailed System Design Approved	comp	comp	comp	comp	\$140,419.00								
5	Technical Design Completed	comp	comp	comp	comp	\$421,256.00								
6	Coding, Unit Testing, and Data Configuration Completed	comp	comp	comp	comp	\$547,633.00								
7	Development Integration Testing Completed	comp	comp	comp	comp	\$547,633.00								
8	System Test Plan Approved	comp	comp	comp	comp	\$122,866.00								
9	System Integration Testing Completed	comp	comp	comp	comp	\$368,599.00								
10	User Acceptance Testing Completed	comp	comp	comp	comp	\$210,628.00								
11	Post Production Validation Completed	comp	comp	comp	comp	\$168,504.00								
12	Receipt of Phase I CORE Certification Seal	comp	comp	comp	comp	\$106,547.00								
13	Receipt of Phase II CORE Certification Seal	comp	comp	comp	comp	\$106,547.00								
14	Receipt of Phase III CORE Certification Seal	comp	comp	comp	comp	\$106,547.00								
15	Environment Upgrades	03/31/17	11/30/18	04/30/17	12/31/18	\$112,885.00								
TOTAL A-12 HIPAA Operating Rules						\$4,933,156.00								
ICD-10														
1	Software License Acquired and Applied	comp	comp	comp	comp	\$2,281,482.00								
2	Tool Installed	comp	comp	comp	comp	\$1,977,211.00								
3	JAD Sessions - Requirement Document Approved	comp	comp	comp	comp	\$329,535.00								
4	Requirements Technical Consulting	comp	comp	comp	comp	\$80,000.00								
5	Technical Design Updated Detailed System Design	comp	comp	comp	comp	\$1,235,757.00								
6	Design Technical Consulting	comp	comp	comp	comp	\$70,000.00								
7	Coding Complete	comp	comp	comp	comp	\$1,029,797.00								
8	Unit Test, Data Configured, Dev Integration Test Complete	comp	comp	comp	comp	\$1,029,797.00								
9	Data Configuration Technical Consulting	comp	comp	comp	comp	\$70,000.00								
10	System Test Plan and Environment Ready	comp	comp	comp	comp	\$267,748.00								
11	System Integration Testing Completed	comp	comp	comp	comp	\$803,242.00								
12	System Integration Testing Technical Consulting	comp	comp	comp	comp	\$70,000.00								
13	User Acceptance Testing Completed	comp	comp	comp	comp	\$659,070.00								
14	User Acceptance Testing Technical Consulting	comp	comp	comp	comp	\$70,000.00								
15	Training Technical Consulting	comp	comp	comp	comp	\$70,000.00								
16	Production Implementation and PIR Completed	comp	comp	comp	comp	\$806,222.00								
17	ORR, Dev Configuration Testing Completed - Phase II	comp	comp	comp	comp	\$257,202.00								
18	Phase II - Technical Consulting	comp	comp	comp	comp	\$70,000.00								
19	Avior 2nd Year License Acquired and Applied		Removed Amendment	Per 10		\$0.00								
20	Trading Partner Testing Completed	comp	comp	comp	comp	\$375,893.00								
21	Phase III - Technical Consulting	comp	comp	comp	comp	\$125,000.00								
22	Full Regression Test with Latest MMIS Release Complete	comp	comp	comp	comp	\$161,097.00								
23	Additional Mapping Updates	comp	comp	comp	comp	\$284,000.00								
TOTAL A-12 ICD-10						\$12,223,053.00								
TOTAL MMIS Post DDI Enhancements A-12						\$21,564,935.00								
NHPP														
1	Software License Acquired and Applied	comp	comp	comp	comp	\$790,850.00								
2	Servers Acquired and Installed	comp	comp	comp	comp	\$282,330.00								
3	Enroll New Provider Types	comp	comp	comp	comp	\$185,061.00								
4	Enroll New Members in NHPP Benefit Plan(s)	comp	comp	comp	comp	\$277,591.00								
5	Adjudicate Claims for New Benefit Plan	comp	comp	comp	comp	\$555,182.00								
6	Non-Federal Reports, Claims Data Mart for NHPP	comp	comp	comp	comp	\$462,652.00								
7	Federal Reporting, EFADS, Remaining Tasks	comp	comp	comp	comp	\$370,121.00								
TOTAL A-13 NHPP						\$2,923,787.00								
TOTAL MMIS Post DDI Enhancements A-13						\$2,923,787.00								
PAP and MCM														
1	MCO Mandatory Enrollment	comp	comp	comp	comp	\$393,693.00								
2	Enrollment File and Eligibility Changes	comp	comp	comp	comp	\$610,820.00								
3	X12 834 Enrollment Transaction	comp	comp	comp	comp	\$707,205.00								
4	Phase 1 PAP Changes	comp	comp	comp	comp	\$611,334.00								
5	MCM Benefit Changes for CFI		Removed Amendment	Per 12		\$0.00								
6	New MCO or MCM/PAP 834/Enrollment		Removed Amendment	Per 12		\$0.00								
7	FFS Co-Pay Changes	comp	comp	comp	comp	\$783,953.00								
8	X12 HIX 820 Premium Payment Transaction	comp	comp	comp	comp	\$384,721.00								
9	NH BRIDGES Interface Changes	comp	comp	comp	comp	\$269,733.00								
10a	Additional Interface - T-MISIS	comp	comp	comp	comp	\$101,450.00								
10b	Additional Interface - Options	comp	comp	comp	comp	\$101,449.00								

Amendment 15 Appendix A.2
Deliverable List and Payment Schedule

Ref #	Deliverable	Amend 12 Delivery Date	Amend 15 Revised Delivery Date	Amend 12 Invoice Date	Amend 15 Revised Invoice Date	Payment Amount	Holdback %	Holdback Amount	Payment less 15% holdback	Holdback Release %	Holdback Release Amount	Payment with Holdback Release Amt	% Retained Holdback	Holdback Retained Amount
11	eFADS and eMAR Changes	comp		comp		\$493,810.00								
12a	X12 820 Software Purchase	comp	comp	comp	comp	\$125,000.00								
12b	Capitation Claim Adjustments	comp	comp	comp	comp	\$236,292.00								
13	Targeted Recon Changes	comp	comp	comp	comp	\$88,433.00								
14	Member UI Changes for Additional QHP Data	comp	comp	comp	comp	\$158,435.00								
15	BRIDGES Outbound Interface, SA UI and PCP Part 2 Interface	comp	comp	comp	comp	\$128,300.00								
16	MID Compare Process		Removed Amendment	Per 12		\$0.00								
17	Inbound MCO-MMIS Interface	01/31/17	comp	02/28/17	comp	\$94,323.00								
18	NEMT-Requirements Analysis		Removed Amendment	Per 11		\$0.00								
19	NEMT-Configuration		Removed Amendment	Per 11		\$0.00								
20	NEMT-UAT		Removed Amendment	Per 11		\$0.00								
21	NEMT-Regression Testing		Removed Amendment	Per 11		\$0.00								
22	NEMT-Additional Development		Removed Amendment	Per 11		\$0.00								
23	NEMT-Reports and Documentation		Removed Amendment	Per 11		\$0.00								
24	NEMT-T-MSIS		Removed Amendment	Per 11		\$0.00								
25	NEMT-EFADS and EMAR		Removed Amendment	Per 11		\$0.00								
26	NEMT-834		Removed Amendment	Per 11		\$0.00								
27	Additional Eligibility Changes	comp	comp	comp	comp	\$104,500.00								
28	Additional Reporting Changes		Removed Amendment	Per 12		\$0.00								
31	Maternity/Newborn Processing	comp		comp		\$78,625.00								
32	Newborn BP on 271 Transaction	comp		comp		\$37,250.00								
33	Newborn BP in Voice Response	comp		comp		\$5,000.00								
34	820 Payment Financial Reporting	comp		comp		\$30,625.00								
	TOTAL A-15 PAP and MCM Non-NEMT Funds					\$5,544,951.00								
Non-Emergency Medical Transportation (NEMT)														
1N	NEMT Project Management	comp	comp	comp	comp	\$109,349.00								
2N	NEMT Provider Enrollment	comp		comp		\$12,566.00								
3N	NEMT Benefit Plan	comp		comp		\$26,461.00								
4N	NEMT Member NEMT Enrollment	comp		comp		\$54,614.00								
5N	NEMT 834 Enrollment Transaction	comp		comp		\$259,781.00								
6N	NEMT Benefit Plan Rate Cohort	comp		comp		\$10,875.00								
7N	NEMT Capitation	comp		comp		\$124,695.00								
8N	NEMT Claims/Financial/Encounters	comp		comp		\$125,178.00								
9N	NEMT 820 Payment Transaction	comp		comp		\$50,265.00								
10N	NEMT User Interface	comp		comp		\$34,074.00								
11N	NEMT Reports	comp		comp		\$49,540.00								
12N	NEMT Data Interfaces	comp		comp		\$48,331.00								
13N	NEMT Federal Reporting	comp		comp		\$9,686.00								
14N	NEMT Deployments, UAT, PIR	comp	comp	comp	comp	\$193,325.00								
15N	NEMT State Tester Support-4mos	comp	comp	comp	comp	\$251,323.00								
16N	NEMT System Documentation	comp	comp	comp	comp	\$19,332.00								
	TOTAL A-15 PAP and MCM NEMT Funds					\$1,379,375.00								
	TOTAL PAP and MCM Fixed Payments A-15					\$6,924,326.00								
29	General Contingency Pool		Removed Amendment	Per 12		\$0.00								
30	Cost Sharing Enhancement Pool		Removed Amendment	Per 10		\$0.00								
	TOTAL A-15 PAP and MCM Contingency Funds					\$0.00								
	TOTAL MMIS Post DDI Enhancements A-15					\$6,924,326.00								
Log-In Security Enhancements														
1	Production Release	comp	comp	comp	comp	\$92,500.00								
	TOTAL A-16 Log-In Security Enhancements					\$92,500.00								
Database Access for Designated Users														
1	Software Acquisition	comp	comp	comp	comp	\$14,360.00								
2	Production Release	comp		comp		\$3,750.00								
	TOTAL A-16 Database Access for Designated Users					\$18,100.00								
2D Barcode and OCR Enhancement														
1	Software Acquisition	comp	comp	comp	comp	\$50,468.00								

Amendment 15 Appendix A.2
Deliverable List and Payment Schedule

Ref #	Deliverable	Amendment 15		Amendment 12		Payment Amount	Holdback %	Holdback Amount	Payment less 15% holdback	Holdback Release %	Holdback Release Amount	Payment with Holdback Release Amt	% Retained Holdback	Holdback Retained Amount
		Amend 12 Delivery Date	Amend 15 Revised Delivery Date	Amend 12 Invoice Date	Amend 15 Revised Invoice Date									
2	Design and Construction	comp		comp		\$21,283.00								
3	Testing and Implementation	comp		comp		\$17,415.00								
4	OCR Modifications	comp	comp	comp	comp	\$10,000.00								
TOTAL A-16 2D Barcode Enhancement						\$99,166.00								
Resources Utilization Grouper (RUG) IV														
1	Develop Policy Design Document (PDD)	comp		comp		\$60,000.00								
2	Conduct Pilot	comp		comp		\$46,000.00								
3	Conduct Simulation	comp		comp		\$30,000.00								
4	Finalize PDD	comp		comp		\$55,000.00								
5	Develop System Modifications Document (SMD)	comp		comp		\$55,000.00								
6	Finalize System Design	comp		comp		\$57,438.00								
7	Regression Testing	comp		comp		\$57,437.00								
8	User Acceptance Testing (UAT)	comp	comp	comp	comp	\$50,000.00								
TOTAL A-16 Resources Utilization Grouper (RUG) IV						\$410,875.00								
New MMIS Certification Requirements														
1	Develop Responses to CMS Pilot Checklists	comp	comp	comp	comp	\$199,457.00								
TOTAL A-16 New MMIS Certification Requirements						\$199,457.00								
Enhanced DMZ Infrastructure Setup														
1	Software Acquisition	comp	comp	comp	comp	\$46,825.00								
2	Design	comp	comp	comp	comp	\$68,105.00								
3	Testing and Implementation	comp	comp	comp	comp	\$102,158.00								
TOTAL A-16 Enhanced DMZ Infrastructure Setup						\$217,088.00								
TOTAL MMIS Post DDI Enhancements A-16						\$1,037,186.00								
Provider Revalidation (PR)														
Provider Revalidation Phase I - UI, Letters, Reports														
1	PR UI, Letters, Reports Requirements Completed	comp	comp	comp	comp	\$77,050.00								
2	PR UI, Letters, Reports Development Completed	comp	comp	comp	comp	\$115,576.00								
3	PR UI, Letters, Reports SIT/Regression Testing Completed	comp	comp	comp	comp	\$96,312.00								
4	PR UI, Letters, Reports UAT Completed Production Deployed	comp	comp	comp	comp	\$96,312.00								
Provider Revalidation Phase II - Automation														
5	PR Automation Requirements Complete	comp	comp	comp	comp	\$282,950.00								
6	PR Automation Development and Unit Testing Complete	comp	comp	comp	comp	\$424,426.00								
7	PR Automation SIT & Regression Testing Complete	comp	comp	comp	comp	\$353,687.00								
8	PR Automation UAT and Production Deployment Complete	comp	comp	comp	comp	\$353,687.00								
9	PR UIs, Letters & Reports Added Functionality Updates Completed	comp	comp	comp	comp	\$200,000.00								
10	PR Electronic Signature Functionality & Storage Capability Completed	comp	comp	comp	comp	\$200,000.00								
11	PR Data Collection Processes & Volume Control Completed	comp	comp	comp	comp	\$100,000.00								
TOTAL A-17 Provider Revalidation						\$2,300,000.00								
MITA Assessment Support														
1	40 Hours MITA Technical Support	03/31/17	06/20/18	03/31/17		\$5,000.00								
2	40 Hours MITA Technical Support	03/31/17	06/20/18	03/31/17		\$5,000.00								
3	40 Hours MITA Technical Support	03/31/17	06/20/18	03/31/17		\$5,000.00								
TOTAL A-17 MITA Assessment Support						\$15,000.00								
Enhanced Provider Screening														
15	Screening/Monitoring File Processes Implemented	comp	comp	comp	comp	\$37,500.00								
16	Provider FCBC Tracking Process Implemented	comp	comp	comp	comp	\$68,750.00								
TOTAL A-17 Enhanced Provider Screening						\$106,250.00								
T-MSIS Transformed Medical Statistical Information System														
17	Extended PORT/ORT Testing	comp	comp	comp	comp	\$367,625.00								
TOTAL A-17 T-MSIS Transformed Medical Statistical Information System						\$367,625.00								
ICD-10														
24	FFY17 Requirement, Validation, Technical System Updates	comp	comp	comp	comp	\$219,750.00								
TOTAL A-17 ICD-10						\$219,750.00								
MCM/PAP														
Capitation Claims Adjust User Interface														
40	Capitation Claims Adjustment UI Production Implementation	comp	comp	comp	comp	\$62,625.00								
PAP Yr 2 2017 Plan Enrollment and 834														
41	PAP Yr2 BP Enrollment Production Implementation	comp	comp	comp	comp	\$137,250.00								
42	QHP Roster Coding Changes Implementation Completed	comp	comp	comp	comp	\$34,190.00								
43	Reqs/Design Daily Trigger Logic & 834 Data Storage	comp	comp	comp	comp	\$43,837.00								
44	Development Daily Trigger Logic & 834 Data Storage	comp	comp	comp	comp	\$65,756.00								
45	SIT and Regression Daily Trigger Logic & 834 Data Storage	comp	comp	comp	comp	\$43,837.00								
46	UAT Daily Trigger Logic & 834 Data Storage Completed	comp	comp	comp	comp	\$32,877.00								
47	Daily Trigger Logic & 834 Data Storage Implemented	comp	comp	comp	comp	\$32,878.00								
EMAR MCM PAP Reporting Enhancements														

Amendment 15 Appendix A.2
Deliverable List and Payment Schedule

Ref #	Deliverable	Amend 12 Delivery Date	Amend 15 Revised Delivery Date	Amend 12 Invoice Date	Amend 15 Revised Invoice Date	Payment Amount	Holdback %	Holdback Amount	Payment less 15% holdback	Holdback Release %	Holdback Release Amount	Payment with Holdback Release Amt	% Retained Holdback	Holdback Retained Amount
53	EMAR Analysis & Design Completed	11/30/16		12/31/16	9/30/2018	\$51,590.00								
54	EMAR Data, Report, Processing Changes Completed	12/31/16		01/31/17	9/30/2018	\$51,590.00								
55	EMAR System Integration Testing Completed	01/31/17		02/28/17	9/30/2018	\$81,070.00								
56	EMAR UAT, Implementation/Documentation PIR Completed	02/28/17		03/31/17	9/30/2018	\$0.00								
57	MCM PAP Multi Project State Tester Support 4 mos Dec-Mar	comp	comp	comp	comp	\$246,600.00								
58	MCM PAP Multi Project State Tester Support 4 Qtrs Apr-Mar	comp	comp	comp	comp	\$184,750.00								
TOTAL A-17 MCM/PAP						\$1,068,850.00								
Change of Ownership (CHOW) Phase II-Partial Yr Cost Reporting														
5	CHOW PII Requirements/Design Completed, CRs Approved	comp	comp	comp	comp	\$95,187.00								
6	CHOW PII Development Completed	comp	comp	comp	comp	\$95,187.00								
7	CHOW PII System Integration/Regression Test Completed	comp	comp	comp	comp	\$95,188.00								
8	CHOW PII UAT Completed and Production Implementation	comp	comp	comp	comp	\$95,188.00								
TOTAL A-17 CHOW Phase II						\$380,750.00								
Amendment 13 A-17 Extended Technical Resource Support														
1	Multi-Project State Tester Support 4 Months July-Oct 2017	comp	comp	comp	comp	\$246,333.00								
2	Report Design/Construction Specialist 4 Months July-Oct 2017	comp	comp	comp	comp	\$78,146.00								
TOTAL A-17 Extended Technical Resource Support						\$324,479.00								
Amendment 14 A-17 Extended Technical Resource Support														
1	Multi-Project State Tester Support 4 Months July-Oct 2017	comp	comp	comp	comp	\$292,520.00								
TOTAL A-17 Extended Technical Resource Support						\$292,520.00								
TOTAL MMIS Post DDI Enhancements A-17						\$5,075,224.00								
Amendment 15 A-18														
New Medicare Card ID Initiative (formerly SSNRI)														
1	New Heights Eligibility Changes and Data Architecture Changes		12/30/18		01/30/19	\$151,378.00								
2	UI Changes Member Contact Management, TPL and Provider		02/03/19		03/06/19	\$105,567.00								
3	UI Changes Member Contact Management, TPL and Provider		02/03/19		03/06/19	\$193,294.00								
4	XML Changes		03/10/19		04/10/19	\$255,248.00								
5	All ID Table		03/10/19		04/10/19	\$249,189.00								
6	MMIS Interface Changes		04/14/19		05/15/19	\$292,732.00								
7	TMSIS Interface Changes		04/14/19		05/15/19	\$54,883.00								
8	Cognos Reporting Changes		05/19/19		06/19/19	\$66,654.00								
9	Optum EMAR Planning & Analysis		02/21/19		03/24/19	\$84,000.00								
10	Optum EMAR SIT & UAT		03/18/19		04/18/19	\$84,000.00								
11	Optum EMAR Documentation, Implementation & Post Implementation		05/19/19		06/19/19	\$42,000.00								
Total A-18 New Medicare Card ID (formerly SSNRI):						\$1,578,945.00								
Ordering, Referring, and Prescribing Provider Enrollment and Claims Editing														
1	Provider Enrollment Indiv Billing, Non-Billing, and ORP only completed		12/30/18		01/30/19	\$672,592.00								
2	Revise / create system lists and Create ORP Claim Edits		02/03/19		03/06/19	\$560,454.00								
3	Provider Revalidation Indivis Billing, Non-Billing, and ORP only completed		03/10/19		04/10/19	\$373,172.00								
4	Revise reports for ORP and create Adhoc reports		04/14/19		05/15/19	\$129,088.00								
5	Revise PBM, MCO, Milliman, UNH system, and EHR Interfaces		04/14/19		05/15/19	\$108,034.00								
Total A-18 Ordering, Referring, Prescribing Provider Enrollment & Claims:						\$1,843,340.00								
Managed Care Enhancements														
1	Member Enrollment 834 Changes (Next Day Enrollment) Completed		11/25/18		12/26/18	\$479,329.00								
2	Member Capitation Changes to Start Any Date of Month Completed		12/30/18		01/30/19	\$407,387.00								
3	Multiple Attributes MCO Capitation Completed		02/03/19		03/06/19	\$623,498.00								
4	Benefit Plan Configuration Completed		03/10/19		04/10/19	\$6,530.00								
5	Member Eligibility: New Heights File Processing Completed		04/14/19		05/15/19	\$888,106.00								
6	Member Eligibility: MMIS User Interface Completed		04/14/19		05/15/19	\$129,896.00								
7	Add Medicare Part D Carrier Info to MCO Interface Completed		05/19/19		06/19/19	\$67,374.00								
8	MCO 834 Enrollment Transaction Completed		05/19/19		06/19/19	\$271,210.00								
9	Transformed Medicaid Statistical Information System (T-MSIS) Completed		06/23/19		07/24/19	\$210,402.00								
10	Expanded 834 for Change Functionality and Increased Volume Completed		07/28/19		08/28/19	\$321,793.00								
11	Create 820 Premium Payment Transaction; Implement with MCOs & QHPs		09/01/19		10/02/19	\$415,125.00								
12	Expand ORR to capture new member data elements.		09/01/19		10/02/19	\$210,000.00								
Total A-18 Managed Care Enhancements:						\$4,030,650.00								
BDS Waiver Service Authorization Changes														
1	SA Interface, Attachments & Letters Requirements Completed		11/30/18		12/31/18	\$154,950.00								
2	SA Interface, Attachments & Letters Development Completed		01/04/19		02/04/19	\$232,423.00								
3	SA Interface, Attachments & Letters SIT & Regression Completed		02/08/19		03/11/19	\$193,685.00								
4	SA Interface, Attachments & Letters UAT & Implementation Completed		03/10/19		04/10/19	\$193,685.00								
Total A-18 BDS Waiver Service Authorization:						\$774,743.00								
Requirements ARS Change of Ownership & Partial Year Cost Reporting														
1	ARS CHOW FYCR Requirements JADS Completed		3/1/2019		04/01/19	\$360,000.00								
Total A-18 Requirements ARS Change of Ownership/Partial Yr Cost Report:						\$360,000.00								
UPIC Data Exchange and TPL Coverage Information														
1	UPIC Data Exchange Requirements Completed		08/28/19		07/29/19	\$61,425.00								

Amendment 15 Appendix A.2
Deliverable List and Payment Schedule

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2	UPIC Data Exchange Development & Unit Test Completed		08/02/19		09/02/19	\$143,325.00								
3	UPIC Data Exchange SIT & Regression Completed		09/06/19		10/07/19	\$102,375.00								
4	UPIC Data Exchange UAT & Production Deployment Completed		10/06/19		11/06/19	\$102,375.00								
5	TPL Data Collection via 270/271 Assessment & Requirements Completed		08/02/19		09/02/19	\$54,844.00								
6	TPL Data Collection via 270/271 Development & Unit Test Completed		09/06/19		10/07/19	\$127,969.00								
7	TPL Data Collection via 270/271 SIT & Regression Completed		10/11/19		11/11/19	\$91,406.00								
8	TPL Data Collection via 270/271 UAT & Production Deployment Completed		11/10/19		12/11/19	\$91,406.00								
Total A-18 UPIC Data Exchange and TPL Coverage Information:						\$775,125.00								
T-MSIS Additional New HEIGHTS Data and Data Quality Resolution														
1	T-MSIS New Heights Data Analysis & Requirements Completed		02/08/19		03/11/19	\$45,000.00								
2	T-MSIS Modify New Heights Interfaces Completed		03/15/19		04/15/19	\$50,000.00								
3	T-MSIS Modify New Heights Interfaces Completed		05/19/19		06/19/19	\$50,000.00								
4	T-MSIS Modify New Heights Interfaces Completed		06/23/19		07/24/19	\$50,000.00								
5	T-MSIS Modify New Heights Interfaces Completed		06/23/19		07/24/19	\$50,000.00								
6	T-MSIS Data Quality Clean-up Completed		07/28/19		08/28/19	\$50,000.00								
7	T-MSIS Data Quality Clean-up Completed		07/28/19		08/28/19	\$50,000.00								
8	T-MSIS Data Quality Clean-up Completed		09/01/19		10/02/19	\$50,000.00								
9	T-MSIS Data Quality Clean-up Completed		09/01/19		10/02/19	\$50,000.00								
10	T-MSIS Data Quality Clean-up Completed		10/06/19		11/06/19	\$50,000.00								
11	T-MSIS Data Quality Clean-up Completed		10/06/19		11/06/19	\$50,000.00								
12	T-MSIS Data Quality Clean-up Completed		11/10/19		12/11/19	\$50,000.00								
13	T-MSIS Data Quality Clean-up Completed		11/10/19		12/11/19	\$50,000.00								
14	T-MSIS Data Quality Clean-up Completed		12/15/19		01/15/20	\$50,000.00								
15	T-MSIS Data Quality Clean-up Completed		12/15/19		01/15/20	\$50,000.00								
16	T-MSIS Data Quality Clean-up Completed		01/19/20		02/19/20	\$50,000.00								
17	T-MSIS Data Quality Clean-up Completed		01/19/20		02/19/20	\$50,000.00								
18	T-MSIS Data Quality Clean-up Completed		02/23/20		03/25/20	\$50,000.00								
19	T-MSIS Data Quality Clean-up Completed		02/23/20		03/25/20	\$50,000.00								
Total A-18 T-MSIS Additional New Data & Data Quality Resolution:						\$945,000.00								
Import and Store QHP Encounter Data														
1	Import & Store QHP Encounter Data Requirements Completed		01/04/19		02/04/19	\$133,439.00								
2	Import & Store QHP Encounter Data Development Completed		02/08/19		03/11/19	\$266,971.00								
3	Import & Store QHP Encounter Data SIT & Regression Completed		03/15/19		04/15/19	\$311,466.00								
4	Import & Store QHP Encounter Data UAT & Production Completed		04/14/19		05/15/19	\$177,980.00								
5	Encounter Data Analysis Completed		03/29/19		04/29/19	\$82,029.00								
6	Encounter Data Deliverable Completed		04/12/19		05/13/19	\$82,029.00								
7	Encounter Data Technical Support Completed		07/28/19		08/28/19	\$82,029.00								
8	Encounter Data Technical Support Completed		09/01/19		10/02/19	\$82,029.00								
9	Encounter Data Technical Support Completed		09/01/19		10/02/19	\$82,028.00								
Total A-18 Import and Store QHP Encounter Data:						\$1,300,000.00								
Security Policy Page														
1	Coding, Testing, and Implementation of Security Policy Page Completed		11/25/18		12/26/18	\$79,125.00								
Total A-18 Security Policy Page:						\$79,125.00								
Tivoli Access Manager Upgrade to Security Access Manager														
1	ISAM Environment Setup Completed		04/30/19		05/31/19	\$20,000.00								
2	ISAM Non-State & all State Applicable Environments Upgrade Completed		06/30/19		07/31/19	\$227,850.00								
3	ISAM UAT Environment Upgrade Completed		07/12/19		08/12/19	\$114,030.00								
4	ISAM Production Environment Upgrade Completed		08/12/19		09/12/19	\$114,030.00								
Total A-18 Tivoli Access Manager Upgrade to Security Access Manager:						\$475,910.00								
Cognos Upgrade														
1	Environment Setup Completed		04/30/19		05/31/19	\$20,000.00								
2	Cognos Non-State and All State Environments Upgrade Completed		06/30/19		07/31/19	\$405,825.00								
3	Cognos UAT Environment Upgrade Completed		07/12/19		08/12/19	\$202,965.00								
4	Cognos Production Environment Upgrade Completed		08/12/19		09/12/19	\$202,965.00								
Total A-18 Cognos Upgrade:						\$831,755.00								
TOTAL MMIS Post DDI Enhancements A-18*						\$12,994,593.00								
Amendment 15 A-19														
TPMI Enhancement I - Hardware Upgrade														
1	Deliver Final Project Plan to NH		07/31/18		08/31/18	\$847,994.00								
2	Purchase/Lease of new assets & begin back-up and replication work		07/31/18		08/31/18	\$1,695,988.00								
Total A-19 Hardware Upgrade:						\$2,543,982.00								
TPMI Enhancement II - Software Upgrade														
1	Transition, Upgrades, Testing and "Operational" Complete		09/30/18		10/31/18	\$1,271,991.00								
2	Transition, Upgrades, Testing and "Operational" Complete		01/31/19		03/03/19	\$1,271,991.00								
3	Transition, Upgrades, Testing and "Operational" Complete		03/31/19		05/01/19	\$1,271,991.00								
4	Transition, Upgrades, Testing and "Operational" Complete		06/30/19		07/31/19	\$847,994.00								
Total A-19 Software Upgrade:						\$4,663,967.00								
TPMI Enhancement III - Browser Upgrade														

Amendment 15 Appendix A.2
Deliverable List and Payment Schedule

Ref #	Deliverable	Amend 12 Delivery Date	Amend 15 Revised Delivery Date	Amend 12 Invoice Date	Amend 15 Revised Invoice Date	Payment Amount	Holdback %	Holdback Amount	Payment less 15% holdback	Holdback Release %	Holdback Release Amount	Payment with Holdback Release Amt	% Retained Holdback	Holdback Retained Amount
1	Transition, Upgrades, Testing and "Operational" Complete		11/30/2019		12/31/19	\$1,271,991.00								
Total A-19 Browser Upgrade:						\$1,271,991.00								
TOTAL MMIS Post DDI Enhancements A-19:						\$8,479,940.00								
TOTAL MMIS Post DDI Enhancements Amendment 15 (A.18+A.19):						\$21,474,533.00								
TOTAL MMIS DDI and Post DDI Enhancements Appendix A-12, Appendix A-13, Appendix A-15, Appendix A-16, Appendix A-17, Appendix A-18, and Appendix A-19						\$ 106,791,493.50		\$1,247,205.00						

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Introduction

The New Hampshire Medicaid Management Information System (MMIS) requires enhancements to improve the capabilities and efficiency of Medicaid Program operation and to meet Federal & State requirements. The solutions to be implemented for the following enhancements are detailed in the Contractor's Amendment 15 DDI Proposal dated May 15, 2018 version 1.3 (incorporated by reference in Exhibit M):

1. New Medicare Card ID
2. Ordering, Referring and Prescribing (ORP) Provider Enrollment and Claims Editing
3. Managed Care Enhancements
4. Waiver Service Authorization
5. Acuity Rate Setting – Change of Ownership and Partial Year Cost Reporting Requirements Definition
6. UPIC Data Exchange and Third Party Liability Coverage
7. T-MSIS – Additional Data and Data Quality Issue Resolution
8. Import and Store Qualified Health Plan (QHP) Encounter Data and Encounter Claims Analysis
9. Security Policy Page
10. Tivoli Access Manager (TAM) Upgrade to Security Access Manager (SAM)
11. Cognos Upgrade

The requirements in this document and the associated DDI Proposal referenced above are high level. Once the Joint Application Design (JAD) sessions are completed, the final determination of the functions will be addressed under each group of enhancements. The final determination and functions will be mutually agreed upon by the State and Conduent after the JAD Sessions are completed and as long as it is within the confines of the costs under this Amendment 15.

Enhancement I – New Medicare Card ID

The NH Medicaid Program is required to enhance the Medicaid Management Information System (MMIS) to support the Centers for Medicare & Medicaid Services (CMS) New Medicare Card Identifier (ID) initiative with the signing of the Medicare Access and CHIP Reauthorization Act (MACRA). This initiative is replacing Medicare's Health Insurance Claim Number (HICN) with the Medicare Beneficiary Identifier (MBI) for living and deceased beneficiaries. The HICN incorporates the Medicare beneficiary's social security number (SSN) whereas the new MBI will be an alpha numeric identifier that will not reference the member's SSN. The NH MMIS will be enhanced capture both the HICN and MBI. The State Medicaid Agencies (SMA) must be able to accept the MBI in accordance with the MACRA regulations.

