



Jeffrey A. Meyers
Commissioner

William L. Baggeroer
Interim Director

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

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March 13, 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 14) to an existing contract (Purchase Order #1055816) with Conduent State Healthcare, LLC (formerly known as Xerox State Healthcare, LLC) (Vendor #278791) at 9040 Roswell Road, Suite 700, Atlanta, GA, 30350, to develop and operate the State's Medicaid Management Information System (MMIS) by increasing the price limitation by \$6,244,437 from \$149,948,554 to a new amount not to exceed \$156,192,991, and by extending the completion date from March 31, 2018 to June 30, 2018, effective upon the date of Governor and Council approval. **75% Federal Funds 25% 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), and Amendment 13 on July 19, 2017 (Item#7C).

Funds are available in the following accounts in SFY 2018 and SFY 2019 with the authority to adjust amounts within the price limitation and adjust encumbrances between State Fiscal Years through the Budget Office if needed and justified, without approval of the Governor and Executive Council.

LeB mac

05-95-95-954010-5952 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

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.	\$12,799,107	\$6,244,437	\$19,043,544

Total Operations Phase

\$71,168,550

Grant Total

\$156,192,991

EXPLANATION

This is a **sole source** amendment that briefly extends Conduent's role as MMIS system operator for a three-month period in order to conclude a final amendment that will provide for MMIS services and a transition period that is aligned with re-procurement of the MMIS system. Because the current contract expires on March 30, 2018 and because the need for additional time in which to negotiate and complete a final contract with Conduent, the department seeks to extend the current agreement through the period of April 1, 2018 to June 30, 2018. The

extended services provide critical support in the areas of keeping the system running, system testing, and provider enrollment revalidation.

The department is now planning the re-procurement of the Medicaid MMIS system. We have separately submitted an item to retain Berry, Dunn, McNeil & Parker as a consultant to assist the state in identifying the most cost effective and efficient MMIS options for re-procurement.

This sole source amendment is also requested in order to conclude what the department intends to be the final contract amendment with Conduent that will allow for the maintenance and operation of the current MMIS system while we plan for either (1) a takeover of the system by a new vendor or (2) the building of a new MMIS system.

Over the past several years, the technology for MMIS systems has undergone rapid change. More states are exploring a modular based MMIS system that is based remotely "in the cloud" and avoids the very significant investment in hardware that has a limited shelf life. Significantly, the hardware purchased over the past decade for the current MMIS system is rapidly approaching the end of its useful and serviceable life. A total replacement could cost over \$30 million dollars.

Rather than simply commit to replacing hardware with a limited life, the department instead seeks to explore other more cost effective solutions. And it believes that it is in the interest of the state and federal government (that also bears a cost for New Hampshire's system) to re-procure and allow competition for these services.

This brief 3-month extension and the forthcoming transition contract provides the pathway for the re-procurement of the MMIS system.

Funds in this amendment will allow for Conduent to continue providing essential technical and operational services to host, maintain, and operate the NH Medicaid Management Information System (MMIS), and thereby, keep one of the Department's most mission critical systems up and running through this extension period.

This amendment extends the tester and provider revalidation support services of the contractor from the previous amendment through this extension period. During the extension period, some change requests critically needed by the NH Medicaid Program, as well as defect fixes, will continue to be implemented, albeit on a lesser scale. The State tester support assists the efforts of the State to test, validate, and ensure that any changes deployed in code releases will execute with integrity and produce expected results.

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 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.

For all the reasons stated above, this brief 3-month 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,



William L. Baggeroer
Interim Director

Approved by:



Jeffrey A. Meyers
Commissioner



STATE OF NEW HAMPSHIRE
DEPARTMENT OF INFORMATION TECHNOLOGY
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Denis Goulet
Commissioner

March 12, 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 with Conduent State Healthcare, LLC (formerly known as Xerox State Healthcare, LLC) of Atlanta, GA as described below and referenced as DoIT No. 2005-004N.

The requested action authorizes the Department of Health and Human Services to enter into a **sole source** contract amendment with Conduent State Healthcare to extend the technical and operational support of the Medicaid Management Information System (MMIS) for an additional 3 months.

The funding amount for this amendment is \$6,244,437, increasing the current contract from \$149,948,554 to a new amount not too exceed \$156,192,991. The contract shall become effective upon Governor and Council approval through June 30, 2018.

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 black ink, appearing to read "Denis Goulet", with a large flourish extending to the right.

Denis Goulet

DG/ik
DoIT #2005-004N

cc: Bruce Smith, IT Manager, DoIT

**New Hampshire Department of Health and Human Services
State of NH Medicaid Management Information System (MMIS)**



**State of New Hampshire
Department of Health and Human Services
Amendment 14 to the Conduent State Healthcare, LLC (formerly known as Xerox State
Healthcare, LLC) Contract**

This 14th Amendment to the Conduent State Healthcare, LLC (formerly known as Xerox State Healthcare, LLC) contract (hereinafter referred to as "Amendment 14") dated this 12th day of March 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 9040 Roswell Road, Suite 700, Atlanta, Georgia 30350 (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, and Amendment 13 on July 19, 2017 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 14, 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, and its Amendment 13 on July 19, 2017.
2. The provisions of Contract Paragraph 2. CONTRACT/ORDER OF PRECEDENCE are hereby replaced by:

Contractor Initials: DSB
Date: 3/12/2018

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
 - 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
- 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, and Amendment 14 to the Contract.

Contractor Initials: DJ
Date: 2/12/2018

- 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 \$6,244,437 from \$149,948,554 to \$156,192,991, to reflect the additional requirements set forth in this Amendment 14.
- 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 5, 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. 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 14 is effective on the date of Governor and Executive Council approval.”

Exhibit A

4. Exhibit A, Contract Section 3.4 System Specifications 3.4.36 *NH MMIS System Enhancements to Meet Federal Requirements II*, Appendix A.17, Amendment 12, is hereby amended as follows:
- 4.1. At the end of the section entitled, “Additional Operations Temporary Staffing”, add the following row to the Provider Revalidation Operations Staffing Support table:

Amendment 14 Provider Revalidation Operations Staffing Support				
Provider Support	Provider Revalidation Support 5 months	11/01/2017	03/31/2018	\$225,210

- 4.2. Add the following row to the MCM/PAP Multi Project State Testers section of the Appendix A.17 Deliverables/Payment Schedule, thereby increasing the State Tester Support Subtotal and Appendix A:17 Total by \$292,520:

Amendment 14 MCM/PAP Multi Project State Testers				
Testing Support	MCM PAP Multi Project State Tester Support 4.75 months.	11/01/2017	03/31/2018	\$292,520

Contractor Initials: *CSH*
 Date: 3/12/2018

5. 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 three (3) months. The total length of this Contract, including both the DDI Phase and the Operations Phase is limited to twelve (12) years and seven (7) months, e.g. completed on June 30, 2018, unless the State and Contractor mutually agree to extend the Contract further in accordance with Exhibit A, Paragraph 4.2.7.

6. 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 – Project Manager
- Angela Johnson – Operations Manager;
- TBD – Functional Manager;
- MadhavaRao Vadlamudi – QA/Test manager;
- Kumar Kosaraju– Technical Manager;
- Sylvia Gilbert– Documentation Specialist;
- Neel Nayak – Interface Lead;
- Nancy Stanieich – Provider Relations Manager;
- Swathi Donoori – Ad Hoc Specialist;
- Surojit Sen – Maintenance Manager;
- Melissa Soule – Modifications Manager.
- TBD – Operations/Claims Processing Manager

7. The provisions of Amendment 13, Appendix A.2, *Deliverables List and Payment Schedule* of the Contract are hereby deleted and replaced with Amendment 14, Appendix A.2 as attached.

Exhibit B

8. 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.

Contractor Initials:

Date: 3/12/2018

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 (\$4,191,482 in State Fiscal Year 2016 and \$12,574,446 in State Fiscal year 2017) for the first year (extension operations year 1) and \$17,882,345 (increased by \$225,210 for provider revalidation operations support under this Amendment 14) 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, and Appendix A.17 for a Post-DDI Phase Enhancement total amount Not to Exceed \$37,525,458 (increased by \$292,520 for Appendix A.17 State Tester Support under this Amendment 14).

The Contract under this Amendment 14 further provides for a three (3) month Additional Extension to the Operations Phase. This three-month Additional Extension shall be for an amount Not to Exceed \$6,244,437, which is inclusive of the costs for the State Testers and Provider Revalidation Support Staff through the extension period. The total amount for the base contract, optional operations extension periods, and the Post DDI Enhancements shall not exceed \$156,192,991.

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.

9. 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 \$156,192,991, 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 14, 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.

Contractor Initials: JD
Date: 3/12/2018

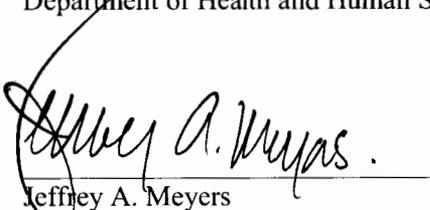
Table 1.5-1: Total Contract Price –DDI, Operations, and Post DDI Enhancements

AMENDMENT 14 PRICE ITEM	Am 13 PRICE	Amend 14 Change	Am 14 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	\$4,782,704	\$292,520	\$5,075,224
Subtotal Post DDI Enhancements:	\$37,232,938		\$37,525,458
Total DDI Phase and Post DDI Enhancements :	\$85,024,441		\$85,316,961
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		\$30,501,050
(DDI Phase and Base Operations Phase) Total Base Contract:	\$78,292,553		\$78,292,553
Extension Operations Year 1	\$16,765,928	\$0	\$16,765,928
Extension Operations Year 2	\$17,657,135	\$225,210	\$17,882,345
Subtotal Extension Operations Phase:	\$34,423,063		\$34,648,273
Additional Extension Operations 3 Months	\$0	\$5,726,707	\$5,726,707
Subtotal Additional Extension Operations Phase:	\$0		\$5,726,707
Total Operations Phase:	\$64,924,113		\$70,876,030
(DDI Phase, Post-DDI Phase Enhancements, Operations Phase) Total Contract Price:	\$149,948,554	\$6,244,737	\$156,192,991

Contractor Initials: DAJ
 Date: 3/12/2018

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

 3.13.18.

Jeffrey A. Meyers
Commissioner



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

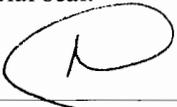
Contractor Initials: DD
Date: 3/12/2018

STATE OF new Hampshire
COUNTY OF Merrimack

On this the 12th day of March 2018, before me, Michelle Tilton the undersigned officer, personally appeared Daniel A. Dwyer who acknowledged himself/herself to be the Vice President of Conduent State Healthcare, LLC, a Delaware limited liability company, and that he/she, as such 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 Vice President .

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

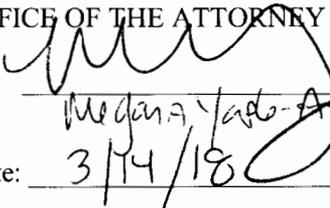
MICHELLE TILTON, Notary Public
State of New Hampshire
My Commission Expires February 21, 2023



Notary Public/Justice of the Peace
My commission expires: 2/21/23

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

OFFICE OF THE ATTORNEY GENERAL

By: 

Date: 3/14/18

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: DD

Date: 3/12/2018

Amendment 14 Appendix A.2
Deliverable List and Payment Schedule

Item #	Deliverable	Amendment 11 Delivery Date	Amendment 11 Invoice Date	Amendment 12 Revised Invoice Date	Headback Amount	Payment with Holdback	Headback Release Amount	Headback Release %	Headback Release Date
MMS BASE SYSTEM - Section A DDI Phase									
Project Initiation and Planning									
1	Concord, NH DDI Project Site Requirement	comp	comp	comp	\$1,869,102.55	\$1,588,737.17	\$0.00	0%	\$1,588,737.17
2	Project Management Plan	comp	comp	comp	\$12,070.00	\$10,259.50	\$0.00	0%	\$10,259.50
3	Detailed Project Work Plan	comp	comp	comp	\$137,777.00	\$117,110.45	\$0.00	0%	\$117,110.45
4	Problem Control and Change Management Plan	comp	comp	comp	\$12,070.00	\$10,259.50	\$0.00	0%	\$10,259.50
5	Project Communication Plan	comp	comp	comp	\$12,070.00	\$10,259.50	\$0.00	0%	\$10,259.50
6	Quality Assurance Plan	comp	comp	comp	\$12,070.00	\$10,259.50	\$0.00	0%	\$10,259.50
7	Requirements Traceability Matrix	comp	comp	comp	\$42,452.00	\$36,084.20	\$0.00	0%	\$36,084.20
8	Weekly Project Status Reports	comp	comp	comp	\$139,277.00	\$118,385.45	\$0.00	0%	\$118,385.45
9	(DIS) quarterly updates	comp	comp	comp	\$21,014.00	\$17,861.90	\$0.00	0%	\$17,861.90
10	Performance Self Reporting Mechanism-Monthly	comp	comp	comp	\$55,024.00	\$46,770.40	\$0.00	0%	\$46,770.40
11	Preliminary CMS Certification Process Plan	comp	comp	comp	\$12,075.00	\$10,263.75	\$0.00	0%	\$10,263.75
	Total Project Initiation and Planning Cost				\$2,325,001.55	\$1,976,251.32	\$0.00	0%	\$1,976,251.32
Requirements Analysis and Validation									
12	Requirements Validation Specification	comp	comp	comp	\$6,300,860.00	\$5,360,831.00	\$63,069.60	1%	\$5,423,899.60
13	Issues Tracking and Resolution Document	comp	comp	comp	\$52,132.00	\$44,312.20	\$7,819.80	1%	\$52,132.00
14	Preliminary Test Plan	comp	comp	comp	\$72,008.00	\$61,206.80	\$10,801.20	1%	\$72,008.00
15	Preliminary Training Plan	comp	comp	comp	\$48,653.00	\$41,355.05	\$7,297.95	1%	\$48,653.00
16	Preliminary Conversion/Migration Plan	comp	comp	comp	\$93,375.00	\$79,368.75	\$14,006.25	1%	\$93,375.00
17	Preliminary Disaster Recovery Plan	comp	comp	comp	\$106,791.00	\$90,772.35	\$16,018.65	1%	\$106,791.00
	Total Requirements Analysis and Validation				\$6,679,819.00	\$5,677,846.15	\$1,001,972.85	1%	\$5,744,644.34
Design									
18	General System Design	comp	comp	comp	\$2,813,754.00	\$2,391,690.90	\$422,063.10	2%	\$2,447,965.98
19	Detailed System Design Group 1	comp	comp	comp	\$1,303,702.44	\$1,081,470.07	\$222,232.37	2%	\$1,134,221.12
20	Detailed System Design Group 2	comp	comp	comp	\$1,303,702.44	\$1,081,470.07	\$222,232.37	2%	\$1,134,221.12
21	Detailed System Design Group 3	comp	comp	comp	\$1,303,702.44	\$1,081,470.07	\$222,232.37	2%	\$1,134,221.12
22	Test Environment Preparation	comp	comp	comp	\$104,082.00	\$88,469.70	\$15,612.30	2%	\$104,082.00
23	Provider Operations Plan	comp	comp	comp	\$30,000.00	\$25,500.00	\$4,500.00	2%	\$30,000.00
24	Preliminary Operations Plan	comp	comp	comp	\$110,391.00	\$93,832.35	\$16,558.65	2%	\$110,391.00
25	Preliminary MMS Implementation Plan	comp	comp	comp	\$49,422.00	\$42,008.70	\$7,413.30	2%	\$49,422.00
26	Preliminary Contingency Plan	comp	comp	comp	\$84,206.00	\$71,575.10	\$12,630.90	2%	\$84,206.00
27	Preliminary Security Plan	comp	comp	comp	\$7,134.90	\$6,024.31	\$1,110.59	2%	\$7,134.90
28	Finalized Disaster Recovery Plan	comp	comp	comp	\$47,566.00	\$40,431.10	\$7,134.90	2%	\$47,566.00
65a	MMS Change Order Analysis-DSD Update Gp 1-7	comp	comp	comp	\$12,630.90	\$10,726.26	\$1,904.64	2%	\$12,630.90
65b	MMS Change Order Analysis-DSD Update Gp 8-9	comp	comp	comp	\$404,428.00	\$343,764.65	\$60,663.35	2%	\$404,428.00
66a	Archive Claims Retrieval Solution	comp	comp	comp	\$16,851.00	\$14,323.35	\$2,527.65	2%	\$16,851.00
	Total Design				\$7,656,014.32	\$6,507,612.17	\$1,148,402.15	2%	\$6,660,732.46
Construction and Unit Testing									
29a	Functional Test Summary Iteration 1a	comp	comp	comp	\$651,851.22	\$554,073.54	\$97,777.68	2%	\$651,851.22
29b	Functional Test Summary Member Function	comp	comp	comp	\$358,518.17	\$304,740.44	\$53,777.73	2%	\$358,518.17
29c	Functional Test Summary Non-Functional Req.	comp	comp	comp	\$97,777.68	\$83,111.03	\$14,666.65	2%	\$97,777.68
30a	Functional Test Summary Operations Functions	comp	comp	comp	\$1,466,665.40	\$1,246,665.59	\$219,999.81	2%	\$1,466,665.40
30b	Functional Test Summary Provider Functions	comp	comp	comp	\$1,740,739.60	\$1,474,739.60	\$266,000.00	2%	\$1,740,739.60
30c	Functional Test Summary Security Functions	comp	comp	comp	\$130,370.24	\$110,814.70	\$19,555.54	2%	\$130,370.24
30d	Functional Test Summary Security Functions	comp	comp	comp	\$65,185.12	\$55,407.35	\$9,777.77	2%	\$65,185.12
31	Functional Test Results	comp	comp	comp	\$9,777.77	\$8,282.85	\$1,494.92	2%	\$9,777.77
32	Integration and System Test Scripts	Removed Amendment	Per 12	comp	\$0.00	\$0.00	\$0.00	2%	\$0.00
33a	New PBM Interface Design and Construction	comp	comp	comp	\$25,000.00	\$21,250.00	\$3,750.00	2%	\$25,000.00
33b	Change Orders A B	comp	comp	comp	\$51,480.00	\$43,758.00	\$7,722.00	2%	\$51,480.00
34	Preliminary Provider Handbooks	comp	comp	comp	\$160,143.00	\$136,121.55	\$24,021.45	2%	\$160,143.00
35a	Finalized MMS Implementation Plan-Provider Enroll	comp	comp	comp	\$49,488.33	\$42,065.08	\$7,423.25	2%	\$49,488.33
35b	Finalized MMS Implementation Plan-MMS	comp	comp	comp	\$98,976.67	\$84,130.17	\$14,846.50	2%	\$98,976.67
36	Finalized Integration and System Test Plan	comp	comp	comp	\$141,757.00	\$120,493.45	\$21,263.55	2%	\$141,757.00
37	Finalized Contingency Plan	comp	comp	comp	\$148,465.00	\$126,195.25	\$22,269.75	2%	\$148,465.00
38	Finalized Conversion/Migration Plan	comp	comp	comp	\$114,676.00	\$97,474.60	\$17,201.40	2%	\$114,676.00
39	Finalized Operations Plan	comp	comp	comp	\$49,647.00	\$42,199.95	\$7,447.05	2%	\$49,647.00
40	Finalized Security Plan	comp	comp	comp	\$48,553.00	\$41,270.05	\$7,282.95	2%	\$48,553.00
	Total Construction and Unit Testing				\$4,799,293.43	\$4,079,399.42	\$719,894.01	2%	\$4,179,385.28
Integration and System Testing									
41a	Integration and System Test Summary Iteration 1a	comp	comp	comp	\$651,851.22	\$554,073.54	\$97,777.68	2%	\$651,851.22
41b	Integration and System Test Summary Member Functions	comp	comp	comp	\$358,518.17	\$304,740.44	\$53,777.73	2%	\$358,518.17
41c	Integration and System Test Summary Non-Functional Req.	comp	comp	comp	\$97,777.68	\$83,111.03	\$14,666.65	2%	\$97,777.68
42a	Integration and System Test Summary Operations Functions	comp	comp	comp	\$1,466,665.40	\$1,246,665.59	\$219,999.81	2%	\$1,466,665.40
42b	Integration and System Test Summary Provider Functions	comp	comp	comp	\$1,740,739.60	\$1,474,739.60	\$266,000.00	2%	\$1,740,739.60
42c	Integration and System Test Summary Security Functions	comp	comp	comp	\$130,370.24	\$110,814.70	\$19,555.54	2%	\$130,370.24
42d	Integration and System Test Summary Security Functions	comp	comp	comp	\$65,185.12	\$55,407.35	\$9,777.77	2%	\$65,185.12
65c	Integration and System Test Summary Changes 1-7	comp	comp	comp	\$12,630.90	\$10,726.26	\$1,904.64	2%	\$12,630.90
66b	Integration and System Test Summary Changes 8-9	comp	comp	comp	\$404,428.00	\$343,764.65	\$60,663.35	2%	\$404,428.00
	Total Integration and System Testing				\$4,799,293.43	\$4,079,399.42	\$719,894.01	2%	\$4,179,385.28
Final Deliverables									
43	MMS Change Orders # 2	comp	comp	comp	\$0.00	\$0.00	\$0.00	13%	\$0.00
44	Finalized Integration and System Test Plan	comp	comp	comp	\$21,250.00	\$18,208.33	\$3,041.67	13%	\$21,250.00
45	Finalized Operations Plan	comp	comp	comp	\$43,758.00	\$37,194.33	\$6,563.67	13%	\$43,758.00
46	Finalized Security Plan	comp	comp	comp	\$136,121.55	\$115,701.33	\$20,420.22	13%	\$136,121.55
47	Finalized Test Scripts	comp	comp	comp	\$42,065.08	\$35,884.22	\$6,180.86	13%	\$42,065.08
48	Finalized Integration and System Test Plan	comp	comp	comp	\$14,846.50	\$12,617.67	\$2,228.83	13%	\$14,846.50
49	Finalized Contingency Plan	comp	comp	comp	\$120,493.45	\$103,422.83	\$17,070.62	13%	\$120,493.45
50	Finalized Conversion/Migration Plan	comp	comp	comp	\$97,474.60	\$83,059.91	\$14,414.69	13%	\$97,474.60
51	Finalized Operations Plan	comp	comp	comp	\$42,199.95	\$35,824.44	\$6,375.51	13%	\$42,199.95
52	Finalized Security Plan	comp	comp	comp	\$41,270.05	\$34,782.85	\$6,487.20	13%	\$41,270.05
	Total Final Deliverables				\$95,985.87	\$81,120.29	\$14,865.58	13%	\$95,985.87
Grand Total									
					\$15,120.29	\$12,865.58	\$2,254.71	13%	\$15,120.29