The NH MMIS system was enhanced prior to February of 2018 to accept the amended Medicare Modernization Act (MMA) file from CMS. These changes included creating a new table to support the additional amended data from CMS, creating a new process to update only active MBIs from the MBI span table, creating new business rules to populate additional MBI fields, updating an interface source to target mapping to add MBI, and modifying two reports to include MBI. The NH MMIS system enhancements under Amendment 15 include Alternate ID Table changes, Core MMIS changes, MMIS logic and XML changes, interface changes and report changes.

Alternate ID Table Changes

The NH MMIS will be configured to add a new member ID type, to accommodate the MBI along with effective start and end dates, and create new business rules to assign and maintain effective dates for existing IDs in the NH MMIS.

Core MMIS Changes

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New Heights jobs will be changed to incorporate business rule changes and layout changes to include MBI and UI screens will be updated to display both MBI and HICN.

New Heights Jobs

- New Heights Daily Eligibility job – UC-MEM-ELG-2.1A
- New Heights Retrigger job – UC-MEM-ELG-2.1B

UI Screens

- TPL Functional Area Screens
- Member Functional Area Screens
- Contact Management Functional Area Screens
- Provider Functional Area Screens
- Provider Login → Check Eligibility

MMIS Logic to Change XML Population

NH MMIS XML logic for EDI X12 transactions will be changed to send or receive the MBI wherever the MMIS sends or receives the HICN today.

- 271 Eligibility
- 834 Monthly (MCO, QHP, NEMT)
- 834 Daily (MCO, QHP, NEMT)
- 837P COBA
- 837I COBA
- 835 Batch

Interface Changes

The following active interfaces will be modified to send or receive MBI and HICN.

- UC-MEM-MNT-068 – PBM Daily Member Extract
- UC-MEM-MNT-069 – PBM Reconciliation Member Extract
- UC-MEM-SUP-178 – Reconciliation Member
- UC-OPR-TPL-007.7a – MMIS- New Heights TPL Carrier Interface
- UC-OPR-TPL-047 – CMS MMA Input interface
- UC-OPR-TPL-048 – CMS MMA Outbound Extract interface
- UC-OPR-TPL-050 – Extract COBA interface
- UC-TMSIS-CLM-IP-LOAD (CLM)
- UC-TMSIS-CLM-LT-LOAD (CLM)
- UC-TMSIS-CLM-OT-LOAD (CLM)
- UC-TMSIS-CLM-RX-LOAD (CLM)
- UC-TMSIS-ELG-LOAD (Eligibility)
- UC-ARS-CNS-004 – MDS RUG IV
- UC-OPR-PAY-16.4 – Claims MDSS

Report Changes

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Modification of Cognos reports to report MBI where on file, otherwise report the HICN on file. Report labels will be changed to refer generically to 'Medicare' number versus HICN.

Reports to be modified:

- ADH-CLM-124 – Query and Label Changes
- CAR-EPS-109 – Query and Label Changes
- MEM-MNT-017 – Query and Label Changes
- MEM-ELG-113 – Query and Label Changes
- OPR-TPL-007-IB-COB-TPL – Only Label Changes
- OPR-TPL-007-IB-MMA-TPL – Only Label Changes
- OPR-TPL-008-IB-COB-TPL – Only Label Changes
- OPR-TPL-008-IB-MMA-TPL – Only Label Changes
- OPR-TPL-009-IB-COB-TPL – Only Label Changes
- OPR-TPL-009-IB-MMA-TPL – Only Label Changes

The high level summary for New Medicare Card ID above includes the necessary requirements to support the New Medicare ID Card mandate. The total cost under this Amendment 15, Appendix A.18 is \$1,578,945.

Enhancement II – Ordering, Referring and Prescribing (ORP) Provider Enrollment and Claims Editing

The Affordable Care Act (ACA) requires the enrollment and screening of Ordering, Referring and other Professionals (ORP) into the Medicaid program. The Federal Register dated February 2, 2011 published the final rule that updated 42 CFR 455.410(b) and 455.440 (Appendix A) to formalize these requirements as follows:

- 42 CFR 455.410(b) mandates that the State Medicaid Agency (SMA) require the enrollment and screening of Ordering, Referring, and other Professionals (ORP).
- 42 CFR 455.440 requires that the SMA require the NPI of the ORP on the claim.

This effort will include the enrollment and screening of ORP providers as well as the editing for ordering, referring, and other professionals on applicable claims.

Enrollment

The NH MMIS will be enhanced to allow ORP providers to select and complete an abbreviated enrollment application on-line on the MMIS. The enrollment enhancements will address individuals enrolling as billing individuals with their SSN, non-billing individuals who are rendering providers and non-billing individuals doing ORP only. The enrollment changes will include changes to all enrollment UIs as applicable, including application maintenance and provider maintenance. These changes also include guidance text on the UIs to help the provider select the appropriate application option, updates to text online help and enrollment instruction documents. In addition to making an abbreviated enrollment available for ORP providers, the provider revalidation UIs will be updated where changes to the initial enrollment UIs impact revalidation.

Enhancing the enrollment process will require additional system changes including updating the RPM to include any new fields or pages for internal web portal pages supporting the ORP enrollment, business rules for processing applications (including revalidation) as necessary to ensure application can be finalized without impacts and include ORP Provider Monitoring and Screening data exchanges.

A new process will be created to identify ORP providers including assigning a designator for tracking and reporting purposes, including adding effective and end dates for the ORP only designator. Reporting modifications to existing

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reports for enrollment, enrollment tracking, active provider listings, provider reverification and recertification and provider maintenance reports to ensure proper reporting of ORP provider enrollment will be implemented.

Claims Processing Edits

In order for the new claims processing edits to work effectively, a new benefit plan may need to be created for ORP providers (FFS plans and/or MCO plans) network(s) assigned to them. The following ORP claims processing edits will be implemented:

- Expand system list under NH CR 7225 to include more provider types for Rendering Provider edit.
- Edit for the presence of ORP provider NPIs as required to be on claims, based on provider type and then procedure code (service), for electronic and paper claims including all impacted claim types.
- Create a new system lists to capture Provider Types and Provider Type/Service for individuals enrolling as billing individuals with SSN.
- Create a new claim exception for ORP providers who are not enrolled for the date of service on the claim.
- Create a new claim exception for ORP providers when the NPI is not on the claim if required.
- Ensure that current edits will prevent ORP only provider from being a billing or rendering provider.

Data Interface changes include ORP providers in the outbound interface to MCOs, ORP providers in outbound interface to the Actuary Milliman and to UNH system and may exclude ORP only providers from the provider data interface to Electronic Health Record (EHR) system.

A new provider type will be added for Certified Nurse Anesthetist and the T-MSIS mapping will be updated to include this new provider type.

Reporting enhancements include replication to the ORP provider category, enrollment data and claims exception data in the Operational Reporting Repository and include the respective Adhoc reporting packages. A new Adhoc report package will be created to track ORP enrollments over time. EFADS enhancements include providing the ability to include ORP only provider/claims data and allowing for executing queries to isolate provider/claims activity by ORP providers. The cost to enhance the NH MMIS for ORP under this Amendment 15 is \$1,843,340.

Additional Operations Temporary Staffing for ORP

The ORP project will require additional operations staffing to support the enrollment unit and the call center. Conduent anticipates an increase in enrollment activities beginning March 2019 based on the proposed implementation schedule.

The additional operations staff would support an increase of calls in the call center related to questions, inquiries and clarifications regarding ORP as well as the new enrollment options for individuals who are billing and rendering. The temporary staffing would include four full-time resources (two call center and two enrollment resources) to support the enrollment of ORP providers.

March 2019 – June 2019	\$105,098
July 2019 – June 2020	\$371,146
July 2020 – June 2021	\$382,280
Total Cost for Temporary Operations Staffing:	\$858,524

Additional Operations Provider Screening & Monitoring Services for ORP

As part of the ORP initiative, program requirements call for all new “ORP Providers” to be processed for enrollment and monthly monitoring. The additional cost for Provider Screening & Monitoring Services for ORP is based on the

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ORP population to be approximately 5,000 or 18% of the current Provider Universe file of 28,000. In addition, we have increased the number by 10% year over year to account for natural growth in the population which consistent with the natural growth rate we have seen in the Provider population.

June 2019 – June 2019	\$ 14,204
July 2019 – June 2020	\$175,564
July 2020 – June 2021	\$198,913
Total Cost for Provider Screening and Monitoring Operations for ORP:	\$388,681

The Additional Operations Costs identified above for the Temporary ORP Staffing and ORP Provider Screening and Monitoring Services will be added to the base operations expense for the Additional Extension Years noted above.

Enhancement III – Managed Care Enhancements

The New Hampshire Department of Health and Human Services (NH DHHS) will improve the Managed Care program to comply with state program requirements. There are a number of requested enhancements to the NH MMIS Managed Care program. The enhancements include:

Member Enrollment 834 Changes

Managed Care Enhancements to the Member Enrollment 834 will include modifying the enrollment process to start on any day of the month which is also known as, next day enrollment.

- Modify the enrollment logic to accommodate the 834 changes by adding new complex business rules.
- Modify the daily and monthly enrollment logic to accommodate the 834 daily and monthly changes by modifying and adding new business rules.

Member Capitation Changes to Start Any Date of Month

The preprocessor and adjustment process as it relates to capitation will be modified to accommodate enrollment starting on any day of the month. In order for the capitation calculation to be based on the date specific attributes, the following updates will be implemented as follows:

- Modify the preprocessor jobs for by introducing business rules to Healthcare Protection Program (HPP) and regular capitation process.
- Modify the capitation adjustment process to include complex business rules accommodate the changes to the regular and HPP capitation process. In order eliminate risk to the existing capitation adjustment process, the capitation jobs will be replicated and changed to accommodate any day enrollment changes.

Multiple Attributes MCO Capitation

MCO capitation today is determined based on a member's attributes that are effective on the first day of the month. The State would like to be able to calculate capitation based on date specific attributes, when the member is enrolled on a day other than the first of the month. This would require different capitation rates for different parts of the month.

- Modify the existing MCO capitation process so it does not create a regular capitation claim for the member for the month were there are different enrollment attributes.

Contractor Initials: *AO*

Date: 5/25/18

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- Create a new process to create a capitation claim where the payment for the first attribute is prorated on line one of the claim, and the payment for the second attribute is prorated on line two of the claim.

Benefit Plan Configuration

Configure the Fee For Service (FFS) Choice For Independence (CFI) Waiver Plan to cover new services.

Member Eligibility: New Heights File Processing

Expand the New Heights Interfaces (Daily, Retrigger, and Targeted Recon) and MMIS processes to receive, process and report errors for new data. In order to accommodate for this expansion, the following updates will be implemented:

- Modify the Informatica (INFA) interfaces (Daily, Retrigger, and Targeted Recon) to receive, validate and transform the following fields to the Common Eligibility Interface (CEI) file format.
 - Supplemental Security Income (SSI)
 - Social Security Disability Insurance (SSDI)
 - Special Medical Services (SMS) Indicator
 - Case Manager
 - Financial Redetermination Date
- Business Rule changes for:
 - Data validation of the above fields including new business rules
 - Error reporting of the fields above and similar to existing process
- Create separate table for storing SSI/SSDI data and new columns for storing other fields.
- Read CEI file for modified columns and fields including adding up to ten new business rules.
- Development of new and modify up business rules for the changes to the eligibility segment.
- Modify the MEM-ELG-016 report to include the new segment.

Member Eligibility: MMIS User Interface

Enhance the MMIS member data tables and user interfaces to store and present new data received in a new portlet. The following updates will be implemented:

- Changes to the Member User Interface (UIs):
 - Member Information Screen
 - Managed Care Information Screen for presenting the data and corresponding back end changes
- Configuration changes to the system list to accommodate the services for Automated Voice Response System (AVRS), 270/271 X12 transactions and provider inquiry.

Add Medicare Part D Carrier Info to MCO Interface

The MCO Interface will be modified to add the Medicare Part D Carrier fields.

MCO 834 Enrollment Transaction

The MCO 834 Daily and Monthly roster will be enhanced to capture and send the new data elements. The following updates will be implemented:

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- Change the MMIS 834 logic to populate new eligibility segment and new data into the 834.
- Create five new and modify existing business rules.
- Change the 834 EDI transactions to populate new data into the 834 – nine fields to be added to the 834.

Transformed Medicaid Statistical Information System (T-MSIS)

Update the T-MSIS extracts to ensure accurate data transmission to CMS. The following Extract, Transform, Load (ETL) processes will be modified as indicated:

- Modify ETL-T-MSIS-ELG-LOAD.cmj to accommodate the new changes to add SSI and SSDI to the existing eligibility extract.
- Modify ETL-T-MSIS-CLM-IP-LOAD.cmj to accommodate the new changes to the existing claim-IP extract.
- Modify ETL-T-MSIS-CLM-LT-LOAD.cmj to accommodate the new changes to the existing claim-IP extract.
- Modify ETL-T-MSIS-CLM-OT-LOAD.cmj to accommodate the new changes to the existing claim-IP extract.
- Modify ETL-T-MSIS-CLM-RX-LOAD.cmj to accommodate the new changes to the existing claim-IP extract.

Expanded 834 for Change Functionality and Increased Volume

Carriers have requested that when an end date is being sent that is not the 'end of time' that it be sent as a "change" rather than a "term". To accommodate this request, the 834 XML generation process from MMIS will be changed to accommodate a "change" rather than a "term" for end dates that is not the end of time.

Create 820 Premium Payment Transaction and Implement with MCOs

The 835 process is used today to report Managed Care Organization (MCO) capitation payments to the MCOs. The 835 process for the MCOs will be replaced by the Health Insurance Portability & Accountability Act of 1996 (HIPAA) 820 along with a new ERA report. In order to implement the HIPAA 820 and the new ERA type report the following enhancements will be made:

- Modify the existing process to include MCO payees as well.
- New business rules will be created and existing business rules will be modified to populate the fields needed.
- New Electronic Data Interchange (EDI) map will be created and New HIPAA 820 Implementation for MCOs
- Develop a new Electronic Remittance Advice (ERA) 835 type report for the 820 for MCOs and QHPs.

Expand the operational reporting repository

Federal reporting will be revised to capture new elements as follows:

- CMS372 changes to use encounter data after Nursing Facility data is transferred to MCOs.
- Other miscellaneous look-up table changes.

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The high level summary above covers the NH MMIS Managed Care Enhancements that will support improving the NH DHHS Managed Care Program. The cost to enhance the NH MMIS Managed Care Program under this Amendment 15 is \$4,030,650.

Enhancement IV –Waiver Service Authorization (SA)

The Waiver Service Authorization (SA) system currently in place today for the NH Area Agencies is external to the MMIS. The State has requested the MMIS be enhanced to consume the SA information via an interface, introduce upload attachment functionality and deliver letters electronically to the portal to reduce paper letter generation and mail costs. These enhancements will provide the necessary traceability of the Area Agency SA waiver process for New Hampshire Department of Health & Human Services (NH DHHS).

The SA related enhancements will consist of one new inbound interface and one new outbound interface (both leveraging the Bridges/Options SA interface) with additional status codes, including one General Summary report and error reporting. A new job will be created to load the data in the MMIS along with MMIS processing logic for loading data from the Informatica interface and error handling. In order to reduce paper letter generation and mail costs, the MMIS will be enhanced to include upload attachments functionality and connectivity will be established to Docfinity to deliver letters electronically to the web portal. A new portlet will be introduced to support comments functionality in the internal and external screens. The SA Assignment Update and SA Interface Results reports will be refined to support the service authorization enhancements to the MMIS.

The cost for the additional SA enhancements described above is \$774,743 under this Amendment 15.

Enhancement V: Acuity Rate Setting – Change of Ownership and Partial Year Cost Reporting Requirements Definition

The New Hampshire Department of Health and Human Services (NH DHHS) has communicated the Acuity Rate Setting (ARS) process is cumbersome because the nursing facilities submit manually-generated cost reports annually and the Department staff manually enter all schedule data line by line. Due to the number of schedules and ancillary reports requiring manual intervention, the Department has requested the Change of Ownership process is either modified or redesigned. In order to re-base for 2017, a Partial Year Cost Report (PYCR) was implemented when a Change of Ownership (sale, merger, acquisition or a facility closure) event occurs. The NH DHHS has requested up to eight (8) weeks of Joint Application Design (JAD) sessions to refine or redesign the requirements and a high-level design for the Change of Ownership process and include additional scope that was tabled during the PYCR project.

This effort will include the following:

- Develop JAD Plan including schedule, topics, and logistics
- Hold JAD Sessions
- Document JAD Minutes, Action Items, Key Decisions and Parking Lot Items
- Document Requirements
- Discuss High-Level Design

The cost for the additional ARS enhancements described above is \$360,000 under this Amendment 15.

Enhancement VI – UPIC Data Exchange and Third Party Liability Coverage

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The Unified Program Integrity Contractor (UPIC) data exchange conducts reviews of claims data for fraud, waste and abuse. The Third Party Liability (TPL) coverage information collection effort utilizes the outbound 270 and inbound 271 transactions to collect information regarding other coverage for Medicaid beneficiaries from other insurance carriers. This effort will be done in two phases.

Phase I – Federal UPIC

CMS has contracted with regional vendors to conduct data analysis for fraud, waste and abuse. These vendors are referred to as Unified Program Integrity Contractors (UPIC). The State has requested that Conduent develop an interface to UPIC in order to share data for the purposes of fraud, waste and abuse detection. Conduent does not have the detailed requirements for this effort; however, the following are the high-level requirements as they are currently understood:

- Develop a new business process and create an extract of data for an outbound interface
- Create a new Control-M job to initiate this interface

The cost for the additional UPIC enhancements described above is \$409,500 under this Amendment 15.

Phase II -- TPL Coverage Information

The Contractor will implement the capability to send an outbound X12 270 transaction to request coverage information from insurance carriers and be able to receive and process the X12 271 response transaction and apply the coverage information to the member files. This will enable the Medicaid agency to recover funds from other carriers for which Medicaid should have been the payer of last resort.

This effort will require the State to enroll with the carriers and obtain their companion guides in order to exchange data. The State is interested in implementing this functionality with the following carriers:

- Anthem
- Cigna
- Delta Dental
- Harvard Pilgrim
- DEERs
- Department Of Defense (DOD)

The TPL/270 and 271 transactions will be implemented for the above mentioned carriers to include:

- Modifying the 270 MMIS XML and EDI mapping to accommodate Companion Guide Changes for each carrier
- Modifying the 271 MMIS XML and EDI mapping to accommodate processing of the 271 inbound
- Updating EDI outbound and inbound routes
- Implementing SFTP for each FTP carrier (outbound and inbound) to included up to 6 connectivity requests)

The cost for the additional TPL Transaction enhancements described above is \$365,625 under this Amendment 15.

The high level summary above supports the UPIC Data Exchange and TPL Coverage for the MMIS. The combined cost for the additional UPIC & TPL enhancements described above is \$775,125 under this Amendment 15.

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Enhancement VII – T-MSIS Additional New Heights Data and Data Quality Issue Resolution

The New Hampshire Department of Health & Human Services (NH DHHS) is requesting enhancements to the Transformed Medicaid Statistical Information System (T-MSIS) component to accommodate required new data elements to be acquired through the New Heights interfaces. The new data elements are required by CMS. The required changes are modification of the New Heights interface, modification of the Common Eligibility Interface, modification of the T-MSIS process to accept the required new data elements, resolution of data quality issues identified by CMS following its data analyses, identifying and obtaining missing required T-MSIS data from systems outside of the MMIS.

The high level summary above will support T-MSIS Data and Resolution of Data Quality Issues. The cost for the additional T-MSIS enhancements described above is \$945,000 under this Amendment 15.

Enhancement VIII – Import and Store Qualified Health Plan (QHP) Encounter Data

The New Hampshire Health Protection Plan mandated collecting and storing Premium Assistance Program (PAP) encounter claims from Qualified Health Plans (QHP). In order to comply with the NH Health Protection Plan the encounter claims process will be modified to accept a one-time load of the PAP encounter claims from QHPs. A new inbound interface will be created to load the NH CHIS data into the NH Medicaid Management Information System (MMIS). Connectivity will be setup with Milliman to retrieve the NH CHIS (Comprehensive Healthcare Information System) claims data extract. Minimal data validation will occur and an EDMS report will be created along with General Summary and error reporting to confirm the data loaded correctly into the MMIS. The QHP encounter claim data balancing process will be implemented for the On-Line Transaction Processing (OLTP), Operational Reporting Repository (ORR) and Claims Data Mart (CDM). The QHP encounter claims will be loaded to the CDM. The NH CHIS may send some bad data and a full file replace process may be implemented to clean-up the encounter data. A separate Adhoc package will be created to ensure correct reporting.

Secondary to loading the QHP Encounter Data, an Encounter Claims Analysis will include a complete analysis of the encounter claims processing workflow from entry EDI to adjudication. This involves, analysis of the existing cross walk documentation, companion guide, XML translation, adjudication and business rules. The scope will also include a comparison of encounter claims between the MCO across claim types (Professional, Dental, Inpatient, Outpatient, Inpatient crossover and Outpatient crossover claims). The encounter data should be analyzed to determine if the encounter processing should continue to be processed like Fee For Service (FFS) claims or as a separate process. The encounter claims process will be documented and provide supporting evidence and justify recommendations of any enhancements to the encounter claims process. Recommendations will include updates to system documentation, mapping, crosswalks, companion guides, business rules, work flow updates and/or creating defects as well as recommendations for new Change Requests (CR).

The high level summary above supports the New Hampshire Health Protection Plan mandate to enhance the MMIS to support the Import and Store QHP Encounter Data and the Encounter Claims Analysis. The cost for the Import and Store QHP Encounter Data and the Encounter Claims Analysis under this Amendment 15 is \$1,300,000.

Enhancement IX – Security Policy Page

The New Hampshire Medicaid Management Information System (NH MMIS) will be enhanced to add a new security policy page that will be presented when an internal or external user logs into Health Enterprise MMIS. The security policy page will be implemented to satisfy the NH MMIS CMS Certification recommendation. The internal

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and external user login in screen will include additional language and an acknowledgement check box to the current login screen and prevent the user from logging into the MMIS until the acknowledgement box is checked.

User Interfaces

Language will be added to the internal and external user interface that explains:

- The system they are logging into is State owned and contains Protected Health Information (PHI) and Personally Identifiable Information (PII).
- By logging in, the user will have access to sensitive data and the capability to download data outside of the system.
- If the user should move the data outside of the system it is their responsibility to ensure the protection and security of the data.

The high level summary above supports the Security Policy Page enhancement to the MMIS. The cost for the enhancements for the Security Policy Page under this Amendment 15 is \$79,125.

Enhancement X – Tivoli Access Manager (TAM) Upgrade to IBM Security Access Manager (SAM)

The New Hampshire Medicaid Management Information System (NH MMIS) currently uses the IBM Tivoli Access Manager (TAM) version 6.1 for authentication. TAM will be upgraded to IBM Security Access Manager (ISAM) version 7.0 in order to continue support with IBM. The ISAM upgrade includes 11 environments including all applicable environments (Non-State and State) in the NH footprint. Multifactor Authentication is not included in this implementation. The cost for the additional TAM/SAM enhancements described above is \$475,910 under this Amendment 15.

In addition to the DDI costs, there are also annually recurring data storage fees, the cost for which are outlined below:

April 2019 – June 2019:	\$ 3,729	
July 2019 – June 2020:	\$14,914	
July 2020 – June 2021:	\$14,914	Total Ongoing Data Storage Cost: \$33,557

The high level summary above supports upgrading Tivoli Access Manager V6.1 to Security Access Manager V7.0 in order to continue support with IBM.

Enhancement XII – Cognos Upgrade

The New Hampshire Medicaid Management Information System (NH MMIS) currently uses the IBM Cognos version 10.1.1 for reports generation. As of April 30, 2016 IBM no longer provides regular support for this version of Cognos. Cognos will be upgraded to version 10.2 to continue regular support with IBM. The Cognos upgrade includes all applicable environments (Non-State and State) in the NH footprint. The cost for the additional Cognos upgrade described above is \$831,755 under this Amendment 15.

In addition to the DDI costs, there are also annually recurring data storage fees, the cost for which are outlined below:

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April 2019 – June 2019:	\$ 2,486	
July 2019 – June 2020:	\$ 9,943	
July 2020 – June 2021:	\$ 9,943	Total Ongoing Data Storage Cost: \$22,372

The high level summary above supports upgrading Cognos from version 10.1.1 to 10.2 in order to continue support with IBM.

The recurring Data Storage Fees identified above for the Tivoli and Cognos upgrades will be added to the Base Operations costs for each of the Additional Extension Years as identified above.

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Appendix A.18 Deliverables/Payment Milestones

Activity	Milestone or Deliverable	Start	Finish	Cost
Enhancement I – New Medicare Card ID Initiative (formerly SSNRI)				
New Heights Eligibility Changes and Data Architecture Changes	New Medicare Card ID New Heights Eligibility & Data Architecture Changes Completed	09/03/2018	12/30/2018	\$151,378
UI Changes Member Contact Management Functional Area Screens, TPL and Provider	New Medicare Card ID Add MBI in Search Criteria Results Completed	10/08/2018	02/03/2019	\$105,567
UI Changes Member Contact Management Functional Area Screens, TPL and Provider	New Medicare Card ID UI Changes to Display MBI as a Separate Field Completed	10/08/2018	02/03/2019	\$193,294
XML Changes	New Medicare Card ID XML Changes Completed	11/12/2018	03/10/2019	\$255,248
Alt ID Table	New Medicare Card ID B_ALT_ID Table Changes Completed	11/12/2018	03/10/2019	\$249,189
MMIS Interface Changes	New Medicare Card ID MMIS Interface Changes Completed	12/17/2018	04/14/2019	\$292,732
TMSIS Interface Changes	New Medicare Card ID TMSIS Interface Changes Completed	12/17/2018	04/14/2019	\$54,883
Cognos Reporting Changes	New Medicare Card ID Cognos Reporting Changes Completed	01/21/2019	05/19/2019	\$66,654
Optum EMAR Planning & Analysis	New Medicare Card ID Optum EMAR Planning & Analysis Completed	01/21/2019	02/21/2019	\$84,000
Optum EMAR SIT & UAT	New Medicare Card ID Optum EMAR SIT & UAT Completed	01/21/2019	03/18/2019	\$84,000
Optum EMAR Documentation, Production Implementation and Post Implementation Support	New Medicare Card ID Optum EMAR Documentation, Production Implementation and Post Implementation Support Completed	03/19/2019	05/19/2019	\$42,000
New Medicare Card ID (formerly SSNRI) Subtotal:				\$1,578,945

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Activity	Milestone or Deliverable	Start	Finish	Cost
Enhancement II – Ordering, Referring, and Prescribing Provider Enrollment and Claims Editing				
Provider Enrollment Changes to accommodate Enrollment for Individuals Billing with SSN, Individuals Non-Billing, and Individuals ORP only providers completed	ORP Provider Enrollment Changes Completed	09/03/2018	12/30/2018	\$672,592
Revise / create system lists and Create ORP Claim Edits	ORP Claim Edits Completed	10/08/2018	02/03/2019	\$560,454
Provider Revalidation Changes to accommodate Revalidation for Individuals Billing with SSN, Individuals Non-Billing, and Individuals ORP only providers completed	ORP Provider Revalidation Enrollment Changes Completed	11/12/2018	03/10/2019	\$373,172
Revise reports for ORP and create Adhoc reports	ORP Reporting Changes Completed	12/17/2018	04/14/2019	\$129,088
Revise PBM, MCO, Milliman, UNH system, and EHR Interfaces	ORP Data Interface Changes Completed	12/17/2018	04/14/2019	\$108,034
Ordering, Referring, and Prescribing Provider Enrollment and Claims Editing Subtotal:				\$1,843,340

Activity	Milestone or Deliverable	Start	Finish	Cost
ORP Additional Operations Temporary Staffing				
ORP Operations Staffing Support	ORP Operations Staffing 1.5 months	March 2019	June 2019	\$105,098
ORP Operations Staffing Support	ORP Operations Staffing 4 Qtrs.	July 2019	June 2020	\$371,146

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ORP Operations Staffing Support	ORP Operations Staffing 4 Qtrs.	July 2020	June 2021	\$382,280
ORP Additional Operations Temporary Staffing Subtotal:				\$858,524

Activity	Milestone or Deliverable	Start	Finish	Cost
ORP Additional Provider Screening & Monitoring Services				
ORP Provider Screening & Monitoring Services	ORP Provider Screening & Monitoring Services 1 month	June 2019	June 2019	\$14,204
ORP Provider Screening & Monitoring Services	ORP Provider Screening & Monitoring Services 4 Qtrs.	July 2019	June 2020	\$175,564
ORP Provider Screening & Monitoring Services	ORP Provider Screening & Monitoring Services 4 Qtrs.	July 2020	June 2021	\$198,913
ORP Additional ORP Provider Screening & Monitoring Services Subtotal:				\$388,681
Ordering, Referring, and Prescribing Provider Enrollment and Claims Editing, Operation Staffing and Provider Screening & Monitoring Services Subtotals:				\$3,090,545

Activity	Milestone or Deliverable	Start	Finish	Cost
Enhancement III – Managed Care Enhancements				
Member Enrollment 834 Changes - Modify Member Enrollment Next Day Enrollment	Member Enrollment 834 Changes ('Next Day Enrollment') Completed	07/30/2018	11/25/2018	\$479,329
Member Capitation Changes - Modify Capitation to Accommodate Enrollment Starting on Any Day of the Month	Member Capitation Changes to Start Any Date of Month Completed	09/03/2018	12/30/2018	\$407,387
Implement the capability to pay different capitation rates for different parts of the month based on multiple member attributes.	Multiple Attributes MCO Capitation Completed	10/08/2018	02/03/2019	\$623,498
Benefit Plan - Configure FFS CFI	Benefit Plan Configuration Completed	11/12/2018	03/10/2019	\$6,530

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Waiver Benefit Plan to Cover New Services				
Member Eligibility - Expand New Heights File Processing to Accommodate New Data	Member Eligibility: New Heights File Processing Completed	12/17/2018	04/14/2019	\$888,106
Member Eligibility – Expand MMIS UI to Accommodate New Data	Member Eligibility: MMIS User Interface Completed	12/17/2018	04/14/2019	\$129,896
Add the Medicare Part D Carrier fields to the MCO interface	Add Medicare Part D Carrier Info to MCO Interface Completed	01/21/2019	05/19/2019	\$67,374
MCO 834 Enrollment Transaction – Add New Data Elements	MCO 834 Enrollment Transaction Completed	01/21/2019	05/19/2019	\$271,210
T-MSIS Changes	Transformed Medicaid Statistical Information System (T-MSIS) Completed	02/25/2019	06/23/2019	\$210,402
Expand the 834 to Accommodate Change Functionality and to Handle Increased Volume	Expanded 834 for Change Functionality and Increased Volume Completed	04/01/2019	07/28/2019	\$321,793
Create and Implement the 820 for MCOs & QHPs	Create 820 Premium Payment Transaction and Implement with MCOs and QHPs	05/06/2019	09/01/2019	\$415,125
Revise Federal Reporting	Expand the operational reporting repository to capture new member data elements.	05/06/2019	09/01/2019	\$210,000
Managed Care Enhancements Subtotal:				\$4,030,650

Activity	Milestone or Deliverable	Start	Finish	Cost
Enhancement IV –Waiver Service Authorization Changes				
Requirements and CR Approval	SA Interface, Attachments & Letters Requirements Completed	11/12/2018	11/30/2018	\$154,950

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Development	SA Interface, Attachments & Letters Development Completed	12/03/2018	01/04/2019	\$232,423
SIT & Regression	SA Interface, Attachments & Letters SIT & Regression Completed	12/31/2018	02/08/2019	\$193,685
UAT and Production	SA Interface, Attachments & Letters UAT Support & Production Implementation Completed	02/11/2019	03/10/2019	\$193,685
Waiver Service Authorization Subtotal:				\$774,743

Activity	Milestone or Deliverable	Start	Finish	Cost
Enhancement V -- Requirements Definition for ARS Change of Ownership and Partial Year Cost Reporting				
JADs	ARS CHOW PYCR Requirements JADs Completed	01/07/2019	03/01/2019	\$360,000
Requirements Definition for ARS Change of Ownership and Partial Year Cost Reporting Subtotal:				\$360,000