Deliverable	Amount 17 Reviewed Delivery Date	Amount 11 Reviewed Invoice Date	Amount 12 Reviewed Invoice Date	Payment Amount	Holdback Amount	Payment Less 1% Holdback	Holdback Release %	Holdback Release Amount	Payment with Holdback Release Amt	Holdback Amount	Reclaimed Holdback Amount
43 Integration and System Test Results	comp	comp	comp	\$0.00							
44 X12N EDI Companion Guides	comp	comp	comp	\$48,672.00	15%	\$41,371.20	2%	\$973.44	\$42,344.64	13%	\$6,327.36
45 Provider Status Evaluation	comp	comp	comp	\$76,604.00	15%	\$65,113.40	2%	\$1,532.08	\$66,645.48	13%	\$9,958.52
46 Preliminary Converted Files	comp	comp	comp	\$58,510.00	15%	\$49,818.50	2%	\$1,172.20	\$50,990.70	13%	\$7,619.30
47 Revised Detailed System Design	comp	comp	comp	\$82,461.00	15%	\$70,091.85	2%	\$1,649.22	\$71,741.07	13%	\$10,719.93
48 Acceptance Test Plan	comp	comp	comp	\$48,672.00	15%	\$41,371.20	2%	\$973.44	\$42,344.64	13%	\$6,327.36
49 Acceptance Test Tracking System	comp	comp	comp	\$36,249.00	15%	\$30,811.65	2%	\$724.98	\$31,536.63	13%	\$4,712.37
50 Finalized Training Plan	comp	comp	comp	\$16,061.76	15%	\$13,652.50	2%	\$321.24	\$13,973.73	13%	\$2,088.03
51 Training Materials & Manuals - Provider Enrollment	comp	comp	comp	\$32,610.24	15%	\$27,718.70	2%	\$652.20	\$28,370.91	13%	\$4,239.33
52 Training Materials & Manuals - MMIS	comp	comp	comp	\$5,233,447.20	15%	\$4,448,430.12	2%	\$104,668.94	\$4,553,099.06	13%	\$680,348.14
Total Integration and System Testing											
53 Conversion	comp	comp	comp	\$60,622.00	15%	\$51,528.70	1%	\$606.22	\$52,134.92	14%	\$8,487.08
54 Acceptance Test Resolutions Document	comp	comp	comp	\$147,829.00	15%	\$125,854.65	1%	\$1,478.29	\$127,332.94	14%	\$20,696.06
55 Operational Readiness Report	comp	comp	comp	\$1,254,240.00	15%	\$1,066,104.00	1%	\$12,942.40	\$1,079,046.40	14%	\$175,593.60
56 Program Expansion Enhancements	Removed Amendment	Per 12	comp	\$0.00	15%	\$0.00	1%	\$0.00	\$0.00	14%	\$0.00
57 Finalized MMIS Provider Handbooks	comp	comp	comp	\$39,305.00	15%	\$33,409.25	1%	\$393.05	\$33,802.30	14%	\$5,502.70
Total Implementation											
58 Finalized CMS Certification Process Plan	comp	comp	comp	\$84,209.00	15%	\$71,577.65	1%	\$842.09	\$72,419.74	13%	\$10,947.17
59 MMIS Systems Documentation	comp	comp	comp	\$114,924.00	15%	\$97,685.40	1%	\$1,149.24	\$98,834.64	14%	\$16,089.36
60 Results of Final Conversion	comp	comp	comp	\$313,600.00	15%	\$266,560.00	1%	\$3,136.00	\$269,696.00	14%	\$43,904.00
Total Post-implementation evaluation											
61 Evaluation plan	Removed Amendment	Per 12	comp	\$0.00	15%	\$0.00	1%	\$0.00	\$0.00	14%	\$0.00
62 Evaluation report	Removed Amendment	Per 12	comp	\$0.00	15%	\$0.00	1%	\$0.00	\$0.00	14%	\$0.00
63 Corrective action plan	Removed Amendment	Per 12	comp	\$0.00	15%	\$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	\$13,805.00	15%	\$11,734.25	1%	\$138.05	\$11,872.30	14%	\$1,932.70
Total Post-implementation evaluation											
TOTAL BASE SYSTEM				\$28,852,859.50	15%	\$24,524,930.58	1%	\$442,166.13	\$24,967,096.70	14%	\$3,885,782.80
Note:											
Note:											
Note:											
OUTPATIENT PROSPECTIVE PAYMENT SYSTEM											
1 Requirements Analysis	comp	comp	comp	\$50,000.00	15%	\$42,500.00	1%	\$500.00	\$43,000.00	14%	\$7,000.00
2 Requirements Analysis Report 1	comp	comp	comp	\$50,000.00	15%	\$42,500.00	1%	\$500.00	\$43,000.00	14%	\$7,000.00
3 Requirements Analysis Report 2	comp	comp	comp	\$60,000.00	15%	\$51,000.00	1%	\$600.00	\$51,600.00	14%	\$8,400.00
Total Requirements Analysis				\$160,000.00	15%	\$136,000.00	1%	\$1,800.00	\$137,800.00	14%	\$22,200.00
Business Rules and Design											
4 Business Requirements Document - Report 1	comp	comp	comp	\$10,500.00	15%	\$9,000.00	1%	\$700.00	\$9,700.00	14%	\$1,500.00
5 Business Requirements Document - Report 2	comp	comp	comp	\$70,000.00	15%	\$59,500.00	1%	\$700.00	\$60,200.00	14%	\$9,800.00
6 Business Requirements Document - Report 3	comp	comp	comp	\$75,000.00	15%	\$63,750.00	1%	\$750.00	\$64,500.00	14%	\$9,500.00
Total Business Rules and Design				\$215,000.00	15%	\$182,750.00	1%	\$2,150.00	\$184,900.00	14%	\$27,100.00
Construction											
7 Detailed System Design Update	Removed Amendment	Per 10	comp	\$0.00	15%	\$0.00	1%	\$0.00	\$0.00	14%	\$0.00
Total Construction				\$0.00	15%	\$0.00	1%	\$0.00	\$0.00	14%	\$0.00
Implementation											
8 Implementation Go Live	Removed Amendment	Per 10	comp	\$0.00	15%	\$0.00	1%	\$0.00	\$0.00	14%	\$0.00
Total Implementation				\$0.00	15%	\$0.00	1%	\$0.00	\$0.00	14%	\$0.00
TOTAL OUTPATIENT PROSPECTIVE PAYMENT SYSTEM				\$375,000.00	15%	\$318,750.00	1%	\$3,750.00	\$322,500.00	14%	\$52,500.00
ENHANCED ANALYTICS											

Contractor Initials: *ASD*
Date: 3/12/2018

Ref #	Deliverable	Amend 11		Amend 12		Payment Amount	Holdback %	Holdback Amount	Payment less 15% Holdback	Holdback Release %	Holdback Release Amt	Payment with Holdback Release	Holdback Retained	
		Revised Delivery Date	Revised Invoice Date	Revised Delivery Date	Revised Invoice Date									
	TOTAL ENHANCED ANALYTICS					\$0.00	15%	\$0.00	\$0.00	1%	\$0.00	\$0.00	14%	\$0.00
	5010 Enhancements													
1	Requirements Analysis and Start Up	comp	Per 10	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	Per 10	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
3	Construction and User Acceptance Test	comp	Per 10	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	Per 10	comp	comp	\$1,828,900.00	15%	\$274,335.00	\$1,554,565.00	1%	\$18,289.00	\$1,572,854.00	14%	\$254,615.00
5	Design, code, unit test, SIT - UAT testing for the COB changes	Removed Amendment	Per 12	Removed Amendment	Per 12	\$0.00	15%	\$0.00	\$0.00	1%	\$0.00	\$0.00	14%	\$0.00
	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
6	User Interface Updated for 5010	comp	09/15/16	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													
1	Requirements Analysis and Design	comp	Per 10	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	Per 10	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
3	Construction and User Acceptance Test	comp	Per 10	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
4	Implementation	comp	Per 10	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%	\$29,022.75	\$2,409,956.50	14%	\$392,318.50
	Managed Care System Enhancement Phase II													
1	Management Oversight	comp	Per 10	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	Per 10	comp	comp	\$87,075.00	15%	\$13,061.25	\$74,013.75	1%	\$870.75	\$74,884.50	14%	\$12,210.00
3	Updated DSD Chapters	comp	Per 10	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	Per 10	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%	\$3,085.00	\$265,136.00	14%	\$43,162.00
5	Construction and Unit Test	comp	Per 10	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
6	System Integration Testing	comp	Per 10	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	Per 10	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
8	User Acceptance Testing	comp	Per 10	comp	comp	\$104,250.00	15%	\$15,637.50	\$88,612.50	1%	\$1,042.50	\$89,655.00	14%	\$14,595.00
9	Train State/State Users	comp	Per 10	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
4	Implementation	comp	Per 10	comp	comp	\$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					\$0.00	15%	\$0.00	\$0.00	1%	\$0.00	\$0.00	14%	\$0.00
	Enhanced Provider Screening													
1	Requirements Analysis and Design	comp	Per 10	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	Per 10	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

Contractor Initials: *SD*
Date: 3/12/2017

Amendment 14 Appendix A.2
Deliverable List and Payment Schedule

Ref #	Deliverable	Amended 11 Delivery Date	Amended 11 Invoice Date	Amended 12 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
License Integration Construction and System Testing													
3	License installed and integrated	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	\$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	\$234,993.00	15%	\$35,248.95	\$199,744.05	1%	\$2,349.83	\$202,093.88	14%	\$32,897.62
	Total Construction and Unit Test				\$915,776.00	15%	\$137,364.90	\$778,411.10	1%	\$9,157.66	\$787,568.76	14%	\$128,207.24
User Acceptance Testing and Implementation													
6	User Acceptance Testing Completed	comp	05/31/16	11/15/16	\$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	\$3,450.00	15%	\$517.50	\$2,932.50	1%	\$34.50	\$2,967.00	14%	\$483.00
8	Implementation	comp	06/30/16	11/30/16	\$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%	\$21,980.00	\$124,620.00	1%	\$1,468.00	\$126,078.00	14%	\$20,524.00
Additional Functionality													
9	Additional Licensed Software Installed and Integrated	comp	comp	comp	\$136,500.00	15%	\$20,475.00	\$116,025.00	1%	\$1,365.00	\$117,390.00	14%	\$19,170.00
10	Change Request Approved	comp	comp	comp	\$56,889.00	15%	\$8,533.35	\$48,355.65	1%	\$568.89	\$48,924.54	14%	\$7,964.66
11	Coding and Unit Testing Complete	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	\$56,889.00	15%	\$8,533.35	\$48,355.65	1%	\$568.89	\$48,924.54	14%	\$7,964.66
13	User Acceptance Testing Completed	comp	08/31/16	11/15/16	\$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	08/31/16	11/30/16	\$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				\$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	\$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													
	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 MMSIS Change Requests/Staff Augmentation													
1	Change Request Designed, Developed, Implemented	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	All NH CRs identified in Appendix A-11 DDI Complete	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%	\$70,950.74
	TOTAL A11 MMSIS 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%	\$70,950.74
	TOTAL MMS 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													
MMSIS Post DDI Phase - System Enhancements													
T-MMSIS													
1	Software License Acquired and Applied	comp	comp	comp	\$229,784.00								
2	Requirements Elaboration - Documented Change Requests	comp	comp	comp	\$178,165.00								
3	Updated Detailed System Design Approved	comp	comp	comp	\$249,374.00								
4	Technical Design Completed	comp	comp	comp	\$293,381.00								
5	Coding, Unit Testing, Data Configuration Updates Completed	comp	comp	comp	\$293,381.00								
6	Development Integration Testing Completed	comp	comp	comp	\$190,698.00								
7	System Integration Testing Completed	comp	comp	comp	\$261,272.00								
8	T-MMSIS User Acceptance Testing Completed	comp	comp	comp	\$587,200.00								
9a	Pre-Operational Readiness Testing Approved by CMS	comp	comp	comp	\$130,000.00								
9b	Pre-Operational Readiness Testing Approved by CMS	comp	comp	comp	\$275,940.00								
9c	Pre-Operational Readiness Testing Approved by CMS	comp	comp	comp	\$256,991.00								
10	Implementation - Post Production Validation, Complete	comp	comp	comp	\$195,000.00								
11	Final DSD, Use Cases, System Documentation Approved	comp	comp	comp	\$260,000.00								
12	CY 2014 Catch-Up Files Submitted	comp	09/30/16	12/31/16	\$32,500.00								
12a	CY 2015-16 Catch-Up Files Submitted	comp	09/30/16	12/31/16	\$32,500.00								
12b	CY 2015-16 Catch-Up Files Submitted (if necessary)	comp	01/31/17	01/31/17	\$32,500.00								
12c	CY 2016 Catch-Up Files Submitted (if necessary)	comp	11/30/16	12/15/16	\$32,500.00								
12d	CY 2016 Catch-Up Files Submitted (if necessary)	comp	03/31/17	03/31/17	\$32,500.00								
12e	CY 2016 Catch-Up Files Submitted (if necessary)	comp	12/15/16	04/30/17	\$32,500.00								
12f	CY 2016 Catch-Up Files Submitted (if necessary)	comp	04/15/17	05/15/17	\$32,500.00								
12g	CY 2016 Catch-Up Files Submitted (if necessary)	comp	01/31/17	05/31/17	\$32,500.00								
12h	CY 2016 Catch-Up Files Submitted (if necessary)	comp	01/31/17	05/31/17	\$32,500.00								
13	2.0 Database and File Format Updates	comp	comp	comp	\$50,000.00								
14	2.0 Error Files Receipt and Processing	comp	09/30/16	12/31/16	\$209,375.00								
15	2.0 Rules - NH MATI Specs Updated	comp	09/30/16	12/31/16	\$4,408,726.00								
16	2.0 Rules - Coded, Tested, Implemented	comp	09/30/16	12/31/16									
	TOTAL A12 T-MMSIS				\$4,408,726.00								