Activity	Milestone or Deliverable	Start	Finish	Cost
Enhancement VI – UPIC Data Exchange and TPL Coverage Information				
Requirements Gathering and CRs created, submitted and approved	UPIC Data Exchange Requirements Completed	06/10/2019	06/28/2019	\$61,425
Development & Unit Test	UPIC Data Exchange Development & Unit Test Completed	07/01/2019	08/02/2019	\$143,325
SIT & Regression	UPIC Data Exchange SIT & Regression Completed	07/29/2019	09/06/2019	\$102,375
UAT, Production Deployment & Post Implementation Review	UPIC Data Exchange UAT & Production Deployment Completed	09/09/2019	10/06/2019	\$102,375
270/271 Impact Assessment, Requirements Gathering and CRs created, submitted and approved	TPL Coverage Information Collection via 270/271 Assessment & Requirements Completed	07/15/2019	08/02/2019	\$54,844

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Development & Unit Test	TPL Coverage Information Collection via 270/271 Development & Unit Test Completed	08/05/2019	09/06/2019	\$127,969
SIT & Regression	TPL Coverage Information Collection via 270/271 SIT & Regression Completed	09/02/2019	10/11/2019	\$91,406
UAT, Production Deployment & Post Implementation Review	TPL Coverage Information Collection via 270/271 UAT & Production Deployment Completed	10/14/2019	11/10/2019	\$91,406
UPIC Data Exchange and TPL Coverage Information Subtotal:				\$775,125

Activity	Milestone or Deliverable	Start	Finish	Cost
Enhancement VII – T-MSIS Additional New HEIGHTS Data and Resolution of Data Quality Issues				
New Heights Data Analysis & Requirements Complete	T-MSIS New Heights Data Analysis & Requirements Completed	01/21/2019	02/08/2019	\$45,000
T-MSIS Modify New Heights Interfaces	T-MSIS Modify New Heights Interfaces Completed	02/11/2019	03/15/2019	\$50,000
T-MSIS Modify New Heights Interfaces	T-MSIS Modify New Heights Interfaces Completed	03/11/2019	05/19/2019	\$50,000
T-MSIS Modify New Heights Interfaces	T-MSIS Modify New Heights Interfaces Completed	02/25/2019	06/23/2019	\$50,000
T-MSIS Modify New Heights Interfaces	T-MSIS Modify New Heights Interfaces Completed	02/25/2019	06/23/2019	\$50,000
T-MSIS Data Quality Clean-up	T-MSIS Data Quality Clean-up Completed	04/01/2019	07/28/2019	\$50,000
T-MSIS Data Quality Clean-up	T-MSIS Data Quality Clean-up Completed	04/01/2019	07/28/2019	\$50,000
T-MSIS Data Quality Clean-up	T-MSIS Data Quality Clean-up Completed	05/06/2019	09/01/2019	\$50,000
T-MSIS Data Quality Clean-up	T-MSIS Data Quality Clean-up Completed	05/06/2019	09/01/2019	\$50,000
T-MSIS Data Quality Clean-up	T-MSIS Data Quality Clean-up Completed	06/10/2019	10/06/2019	\$50,000
T-MSIS Data	T-MSIS Data Quality Clean-up	06/10/2019	10/06/2019	\$50,000

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Quality Clean-up	Completed			
T-MSIS Data Quality Clean-up	T-MSIS Data Quality Clean-up Completed	07/15/2019	11/10/2019	\$50,000
T-MSIS Data Quality Clean-up	T-MSIS Data Quality Clean-up Completed	07/15/2019	11/10/2019	\$50,000
T-MSIS Data Quality Clean-up	T-MSIS Data Quality Clean-up Completed	08/19/2019	12/15/2019	\$50,000
T-MSIS Data Quality Clean-up	T-MSIS Data Quality Clean-up Completed	08/19/2019	12/15/2019	\$50,000
T-MSIS Data Quality Clean-up	T-MSIS Data Quality Clean-up Completed	09/23/2019	01/19/2020	\$50,000
T-MSIS Data Quality Clean-up	T-MSIS Data Quality Clean-up Completed	09/23/2019	01/19/2020	\$50,000
T-MSIS Data Quality Clean-up	T-MSIS Data Quality Clean-up Completed	10/28/2019	02/23/2020	\$50,000
T-MSIS Data Quality Clean-up	T-MSIS Data Quality Clean-up Completed	10/28/2019	02/23/2020	\$50,000
T-MSIS Additional New HEIGHTS Data and Resolution of Data Quality Issues Subtotal:				\$945,000

Activity	Milestone or Deliverable	Start	Finish	Cost
Enhancement VIII – Import and Store QHP Encounter Data				
Import & Store QHP Encounter Data Requirements & CR Approval	Import & Store QHP Encounter Data Requirements Completed	12/17/2018	01/04/2019	\$133,439
Import & Store QHP Encounter Data Development & Unit Test	Import & Store QHP Encounter Data Development Completed	01/07/2019	02/08/2019	\$266,971
Import & Store QHP Encounter Data SIT & Regression	Import & Store QHP Encounter Data SIT & Regression Completed	02/04/2019	03/15/2019	\$311,466
Import & Store QHP Encounter Data UAT & Production	Import & Store QHP Encounter Data UAT & Production Deployment Completed	03/18/2019	04/14/2019	\$177,980
Encounter Data Analysis	Encounter Data Analysis Completed	03/01/2019	03/29/2019	\$82,029
Encounter Data Analysis	Encounter Data Deliverable Completed	04/01/2019	04/12/2019	\$82,029

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Deliverable				
Encounter Data Analysis Technical Support	Encounter Data Technical Support Completed	04/01/2019	07/28/2019	\$82,029
Encounter Data Analysis Technical Support	Encounter Data Technical Support Completed	05/06/2019	09/01/2019	\$82,029
Encounter Data Analysis Technical Support	Encounter Data Technical Support Completed	05/06/2019	09/01/2019	\$82,028
Import and Store QHP Encounter Data Subtotal:				\$1,300,000

Activity	Milestone or Deliverable	Start	Finish	Cost
Enhancement IX – Security Policy Page				
Security Policy Page Complete	Coding, Testing, and Implementation of Security Policy Page Completed	07/30/2018	11/25/2018	\$79,125
Security Policy Page Subtotal:				\$79,125

Activity	Milestone or Deliverable	Start	Finish	Cost
Enhancement X – Tivoli Access Manager Upgrade to Security Access Manager				
Requirements & CR Approval	ISAM Environment Setup Completed	04/01/2019	04/31/2019	\$20,000
POC + Upgrade of non-state and all State applicable environments	ISAM Non-State and all State Applicable Environments Upgrade Completed	05/01/2019	06/30/2019	\$227,850
Upgrade of UAT	ISAM UAT Environment Upgrade Completed	07/01/2019	07/12/2019	\$114,030
Upgrade of Production	ISAM Production Environment Upgrade Completed	07/13/2019	08/12/2019	\$114,030
Tivoli Access Manager Upgrade to Security Access Manager Subtotal:				\$475,910

Activity	Milestone or Deliverable	Start	Finish	Cost
Security Access Manager Storage Costs				
SAM Storage Costs	Security Access Manager Storage 3 months	April 2019	June 2019	\$3,729
SAM Storage Costs	Security Access Manager Storage 4 Qtrs.	July 2019	June 2020	\$14,914

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SAM Storage Costs	Security Access Manager Storage 4 Qtrs.	July 2020	June 2021	\$14,914
Security Access Manager Storage Costs Subtotal:				\$33,557
Tivoli Access Manager Upgrade to Security Access Manager and Storage Costs Subtotals:				\$509,467

Activity	Milestone or Deliverable	Start	Finish	Cost
Enhancement XI – Cognos Upgrade				
Requirements & CR Approval	Environment Setup Completed	04/01/2019	04/31/2019	\$20,000
POC + Upgrade of Non-State and all State applicable Environments	Cognos Non-State and All State Environments Upgrade Completed	05/01/2019	06/30/2019	\$405,825
Upgrade of UAT	Cognos UAT Environment Upgrade Completed	07/01/2019	07/12/2019	\$202,965
Upgrade of Production	Cognos Production Environment Upgrade Completed	07/13/2019	08/12/2019	\$202,965
Cognos Upgrade Subtotal:				\$831,755

Activity	Milestone or Deliverable	Start	Finish	Cost
Cognos Storage Costs				
Cognos Storage Costs	Cognos Storage 3 months	April 2019	June 2019	\$2,486
Cognos Storage Costs	Cognos Storage 4 Qtrs.	July 2019	June 2020	\$9,943
Cognos Storage Costs	Cognos Storage 4 Qtrs.	July 2020	June 2021	\$9,943
Cognos Storage Costs Subtotal:				\$22,372
Cognos Upgrade and Storage Costs Subtotals:				\$854,127
Enhancements I-XI Total:				\$14,297,727

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NH MMIS System Enhancements Technical Platform Minimal Investment

Introduction

The primary focus of the New Hampshire Medicaid Management Information System (NH MMIS) Technical Platform Minimum Investment (TPMI) Project is to upgrade the Computer Hardware from IBM P7 to P8, upgrade the Operating System (OS) Software to AIX 7.1, upgrade the XPression software, and upgrade the internet Browser Compatibility Fixes (changes to the NH MMIS application to make it functional with the latest version of Microsoft Edge and Mozilla Firefox).

The scope of the work for this Amendment 15 Appendix A.19 (as detailed in the Contractor's technical proposal for the Technology Platform Minimum Investment Project (TPMI) dated May 16, 2018 version 3.1 (incorporated by reference in Exhibit M) and includes the following deliverables for the TPMI:

1. Computer Hardware Upgrade
2. IBM P7 to IBM P8
3. Wintel upgrade
4. Operating System (OS) Software Upgrade (OS Upgrade to AIX Version 7.1, XPression Software Upgrade)
5. Internet Browser Upgrade (Latest version of Microsoft Edge, Mozilla Firefox) (and Google ReCaptcha upgrade)
6. *Out Of Scope* – This project does not attempt to [REDACTED] create or add new system or operational functionality, or drive improvements in systems performance measures. [REDACTED]
[REDACTED]
[REDACTED]
7. All software upgrades use COTS (Commercial Off-The-Shelf) software subject to third party commercial licenses.

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NH.MMIS System Enhancements Technical Platform Minimal Investment

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Hardware / Software Purpose of product Remediated After Upgrade

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NH MMIS System Enhancements Technical Platform Minimal Investment

Phased Implementation Approach

Phase I - Install new servers & environments in the Sandy, UT Data Center. Migrate applications and data from Tarrytown, NY Data Center to new locations. Test, review and go live.

- IBM Power8 series servers racking, stacking, cabling and storage.
- Prepare Exadata (Intel hardware) Rack to host NHMMIS databases
- Establish the replication of data from current server to Exadata. Bring down the application running on the servers. Down time will vary based on the size of the Storage Area Network (SAN) size. Downtime can be for a period of up to 72 hours. This is the existing NH environment – downtimes will be scheduled over weekends
- Complete full backup copies of all the servers in current data centers (AIX 6.1 Backup). (Pittsburgh, Atlanta and Tarrytown respectively)
- Execute testing, review test results, validate that servers and environments are working as required, remediate and resolve any outstanding issues.
- Start the servers and release the environment. (Normal operations on existing servers will continue until remaining cut over steps are completed.)

Phase II - Install the re-purposed (existing) IBM P7 Plus servers & environments in the Sandy, UT Data Center. Migrate applications and data from Atlanta, GA Data Center to new location. Test, review and go live.

- Prep the IBM Power8 servers in the Sandy, UT and East Windsor, NJ Data Centers.
- Configure the servers using the AIX 6.1 backup transferred from other data centers.
- Infrastructure teams to change and configure the New IPs and test their respective components with the new IPs.
- Quality Assurance and Development teams to perform limited integration, regression testing and limited batch job testing
- At this point in time, parallel environment on new IBM P8 hardware and existing version of OS is ready and can be turned on.

Phase III – Install new servers & environments in the East Windsor, NJ Data Center. Migrate applications and data from Pittsburg, PA Data Center to new location. Test, review and go live.

- OS AIX 7.1 will be loaded on IBM P8 servers in Sandy, UT or East Windsor, NJ Data Center.
- Test the Application on AIX 7.1.
- Quality Assurance and Development teams to perform limited integration, regression testing and limited batch job testing.
- Once Quality Assurance Team certifies new environment, the new environments are released for production and the old environments are decommissioned.

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NH MMIS System Enhancements Technical Platform Minimal Investment

Establishing new environments; means easier migration, transition of data and applications from the current platform to the new platform, which will help to minimize the risks and scheduled down time associated with the upgrade.

Minimum down time will be achieved by:

- Running Parallel environments
- At the time of transition, Conduent will bind the existing Uniform Resource Locators (URLs) to ensure seamless transition to the new servers. Conduent will then de-commission the old servers and the MMIS application running on new servers will go live. This cutover process to transition can take up to 72 hours per environment.
- Upgrade to be completed in sequential order with minimal planned downtime to the business operation.

Enhancement I: Hardware Upgrade

- Upgrade the Hardware to IBM Power Series 8 servers or re-purpose IBM Power Series 7 Plus servers [REDACTED]
- Production, Disaster Recovery and User Acceptance Testing Environment will be upgraded to IBM Power 8 Series and Lower environments will be upgraded to IBM Power 7 Plus Servers.

Enhancement II: Operating Systems Software Upgrade

Software upgrade enhancement includes the following software component upgrades.

- OS upgrade
- XPression Migration and Wintel upgrade
- XPressions will be upgraded to V4.6 on new windows servers.

Enhancement III – Browser Upgrade

This enhancement includes system updates to make NH MMIS compatible with Microsoft IE v11 and IE Edge, Mozilla Firefox v57.x and Google Chrome v63.x, and also google captcha version 2 implementation.

Appendix A.19 Deliverables/Payment Milestones

Activity	Milestone or Deliverable	Start	Finish	Cost
TPMI Enhancement I – Hardware Upgrade				
TMPI Project Plan	Deliver Final Project Plan to NH	07/01/2018	07/31/2018	\$847,994
Computer Hardware procurement	Purchase/Lease of new assets & begin back-up and replication work	07/01/2018	07/31/2018	\$1,695,988
Hardware Upgrade Subtotal:				\$2,543,982
TPMI Enhancement II – Software Upgrade				
UAT, DR & Model Office environments Upgrades	Transition, Upgrades, Testing and “Operational” Complete	07/01/2018	09/30/2018	\$1,271,991
DEVL & QA	Transition, Upgrades, Testing and	10/01/2018	1/31/2019	\$1,271,991

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Date: 5/25/18

Conduent Amendment 15
Appendix A.19
NH MMIS System Enhancements Technical Platform Minimal Investment

Activity	Milestone or Deliverable	Start	Finish	Cost
Environments Upgrades	"Operational" Complete			
Production Environment Upgrade	Transition, Upgrades, Testing and "Operational" Complete	02/01/2019	3/31/2019	\$1,271,991
XPressions Upgrade	Transition, Upgrades, Testing and "Operational" Complete	04/01/2019	06/30/2019	\$847,994
Software Upgrade Subtotal:				\$4,663,967
TPMI Enhancement III – Browser Upgrade				
Browser Compatibility Upgrade	Transition, Upgrades, Testing and "Operational" Complete	07/01/2019	11/30/2019	\$1,271,991
Browser Upgrade Subtotal:				\$1,271,991
Enhancements I-III Total:				\$8,479,940

Conduent shall not be responsible for interoperability or defects caused by the incompatibility between on one hand upgraded Computer Hardware and upgraded Operating System Software and on the other hand existing third party software and existing State software (including but not limited to third party and State applications software) and existing third party hardware and existing State hardware. "Incompatibility" is defined as the inability of the combined system to satisfy or achieve a specific functional performance requirement stated in this Appendix A.19 and referenced in the TPMI Proposal, which is found after a detailed root cause analysis, to be attributable to existing third party software, existing State software and/or existing third party hardware and/or existing State hardware.

Conduent shall also not be responsible if the interoperability or defect is caused by (i) malicious code or software bugs contained in existing third party software or existing State software, (ii) defective or worn out components or parts contained in existing third party hardware or existing State hardware, (iii) undisclosed third Party hardware, State hardware, third party software, or State software, or (iv) any hardware and/or software subsequently added by the State. In the event of an Incident caused by Incompatibility, the Contractor will act in concert with the State to evaluate and attempt to remediate the issue as expeditiously as possible by conducting the activities set forth in the MMIS Systems and Environment Incident Contingency Plans below.

The State agrees that by committing to the limited scope of Technology Platform Minimum Investment (TPMI Project) [REDACTED] there are potential risks of a performance failure, [REDACTED] and/or business impact ("Incidents") within the existing system. [REDACTED]

[REDACTED]. In the event of an Incident, if upon the Contractor's completion of a detailed root cause analysis, as shared with the State, the Incident is determined to be caused by [REDACTED] issues [REDACTED] specifically identified [REDACTED] in the TPMI Project, the State will not hold Conduent liable for Service Level Agreements (SLAs) or any related penalties, performance, [REDACTED] defects, errors in processing or reporting caused by the Incident(s).

Further, Conduent will not be responsible for actual or Liquidated Damages, SLA penalties, HIPAA or BAA violations, subjugation of claims, or for incremental costs or expenses to address, mitigate or correct the problem [REDACTED], except that Contractor will, in response to such Incidents, comply with the MMIS Systems and Environment Incident Contingency Plans as

NH MMIS System Enhancements Technical Platform Minimal Investment

set forth below. Upon receipt of the root cause analysis, if the State disagrees with the causal analysis, the State shall utilize the Dispute Resolution Process outlined in section 17 of the Agreement.

MMIS Systems and Environment Incident Contingency Plans

In the event that an incident occurs that impacts the MMIS environment, Conduent will perform the following set of activities in concert with the State to evaluate and attempt to remediate the issue as expeditiously as possible:

- Determine / isolate root cause of issue (Hardware or OS Security or Application Layer)
- [REDACTED] Conduent shall perform maintenance and support consistent with the requirements and obligations specified in the Agreement.
- [REDACTED] Conduent shall:
 - a. Engage vendor for support – when and where applicable and available
 - b. Evaluate the level of impact to production, systems, stakeholders and data
 - c. Collaborate with State on options to address or mitigate issues

[REDACTED]
[REDACTED] should an incident occur, Conduent will at its cost provide reasonable proactive and reactive support to assess the issues. This support will include contacting the third party software provider to determine the cause and collaborate with the State to come up with acceptable options for technology and business process changes to mitigate, address or resolve the identified issues, and will ascertain the estimated cost for such for technology and business process changes to the State. Subject to the State agreeing to the cost, timelines, and risk associated with a workaround, business change and/or patch, Conduent will collaborate with the State to determine if there is an opportunity or possibility for Conduent to provide a workaround, business change and or systems/software patch. Conduent will not be responsible or liable for maintaining the [REDACTED] or for the cost to remedy or solve any Incident [REDACTED].

Remainder of page intentionally left blank.



Exhibit M

Additional Documents Included by Reference

The following Amendment 15 Proposals are attached and are hereby incorporated by reference:

1. Conduent New Hampshire MMIS Proposed Solution Amendment 15 DDI Projects (DDI) Proposal, dated May 15, 2018, version 1.3 – referenced in Appendix A.18
2. Conduent New Hampshire MMIS Technical Platform Minimal Investment (TPMI) Proposal, dated May 16, 2018, version 3.1 - referenced in Appendix A.19
3. Conduent New Hampshire MMIS Operations and Maintenance (O&M) Proposal dated May 17, 2018, version 3.2

By initialing/dating this Exhibit M the Contractor confirms that they have reviewed and agree to all proposal documents pages for the proposals listed above.

Remainder of page intentionally left blank.

CERTIFICATE OF ASSISTANT SECRETARY

I, Christopher Scott Morrow, do hereby certify as follows:

(1) I am the duly appointed, qualified and Assistant Secretary of Conduent State Healthcare, LLC, a Delaware limited liability company (the "Company") in accordance with the Amended and Restated Limited Liability Company Agreement of Conduent State Healthcare, LLC, adopted as of October 21, 2009, and in such capacity I am authorized to execute this Certificate on behalf of the Company.

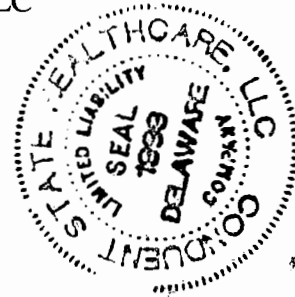
(2) Daniel A. Dwyer is a duly appointed, qualified and acting Executive Vice President of the Company in accordance with the Amended and Restated Limited Liability Company Agreement of Conduent State Healthcare, LLC, adopted as of October 21, 2009, and in such capacity is authorized to obligate, bind, and execute Amendment No. 14 to that certain Medicaid Management Information System Reprocurement agreement by and between the Company and the State of New Hampshire Department of Health and Human Services, effective December 7, 2005.

IN WITNESS WHEREOF, I have subscribed this Certificate of Assistant Secretary this 25th day of May, 2018.

CONDUENT STATE HEALTHCARE, LLC
a Delaware limited liability company



Christopher Scott Morrow
Assistant Secretary



DISTRICT OF COLUMBIA: SS

This instrument was acknowledged before me on this 25th day of May, 2018, by Christopher Scott Morrow, Assistant Secretary of Conduent State Healthcare, LLC, a Delaware limited liability company, on behalf of said Company.



Notary Public, Washington, D.C.

My Commission Expires: November 22, 2022



State of New Hampshire

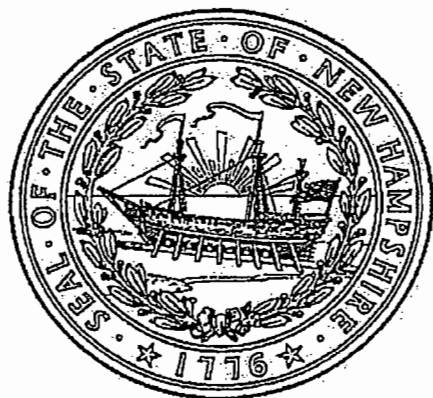
Department of State

CERTIFICATE

I, William M. Gardner, Secretary of State of the State of New Hampshire, do hereby certify that CONDUENT STATE HEALTHCARE, LLC is a Delaware Limited Liability Company registered to transact business in New Hampshire on July 01, 1999. I further certify that all fees and documents required by the Secretary of State's office have been received and is in good standing as far as this office is concerned.

Business ID: 316932

Certificate Number: 0004099146



IN TESTIMONY WHEREOF,
I hereto set my hand and cause to be affixed
the Seal of the State of New Hampshire,
this 18th day of May A.D. 2018.

A handwritten signature in cursive script, appearing to read "William M. Gardner".

William M. Gardner
Secretary of State



CERTIFICATE OF LIABILITY INSURANCE

DATE(MM/DD/YYYY)
06/01/2018

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AFFIRMATIVELY OR NEGATIVELY AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW. THIS CERTIFICATE OF INSURANCE DOES NOT CONSTITUTE A CONTRACT BETWEEN THE ISSUING INSURER(S), AUTHORIZED REPRESENTATIVE OR PRODUCER, AND THE CERTIFICATE HOLDER.

IMPORTANT: If the certificate holder is an ADDITIONAL INSURED, the policy(ies) must have ADDITIONAL INSURED provisions or be endorsed. If SUBROGATION IS WAIVED, subject to the terms and conditions of the policy, certain policies may require an endorsement. A statement on this certificate does not confer rights to the certificate holder in lieu of such endorsement(s).

PRODUCER Aon Risk Services Northeast, Inc. Stamford CT Office 1600 Summer Street Stamford CT 06907-4907 USA	CONTACT NAME: PHONE (A/C. No. Ext): (866) 283-7122 FAX (A/C. No.): (800) 363-0105		
	E-MAIL ADDRESS:		
INSURED Conduent Incorporated and its subsidiaries 100 Campus Drive, Suite 200 Florham Park NJ 07932 USA	INSURER(S) AFFORDING COVERAGE		NAIC #
	INSURER A: National Union Fire Ins Co of Pittsburgh		19445
	INSURER B:		
	INSURER C:		
	INSURER D:		
	INSURER E:		

COVERAGES **CERTIFICATE NUMBER: 570071454187** **REVISION NUMBER:**

THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS. Limits shown are as requested

INSR LTR	TYPE OF INSURANCE	ADDL INSD	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
	COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS-MADE <input type="checkbox"/> OCCUR GEN'L AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC OTHER:						EACH OCCURRENCE DAMAGE TO RENTED PREMISES (Ea occurrence) MED EXP (Any one person) PERSONAL & ADV INJURY GENERAL AGGREGATE PRODUCTS - COMP/OP AGG
	AUTOMOBILE LIABILITY <input type="checkbox"/> ANY AUTO <input type="checkbox"/> OWNED AUTOS ONLY <input type="checkbox"/> HIRED AUTOS ONLY <input type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> NON-OWNED AUTOS ONLY						COMBINED SINGLE LIMIT (Ea accident) BODILY INJURY (Per person) BODILY INJURY (Per accident) PROPERTY DAMAGE (Per accident)
	UMBRELLA LIAB <input type="checkbox"/> OCCUR EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE DED RETENTION						EACH OCCURRENCE AGGREGATE
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR / PARTNER / EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below	Y/N	N/A				<input type="checkbox"/> PER STATUTE <input type="checkbox"/> OTHER E.L. EACH ACCIDENT E.L. DISEASE-EA EMPLOYEE E.L. DISEASE-POLICY LIMIT
A	E&O-PL-Primary			014767102 SIR applies per policy terms & conditions	06/01/2018	06/01/2019	per claim/ Agg \$5,000,000

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)
 Named Insured includes: Conduent State Healthcare, LLC. RE: Medicaid Management Information System, RFP Number: 2005-004.

CERTIFICATE HOLDER State of New Hampshire Department of Health and Human Services Office of Commissioner 129 Pleasant Street Concord NH 03301 USA	CANCELLATION SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS. AUTHORIZED REPRESENTATIVE <i>Aon Risk Services Northeast, Inc.</i>
---	--



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)
02/23/2018

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AFFIRMATIVELY OR NEGATIVELY AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW. THIS CERTIFICATE OF INSURANCE DOES NOT CONSTITUTE A CONTRACT BETWEEN THE ISSUING INSURER(S), AUTHORIZED REPRESENTATIVE OR PRODUCER, AND THE CERTIFICATE HOLDER.

IMPORTANT: If the certificate holder is an ADDITIONAL INSURED, the policy(ies) must have ADDITIONAL INSURED provisions or be endorsed. If SUBROGATION IS WAIVED, subject to the terms and conditions of the policy, certain policies may require an endorsement. A statement on this certificate does not confer rights to the certificate holder in lieu of such endorsement(s).

PRODUCER MARSH USA, INC. 1166 AVENUE OF THE AMERICAS NEW YORK, NY 10036 Attn: ACS.CertRequest@marsh.com	CONTACT NAME: PHONE (A/C, No, Ext): E-MAIL ADDRESS:		FAX (A/C, No):	
	INSURER(S) AFFORDING COVERAGE			NAIC #
INSURED Conduent Incorporated 100 Campus Drive, Suite 200 Florham Park, NJ 07932	NOC	INSURER A : ACE American Insurance Company		22667
		INSURER B : N/A		N/A
		INSURER C : Indemnity Ins Co Of North America		43575
		INSURER D : ACE Fire Underwriters Ins. Co.		20702
		INSURER E :		
		INSURER F :		

COVERAGES **CERTIFICATE NUMBER:** NYC-009976539-39 **REVISION NUMBER:** 20

THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

INSR LTR	TYPE OF INSURANCE	ADDL INSD	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
A	COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR GEN'L AGGREGATE LIMIT APPLIES PER: <input checked="" type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC OTHER:			HDO G27873789	01/01/2018	01/01/2019	EACH OCCURRENCE \$ 2,000,000 DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 2,000,000 MED EXP (Any one person) \$ N/A PERSONAL & ADV INJURY \$ 2,000,000 GENERAL AGGREGATE \$ 10,000,000 PRODUCTS - COMP/OP AGG \$ INCLUDED
A	AUTOMOBILE LIABILITY <input checked="" type="checkbox"/> ANY AUTO <input type="checkbox"/> OWNED AUTOS ONLY <input type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> HIRED AUTOS ONLY <input type="checkbox"/> NON-OWNED AUTOS ONLY			ISA H25098468	01/01/2018	01/01/2019	COMBINED SINGLE LIMIT (Ea accident) \$ 2,000,000 BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$
	UMBRELLA LIAB <input type="checkbox"/> OCCUR EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE DED RETENTION \$						EACH OCCURRENCE \$ AGGREGATE \$
C A D	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below	Y/N N	N/A	WLR C64624350 (AOS) WLR C64624349 (AZ, CA, MA) SCF C64624362 (WI)	01/01/2018 01/01/2018 01/01/2018	01/01/2019 01/01/2019 01/01/2019	<input checked="" type="checkbox"/> PER STATUTE <input type="checkbox"/> OTH-ER E.L. EACH ACCIDENT \$ 1,000,000 E.L. DISEASE - EA EMPLOYEE \$ 1,000,000 E.L. DISEASE - POLICY LIMIT \$ 1,000,000

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)
RE: CONDUENT STATE HEALTHCARE, LLC MEDICAID MANAGEMENT INFORMATION SYSTEM RFP # 2005-004
OTHER NAMED INSURED: CONDUENT STATE HEALTHCARE, LLC
THE STATE OF NEW HAMPSHIRE IS ADDITIONAL INSURED UNDER THE ABOVE GENERAL LIABILITY AND AUTO LIABILITY BUT ONLY WITH RESPECT TO LIABILITY ARISING FROM NEGLIGENT ACTS OR OMISSIONS OF CONDUENT BUSINESS SERVICES, LLC AND TO THE EXTENT REQUIRED BY WRITTEN CONTRACT. WORKERS' COMPENSATION IS PROVIDED AT THE STATUTORY LIMITS IN NEW HAMPSHIRE.

CERTIFICATE HOLDER STATE OF NEW HAMPSHIRE DEPARTMENT OF HEALTH AND HUMAN SERVICES OFFICE OF COMMISSIONER 129 PLEASANT STREET CONCORD, NH 03301	CANCELLATION SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS. AUTHORIZED REPRESENTATIVE of Marsh USA Inc. Daniel Rivera
--	--

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AGENCY CUSTOMER ID: 303099

LOC #: New York



ADDITIONAL REMARKS SCHEDULE

Page 2 of 2

AGENCY MARSH USA, INC.		NAMED INSURED Conduent Incorporated 100 Campus Drive, Suite 200 Florham Park, NJ 07932	
POLICY NUMBER		EFFECTIVE DATE:	
CARRIER	NAIC CODE		

ADDITIONAL REMARKS

THIS ADDITIONAL REMARKS FORM IS A SCHEDULE TO ACORD FORM,
FORM NUMBER: 25 FORM TITLE: Certificate of Liability Insurance

EACH OF THE INSURANCE POLICIES REFERENCED ABOVE PROVIDES THAT SHOULD SUCH POLICY BE CANCELLED BY THE INSURER BEFORE THE EXPIRATION DATE THEREOF FOR ANY REASON OTHER THAN NONPAYMENT OF PREMIUM, THE INSURING COMPANY WILL ENDEAVOR TO MAIL 30 DAYS WRITTEN NOTICE THEREOF TO THE CERTIFICATE HOLDER, BUT FAILURE TO PROVIDE SUCH NOTICE SHALL IMPOSE NO OBLIGATION OR LIABILITY OF ANY KIND UPON THE INSURER OR ITS AGENTS OR REPRESENTATIVES, WILL NOT EXTEND ANY POLICY CANCELLATION DATE AND WILL NOT NEGATE ANY CANCELLATION OF THE POLICY.

New Hampshire MMIS Proposed Solutions

Amendment 15 DDI Projects

May 15, 2018
Version 1.3

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1 Projects Proposal Overview

The Projects proposed within this documents are the accumulation of New Hampshire State requests, CMS mandates and Conduent initiatives deemed to be necessary or mandated for the New Hampshire Medicaid program and MMIS system.

Each project is mutually exclusive and autonomous to the program or decision making process. Prerequisites or dependencies have already been bundled into each packaged projects as necessary and incorporated into the program proposal timelines.