Contractor Initials: *200*
Date: *7/12/2018*

Ref #	Deliverable	Amend 11 Delivery Date	Amend 11 Invoice Date	Amend 12 Revised Invoice Date	Amend 13 Revised Delivery Date	Payment Amount	Holdback %	Holdback Amount	Payment less 15% holdback	Holdback Release %	Holdback Release Amount	Payment with Holdback Release Amt	Holdback Retained Amount
HPAA 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	\$421,256.00							
5	Technical Design Completed	comp	comp	comp	comp	\$547,633.00							
6	Coding, Unit Testing, and Data Configuration Completed	comp	comp	comp	comp	\$122,866.00							
7	Development Integration Testing Completed	comp	comp	comp	comp	\$368,599.00							
8	System Test Plan Approved	comp	comp	comp	comp	\$210,628.00							
9	System Integration Testing Completed	comp	comp	comp	comp	\$168,504.00							
10	User Acceptance Testing Completed	comp	comp	comp	comp	\$106,547.00							
11	Post Production Validation Completed	comp	comp	comp	comp	\$106,547.00							
12	Receipt of Phase I CORE Certification Seal	07/31/16	08/31/16	08/31/16	08/31/16	\$106,547.00							
13	Receipt of Phase II CORE Certification Seal	07/31/16	08/31/16	08/31/16	08/31/16	\$106,547.00							
14	Receipt of Phase III CORE Certification Seal	07/31/16	08/31/16	08/31/16	08/31/16	\$112,885.00							
15	Environment Upgrades	08/31/16	09/30/16	09/30/16	09/30/16	\$4,993,156.00							
TOTAL A-12 HIPAA Operating Rules													
						\$2,281,482.00							
						\$1,977,211.00							
						\$329,535.00							
						\$80,000.00							
						\$1,235,757.00							
						\$70,000.00							
						\$1,029,797.00							
						\$1,029,797.00							
						\$70,000.00							
						\$267,748.00							
						\$803,242.00							
						\$70,000.00							
						\$659,070.00							
						\$70,000.00							
						\$70,000.00							
						\$906,222.00							
						\$257,202.00							
						\$70,000.00							
						\$0.00							
						\$375,893.00							
						\$125,000.00							
						\$161,087.00							
						\$284,000.00							
						\$12,223,053.00							
TOTAL MMIS Post DDI Enhancements A-12						\$21,564,935.00							
NHHP													
1	Software License Acquired and Applied	comp	comp	comp	comp	\$790,850.00							
2	Servers Acquired and Installed	comp	comp	comp	comp	\$282,300.00							
3	Enroll New Provider Types	comp	comp	comp	comp	\$185,061.00							
4	Enroll New Members in NHHP 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 NHHP	comp	comp	comp	comp	\$462,652.00							
7	Federal Reporting, EFADS, Remaining Tasks	11/30/16	02/15/17	11/30/16	03/15/17	\$370,121.00							
TOTAL A-13 NHHP						\$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	12	Per		\$0.00							
6	New MCO or MCM/PAP 834 Enrollment	Removed Amendment	12	Per		\$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	08/31/16	09/30/16	09/30/16	09/30/16	\$269,735.00							
10a	Additional Interface - T-MSIS	07/31/16	08/30/16	08/30/16	08/30/16	\$101,450.00							
10b	Additional Interface - Options	comp	comp	comp	comp	\$101,449.00							

Contractor Initials: *[Signature]*
Date: 3/12/2018

Amendment 14 Appendix A.2
Deliverable List and Payment Schedule

Ref #	Deliverable	Amount 11 Delivery Date	Amount 12 Revised Invoice Date	Amount 13 Revised Invoice Date	Payment Amount	Holdback Amount	Payment less 15% holdback	Holdback Release %	Holdback Release Amount	Payment with Holdback Release Amt	Holdback Retained Amount	
11	eFADS and eMAR Changes	09/30/16	comp	10/31/16	\$493,810.00							
12	X12 820 Software Purchase	comp	comp	comp	\$125,000.00							
13	Capitation Claim Adjustments	10/31/16	comp	03/31/17	\$236,292.00							
14	Targeted Recon Changes	comp	comp	comp	\$88,433.00							
15	Member UI Changes for Additional QHP Data	comp	comp	comp	\$158,435.00							
16	BRIDGES Outbound Interface, SA UI and PCP Part 2 Interface	10/31/16	comp	03/31/17	\$128,300.00							
17	MID Compare Process	Removed Amendment 12	Removed Amendment 12	Removed Amendment 12	\$0.00							
18	Inbound MCO-MMIS Interface	10/31/16	comp	11/30/16	\$94,323.00							
19	NEMT-Requirements Analysis	Removed Amendment 11	Removed Amendment 11	Removed Amendment 11	\$0.00							
20	NEMT-Configuration	Removed Amendment 11	Removed Amendment 11	Removed Amendment 11	\$0.00							
21	NEMT-UAT	Removed Amendment 11	Removed Amendment 11	Removed Amendment 11	\$0.00							
22	NEMT-Regression Testing	Removed Amendment 11	Removed Amendment 11	Removed Amendment 11	\$0.00							
23	NEMT-Additional Development	Removed Amendment 11	Removed Amendment 11	Removed Amendment 11	\$0.00							
24	NEMT-Reports and Documentation	Removed Amendment 11	Removed Amendment 11	Removed Amendment 11	\$0.00							
25	NEMT-T-MSIS	Removed Amendment 11	Removed Amendment 11	Removed Amendment 11	\$0.00							
26	NEMT-EFADS and EMAR	Removed Amendment 11	Removed Amendment 11	Removed Amendment 11	\$0.00							
27	NEMT-834	Removed Amendment 11	Removed Amendment 11	Removed Amendment 11	\$0.00							
28	Additional Eligibility Changes	comp	comp	comp	\$104,500.00							
29	Additional Reporting Changes	Removed Amendment 12	Removed Amendment 12	Removed Amendment 12	\$0.00							
30	Maternity/Newborn Processing	07/31/16	comp	08/31/16	\$78,625.00							
31	Newborn BP on 271 Transaction	07/31/16	comp	08/31/16	\$37,250.00							
32	Newborn BP in Voice Response	07/31/16	comp	08/31/16	\$5,000.00							
33	820 Payment Financial Reporting	07/31/16	comp	08/31/16	\$30,625.00							
34	TOTAL A-15 PAP and MCM Non-NEMT Funds				\$5,544,951.00							
Non-Emergency Medical Transportation (NEMT)												
1N	NEMT Project Management	12/31/16	comp	01/31/17	\$109,349.00							
2N	NEMT Provider Enrollment	07/15/16	comp	08/31/16	\$12,566.00							
3N	NEMT Benefit Plan	07/15/16	comp	08/31/16	\$26,461.00							
4N	NEMT Member NEMT Enrollment	07/15/16	comp	08/31/16	\$54,814.00							
5N	NEMT 834 Enrollment Transaction	08/31/16	comp	09/30/16	\$259,781.00							
6N	NEMT Benefit Plan Rate Cohort	08/31/16	comp	09/30/16	\$10,875.00							
7N	NEMT Capitation	08/31/16	comp	09/30/16	\$124,695.00							
8N	NEMT Claims/Financial/Encounters	08/31/16	comp	09/30/16	\$125,174.00							
9N	NEMT 820 Payment Transaction	09/30/16	comp	10/31/16	\$50,265.00							
10N	NEMT User Interface	09/30/16	comp	10/31/16	\$34,074.00							
11N	NEMT Reports	09/30/16	comp	10/31/16	\$49,540.00							
12N	NEMT Data Interfaces	10/31/16	comp	11/30/16	\$48,331.00							
13N	NEMT Federal Reporting	10/31/16	comp	11/30/16	\$9,666.00							
14N	NEMT Deployments, UAT, PIR	10/31/16	comp	11/30/16	\$193,325.00							
15N	NEMT State Teler Support-4mos	11/30/16	comp	12/31/16	\$251,323.00							
16N	NEMT System Documentation	12/31/16	comp	01/31/17	\$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 12	Removed Amendment 12	Removed Amendment 12	\$0.00							
30	Cost Sharing Enhancement Pool	Removed Amendment 10	Removed Amendment 10	Removed Amendment 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	\$92,500.00							
	TOTAL A-16 Log-in Security Enhancements				\$92,500.00							
Database Access for Designated Users												
1	Software Acquisition	comp	comp	comp	\$14,350.00							
2	Production Release	07/31/16	comp	08/31/16	\$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	\$50,468.00							

Ref #	Deliverable	Amend 11 Delivery Date	Amend 11 Revised Date	Amend 11 Invoice Date	Amend 12 Revised Invoice Date	Holdback Amount %	Holdback Amount	Payment less 15% holdback	Holdback Release %	Holdback Release Amount	Payment with Holdback Release Amt	% Retained Holdback	Holdback Retained Amount
2	Design and Construction	06/30/16	comp	07/31/16	comp		\$21,283.00						
3	Testing and Implementation	07/31/16	comp	08/30/16	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 Group (RUG) IV												
1	Develop Policy Design Document (PDD)	04/30/16	comp	05/31/16	comp		\$60,000.00						
2	Conduct Pilot	05/31/16	comp	06/30/16	comp		\$46,000.00						
3	Conduct Simulation	06/30/16	comp	07/31/16	comp		\$30,000.00						
4	Finalize PDD	06/30/16	comp	07/31/16	comp		\$55,000.00						
5	Develop System Modifications Document (SMD)	04/30/16	comp	05/31/16	comp		\$55,000.00						
6	Finalize System Design	05/15/16	comp	06/15/16	comp		\$57,438.00						
7	Regression Testing	09/15/16	comp	10/15/16	comp		\$57,437.00						
8	User Acceptance Testing (UAT)	09/30/16	10/31/16	11/30/16			\$50,000.00						
	TOTAL A-16 Resources Utilization Group (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	05/31/16	comp	06/30/16	comp		\$46,825.00						
2	Design and Implementation	12/31/16	12/31/16	01/31/17	comp		\$68,105.00						
3	Testing	07/31/16	02/28/17	08/31/16	03/31/17		\$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)												
1	PR UI, Letters, Reports Requirements Completed	n/a	11/30/16	n/a	12/31/16		\$77,050.00						
2	PR UI, Letters, Reports Development Completed	n/a	12/31/16	n/a	01/31/17		\$115,576.00						
3	PR UI, Letters, Reports SIT/Regression Testing Completed	n/a	01/15/17	n/a	02/15/17		\$96,312.00						
4	PR UI, Letters, Reports UAT Completed Production Deployed	n/a	02/15/17	n/a	03/15/17		\$96,312.00						
	Provider Revalidation Phase II - Automation												
5	PR Automation Requirements Complete	n/a	11/15/16	n/a	12/15/16		\$282,950.00						
6	PR Automation Development and Unit Testing Complete	n/a	01/31/17	n/a	02/28/17		\$424,426.00						
7	PR Automation SIT & Regression Testing Complete	n/a	02/28/17	n/a	03/31/17		\$353,687.00						
8	PR Automation UAT and Production Deployment Complete	n/a	03/31/17	n/a	04/30/17		\$353,687.00						
9	PR UIs, Letters & Reports Added Functionality Updates Completed	n/a	03/31/17	n/a	03/31/17		\$200,000.00						
10	PR Electronic Signature Functionality & Storage Capability Completed	n/a	04/30/17	n/a	04/30/17		\$200,000.00						
11	PR Data Collection Processes & Volume Control Completed	n/a	05/31/17	n/a	06/30/17		\$100,000.00						
	TOTAL A-17 Provider Revalidation						\$2,300,000.00						
	MITA Assessment Support												
1	40 Hours MITA Technical Support	n/a	03/31/17	n/a	03/31/17		\$5,000.00						
2	40 Hours MITA Technical Support	n/a	03/31/17	n/a	03/31/17		\$5,000.00						
3	40 Hours MITA Technical Support	n/a	03/31/17	n/a	03/31/17		\$5,000.00						
	TOTAL A-17 MITA Assessment Support						\$15,000.00						
	Enhanced Provider Screening												
15	Screening/Monitoring File Processes Implemented	n/a	09/15/16	n/a	11/15/16		\$37,500.00						
16	Provider FCBC Tracking Process Implemented	n/a	11/30/16	n/a	12/31/16		\$68,750.00						
	TOTAL A-17 Enhanced Provider Screening						\$106,250.00						
	T-HSIS Transformed Medical Statistical Information System												
17	Extended PORT/ORT Testing	n/a	07/15/16	n/a	11/15/16		\$367,625.00						
	TOTAL A-17 T-HSIS Transformed Medical Statistical Information System						\$367,625.00						
	ICD-10												
24	FFY17 Requirement, Validation, Technical System Updates	n/a	04/30/17	n/a	05/31/17		\$219,750.00						
	TOTAL A-17 ICD-10						\$219,750.00						
	MCM/PAP												
40	Capitation Claims Adjust User Interface	n/a	02/28/17	n/a	03/31/17		\$62,625.00						
	PAP Yr 2 2017 Plan Enrollment and B34												
41	PAP Yr 2 BP Enrollment Production Implementation	n/a	10/31/16	n/a	11/30/16		\$137,250.00						
42	QHP Rosier Coding Changes Implementation Completed	n/a	01/31/17	n/a	02/28/17		\$34,190.00						
43	ReosDesign Daily Trigger Logic & B34 Data Storage	n/a	11/30/16	n/a	12/31/16		\$43,637.00						
44	Development Daily Trigger Logic & B34 Data Storage	n/a	12/31/16	n/a	01/31/17		\$65,756.00						
45	SIT and Regression Daily Trigger Logic & B34 Data Storage	n/a	01/31/17	n/a	02/28/17		\$43,637.00						
46	UAT Daily Trigger Logic & B34 Data Storage Completed	n/a	02/28/17	n/a	03/31/17		\$32,877.00						
47	Daily Trigger Logic & B34 Data Storage Implemented	n/a	02/28/17	n/a	03/31/17		\$32,878.00						
	EMAR MCM PAP Reporting Enhancements												

Amendment 14 Appendix A.2
Deliverable List and Payment Schedule

Rf #	Deliverable	Amend 11		Amend 12		Amend 11 Invoice Date	Amend 12 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
		Delivery Date	Revised Delivery Date	Delivery Date	Revised Delivery Date											
53	EMAR Analysis & Design Completed	n/a	11/20/16	n/a	12/31/16			\$51,590.00								
54	EMAR Data Report, Processing Changes Completed	n/a	12/31/16	n/a	01/31/17			\$51,590.00								
55	EMAR System Integration Testing Completed	n/a	01/31/17	n/a	02/28/17			\$81,070.00								
56	EMAR UAT, Implementation/Documentation PIR Completed	n/a	02/28/17	n/a	03/31/17			\$0.00								
57	MCMP PAP Multi Project State Tester Support 4 mos Dec-Mar	n/a	12/01/16	n/a	12/01/16			\$246,600.00								
58	MCMP PAP Multi Project State Tester Support 4 Qtrs Apr-Mar	n/a	04/01/17	n/a	04/01/17			\$184,750.00								
	TOTAL A-17 MCMPAP							\$1,068,850.00								
	Change of Ownership (CHOW) Phase I-Partial Yr Cost Reporting															
5	CHOW PIR Requirements/Design Completed, CRs Approved	n/a	12/31/16	n/a	01/31/17			\$95,187.00								
6	CHOW PIR Development Completed	n/a	01/31/17	n/a	02/28/17			\$95,187.00								
7	CHOW PIR System Integration/Regression Test Completed	n/a	02/28/17	n/a	03/31/17			\$95,188.00								
8	CHOW PIR UAT Completed and Production Implementation	n/a	03/31/17	n/a	04/30/17			\$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	n/a	07/01/17	Amend 12	09/30/17			\$246,333.00								
2	Report Design/Construction Specialist 4 Months July-Oct 2017	n/a	07/01/17	n/a	09/30/17			\$78,146.00								
	TOTAL A-17 Extended Technical Resource Support							\$324,479.00								
	Amendment 14 A-17 Extended Technical Resource Support															
7	Multi-Project State Tester Support 4 Months July-Oct 2017	n/a	03/31/18	Amend 13	04/30/18			\$292,520.00								
	TOTAL A-17 Extended Technical Resource Support							\$292,520.00								
	TOTAL MMIS Post DDI Enhancements A-17							\$5,075,224.00								

\$85,316,960.50

NH Department of Health and Human Services

STANDARD EXHIBIT J

CERTIFICATION REGARDING THE FEDERAL FUNDING ACCOUNTABILITY AND
TRANSPARENCY ACT (FFATA) COMPLIANCE

The Federal Funding Accountability and Transparency Act (FFATA) requires prime awardees of individual Federal grants equal to or greater than \$25,000 and awarded on or after October 1, 2010, to report on data related to executive compensation and associated first-tier sub-grants of \$25,000 or more. If the initial award is below \$25,000 but subsequent grant modifications result in a total award equal to or over \$25,000, the award is subject to the FFATA reporting requirements, as of the date of the award.

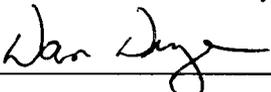
In accordance with 2 CFR Part 170 (*Reporting Subaward and Executive Compensation Information*), the Department of Health and Human Services (DHHS) must report the following information for any subaward or contract award subject to the FFATA reporting requirements:

- 1) Name of entity
- 2) Amount of award
- 3) Funding agency
- 4) NAICS code for contracts / CFDA program number for grants
- 5) Program source
- 6) Award title descriptive of the purpose of the funding action
- 7) Location of the entity
- 8) Principle place of performance
- 9) Unique identifier of the entity (DUNS #)
- 10) Total compensation and names of the top five executives if:
 - a. More than 80% of annual gross revenues are from the Federal government, and those revenues are greater than \$25M annually and
 - b. Compensation information is not already available through reporting to the SEC.

Prime grant recipients must submit FFATA required data by the end of the month, plus 30 days, in which the award or award amendment is made.

The Contractor identified in Section 1.3 of the General Provisions agrees to comply with the provisions of The Federal Funding Accountability and Transparency Act, Public Law 109-282 and Public Law 110-252, and 2 CFR Part 170 (*Reporting Subaward and Executive Compensation Information*), and further agrees to have the Contractor's representative, as identified in Sections 1.11 and 1.12 of the General Provisions execute the following Certification:

The below named Contractor agrees to provide needed information as outlined above to the NH Department of Health and Human Services and to comply with all applicable provisions of the Federal Financial Accountability and Transparency Act.

 _____ Dan Dwyer, Vice President

(Contractor Representative Signature) (Authorized Contractor Representative Name & Title)

Conduent State Healthcare, LLC _____ March 12, 2018

(Contractor Name) (Date)

Contractor initials: 
Date: 3/12/2018
Page # _____ of Page # _____

NH Department of Health and Human Services

STANDARD EXHIBIT J

FORM A

As the Contractor identified in Section 1.3 of the General Provisions, I certify that the responses to the below listed questions are true and accurate.

1. The DUNS number for your entity is: 073471476

2. In your business or organization's preceding completed fiscal year, did your business or organization receive (1) 80 percent or more of your annual gross revenue in U.S. federal contracts, subcontracts, loans, grants, sub-grants, and/or cooperative agreements; and (2) \$25,000,000 or more in annual gross revenues from U.S. federal contracts, subcontracts, loans, grants, subgrants, and/or cooperative agreements?

NO YES

If the answer to #2 above is NO, stop here

If the answer to #2 above is YES, please answer the following:

3. Does the public have access to information about the compensation of the executives in your business or organization through periodic reports filed under section 13(a) or 15(d) of the Securities Exchange Act of 1934 (15 U.S.C.78m(a), 78o(d)) or section 6104 of the Internal Revenue Code of 1986?

NO YES

If the answer to #3 above is YES, stop here

If the answer to #3 above is NO, please answer the following:

4. The names and compensation of the five most highly compensated officers in your business or organization are as follows:

Name: _____	Amount: _____

Contractor initials: WRO
Date: 2/12/2018
Page # _____ of Page # _____

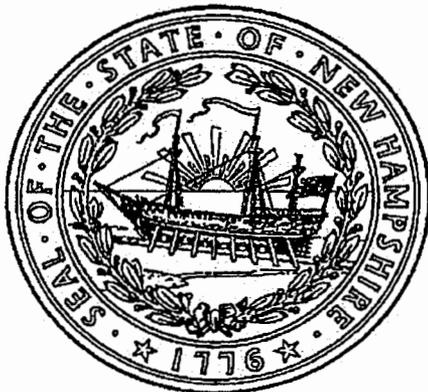
State of New Hampshire

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



IN TESTIMONY WHEREOF,

I hereto set my hand and cause to be affixed
the Seal of the State of New Hampshire,
this 23rd day of February A.D. 2018.

A handwritten signature in black ink, appearing to read "Wm Gardner".

William M. Gardner
Secretary of State

CERTIFICATE OF ASSISTANT SECRETARY

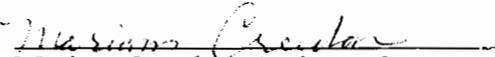
I, Mariam Creedon, do hereby certify as follows:

(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 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 Assistant Secretary this 12th day of March, 2018.

CONDUENT STATE HEALTHCARE, LLC
a Delaware limited liability company



Mariam Creedon, Assistant Secretary

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.



7C mac

STATE OF NEW HAMPSHIRE
DEPARTMENT OF HEALTH AND HUMAN SERVICES
Office of Information Services

Jeffrey A. Meyers
Commissioner

129 PLEASANT STREET, CONCORD, NH 03301-3857
603-271-9404 1-800-852-3345 Ext. 9404
Fax: 603-271-4912 TDD Access: 1-800-735-2964 www.dhhs.nh.gov

Donna M. O'Leary
Chief Information Officer

July 7, 2017

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, Office of Information Services, to enter into a **sole source** Amendment (#13) to an existing contract (Purchase Order #1055816) with Conduent State Healthcare, LLC (formerly known as Xerox State Healthcare, LLC) (Vendor #278791) at 9040 Roswell Road, Suite 700, Atlanta, GA, 30350, to develop and operate the State's Medicaid Management Information System (MMIS) by increasing the price limitation by \$504,646 from \$149,443,908 to an amount not to exceed \$149,948,554, effective upon the date of Governor and Council approval with no change to the completion date of March 31, 2018. 85% Federal Funds and 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), 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), and Amendment #12 on November 18, 2016 (Item # 21A).

Funds are available in the following accounts in State Fiscal Year 2018 with the authority 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.

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

SEE ATTACHED FISCAL DETAILS

EXPLANATION

This Amendment is **sole source** in order for the State to meet federal requirements for Medicaid Management Information System (MMIS) continued certification throughout 2017 and 2018. The Department and the Department of Information Technology (DoIT) are now finalizing

a plan for re-procurement of the Medicaid MMIS system for 2018. The process will involve development and issuance of a Request for Proposals (RFP), selection of an appropriate vendor, and a sufficient transition period to permit ongoing operations, should the incumbent not win the award. In order to ensure sufficient time for the re-procurement, the present contract will have to be extended for a period of months beyond March 2018.

The Amendment will extend the services of essential vendor technical and operational resources of the MMIS relating to testing, data reporting and analysis, and provider enrollment revalidation for the four (4) month period from July 2017 through October 31, 2017, within the current contract period.

The Department is not extending the completion date of the contract in this Amendment. Rather, the Department and DoIT will present the schedule for the re-procurement this fall (targeting a September Governor and Council Meeting) prior to bringing an amendment to extend the contract for a limited time.

Funds in this amendment will be used to extend the services of four (4) tester resources, six (6) provider call center resources, and one (1) technical reporting resource for four (4) additional months. The services provided by these MMIS resources will improve the integrity of system changes implemented on the MMIS, provide informed support to New Hampshire Medicaid providers contacting the New Hampshire MMIS Call Center for assistance, and will expedite the delivery of on-demand reports.

The New Hampshire Medicaid Program is federally mandated to conduct a revalidation of its enrolled New Hampshire Medicaid providers every five (5) years after provider applications have been approved. New system capabilities were implemented in the MMIS to support an online provider revalidation process, and thousands of providers will be required to initiate their revalidation beginning in July 2017. There are over 24,000 approved New Hampshire Medicaid providers. The provider call-center resources were expanded by six (6) to ensure that there is adequate, responsive, and informed support available to assist providers with their revalidation applications and to minimize the administrative burden on providers as they complete the process.

The MMIS receives an extensive number of requests for report data and the system provides an online reporting capability that Department staff accesses to create and run reports. The technical reporting resource will continue to provide much needed technical support to improve the system's reporting capabilities, to ensure that the reporting function keeps pace with new data stored on the MMIS, and to help improve the integrity of the data being reported.

The MMIS implements a number of change requests, defect fixes, and system enhancements to stay current with New Hampshire Medicaid Program changes and to keep abreast of federally mandated system changes required for the MMIS to remain federally certified. The tester resources execute tests to make sure that all of the newly implemented MMIS system software changes work as expected and produce accurate results. The testers ensure the reliability and integrity of system processing and validate all of the system outputs. The testers' efforts help Department staff to identify defects earlier and to get those defects resolved before they are deployed to production. Early resolution significantly reduces the impact, administrative costs and effort required to resolve the issues later in production, and ensures that payments are accurately made to providers.

Should the Governor and Executive Council not authorize this Request, the Department may need to defer its initiation of the Provider Revalidation Project, in so doing this could place the Department in non-compliance with the federal mandate. Not extending these resources

may create a gap in service coverage at a critical time when the Department is initiating the federally mandated Provider Revalidation initiative, whereby all New Hampshire Medicaid Providers must revalidate their provider enrollment application data. There may be a significant impact to New Hampshire Providers who must complete the provider enrollment revalidation process, in that there would not be sufficient support from the Provider Call Center to address their requests for support in a timely and efficient manner.

Furthermore, should the Governor and Executive Council not authorize this request, the critically needed infusion of technical reporting support may not be available to the Department. Current concerns over the delivery and quality of data reporting would not be addressed as expeditiously, impacting the Department's ability to meet requests for Medicaid Program data analyses. Losing the experienced tester resources may result in a dilution of the overall testing effort, resulting in a greater risk for potential problems not being identified before the software is released to production, and thereby creating an adverse costlier impact on staff and providers dependent on accurate and efficient system payment processes.

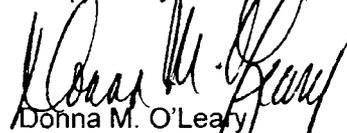
Area served: Statewide

Ninety percent (90%) federal funding for the testing and reporting services requested in this Amendment #13 is pending approval by the Centers for Medicare and Medicaid Services. Seventy-five percent (75%) federal funding for the Provider Revalidation Operations costs of this Agreement has been previously approved through the Centers for Medicare and Medicaid Services.

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,


Donna M. O'Leary
Chief Information Officer


Deborah H. Fournier
Medicaid Director

Approved by 
Jeffrey A. Meyers
Commissioner

Fiscal Details

Design, Development and Implementation Phase					
State Fiscal Year	Class/Object	Class Title	Current Budget	Increase/Decrease	Revised Budget
2005	034/500099	Contracts for Prog. Svs.	\$25,000,000	\$0	\$25,000,000
2006	034/500099	Contracts for Prog. Svs.	\$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.	\$0	\$324,479	\$324,479
Total Design, Development and Implementation Phase			\$84,699,962	\$324,479	\$85,024,441
Subtotal:			\$84,699,962	\$324,479	\$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.	\$12,618,940	\$180,167	\$12,799,107
Total Operations Phase:			\$64,743,946	\$180,167	\$64,924,113
Subtotal:			\$64,743,946	\$180,167	\$64,924,113
Grand Total:			\$149,443,908	\$504,646	\$149,948,554



STATE OF NEW HAMPSHIRE
DEPARTMENT OF INFORMATION TECHNOLOGY
27 Hazen Dr., Concord, NH 03301
Fax: 603-271-1516 TDD Access: 1-800-735-2964
www.nh.gov/doit

Denis Goulet
Commissioner

July 10, 2017

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

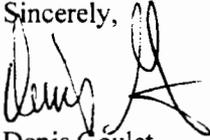
Dear Commissioner Meyers:

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 with Conduent State Healthcare, LLC (formerly known as Xerox State Healthcare, LLC) of Atlanta, GA as described below and referenced as DoIT No. 2005-004M.

The requested action authorizes the Department of Health and Human Services to enter into a **sole source** contract amendment with Conduent State Healthcare to extend the technical and operational resources of the Medicaid Management Information System (MMIS) relating to testing, data reporting and analysis, and provider enrollment revalidation. The services provided by these MMIS resources will improve the integrity of system changes implemented on the MMIS, provide informed support to NH Medicaid providers contacting the NH MMIS Call Center for assistance, and will expedite the delivery of on-demand reports.

The funding amount for this amendment is \$504,646.00, increasing the current contract from \$149,443,908.00 to \$149,948,554.00. The contract shall become effective upon Governor and Council approval through March 31, 2018.

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

Sincerely,

Denis Goulet

DG/kaf
DoIT #2005-004M

cc: Bruce Smith, IT Manager, DoIT

State of New Hampshire
Department of Health and Human Services
Amendment 13 to the Conduent State Healthcare, LLC (formerly known as Xerox State
Healthcare, LLC) Contract

This 13th Amendment to the Conduent State Healthcare, LLC (formerly known as Xerox State Healthcare, LLC) contract (hereinafter referred to as "Amendment 13") dated this 29th day of June 2017, 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 9040 Roswell Road, Suite 700, Atlanta, Georgia 30350 (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, and Amendment 12 on November 18, 2016 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 Contractor's name, 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 13, 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, and its Amendment 12 on November 18, 2016.
2. On February 15, 2017, Xerox State Healthcare, LLC changed its name in its state of domestication to Conduent State Healthcare, LLC. Wherever the words "Xerox State Healthcare, LLC", "Xerox", or "Contractor" appear in the Agreement or any amendments, it shall be deemed replaced by the term

Contractor Initials: NSD

Date: 6/29/2017

“Conduent State Healthcare, LLC” or “Conduent”, as applicable. Except as expressly set forth herein, this Amendment shall not by implication or otherwise alter, modify, amend or in any way affect any of the terms, conditions, obligations, covenants or agreements contained in the Agreement and any amendments, all of which are ratified and affirmed in all respects and shall continue and remain in full force and effect and binding upon the parties thereto.

3. 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
 - 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

Contractor Initials: DS

Date: 6/29/2017

- 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
- Amendment 1, Amendment 2, Amendment 3, Amendment 4, Amendment 5, Amendment 6, Amendment 7, Amendment 8, Amendment 9, Amendment 10, Amendment 11, Amendment 12, and Amendment 13 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 \$504,646 from \$149,443,908 to \$149,948,554, to reflect the additional requirements set forth in this Amendment 13.

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 5, 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. 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 13 is effective on the date of Governor and Executive Council approval.”

3.3. Block 4 Conditional Nature of Agreement is amended by deleting only the following paragraph while leaving the remainder of Block 4 intact:

Notwithstanding any other provision of the Contract to the contrary, no Design, Development and Implementation (DDI) or Post-DDI services, as set forth in Appendix A.2 and all other Exhibits and Appendices to this Contract, shall commence or continue after June 30, 2017, unless and until an

Contractor Initials: *ASD*
Date: 6/29/2017

Amendment, encumbering funds for the SFY 2018-2019 biennium, has been approved by the Governor and Executive Council.

Exhibit A

4. Exhibit A, Contract Section 3.4 System Specifications 3.4.34, *NH MMIS System Enhancements for the Premium Assistance Program and Medicaid Care Management*, Appendix A.15, Amendment 12, is hereby amended by adding the following table at the end of Appendix A.15:

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

5. Exhibit A, Contract Section 3.4 System Specifications 3.4.36 *NH MMIS System Enhancements to Meet Federal Requirements II*, Appendix A.17, Amendment 12, is hereby amended as follows:

- 5.1. At the end of the section entitled, "Additional Operations Temporary Staffing", add the following table:

Amendment 13 Provider Revalidation Operations Staffing Support				
Provider Support	Provider Revalidation Support 4 months. July-October 2017	07/01/2017	10/31/2017	\$180,167

- 5.2. At the end of the section entitled, "State Testing Support", add the following table:

Amendment 13 MCM/PAP Multi Project State Testers				
Testing Support	MCM PAP Multi Project State Tester Support 4 months. July-October 2017	07/01/2017	10/31/2017	\$246,333

- 5.3. After the section entitled, "Enhancement VII: Change of Ownership (CHOW) Phase II-Partial Year Cost Reporting", add the following new section:

Enhancement VIII: Reporting Technical Support -

Improving the integrity of Adhoc reporting requires additional technical resource effort to conduct analyses, identify issues, implement resolutions, and generate requested reports.

Amendment 13 Expanded Reporting Technical Support				
Reporting Support	Reporting Technical Support 4 months. July-October 2017	07/01/2017	10/31/2017	\$78,146

- 5.4. After the "CHOW Phase II Subtotal" row in the Appendix A.17 Deliverables/Payment Schedule Table, delete the "Enhancements I-VII Total" row and replace it with the following:

Contractor Initials: ASD
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State Tester Support	4 Months	7/1/2017	10/31/2017	\$246,333
State Tester Support Subtotal:				\$246,333
Reporting Technical Support	4 Months	7/1/2017	10/31/2017	\$78,146
Reporting Technical Support Subtotal:				\$78,146

6. 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:

- Mark Pitcock – Project Manager
- Angela Johnson – Operations Manager;
- Kumar Kosaraju – Functional Manager;
- Priya Loonkar – QA/Test manager;
- Rishi Mehta – Technical Manager;
- Denise Tenney – Documentation Specialist;
- Gibi George – Interface Lead;
- Mark Arenburg – Provider Relations Manager;
- Swathi Donoori – Ad Hoc Specialist;
- Raja SeshdriKannan – Maintenance Manager;
- Melissa Soule – Modifications Manager.
- Nancy Stanieich – Operations/Claims Processing Manager

7. The provisions of Amendment 12 (misabeled as Amendment 11), Appendix A.2, *Deliverables List and Payment Schedule* of the Contract are hereby deleted and replaced with Amendment 13, Appendix A.2 as attached.

Exhibit B

8. 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

Contractor Initials: JAO
 Date: 6/29/2017

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 (\$4,191,482 in State Fiscal Year 2016 and \$12,574,446 in State Fiscal year 2017) for the first year (extension operations year 1) and \$17,657,135 for the second year (extension operations year 2) for a total two year Extension Operations Phase amount not to exceed \$34,423,063.

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, and Appendix A.17 for a Post-DDI Phase Enhancement total amount not to exceed \$37,232,938. The total amount for the base contract, optional operations extension period, and the Post DDI Enhancements shall not exceed \$149,948,554.

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.

9. 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, above) exceed \$149,948,554, 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 13, 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.

Contractor Initials: DAO
Date: 6/22/2017

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

AMENDMENT 13 PRICE ITEM	Am 13 PRICE
<i>DDI Phase</i>	\$47,791,503
Subtotal DDI Phase:	\$47,791,503
<i>Post-DDI Phase Enhancements – Appendix A.12</i>	\$21,564,935
<i>Post-DDI Phase Enhancements – Appendix A.13</i>	\$2,923,787
<i>Post-DDI Phase Enhancements – Appendix A.15</i>	\$6,924,326
<i>Post-DDI Phase Enhancements – Appendix A.16</i>	\$1,037,186
<i>Post-DDI Phase Enhancements – Appendix A.17</i>	\$4,782,704
Subtotal Post DDI Enhancements:	\$37,232,938
Total DDI Phase and Post DDI Enhancements :	\$85,024,441
<i>Base Operations Year 1</i>	\$7,975,733
<i>Base Operations Year 2</i>	\$8,752,153
<i>Base Operations Year 3</i>	\$13,773,164
Subtotal Base Operations Phase:	\$30,501,050
(DDI Phase and Base Operations Phase) Total Base Contract:	\$78,292,553
<i>Extension Operations Year 1</i>	\$16,765,928
<i>Extension Operations Year 2</i>	\$17,657,135
Subtotal Extension Operations Phase:	\$34,423,063
Total Operations Phase:	\$64,924,113
(DDI Phase, Post-DDI Phase Enhancements, Operations Phase) Total Contract Price:	\$149,948,554

Contractor Initials: DFD

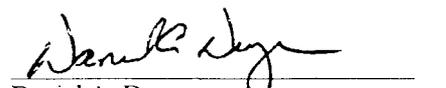
Date: 6/29/2017

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



Jeffrey A. Meyers
Commissioner



Daniel A. Dwyer
Vice President, Eastern U.S. Operations
Conduent State Healthcare, LLC

Contractor Initials: JD

Date: 6/29/2017

STATE OF New Hampshire
COUNTY OF Merrimack

On this the 29th day of June 2017, before me, REBECCA CLARK the undersigned officer, personally appeared Daniel A. Dwyer who acknowledged himself/herself to be the Vice President of Conduent State Healthcare, LLC, a Delaware limited liability company, and that he/she, as such 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 Vice President .