MITA Compliance

In aggregate, the projects contained within are evaluated and apply to the MITA Seven Conditions and Standards as follows:

Standards	Proposal Approach
1. Modularity	Leverages SDLC, API, independent Business Rules (BRs) and integrated systems architecture for the environment and DDI
2. MITA Conditions	Integrates COO & BPM models to plan and workflows
3. Industry Standards	Applies all professional standards to SDLC, testing, UI and State members involvement
4. Leverage	Core elements are reusable, State specific requirements have been tailored and configured to solutions
5. Business results	Defined objectives and outcomes are incorporated into plans and measurement systems
6. Reporting	Data and metrics are used in milestone measurement and end production deliverables as appropriate. Integration into standard reporting to the operations, the State, and CMS are included in scope as necessary.
7. Interoperability	Integration or interfaces with other stakeholders, State departments and 3 rd party systems are included in the scope of work and deliverables in these projects as appropriate.

Cost Benefit Evaluation

In aggregate, these programs are designed to fulfill specific CMS mandates; State program goals and functionality; and minimum standards to ensure the stability and integrity of the systems and production environment are maintained. In each case, the cost, time and objectives were considered in the design to optimize the investments needs to achieve program performance. In principle, these initiatives generally invest in enhance program capabilities vs. the objective to reengineer a workflow or technology, to reduce current expenses. However, we believe these projects are modeled to accommodate changes in program needs and volumes and scale effectively. In addition, some of the investment in systems infrastructure are specifically designed to reduce the operational and security risks to the MMIS system, the data and corresponding exposure to incremental financial costs.

Projects Summary

All pricing contained within this proposal is **preliminary**, pending final selection and approval. Final pricing, scope, service levels, and other terms and conditions are subject to State selection and mutual agreement on final contract amendment terms.

DDI Project	Mandate	Time Frame	Cost
New Medicare Card ID	✓ CMS Mandate- 4/1/2018 Transition Period End Date 1/1/2020	Sept. 2018 – May 2019	\$1,578,945
Ordering, Referring and Prescribing (ORP) Provider Enrollment and Claims Editing	✓ CMS Mandate- 1/1/2017	Sept. 2018 – Apr. 2019	\$1,843,340
Managed Care Enhancements		Sept. 2018 – Sept. 2019	\$4,030,650
Waiver Service Authorization		Nov. 2018 – Mar. 2019	\$774,743
Acuity Rate Setting – Change of Ownership and Partial Year Cost Reporting Requirements Definition		Jan. 2019 – Mar. 2019	\$360,000

DDI Project	Mandate	Time Frame	Cost
UPIC Data Exchange and Third Party Liability Coverage		June 2019 – Nov. 2019	\$775,125
T-MSIS – Additional Data and Data Quality Issue Resolution	✓	Jan. 2019 – Feb. 2020	\$945,000
Import and Store Qualified Health Plan (QHP) Encounter Data		Dec. 2018 – Sept. 2019	\$1,300,000
Security Policy Page	✓ CMS Mandate- 10/1/2017	July 2018 – Nov. 2018	\$79,125
Tivoli Access Manager (TAM) Upgrade to Security Access Manager (SAM)		Apr. 2019 – Aug. 2019	\$475,910
Cognos Upgrade		Apr. 2019 – Aug. 2019	\$831,755
DDI Projects Subtotal:			\$12,994,593
Staffing & Vendor Costs			
ORP Staffing		March 2019 – June 2021	\$858,524
ORP Digital Harbor		June 2019 – June 2021	\$388,681
SAM Storage Costs		April 2019 – June 2019	\$33,557
Cognos Storage Costs		April 2019 – June 2019	\$22,372
Staffing & Vendor Support Subtotal:			\$1,303,134
Total:			\$14,297,727

2 New Medicare Card ID (formerly Social Security Number Removal Initiative – SSNRI)

Introduction

Since the inception of the Medicare program in 1965, Centers for Medicare & Medicaid Services (CMS) and its program stakeholders have used a Social Security Number (SSN) based identifier when submitting and processing Medicare claims and when exchanging data related to the Medicare program. This identifier, referred to as the Health Insurance Claim Number (HICN), is displayed on beneficiaries' Medicare cards. The HICN consists of the primary claimant's SSN along with a supplemental code that establishes the beneficiary's relationship to a primary Social Security Administration (SSA) or Railroad Retirement Board (RRB) wage earner and it is used to justify entitlement to Medicare benefits.

With the signing of the Medicare Access and CHIP Reauthorization Act (MACRA) on April 16, 2015, CMS has initiated the New Medicare Card Identifier (ID) (formerly Social Security Number Removal Initiative (SSNRI)). This initiative is to replace Medicare's HICN with a Medicare Beneficiary Identifier (MBI) for all Medicare beneficiaries, either alive or deceased. The MBI is an 11 byte alpha/numeric number. In order to do this, CMS must modify underlying systems and processes which utilize HICN. This impacts all CMS business partners, including State Medicaid Agencies (SMA) and will require coordination across federal, state, and private sector stakeholders.

CMS plans to re-issue approximately 60 million Medicare ID cards with MBIs over an 18 month roll-out period beginning April 1, 2018. All systems using HICN will need to be modified to use the new Medicare MBI; to ensure proper processing. New Medicare beneficiaries enrolled on or after April 1, 2018 will only be assigned an MBI; therefore, interfaces need to be modified to receive and send the MBI.

Due to the roll-out of new Medicare ID cards over the 18 month period, existing Medicare beneficiaries may not have received their new Medicare cards replacing their HICN with MBI. There will be a time period during which both numbers could be used. A new MBI will be assigned to a beneficiary when their ID is stolen or compromised and systems must support date-specific changes in MBI for the same individual.

In April 2016, CMS presented a Concept of Operations with an implementation approach and requested each state to provide a self-assessment of potential impacts. The State of New Hampshire completed a self-assessment of the NH MMIS including following areas:

- Automated Voice Response System (AVRS)
- Batch Interfaces
- Claims Data Mart (CDM)
- Electronic Data Interchange (EDI)
- Enterprise Management Administrative Reporting (EMAR) & Enterprise Fraud & Abuse Detection System (EFADS)
- Letters & Reports
- Optical Character Recognition (OCR)
- NHMMIS User Interfaces (UIs)
- Third Party Liability (TPL) including Medicare Modernization Act (MMA) interfaces
- Transformed-Medicaid and Statistical Information System (T-MSIS)
- Web-Portal.

Scope of Work

The NH MMIS system and its interfaces must be able to recognize and accept/send either a HICN and MBI by Mid-February 2018.

The scope of work for MMIS changes includes:

- Accommodate MMA file processing prior to Mid-February 2018.
- Create new business rules to validate the MBI.
- Modify existing business rules which use HICN for member verification and validation to use MBI for additional validation.
- Where HICN is used to perform business validation, MBI must be introduced to perform similar validation.
- Modify data interfaces (CMS, MCO, Pharmacy Benefit Management (PBM), Eligibility, etc.) where HICN is included today to report the MBI when on file, otherwise report the HICN for Medicare members.
- Modify UIs where HICN is queried, displayed and/or updated to also allow MBI to be required, displayed and/or updated.
- Modify Use Case documentation to incorporate the use of MBI.
- Modify reports and letters where HICN is reported to report the MBI when on file, otherwise report the HICN for Medicare members.
- Modify system documentation to reflect all changes for MBI.
- Add MBI to the B_ALT_ID_TB along with effective start and end dates.
- Display both HICN and MBI on the UIs where the HICN is displayed today. Includes UIs in TPL, Member, Contact Management, and Provider areas.

Note: The State's eligibility system, New Heights, processes the Bendex file and Medicare Buy-In and is therefore out of scope for the NH MMIS.

Key Considerations

- MMA file processing includes creating a new table to store the amended MMA fields, create new business rules, update source to target mapping and modify reporting related to UC-OPR-TPL-047.
- Where MBI is not yet on file, the HICN should continue to be used. Precedence will be given to MBI if available.
- The remaining scope of work outside of the MMA file processing is to be implemented as soon as possible but it will not meet the CMS mandate of 3/31/2018. Reporting of MBI in external interfaces must be in place and completed by 1/1/2020.
- Testing will need to occur with NH Trading Partners, including New Heights, MCOs, PBM, CMS, and others.
- Testing with external trading partners will require the coordination of identifiers exchanged. This may require production like data being securely shared in the testing environment to enable accurate testing.

Medicare Modernization Act (MMA) File Processing

CMS will send amended MMA files beginning Mid-February 2018 which includes additional fields related to MBI. Prior to receiving the amended MMA files from CMS a new table will be created to store the additional MBI data, create new business rules, update source to target mapping and update reports. The MMA file processing changes were completed using O&M resources.

- Create SFTP task to send the MMA file to New Heights
- Create a new table B_MCARE_MBI_TB with up to 14 columns to store the CMS MMA extended records in the MMIS. This new table will mirror the appended fields on the MMA file and include the B_SYS_ID.
- Create a new process to update B_SYS_ID with only active MBIs from the MBI span table.
- B_SYS_ID will be used to add records on the new B_MCARE_MBI_TB.
- Create up to five new business rules to populate additional MBI fields.
- Update source to target mapping for Interface UC-OPR-TPL-047 to add MBI along database projects.
- Modify two reports UC-OPR-TPL-007 and UC-OPR-TPL-008 to include MBI.

Alternate ID Table Changes

Add the MBI to the B_ALT_ID_TB, the following key considerations apply:

- NH MMIS is to be configured for a new member ID type to the B_ALT_ID_TB to accommodate MBI.
- Effective start and end dates will be added the B_ALT_ID_TB to accommodate historical MBIs.
- Existing IDs on the B_ALT_ID_TB business rules will be developed to assign and maintain the effective date for each Alternate ID type which could include setting defaults if more specific dates are not available.

Core MMIS Changes

The following functional/technical components are identified as the CORE MMIS changes for this effort:

- Changes in New Heights Daily Eligibility job (UC-MEM-ELG-2.1A) to incorporate the BR changes and layout changes to include MBI.
- Changes in New Heights Retrigger job (UC-MEM-ELG-2.1B) to incorporate the BR changes and layout changes to include MBI.
- The following UI screens have been identified to display both MBI and HICN:
 - TPL Functional Area Screens
 - Member Functional Area Screens
 - Contact Management Functional Area Screens
 - Provider Functional Area Screens
 - Provider Login→Check Eligibility

MMIS Logic to Change XML Population

MMIS changes to the logic to populate the XML generation for the following EDI X12 transactions to send or receive the MBI wherever the MMIS sends or receives the HICN today. Note: The EDI X12 transactions themselves will not need to be changed as the same qualifier and same segment that is used today for HICN will be used for the MBI.

- 271 Eligibility.
- 834 Monthly (MCO, QHP, NEMT).
- 834 Daily (MCO, QHP, NEMT).
- 837P COBA.
- 837I COBA.
- 835 Batch.

Interface Changes

Based on the impact analysis, modification of the following active interfaces is needed to send/receive the MBI and HICN:

- UC-MEM-MNT-068 – PBM Daily Member Extract,
- UC-MEM-MNT-069 – PBM Reconciliation Member Extract,
- UC-MEM-SUP-178 – Reconciliation Member,
- UC-OPR-TPL-007.7a – MMIS- New Heights TPL Carrier Interface,
- UC-OPR-TPL-047 – CMS MMA Input interface,
- UC-OPR-TPL-048 – CMS MMA Outbound Extract interface,
- UC-OPR-TPL-050 – Extract COBA interface,
- UC-TMSIS-CLM-IP-LOAD (CLM),
- UC-TMSIS-CLM-LT-LOAD (CLM),
- UC-TMSIS-CLM-OT-LOAD (CLM),
- UC-TMSIS-CLM-RX-LOAD (CLM),
- UC-TMSIS-ELG-LOAD (Eligibility) and
- UC-ARS-CNS-004 – MDS RUG IV
- UC-OPR-PAY-16.4 – Claims MDDS.

Report Changes

Modification of Cognos reports to report the MBI where on file, otherwise report the HICN on file. The report labels will be changed to refer generically to 'Medicare' number versus HICN.

Reports to be modified include:

- ADH-CLM-124 – Query and Label Changes,
- CAR-EPS-109 – Query and Label Changes,
- MEM-MNT-017 – Query and Label Changes,
- MEM-ELG-113 – Query and Label Changes,
- OPR-TPL-007-IB-COB-TPL – Only Label Changes,
- OPR-TPL-007-IB-MMA-TPL – Only Label Changes,
- OPR-TPL-008-IB-COB-TPL – Only Label Changes,
- OPR-TPL-008-IB-MMA-TPL – Only Label Changes,
- OPR-TPL-009-IB-COB-TPL – Only Label Changes and
- OPR-TPL-009-IB-MMA-TPL – Only Label Changes.

The following systems life cycle efforts are included in this effort:

- Requirements Definition and Design.
- Coding and Unit Testing.
- System Integration Testing (SIT).
- Regression Testing.
- System Testing with External Business Partners including CMS and MCOs.
- User Acceptance Testing (UAT) Support.
- Implementation.
- Post Implementation Review (PIR).

Assumptions

General Assumptions

- All living and deceased Medicare beneficiaries will eventually be assigned a new MBI.
- MBIs will be generated by the CMS Enrollment Database (EDB) System.
- MBIs will be generated daily for new Medicare beneficiaries.
- MBI will be 11 bytes, will have an effective date and termination date and this will be recognizably different than the HICN.
- External partners will modify their systems and processes to use the MBI in time to align with MMIS deliverables and the State will communicate to External Partners.
- There will be a transition period of 18 months. During the transition phase, the MMIS will be able to accommodate both the MBI and the HICN. Incoming claims will contain either MBIs or HICNs, but not both, during the transition period.
- New Medicare cards, with the MBI, will be issued to Members in multiple phases.
- Should CMS extend timelines/durations and change/modify scope this will require a change request discussion.
- The Requirements, Implementation Details, and Interface and Use Case details as set forth in this proposal will be verified in the Requirements Review & Approval phase of the project.

- The State, CMS, and business partners upon whom Conduent has dependencies to perform the services set forth in this proposal will perform their tasks and provide the necessary data and testing by the dates identified in the project plan.
- The State will play a major role in coordinating testing with the external trading partners, including MCOs, New Heights, Magellan, CMS and any others.
- There will be no layout changes to inbound interfaces except TPL 047 MMA & New HEIGHTS interface to add MBI; where MBI is added, there will be only minimal edits performed.
- The MMIS system will receive the MBI data from CMS in the TPL047 and the MBI will be stored in the new table created as part of the MMA File processing and the ALT_ID_TB, no other database table changes were considered as part of this proposal.
- During the transition period, CMS required in the fall of 2017 that only the HICN is returned regardless if the Trading Partner or Provider submitted HICN or MBI. After October 1, 2018, payers are to return what the Trading Partner or Provider submitted on claims, eligibility (270/271), AVRS and Remittance Advice (835).
- Claim exceptions that refer to HICN will need to change to reference the Medicare ID or HICN/MBI; to be determined during requirement review and approval.
- MBI and HICN will be displayed on outbound interfaces.
- Outbound reports containing the SSN number will not be modified or updated. SSN will reside in the System as is and it is expected there is no impact to SSN data anywhere in the MMIS specifically for SSN.
- No new reports are being created. Only existing reports are being modified to display MBI.
- It was confirmed that there is no impact to OCR claims because the paper claims coming into the MMIS system have the Medicaid ID (MID) populated on them.
- It was confirmed there is no impact to the AVRS.
- Optum confirmed there is no impact to EFADS.
- Letters will not be impacted and have not been included in this proposal.
- Impacts to the CDM has not been included in this proposal.
- Performance Testing/Volume Testing are not considered in this proposal because no changes in the volume of inbound/outbound data is expected.
- This proposal includes co-existence of both MBI and HICN. Sun-setting/removal of the HICN is not considered as part of this engagement.
- Code deployments, technical changes, data base or data management configuration changes will be applied to all applicable active environments consistent with deployment and change management procedures.
- The delivery model other than proposed, would require re-evaluation of this pricing.
- There are no Member Merge or Member Unmerge logic related changes to be done as a part of this effort.
- The HICN is not used today in claims processing logic (the Medicaid ID is used to process Medicare crossover claims). Therefore, the MBI will also not be used in claims processing logic.
- A new ALT_ID_TY_CD will be added to B_ALT_ID_TB to store the MBI.
- A project Change Control Board (CCB) will be setup that will consist of both Conduent and State stakeholders to facilitate discussions of scope change requests as needed.
- It will take up to six weeks to onboard Conduent resources for JAD sessions.

- If the APD is not approved and the contract amendment is not executed by June 2018, Conduent and the State together will propose and agree to an alternative schedule that will be communicated.
- The proposal is based on high level requirements. The scope of the requirements is listed, any deviation of these requirements may result in a Change Request discussion.
- The SDLC is to be used in prior amendments on Conduent NH projects. Changes to this methodology will require a Change Request.
- Existing environments will be used and the same path to production will follow and a change in this will require a Change Request.
- This proposal does not cover any other additional legislative requirements that have been mandated after the Amendment is executed.
- Offshoring of particular parts of the project is acceptable and the project has been priced to include resources in multiple locations. Changes to this assumption will result in the project being repriced.
- Sixty (60) days after production implementation remaining Severity 3 & 4 defects will be transitioned to Operations & Maintenance (O&M) release process for resolution. Severity 1 & 2 defects may be transitioned to O&M with written approval from the State.
- State resources will be available for requirements sign-off and user acceptance testing as defined in the project milestones in this section of the proposal. A change to this process will require a Change Request.
- There are no changes to the existing Service Level Agreements (SLAs) in place under the prime contract.
- The New Medicare Card ID New Heights Eligibility changes and data architecture changes will be coordinated with the Managed Care Project because changes for both projects may occur during the same release.
- Any work done in advance of the start of this project using O&M will require discussions between Conduent and the State.
- External interfaces changes to report MBI will be implemented during this project duration which is prior to the CMS mandate of 1/1/2020.
- Conduent will work with State within the realms of the overall work effort and skills of the project team to accommodate scope changes within reason.

Interfaces

- Outbound Interface layout changes are limited to MBI.
- No major changes in existing business rules other than including additional logic to include this new data element.
- The following interfaces were evaluated and it was determined the jobs are not active or not applicable in the system. The following interfaces are out of scope:
 - UC-MEM-SUP-175 – Care Coordination Daily Member Eligibility Interface,
 - UC-MEM-SUP-180 – EQRO,
 - UC-MEM-SUP-210 – MSI Interface,
 - UC-OPR-TPL-049 – Process COBA Input Interface,
 - UC-OPR-TPL-007.6a – New Hampshire Healthy Families Managed Care Enrollment (Currently HICN is not being sent as part of this Interface. It is assumed there is no change to this Interface) and

- COBA Claims file-Medicare Crossover claims for payment of coinsurance/deductible (this is not part of Informatica Interfaces based on the assumption that this is being sent out in X12 837 EDI format). The Informatica Interfaces will not be impacted.
- The COBA eligibility response file is received by the MMIS but generates errors and does not currently load into MMIS. This COBA eligibility file is out of scope.
- New Heights Eligibility- Receive Medicare category of eligibility for Medicaid (UC-MEM-ELG-001) – No changes are expected to mapping for the New Heights Daily Member Eligibility. It is also expected that New Heights will not change the layout of Medicare (MC) transaction where they populate the Medicare information.
- In the COBA files, there is a placeholder already available where the member identifier (MBI) can be passed and there is no change to the inbound X12 or XML processing.
- The MBI will not be used in any of the claims processing logic. The OCR, COBA and the external users will continue to submit the claims using the Medicaid ID.
- Any changes to interfaces, any new screens and/or functionality other than described in this proposal would require a re-evaluation.

EDI X12

It was confirmed that the same Qualifier ID and same segment will be used for all EDI transactions for MBI, there is no impact or changes to X12 EDI transactions.

Reports

- New reports development has been considered for the New Medicare Card ID initiative.
- Reports that are using HICN number will include logic to include MBI as well and Label changes are required in all reports where HICN is currently displayed.
- Reports running on reporting tables will only have label changes and underlying report table changes will be handled by Core MMIS changes.
- Any change in scope or design outside of this document will result in a change request.
- Provider, Service Authorization, Acuity Rate Setting (ARS), Security, Rules Management modules will not be impacted by the New Medicare Card ID initiative.
- The NH MMIS uses the Medicaid ID (MID) to process claims. Therefore, there is no impact to claims processing by introducing the MBI. No changes to claims processing is expected or included in this proposal.

Optum EMAR Reporting

Optum will make changes to ETL processes and reports to include MBI in the database and on any reports that currently contain HICN.

Payment Milestones

Activity	Milestones	Date Timeframe	Payment Amount	Hours
New Medicare Card ID				
New Heights Eligibility Changes and Data Architecture Changes	New Medicare Card ID New Heights Eligibility & Data Architecture Changes Completed	09/03/2018 – 12/30/2018	\$151,378	1,282
UI Changes Member Contact Management Functional Area Screens, TPL and Provider	New Medicare Card ID Add MBI in Search Criteria Results Completed	10/08/2018 – 02/03/2019	\$105,567	894
UI Changes Member Contact Management Functional Area Screens, TPL and Provider	New Medicare Card ID UI Changes to Display MBI as a Separate Field Completed	10/08/2018 – 02/03/2019	\$193,294	1,637
XML Changes	New Medicare Card ID XML Changes Completed	11/12/2018 – 03/10/2019	\$255,248	2,162
Alt ID Table	New Medicare Card ID B_ALT_ID Table Changes Completed	11/12/2018 – 03/10/2019	\$249,189	2,111
MMIS Interface Changes	New Medicare Card ID MMIS Interface Changes Completed	12/17/2018 – 04/14/2019	\$292,732	2,480
TMSIS Interface Changes	New Medicare Card ID TMSIS Interface Changes Completed	12/17/2018 – 04/14/2019	\$54,883	466

Activity	Milestones	Date Timeframe	Payment Amount	Hours
Cognos Reporting Changes	New Medicare Card ID Cognos Reporting Changes Completed	01/21/2019 – 05/19/2019	\$66,654	565
Optum EMAR Planning & Analysis	New Medicare Card ID Optum EMAR Planning & Analysis Completed	01/21/2019 – 02/21/2019	\$84,000	672
Optum EMAR SIT & UAT	New Medicare Card ID Optum EMAR SIT & UAT Completed	01/21/2019 – 03/18/2019	\$84,000	672
Optum EMAR Documentation, Production Implementation and Post Implementation Support	New Medicare Card ID Optum EMAR Documentation, Production Implementation and Post Implementation Support Completed	03/19/2019 – 05/19/2019	\$42,000	336
Total:			\$1,578,945	13,278

Estimate Summary

The following provides a breakdown of the hours for this effort:

New Medicare Card ID Hours	
Tasks	Hours
Effort for PM	1,494
Effort for BA/SME	5,220
Effort for DEV	4,884
Optum Reporting	1,680
Total Hours	13,278

The following provides a breakdown of the costs for this effort:

New Medicare Card ID Costs	
Tasks	Costs
Effort for PM	\$186,750
Effort for BA/SME	\$610,730
Effort for DEV	\$571,465
Optum EMAR Reporting	\$210,000
Total Cost	\$1,578,945

3 Ordering, Referring and Prescribing (ORP) Provider Enrollment and Claims Editing

Introduction

The Affordable Care Act (ACA) requires the enrollment and screening of Ordering, Referring and other Professionals (ORP) into the Medicaid program. The Federal Register dated February 2, 2011 published the final rule that updated 42 CFR 455.410(b) and 455.440 (Appendix A) to formalize these requirements as follows:

- 42 CFR 455.410(b) mandates that the State Medicaid Agency (SMA) require the enrollment and screening of Ordering, Referring, and other Professionals (ORP).
- 42 CFR 455.440 requires that the SMA require the NPI of the ORP on the claim.

This effort will include the enrollment and screening of ORP providers as well as the editing for ordering, referring, and other professionals on applicable claims.

Scope of Work

The State has requested that Conduent implement the following high-level requirements:

Area	#	Requirement Description
Enrollment	1	Provide the capability for Ordering, Referring, and Prescribing Providers to select and complete an abbreviated enrollment application on-line on the MMIS.
Enrollment	2	For Individuals enrolling as billing individuals with their SSN, make the following changes: -Remove the State or Country of Birth question. -Make taxonomy optional -Make the email address for Location, Mailing, and Billing addresses required.

Enrollment	3	<p>For non-billing individuals who are rendering providers, make the following changes:</p> <ul style="list-style-type: none"> • The following data elements will not be presented: <ul style="list-style-type: none"> -State or Country of Birth -Entire CLIA section -Entire Electronic Funds Payment section -Entire Billing Address section -Entire Remittance Advice section -Entire Electronic Transaction Submission Section (6) -All Ownership Questions – Section (7) -Exclusion/Sanction Section – Questions 1, 2, 3, 6, 7, 8, and 9. (Keep Questions 4, 5, and 10) -Entire Web Access Registration section • Make the taxonomy section 'optional' • Make the email addresses for location, and mailing address contact persons required • Make the W9 not required
Enrollment	4	<p>For non-billing individuals doing ORP only, include all of the changes listed above for non-billing rendering plus the following changes:</p> <ul style="list-style-type: none"> • The following data elements will not be presented: <ul style="list-style-type: none"> -Entire Service Section (4) (questions related to gender served, language spoken, etc.) -Group Affiliation Section (5)
Enrollment	5	<p>Ensure that the enrollment changes listed above are made to all enrollment UIs as applicable, including application maintenance and provider maintenance.</p>
Enrollment	6	<p>Identify ORP providers in some manner on the provider file. (This will need to be more than just with specialty 098, since 098 is used for rendering providers who don't bill.) Need to be able to use this designator for tracking and reporting.</p>
Enrollment	7	<p>Add effective and end dates for the ORP Only designator.</p>
Enrollment	8	<p>Provide appropriate guidance text on the enrollment UIs to help individual providers select the appropriate application option.</p>
Enrollment	9	<p>Update test in online help and enrollment instruction documents.</p>

Enrollment	10	Update the revalidation UIs where the changes to the initial enrollment UIs impact revalidation. This includes all applicable revalidation UIs including enrollment, application maintenance, and provider maintenance.
Enrollment	11	ORP Provider must be able to retrieve a partially completed application to finish it at a later time.
Enrollment	12	Include an advisory statement when the provider selects the ORP Only enrollment application that they will not be able to render or bill for services.
Enrollment	13	Ensure that the business rules for processing applications (including revalidation) are updated as necessary to ensure applications can be finalized as usual.
Enrollment	14	Require the e-mail address for all individual application address fields.
Enrollment	15	Ensure that the maintenance screens account for the fact that providers who enrolled prior to the e-mail address being required, will not have an email address.
Enrollment	16	Roles and Privileges Matrix (RPM) (security) must allow for external provider access to any new external web portal pages supporting the ORP enrollment.
Enrollment	17	RPM must be updated to include any new fields or pages for internal web portal pages supporting the ORP enrollment.
Enrollment	18	ORP Only providers will not be affiliated to groups.
Enrollment	19	Include ORP providers in the Digital Harbor Monitoring and Screening data exchanges.
Enrollment	20	Modify language in letters generated to ORP only providers to ensure that the language is applicable to them.
Enrollment	21	Modify existing reports and/or mimic existing reports for enrollment, enrollment tracking, active provider listings, provider reverification and recertification, and provider maintenance reports to adequately report on ORP provider enrollment.

Enrollment	22	Add a new provider type for Certified Nurse Anesthetist.
Enrollment		Requirement is replaced by requirements 2, 3, and 4.
Enrollment	23	Continue to create the PDF of the submitted application data as is done today when the provider submits the application. Do not create a paper enrollment application for ORP Only providers.
Screening & Monitoring	24	Include ORP only providers in both the DH Screening and Monitoring data exchanges.
Provider MMIS Network	25	Determine whether or not ORP providers need to have an MMIS benefit plan (FFS plans and/or MCO plans) network(s) assigned to them, in order for the new claims processing edits to work effectively. If yes, then assure that the appropriate MMIS BPs are applied to the ORP providers during enrollment. No system change, just data update, but analysis needed to confirm.
Find a Provider	26	Provide the capability to exclude ORP only providers from external "Finding a Provider" function.
EFADS	27	Provide the ability to include ORP only provider/claims data in EFADS.
EFADS	28	Allow for executing queries to isolate claims/provider activity by ORP providers.
FFS Claims Processing	29	Expand system list under NH CR 7225 to include more provider types for Rendering Provider edit (this is not specifically ORP, but was discussed in the context of ORP edit changes, so it is being captured as part of ORP Project requirements.)
FFS Claims Processing	30	Edit for the presence of ORP provider NPIs as required to be on claims, based on provider type and then procedure code (service), for electronic and paper claims, for all impacted claim types.
FFS Claims Processing	31	Create new system lists to capture Provider Types and Provider Type/Service for #2 above.

FFS Claims Processing	32	Create new claim exception for ORP providers who are not enrolled for the date of service on the claim.
FFS Claims Processing	33	Create new claim exception for ORP providers when the NPI is not on the claim if required.
FFS Claims Processing	34	Ensure that current edits will prevent ORP only provider from being a billing or rendering provider.
FFS Claims Processing	35	Validate that there are no changes necessary to 837 companion guides for ORP related changes.
Reporting	36	Replicate ORP provider category, enrollment data and claims exception data in the Operational Reporting Repository and include in respective Adhoc reporting packages
Reporting	37	Create new Adhoc reports to track ORP enrollment over time
Data Interfaces	38	Include prescribing providers in outbound interface to PBM (PBM may want to use a new file record layout, so this could be a new data interface for estimation purposes). May need to qualify or identify them as prescribing only.
Data Interfaces	39	Include ORP Only providers in outbound interface to MCOs.
Data Interfaces	40	Include ORP providers in outbound interface to Actuary Milliman and to UNH system.
Data Interfaces	41	Exclude ORP only providers from the provider data interface to Electronic Health Record (EHR) System. (Diane to confirm)
TMSIS	42	Update T-MSIS mapping for new provider type – Certified Nurse Anesthetist.
Operations	43	Prepare training and scripting to assist call center representatives to handle ORP enrollment related questions.

Operations	44	Process inbound ORP enrollment applications within SLAs.
Operations	45	Include ORP enrollment application statistics in operations status reporting.
Operations	46	Assist the State in drafting the guidance for ORP providers and conduct provider outreach via existing association meetings.
Operations	47	Process OPR applications with the same business rules and validations (e.g. license checks, documentation, etc.) as the current individual enrollment applications for non-billing individuals.

The following is the planned approach:

The existing application process for individuals will be modified to allow for the following three scenarios:

- Individual Billing (with their SSN)
- Individual Non-Billing – Rendering (can also Order, Refer, and Prescribe)
- Individual Non-Billing – ORP Only (cannot render)

Individual Billing with SSN will have following changes:

- Remove the “State or Country of Birth”
- Make the email addresses for location, mailing, and billing address contact persons as required
- Make the taxonomy field ‘optional’.

Individual Non-Billing – Rendering will have following changes:

- The following data elements will not be presented:
 - ✓ State or Country of Birth
 - ✓ Entire CLIA section
 - ✓ Entire Electronic Funds Payment section
 - ✓ Entire Billing Address section
 - ✓ Entire Remittance Advice section
 - ✓ Entire Electronic Transaction Submission Section (6)
 - ✓ All Ownership Questions – Section (7)
 - ✓ Exclusion/Sanction Section – Questions 1, 2, 3, 6, 7, 8, and 9. (Keep Questions 4, 5, and 10)
 - ✓ Entire Web Access Registration section
- Make the taxonomy section ‘optional’
- Make the email addresses for location, and mailing address contact persons required
- Make the W9 not required

Individual – Non-Billing – ORP Only

- The following data elements will not be presented:
 - ✓ State or Country of Birth
 - ✓ Entire CLIA section

- ✓ Entire Electronic Funds Payment section
- ✓ Entire Billing Address section
- ✓ Entire Remittance Advice section
- ✓ Entire Electronic Transaction Submission Section (6)
- ✓ All Ownership Questions – Section (7)
- ✓ Exclusion/Sanction Section – Questions 1, 2, 3, 6, 7, 8, and 9: (Keep Questions 4, 5, and 10)
- ✓ Entire Web Access Registration section
- ✓ Entire Service Section (4) (questions related to gender served, language spoken, etc.)
- ✓ Group Affiliation Section (5)

- Make the taxonomy section 'optional'
- Make the email addresses for location, and mailing address contact persons required
- Make the W9 not required

The following systems life cycle efforts are included in this effort:

- Requirements Definition and Design.
- Coding and Unit Testing.
- System Integration Testing (SIT).
- Regression Testing.
- User Acceptance Testing (UAT) Support.
- Implementation.
- Post Implementation Review (PIR).