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

REBECCA CLARK, Notary Public
State of New Hampshire
My Commission Expires February 10, 2021

Rebecca Clark
Notary Public/Justice of the Peace
My commission expires: 2/10/21

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

OFFICE OF THE ATTORNEY GENERAL

By: John J. Contore
Date: 7/10/17

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: DDO
Date: 6/29/2017

Amendment 13 Appendix A.2
Deliverable List and Payment Schedule

Item #	Deliverable	Amount 11 Delivery Date	Amount 12 Invoice Date	Amount 13 Invoice Date	Invoice Date	Payment Amount	Holdback %	Holdback Amount	Payment Less Holdback	Holdback %	Holdback Amount	Payment with Holdback Release	Holdback %	Holdback Amount	Reclaimed Amount
MMS BASE SYSTEM - Section A.001 Phase															
1	Project Initiation and Planning	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	\$1,869,102.55
2	Concord NH DDI Project Site Requirement	comp	comp	comp	comp	\$1,810.50	15%	\$271.58	\$1,538.92	0%	\$0.00	\$1,538.92	15%	\$271.58	\$1,810.50
3	Detailed Project Work Plan	comp	comp	comp	comp	\$3,777.00	15%	\$566.55	\$3,210.45	0%	\$0.00	\$3,210.45	15%	\$566.55	\$3,777.00
4	Problem Control and Change Management Plan	comp	comp	comp	comp	\$1,810.50	15%	\$271.58	\$1,538.92	0%	\$0.00	\$1,538.92	15%	\$271.58	\$1,810.50
5	Project Communication Plan	comp	comp	comp	comp	\$1,810.50	15%	\$271.58	\$1,538.92	0%	\$0.00	\$1,538.92	15%	\$271.58	\$1,810.50
6	Quality Assurance Plan	comp	comp	comp	comp	\$1,810.50	15%	\$271.58	\$1,538.92	0%	\$0.00	\$1,538.92	15%	\$271.58	\$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	\$42,452.00
8	Weekly Project Status Reports	comp	comp	comp	comp	\$39,277.00	15%	\$5,891.55	\$33,385.45	0%	\$0.00	\$33,385.45	15%	\$5,891.55	\$39,277.00
9	Disaster Implementation Schedule	comp	comp	comp	comp	\$21,014.00	15%	\$3,152.10	\$17,861.90	0%	\$0.00	\$17,861.90	15%	\$3,152.10	\$21,014.00
10	(D/S) weekly updates	comp	comp	comp	comp	\$65,024.00	15%	\$9,753.60	\$55,270.40	0%	\$0.00	\$55,270.40	15%	\$9,753.60	\$65,024.00
11	Performance Self-Reporting Mechanism-Monthly	comp	comp	comp	comp	\$12,075.00	15%	\$1,811.25	\$10,263.75	0%	\$0.00	\$10,263.75	15%	\$1,811.25	\$12,075.00
	Total Project Initiation and Planning Cost					\$2,325,001.95	15%	\$348,750.23	\$1,976,251.32	0%	\$0.00	\$1,976,251.32	15%	\$348,750.23	\$2,325,001.95
12	Requirements Analysis and Validation	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	\$6,306,860.00
13	Requirements Validation Specification	comp	comp	comp	comp	\$52,132.00	15%	\$7,819.80	\$44,312.20	1%	\$4,432.20	\$48,884.40	14%	\$6,452.00	\$52,132.00
14	Issues Tracking and Resolution Document	comp	comp	comp	comp	\$10,801.20	15%	\$1,620.18	\$9,181.02	1%	\$920.08	\$10,101.10	14%	\$1,381.02	\$10,801.20
15	Preliminary Test Plan	comp	comp	comp	comp	\$48,653.00	15%	\$7,297.95	\$41,355.05	1%	\$4,135.05	\$45,490.10	14%	\$5,944.95	\$48,653.00
16	Preliminary Training Plan	comp	comp	comp	comp	\$93,375.00	15%	\$14,006.25	\$79,368.75	1%	\$7,936.75	\$87,305.50	14%	\$11,563.25	\$93,375.00
17	Preliminary Disaster Recovery Plan	comp	comp	comp	comp	\$106,791.00	15%	\$16,018.65	\$90,772.35	1%	\$9,077.35	\$99,849.70	14%	\$13,872.35	\$106,791.00
	Total Requirements Analysis and Validation					\$6,678,619.00	15%	\$1,001,972.85	\$5,676,646.15	1%	\$66,798.19	\$5,743,444.34	14%	\$835,246.53	\$6,678,619.00
Design															
18	General System Design	comp	comp	comp	comp	\$2,813,754.00	15%	\$422,063.10	\$2,391,690.90	2%	\$239,169.09	\$2,630,859.99	13%	\$365,786.02	\$2,813,754.00
19	Detailed System Design Group 1	comp	comp	comp	comp	\$1,303,702.44	15%	\$195,555.37	\$1,108,147.07	2%	\$108,147.07	\$1,216,294.14	13%	\$162,157.07	\$1,303,702.44
20	Detailed System Design Group 2	comp	comp	comp	comp	\$1,303,702.44	15%	\$195,555.37	\$1,108,147.07	2%	\$108,147.07	\$1,216,294.14	13%	\$162,157.07	\$1,303,702.44
21	Detailed System Design Group 3	comp	comp	comp	comp	\$1,303,702.44	15%	\$195,555.37	\$1,108,147.07	2%	\$108,147.07	\$1,216,294.14	13%	\$162,157.07	\$1,303,702.44
22	Test Environment Preparation	comp	comp	comp	comp	\$15,612.30	15%	\$2,341.85	\$13,270.45	2%	\$1,327.04	\$14,597.49	13%	\$1,930.45	\$15,612.30
23	Provider Operations Plan	comp	comp	comp	comp	\$30,000.00	15%	\$4,500.00	\$25,500.00	2%	\$2,550.00	\$28,050.00	13%	\$3,750.00	\$30,000.00
24	Preliminary Operations Plan	comp	comp	comp	comp	\$10,381.00	15%	\$1,557.15	\$8,823.85	2%	\$882.38	\$9,706.23	13%	\$1,353.85	\$10,381.00
25	Preliminary MMS Implementation Plan	comp	comp	comp	comp	\$49,422.00	15%	\$7,413.30	\$42,008.70	2%	\$4,200.87	\$46,209.57	13%	\$6,309.67	\$49,422.00
26	Preliminary Contingency Plan	comp	comp	comp	comp	\$84,206.00	15%	\$12,630.90	\$71,575.10	2%	\$7,157.51	\$78,732.61	13%	\$10,845.10	\$84,206.00
27	Preliminary Disaster Recovery Plan	comp	comp	comp	comp	\$47,566.00	15%	\$7,134.90	\$40,431.10	2%	\$4,043.11	\$44,474.21	13%	\$6,171.10	\$47,566.00
28	Finalized Disaster Recovery Plan	comp	comp	comp	comp	\$84,206.00	15%	\$12,630.90	\$71,575.10	2%	\$7,157.51	\$78,732.61	13%	\$10,845.10	\$84,206.00
65a	MMS Change Order Analysis DSD Update Gr 1-7	comp	comp	comp	comp	\$404,429.00	15%	\$60,664.35	\$343,764.65	2%	\$34,376.46	\$378,141.11	13%	\$51,164.65	\$404,429.00
65b	MMS Change Order Analysis DSD Update Gr 8-9	comp	comp	comp	comp	\$16,851.00	15%	\$2,527.65	\$14,323.35	2%	\$1,432.33	\$15,755.68	13%	\$2,143.35	\$16,851.00
66a	Archive Claims Retrieval Solution	comp	comp	comp	comp	\$16,851.00	15%	\$2,527.65	\$14,323.35	2%	\$1,432.33	\$15,755.68	13%	\$2,143.35	\$16,851.00
	Total Design					\$7,656,014.32	15%	\$1,148,402.15	\$6,507,612.17	2%	\$650,762.46	\$7,158,374.63	13%	\$995,281.86	\$7,656,014.32
Construction and Unit Testing															
29a	Functional Test Summary Iteration 1a	comp	comp	comp	comp	\$851,851.22	15%	\$127,777.68	\$724,073.54	2%	\$72,407.35	\$796,480.89	13%	\$107,073.54	\$851,851.22
29b	Functional Test Summary Member Function	comp	comp	comp	comp	\$38,516.17	15%	\$5,777.43	\$32,738.74	2%	\$3,273.87	\$36,012.61	13%	\$4,938.74	\$38,516.17
29c	Functional Test Summary Non-Functional Req	comp	comp	comp	comp	\$97,777.68	15%	\$14,666.65	\$83,111.03	2%	\$8,311.10	\$91,422.13	13%	\$12,211.03	\$97,777.68
30a	Functional Test Summary Operations Functions	comp	comp	comp	comp	\$1,466,665.40	15%	\$219,999.81	\$1,246,665.59	2%	\$124,665.59	\$1,371,331.18	13%	\$182,665.59	\$1,466,665.40
30b	Functional Test Summary Program Functions	comp	comp	comp	comp	\$1,140,739.60	15%	\$171,110.94	\$969,628.66	2%	\$96,962.86	\$1,066,591.52	13%	\$143,628.66	\$1,140,739.60
30c	Functional Test Summary Provider Functions	comp	comp	comp	comp	\$130,370.24	15%	\$19,555.54	\$110,814.70	2%	\$11,081.47	\$121,896.17	13%	\$16,273.70	\$130,370.24
30d	Functional Test Summary Security Functions	comp	comp	comp	comp	\$65,185.12	15%	\$9,777.77	\$55,407.35	2%	\$5,540.73	\$60,948.08	13%	\$8,147.35	\$65,185.12
31	Integration and System Test Scripts	Removed Amendment 12	Removed Amendment 12	Removed Amendment 12	Removed Amendment 12	\$0.00		\$0.00	\$0.00		\$0.00	\$0.00		\$0.00	\$0.00
33	MMS Change Orders # 2	comp	comp	comp	comp	\$25,000.00	15%	\$3,750.00	\$21,250.00	2%	\$2,125.00	\$23,375.00	13%	\$3,250.00	\$25,000.00
33a	New PBR Interface Design and Construction	comp	comp	comp	comp	\$51,480.00	15%	\$7,722.00	\$43,758.00	2%	\$4,375.80	\$48,133.80	13%	\$6,438.00	\$51,480.00
34	Preliminary Provider Handbooks	comp	comp	comp	comp	\$160,143.00	15%	\$24,021.45	\$136,121.55	2%	\$13,612.15	\$149,733.70	13%	\$20,921.55	\$160,143.00
35a	Finalized MMS Implementation Plan Provider Froll	comp	comp	comp	comp	\$49,488.33	15%	\$7,423.25	\$42,065.08	2%	\$4,206.50	\$46,271.58	13%	\$6,365.08	\$49,488.33
35b	Finalized MMS Implementation Plan MMS	comp	comp	comp	comp	\$98,976.67	15%	\$14,846.50	\$84,130.17	2%	\$8,413.01	\$92,543.18	13%	\$12,866.67	\$98,976.67
36	Finalized Integration and System Test Plan	comp	comp	comp	comp	\$141,757.00	15%	\$21,263.55	\$120,493.45	2%	\$12,049.34	\$132,542.79	13%	\$18,392.79	\$141,757.00
37	Finalized Contingency Plan	comp	comp	comp	comp	\$148,465.00	15%	\$22,269.75	\$126,195.25	2%	\$12,619.52	\$138,814.77	13%	\$19,834.77	\$148,465.00
38	Finalized Conversion/Migration Plan	comp	comp	comp	comp	\$114,676.00	15%	\$17,201.40	\$97,474.60	2%	\$9,747.46	\$107,222.06	13%	\$15,077.60	\$114,676.00
39	Finalized Operations Plan	comp	comp	comp	comp	\$49,647.00	15%	\$7,447.05	\$42,199.95	2%	\$4,219.99	\$46,419.94	13%	\$6,957.94	\$49,647.00
40	Finalized Security Plan	comp	comp	comp	comp	\$48,553.00	15%	\$7,282.95	\$41,270.05	2%	\$4,127.00	\$45,397.05	13%	\$6,773.05	\$48,553.00
	Total Construction and Unit Testing					\$4,799,283.43	15%	\$719,894.01	\$4,079,389.42	2%	\$407,939.42	\$4,487,328.84	13%	\$671,089.42	\$4,799,283.43
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%	\$55,407.35	\$609,480.89	13%	\$84,211.10	\$651,851.22
41b	Integration and System Test Summary Member Functions	comp	comp	comp	comp	\$195,555.36	15%	\$29,333.30	\$166,222.06	2%	\$16,622.06	\$182,844.12	13%	\$25,444.12	\$195,555.36
41c	Integration and System Test Summary Non-Functional Req	comp	comp	comp	comp	\$32,592.56	15%	\$4,888.88	\$27,703.68	2%	\$2,770.36	\$30,474.04	13%	\$4,273.68	\$32,592.56
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%	\$121,896.17	\$1,340,857.88	13%	\$185,781.71	\$1,434,072.60
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%	\$113,580.75	\$1,249,431.50	13%	\$172,931.50	\$1,336,295.00
42c	Integration and System Test Summary Provider Functions	comp	comp	comp	comp	\$195,555.36	15%	\$29,333.30	\$166,222.06	2%	\$16,622.06	\$182,844.12	13%	\$25,444.12	\$195,555.36
42d	Integration and System Test Summary Security Functions	comp	comp	comp	comp	\$65,185.12	15%	\$9,777.77	\$55,407.35	2%	\$5,540.73	\$60,948.08	13%	\$8,147.35	\$65,185.12
65c	Integration and System Test Summary Changes 1-7	comp	comp	comp	comp	\$89,504.00	15%	\$13,425.60	\$76,078.40	2%	\$7,607.84	\$83,686.24	13%	\$11,978.40	\$89,504.00
65d	Integration and System Test Summary Iteration 6	comp	comp	comp	comp	\$39,898.00	15%	\$5,984.70	\$33,913.30	2%	\$3,391.33	\$37,304.63	13%	\$5,113.30	\$39,898.00

Contractor Initials: *SP*
Date: *6/21/2017*

Amendment 13 Appendix A2
Deliverable List and Payment Schedule

Deliverable	Amount 11 Delivery Date	Amount 11 Revised Date	Amount 11 Invoice Date	Amount 11 Invoiced	Holdback Amount	Payment Less 15% Holdback	Holdback Release %	Holdback Release Amount	Payment with Holdback Release Amt	Retained Holdback Amount		
43 Integration and System Test Results	comp	comp	comp	comp	\$0.00	\$48,672.00	15%	\$7,300.80	\$41,371.20	\$42,344.64	13%	\$6,327.36
44 X2N EDI Companion Guides	comp	comp	comp	comp	\$76,604.00	\$76,604.00	15%	\$11,490.60	\$65,113.40	\$66,645.48	13%	\$9,958.52
45 Provider Status Evaluation	comp	comp	comp	comp	\$58,610.00	\$58,610.00	15%	\$8,791.50	\$49,818.50	\$50,990.70	13%	\$7,619.30
46 Preliminary Converted Files	comp	comp	comp	comp	\$82,461.00	\$82,461.00	15%	\$12,369.15	\$70,091.85	\$71,741.07	13%	\$10,719.93
47 Revised Detailed System Design	comp	comp	comp	comp	\$48,672.00	\$48,672.00	15%	\$7,300.80	\$41,371.20	\$42,344.64	13%	\$6,327.36
48 Acceptance Test Plan	comp	comp	comp	comp	\$36,249.00	\$36,249.00	15%	\$5,437.35	\$30,811.65	\$31,536.63	13%	\$4,712.37
49 Acceptance Test Tracking System	comp	comp	comp	comp	\$16,061.76	\$16,061.76	15%	\$2,409.26	\$13,652.50	\$13,973.73	13%	\$2,088.03
50 Finalized Training Plan	comp	comp	comp	comp	\$4,891.54	\$4,891.54	15%	\$733.73	\$4,157.81	\$4,239.33	13%	\$652.20
51 Training Materials & Manuals - Provider Enrollment	comp	comp	comp	comp	\$5,233,447.20	\$5,233,447.20	15%	\$785,017.08	\$4,448,430.12	\$4,553,099.06	13%	\$680,348.14
Total Integration and System Testing												
53 Conversion Test Results	comp	comp	comp	comp	\$60,622.00	\$60,622.00	15%	\$9,093.30	\$51,528.70	\$52,134.92	14%	\$8,487.08
Total Conversion												
54 Acceptance Test Resolutions Document	comp	comp	comp	comp	\$147,829.00	\$147,829.00	15%	\$22,174.35	\$125,654.65	\$127,132.94	14%	\$20,686.06
55 MMS Change Order Acceptance Test	comp	comp	comp	comp	\$1,254,240.00	\$1,254,240.00	15%	\$188,136.00	\$1,066,104.00	\$1,078,646.40	14%	\$175,593.60
55 Operational Readiness Report	comp	comp	comp	comp	\$32,175.00	\$32,175.00	15%	\$4,826.25	\$27,348.75	\$27,670.50	14%	\$4,504.50
56 Program Expansion Enhancements	comp	comp	comp	comp	\$0.00	\$0.00	15%	\$0.00	\$0.00	\$0.00	14%	\$0.00
57 Finalized MMS Provider Handbooks	comp	comp	comp	comp	\$39,305.00	\$39,305.00	15%	\$5,895.75	\$33,409.25	\$33,802.30	14%	\$5,502.70
Total Acceptance Test												
58 Finalized CMS Certification Process Plan	comp	comp	comp	comp	\$84,209.00	\$84,209.00	15%	\$12,631.35	\$71,577.65	\$72,419.74	13%	\$10,947.17
58b Archive Claims Retrieval Solution	comp	comp	comp	comp	\$114,924.00	\$114,924.00	15%	\$17,238.60	\$97,685.40	\$98,834.64	14%	\$16,089.36
59 MMS Systems Documentation	comp	comp	comp	comp	\$13,600.00	\$13,600.00	15%	\$2,040.00	\$11,560.00	\$11,872.30	14%	\$1,932.70
59f MMS Change Order Readiness & Implementation	comp	comp	comp	comp	\$14,786.25	\$14,786.25	15%	\$2,217.94	\$12,568.31	\$12,872.30	14%	\$1,932.70
60 Results of Final Conversion	comp	comp	comp	comp	\$81,308.00	\$81,308.00	15%	\$12,196.20	\$69,111.80	\$70,524.88	14%	\$10,947.17
Total Implementation												
61 Post-implementation evaluation	Removed Amendment	Removed Amendment	Removed Amendment	Removed Amendment	\$0.00	\$0.00	15%	\$0.00	\$0.00	\$0.00	14%	\$0.00
62 Evaluation plan	Removed Amendment	Removed Amendment	Removed Amendment	Removed Amendment	\$0.00	\$0.00	15%	\$0.00	\$0.00	\$0.00	14%	\$0.00
63 Corrective action plan	Removed Amendment	Removed Amendment	Removed Amendment	Removed Amendment	\$0.00	\$0.00	15%	\$0.00	\$0.00	\$0.00	14%	\$0.00
64 Certification manuals for each required system function, including first run reports for federally required reports	Removed Amendment	Removed Amendment	Removed Amendment	Removed Amendment	\$13,805.00	\$13,805.00	15%	\$2,070.75	\$11,734.25	\$11,872.30	14%	\$1,932.70
Total Post-Implementation evaluation												
TOTAL BASE SYSTEM												
					\$28,852,859.50	\$28,852,859.50	15%	\$4,327,929.93	\$24,524,929.57	\$24,967,096.70	14%	\$3,885,762.80
Note												
Note												
OUTPATIENT PROSPECTIVE PAYMENT SYSTEM												
1 Requirements Analysis	comp	comp	comp	comp	\$50,000.00	\$50,000.00	15%	\$7,500.00	\$42,500.00	\$43,000.00	14%	\$7,000.00
2 Analytical Database	comp	comp	comp	comp	\$50,000.00	\$50,000.00	15%	\$7,500.00	\$42,500.00	\$43,000.00	14%	\$7,000.00
3 Requirements Analysis Report 1	comp	comp	comp	comp	\$60,000.00	\$60,000.00	15%	\$9,000.00	\$51,000.00	\$51,500.00	14%	\$8,400.00
3 Requirements Analysis Report 2	comp	comp	comp	comp	\$160,000.00	\$160,000.00	15%	\$24,000.00	\$136,000.00	\$137,500.00	14%	\$22,400.00
Total Requirements Analysis												
4 Business Rules and Design	comp	comp	comp	comp	\$70,000.00	\$70,000.00	15%	\$10,500.00	\$59,500.00	\$60,200.00	14%	\$9,800.00
5 Business Requirements Document - Report 1	comp	comp	comp	comp	\$10,500.00	\$10,500.00	15%	\$1,575.00	\$8,925.00	\$9,000.00	14%	\$1,350.00
5 Business Requirements Document - Report 2	comp	comp	comp	comp	\$75,000.00	\$75,000.00	15%	\$11,250.00	\$63,750.00	\$64,500.00	14%	\$9,750.00
6 Business Requirements Document - Report 3	comp	comp	comp	comp	\$215,000.00	\$215,000.00	15%	\$32,250.00	\$182,750.00	\$184,900.00	14%	\$28,000.00
Total Business Rules and Design												
7 Construction	Removed Amendment	Removed Amendment	Removed Amendment	Removed Amendment	\$0.00	\$0.00	15%	\$0.00	\$0.00	\$0.00	14%	\$0.00
7 Detailed System Design Update	Removed Amendment	Removed Amendment	Removed Amendment	Removed Amendment	\$0.00	\$0.00	15%	\$0.00	\$0.00	\$0.00	14%	\$0.00
Total Construction												
8 Implementation Go Live	Removed Amendment	Removed Amendment	Removed Amendment	Removed Amendment	\$0.00	\$0.00	15%	\$0.00	\$0.00	\$0.00	14%	\$0.00
Total Implementation												
TOTAL OUTPATIENT PROSPECTIVE PAYMENT SYSTEM												
					\$375,000.00	\$375,000.00	15%	\$56,250.00	\$318,750.00	\$322,500.00	14%	\$52,500.00
ENHANCED ANALYTICS												