Assumptions

- We will be able to leverage the existing individual enrollment application UIs to create the new ones.
- There will be no changes to the group enrollment application.
- No paper application will be developed.
- No changes are needed for the Digital Harbor screening and monitoring process. ORP providers will be selected for inclusion in the Digital Harbor screening and monitoring files.
- The existing billing and rendering edits will be used to prevent ORP providers from billing or rendering.
- EDI and Companion Guide will not be impacted.
- The existing process flow will not be impacted.
- The Requirements, Implementation Details, and Interface and Use Case details as set forth in this proposal will be verified in the Requirements Review & Approval phase of the project.
- The State, CMS, and business partners upon whom Conduent has dependencies to perform the services set forth in this proposal will perform their tasks and provide the necessary data and testing by the dates identified in the project plan.
- Performance Testing/Volume Testing are not considered in this proposal because no changes in the volume of inbound/outbound data is expected.

- Existing environments ENV52, ENV57, ENV53, ENV04 and ENV05 are the only environments considered for this scope of work.
- Scope other than proposed, would require re-evaluation of this pricing.
- A project Change Control Board (CCB) will be setup that will consist of both Conduent and State stakeholders to facilitate discussions of scope change requests as needed.
- It will take up to six weeks to onboard Conduent resources for JAD sessions.
- If the APD is not approved and the contract amendment is not executed by March 2018, the project schedule will be revised and communicated.
- The proposal is based on high level requirements. The scope of the requirements is listed, a deviation of these requirements may result in a Change Request discussion.
- The SDLC is to be used in prior amendments on Conduent NH projects. Changes to this methodology will require a Change Request.
- Existing environments will be used and the same path to production will follow and a change in this will require a Change Request.
- This proposal does not cover any other additional legislature requirements that have been mandated after the Amendment is executed.
- Offshoring of particular parts of the project is acceptable and the project has been priced to include resources in multiple locations. Changes to this assumption will result in the project being repriced.
- Sixty (60) days after production implementation remaining Severity 3 & 4 defects will be transitioned to Operations & Maintenance (O&M) release process for resolution. Severity 1 & 2 defects may be transitioned to O&M with written approval from the State.
- State resources will be available for requirements sign-off and user acceptance testing as defined in the project milestones in this section of the proposal. A change to this process will require a Change Request.
- There are no changes to the existing Service Level Agreements (SLAs) in place under the prime contract.
- Any work done in advance of the start of this project using O&M will require discussions between Conduent and the State.

Payment Milestones

Activity	Milestones	Date Timeframe	Payment Amount	Hours
Ordering, Referring, and Prescribing Provider Enrollment and Claims Editing				
Provider Enrollment Changes to accommodate Enrollment for Individuals Billing with SSN, Individuals Non-Billing, and Individuals ORP only providers completed	ORP Provider Enrollment Changes Completed	09/03/2018 – 12/30/2018	\$672,592	6,034
Revise / create system lists and Create ORP Claim Edits	ORP Claim Edits Completed	10/08/2018 – 02/03/2019	\$560,454	5,009
Provider Revalidation Changes to accommodate Revalidation for Individuals Billing with SSN, Individuals Non-Billing, and Individuals ORP only providers completed	ORP Provider Revalidation Enrollment Changes Completed	11/12/2018 – 03/10/2019	\$373,172	3,312
Revise reports for ORP and create Adhoc reports	ORP Reporting Changes Completed	12/17/2018 – 04/14/2019	\$129,088	1,154
Revise PBM, MCO, Milliman, UNH system, and EHR Interfaces	ORP Data Interface Changes Completed	12/17/2018 – 04/14/2019	\$108,034	965
Total:			\$1,843,340	16,474

Estimate Summary

The following provides a breakdown of the hours for this effort:

Ordering, Referring, and Prescribing Provider Enrollment and Claims Editing	
Role	Hours
Effort for PM	2,080
Effort for BA	7,917
Effort for Developer	6,477
Total Hours	16,474

The following provides a breakdown of the costs for this effort:

Ordering, Referring, and Prescribing Provider Enrollment and Claims Editing	
Role	Costs
Effort for PM	\$ 260,000
Effort for BA	\$ 870,870
Effort for Developer	\$ 712,470
Total Cost	\$1,843,340

Additional Operations Temporary Staffing for ORP

The ORP project will require additional operations staffing to support the enrollment unit and the call center. Conduent anticipates an increase in enrollment activities beginning March 2019 based on the proposed implementation schedule.

The additional operations staff would support an increase of calls in the call center related to questions, inquiries and clarifications regarding ORP as well as the new enrollment options for individuals who are billing and rendering. The temporary staffing would include four full-time resources (two call center and two enrollment resources) to support the enrollment of ORP providers.

March 2019 – June 2021: \$858,524

Total Cost for Temporary Operations Staffing: \$858,524

Operations Staffing Cost	
Ordering, Referring, and Prescribing Provider Enrollment and Claims Editing	
March 2019 – June 2019	\$105,098
July 2019 – June 2020	\$371,146
July 2020 – June 2021	\$382,280

Additional Digital Harbor Services for ORP

As part of the ORP initiative, program requirements call for all new "ORP Providers" to be processed through the Conduent/Digital Harbor tool for enrollment and monthly monitoring. At this point in time, definitive numbers as to the total number of incremental of medical professionals classified as ORPs, and not double counted as part of the current Provider population, is not known and still under review. However based on preliminary analysis and comparisons with other States, we are estimating this incremental population to be approximately 5,000 or 18% of the current Provider Universe file of 28,000. This number is used in this project estimate to determine the additional costs for Digital Harbor expenses. In addition, we have increased the number by 10% year over year to account for natural growth in the population which consistent with the natural growth rate we have seen in the Provider population. Once implemented, and monitored over the first 8 to 12 months, Conduent and the State will have much more tangible numbers, ratios and estimates on the ORP universe file, identification of Providers who fall in to both categories, those which are unique and the estimated annual growth rate in new enrollment numbers/rates.

June 2019 – June 2021:	\$388,681
Total Cost ORP Digital Harbor Services:	\$388,681

Digital Harbor ORP	
June 2019 – June 2019	\$14,204
July 2019 – June 2020	\$175,564
July 2020 – June 2021	\$198,913

4 Managed Care Enhancements

Introduction

The State has requested the following Managed Care related enhancements:

- Member Enrollment 834 Changes – Modify Enrollment to Start on Any Day of the Month (aka 'Next Day Enrollment')
- Member Capitation Changes – Modify Capitation to Accommodate Enrollment Starting on Any Day of the Month
- MCO Capitation – Capitation Based on Multiple Enrollment Attributes Within a Month
- Benefit Plan – Configure Fee For Service (FFS) Coverage For Information (CFI) Waiver Plan to Cover New Services
- Member Eligibility – Expand New Heights File Processing to Accommodate New Data
- Member Eligibility – Expand MMIS User Interface to Accommodate New Data
- Add Medicare Part D Carrier Info to MCO Interface
- MCO 834 Enrollment Transaction – Add New Data Elements
- Transformed Medicaid Statistical Information System (T-MSIS) Changes
- Expand QHP or MCO 834 for Change Functionality and Increase
- Create and Implement the 820 Premium Payment Transaction and Implement with MCOs.
- Revise Federal Reporting

Scope of Work

Based on the limited information available, the following are the items we believe to be in scope for this project.

Member Enrollment 834 Changes – Modify Enrollment to Start on Any Day of the Month (aka 'Next Day Enrollment')

- Modify the enrollment logic to accommodate the 834 changes by adding up to twenty new complex business rules.
- Modify the daily and monthly enrollment logic to accommodate the 834 daily and monthly changes by adding up to five new BRs and modify up to 10 existing BRs.

Member Capitation Changes – Modify Capitation to Accommodate Enrollment Starting on Any Day of the Month

- Modify the preprocessor jobs for by introducing up to 20 complex BRs to Healthcare Protection Program (HPP) and regular capitation process.
- Modify the capitation adjustment process to include complex BRs accommodate the changes to the regular and HPP capitation process. In order eliminate risk to the existing capitation adjustment process, the capitation jobs will be replicated and changed to accommodate any day enrollment changes.

MCO Capitation – Capitation Based on Multiple Enrollment Attributes Within a Month

MCO capitation today is determined based on a member's attributes that are effective on the first day of the month. The State would like to be able to calculate capitation based on date specific attributes, when the member is enrolled on a day other than the first of the month. This would require different capitation rates for different parts of the month.

- Modify existing MCO capitation so it does not create a regular capitation claim for the member for the month were there are different enrollment attributes.
- Create a new process to create a capitation claim where the payment for the first attribute is pro-rated on line one of the claim, and the payment for the second attribute is prorated on line two of the claim.

Benefit Plan – Configure FFS CFI Waiver Plan to Cover New Services

- Configure FFS CFI Waiver Plan to cover new services.

Member Eligibility – Expand New Heights File Processing to Accommodate New Data

Expand New Heights Interfaces (Daily, Retrigger, and Targeted Recon) and MMIS processes to receive, process and report errors for new data.

- Modify the Informatica (INFA) interfaces (Daily, Retrigger, and Targeted Recon) to receive, validate and transform the following fields to the Common Eligibility Interface (CEI) file format.
 - Supplemental Security Income (SSI) – changes to three fields including dates
 - Social Security Disability Insurance (SSDI) – changes to three fields including dates
 - Special Medical Services (SMS) Indicator – changes to one field
 - Case Manager – changes to one field
 - Financial Redetermination Date – change to one field
- Business Rule changes for:
 - Data validation of the above fields including up to 40 new BRs
 - Error reporting of the fields above and similar to existing process
- Create separate table for storing SSI/SSDI data and new columns for storing other fields.
- Read CEI file for modified columns and fields including adding up to ten new Business Rules.
- Development of up to 20 new and modify up to five BRs for the changes to the eligibility segment.
- Modify the MEM-ELG-016 report to include the new segment.

Member Eligibility – Expand MMIS User Interface to Accommodate New Data

Enhance MMIS member data tables and user interfaces to store and present new data received in a new portlet.

- Changes to the Member User Interface (UIs):
 - Member Information Screen
 - Managed Care Information Screen for presenting the data and corresponding back end changes
- Configuration changes to the system list to accommodate the services for Automated Voice Response System (AVRS), 270/271 X12 transactions and provider inquiry.

Add Medicare Part D Carrier Info to MCO Interface

Add the Medicare Part D Carrier fields to the MCO interface.

MCO 834 Enrollment Transaction – Add New Data Elements

Expand the MCO 834 Daily and Monthly roster to capture and send the new data elements.

- Change the MMIS 834 logic to populate new eligibility segment and new data into the 834.

- Create five new and modify five existing Business Rules (BRs).
- Change the 834 EDI transaction to populate new data into the 834 – nine fields to be added to the 834.

Transformed Medicaid Statistical Information System (T-MSIS) Changes

Update changes as applicable to the T-MSIS extracts to ensure accurate data transmission to CMS. The following Extract Transform Load (ETL) processes will be modified as indicated:

- Modify ETL-T-MSIS-ELG-LOAD.cmj to accommodate the new changes to add SSI and SSDI to the existing eligibility extract.
- Modify ETL-T-MSIS-CLM-IP-LOAD.cmj to accommodate the new changes to the existing claim-IP extract.
- Modify ETL-T-MSIS-CLM-LT-LOAD.cmj to accommodate the new changes to the existing claim-IP extract.
- Modify ETL-T-MSIS-CLM-OT-LOAD.cmj to accommodate the new changes to the existing claim-IP extract.
- Modify ETL-T-MSIS-CLM-RX-LOAD.cmj to accommodate the new changes to the existing claim-IP extract.

Expand QHP 834 for Change Functionality and Increase Volume - QHP, MCO, and NEMT 834

Carriers have requested that when an end date is being sent that is not the 'end of time' that it be sent as a "change" rather than a "term". This will require changes to the XML generation from the MMIS. Changes to EDI are not anticipated. Changes to business logic and volume for existing 834 Outbound Daily and Monthly processes are not anticipated. An analysis will be conducted to determine changes to the XML to accommodate the carriers' needs. The following will be included:

- Analyze and recommend changes to the existing XML generation process for the 834 within the MMIS to accommodate a "change" rather than a "term" for end dates that is not the end of time.
- Implement the changes proposed in the MMIS
- Test the end-to-end 834 daily process
- Regression test the 834 monthly process

Create and Implement the 820 Premium Payment Transaction with MCOs

The 835 process is used today to report Managed Care Organization (MCO) capitation payment to the MCOs. The Health Insurance Portability & Accountability Act of 1996 (HIPAA) 820 will be implemented with MCOs to replace the 835 process. An ERA type report will be developed for both MCOs and QHPs.

- Implement the HIPAA820 with MCOs (replaces the 835).
- Modify the existing process to include MCO payees as well.

- 40 New Business Rules will be created and 5 Business Rules will be modified to populate the fields needed.
- New Electronic Data Interchange (EDI) map will be created and New HIPAA 820 Implementation for MCOs
- Develop a new Electronic Remittance Advice (ERA) 835 type report for the 820 for MCOs and QHPs.

Revise Federal Reporting

Expand the Operational Reporting Repository to capture new data elements.

- CMS372 changes to use encounter data after Nursing Facility data is transferred to MCOs.
- Other miscellaneous look-up table changes.

The following systems life cycle efforts are included in this effort:

- Requirements Definition and Design.
- Coding and Unit Testing.
- System Integration Testing (SIT).
- Regression Testing.
- User Acceptance Testing (UAT) Support.
- Implementation.
- Post Implementation Review (PIR).

Assumptions

General

- A project Change Control Board (CCB) will be setup that will consist of both Conduent and State stakeholders to facilitate discussions of scope change requests as needed.
- It will take up to six weeks to onboard Conduent resources for JAD sessions.
- If the APD is not approved and the contract amendment is not executed by June 2018, Conduent and the State together will propose and agree to an alternative schedule that will be communicated.
- The estimate is based on high level requirements. The scope of the requirements is listed, a deviation of these requirements may result in a Change Request discussion.
- The System Development Life Cycle (SDLC) is to be used in prior amendments on Conduent NH projects. Changes to this methodology will require a Change Request.
- Existing environments will be used and the same path to production will follow and a change in this will require a Change Request.
- The proposal does not cover any other additional legislative requirements that have been mandated after the Amendment is executed.

- Offshoring of particular parts of the project is acceptable and the project has been priced to include resources in multiple locations. Changes to this assumption will result in the project being repriced.
- Sixty (60) days after production implementation remaining Severity 3 & 4 defects will be transitioned to Operations & Maintenance (O&M) release process for resolution. Severity 1 & 2 defects may be transitioned to O&M with written approval from the State.
- State resources will be available for requirements sign-off and user acceptance testing as defined in the project milestones in this section of the proposal. A change to this process will require a Change Request.
- There no changes to the existing Service Level Agreements (SLAs) in place under the prime contract.
- Changes in schedule may require a Change Request to support extending project resources to support the delivery.
- The Rate Setting and County Billing process will not change.
- MQIP job will be disabled to prevent any impacts supplemental payments to Nursing Facility which will no longer be applicable post implementation to this project.
- Any work done in advance of the start of this project using O&M will require discussions between Conduent and the State.
- Code deployments, technical changes, data base or data management configuration changes will be applied to all applicable active environments consistent with deployment and change management procedures.

Member Eligibility

- The Case Manager and the Case Representative are different sets of information and need to be handled separately.
- The Financial Redetermination Date is stored in the system. No business rule is needed to use the field to process claims or member enrollment/eligibility.
- There are no code changes needed to accommodate the changes to AVRS, 270/271, or provider web portal. These changes can be handled using system lists to include and exclude services.
- The Financial Redetermination Date/SMS indicator will be processed and stored in the system and this data will not be used by claims processing, enrollment or capitation. However, the eligibility interface and process to update the interface will need to be changed.
- The changes to the New Heights member eligibility file will be coordinated with the New Medicare ID card changes as necessary.

Member Enrollment (834 & Capitation Changes)

- There is no change to the existing eligibility process stemming from next day and any day enrollment.
- There are no changes to the QHP or Non-Emergency Medical Transportation (NEMT) capitation process.

MCO 834 Enrollment Transaction

- Scope of EDI is to perform HIPAA 834 outbound translation map changes only on the daily and monthly files.

MCO Capitation

- The capitation changes affects both HPP and regular capitation processes.

Transformed Medicaid Statistical Information System (T-MSIS)

- Up to four data elements are considered for member eligibility.
- Up to 24 data elements are considered for all four claims files (Claim- Inpatient (CIP), Claim- Long Term (CLT), Claims-Other (COT), and Claims-Pharmacy (CRX)) considered for financial changes.
- Existing functionality testing is not included as part of this proposal.

Expand 834 for Change Functionality

- No EDI changes will be required. If changes to EDI are needed, a separate CR will be created.
- No business logic changes will be required
- No new Business Objects (BO) elements or mapping logic changes will be needed.

Payment Milestones

Activity	Milestones	Date Timeframe	Payment Amount	Hours
Managed Care Enhancements				
Member Enrollment 834 Changes - Modify Member Enrollment Next Day Enrollment	Member Enrollment 834 Changes ('Next Day Enrollment') Completed	07/30/2018 – 11/25/2018	\$479,329	4,097
Member Capitation Changes - Modify Capitation to Accommodate Enrollment Starting on Any Day of the Month	Member Capitation Changes to Start Any Date of Month Completed	09/03/2018 – 12/30/2018	\$407,387	3,482
Implement the capability to pay different capitation rates for different parts of the month based on multiple member attributes.	Multiple Attributes MCO Capitation Completed	10/08/2018 – 02/03/2019	\$623,498	5,329
Benefit Plan - Configure FFS CFI Waiver Benefit Plan to Cover New Services	Benefit Plan Configuration Completed	11/12/2018 – 03/10/2019	\$6,530	56
Member Eligibility - Expand New Heights File Processing to Accommodate New Data	Member Eligibility: New Heights File Processing Completed	12/17/2018 – 04/14/2019	\$888,106	7,591
Member Eligibility – Expand MMIS UI to Accommodate New	Member Eligibility: MMIS User Interface Completed	12/17/2018 – 04/14/2019	\$129,896	1,110

Activity	Milestones	Date Timeframe	Payment Amount	Hours
Data				
Add the Medicare Part D Carrier fields to the MCO interface	Add Medicare Part D Carrier Info to MCO Interface Completed	01/21/2019 – 05/19/2019	\$67,374	576
MCO 834 Enrollment Transaction – Add New Data Elements	MCO 834 Enrollment Transaction Completed	01/21/2019 – 05/19/2019	\$271,210	2,318
T-MSIS Changes	Transformed Medicaid Statistical Information System (T-MSIS) Completed	02/25/2019 – 06/23/2019	\$210,402	1,798
Expand the 834 to Accommodate Change Functionality and to Handle Increased Volume	Expanded 834 for Change Functionality and Increased Volume Completed	04/01/2019 – 07/28/2019	\$321,793	2,750
Create and Implement the 820 for MCOs & QHPs	Create 820 Premium Payment Transaction and Implement with MCOs and QHPs	05/06/2019 – 09/01/2019	\$415,125	3,548
Revise Federal Reporting	Expand the operational reporting repository to capture new member data elements.	05/06/2019 – 09/01/2019	\$210,000	1,680
Total:			\$4,030,650	34,335

Estimate Summary

The following provides a breakdown of the hours for this effort.

Managed Care Enhancements	
Role	Hours
Effort for PM	3,570
Effort for BA/SME	15,124
Effort for Development	13,961
Effort for Optum	1,680
Total Hours	34,335

The following provides a breakdown of the costs for this effort.

Managed Care Enhancements	
Role	Costs
Effort for PM	\$ 417,690
Effort for BA/SME	\$1,769,538
Effort for Development	\$1,633,422
Effort for Optum	\$ 210,000
Total Cost	\$4,030,650

5 Waiver Service Authorization Changes

Introduction

The Waiver Service Authorization (SA) system currently in place today for the NH Area Agencies is external to the MMIS. The State has requested the MMIS is enhanced to consume the SA information via an interface, introduce upload attachment functionality and deliver letters electronically to the portal to reduce paper letter generation and mail costs. The purpose of this project is to introduce traceability of the Area Agency SA waiver process.

Scope of Work

- Area Agencies would enter the SA in their system and send the data to the MMIS using the SA interface leveraging the functionality of Bridges/Options SA Interface and this effort includes:
 - One new Inbound interface
 - One new Outbound interface
 - One General Summary Report (includes activity and error reporting)
- Process the SA in the MMIS which includes:
 - One new MMIS Job to load the data to MMIS (WPS and BPEL Changes)
 - MMIS Processing logic for loading data from INFA interface and error handling
- Capability to upload attachments
 - Functionality to upload the data from external screens
 - Business Process Execution Language (BPEL) changes to establish connectivity to Docfinity
- Include a Comments Section for the area agencies
 - New portlet to support comments (separate from notes) functionality in internal and external screens
- SA (Approval and Denial) Letters should be sent to the portal message center for the provider
 - Generate letter triggers
 - Generate letters
 - Ability to send the letters to provider mail box.
- Discontinue print and mailing service of SA Letters (this may be optional)
- Include additional status codes on the interface
 - Configuration and Business rules implementation
- Refine the existing Report
 - SA Assignment Update Report
 - SA Interface Results Report

The following systems life cycle efforts are included in this effort:

- Requirements Definition and Design.
- Coding and Unit Testing.
- System Integration Testing (SIT).
- Regression Testing.
- User Acceptance Testing (UAT) Support.
- Implementation.
- Post Implementation Review (PIR).

Assumptions

- There will be one inbound interface to load the SA from Area Agencies. The Bridges interface will be leveraged and new interface will have the same set of fields and the same business rules as that of Bridges interface.
- A maximum of five business rules can vary between the existing Bridges and new SA interface.
- There will be one outbound interface for service authorizations to the Area Agencies providers.
- There will be no more than 20 new business rules added for the processing of SA from Area Agencies and SA routing logic in MMIS System
- No existing business rules to be modified for the processing of SA for other vendors submitting SA.
- The RPM will be changed to allow external provider roles to upload and view attachments.
- The notes functionality is available only to the internal user screen will be used as a template. The notes functionality will exist along with the new comments functionality. The notes will not be visible to the external providers. New comments functionality to be created to allow both the internal and external users to enter comments.
- The comments will be at a SA level and not a line level (i.e. there will be one comment control created for one SA in the system).
- The comments functionality will be created only for the SA module.
- The external provider role will have access to the comments functionality as appropriate.
- There will be no more than three status codes added for the Area Agency providers. These status codes will have no more than 20 business rules.
- No new letters for the Area agency providers are to be created. The existing letters to be generated for Area Agencies with the corresponding status codes will be sent to the provider mail box directly and not to print vendors.
- SA letters for other vendors which are currently being sent will continue to be sent to the print vendors for print and distribution.
- The current version of Docfinity (Version 9) is used for the purpose of this proposal.
- New letters created will be the exact replica of the existing letters. Change in verbiage or logic change are not considered for the proposal.
- No changes to the SA received from Options/Bridges are included in this proposal. The current process will continue.
- Two new report will be generated for the Area Agencies providers:
 - SA Assignment Update Report
 - SA Interface Results Report
- These reports are currently being generated for Bridges and Options. The report will be similar with no additional business rules.
- The data for the report will be populated by the interface job which is being developed to load the Area Agency SAs.

- Any change in scope with the assumptions as mentioned in the document and/or schedule will have an impact on the overall effort and cost of this proposal.
- Claims processing business rule changes for the new SA are not included in this proposal.
- Changes to EDI X12 transactions are not included in this proposal.
- Implementation of the comments / attachment functionality for any other modules in Provider login are not included in this proposal.
- Version upgrades (i.e. Docfinity, xPressions and WPS/BPEL etc.) are not included in this proposal.
- A project Change Control Board (CCB) will be setup that will consist of both Conduent and State stakeholders to facilitate discussions of scope change requests as needed.
- It will take up to six weeks to onboard Conduent resources for JAD sessions.
- If the APD is not approved and the contract amendment is not executed by July 2018, Conduent and the State together will propose and agree to an alternative schedule that will be communicated.
- The estimate is based on high level requirements. The scope of the requirements is listed, a deviation of these requirements may result in a Change Request discussion.
- The SDLC is to be used in prior amendments on Conduent NH projects. Changes to this methodology will require a Change Request.
- Existing environments will be used and the same path to production will follow and a change in this will require a Change Request.
- This proposal does not cover any other additional legislature requirements that have been mandated after the Amendment is executed.
- Offshoring of particular parts of the project is acceptable and the project has been priced to include resources in multiple locations. Changes to this assumption will result in the project being repriced.
- Sixty (60) days after production implementation remaining Severity 3 & 4 defects will be transitioned to Operations & Maintenance (O&M) release process for resolution. Severity 1 & 2 defects may be transitioned to O&M with written approval from the State.
- State resources will be available for requirements sign-off and user acceptance testing as defined in the project milestones in this section of the proposal. A change to this process will require a Change Request.
- There are no changes to the existing Service Level Agreements (SLAs) in place under the prime contract.
- Any work done in advance of the start of this project using O&M will require discussions between Conduent and the State.
- Code deployments, technical changes, data base or data management configuration changes will be applied to all applicable active environments consistent with deployment and change management procedures.

Payment Milestones

Activity	Milestones	Date Timeframe	Payment Amount	Hours
Waiver Service Authorization Changes				
Requirements and CR Approval	SA Interface, Attachments & Letters Requirements Completed	11/12/2018 – 11/30/2018	\$154,950	1,324
Development	SA Interface, Attachments & Letters Development Completed	12/03/2018 – 01/04/2019	\$232,423	1,967
SIT & Regression	SA Interface, Attachments & Letters SIT & Regression Completed	12/31/2018 – 02/08/2019	\$193,685	1,655
UAT and Production	SA Interface, Attachments & Letters UAT Support & Production Implementation Completed	02/11/2019 – 03/10/2019	\$193,685	1,640
Total:			\$774,743	6,587

Estimate Summary

The following provides a breakdown of the hours for this effort:

Waiver Service Authorization Hours	
Role	Hours
Effort for PM	508
Effort for BA	2,781
Effort for Development	3,298
Total Hours	6,587

The following provides a breakdown of the costs for this effort:

Waiver Service Authorization Costs	
Role	Costs
Effort for PM	\$ 63,500
Effort for BA	\$325,377
Effort for Developer	\$385,866
Total Cost	\$774,743

6 Acuity Rate Setting – Change of Ownership and Partial Year Cost Reporting Requirements Definition

Introduction

The State has implemented changes to accommodate Partial Year Cost Reporting (PYCR) for Acuity Rate Setting (ARS) in April 2017. This has been referred to as 'Phase 2' since there was a Phase 1 project to accommodate Change of Ownership (CHOW) that has not yet been funded. During the PYCR project there were additional items identified that are needed but were out of scope of the project. The purpose of this effort is to hold up to eight (8) weeks of Joint Application Design (JAD) sessions to define the requirements and a high-level design for the Phase 1 CHOW project and the additional items identified during the PYCR project.

Scope of Work

Conduct JAD sessions for up to eight weeks to document requirements and high-level design for ARS Change of Ownership and Partial Year Cost Reporting functionality.

This effort will include the following:

- Develop JAD Plan including schedule, topics, and logistics,
- Hold JAD Sessions over the course of up to eight (8) weeks,
- Document JAD Minutes, Action Items, Key Decisions and Parking Lot Items,
- Document Requirements and
- Discuss High-Level Design.

Assumptions

- Conduent and State resources will be available during the eight week period.
- This effort will be eight consecutive weeks, any deviation will require a change request discussion.

Payment Milestones

Activity	Milestones	Date Timeframe	Payment Amount	Hours
Requirements Definition for ARS – CHOW and PYCR Hours				
JADs	ARS CHOW PYCR Requirements JADS Completed	01/07/2019 – 03/01/2019	\$360,000	2,880
Total:			\$360,000	2,880

Estimate Summary

The following provides a breakdown of the hours for this effort.

Requirements Definition for ARS – CHOW and PYCR Hours	
Role	Hours
PM	320
BA/SME	2,560
Total	2,880

The following provides a breakdown of the costs for this effort:

Requirements Definition for ARS – CHOW and PYCR Costs	
Role	Costs
Effort for PM	\$ 40,000
Effort for BA SME	\$320,000
Total Cost	\$360,000

7 UPIC Data Exchange and Third Party Liability (TPL) Coverage Information Collection from Carriers via 270/271

Introduction

This is a two part initiative. The Unified Program Integrity Contractor (UPIC) data exchange is to conduct review of claims data for fraud, waste and abuse. The TPL coverage information collection effort utilizes the outbound 270 and inbound 271 transactions to collect information regarding other coverage for Medicaid beneficiaries from other insurance carriers.

Scope of Work

Federal UPIC

CMS has contracted with regional vendors to conduct data analysis for fraud, waste and abuse. These vendors are referred to as Unified Program Integrity Contractors (UPIC). The State has requested that Conduent develop an interface to UPIC in order to share data for the purposes of fraud, waste and abuse detection. Conduent does not have the detailed requirements for this effort; however, the following are the high-level requirements as they are currently understood:

- Develop a business process to create an extract of data for an outbound interface
- New Control-M job to initiate this interface

TPL Coverage Information Collection via 270/271

The Contractor will implement the capability to send an outbound X12 270 transaction to request coverage information from insurance carriers and be able to receive and process the X12 271 response transaction and apply the coverage information to the member files. This will enable the Medicaid agency to recover funds from other carriers for which Medicaid should have been the payer of last resort.

This effort will require the State to enroll with the carriers and obtain their companion guides in order to exchange data. The State is interested in implementing this functionality with the following carriers:

- Anthem
- Cigna
- Delta Dental
- Harvard Pilgrim
- DEERs
- Depart. Of Defense (DOD)

The following changes are needed:

- Impact Analysis MMIS & EDI outbound 270 and inbound 271
- Modify the 270 MMIS XML and EDI mapping to accommodate Companion Guide Changes
- Modify the 271 MMIS XML and EDI mapping to accommodate processing of the 271 inbound
- Update EDI outbound and inbound routes
- Implement SFTP for each FTP carrier (outbound and inbound) which includes up to 6 connectivity requests)

The following systems life cycle efforts are included in this effort:

- Requirements Definition and Design.
- Coding and Unit Testing.
- System Integration Testing (SIT).
- Regression Testing.
- User Acceptance Testing (UAT) Support.
- Implementation.
- Post Implementation Review (PIR).

Assumptions

- Only the UPIC outbound interface is considered in this estimate. No information is available about an inbound interface for this effort.
- The UPIC extract specifications is considered as a complex process.
- An impact assessment will be completed for the MMIS & EDI process flows for the outbound 270 and inbound 271.
- The requirements provided are high level, therefore the estimation was derived using an industry standard tool in an attempt to price this effort. If the effort exceeds this estimate based on the defined scope at a later date, it may result in a change request discussion.
- The Requirements, Implementation Details, and Interface and Use Case details as set forth in this proposal will be verified in the Requirements Review & Approval phase of the project.
- Performance Testing/Volume Testing are not considered in this proposal because no changes in the volume of inbound/outbound data is expected.

- Code deployments, technical changes, data base or data management configuration changes will be applied to all applicable active environments consistent with deployment and change management procedures.
- The scope other than proposed, would require re-evaluation of this pricing.
- A project Change Control Board (CCB) will be setup that will consist of both Conduent and State stakeholders to facilitate discussions of scope change requests as needed.
- It will take up to six weeks to onboard Conduent resources for JAD sessions.
- If the APD is not approved and the contract amendment is not executed by Jan 2019, Conduent and the State together will propose and agree to an alternative schedule that will be communicated.
- The proposal is based on high level requirements. The scope of the requirements is listed, a deviation of these requirements may result in a Change Request discussion.
- The SDLC is to be used in prior amendments on Conduent NH projects. Changes to this methodology will require a Change Request.
- Existing environments will be used and the same path to production will follow and a change in this will require a Change Request.
- This proposal does not cover any other additional legislature requirements that have been mandated after the Amendment is executed.
- Offshoring of particular parts of the project is acceptable and the project has been priced to include resources in multiple locations. Changes to this assumption will result in the project being repriced.
- Sixty (60) days after production implementation remaining Severity 3 & 4 defects will be transitioned to Operations & Maintenance (O&M) release process for resolution. Severity 1 & 2 defects may be transitioned to O&M with written approval from the State.
- State resources will be available for requirements sign-off and user acceptance testing as defined in the project milestones in this section of the proposal. A change to this process will require a Change Request.
- The EDI database initiative has not been considered have not been taken into account for the project schedule defined in the Project Milestones.
- Any work done in advance of the start of this project using O&M will require discussions between Conduent and the State.