Contractor Initials: *ASD*
Date: 6/27/2017

Amendment 13 Appendix A 2
Deliverable List and Payment Schedule

Ref #	Deliverable	Amendment 11		Amendment 12		Amendment 13		Payment less 10% Holdback	Holdback Release %	Holdback Release Amount	Payment with Holdback Release Amt	% Retained Holdback	Holdback Retained Amount
		Delivery Date	Revised Date	Delivery Date	Revised Date	Payment Amount	Holdback Amount						
TOTAL ENHANCED ANALYTICS													
						\$0.00	15%	\$0.00	1%	\$0.00	\$0.00	14%	\$0.00
5010 Enhancements													
1	Requirements and Design	comp	comp	comp	comp	\$1,777,000.00	15%	\$266,550.00	0%	\$1,510,450.00	\$1,510,450.00	0%	\$0.00
2	Detailed System Design	comp	comp	comp	comp	\$1,777,000.00	15%	\$266,550.00	1%	\$1,510,450.00	\$612,750.00	14%	\$99,750.00
	Total Requirements and Design					\$2,489,500.00	15%	\$373,425.00	1%	\$2,116,075.00	\$2,140,870.00	14%	\$348,530.00
Construction and User Acceptance Test													
3	Initiation of UAT	comp	comp	comp	comp	\$1,790,000.00	15%	\$268,545.00	1%	\$1,521,455.00	\$1,539,658.00	14%	\$250,642.00
4	Completion of UAT	comp	comp	comp	comp	\$1,828,000.00	15%	\$274,335.00	1%	\$1,553,665.00	\$1,828,000.00	14%	\$256,046.00
	Design, code, unit test, SIT - UAT testing for the COB changes					\$0.00	15%	\$0.00	1%	\$0.00	\$0.00	14%	\$0.00
	Total Construction and Unit Test					\$3,619,200.00	15%	\$542,880.00	1%	\$3,076,320.00	\$3,112,512.00	14%	\$506,688.00
6	Implementation	comp	comp	09/15/16	comp	\$568,425.00	15%	\$85,263.75	1%	\$483,161.25	\$488,845.50	14%	\$79,579.50
	Total Implementation					\$568,425.00	15%	\$85,263.75	1%	\$483,161.25	\$488,845.50	14%	\$79,579.50
TOTAL 5010 Enhancements													
						\$6,677,125.00	15%	\$1,004,568.75	1%	\$5,672,556.25	\$5,742,327.50	14%	\$934,797.50
Managed Care System Enhancement Phase I													
1	Requirements and Design	comp	comp	comp	comp	\$442,250.00	15%	\$66,337.50	1%	\$375,912.50	\$380,335.00	14%	\$61,915.00
2	Detailed System Design	comp	comp	comp	comp	\$93,750.00	15%	\$14,062.50	1%	\$79,687.50	\$93,750.00	14%	\$13,125.00
	Total Requirements and Design					\$536,000.00	15%	\$80,400.00	1%	\$455,600.00	\$460,360.00	14%	\$75,040.00
3	Construction and User Acceptance Test	comp	comp	comp	comp	\$1,973,875.00	15%	\$296,081.25	1%	\$1,677,793.75	\$1,697,532.50	14%	\$276,342.50
	Total Construction and Unit Test					\$1,973,875.00	15%	\$296,081.25	1%	\$1,677,793.75	\$1,697,532.50	14%	\$276,342.50
4	Implementation	comp	comp	comp	comp	\$292,400.00	15%	\$43,860.00	1%	\$248,540.00	\$251,464.00	14%	\$40,936.00
	Total Implementation					\$292,400.00	15%	\$43,860.00	1%	\$248,540.00	\$251,464.00	14%	\$40,936.00
TOTAL Managed Care Phase I Enhancements													
						\$2,802,275.00	15%	\$420,341.25	1%	\$2,381,933.75	\$2,408,956.50	14%	\$392,318.50
Managed Care System Enhancement Phase II													
1	Management Oversight	comp	comp	comp	comp	\$56,500.00	15%	\$8,475.00	1%	\$48,025.00	\$48,590.00	14%	\$7,910.00
2	Documented Change Requests	comp	comp	comp	comp	\$97,150.00	15%	\$14,572.50	1%	\$82,577.50	\$84,949.00	14%	\$12,201.00
3	Updated DSD Chapters	comp	comp	comp	comp	\$14,225.00	15%	\$2,133.75	1%	\$12,091.25	\$12,450.00	14%	\$1,818.00
4	Technical Design	comp	comp	comp	comp	\$70,500.00	15%	\$10,575.00	1%	\$59,925.00	\$60,630.00	14%	\$9,870.00
	Total Requirements and Design					\$308,300.00	15%	\$46,245.00	1%	\$262,055.00	\$265,138.00	14%	\$41,162.00
5	Construction and Unit Test	comp	comp	comp	comp	\$535,000.00	15%	\$80,250.00	1%	\$454,750.00	\$460,100.00	14%	\$74,900.00
	Total Construction and Unit Test					\$535,000.00	15%	\$80,250.00	1%	\$454,750.00	\$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	1%	\$34,850.00	\$35,260.00	14%	\$5,740.00
7	System Test Complete	comp	comp	02/15/17	comp	\$18,100.00	15%	\$2,715.00	1%	\$15,385.00	\$15,700.00	14%	\$2,450.00
	Total System Integration Testing					\$59,100.00	15%	\$8,865.00	1%	\$50,235.00	\$50,960.00	14%	\$7,190.00
User Acceptance Testing													
6	UAT Test Planning	comp	comp	comp	comp	\$104,250.00	15%	\$15,637.50	1%	\$88,612.50	\$89,655.00	14%	\$14,595.00
7	Train State/State Users	comp	comp	03/15/17	comp	\$8,450.00	15%	\$1,267.50	1%	\$7,182.50	\$7,260.00	14%	\$1,180.00
	Total User Acceptance Testing					\$112,700.00	15%	\$16,905.00	1%	\$95,795.00	\$96,915.00	14%	\$15,775.00
4	Implementation	comp	comp	02/28/17	comp	\$99,973.00	15%	\$14,995.95	1%	\$84,977.05	\$85,972.78	14%	\$13,996.22
	Total Implementation					\$99,973.00	15%	\$14,995.95	1%	\$84,977.05	\$85,972.78	14%	\$13,996.22
TOTAL Managed Care Phase II Enhancements													
						\$1,415,073.00	15%	\$212,260.95	1%	\$1,202,812.05	\$1,216,952.78	14%	\$198,110.22
Medicaid Hospice Benefit													
						\$0.00	15%	\$0.00	1%	\$0.00	\$0.00	14%	\$0.00
Enhanced Provider Screening													
1	Requirements and Design	comp	comp	comp	comp	\$111,250.00	15%	\$16,687.50	1%	\$94,562.50	\$95,675.00	14%	\$15,575.00
2	Detailed System Design	comp	comp	comp	comp	\$78,500.00	15%	\$11,775.00	1%	\$66,725.00	\$67,510.00	14%	\$10,990.00
	Total Requirements and Design					\$189,750.00	15%	\$28,462.50	1%	\$161,287.50	\$163,185.00	14%	\$26,565.00

Contractor Initials
Date

Red #	Deliverable	Amend 11 Delivery Date	Amend 11 Invoice Date	Amend 12 Revised Invoice Date	Payment Amount	Holdback Amount	Holdback %	Payment less 15% holdback	Holdback Release %	Holdback Release Amount	Payment with Holdback Release Amt	% Retained Holdback	Holdback Retained Amount
3	License Integration Construction and System Testing	comp	comp	comp	\$800,000.00	\$90,000.00	15%	\$510,000.00	1%	\$5,000.00	\$515,000.00	14%	\$84,000.00
4	Software Installed and Integrated	comp	comp	comp	\$80,783.00	\$12,117.45	15%	\$68,665.55	1%	\$697.83	\$69,363.38	14%	\$11,309.62
5	Construction Completed	comp	comp	comp	\$324,983.00	\$35,247.45	15%	\$199,735.55	1%	\$2,949.83	\$202,685.38	14%	\$32,897.62
5	System Integration Testing Completed	comp	comp	comp	\$915,766.00	\$137,364.90	15%	\$778,401.10	1%	\$9,157.66	\$787,558.76	14%	\$126,207.24
6	User Acceptance Testing and Implementation	04/30/16	09/31/16	11/15/16	\$63,650.00	\$9,547.50	15%	\$54,102.50	1%	\$636.50	\$54,739.00	14%	\$8,911.00
7	User Acceptance Testing Completed	comp	comp	comp	\$3,450.00	\$517.50	15%	\$2,932.50	1%	\$34.50	\$2,967.00	14%	\$448.00
8	Implementation	05/31/16	06/30/16	11/30/16	\$79,500.00	\$11,925.00	15%	\$67,575.00	1%	\$795.00	\$68,370.00	14%	\$11,300.00
8	Total Implementation				\$146,600.00	\$21,990.00	15%	\$124,610.00	1%	\$1,466.00	\$126,076.00	14%	\$20,524.00
9	Additional Functionality	comp	comp	comp	\$136,500.00	\$20,475.00	15%	\$116,025.00	1%	\$1,365.00	\$117,390.00	14%	\$19,110.00
10	Change Request Approved	comp	comp	comp	\$56,889.00	\$8,533.35	15%	\$48,355.65	1%	\$568.89	\$48,924.54	14%	\$7,964.46
11	Coding and Unit Testing Complete	comp	comp	comp	\$99,623.00	\$14,943.45	15%	\$84,679.55	1%	\$996.23	\$85,675.78	14%	\$13,947.22
12	System Integration Testing Complete	comp	comp	comp	\$56,889.00	\$8,533.35	15%	\$48,355.65	1%	\$568.89	\$48,924.54	14%	\$7,964.46
13	User Acceptance Testing Completed	07/31/16	08/31/16	11/15/16	\$42,667.00	\$6,400.05	15%	\$36,266.95	1%	\$426.67	\$36,693.62	14%	\$5,973.38
14	Post Production Validation Complete	08/31/16	09/30/16	11/30/16	\$28,425.00	\$4,263.75	15%	\$24,161.25	1%	\$284.25	\$24,445.50	14%	\$3,662.25
14	Total Additional Functionality				\$217,013.00	\$33,151.85	15%	\$183,861.15	1%	\$2,170.13	\$186,031.28	14%	\$28,584.82
	TOTAL Enhanced Provider Screening Enhancements				\$1,673,129.00	\$187,817.40	15%	\$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				\$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	\$489,250.00	\$73,387.50	15%	\$415,862.50	1%	\$4,892.50	\$420,755.00	14%	\$68,495.00
	TOTAL HIPAA Operating Rules Assessment				\$489,250.00	\$73,387.50	15%	\$415,862.50	1%	\$4,892.50	\$420,755.00	14%	\$68,495.00
	Appendix A11 MMIS Change Request/Staff Augmentation												
1	Change Request Designed, Developed, Implemented	comp	comp	comp	\$5,117,750.00	\$767,662.50	15%	\$4,350,087.50	1%	\$51,177.50	\$4,401,265.00	14%	\$716,485.00
2	AI/ML CRs identified in Appendix A 11 DDI Complete	comp	comp	comp	\$389,041.15	\$58,356.15	15%	\$330,684.85	1%	\$3,890.41	\$334,575.26	14%	\$54,465.74
	Testing Staff Augmentation January February March 2013	comp	comp	comp	\$5,506,791.00	\$826,018.65	15%	\$4,680,772.35	1%	\$55,067.91	\$4,735,840.26	14%	\$770,950.74
	TOTAL Change Request and Staff Augmentation				\$5,506,791.00	\$826,018.65	15%	\$4,680,772.35	1%	\$55,067.91	\$4,735,840.26	14%	\$770,950.74
	TOTAL MMIS DDI Phase				\$4,779,502.50	\$716,875.38	15%	\$4,062,627.12	1%	\$47,791.53	\$4,110,418.65	14%	\$659,810.35
	Section B - Post DDI Phase												
	MMIS Post DDI Phase System Enhancements												
1	Software License Acquired and Applied	comp	comp	comp	\$228,784.00								
2	Requirements Elaboration Documented Change Requests	comp	comp	comp	\$178,165.00								
3	Updated Detailed System Design Approved	comp	comp	comp	\$249,374.00								
4	Technical Design Completed	comp	comp	comp	\$293,381.00								
5	Coding, Unit Testing, Data Configuration Updates Completed	comp	comp	comp	\$190,688.00								
6	Development Integration Testing Completed	comp	comp	comp	\$561,272.00								
7	System Integration Testing Completed	comp	comp	comp	\$130,000.00								
8	T-MIS User Acceptance Testing Completed	comp	comp	comp	\$275,940.00								
9	Pre-Operational Readiness Testing Approved by CMS	comp	comp	comp	\$195,000.00								
9a	Pre-Operational Readiness Testing Approved by CMS	comp	comp	comp	\$260,000.00								
9b	Pre-Operational Readiness Testing Approved by CMS	comp	comp	comp	\$32,500.00								
9c	Pre-Operational Readiness Testing Approved by CMS	comp	comp	comp	\$32,500.00								
10	Implementation - Post Production Validation Complete	comp	comp	comp	\$256,991.00								
11	Final DSD, Use Cases, System Documentation Approved	comp	comp	comp	\$195,000.00								
12	CY 2014 Catch-Up Files Submitted	08/31/16	11/30/16	12/31/16	\$260,000.00								
12a	CY 2015-16 Catch-Up Files Submitted	09/30/16	10/31/16	11/31/16	\$32,500.00								
12b	CY 2015-16 Catch-Up Files Submitted (if necessary)	10/31/16	11/30/16	12/31/16	\$32,500.00								
12c	CY 2016 Catch-Up Files Submitted (if necessary)	11/30/16	12/31/16	01/31/17	\$32,500.00								
12d	CY 2016 Catch-Up Files Submitted (if necessary)	12/31/16	01/31/17	02/28/17	\$32,500.00								
12e	CY 2016 Catch-Up Files Submitted (if necessary)	01/31/17	02/28/17	03/31/17	\$32,500.00								
12f	CY 2016 Catch-Up Files Submitted (if necessary)	02/28/17	03/31/17	04/30/17	\$32,500.00								
12g	CY 2016 Catch-Up Files Submitted (if necessary)	03/31/17	04/30/17	05/31/17	\$32,500.00								
12h	CY 2016 Catch-Up Files Submitted (if necessary)	04/30/17	05/31/17	06/30/17	\$32,500.00								
12i	CY 2016 Catch-Up Files Submitted (if necessary)	05/31/17	06/30/17	07/31/17	\$32,500.00								
12j	CY 2016 Catch-Up Files Submitted (if necessary)	06/30/17	07/31/17	08/31/17	\$32,500.00								
13	2.0 Database and File Format Updates	comp	comp	comp	\$12,500.00								
14	2.0 Error Files Receipt and Processing	comp	comp	comp	\$50,000.00								
15	2.0 Rules - NH MATT Specs Updated	08/31/16	09/30/16	12/31/16	\$200,000.00								
16	2.0 Rules - Coded, Tested, Implemented	09/30/16	10/31/16	01/31/17	\$209,375.00								
	TOTAL A12 T-MIS				\$4,408,726.00								

Contractor Initials: **RSB**
Date: **4/22/2017**

Amendment 13 Appendix A.2
Deliverable List and Payment Schedule

Ref #	Deliverable	Amend 11 Delivery Date	Amend 11 Invoice Date	Amend 12 Revised Invoice Date	Amend 13 Revised Invoice Date	Payment Amount	Holdback %	Holdback Amount	Payment less 15% Holdback	Holdback Release Amount	Payment with Holdback Release Amt	Retained Holdback	Retained Amount
HPAA 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	\$421,236.00							
5	Technical Design Completed	comp	comp	comp	comp	\$547,633.00							
6	Coding, Unit Testing, and Data Configuration Completed	comp	comp	comp	comp	\$547,633.00							
7	Development Integration Testing Completed	comp	comp	comp	comp	\$122,866.00							
8	System Test Plan Approved	comp	comp	comp	comp	\$368,598.00							
9	System Integration Testing Completed	comp	comp	comp	comp	\$210,628.00							
10	User Acceptance Testing Completed	comp	comp	comp	comp	\$168,504.00							
11	Post-Production Validation Completed	comp	comp	comp	comp	\$106,547.00							
12	Receipt of Phase I CORE Certification Seal	07/31/16	12/01/16	08/31/16	12/31/16	\$106,547.00							
13	Receipt of Phase II CORE Certification Seal	07/31/16	12/01/16	08/31/16	12/31/16	\$106,547.00							
14	Receipt of Phase III CORE Certification Seal	07/31/16	12/01/16	08/31/16	12/31/16	\$106,547.00							
15	Environment Upgrades	08/31/16	09/30/16	09/30/16	04/30/17	\$112,885.00							
	TOTAL A-12 HPAA 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	\$197,211.00							
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	\$906,222.00							
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	Per	10	Amendment	\$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 DOI Enhancements A-12													
						\$21,564,935.00							
NHHP													
1	Software License Acquired and Applied	comp	comp	comp	comp	\$790,850.00							
2	Servers Acquired and Installed	comp	comp	comp	comp	\$282,530.00							
3	Enroll New Provider Types	comp	comp	comp	comp	\$185,061.00							
4	Enroll New Members in NHHP 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 NHHP	comp	comp	comp	comp	\$462,652.00							
7	Federal Reporting, EFADS - Remaining Tasks	02/15/17	11/30/16	03/15/17		\$370,121.00							
	TOTAL A-13 NHHP					\$2,923,787.00							
TOTAL MMIS Post DOI 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	\$671,334.00							
5	MCM Benefit Changes for CHI	Removed	Per	12	Amendment	\$0.00							
6	New MCO or MCM/PAP 834F Enrollment	Removed	Per	12	Amendment	\$0.00							
7	FPS Co-Pay Changes	comp	comp	comp	comp	\$783,953.00							
8	X12 HIT 820 Premium Payment Transaction	comp	comp	comp	comp	\$384,721.00							
9	NH BRIDGES Interface Changes	08/31/16	09/30/16	09/30/16	09/30/16	\$269,733.00							
10a	Additional Interface - T. MSIS	07/31/16	08/30/16	08/30/16	08/30/16	\$101,450.00							
10b	Additional Interface - Options	comp	comp	comp	comp	\$101,449.00							