Payment Milestones

Activity	Milestones	Date Timeframe	Payment Amount	Hours
UPIC Data Exchange				
Requirements Gathering and CRs created, submitted and approved	UPIC Data Exchange Requirements Completed	06/10/2019 – 06/28/2019	\$61,425	491
Development & Unit Test	UPIC Data Exchange Development & Unit Test Completed	07/01/2019 – 08/02/2019	\$143,325	1,147
SIT & Regression	UPIC Data Exchange SIT & Regression Completed	07/29/2019 – 09/06/2019	\$102,375	819
UAT, Production Deployment & Post Implementation Review	UPIC Data Exchange UAT & Production Deployment Completed	09/09/2019 – 10/06/2019	\$102,375	819
Subtotal:			\$409,500	3,276
TPL Coverage Information Collection via 270/271				
270/271 Impact Assessment, Requirements Gathering and CRs created, submitted and approved	TPL Coverage Information Collection via 270/271 Assessment & Requirements Completed	07/15/2019 – 08/02/2019	\$54,844	438
Development & Unit Test	TPL Coverage Information Collection via 270/271 Development & Unit Test Completed	08/05/2019 – 09/06/2019	\$127,969	1,024

Activity	Milestones	Date Timeframe	Payment Amount	Hours
SIT & Regression	TPL Coverage Information Collection via 270/271 SIT & Regression Completed	09/02/2019 – 10/11/2019	\$91,406	731
UAT, Production Deployment & Post Implementation Review	TPL Coverage Information Collection via 270/271 UAT & Production Deployment Completed	10/14/2019 – 11/10/2019	\$91,406	731
Subtotal:			\$365,625	2,925
Totals:			\$775,125	6,201

Estimate Summary

The following provides a breakdown of the hours for this effort.

UPIC Data Exchange & TPL Coverage Information Collection via 270/271 Hours	
Role	Hours
PM	795
BA/SME	2,973
Developer	2,433
Total	6,201

The following provides a breakdown of the costs for this effort:

UPIC Data Exchange & TPL Coverage Information Collection via 270/271 Costs	
Role	Costs
Effort for PM	\$ 99,375
Effort for BA SME	\$371,625
Developer	\$304,125
Total Cost	\$775,125

8 T-MSIS – Additional Data and Data Quality Issue Resolution

Introduction

The State is requesting enhancements to the Transformed Medicaid Statistical Information System (T-MSIS) component to accommodate required new data elements to be acquired through the New Heights interfaces. The new data elements are required by CMS. The required changes are modification of the New Heights interface, modification of the Common Eligibility Interface, modification of the T-MSIS process to accept the required new data elements, resolution of data quality issues identified by CMS following its data analyses, identifying and obtaining missing required T-MSIS data from systems outside of the MMIS.

Scope of Work

The scope of work includes the following:

- Modify New Heights Interfaces with additional data elements
- Modify Common Eligibility Interface (CEI) format to accommodate the New Heights additional data elements. The CEI format aides in consistent processing of data updates.
- Modify the T-MSIS process to accept required new data elements
- Resolve data quality issues based on the CMS T-MSIS audit report findings
- Obtain missing required T-MSIS fields by going outside of the MMIS
- Data cleanup of CMS T-MSIS audit findings
- Identify and resolve additional data elements that are required.

The following systems life cycle efforts are included in this effort:

- Requirements Definition and Design.
- Coding and Unit Testing.
- System Integration Testing (SIT).
- Regression Testing.
- User Acceptance Testing (UAT) Support.
- Implementation.
- Post Implementation Review (PIR).

Assumptions

- This estimate includes up to 40 interface modifications.
- The requirements provided are high level, therefore the estimation was derived using staged funding in an attempt to price this effort. If the effort exceeds this estimate based on the defined scope at a later date, it may result in a change request discussion.
- The Requirements, Implementation Details, and Interface and Use Case details as set forth in this proposal will be verified in the Requirements Review & Approval phase of the project.
- Performance Testing/Volume Testing are not considered in this proposal because no changes in the volume of inbound/outbound data is expected.
- Code deployments, technical changes, data base or data management configuration changes will be applied to all applicable active environments consistent with deployment and change management procedures.
- The scope other than proposed, would require re-evaluation of pricing.
- A project Change Control Board (CCB) will be setup that will consist of both Conduent and State stakeholders to facilitate discussions of scope change requests as needed.
- It will take up to six weeks to onboard Conduent resources for JAD sessions.
- If the APD is not approved and the contract amendment is not executed by June 2018, Conduent and the State together will propose and agree to an alternative schedule that will be communicated.
- The proposal is based on high level requirements, listed here in. Any deviation of these requirements may result in a Change Request discussion.
- The SDLC is to be used in prior amendments on Conduent NH projects. Changes to this methodology will require a Change Request.
- Existing environments will be used and the same path to production will follow and a change in this will require a Change Request.
- This proposal does not cover any other additional legislature requirements that have been mandated after the Amendment is executed.
- Offshoring of particular parts of the project is acceptable and the project has been priced to include resources in multiple locations. Changes to this assumption will result in the project being repriced.
- Sixty (60) days after production implementation remaining Severity 3 & 4 defects will be transitioned to Operations & Maintenance (O&M) release process for resolution. Severity 1 & 2 defects may be transitioned to O&M with written approval from the State.
- State resources will be available for requirements sign-off and user acceptance testing as defined in the project milestones in this section of the proposal. A change to this process will require a Change Request.
- Any work done in advance of the start of this project using O&M will require discussions between Conduent and the State.

Payment Milestones

Activity	Milestones	Date Timeframe	Payment Amount	Hours
T-MSIS Additional New Heights Data and Resolution of Data Quality Issues				
New Heights Data Analysis & Requirements Complete	T-MSIS New Heights Data Analysis & Requirements Completed	01/21/2019 – 02/08/2019	\$45,000	360
T-MSIS Modify New Heights Interfaces	T-MSIS Modify New Heights Interfaces Completed	02/11/2019 – 03/15/2019	\$50,000	400
T-MSIS Modify New Heights Interfaces	T-MSIS Modify New Heights Interfaces Completed	03/11/2019 – 05/19/2019	\$50,000	400
T-MSIS Modify New Heights Interfaces	T-MSIS Modify New Heights Interfaces Completed	02/25/2019 – 06/23/2019	\$50,000	400
T-MSIS Modify New Heights Interfaces	T-MSIS Modify New Heights Interfaces Completed	02/25/2019 – 06/23/2019	\$50,000	400
T-MSIS Data Quality Clean-up	T-MSIS Data Quality Clean-up Completed	04/01/2019 – 07/28/2019	\$50,000	400
T-MSIS Data Quality Clean-up	T-MSIS Data Quality Clean-up Completed	04/01/2019 – 07/28/2019	\$50,000	400
T-MSIS Data Quality Clean-up	T-MSIS Data Quality Clean-up Completed	05/06/2019 – 09/01/2019	\$50,000	400
T-MSIS Data Quality Clean-up	T-MSIS Data Quality Clean-up Completed	05/06/2019 – 09/01/2019	\$50,000	400
T-MSIS Data Quality Clean-up	T-MSIS Data Quality Clean-up Completed	06/10/2019 – 10/06/2019	\$50,000	400

T-MSIS Data Quality Clean-up	T-MSIS Data Quality Clean-up Completed	06/10/2019 – 10/06/2019	\$50,000	400
T-MSIS Data Quality Clean-up	T-MSIS Data Quality Clean-up Completed	07/15/2019 – 11/10/2019	\$50,000	400
T-MSIS Data Quality Clean-up	T-MSIS Data Quality Clean-up Completed	07/15/2019 – 11/10/2019	\$50,000	400
T-MSIS Data Quality Clean-up	T-MSIS Data Quality Clean-up Completed	08/19/2019 – 12/15/2019	\$50,000	400
T-MSIS Data Quality Clean-up	T-MSIS Data Quality Clean-up Completed	08/19/2019 – 12/15/2019	\$50,000	400
T-MSIS Data Quality Clean-up	T-MSIS Data Quality Clean-up Completed	09/23/2019 – 01/19/2020	\$50,000	400
T-MSIS Data Quality Clean-up	T-MSIS Data Quality Clean-up Completed	09/23/2019 – 01/19/2020	\$50,000	400
T-MSIS Data Quality Clean-up	T-MSIS Data Quality Clean-up Completed	10/28/2019 – 02/23/2020	\$50,000	400
T-MSIS Data Quality Clean-up	T-MSIS Data Quality Clean-up Completed	10/28/2019 – 02/23/2020	\$50,000	400
Total:			\$945,000	7,560

Estimate Summary

The following provides a breakdown of the hours for this effort:

T-MSIS Hours	
Role	Hours
Effort for PM	840
Effort for BA & Development	6,720
Total Hours	7,560

The following provides a breakdown of the costs for this effort:

T-MSIS Costs	
Role	Costs
Effort for PM	\$105,000
Effort for BA & Development	\$840,000
Total Cost	\$945,000

9 Import and Store Qualified Health Plan (QHP) Encounter Data and Encounter Claims Analysis

Introduction

The NH Health Protection Plan mandated collecting and storing Premium Assistance Program (PAP) encounter claims from Qualified Health Plans (QHP). The NH Comprehensive Health Information System (NH CHIS) will provide the data as a one-time load to the MMIS to import and store.

Scope of Work

PAP QHP Encounter Claims from NH CHIS

Modify the Encounter Claims process to accept a one-time load after 12/31/2018 of Premium Assistance Program (PAP) encounter claims from the Qualified Health Plans (QHPs).

- Implement Import and Store PAP QHP encounter claims as a one-time process.
- Create a new inbound interface to load the NH CHIS data to the MMIS.
- Create an SFTP task to receive the NH CHIS claims data extract from Milliman.
- Minimal data validation includes file format, record count and valid submission ID.
- EDMS report to confirm the data loaded correctly including General Summary and error reporting.
- On-Line Transaction Processing (OLTP), Operational Reporting Repository (ORR) and CDM balancing process.
- Load claims to the CDM.
- Implement a full file replace to clean-up data.
- Create a separate Adhoc package in Cognos to ensure correct reporting.

Encounter Claims Analysis

The Encounter Claims Analysis would include a complete analysis of the encounter claims processing workflow from entry (EDI) to adjudication. This involves analysis of the existing cross walk documentation, companion guide, XML translation, adjudication and business rules. The scope will also include a comparison of encounter claims between the

MCO across claim types (Professional, Dental, Inpatient, Outpatient, Inpatient crossover and Outpatient crossover claims).

Encounter Claims Analysis objectives include:

1. Analyze each claim type (as listed in the analysis table below) for the following areas:
 - a. EDI – Analyze encounter claims from the MCOs (X12 and Companion Guides)
 - b. XML – Analyze the X12 files and the transformation process to an XML (Crosswalk Documents)
 - c. MMIS – Analyze XML processing and storage in the MMIS database and User Interface output (Crosswalk documents and Business Rules)
2. Once the above analysis is complete, the encounter data should be analyzed to determine if the encounter processing should continue to be processed like FFS claims or as a separate process. It is expected, the team will document, support and justify the recommendation of processing encounter claims.
3. Any gaps identified during the analysis may result in recommendations for updates to system documentation, mapping, crosswalk, companion guides, business rules, workflow updates and/or creating defect(s) as well as recommendations for CR creation.

The analysis summary includes:

- 837 P Map and Xwalks Review
- 837 P Claims Processing Review
- Documentation of business rules
- Create Comparison Report (Prof and Prof Xover)
- 837 D Map and Xwalks Review
- 837 D Claims Processing Review
- Documentation of business rules
- Create Comparison Report (Dental Claims)
- 837 I Map and Xwalks Review
- 837 I (I/P & O/P) Claims Processing Review
- 837 I (I/P Xover & O/P Xover) Claims Processing Review
- Documentation of business rules
- Create Comparison Report (I/P, O/P, X-overs).

The deliverable of this analysis will include a mapping document on encounter claims detailing the data flow from X12 to XML and to the database for all claim types as outlined above. The deliverables will also include, recommendations on the encounter processing and a summary of proposed changes to system documentation, crosswalk documents and companion guides.

Any discrepancies identified to the existing functionalities will be raised as defects and recommendations to the mapping/processing rules, will be documented as Change Requests.

The following systems life cycle efforts are included in this effort:

- Requirements Definition and Design.
- Coding and Unit Testing.
- System Integration Testing (SIT).

- Regression Testing.
- User Acceptance Testing (UAT) Support.
- Implementation.
- Post Implementation Review (PIR).

Import & Store QHP Encounter Data Assumptions

- The requirements provided are high level, therefore the estimation was derived using staged funding in an attempt to price this effort. If the effort exceeds this estimate based on the defined scope at a later date, it may result in a change request discussion.
- The Requirements, Implementation Details, and Interface and Use Case details as set forth in this proposal will be verified in the Requirements Review & Approval phase of the project.
- Performance Testing/Volume Testing are not considered in this proposal.
- Code deployments, technical changes, data base or data management configuration changes will be applied to all applicable active environments consistent with deployment and change management procedures.
- The scope other than proposed, would require re-evaluation of this pricing.
- A project Change Control Board (CCB) will be setup that will consist of both Conduent and State stakeholders to facilitate discussions of scope change requests as needed.
- It will take up to six weeks to onboard Conduent resources for JAD sessions.
- If the APD is not approved and the contract amendment is not executed by June 2018, Conduent and the State together will propose and agree to an alternative schedule that will be communicated.
- The SDLC is to be used in prior amendments on Conduent NH projects. Changes to this methodology will require a Change Request.
- Existing environments will be used and the same path to production will follow and a change in this will require a Change Request.
- This proposal does not cover any other additional legislature requirements that have been mandated after the Amendment is executed.
- Offshoring of particular parts of the project is acceptable and the project has been priced to include resources in multiple locations. Changes to this assumption will result in the project being repriced.
- Sixty (60) days after production implementation remaining Severity 3 & 4 defects will be transitioned to Operations & Maintenance (O&M) release process for resolution. Severity 1 & 2 defects may be transitioned to O&M with written approval from the State.
- State resources will be available for requirements sign-off and user acceptance testing as defined in the project milestones in this section of the proposal. A change to this process will require a Change Request.
- The data will be sent as a one-time load to the MMIS after 12/31/2018.
- The NH Business Intelligence (BI) team will create the separate Adhoc package in Cognos.

- There will be only one interface which will be created for loading PAP QHP encounter claims. There may be multiple work flows loading the data, but all the workflows will be triggered using a single job. Separate jobs will be needed for ORR and CDM which will be convenient for re-running a job in the event an issue is identified in the workflow.
- Conduent will work with State within the realms of the overall work effort and skills of the project team to accommodate scope changes within reason.
- The PAP claims will be loaded into separate tables and will not impact any of the existing MMIS tables. The source of the PAP QHP claims will be a pipe delimited file.
- All the data sets of QHP Encounter data will be provided for the one-time load from NH CHIS. All the data sets will be present in a single file and will be differentiated by record types.
- All members which are sent in the member data set may not be identifiable in the MMIS.
- To validate the integrity of the data up to three business rules will be implemented per data set. There will be maximum of 90 business rules implemented to support the data integrity validations. The validations will include validating the presence/absence of fields and data type validations only.
- No BR validations will be done on the data such as posting of exceptions or rejecting the input based on business conditions.
- Error logging would be simple in complexity and the errors will be written to an error table. Error table structures will be aligned with the existing NH error table structure definitions.
- The error report is assumed to be a simple extract of the error details for operations use.
- There will be no outbound interface to display error records. Any reprocessing of the error records will require a separate input file.
- The data loaded will not go through claims processing, encounter processing and payment processing.
- The balancing process between OLTP-ORR and CDM will be using the same table which is used in the current process. No new feeds will need to be setup or processed outside of the existing process currently in place today.
- There will be no additional dimensions or new columns created in CDM data structure for the data load. The data will be loaded to the existing columns only.
- The encounter claims adjudication process will not change.
- PAP encounter claims will not be viewable in the MMIS UI. Any changes to view the PAP claims in the UI as a part of Search/Inquiry screen are not considered as part of this proposal.
- Any work done in advance of the start of this project using O&M will require discussions between Conduent and the State.

Encounter Claims Analysis Assumptions

- The Conduent Change Control Board shall meet on a bi-weekly basis for review, approve or deny additional scope.
- It will take up to 6 weeks to onboard Conduent resources.
- If the APD is not approved and the contract amendment is not executed by June 2018, Conduent and the State together will propose and agree to an alternative schedule that will be communicated.
- The estimate is based on a high level understanding. The scope of the requirements is listed, a deviation of these requirements may result in a Change Request discussion.
- The SDLC is to be used in prior amendments on Conduent NH projects. Changes to this methodology will require a Change Request.
- Existing environments will be used and the same path to production will follow and a change in this will require a Change Request.
- The proposal does not cover any other additional legislative requirements that have been mandated after the Amendment is executed.
- Offshoring of particular parts of the project is acceptable and the project has been priced to include resources in multiple locations. Changes to this assumption will result in the project being repriced.
- State resources will be available for requirements sign-off and user acceptance testing as defined in the project milestones in this section of the proposal. A change to this process will require a Change Request.
- There no changes to the existing Service Level Agreements (SLAs) in place under the prime contract.
- Changes in schedule may require a Change Request to support extending project resources to support the delivery.
- Effort is expected to be a six week duration.
- Defect resolution or Change Requests work is not included
- The O&M team will transition knowledge of the Encounter process and review the analysis findings.
- Sixty (60) days after production implementation remaining Severity 3 & 4 defects will be transitioned to Operations & Maintenance (O&M) release process for resolution. Severity 1 & 2 defects may be transitioned to O&M with written approval from the State.

Payment Milestones

Activity	Milestones	Date Timeframe	Payment Amount	Hours
Import & Store QHP Encounter Data				
Import & Store QHP Encounter Data Requirements & CR Approval	Import & Store QHP Encounter Data Requirements Completed	12/17/2018 – 01/04/2019	\$133,439	1,141
Import & Store QHP Encounter Data Development & Unit Test	Import & Store QHP Encounter Data Development Completed	01/07/2019 – 02/08/2019	\$266,971	2,282
Import & Store QHP Encounter Data SIT & Regression	Import & Store QHP Encounter Data SIT & Regression Completed	02/04/2019 – 03/15/2019	\$311,466	2,662
Import & Store QHP Encounter Data UAT & Production	Import & Store QHP Encounter Data UAT & Production Deployment Completed	03/18/2019 – 04/14/2019	\$177,980	1,521
Encounter Data Analysis	Encounter Data Analysis Completed	03/01/2019 – 03/29/2019	\$82,029	701
Encounter Data Analysis Deliverable	Encounter Data Deliverable Completed	04/01/2019 – 04/12/2019	\$82,029	701
Encounter Data Analysis Technical Support	Encounter Data Technical Support Completed	04/01/2019 – 07/28/2019	\$82,029	701
Encounter Data Analysis Technical Support	Encounter Data Technical Support Completed	05/06/2019 – 09/01/2019	\$82,029	701

Encounter Data Analysis Technical Support	Encounter Data Technical Support Completed	05/06/2019 – 09/01/2019	\$82,028	701
Total:			\$1,300,000	11,111

Estimate Summary

The following provides a breakdown of the hours for this effort:

Import & Store QHP Encounter Data	
Role	Hours
Effort for PM	1,387
Effort for BA	5,348
Effort for Developer	4,376
Total Hours	11,111

The following provides a breakdown of the costs for this effort:

Import & Store QHP Encounter Data Costs	
Role	Costs
Effort for PM	\$162,279
Effort for BA	\$625,716
Effort for Developer	\$512,005
Total Cost	\$1,300,000

10 Security Policy Page

Introduction

The New Hampshire Medicaid Management Information System (NH MMIS) will be enhanced to add a new security policy page that will be presented when an internal or external user logs into Health Enterprise MMIS. The security policy page will be implemented to satisfy the NH MMIS CMS Certification recommendation. The internal and external user login in screen will include additional language and an acknowledgement check box to the current login screen and prevent the user from logging into the MMIS until the acknowledgement box is checked.

- The system they are logging into is State owned and contains Protected Health Information (PHI) and Personally Identifiable Information (PII).
- By logging in, the user will have access to sensitive data and the capability to download data outside of the system.
- If the user should move the data outside of the system it is their responsibility to ensure the protection and security of the data.

Scope of Work

The following changes will be made:

For the Internal user login screen - Add language and acknowledgement check box to current login screen and prevent login button from being active until box is checked. No update to Tivoli tracking/reporting of login data.

For the external user login screen - Add language and acknowledgement check box to current login screen and prevent login button from being active until box is checked. No update to Tivoli tracking/reporting of login data.

The following systems life cycle efforts are included in this effort:

- Requirements Definition and Design.
- Coding and Unit Testing.
- System Integration Testing (SIT).
- Regression Testing.
- User Acceptance Testing (UAT) Support.
- Implementation.
- Post Implementation Review (PIR).

Assumptions

- There is no need to update Tivoli tracking and reporting of login data. Today, each login is tracked. Upon the effective date of this change, all users who log in will have had to acknowledge this information.
- Code deployments, technical changes, data base or data management configuration changes will be applied to all applicable active environments consistent with deployment and change management procedures.
- The scope other than proposed, would require re-evaluation of this pricing.
- A project Change Control Board (CCB) will be setup that will consist of both Conduent and State stakeholders to facilitate discussions of scope change requests as needed.
- It will take up to six weeks to onboard Conduent resources for JAD sessions.
- If the APD is not approved and the contract amendment is not executed by June 2018, Conduent and the State together will propose and agree to an alternative schedule that will be communicated.
- The proposal is based on high level requirements. The scope of the requirements is listed, a deviation of these requirements may result in a Change Request discussion.
- The SDLC is to be used in prior amendments on Conduent NH projects. Changes to this methodology will require a Change Request.
- Existing environments will be used and the same path to production will follow and a change in this will require a Change Request.
- This proposal does not cover any other additional legislature requirements that have been mandated after the Amendment is executed.
- Offshoring of particular parts of the project is acceptable and the project has been priced to include resources in multiple locations. Changes to this assumption will result in the project being repriced.
- Sixty (60) days after production implementation remaining Severity 3 & 4 defects will be transitioned to Operations & Maintenance (O&M) release process for resolution. Severity 1 & 2 defects may be transitioned to O&M with written approval from the State.
- State resources will be available for requirements sign-off and user acceptance testing as defined in the project milestones in this section of the proposal. A change to this process will require a Change Request.
- Any work done in advance of the start of this project using O&M will require discussions between Conduent and the State.

Payment Milestones

Activity	Milestones	Date Timeframe	Payment Amount	Hours
Security Policy Page				
Security Policy Page Complete	Coding, Testing, and Implementation of Security Policy Page Completed	07/30/2018 – 11/25/2018	\$79,125	633
Totals:			\$79,125	633

Estimate Summary

The following provides a breakdown of the hours for this effort:

Security Policy Page Hours	
Role	Hours
Effort for PM	58
Effort for BA	259
Effort for Developer	316
Total Hours	633

The following provides a breakdown of the costs for this effort:

Security Policy Page Costs	
Role	Costs
Effort for PM	\$ 7,250
Effort for BA	\$32,375
Effort for Developer	\$39,500
Total Cost	\$79,125

11 Tivoli Access Manager (TAM) Upgrade to IBM Security Access Manager (ISAM)

Introduction

NH MMIS currently uses IBM Tivoli Access Manager (TAM) V6.1 for authentication. As of 04/30/2016 IBM no longer supports TAM. IBM replaced TAM with IBM Security Access Manager (ISAM). ISAM provides the same functionality that TAM provides. TAM must be replaced with at least ISAM 7.0 as part of this amendment in order for the software to be supported by IBM.

Scope of Work

The current proposal is to upgrade TAM V6.1 to ISAM 7.0 for 11 environments.

- All applicable environments in the NH footprint will be upgraded (non-state and state environments).

This effort does not include the implementation of Multifactor Authentication that needs TAM to be replaced by ISAM 9.0. ISAM 9.0's deployment architecture is different from ISAM 7.0, and Multifactor Authentication requires additional servers (physical or virtual appliances) apart from the software replacement for Mobile support.

Assumptions

- The TAM upgrade to ISAM may impact O&M and project release timelines.
- Effort is planned to be a system upgrade and not for in place upgrade. This means that we need to setup new VMs for ISAM and then release the existing TAM VMs once the cutover is completed to ISAM.
- ISAM 7.0/Webseal will be installed on New WPARS (VMs). The new setup will be done in parallel to existing TAM setup to reduce the impact to business continuity of the current system.

- Additional WPARS will be created using existing hardware (CPU, Memory). This will have low impact to current resource allocation as the foot print for these new WPARS is very small.
- In order to proceed with the sequence of upgrade, each environment has to pass QA testing.
- All activities need to be prioritized so that they are completed on schedule. In case of delays, project timeline and cost will be impacted.
- QA will be smoke testing only the non-state owned environments (ENV52, ENV54, ENV57, ENV53, and ENV58). Conduent is requesting State Smoke testers to perform the smoke test for the State owned environments.
- Current QA effort is relatively small as the code base remains the same so RPM (Roles and Privilege Matrix), Login and Field Level Security functionalities remain the same. If there is need for more thorough testing, then the QA effort will need to be increased.
- Any performance issues that may arise by the usage of existing hardware need to be reassessed and mitigated.
- A project Change Control Board (CCB) will be setup that will consist of both Conduent and State stakeholders to facilitate discussions of scope change requests as needed.
- It will take up to six weeks to onboard Conduent resources for JAD sessions.
- If the APD is not approved and the contract amendment is not executed by June 2018, Conduent and the State together will propose and agree to an alternative schedule that will be communicated.
- The estimate is based on high level requirements. The scope of the requirements is listed, a deviation of these requirements may result in a Change Request discussion.
- The SDLC is to be used in prior amendments on Conduent NH projects. Changes to this methodology will require a Change Request.
- Existing environments will be used and the same path to production will follow and a change in this will require a Change Request.
- This proposal does not cover any other additional legislature requirements that have been mandated after the Amendment is executed.
- Offshoring of particular parts of the project is acceptable and the project has been priced to include resources in multiple locations. Changes to this assumption will result in the project being repriced.
- State resources will be available for requirements sign-off and user acceptance testing as defined in the project milestones in this section of the proposal. A change to this process will require a Change Request.
- There are no changes to the existing Service Level Agreements (SLAs) in place under the prime contract.
- Code deployments, technical changes, data base or data management configuration changes will be applied to all applicable active environments consistent with deployment and change management procedures.
- The path to production environments will be addressed first to reduce impacts to current the release in progress. The timeline will be coordinated with release management team including the State.

Payment Milestones

Activity	Milestones	Date Timeframe	Payment Amount	Hours
Tivoli Access Manager (TAM) Upgrade to IBM Security Access Manager (ISAM)				
Requirements & CR Approval	ISAM Environment Setup Completed	04/01/2019 – 04/31/2019	\$20,000	N/A
POC + Upgrade of non-state and all State applicable environments	ISAM Non-State and all State Applicable Environments Upgrade Completed	05/01/2019 – 06/30/2019	\$227,850	2,170
Upgrade of UAT	ISAM UAT Environment Upgrade Completed	07/01/2019 – 07/12/2019	\$114,030	1,086
Upgrade of Production	ISAM Production Environment Upgrade Completed	07/13/2019 – 08/12/2019	\$114,030	1,086
Total:			\$475,910	4,342

Estimate Summary

The following provides a breakdown of the hours for this effort:

ISAM Hours	
Role	Hours
Effort for PM	310
Effort for BA	997
Effort for Development and QA	1,210
Effort for Infrastructure Resources	2,016
Total Hours	4,342

The following provides a breakdown of the costs for this effort:

ISAM Costs	
Role	Costs
New Environment Setup	\$ 20,000
Effort for PM	\$ 32,550
Effort for BA	\$ 84,630
Effort for Development and QA	\$127,050
Effort for Infrastructure Resources	\$211,680
Total Cost	\$475,910

ISAM Storage Costs

In addition to the DDI costs, there are also annually recurring data storage fees, the cost for which are outlined below:

April 2019 – June 2019:	\$ 3,729	
July 2019 – June 2020:	\$14,914	
July 2020 – June 2021:	\$14,914	Total Ongoing Data Storage Cost: \$33,557

12 Cognos Upgrade

Introduction

NH MMIS currently uses IBM Cognos V10.1.1 for reports generation. As of 04/30/2016 IBM has stopped providing the regular support for this version of Cognos. Extended support is provided on IBM's discretion. In case of a product bug occurrence in production, there may be a delay in getting the fix from IBM or the fix may not be available at all. It may impact all reporting functions within MMIS.

IBM Cognos V10.1.1 must be replaced with at least IBM Cognos V10.2 as part of this amendment in order for the software to be under regular support by IBM.

Scope of Work

Current proposal is to upgrade V10.1.1 to IBM Cognos V10.2 for applicable NH environments:

- All applicable environments in the NH footprint will be upgraded (non-state and state environments).

Assumptions

- In order to proceed with the sequence of upgrade, each environment has to pass QA testing.
- All activities need to be prioritized so that they are completed on schedule. In case of delays, project timeline and cost will be impacted.
- QA will be smoke tested in only the non-state owned environments (Env 52, Env 54, Env 57, Env 58, Env 53, Env 71, Env 15, and Env 52INT). Conduent is requesting State Smoke testers to perform the smoke test for the State owned environments.
- The reports will be upgraded as-is to the latest version and performance improvements on existing reports will not be addressed as a part of this upgrade effort.
- Effort is planned to be a system upgrade and not for in place upgrade.
- Additional Cognos instances will be created using existing system resources (CPU, Memory).
- Any performance issues that may arise by the usage of existing system resources need to be reassessed and mitigated as part of ongoing O&M.
- The development and environment preparedness will be performed in parallel.

- A project Change Control Board (CCB) will be setup that will consist of both Conduent and State stakeholders to facilitate discussions of scope change requests as needed.
- It will take up to six weeks to onboard Conduent resources for JAD sessions.
- If the APD is not approved and the contract amendment is not executed by June 2018, Conduent and the State together will propose and agree to an alternative schedule that will be communicated.
- The estimate is based on high level requirements. The scope of the requirements is listed, a deviation of these requirements may result in a Change Request discussion.
- The SDLC is to be used in prior amendments on Conduent NH projects. Changes to this methodology will require a Change Request.
- Existing environments will be used and the same path to production will follow and a change in this will require a Change Request.
- This proposal does not cover any other additional legislature requirements that have been mandated after the Amendment is executed.
- Offshoring of particular parts of the project is acceptable and the project has been priced to include resources in multiple locations. Changes to this assumption will result in the project being repriced.
- State resources will be available for requirements sign-off and user acceptance testing as defined in the project milestones in this section of the proposal. A change to this process will require a Change Request.
- There are no changes to the existing Service Level Agreements (SLAs) in place under the prime contract.
- Code deployments, technical changes, data base or data management configuration changes will be applied to all applicable active environments consistent with deployment and change management procedures.
- The path to production environments will be addressed first to reduce impacts to current the release in progress. The timeline will be coordinated with release management team including the State.