Contractor Initials *RLJ*
Date *4/24/2017*

Amendment 13 Appendix A.2
Deliverable List and Payment Schedule

Roll #	Deliverable	Amend 11 Delivery Date	Revised Date	Amend 11 Invoice Date	Amend 12 Revised Invoice Date	Payment Amount	Holdback Amount	Holdback Release %	Payment less 15% holdback	Holdback Release Amount	Holdback Release %	Payment with Holdback Release Amt	Retained Holdback	Holdback Retained Amount
11	LEADS and EMAR Changes	09/30/16	comp	10/31/16	comp	\$493,810.00								
12a	X12 820 Software Purchase	10/31/16	comp	11/30/16	comp	\$125,000.00								
12b	Capitation Claim Adjustments	10/31/16	comp	11/30/16	comp	\$236,292.00								
13	Targeted Recon Changes	10/31/16	comp	11/30/16	comp	\$68,433.00								
14	Member UI Changes for Additional QHP Data	10/31/16	comp	11/30/16	comp	\$158,435.00								
15	BRIDGES Outbound Interface, SA UI and PCP Part 2 Interface	10/31/16	Removed Amendment	02/28/17	Per	\$128,300.00								
16	MID Compare Process	10/31/16	Removed Amendment	01/31/17	12	\$0.00								
17	Inbound MCO-MMIS Interface	10/31/16	Removed Amendment	11/30/16	Per	\$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 LEADS and EMAR		Removed Amendment	Per	11	\$0.00								
26	NEMT 834		Removed Amendment	Per	11	\$0.00								
27	Additional Eligibility Changes		Removed Amendment	Per	11	\$104,500.00								
28	Additional Reporting Changes		Removed Amendment	Per	12	\$0.00								
31	Maternity/Newborn Processing	07/31/16	comp	08/31/16	comp	\$78,625.00								
32	Newborn BP on 271 Transaction	07/31/16	comp	08/31/16	comp	\$37,250.00								
33	Newborn BP in Voice Response	07/31/16	comp	08/31/16	comp	\$5,000.00								
34	820 Payment Financial Reporting	07/31/16	comp	09/31/16	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	12/31/16	comp	01/31/17	01/31/17	\$09,349.00								
2N	NEMT Provider Enrollment	07/15/16	comp	08/31/16	comp	\$12,566.00								
3N	NEMT Benefit Plan	07/15/16	comp	08/31/16	comp	\$26,461.00								
4N	NEMT Member NEMT Enrollment	07/15/16	comp	08/31/16	comp	\$54,614.00								
5N	NEMT 834 Enrollment Transaction	08/31/16	comp	09/30/16	comp	\$259,781.00								
6N	NEMT Benefit Plan Rate Cohort	08/31/16	comp	09/30/16	comp	\$10,875.00								
7N	NEMT Capitation	08/31/16	comp	09/30/16	comp	\$124,695.00								
8N	NEMT Claims/Financial/Encounters	09/30/16	comp	10/31/16	comp	\$50,265.00								
9N	NEMT 820 Payment Transaction	09/30/16	comp	10/31/16	comp	\$34,074.00								
10N	NEMT User Interface	09/30/16	comp	10/31/16	comp	\$49,540.00								
11N	NEMT Reports	09/30/16	comp	11/30/16	comp	\$48,331.00								
12N	NEMT Data Interfaces	10/31/16	comp	11/30/16	comp	\$9,666.00								
13N	NEMT Federal Reporting	10/31/16	comp	11/30/16	comp	\$183,383.00								
14N	NEMT Deployments, UAT, PIR	11/30/16	comp	12/31/16	12/31/16	\$25,133.00								
15N	NEMT State Tester Support/4mos	11/30/16	comp	12/31/16	12/31/16	\$19,332.00								
16N	NEMT System Documentation	12/31/16	comp	01/31/17	01/31/17	\$1,379,375.00								
	TOTAL A-15 PAP and MCM NEMT Funds					\$6,924,326.00								
	General Contingency Pool					\$0.00								
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 DOI Enhancements A-15					\$6,924,326.00								
	Log-in Security Enhancements													
1	Production Release		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	\$14,350.00								
2	Production Release		comp	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	\$50,468.00								

Contractor Initials **SRB**
Date **4/23/2017**

Amendment 13 Appendix A.2
Deliverable List and Payment Schedule

Ref #	Deliverable	Amend 11 Delivery Date	Revised Delivery Date	Amend 11 Invoice Date	Amend 12 Invoice Date	Holdback %	Holdback Amount	Payment less 15% Holdback	Holdback Release Amt	Payment with Holdback Release Amt	Retained Holdback Amount
1	Design and Construction	09/30/16	comp	07/31/16	comp		\$21,283.00				
2	Testing and Implementation	07/31/16	comp	08/30/16	comp		\$17,415.00				
3	OCR Modifications	comp	comp	comp	comp		\$10,000.00				
4	TOTAL A-16 2D Barcode Enhancement						\$99,166.00				
Resources Utilization Group (RUG) IV											
1	Develop Policy Design Document (PDD)	04/30/16	comp	05/31/16	comp		\$60,000.00				
2	Conduct Pilot	08/31/16	comp	06/30/16	comp		\$46,000.00				
3	Conduct Simulation	06/30/16	comp	07/31/16	comp		\$30,000.00				
4	Finalize PDD	06/30/16	comp	07/31/16	comp		\$55,000.00				
5	Develop System Modifications Document (SMD)	04/30/16	comp	05/31/16	comp		\$55,000.00				
6	Finalize System Design	05/15/16	comp	06/15/16	comp		\$57,438.00				
7	Regression Testing	09/15/16	comp	10/15/16	comp		\$57,437.00				
8	User Acceptance Testing (UAT)	09/30/16	10/31/16	10/31/16	11/30/16		\$50,000.00				
	TOTAL A-16 Resources Utilization Group (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	05/31/16	comp	06/30/16	comp		\$46,825.00				
2	Design	07/31/16	comp	08/31/16	01/31/17		\$68,105.00				
3	Testing and Implementation	07/31/16	02/28/17	08/31/16	03/31/17		\$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 - UJ, Letters, Reports											
1	PR UJ Letters, Reports Requirements Completed	n/a	1/30/16	n/a	12/31/16		\$77,050.00				
2	PR UJ Letters, Reports Development Completed	n/a	12/31/16	n/a	01/31/17		\$115,576.00				
3	PR UJ Letters, Reports SIT/Regression Testing Completed	n/a	01/15/17	n/a	02/15/17		\$96,312.00				
4	PR UJ Letters, Reports UAT Completed Production Deployed	n/a	02/15/17	n/a	03/15/17		\$96,312.00				
Provider Revalidation Phase II - Automation											
5	PR Automation Requirements Complete	n/a	11/15/16	n/a	12/15/16		\$282,950.00				
6	PR Automation Development and Unit Testing Complete	n/a	01/31/17	n/a	02/28/17		\$424,426.00				
7	PR Automation SIT & Regression Testing Complete	n/a	03/31/17	n/a	03/31/17		\$353,687.00				
8	PR Automation UAT and Production Deployment Complete	n/a	03/31/17	n/a	04/30/17		\$353,687.00				
9	PR UJ Letters & Reports Added Functionality Updates Complete	n/a	03/31/17	n/a	03/31/17		\$200,000.00				
10	PR Electronic Signature Functionality & Storage Capability Complete	n/a	04/30/17	n/a	04/30/17		\$200,000.00				
11	PR Data Collection Processes & Volume Control Complete	n/a	05/31/17	n/a	06/30/17		\$100,000.00				
	TOTAL A-17 Provider Revalidation						\$2,300,000.00				
MTA Assessment Support											
1	40 Hours MTA Technical Support	n/a	03/31/17	n/a	03/31/17		\$5,000.00				
2	40 Hours MTA Technical Support	n/a	03/31/17	n/a	03/31/17		\$5,000.00				
3	40 Hours MTA Technical Support	n/a	03/31/17	n/a	03/31/17		\$5,000.00				
	TOTAL A-17 MTA Assessment Support						\$15,000.00				
Enhanced Provider Screening											
15	Screening/Monitoring File Processes Implemented	n/a	09/15/16	n/a	11/15/16		\$37,500.00				
16	Provider FCBC Tracking Process Implemented	n/a	11/30/16	n/a	12/31/16		\$68,750.00				
	TOTAL A-17 Enhanced Provider Screening						\$106,250.00				
T-MSIS Transformed Medical Statistical Information System											
17	Extended PORT/ORT Testing	n/a	07/15/16	n/a	11/15/16		\$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	n/a	04/30/17	n/a	05/31/17		\$219,750.00				
	TOTAL A-17 ICD-10						\$219,750.00				
MCMPAP											
40	Capitation Claims Adjust User Interface	n/a	02/28/17	n/a	03/31/17		\$62,625.00				
CAP V1 2017 Plan Enrollment and 834											
41	PAP V1 2017 Plan Enrollment Production Implementation	n/a	10/31/16	n/a	11/30/16		\$137,250.00				
42	QHP Roster Coding Changes Implementation Complete	n/a	11/30/16	n/a	02/28/17		\$34,190.00				
43	Revs/Design Daily Trigger Logic & 834 Data Storage	n/a	12/31/16	n/a	12/31/16		\$43,837.00				
44	Development Daily Trigger Logic & 834 Data Storage	n/a	12/31/16	n/a	01/31/17		\$65,756.00				
45	SIT and Regression Daily Trigger Logic & 834 Data Storage	n/a	01/31/17	n/a	02/28/17		\$43,837.00				
46	UAT Daily Trigger Logic & 834 Data Storage	n/a	02/28/17	n/a	03/31/17		\$32,877.00				
47	Daily Trigger Logic & 834 Data Storage Implemented	n/a	02/28/17	n/a	03/31/17		\$32,878.00				
	EMAR/MCMPAP Reporting Enhancements										

Contractor Initials: **ASD**
Date: **4/2/2017**

Amendment 13 Appendix A 2
Deliverable List and Payment Schedule

Ref #	Deliverable	Amend 11 Delivery Date	Amend 12 Revised Date	Amend 11 Invoice Date	Amend 12 Revised Invoice Date	Payment Amount	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	n/a	1/30/16	n/a	12/31/16	\$51,590.00							
54	EMAR Data Report, Processing Changes Completed	n/a	12/31/16	n/a	01/31/17	\$51,590.00							
55	EMAR System Integration Testing Completed	n/a	01/31/17	n/a	02/28/17	\$81,070.00							
56	EMAR UAT Implementation/Documentation PIR Completed	n/a	02/28/17	n/a	03/31/17	\$0.00							
57	MCM PAP Multi Project State Tester Support 4 mos Dec-Mar	n/a	12/31/16	n/a	12/01/16	\$246,600.00							
58	MCM PAP Multi Project State Tester Support 4 Qtrs Apr-Mar	n/a	04/01/17	n/a	04/01/17	\$184,750.00							
	TOTAL A-17 MCM/PAP					\$1,068,650.00							
Change of Ownership (CHOW) Phase II-Partial Yr Cost Reporting													
5	CHOW PIR Requirements/Design Completed, CRs Approved	n/a	12/31/16	n/a	01/31/17	\$95,187.00							
6	CHOW PIR Development Completed	n/a	01/31/17	n/a	02/28/17	\$95,187.00							
7	CHOW PIR System Integration/Regression Test Completed	n/a	02/28/17	n/a	03/31/17	\$95,186.00							
8	CHOW PIR UAT Completed and Production Implementation	n/a	03/31/17	n/a	04/30/17	\$95,185.00							
	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	Amend 12 n/a	Amend 13 07/01/17	Amend 12 n/a	Amend 13 09/30/17	\$246,333.00							
2	Report Design/Construction Specialist 4 Months July-Oct 2017	n/a	07/01/17	n/a	09/30/17	\$78,146.00							
	TOTAL A-17 Extended Technical Resource Support					\$324,479.00							
	TOTAL MMIS Post DDI Enhancements A-17					\$4,782,704.00							

TOTAL DELIVERABLES PER FULL PERFORMANCE APPENDIX A-17 APPROXIMATELY \$385,024,940.50

Contractor Initials: *NSD*
Date: *6/21/2017*

NH Department of Health and Human Services

STANDARD EXHIBIT J

CERTIFICATION REGARDING THE FEDERAL FUNDING ACCOUNTABILITY AND
TRANSPARENCY ACT (FFATA) COMPLIANCE

The Federal Funding Accountability and Transparency Act (FFATA) requires prime awardees of individual Federal grants equal to or greater than \$25,000 and awarded on or after October 1, 2010, to report on data related to executive compensation and associated first-tier sub-grants of \$25,000 or more. If the initial award is below \$25,000 but subsequent grant modifications result in a total award equal to or over \$25,000, the award is subject to the FFATA reporting requirements, as of the date of the award.

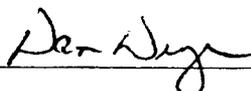
In accordance with 2 CFR Part 170 (*Reporting Subaward and Executive Compensation Information*), the Department of Health and Human Services (DHHS) must report the following information for any subaward or contract award subject to the FFATA reporting requirements:

- 1) Name of entity
- 2) Amount of award
- 3) Funding agency
- 4) NAICS code for contracts / CFDA program number for grants
- 5) Program source
- 6) Award title descriptive of the purpose of the funding action
- 7) Location of the entity
- 8) Principle place of performance
- 9) Unique identifier of the entity (DUNS #)
- 10) Total compensation and names of the top five executives if:
 - a. More than 80% of annual gross revenues are from the Federal government, and those revenues are greater than \$25M annually and
 - b. Compensation information is not already available through reporting to the SEC.

Prime grant recipients must submit FFATA required data by the end of the month, plus 30 days, in which the award or award amendment is made.

The Contractor identified in Section 1.3 of the General Provisions agrees to comply with the provisions of The Federal Funding Accountability and Transparency Act, Public Law 109-282 and Public Law 110-252, and 2 CFR Part 170 (*Reporting Subaward and Executive Compensation Information*), and further agrees to have the Contractor's representative, as identified in Sections 1.11 and 1.12 of the General Provisions execute the following Certification:

The below named Contractor agrees to provide needed information as outlined above to the NH Department of Health and Human Services and to comply with all applicable provisions of the Federal Financial Accountability and Transparency Act.

	Dan Dwyer, Vice President
(Contractor Representative Signature)	(Authorized Contractor Representative Name & Title)
Conduent State Healthcare, LLC	June 29, 2017
(Contractor Name)	(Date)

Contractor initials: DD
Date: 6/29/2017
Page # 1 of Page # 2

NH Department of Health and Human Services

STANDARD EXHIBIT J

FORM A

As the Contractor identified in Section 1.3 of the General Provisions, I certify that the responses to the below listed questions are true and accurate.

1. The DUNS number for your entity is: 073471476

2. In your business or organization's preceding completed fiscal year, did your business or organization receive (1) 80 percent or more of your annual gross revenue in U.S. federal contracts, subcontracts, loans, grants, sub-grants, and/or cooperative agreements; and (2) \$25,000,000 or more in annual gross revenues from U.S. federal contracts, subcontracts, loans, grants, subgrants, and/or cooperative agreements?

NO YES

If the answer to #2 above is NO, stop here

If the answer to #2 above is YES, please answer the following:

3. Does the public have access to information about the compensation of the executives in your business or organization through periodic reports filed under section 13(a) or 15(d) of the Securities Exchange Act of 1934 (15 U.S.C.78m(a), 78o(d)) or section 6104 of the Internal Revenue Code of 1986?

NO YES

If the answer to #3 above is YES, stop here

If the answer to #3 above is NO, please answer the following:

4. The names and compensation of the five most highly compensated officers in your business or organization are as follows:

Name: _____	Amount: _____

Contractor initials: DHP
Date: 6/29/2017
Page # 2 of Page # 2



11-09-16 11:41:00 AM

21A mac

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

Jeffrey A. Meyers
Commissioner

129 PLEASANT STREET, CONCORD, NH 03301-3857
603-271-8160 1-800-852-3345 Ext. 8160
Fax: 271-4912 TDD Access: 1-800-735-2964 www.dhhs.nh.gov

Donna M. O'Leary
Chief Information Officer

November 9, 2016

Her Excellency, Governor Margaret Wood Hassan
and the Honorable Council
State House
Concord, New Hampshire 03301

REQUESTED ACTION

Authorize the Department of Health and Human Services, Office of Information Services, to enter into a **sole source**, amendment (Amendment 12) to an existing contract (Purchase Order #1028843) with Xerox State Healthcare, LLC (Vendor #174951) at 9040 Roswell Road, Suite 700, Atlanta, GA, 30350, to develop and operate the State's Medicaid Management Information System by increasing the price limitation by \$1,776,575 from \$147,667,333 to a new amount not to exceed \$149,443,908, effective upon the approval of the Governor and Executive Council through March 31, 2018. This amendment expands the existing scope of services. The source of funds for the increase is 90% Federal Funds and 10% 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) and Amendment 11 on June 29, 2016 (Item#8).

Funds are available in the following accounts in SFY 2017 and are anticipated to be available in SFY 2018 upon the availability and continued appropriation of funds in the future operating budget with the ability to adjust encumbrances between State Fiscal Years without further approval of the Governor and Executive Council through the Budget Office, if needed and justified.

Language in Amendment 12 makes clear that no Design, Development, and Implementation (DDI) and Post-DDI services will commence or continue after SFY 2017, unless and until an Amendment, encumbering funds for the SFY 2010-2019 biennium has been approved by the Governor and Executive Council.

05-95-95-954010-5952 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

<u>State Fiscal Year</u>	<u>Class/ Object</u>	<u>Class Title</u>	<u>Current Budget</u>	<u>Increase/ Decrease</u>	<u>Revised Budget</u>
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 Program Services	\$76,326	\$0	\$76,326

Design, Development and Implementation Phase Continued

<u>State Fiscal Year</u>	<u>Class/ Object</u>	<u>Class Title</u>	<u>Current Budget</u>	<u>Increase/ Decrease</u>	<u>Revised Budget</u>
2012	102/500731	Contracts for Program Services	\$7,152,125	\$0	\$7,152,125
2013	102/500731	Contracts for Program Services	\$4,298,885	\$0	\$4,298,885
2014	102/500731	Contracts for Program Services	\$30,239,095	\$0	\$30,239,095
2015	102/500731	Contracts for Program Services	\$4,321,110	\$0	\$4,321,110
2016	102/500731	Contracts for Program Services	\$6,953,485	\$0	\$6,953,485
2017	102/500731	Contracts for Program Services	\$3,420,568	\$2,161,450	\$5,582,018
Total Design, Development and Implementation Phase			\$82,538,512	\$2,161,450	\$84,699,962

Operations Phase

<u>State Fiscal Year</u>	<u>Class/ Object</u>	<u>Class Title</u>	<u>Current Budget</u>	<u>Increase/ Decrease</u>	<u>Revised Budget</u>
2013	102/500731	Contracts for Program Services	\$2,084,889	\$0	\$2,084,889
2014	102/500731	Contracts for Program Services	\$8,544,809	\$0	\$8,544,809
2015	102/500731	Contracts for Program Services	\$9,164,847	\$0	\$9,164,847
2016	102/500731	Contracts for Program Services	\$16,000,932	\$0	\$16,000,932
2017	102/500731	Contracts for Program Services	\$16,714,404	-\$384,875	\$16,329,529
2018	102/500731	Contracts for Program Services	\$12,618,940	\$0	\$12,618,940
Total Operations Phase			\$65,128,821	-\$384,875	\$64,743,946

Total **\$147,667,333** **\$1,776,575** **\$149,443,908**

EXPLANATION

This is a **sole source** amendment that will expand the development of seven (7) components of the State's Medicaid Management Information System (MMIS). Components that are planned for expansion include: T-MSIS, the Premium Assistance Program (PAP), Enhanced Provider Screening, International Classification of Diseases (ICD-10), Acuity Rate Setting Nursing Facility Change of Ownership for Partial Year Cost Reporting, Provider Revalidation, and Medicaid Information Technology Architecture (MITA).