Payment Milestones

Activity	Milestones	Date Timeframe	Payment Amount	Hours
Cognos Upgrade				
Requirements & CR Approval	Environment Setup Completed	04/01/2019 – 04/31/2019	\$20,000	N/A
POC + Upgrade of Non-State and all State applicable Environments	Cognos Non-State and All State Environments Upgrade Completed	05/01/2019 – 06/30/2019	\$405,825	3,865
Upgrade of UAT	Cognos UAT Environment Upgrade Completed	07/01/2019 – 07/12/2019	\$202,965	1,933
Upgrade of Production	Cognos Production Environment Upgrade Completed	07/13/2019 – 08/12/2019	\$202,965	1,933
Total:			\$831,755	7,731

Estimate Summary

The following provides a breakdown of the hours for this effort:

Cognos Hours	
Role	Hours
Effort for PM	310
Effort for BA	1,450
Effort for Development and QA	2,335
Effort for Infrastructure Resources	3,636
Total Hours	7,731

The following provides a breakdown of the costs for this effort:

Cognos Costs	
Role	Costs
New Environment Setup	\$20,000
Effort for PM	\$32,550
Effort for BA	\$152,250
Effort for Development and QA	\$245,175
Effort for Infrastructure Resources	\$381,780
Total Cost	\$831,755

Cognos Storage Costs

In addition to the DDI costs, there are also annually recurring data storage fees, the cost for which are outlined below:

April 2019 – June 2019:	\$ 2,486	
July 2019 – June 2020:	\$ 9,943	
July 2020 – June 2021:	\$ 9,943	Total Ongoing Data Storage Cost: \$22,372

New Hampshire MMIS

Technology Platform Minimum Investment Project (TPMI) Proposal

May 16, 2018
Version 3.1

Introduction

The primary focus of the New Hampshire MMIS Technical Platform Minimum Investment (TPMI) Project is designed to upgrade the Hardware, Operating System (OS), xPression software (SQL), along with internet Browser Compatibility Fixes (Changes to the NH MMIS New Hampshire MMIS application to make it functional with latest version of Internet Explorer, Mozilla and Firefox). The upgrade is designed to upgrade the core technology infrastructure so that it can be effectively supported by the vendor – either through regular or extended support.

Currently, the NH MMIS Technology Platform contains hardware and software that is aged and beyond Original Equipment Manufacturer (“OEM”) support. As a result, there is material exposure and risk of hardware or software failure or breach of security to the New Hampshire MMIS systems and its data, which is deemed to be unacceptably high by both Conduent and the State of New Hampshire. In addition, a failure of the New Hampshire MMIS system or a security breach could interrupt operations or compromise the integrity of transactions and/or data. Effort and time to bring the New Hampshire MMIS system back on-line and into full production cannot be estimated.

The objective of this investment is to stabilize the hardware and OS software platforms to a level that is more current and effectively supported; which will reduce the exposure to operational interruptions or security risks. For reference, the **Exhibit I – TPMI Current State & Upgrade / Migration Plan**, attached hereto, provides an illustration of the Technology Platform in its current state and Conduent’s proposed solution model. **Exhibit II - TPMI Software Application Layer Risk Assessment** further illustrates the risk profiles of both the current environment and Conduent’s proposed solution.

Key Drivers

- IBM Power 7 Systems Hardware (“Power 7 Systems”) was withdrawn from the market in January, 2015. Service (including extended support) on Power 7 Systems is scheduled to be discontinued on September 30, 2019 for model 8205-E6B and model E6C.
- All Power 7 Systems are thus going to lose IBM service and support on September 30, 2019. The only servers that will continue to receive service and support are those bought for the Medicaid expansion (8205-E6D)) because IBM extends the additional support based on the purchase date of the servers. Currently, the P7 & P6 hardware assets range in age from seven (7) to eight (8) years old, and are fast approaching the end of support.
- There is no possibility for extended service or support for Power 7 Systems (E6B/E6C) Models.
- IBM has not announced an end date to its support and services of the Power 8 Systems Hardware (“Power 8 Systems”). However, IBM has previously stated that extended support is available for a minimum of three (3) years after end of support.
- AIX 6.1 TLx ended support and services of its operating system software in April, 2017. Extended support for the AIX6.1 TL9 version of the Operating System (OS) will end in April, 2020.
- TIM/TAM & Cognos Identity Access and Security Software – extended support for Tivoli is already not available for some components and will end completely in April of 2020. Cognos extended warranty expires in April of 2018. This leaves the system vulnerable and without the ability to apply patches or receive support in case of an incident or application failure.

Risk Analysis on Existing Hardware and Software

- Hardware is out of vendor support.
- Operating System is approaching the end of support with the vendor.
- Many application Software products are out of vendor support.
- Risk for any open known vulnerabilities and bugs for which the vendor does not provide any patches or fixes.

[REDACTED]

- No enhancements to the application layer (No new product features or functionality).
- Stability of environment creates a risk exposure to systems operations (i.e., uptime/performance) and systems security risk exposure (systems breach/data corruption/theft or integrity).

Upgrade Recommendations

- Upgrade hardware servers from legacy IBM Power 7 series (P7s) to the newer Power 8 series machines (P8s) which are the latest version in production and are under full warranty and support from the vendor and will operate the Production (Prod-05), User Acceptance Testing (UAT-04) and Disaster Recovery (DR-84) environments.
- There are currently eight P7 Plus machines (P7+) in operation in the Tarrytown data center, which are shared assets used to support portions of the UAT and DR environments.
- The P7+ assets will be repurposed in Sandy UT (7) and one machine in East Windsor, NJ. to support lower tier environments. The P7+ machines are newer and covered under full warranty throughout the term of the extended O&M 36 month proposal and will be repurposed to help minimize costs to support the lower tier environments.
- P7+ migration – Environments 04 & 84 will move off of the P7+ machines to new P8 boxes in Sandy UT. These assets will then be relocated to the new data centers and built to support the transition of software and data for the lower tier environments.
- Upgrade the AIX OS from version 6.1 to version 7.1. This is an intermediate upgrade and not the latest version of the AIX OS which is under full warranty and vendor support. The intermediate step upgrade is proposed as moving to a higher version would require extensive testing and or upgrades at the Application Layer which is out of scope due to time and expense.
- Improve security component by upgrading Tivoli Identification and Access Management software (TIM / TAM) products. TIM/TAM details are under a separately defined project and proposal as part of the Amendment 15 DDI project list. However, they are illustrated here and will be managed as part of the overall TPMI project, The MMIS systems access and security software will be upgraded to a newer and more effective version fully supported by the vendor.
- Minimal software upgrade to bring the software stack under regular / extended support.
- Minimally invasive application changes to preserve system stability.

Risk Profile of Products and Components are not upgraded as part of TPMI project. [REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

- In the event of a catastrophic product failure, (due to product stability and history, these chances are extremely low) would leave few options other than upgrading the product which may result in elongated outages.

Scope of Work

- OS Upgrade from AIX 6.1 to 7.1. Supported by Infrastructure, Development and Quality Assurance ("QA") Teams. Improve security component by upgrading Tivoli Identification and Access Management software (TIM / TAM) products. TIM/TAM details are under a separately defined project and proposal as part of the Amendment 15 DDI project list. However, they are illustrated here and will be managed as part of the overall TPMI project. The MMIS systems access and security software will be upgraded to a newer and more effective version fully supported by the vendor.
- Minimal software upgrade to bring the software stack under regular / extended support.
- Minimally invasive application changes to preserve system stability.
- Hardware Migration from the Power 7 system located in Atlanta, Tarrytown and Pittsburgh to the Power 7 Plus and Power 8 systems which will be located in either in Sandy, UT and East Windsor, NJ. Windows Servers will also be upgraded. Supported by Infrastructure, Development and QA Teams. The P7+ machines will be leveraged for the lower environments and comprise only 8 of the 30 assets deployed.
- Limited Integration and Regression testing for online application and five (5) batch job testing.
- xPression Migration to v4.6 on New Windows Servers and Testing.
- Browser Compatibility (Microsoft IE v11 and IE Edge, Mozilla Firefox v57.x and Google Chrome v63.x) and Google reCAPTCHA upgrade.

■ Out Of Scope – This project does not attempt to upgrade or enhance the entire software Application Layer (defined later in this Proposal), create or add new system or operational functionality, or drive improvements in systems performance measures. ■

Assumptions

1. **Project Plan** - The TPMI Project plan will be refined and finalized in concert with the State. The fully integrated plan will include: 1) the standard production release schedule, 2) TPMI migration plans, 3) all approved DDI project plans and delivery dates and 4) scheduled or planned down times. The plan will attempt to optimize the impact of all programs, costs and impact to time schedules to minimize any impact to operations.
2. **Scheduled Downtime** - Based on the proposed approach, there will be a pre-planned and scheduled outage for the production New Hampshire MMIS system that Conduent will coordinate with the State of New Hampshire. SLAs will not be applicable during any planned

outage. SLAs will become re-applicable once the system is fully tested and approved by the State.

3. **System performance** - Will match current day standards (based on historical Job Scheduler averages) for run/response times. Performance benchmarks for five (5) batch jobs (most frequently utilized) will be established against the current New Hampshire MMIS infrastructure. The results will be compared against the new infrastructure.
4. **Resources** – TPMI project staff or resources are incremental and dedicated to this project. O&M resources are not planned or budgeted into the TPMI project to complete the set of activities. The O&M resources will be consulted and included in key areas on a need to know basis. Subject Matter Experts (SMEs) will help ensure that the transition to the new platform, has minimal/no impact on the Operations and that systems downtime is planned and coordinated in advance to ensure effective operations.
5. **Deliverables** – Conduent will “deliver” the Tech Platform upgrade, migration and return to full operations, all systems functionality, data and connectivity or integration with other systems; in a comprehensive and quality manner in accordance with the Scope of Work, timelines and proposal price. Conduent stipulates that the project will be managed in accordance with standard project management disciplines, reporting and quality standards.
6. **Out of Scope** - Performance and Parallel Testing of the complete New Hampshire MMIS system and Application Layer of integrated software is out of scope. This program/project is not designed to optimize the performance of the systems, operations workflow, or production and does not create or remove any system functionality. All software upgrades use COTS (Commercial Off The Shelf) software subject to third party commercial licenses
7. **Out of Scope** – Upgraded hardware and operating system does not enable “2 factor authentication” without a material investment of time and costs beyond the scope of this proposal, due to the “domino effect” of needing to upgrade the Application Layer and complete extensive testing.

Project Plan & Approach

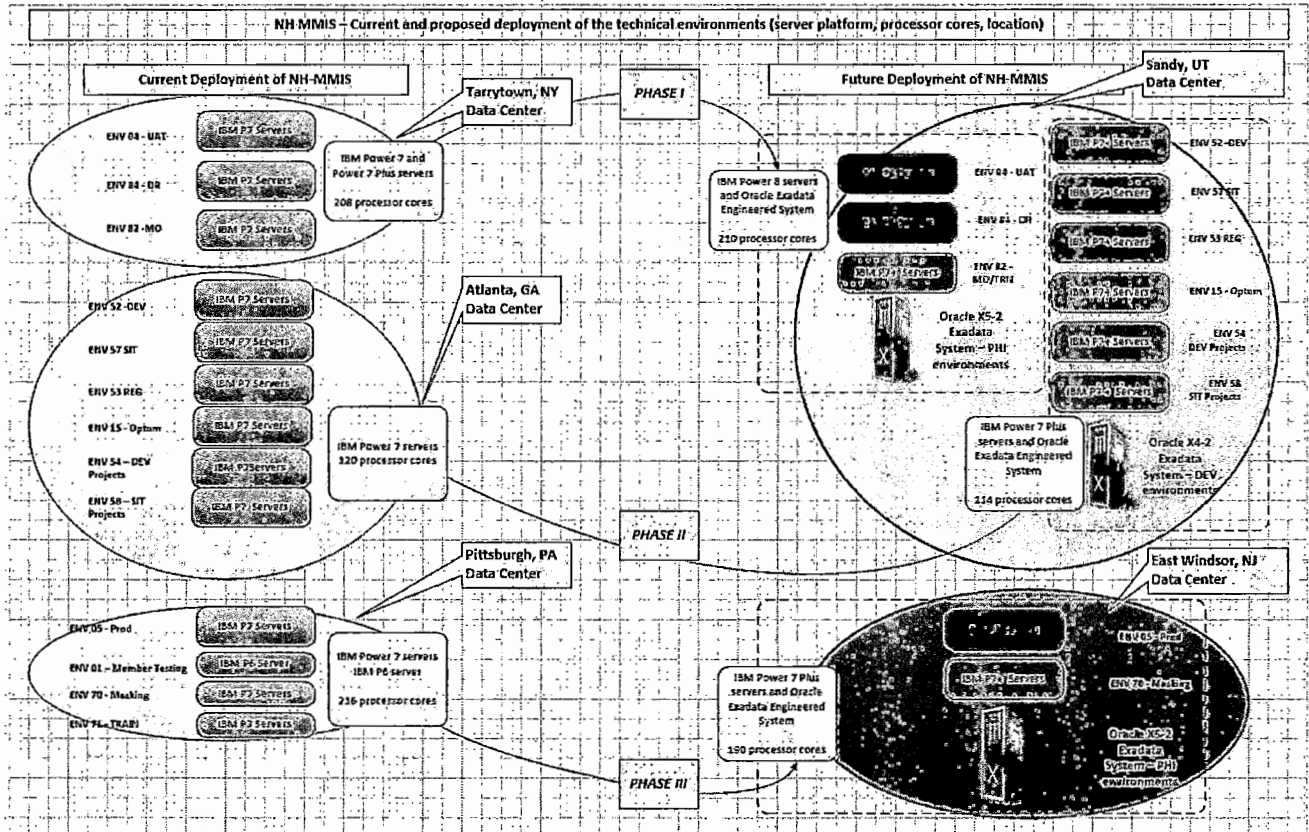


Exhibit I – TPMI Tech Platform Current State & Upgrade / Migration Plan

- **Phase I** - Install new servers & environments in the Sandy, UT Data center. Migrate applications and data from Tarrytown, NY. Data Center to new locations. Test, review and go live.
- **Phase II** - Install new servers & environments in the Sandy, UT Data center. Migrate applications and data from Atlanta, GA. Data Center to new location. Test, review and go live.
- **Phase III** - Install new servers & environments in the East Windsor, NJ. Data center. Migrate applications and data from Pittsburgh, PA. Data Center to new location. Test, review and go live.
- **Project Plan Approach** - Establishing new environments, means there is no "lift and shift or move of assets. This creates an easier migration, transition of data and applications from the current platform to the new platform which helps minimize the risks and scheduled down time associated with the upgrade.
 - During Phase I, new P8 machines will be acquired, installed and set up in the new data center for the UAT and DR environment currently running on a combination of P7 and P7+ machines. Once these environments have completed the migration and have successfully cut over, the P7+ machines will be wiped clean and relocated to the new data centers.
 - During Phase II, we will relocate the cleaned/blank P7+ machines to the new data centers, install and upgrade the OS. These machines will then be set-up to host the lower tier environments (52, 54, 57, 58, 53, & 15) which were formerly on the P7 machines, which will

be decommissioned. Once the P7+ environments are established, we can begin the transition or "cut-over" from the current infrastructure to the new environments.

- o During Phase III, the last P7+ will move and be set-up for environment 70 and new P8 machines will be installed to accommodate the move of production. (ENV. 05)

All the Phase described and shown in the above snapshot will go through the three stages detailed in Hardware and OS Move and Upgrade section of this document.

New Hampshire Tech Platform "As Is" / Current state - Hardware & Environment Map

NH Environments (ATL, PITT, TTDC)	Number of Host servers (Physical)	Number of cores (current)	Hardware generation (current)	Comments
Atlanta				
52/54	1	16	IBM Power 7	ENV 52 and ENV 54 are both Dev Environments - Shared Served between Environments
Oracle servers for Env 52 to 58	3	48	IBM Power 7	Servers for DB for Lower Environments hosted in Atlanta
57/58	2	32	IBM Power 7	ENV 57 and ENV 58 are both SIT environments - Shared servers between environments
53	1	8	IBM Power 7	Regression environment
15	1	8	IBM Power 6	Optum environment - includes DB
Tarrytown				
04/84	10	160	IBM Power 7/P7+ (6 /4)	UAT and DR share hardware infrastructure - It also includes 4 P7+ boxes (newly acquired for Medicaid Expansion)
04/84 (Oracle)	2	16	IBM Power 7	Server for DB for UAT/DR
82	2	32	IBM Power 7	Model Office - including DB
Pittsburgh				
70	1	16	IBM Power 7	Conversion Environment
71	1	16	IBM Power 7	Training Environment - to be decommissioned
01	1	8	IBM Power 7	Member Testing Environment - to be decommissioned
05	10	160	IBM Power 7 /P7+ (6/4)	NH MMIS Production - it also includes 4 P7+ boxes newly acquired for Medicaid Expansion
05 (Oracle)	2	16	IBM Power 7	Server for DB for Production
TOTAL	37	536		

New Hampshire Tech Platform "To Be" / Future state - Hardware & Environment Map

NH Environments (Sandy & EW)	Number of Host servers (Physical)	Number of cores (current)	Hardware generation (current)	Comments
52/54	1	16	IBM Power 7+	ENV 52 and ENV 54 are both Dev Environments - Shared Environments - will be upgraded to P7+
Oracle servers for Env 52 to 58	NA	36	Oracle Exadata	Move Oracle to Exadata - allows better performance and lesser dependency on IBM Hardware
57/58	2	32	IBM Power 7+	ENV 57 and ENV 58 are both SIT environments - Shared environments - will be upgraded to P7+
53	1	8	IBM Power 7+	Regression environment - will be upgraded to P7+
15	1	8	IBM Power 7+	Optum environment - will be upgraded to P7+
Oracle for Env 15	NA	6	Oracle Exadata	DB will be hosted on Oracle Exadata
04/84	11	156	IBM Power 8	UAT and DR share hardware infrastructure - will be upgraded to P8
04/84 (Oracle)	NA	16	Oracle Exadata	Server for DB for UAT/DR - DB will be on Oracle Exadata
82	2	24	IBM Power 8	Model Office - will be upgraded to P8
Oracle 82	NA	6	Oracle Exadata	DB will be hosted on Oracle Exadata
70	1	8	IBM Power 7+	Conversion Environment - will be upgraded to P7+
05	11	156	IBM Power 8	NH MMIS Production - will be upgraded to P8
05 (Oracle)	NA	16	Oracle Exadata	Server for DB for Production - will be hosted on Oracle Exadata
Oracle for Env 70	NA	6	Oracle Exadata	DB will be hosted on Oracle Exadata
TOTAL	30	494		
ENV 71 and ENV 01 will be decommissioned				

Tables depict the "AS IS/Current State & TO BE hardware Road Map

The transition of Oracle from dedicated machines to Exadata X4 - & X5-2 means we are able to share servers and help manage costs. This leverages the capabilities of the P7+ & P8 systems and core processors to help reduce the footprint while maintaining the integrity of the systems and separation of processing components as necessary.

1. Hardware and OS Upgrade & Migration

Upgrade to be completed in sequential order with minimal planned downtime.

Stage - I

- Power8 Hardware racking, stacking, cabling and storage.
- Prepare Exadata Rack to host NHMMIS databases
- Establish the replication of data from current server to Exadata. At this point if the environment is production the data will be replicated to both DR and New Exadata Appliance set up in East Windsor, NJ. If the environment is non-production it will go only to the New Exadata appliance set up in Sandy, UT
- Bring down the application running on the servers. Down time will vary based on the size of the of SAN size it will be up to 72 hours. This is the existing NH environment – downtimes will be scheduled over weekends

- Take full backup of all the servers in current data centers (AIX 6.1 Backup). (Pittsburgh, Atlanta and Tarrytown respectively)
- Start the servers and release the environment. (Normal operations on existing servers will continue until remaining cut over steps are completed.)

Stage - II

- Prep the Power8 servers in the Sandy and East Windsor datacenters.
- Configure the servers using the AIX 6.1 backup transferred from other datacenters.
- Infrastructure teams to change and configure the New IPs and test their respective components with the new IPs.
- QA and Development teams to perform limited Integration, regression testing and limited batch job testing
- At this point in time, parallel environment on New P8 hardware and existing version of OS is ready and can be turned on.

Stage - III

- In Sandy, UT or East Winsor, NJ datacenter Upgrade OS from AIX 6.1 to AIX 7.1 on P8 servers.
- Test the Application on AIX 7.1.
- QA and Development teams to perform limited Integration, regression testing and limited batch job testing (Max up to 5 batch jobs).
- Once QA Team certifies new environment, shutdown the old environment and release the new environment.

Minimum down time will be achieved by:

- Running Parallel environments
- At the time of transition, Conduent will bind the existing URLs to the New VIP on DNS. Conduent will then shut down the Old servers and the MMIS application running on new servers in the will go live. This cutover process to transition can take up to 72 hours per environment.

System / Environment Downtime Matrix

S.No	Environment	Type	Description	Current DC	New DC	Down Time for Backup (Hrs)	Down Time for Cutover (Hrs)
1	ENV52	Singleton	Non Prod	Atlanta, GA	Sandy, UT	24	48
2	ENV54	Singleton	Non Prod	Atlanta, GA	Sandy, UT	24	48
3	ENV57	Clustered	Non Prod	Atlanta, GA	Sandy, UT	24	48
4	ENV58	Singleton	Non Prod	Atlanta, GA	Sandy, UT	24	48
5	ENV53	Singleton	Non Prod	Atlanta, GA	Sandy, UT	24	48
6	ENV15	Singleton	OPTUM	Atlanta, GA	Sandy, UT	24	24
7	ENV82	Clustered	Non Prod	Tarrytown, NY	Sandy, UT	24	48
8	ENV04	Clustered	UAT	Tarrytown, NY	Sandy, UT	72	72
9	ENV84	Clustered	DR	Tarrytown, NY	Sandy, UT	72	72
10	ENV05	Clustered	Production	Pittsburgh, PA	East Windsor, NJ	72	72
11	ENV70	Singleton	Non Prod	Atlanta, GA	Sandy, UT	24	24
12	ATLORAC-A / ATLORAC-B/ATLORA Farm	Oracel Shared	Non Prod	Atlanta, GA	Sandy, UT	N/A	N/A

- *During the upgrade of the hardware and the operating system – EVERY environment will have 2 instances of downtime separately*
- *Down time for each environment is divided in two independent Steps. 1) scheduled downtime is required to take the full backups from existing servers (all software code and data); 2) is to perform environment cutover to copy and/or replicate the backup to the new environment and switch the operations to the new environment in Sandy, UT and East Windsor, NJ datacenters.*
- *Backup time for each server may vary depending on the volume of data that exists on the server on the day of backup.*
- *Planned system downtimes will be schedule and mutually agreed to with the State.*
- *Downtimes and availability of the environments will be incorporated into the timing of project plans.*
- *The first instance of the downtime (per environment) is for getting the “entire back-up” of the hardware and existing Operating system – per environment this downtime will be up to 72 hours – the actual downtime will vary by environment as it is dependent on the size, data and configurations of the environment*
- *The second instance of the downtime (per environment) is for cutover of the environment from OS 6.X to OS 7.1 – per environment this downtime will be up to 72 hours – this includes time for roll back and contingencies.*
- *As part of project planning the downtime to the various environments should be taken into account so that the project deliveries and O&M releases can be appropriately planned.*

2. xPression Migration & WinTel Upgrade

Below mentioned steps will be performed to build new environments for State letters / communications.

- Upgrade Windows OS
- Install/Upgrade SQL Server Database
- Replicate the data from existing SQL Server
- Install and Configure WebSphere/ xPression Profile
- Install new xPression Server (New WinTel machines)
- Configure xPression Server
- Install and Configure Client Applications
- Integrate Third-Party Software (like DocFinity, Control-M, EDMSDb) with the NH MMIS platform environment.

3. Browser Compatibility and reCAPTCHA Upgrade

Code changes and testing for Browser Compatibility Fixes are Independent of Infrastructure activities stated above. Code check-ins and deployments will follow the predefined release management process.

- UI related code changes to allow application to access through IE v11, Mozilla Firefox v57.x, Google Chrome v63.x and Microsoft Edge n-2 browsers.
- All the internal and external Screen need to undergo the browser compatibility manual testing to identify the compatibility issues with current versions for above mentioned Browsers.
- Based on the results from browser compatibility manual testing development team will add/update/rewrite the code.
- Development team will upgrade the reCAPTCHA v1 with latest compatible version of reCAPTCHA.
- QA Team will test the above listed fixes/changes.

The consolidation of hardware assets under the newer Power 8 Hardware and fewer environments is also a factor in optimizing TPMI project costs, improvements of the O&M cost structure.

4. Security & Reporting

Upgrade of the **Tivoli Access Manager (TIM/TAM)** and **Cognos** reporting software will be integrated and aligned with the deployment plan in this Proposal. This software ensures the access and security around the environment, the MMIS systems and reporting, are upgraded to a level of support and mitigate the security exposure. These components are part of the overall TPMI plan and will run in parallel with the project timelines illustrated below, all details for the TIM/TAM & Cognos upgrades and the Scope of Work (SOW) are included in a separate proposal to the State under the Amendment 14 POC Project list. Pricing for the TIM/TAM & Cognos project deliverables **ARE NOT** include in the TPMI proposal total but are included separately under the DDI Projects Proposal.

Program Test Plan Overview

Testing Strategy:

Every separate upgrade project in the TPMI project will have its own detailed testing strategy and plan. This will include elements to ensure the integrity and quality of services for all hardware assets, system environments, OS and software, and integration/connectivity with other systems.

Upgrade of Hardware

- Infrastructure Test to make sure all configurations and images between existing hardware and new hardware is accurate and comparable
- High level data validation to confirm accuracy of the data replicated from the existing environments in existing data centers to the new environments in the new data centers.
- Regression Test Suite to validate that there are no functional impacts to the New Hampshire MMIS application as a result of this upgrade
- Concentrated and focused batch testing to validate and confirm that there is no degradation in the performance of daily processing with the upgrade to new hardware
- Smoke testing in UAT and production
- State will run regression suites / standard set of tests in UAT
- Production cutover and/or migration to production will happen after receiving approval from State on the UAT results. Conduent will have full responsibility of the changes and the quality of the deliverable since the project doesn't change the functionality of New Hampshire MMIS application and cannot be completely validated by State in UAT

Upgrade of Operating System to AIX 7.1

- Infrastructure Test to make sure all configurations, scripts and images between existing OS and New OS is accurate and comparable
- Regression Test Suite to validate that there are no functional impacts to the New Hampshire MMIS application as a result of this upgrade
- Concentrated and focused batch testing to validate and confirm that there is no degradation in the performance of daily processing with the upgrade to new operating system.
- Smoke testing in UAT and production
- State will run regression suites / standard set of tests in UAT
- Production Cutover and/or migration to production will happen after receiving approval from State on the UAT results. Conduent will have full responsibility of the changes and the quality of the deliverable since the project doesn't change the functionality of New Hampshire MMIS application and cannot be completely validated by State in UAT

Upgrade of xPression Software

- Concentrated and focused letters testing to validate and confirm that the upgrade of the xPressions software does not have any detrimental effect of the existing application functionality
- Regression Test Suite to validate that there are no functional impacts to the New Hampshire MMIS application as a result of this upgrade
- Concentrated and focused batch testing for letters to validate and confirm that there is no degradation in the performance of daily processing with the upgrade to new software
- Smoke testing in UAT and production

Estimate Summary

The following provides a breakdown of the hours for this effort which includes Conduent PM and technology architect Hours:

Hardware Upgrade	Hours
Infrastructure	5,090
Development	2,003
QA	2,858
Management	1,437
Total	11,388
Operating System Upgrade	Hours
Infrastructure	6,552
Development	4,032
QA	8,069
Management	2,889
Total	21,542
Xpression Software Upgrade	Hours
Infrastructure	480
Development	1,023
QA	1,053
Management	384
Total	2,940
Browser Upgrade	Hours
Development	7,688
QA	2,306
Management	1,500
Total	11,494
TOTAL TPMI - Estimated LOE	47,364

Project Cost Breakdown

Costs associated with the TPML project are exclusively for the scope of work documented in this proposal. The cost breakdown is by nature of expense, composition of hardware, and the overall time and level of effort for a fixed price project.

Cost Categorization	Key Components of Category	Total Cost	% of Total Project Cost
Hardware	Lease Cost for the duration of the project for IBM Servers Cost of Racking and Stacking Servers, Hardware, etc Storage, Memory, Data Center Charges, Supplies, Other associated expenses & Hardware Decommission	\$ 2,068,588.00	24.4%
Software	COTS Software, IBM Websphere licenses for installation, MQ Software Costs, Oracle Costs	\$ 819,101.00	9.7%
Labor	Operating System Upgrade Hardware Upgrade Xpression Software Upgrade Browser Upgrade All Testing Efforts Project Management and Oversight - including Architectural and Technical oversight.	\$ 5,592,253.00	65.9%
Total		\$ 8,479,942.00	100.0%

Breakdown of Labor Effort by Category		
Category Of Work	Hours Associated	Cost Associated
Hardware Upgrade	11,388	\$ 1,408,754
Operating System Upgrade	21,542	\$ 2,668,043
Xpression Upgrade	2,940	\$ 361,800
Browser Upgrades	11,494	\$ 1,153,656
Total Estimated Effort & Cost	47,364	\$ 5,592,253

Cost to create new Conduent data centers or to migrate current the New Hampshire technology platform from the current hosted environments, to new locations, **is not** being charged to the State. In fact, elements of these newly created Tier I data centers such as: firewalls, physical security, network routers, switches, SAN, etc. will be leveraged to create greater stability and flexibility for New Hampshire.

Delivery & Payment Milestones

Activity	Milestones	Date Timeframe	Payment Amount
TMPI Project Plan <ul style="list-style-type: none"> • COTs software • IBM Websphere licenses • MQ Software • Oracle 	Deliver Final Project Plan to NH	July, 2018	\$847,994
Computer Hardware <ul style="list-style-type: none"> • Lease servers • Rack & Stacking • Storage & memory allocation 	Purchase/Lease of new assets & begin back-up and replication work	July, 2018	\$1,695,988
UAT, DR & Model Office Environment Upgrades	Transition, Upgrades, Testing and "Operational" Complete	September, 2018	\$1,271,991
DEVL & QA Environment Upgrades	Transition, Upgrades, Testing and "Operational" Complete	January, 2019	\$1,271,991
Production Environment Upgrade	Transition, Upgrades, Testing and "Operational" Complete	March, 2019	\$1,271,991
xPressions Upgrade <ul style="list-style-type: none"> • New WinTel hardware 	Transition, Upgrades, Testing and "Operational" Complete	June, 2019	\$847,994
Browser Compatibility Upgrade	Transition, Upgrades, Testing and "Operational" Complete	November, 2019	\$1,271,991
Total Price	Technology Platform Minimum Investment Project Completed	17 Months	\$8,479,940

All pricing contained within this proposal is pending mutual agreement to the scope and Terms and Conditions (T&Cs) by the State and Conduent for the Contract Amendment 15.

MITA Compliance

In aggregate, the program solution is designed around and applies the MITA Seven Conditions and Standards as follows:

Standards	Proposal Approach
<ul style="list-style-type: none"> • Modularity 	Leverages SDLC, API, independent business rules and integrated systems architecture for the environment and DDI work. Components of the MMIS system functionality leverage "plug in" modules, enabling flexibility, independence and COTS solutions.
<ul style="list-style-type: none"> • MITA Conditions 	Integrates COO & BPM models to plans and workflows and supports the State's efforts to build a MITA roadmap and assessments.
<ul style="list-style-type: none"> • Industry Standards 	Applies all professional standards to SDLC, testing, UI and State team member involvement.
<ul style="list-style-type: none"> • Leverage 	Core elements are reusable, COTS based, and integrated with other third party solutions and services. State specific requirements have been tailored and configured to solutions.
<ul style="list-style-type: none"> • Business results 	Defined objectives and outcomes are incorporated into plans and measurement systems.
<ul style="list-style-type: none"> • Reporting 	Data and metrics are used in milestone measurement and end production deliverables, as appropriate. Integration into standard reporting to the operations, the State, and CMS are included in scope, as necessary.
<ul style="list-style-type: none"> • Interoperability 	Integration or interfaces with other stakeholders, State departments and third party systems are included in the scope of work and deliverables in these projects as appropriate.

Cost / Benefit Analysis

A detailed cost benefit analysis was not completed for this project. The investment of State and Federal funds is intended to maintain an effective, stable and secure infrastructure. This upgrade will materially reduce or mitigate the exposure to operational disruptions or security threats, which could adversely affect production, the accuracy of output or HIPPA compliance standards. The cost to upgrade the platform environment is largely comprised of new hardware, OS software licenses, as well as set-up & testing to ensure all aspects of the systems and programs are operating effectively. This cost is viewed as critical maintenance expenses to achieve and maintain the environment to an acceptable level of State and industry standards. All pricing is based on an agreed to scope of work, standard rates used between Conduent and the State of New Hampshire and costs from third parties for industry standard equipment and software (i.e., IBM).

Project Commitments, Limitations & Acknowledgements

As illustrated in the Software Environment Inventory, **Exhibit II - TPMI Software Application Layer Risk Assessment**, and as contained in this proposal, the State hereby acknowledges that:

- The scope of work and designed objectives of the TPMI project are to address the current exposure to operational performance and security risks associated with an aged infrastructure.
- The project scope of work and effort is limited to the upgrade of computer hardware assets & infrastructure, Operating Systems software (OS), Web Browser software (Internet Explorer 11.0), and Access & Security software; to a level of full support by the OEM or license provider.
- Comprehensive testing will be completed for all computer hardware, environments and locations; OS layer software, system and data integration, and security access will be completed.
- The project is explicitly not scoped or designed to address issues or limitations at the Application Layer and is not designed to optimize the performance of the systems or operations.
- The solution was designed to optimize the cost/benefit of addressing these known deficiencies to a level that is at industry acceptable minimum standards. Alternatives considered that addressed the upgrade and thorough testing to the Application Layer were materially more expensive and required substantially longer time to implement (i.e., 2X or more). At this time, the scope, cost and time of the alternative plans were beyond the State ability to fund or support given strategic plans, budget constraints and contract commitments.
- Limitations of currently deployed software applications, that are out of date or no longer supported from the licensing company may or will continue to have operational and security risks that are not and cannot be mitigated through this project.
- Should an incident occur (caused by the limitations at the software application layer or elements of the environment that are not documented in the scope of work) an interruption to operations or an impact from a security breach to the MMIS environment may occur. As a result, the corrective action plan and efforts may require extensive time and or expenses to accomplish; and the potential impact to operations, data, time or costs cannot be quantified.
- Conduent can and will provide proactive and reactive support to mitigate and address issues caused within the New Hampshire MMIS application code, and accept SLA and T&C responsibilities. However, limitations with third party product applications cannot be managed proactively (i.e., applying new patches which are not backwards compatible to the NH MMIS system level) and/or may not have an effectively response or patches for legacy software versions and beyond Conduent's control or accountability.
- Conduent will deliver a fully functional upgrade and migration of the Tech Platform Hardware, Operating Systems, System Security Software, SQL Server/xPression software, and Browser capabilities. This migration will ensure a quality deliverable to systems, software, data and maintain system performance levels.

Systems and Environment Incident Contingency Plans

In the event that an incident occurs that impacts the MMIS environment, Conduent will perform the following set of activities in concert with the State to evaluate and attempt to remediate the issue:

- Determine / isolate root cause of issue (Hardware, OS Security or Application Layer)

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

Glossary of Terms

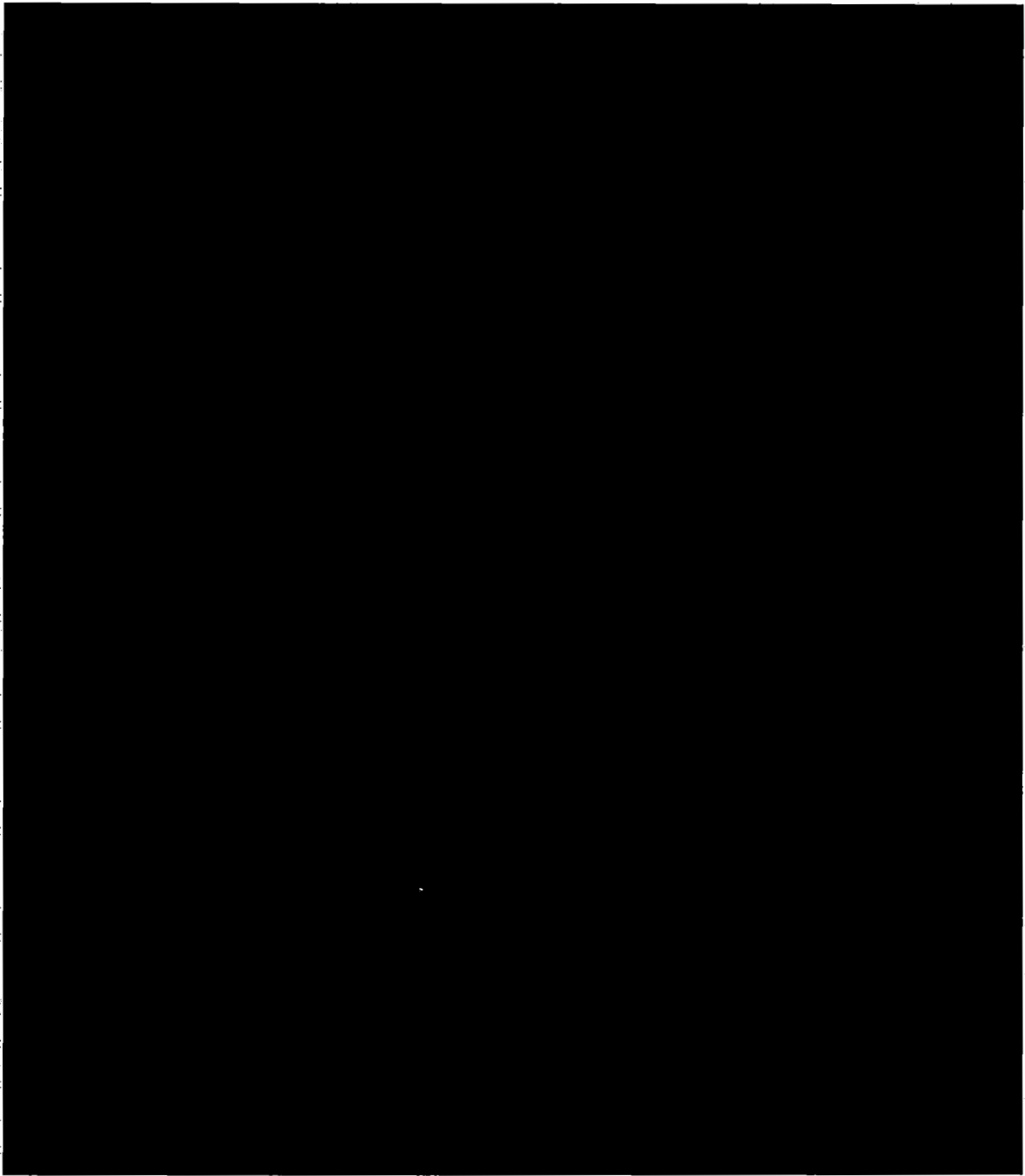
Acronym	Description
TPMI	Technical Platform Minimum Investment
TSU	Technical Stack Upgrade
SIT	System Integration Testing
UAT	User Acceptance Testing
PROD	Production
NH	New Hampshire
VM	Virtual Machine
OS	Operating System
SW	Software
SQL	Structured Query Language
QA	Quality Assurance
MMIS	Medicaid Management Information System
AIX	Advanced Interactive Executive
DNS	Domain Name System
DC	Datacenter

Application Layer – Refers to all software products and applications that are integrated and function seamless on the operating system (OS) platform to provide functionality and perform complex transactions and processes to fulfill business requirements, workflows and reporting for the NH MMIS.

system. [Redacted]

[Redacted]

[Redacted]



[Redacted]

[Redacted]

New Hampshire MMIS

Operations and Maintenance (O&M) Proposal – Amendment 15

May 17, 2018
Version 3.2

Introduction

In 2005 the State of NH and Conduent, formerly ACS State Healthcare, LLC, entered into an agreement to supply New Hampshire with a new MMIS that would be a table-driven, rules-based system to support real-time transaction processing as a web enabled solution.

The State of NH and Conduent partnered to design and implement the Health Enterprise™ system which includes a feature-rich Web portal for providers, members, internal end-users and the public. It automates the management of provider licensing and certification and maintains all relevant provider identifiers, including the National Provider Identifier (NPI).

In the years since the partnership began, Conduent and the State have worked together to recognize many major accomplishments and expand the program's capabilities and scope:

- 2011 – Provider Re-enrollment went live
- 2013 – NH MMIS System went live
- 2013 – Managed Care Step 1 was implemented
- 2014 - Medicaid Expansion/New Hampshire Health Protection Program (NHHPP) was implemented

- 2015 – HoPR was implemented
- 2015 – CMS Certification was achieved
- 2015 – ICD-10 was implemented
- 2016 – PAP/MCM implemented
- 2016 – T-MSIS was implemented
- 2017 – Provider Screening was implemented
- 2017 – Provider Revalidation was implemented

In addition, we continue to build and manage the operational impact and increases from the NH Medicaid Expansion population and Managed Care initiatives. With all that has been accomplished there is still much to do. Conduent looks forward to continuing our partnership with New Hampshire and serving the needs of the State's Medicaid community.

Total Program Spend Summary

The Total NH Program proposal is comprised of three components integrated into a 36-month contract:

- I. O&M Service Base Contract - which continues the operations, maintenance and workflow of all MMIS services for 36 months, effective July 1, 2018 through June 30, 2021.
- II. Technology Platform Minimum Investment project (TPMI) - is detailed in a separate proposal, the project addresses the computer hardware, operating system software and security risks that exist today in the Technology platform. It should be noted that the O&M contract proposal is contingent on the required inclusion of the TPMI project.
- III. Amendment 15 DDI Projects - are also contained in a separate proposal and is comprised of eleven (11) projects. Each project is mutually exclusive and dependent on State review, acceptance and authorization of the scope and price for each project. Based on the finalized list of approved projects, the draft Integrated Project Plan timelines scheduling and priorities will be updated. The integrated plan accounts for O&M production and the CR release schedule, the TPMI project and DDI Project plans.

Proposal Components - (\$ '000)	Term	TCV	NH State Share	
			%	\$\$
I O&M MMIS Services (2+1)	36 months	\$72,594.5	25%	\$18,148.6
II TPMI - Project	15 months	\$8,479.9	10%	\$848.0
III Amendment Projects (11)	22 months	\$14,297.7	10%	\$1,429.8
Total Contract Proposal	36 months	\$95,372.2		\$20,426.4

The details contained within the rest of this proposal focus exclusively on the O&M services contract. All pricing contained within this proposal is subject to adjustment based on any changes to scope, service levels, and/or other terms and conditions that are based on mutual agreement with the State and Conduent and pending final approval.

O&M Proposal Overview

Contained within the Conduent solution and scope of work for the Operations and Maintenance (O&M) of the MMIS system, are the accumulation of program work drivers, New Hampshire State requests, CMS mandates and Conduent initiatives to evolve the program capabilities and services. Collectively, our approach ensures the integrity and performance of operations and the interaction with other key stakeholders. Our solution helps ensure the State is positioned and supported for both current and many anticipated demands on the program over the next 36 months term. Major components of the SOW consist of:

- I. Claims Processing, Fiscal Agent activities, and Mailroom Services,
- II. Provider Management Services,
- III. Quality Assurance,
- IV. Call Center services,
- V. Program Reporting,
- VI. Systems Maintenance and Change Requests (CRs),
- VII. Program & Project Management & Administration.

The scope of work and operations staff are aligned to these activities and other stakeholders, as part of the integrate MMIS solution and cost model as detailed in the Scope of Work (SOW) below. Conduent has evaluated options to help optimize the value to the State while managing cost and other constraints to develop our approach and this proposal. We are committed to help the State and collaborate on efforts to evolve service delivery solutions, remain flexible and support efforts for CMS directives and increase the department's position and MMIS system on the MITA maturity model.

Scope of Work (SOW)

With the implementation of Provider Re-enrollment, Conduent began providing fiscal agent services to support the requisite activities associated with supporting the on-going operations and maintenance of the implemented system capabilities. By the time the NH MMIS system went live, Conduent was providing full fiscal agent services associated with the day-to-day business of supporting Medicaid. The O&M services that Conduent currently provides and are include in the three (3) year extension proposal are:

- Managed care program administration for approx. 200,000 Medicaid recipients/members including generation of capitation payments to health plans & processing encounter records for MCO's, QHP's and Transportation Providers
- FFS claim and encounter processing, management and reporting
- County billing
- Provider and Member services
- Provider web portal, supporting comprehensive self-services including online provider enrollment, eligibility verification, computer-based training (CBT), claim submission and online claim correction, claims inquiry, prior authorization submission and inquiry and correspondence tracking, among other services
- Call Center Service - Provider and Program support
- Third party liability (TPL) support services
- Early and Periodic Screening Diagnostic & Treatment (EPSDT)
- Decision support system (DSS)/data mart/ad hoc reporting
- Management and administrative reporting (MAR) and surveillance and utilization review (SUR)
- Acuity rate setting
- Member Benefit package setting
- Training, including CBT
- Quality assurance
- MMIS System - support, maintenance and Change Requests (CRs)
- Program and Project Management

With each new capability implementation, there has been an increased demand for O&M services. Over time the number of active providers enrolled with Medicaid has increased which has driven costs up in provider screening and monthly monitoring. Additionally, the expenses associated with some staffing and maintenance activities, previously covered under the DDI Project costs (Amendment DDI Billing) are being integrated into the O&M cost structure. Major program scope components include the following:

- ICD-10 Maintenance
- PAP Annual Maintenance
- Ad hoc Reporting
- Provider Revalidation Specialists
- Operations Staff

The following program components were previously included in prior Amendments as detailed below. These components will continue to be in scope and part of the O&M contract work and price.

Project	Amendment	Appendix/Page
Op Uplift - T-MSIS	8/12	A.12, Page 4 of 13 and A.17, Page 7 of 13
Op Uplift – HPP	7	A.13, Page 6 of 7
Op Uplift - MCM-PAP	11	A.15, Page 7 of 8
Op Uplift Database Access	10	A.16, Page 5 of 5
Op Uplift Enhanced DMZ	10	A.16, Page 5 of 5
Op Uplift Extended Maintenance	10	A.16, Page 5 of 5
Op Uplift Managed Care	5/10	A.9, Page 8 of 10 and A.9, Page 4 of 6
Op Uplift - Provider Screening	10	A.9, Page 6 of 6
Op Uplift – HOPR	7/10	A.12, Page 6 of 11 and A.12, Page 8-9 of 14

- The following are “cut and paste” sections of prior Contract Amendments services, which will continue during the 3 year contract term of Amendment 15, at the same allocated amount that designated for 2017 – 2018:

In addition to the DDI costs, there are also annually recurring data storage fees, the costs for which are outlined below.

June 2014 - March 2015:	\$57,525	
April 2015 - March 2016:	\$69,029	
April 2016 - March 2017:	\$69,029	
April 2017 - March 2018:	\$69,029	Subtotal Ongoing Data Storage Cost: \$264,612

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Contractor Initials: *DD*

In addition to the DDI costs, there are also annually recurring license fees, the costs for which are outlined below.

April 2014 - March 2015:	\$390,869	
April 2015 - March 2016:	\$435,754	
April 2016 - March 2017:	\$435,755	
April 2017 - March 2018:	\$435,755	Total Recurring License Fees: \$1,698,133

- **Ongoing License Fees and Support:** The operational costs for IT support are related to the support the account receives from the Xerox Information Technology Office and are specifically related to the addition of 4 new servers. The support includes Physical Support, Storage Support, Server Support, and Hosting.

	IT Support	License Fees	Total
June 2014 - March 2015:	\$111,899	\$91,398	\$203,297
April 2015 - March 2016:	\$264,417	\$365,595	\$630,012
April 2016 - March 2017	\$264,417	\$365,595	\$630,012
April 2017 - March 2018:	\$264,417	\$365,595	\$630,012
		Total:	\$2,093,333

In addition to the DDI costs, the Enhanced DMZ Infrastructure Setup enhancement requires ongoing software maintenance fees in the following amounts:

January 2016 - March 2016:	\$12,550		
April 2016 - March 2017:	\$50,190		
April 2017 - March 2018:	\$50,190	Total Ongoing Operations Cost:	\$112,930

In addition to the DDI costs, the Database Access for Designated State Users enhancement requires ongoing maintenance in the following amounts:

April 2016 - March 2017:	\$3,750		
April 2017 - March 2018	\$3,750	Total Recurring Maintenance Cost:	\$7,500

The Database Access for Designated State Users enhancement also requires ongoing software license and software fees, the costs for which are outlined below.

April 2016 - March 2017:	\$6,800		
April 2017 - March 2018:	\$7,800	Total Ongoing Software Cost:	\$14,600
		Total Ongoing Operations Cost:	\$22,100

The Extended Software Maintenance enhancement requires no DDI activity and consists only of ongoing maintenance in the following amounts:

April 2016 - March 2017:	\$470,664		
April 2017 - March 2018:	\$554,400	Total Ongoing Operations Cost:	\$1,025,064

In addition to the costs for the Design, Development, and Implementation (DDI) of the Activities identified in the Fixed Payment Schedule above, there are also annually recurring software maintenance fees, the costs for which are outlined below.

Software License Period	Cost
July 2016 - March 2017	\$33,150
April 2017 - March 2018:	\$33,813
Recurring License Total Cost:	\$66,963

Care Management Impact on Fiscal Agent Operations Costs

The transition to a managed care delivery model will result in additional operational costs. These costs are based on the need for additional system staff as well as additional call center staff. The operational costs are as follows:

April 2013 – March 2014:	\$373,732
April 2014 – March 2015:	\$321,924
April 2015 – March 2016:	\$267,067
April 2016 – March 2017:	\$209,020
April 2017 – March 2018:	\$215,012

Program Assumptions

- **NCPDP file** - annual license cost is removed from O&M starting 4/1/2018
- **HoPR Environment project** - is included in the scope of work, priced at \$3,331 per month in year 1 of the contract, with 3% COLA increase adjustments in years 2 and 3 of the contract.
- **Acceptance of the TPMI project is required as part of the O&M contract extension.** Current elements of the technology platform, are out dated and no longer covered by extended warranty services from the OEM. This creates a risk exposure to the continuity of operations and system security that is greater than Conduent or the State should accept.
- **TPMI Implementation** - effectively mitigates the operation and security exposure; moving the platform to an effective level of support.
- **O&M Charges** – Annual fees will be billed monthly in arrears.
- **Staff Augmentation** – Charges that were previously billed separately under DDI projects, are now included in the single O&M monthly services price. However, charges for these resources will be broken-out separately as line items on the monthly invoice and will be subject to an SLA provision to maintain full staffing. Failure to meet the SLA will result in a Penalty charge to Conduent to be defined in the Amendment 15 Terms & Conditions.
- **Provider Screening & Monitoring Services** – Price is a Per Provider annual fee.

These program assumptions and scope of work have been incorporated into our solution, services and price to the State for the Annual O&M charges.

MITA Compliance

In aggregate, the program is evaluated against and applies the MITA Seven Conditions and Standards. While there is no revolutionary change to the solution or system to reengineer or dramatically automate process, we are collaborating with the state to expand and move along the MITA maturity model and advance the capabilities and level of service quality and capabilities along these domains.

Standards	Proposal Approach
<p>1. Modularity</p>	<p>Leverages SDLC, API, independent business rules and integrated systems architecture for the environment and DDI. Components of the MMIS system functionality are built as “plug in” modules enabling flexibility, independence and COTS solutions. Areas such as Provider management/ORP; Managed care Rules engines, T-MSIS reporting, TPL will become more “modular” in the design and plug-in architecture to facilitate better integration with third parties and other workflows.</p>
<p>2. MITA Conditions</p>	<p>Integrates COO & BPM models to plans and workflows and supports the State's efforts to build a MITA roadmap and assessments.</p>
<p>3. Industry Standards</p>	<p>Applies all professional standards to SDLC, testing, UI and State team member involvement. Conduent used industry standard best practices and solution model a baseline for account specific configuration or customization. Additional resources and costs will drive focus and leverage of best practices to standardizations and DDI project development. This will help ensure delivery of project solutions better aligned to business objectives faster and with fewer rewrites.</p>
<p>4. Leverage</p>	<p>Core elements are reusable, COTS based, and integrated with other 3rd party solutions and services. State specific requirements have been tailored and configured to solutions. The plan for program and system improvements will support the State's efforts to create a more flexible and modular system. A number of new DDI projects will enable the MMIS system to better integrate and leverage other department systems and workflows, such as the Electronic Visit and Verification (EV&V).</p>
<p>5. Business results</p>	<p>Defined objectives and outcomes are incorporated into plans and measurement systems. Within the 36 months term, Conduent intends to improve business operations by: 1) reductions in claims processing cycle times and improved decision making to resolve duplicate claims and potential for backlog resolution processing. The goal is to create faster claims adjudication processing, payments and accuracy. 2) Increase workflow automation of Provider Management activities including re-credentialing, enrollment and monitoring. This will improve the quality of the Provider universe and facilitate streamlining of claims submission, reimbursement and alignment to ORP requirements. The 3rd Party COTS design helps create a more modular system and solution, 3) Increase capabilities and capacity with Call Center Services to improve answer rates, handle time and lower abandonment rates. 4) System Change Requests – improve processing times and reduce errors rates; and 5) CMS Mandates – The Conduent team</p>

	<p>will provide greater levels of SMEs and resources as part of this program to better forecast and plan for changes to the environment; focusing on reducing costs, improving measured quality, and expanding capabilities. 6) Conduent is adding staff at both the SME and business analyst level to better evaluate program work drivers and systems performance, determine root cause issues, improve workflows and increase the quality of output. 7) The addition of new skill sets and system support people will help drive efficiencies in DDI project development and Program management. As a result, we anticipate Program DDI projects that expand capabilities for the State program to drive greater services, and member value.</p>
<p>6. Reporting</p>	<p>Data and metrics are used in milestone measurement and end production deliverables as appropriate. Integration into standard reporting to the operations, the State, and CMS are included in scope. Conduent sees the need and benefit to expand the standard monthly operational reporting package and increase the level of analysis and forecasting to help the State and team improve services and performance, while reducing risks and exposure to operational issues.</p> <p>In addition to monthly operational reporting, we see the potential to have Quarterly Business Reviews that include a larger team of cross functional department representative to help better forecast and manage future program issues and State requirements.</p> <p>In the area of CMS reporting, our team will increase our level of expertise and collaboration with the State to streamline and improve State and Federal reporting.</p>
<p>7. Interoperability</p>	<p>Integration or interfaces with other stakeholders, State departments and 3rd party systems are included in the scope of work and deliverables in these projects as appropriate. We see a number of DHHS departments that could leverage new system and workflow capabilities that will interface with the MMIS work streams. As part of the State's new initiatives, we will look to create greater leverage of infrastructure and facilitate data sharing and analysis across programs.</p>

Program Price & Cost Reconciliation

All pricing contained within this proposal is **preliminary**, and may be adjusted, pending final approval of any changes in scope, service level agreements, and other contract Terms and Conditions are subject to mutual agreement of Contract Amendment 15.

Services are billed monthly in arrears due and payable within standard payment terms. The table below reconciles the "Apples to Apples" comparison of O&M rates moving forward vs. the current annual run rates and breaks down major cost/value drivers of the price increase. The net average annual increase of \$4.9M per year, is driven largely by investments to: 1) optimization of the organization structure, upgrade staff resources/skill sets, and five (5) additional resources to improve program performance, 2) program and work driver increases due to volumes and scope, and 3) efforts and focus to drive improvements in quality, reduce processing cycle times, reduce the volume and time for exception resolution processing (ERP), and build a more robust and scalable workflows through automation where applicable, and 4) increase analysis and proactive program management disciplines.

NH Contract Price Components (\$ in '000)	2017 ABR	New Contract		Variance	
		Year 1 ABR	Year 1 ABR	Year 1 ABR	Year 1 ABR
O&M Baseline Price (\$1,490,195 x 12)	\$17,882.3				
Plus - Current DDI Project Spend					
IDC10 Annual Maint	*	\$219.8			
Premium Assistance Program - (PAP)	*	\$150.0			
Reporting Analyst	1	\$234.4			
State Testers	4	\$739.0			
Adjustments to O&M Baseline	5	\$1,343.2			
Final O&M Proposal	\$19,225.5	\$22,936.5	\$3,711.0	19.3%	

* - FTE are variable based on production cycles

Growth Factor Economic Estimates **

Service Configuration & Staff	\$945.0
Program Scope/Vol. Growth	\$880.0
Claims Processing Cycle Improvements	\$547.0
Program, Process & Project (DDI) Mgmt. improvements	\$475.0
Medicaid Expansion & Managed Care Focus	\$350.0
Systems Maint & CR Process	\$314.0
Increased Call Center/Customer Service	\$200.0
Total Annual Increase in O&M	\$3,711.0

** The value of each program Growth Factor is an approximate and relative economic value, and **NOT** a cost+ formula, rate based measure, or a specific and cumulative price element to the State. This is simply an estimation of where or how the service delivery may be contributing to the increase in price. In addition, the cost increase in years 1 – 3, include a Cost Of Living Adjustment (COLA) to account for the impact of inflation on the operating expenses.

Cost / Benefit Evaluation

The cost, time and objectives were considered in the design of operations and the system to optimize the investments needed to achieve program objectives. In principle, the O&M contract ensures that enhanced capabilities and complete services are effective and efficient. Costs for the Conduent solution have been benchmarked and evaluated vs. programs of similar scope and design; and are viewed to be in-line with, or favorable to, financial measures and metrics in comparison to other states.

When taken in aggregate, the New Hampshire Medicaid Program and MMIS system has expanded its capabilities, requirements, and scope of work since Contract Amendment 9. Our proposal not only accommodates the move of these new projects and capabilities into standard production routines, but our focus on improving the speed, quality and delivery of services. The Conduent approach begins with the management team and our staff. We are adding new resources, new positions and upgrading skill sets for the operations and technology staff. This investment at the leadership and foundation levels will be a cornerstone to driving greater value and results. As support for the program cost increase, the following outline attempts to illustrate the expanded scope, cost drivers and targeted improvements that have created the need for a change in price and the corresponding improvements in services.

- I. **People** – We are excited to have Doug Davis take on the responsibility of Account Executive to lead our team and build on our relationship with the State. In addition, we are adding 5 new positions to help drive improvements in our capabilities for Project Management, business process analysis, supervision and quality improvement. Leadership we will look to organize our teams and increase skills sets where needed and we will be proactive in areas to ensure team performance achieves goals and objectives. Our approach is to expand our interactions with various State department team members and build greater communication and alignment around program needs and objectives.
- II. **Claims Processing** - We will look to evaluate and optimize the workflows and help drive faster claims processing and exception resolution cycle times; while at the same time ensuring quality and accuracy metrics also trend up. Through greater collaboration and analysis with the State, we will evaluate root cause issues and trends, seek to eliminate “false positives” and duplicate transactions, which may create inefficiencies, hinder the focus on priority transitions, or slow down the claims/payment process.
- III. **Provider Management** – Our solution is focused on ensuring the integrity and accuracy of the Provider Universe to help drive down costs. Further, we plan to collaborate with the State to gain agreement and streamline business rules and workflows, reduce and/or eliminate backlogs, and address issues that may be driven by the applicant. Our plans also incorporate the integration of OPR rules and alignment of these professional staff universe files, to ensure better tracking, reporting and compliance. We see benefits here impacting the efficiencies and accuracy of claims processing cycles and other stakeholders.
- IV. **Quality Assurance** – With added staff and higher skill sets. We see new business analysis and subject matter experts (SMEs) helping us better understand changes to program work drives and market dynamics, and collaborate with the State on their impact to Stakeholders, workflows and systems to improve value. This team will be an integral part of collaboration with the State to help operate under a continuous process improvement mentality.
- V. **Call Center Services** – Improvements to supervisor staff, team management, forecasting and workload balancing to maintain or improve call center KPI metrics. Our goal is to effectively manage and reduce call wait times and abandonment rates, while improving the quality and value of the call experience (not necessarily a reduction in handle times). We will do this through greater analysis, forecasting and inquire of call center activities and nature of the customer

experience or drivers of call volumes. Where applicable we will continue to discuss and evaluate self-help and automation in this area of digital communication and stakeholder empowerment.

- VI. **Program Reporting** – Operational KPIs and SLA reporting will be reviewed and enhanced where appropriate, but shared more frequently. We see areas of focus to enhance visibility to program dynamics, forecast future trends and options, and address anticipated changes to maintain or improve performance. In the areas of Federal or CMS reporting, again our team will collaborate with the State to better analyze issues and forecast trends to manage program performance and optimize services for the State.
- VII. **MMIS System Maintenance & Change Requests (CRs)** – historic volumes of CRs to the system have been high. The environment currently operates on a 5 week release cycle to process system changes to address issues and add enhancements to the platform capabilities and workflows. While we have delivered strong results in this area, we see opportunities to further drive greater speed and value. The team is focused on working with the State to improve the front end requirements gathering process and subsequent execution of software development & deliverables, testing and implementation of system changes. We seek to lower the frequency and severity level of any defects and accelerate system enhancements to drive greater performance and reduce/eliminate manual work arounds or “temporary patches.”
- VIII. **Program and Project Management & Administration** – Conduent sees the potential to make changes and collaborate with the State to be more proactive in our solutions and services. We intend to leverage the existing baseline of program KPI and SLA reporting in add greater insight, forecasting and communications with the State not only in OIT but through the Medicaid Director and other department key executives. We look to establish stronger ties to the Medicaid Director and OIT executives and management teams to create greater alignment, improved communications and a more effective process to deliver value.

Monthly Charges & Billing

Annual charges for O&M service are detailed below by contract year and total \$72,594,548 for the 36 month term 7/1/18 – 6/30/21. Conduent will provide an invoice monthly in arrears, due and payable with Standard terms. This invoice will include three (3) sections broken down as follows: 1) the core O&M monthly Charge, 2) any applicable charges for Staff Augmentation resources, and 3) a variable component for Provider Screening & Monitoring Service licensing fees. Below is a table with the quoted value of the contract, by year and month.

O&M - Monthly & Annual Charges		
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	<u>Monthly</u>	<u>Annual</u>
Yr 1	\$1,911,374	\$22,936,490
Yr 2	\$2,008,711	\$24,104,529
Yr 3	<u>\$2,129,461</u>	<u>\$25,553,529</u>
TCV	<i>n/a</i>	\$72,594,548

Year 1 - Monthly Billing & Annual Charges		
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O&M Base Charges	\$1,741,879	\$20,902,552
Staff Augmentation		
4 State Testers	\$61,583	\$738,999
6 Provider Mgmt. Staff	\$45,042	\$540,501
2 T-MSIS Tech Resources	\$43,333	\$520,000
1 Tech Reporting Staff	\$19,537	\$234,438
Total MMIS O&M Charges	\$1,911,374	\$22,936,490

Year 2 - Monthly Billing & Annual Charges		
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O&M Base Charges	\$1,834,131	\$22,009,573
Staff Augmentation		
4 State Testers	\$63,431	\$761,169
6 Provider Mgmt. Staff	\$46,393	\$556,716
2 T-MSIS Tech Resources	\$44,633	\$535,600
1 Tech Reporting Staff	\$20,123	\$241,471
Total MMIS O&M Charges	\$2,008,711	\$24,104,529

Year 3 - Monthly Billing & Annual Charges		
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O&M Base Charges	\$1,949,644	\$23,395,724
Staff Augmentation		
4 State Testers	\$65,334	\$784,004
6 Provider Mgmt. Staff	\$47,785	\$573,418
2 T-MSIS Tech Resources	\$45,972	\$551,668
1 Tech Reporting Staff	\$20,726	\$248,715
Total MMIS O&M Charges	\$2,129,461	\$25,553,529

The monthly O&M charges **excludes** any additional fees for DDI or TPML projects, which are billed separately based on milestones. O&M charges also excludes pass through expenses for postage.

- **Staff Augmentation Resources** – costs are part of the monthly O&M charges but will be broken out and listed separately on the invoice. Staffing levels will be measured against an SLA and failure to meet SLA levels will result in an SLA Penalty which will be credited to the State as defined in the Amendment Terms & Conditions and agreed to by the State and Conduent.
- **Provider Screening & Monitoring License Fees** - assumes 28,000 providers at \$34.09 per year. Conduent will work with the State and the third party service provider, to charge the license fee monthly based on actual Provider universe volumes. The objective is to create a shared incentive to optimize the management of the Provider Universe file and manage the variability of these expenses accordingly, either up or down.

All pricing contained within this proposal is **preliminary**, pending final selection and approval. Final pricing, scope, service levels, and other Amendment Terms and Conditions are subject to State selection and mutual agreement as part of the final Contract Amendment 15 document.