A sole source amendment is requested, because these changes are integral to MMIS core processing, and Xerox State Healthcare, LLC is the only company that can complete the expanded development of the state's Medicaid Management Information System to address these changes. The Centers for Medicare and Medicaid Services (CMS) has certified the State's Medicaid Management Information System, developed by Xerox State Healthcare, LLC, effective April 2013. Certification provides enhanced seventy five percent federal funding for operations resulting in \$12.5 million in revenue annually.

Expanded development of the Medicaid Management Information System components in this amendment are detailed below:

1. T-MSIS

- a. Background: Provides federally required statistical analysis and reporting on New Hampshire's Medicaid payments.
- b. Expanded Development: T-MSIS Pre-Operational Readiness Testing (PORT) and Operational Readiness Testing (ORT) testing were more complicated to execute and required more time than anticipated to complete. T-MSIS is a challenging project that involves the implementation of a new NH MMIS T-MSIS solution as well as the creation and implementation of a new federal T-MSIS data system. Each of the testing phases involves the creation of State T-MSIS data extracts, transmitting the files to the federal system, the federal system receiving and handling NH files and files from all other states, the federal system creating and sending response files back to NH, and the NH solution being able to receive and handle the inbound response files. Changes are occurring on both new systems to resolve issues identified during testing, and as the federal system evolves, the NH solution must be adapted to meet revised specifications.

2. Premium Assistance Program

- a. Background: The NH Health Enterprise Medicaid Management Information System (MMIS) requires enhancements in order to implement the next phases of two major State initiatives, the NH Health Protection Program (NH HPP) and Medicaid Care Management (MCM).
- b. Expanded Development: Under Amendment 12, there are a number of additional system enhancements to support Medicaid Care Management and the Premium Assistance Program (PAP). The PAP related enhancements will facilitate the processing of the Year Two 2017 enrollment changes and will improve the processing 834 enrollment transactions for the Qualified Health Plans. Additional staffing support is necessary for State User Acceptance Testing (UAT).

3. Enhanced Provider Screening

- a. Background: The Affordable Care Act (ACA) Section 6028 requires states to validate all new providers using comprehensive database checks that include checking all applicable state licensing credentials. Further the regulations require states to collect SSN and Dates of Birth for all affiliated parties (owners, officers and directors) and validate the identities at the time of enrollment or revalidation (for existing enrollments). Rules also require risk scoring the providers and perform enhanced database checks for higher risk scores. The rules also mandate minimum monthly monitoring of all providers and affiliated parties for any change in sanction and eligibility status.

6. Provider Revalidation

- a. Background: The NH Medicaid Program is federally required to notify and revalidate the enrollment of all active NH Medicaid providers at least every five years. The State Medicaid Agency (SMA) must conduct a full screening. Revalidation screening must be carried out in a manner appropriate to the provider's risk level in accordance with federal regulations.
- b. Enhancement: To address these federal requirements, system changes must be made to the MMIS to support the provider revalidation process. New online automated processes, changes to existing processes, and changes to forms to support a new manual process must be designed, developed, and implemented to accomplish the federal requirements.

7. Medicaid Information Technology Architecture (MITA)

- a. Background: The New Hampshire Department of Health and Human Services (NH DHHS), as the single state Medicaid agency, is federally required to complete a MITA State Self-Assessment (SS-A) in compliance with 42 CFR 433. The State is competitively procuring a vendor to conduct an assessment of the NH Medicaid enterprise, including the NH MMIS, consistent with the MITA Framework 3.0. The primary objective is to develop a Five Year Strategic Plan for improving MITA business and information architecture maturity levels across the Medicaid Enterprise (the "MITA Roadmap") Technical support from Xerox is required to support the activities of the MITA SS-A.
- b. Enhancement: MITA Technical support activities include participating in assessment meetings, reviewing materials generated from the assessment for accuracy and or contribution, and providing technical support to assist the MITA SS-A vendor while the assessment of the MMIS and its architecture is in progress.

Amendment 12 also contains language that permits an amendment, limited to transferring funds between budget line items and between budgets within the price limitation, to be made by written agreement of both parties without obtaining the approval of the Governor and Executive Council.

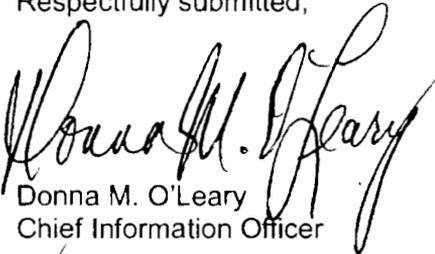
Ninety percent (90%) federal funding for the Design, Development and Implementation phase in this Amendment 12 is pending approval by the Centers for Medicare and Medicaid Services. Seventy-five percent (75%) federal funding of the Operations costs of this Agreement has been previously approved through the Centers for Medicare and Medicaid Services' certification of the New Hampshire's Medicaid Management Information System developed by Xerox State Healthcare, LLC.

Source of Funds: Design, Development and Implementation phase: 90% federal funds, 10% general funds; Operations phase: 75% federal funds, 25% general funds.

Area served: Statewide.

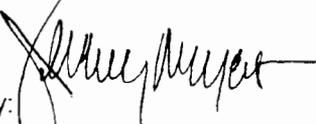
In the event that the Federal Funds become no longer available, General Funds will not be requested to support this program.

Respectfully submitted,



Donna M. O'Leary
Chief Information Officer

Approved by:



Jeffrey A. Meyers
Commissioner



STATE OF NEW HAMPSHIRE
DEPARTMENT OF INFORMATION TECHNOLOGY
27 Hazen Dr., Concord, NH 03301
Fax: 603-271-1516 TDD Access: 1-800-735-2964
www.nh.gov/doit

Denis Goulet
Commissioner

November 9, 2016

Jeffrey A. Meyers, Commissioner
Department of Health and Human Services
State of New Hampshire
129 Pleasant Street
Concord, NH 03301-3857

Dear Commissioner Meyers:

This letter represents formal notification that the Department of Information Technology (DoIT) has approved your agency's request to amend an existing contract with Xerox State Healthcare, LLC (Vendor #174951) of Atlanta, GA, for the services described below and referenced as DoIT No. 2005-004 Amendment 12.

The purpose of this sole source amendment is to expand the New Hampshire Medicaid Management Information System (MMIS). The scope of services is amended to include the design, development and implementation of enhanced and new functional capabilities of the MMIS.

The contract amendment increases the contract price limitation by \$1,776,575 from \$147,667,333 to a new amount not to exceed \$149,443,908, effective upon the approval of the Governor and Executive Council through March 31, 2018.

A copy of this letter should accompany the submission to the Governor and Executive Council for approval.

Sincerely,

A handwritten signature in black ink, appearing to read "Denis Goulet", with a long horizontal flourish extending to the right.

Denis Goulet

DG/ik
cc: Bruce Smith
DoIT No. 2005-004 Amendment 12

**State of New Hampshire
Department of Health and Human Services
Amendment 12 to the Xerox State Healthcare, LLC Contract**

This 12th Amendment to the Xerox State Healthcare, LLC contract (hereinafter referred to as "Amendment 12") dated this 8th day of November 2016, is by and between the State of New Hampshire, Department of Health and Human Services (hereinafter referred to as the "State" or "Department") and Xerox State Healthcare, LLC, with offices at 9040 Roswell Road, Suite 700, Atlanta, Georgia 30350 (hereinafter referred to as "Xerox" 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, and Amendment 11 on June 29, 2016 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 12, 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, and its Amendment 11 on June 29, 2016.
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:

Contractor Initials: *RD*

Date: 11/8/2016

- 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
 - 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
- Amendment 1, Amendment 2, Amendment 3, Amendment 4, Amendment 5, Amendment 6, Amendment 7, Amendment 8, Amendment 9, Amendment 10, Amendment 11, and Amendment 12 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.

Contractor Initials: *RD*

Date: 11/8/2016

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 \$1,776,575 from \$147,667,333 to \$149,443,908, to reflect the additional requirements set forth in this Amendment 12.

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 5, 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. 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 12 is effective on the date of Governor and Executive Council approval.”

3.3. Block 4 Conditional Nature of Agreement is amended by adding the following language after the existing paragraph:

Notwithstanding any other provision of the Contract to the contrary, no Design, Development and Implementation (DDI) or Post-DDI services, as set forth in Appendix A.2 and all other Exhibits and Appendices to this Contract, shall commence or continue after June 30, 2017, unless and until an Amendment, encumbering funds for the SFY 2018-2019 biennium, has been approved by the Governor and Executive Council.

In no event shall the State be liable for any payments hereunder in excess of appropriated or available funds. In the event of a reduction, termination or modification of appropriated or available funds, the State shall have the right to withhold payment until such funds become available, if ever. The State shall have the right to reduce, terminate or modify services under the Contract immediately upon giving the Contractor notice of such reduction, termination or modification. The State shall not be required to transfer funds from any other source or account into the Account(s) utilized for these services or any other account, in the event funds are reduced or unavailable.

All obligations of the State hereunder, including without limitation, the continuance of payments, in whole or in part, under this Contract are contingent upon continued appropriation or availability of funds, including any subsequent changes to the appropriation or availability of funds affected by any state or federal legislative or executive action that reduces, eliminates, or otherwise modifies the appropriation or availability of funding for this Contract in whole or in part.

Exhibit A

4. Exhibit A, Contract Section 3.4 System Specifications 3.4.34, *NH MMIS System Enhancements for the Premium Assistance Program and Medicaid Care Management*, Appendix A.15, Amendment 11, shall be deleted and replaced in its entirety with:

Contractor Initials: ASD
Date: 11/8/2016

Xerox Amendment 12 Appendix A.15 NH MMIS System Enhancements for the Premium Assistance Program and Medicaid Care Management.

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

3.4.36 NH MMIS System Enhancements to Meet Federal Requirements II

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.17 of this Amendment 12. The State shall specify these requirements through deliverables/payment milestones specifically set forth in Amendment 12, Appendix A.17. Any changes to the overall scope of work shall follow the Change Control Process identified in Section 6.16 of DHHS MMIS RFP 2005-004.

The Contractor shall purchase 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 in support of any provision of this Amendment 12. Notwithstanding this provision, the State reserves the right to purchase any hardware or software on its own, should it desire to do so. No hardware or software shall be purchased on the State's behalf by the Contractor without the prior written approval of the State.

The Contractor shall fully satisfy the requirements for the implementation of the system enhancements as outlined in Amendment 12, Appendix A.17 and in accordance with the payment schedule identified within Amendment 12, Appendix A.2.

6. The provisions of 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:

- Muhammad Jarrar – Project Manager
- Angela Johnson – Operations Manager;
- Kumar Kosaraju – Functional Manager;
- Priya Loonkar – QA/Test manager;
- Rishi Mehta – Technical Manager;
- Denise Tenney – Documentation Specialist;
- Gibi George – Interface Lead;
- Mark Arenburg – Provider Relations Manager;
- Brian Geiger – Ad Hoc Specialist;
- Raja SeshdriKannan – Maintenance Manager;
- Melissa Soule – Modifications Manager.
- Nancy Stanieich – Operations/Claims Processing Manager

The Contractor shall assign and maintain on the project the above described Key Project Staff who meet the requirements of the Contract, and can implement the project deliverables meeting the requirements set forth in the Contract. The Contractor shall be responsible for ensuring that the above described Key Staff and any interim staff are available and dedicated to this project

Contractor Initials: AO

Date: 11/8/2016

during the life of the Contract. The State has the absolute right to conduct reference, qualifications, and background checks on all Contractor Key Staff and may reject Key Staff as a result of those checks.

The Contractor shall not change any Key Staff commitments without providing the Department written justification and obtaining the prior written approval of the Department. Department approvals for replacement of Key Staff will not be unreasonably withheld. Key Staff replaced by the Contractor shall have comparable or greater skills than the Contractor's Key Staff being replaced, meet the requirements of the Contract and be subject to reference, qualifications, and background checks.

The Contractor will complete a current description of the roles and responsibilities of each "key staff" member, submitted to the Department within 30 days of the effective date of this amendment (Amendment 12). Prior to the addition of each new "key staff" member, the Contractor will submit to the Department, a transition plan and knowledge transfer plan applicable to the specific role, The plans will be followed to ensure the new staff member can assume the same state of readiness as the individual leaving the project. Both the transition plan and knowledge transfer plan should include a schedule, documentation to be developed or referenced and milestones to be achieved in order to successfully complete the knowledge transfer and transition of role responsibilities. A summary of the knowledge transfer and transition efforts completed will be submitted to the Department within 30 days of the effective date of this amendment (Amendment 12), for staff members added to the project within the 12 months prior to the effective date of this amendment (Amendment 12). Upon subsequent replacement of the Contractor's Key Staff, the roles and responsibilities description will be reviewed and if applicable updated, with prior written approval by the Department.

7. The provisions of Exhibit A, Contract Paragraph 11, *Liquidated Damages*, as amended and replaced by Amendment 9, is hereby amended as follows by adding the following paragraph at the end of the section:

Replacement of Key Staff

Notwithstanding the provisions of this Paragraph 11, *Liquidated Damages*, procedure for the assessment of liquidated damages for the replacement of Key Staff, Paragraph 8.1.1., shall be as follows:

In order to maintain staffing levels, the Contractor must replace the Key Staff identified in Paragraph 8.1.1. within ten (10) business days of any vacancy. After ten (10) business days, the Contractor must assign interim staff, with equal or greater qualifications than the Key Staff replaced. The interim staff must be dedicated to the project to ensure no gap in coverage while the Contractor obtains replacement Key Staff to fill the position. The State shall be notified in writing of proposed interim staff's qualifications prior to beginning work. Interim staff shall be subject to the same requirements for Key Staff identified in Paragraph 8.1.1. Should the Contractor fail to assign interim staff as described, liquidated damages shall be assessed, retroactive to the date the original Key Staff member left the position. Liquidated damages shall be assessed each month for any part of the month for each position that remains unfilled by an interim staff member.

The Contractor shall provide permanent replacement Key Staff to fill the position within forty-five (45) calendar days, which time may be extended in writing at the sole discretion of the State.

Contractor Initials: SD

Date: 11/8/2016

Should the Contractor not provide permanent replacement Key Staff to fill the position at the expiration of the time period identified by the State, liquidated damages shall be assessed, retroactive to the date the original Key Staff member left the position, regardless of whether interim staff has been appointed. Liquidated damages shall be assessed each month for any part of the month for each position that remains unfilled by a permanent Key Staff member.

The amount of liquidated damages assessed shall be in accordance with the amount described in Appendix A.3, Section 9, "Key Replacement Staff."

8. The provisions of Exhibit A, Paragraph 11, *Liquidated Damages*, Appendix A.3, Section 9 "Key Staff Replacement" as amended by Amendment 9, Appendix A.3, Section 9 "Key Staff Replacement" is hereby deleted and replaced as follows:

9. Key Staff Replacement	<i>See Exhibit A, Paragraph 11, Liquidated Damages, "Replacement of Key Staff"</i>	Liquidated damages in the amount of five percent (5%) of the total operating costs for the month(s) in which the violation occurred.
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9. The provisions of Amendment 11, Appendix A.2, *Deliverables List and Payment Schedule* of the Contract are hereby replaced with Amendment 12, Appendix A.2 as attached.

Exhibit B

10. The provisions of Exhibit B, Paragraph 1.1 *Firm Fixed Price* are 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 (\$4,191,482 in State Fiscal Year 2016 and \$12,574,446 in State Fiscal year 2017) for the first year (extension operations year 1) and \$17,476,968 for the second year (extension operations year 2) for a total two year Extension Operations Phase amount not to exceed \$34,242,896.

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, and Appendix A.17 for a Post-DDI Phase Enhancement total amount not to exceed

Contractor Initials: *RS*
 Date: 11/8/2016

\$36,908,459. The total amount for the base contract, optional operations extension period, and the Post DDI Enhancements shall not exceed \$149,443,908.

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.

Within ten (10) business days of the effective date of this Amendment 12, the Contractor shall provide the State with the following information in writing:

- An itemized listing of all data storage, software, hardware, and software licensing costs;
- An explanation of operational staffing details across the entire project, including, number of staffing resources, whether those resources are temporary or permanent, full-time or part-time and the justification for staffing need.

11. The provisions of Exhibit B, Paragraph 1.5 *Total Contract Price* are 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, above) exceed \$149,443,908, 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 12, 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 12 PRICE ITEM	Am 12 PRICE
<i>DDI Phase</i>	\$47,791,503
<i>Subtotal DDI Phase:</i>	\$47,791,503
<i>Post-DDI Phase Enhancements – Appendix A.12</i>	\$21,564,935
<i>Post-DDI Phase Enhancements – Appendix A.13</i>	\$2,923,787
<i>Post-DDI Phase Enhancements – Appendix A.15</i>	\$6,924,326
<i>Post-DDI Phase Enhancements – Appendix A.16</i>	\$1,037,186
<i>Post-DDI Phase Enhancements – Appendix A.17</i>	\$4,458,225
<i>Subtotal Post DDI Enhancements:</i>	\$36,908,459
<i>Total DDI Phase and Post DDI Enhancements :</i>	\$84,699,962

Contractor Initials: SO

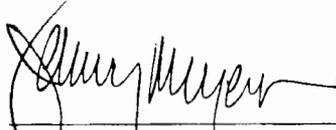
Date: 11/8/2016

AMENDMENT 12 PRICE ITEM	Am 12 PRICE
<i>Base Operations Year 1</i>	\$7,975,733
<i>Base Operations Year 2</i>	\$8,752,153
<i>Base Operations Year 3</i>	\$13,773,164
<i>Subtotal Base Operations Phase:</i>	\$30,501,050
<i>(DDI Phase and Base Operations Phase) Total Base Contract:</i>	\$78,292,553
<i>Extension Operations Year 1</i>	\$16,765,928
<i>Extension Operations Year 2</i>	\$17,476,968
<i>Subtotal Extension Operations Phase:</i>	\$34,242,896
<i>Total Operations Phase:</i>	\$64,743,946
<i>(DDI Phase, Post-DDI Phase Enhancements, Operations Phase) Total Contract Price:</i>	\$149,443,908

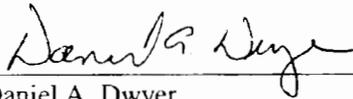
Contractor Initials: AD
 Date: 11/8/2016

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



Jeffrey A. Meyers
Commissioner



Daniel A. Dwyer
Vice President, Eastern U.S. Operations
Xerox State Healthcare, LLC

Contractor Initials: SD

Date: 11/8/2016

STATE OF Maryland
COUNTY OF Prince George

On this the 8th day of November 2016, before me, Heather J. Land the undersigned officer, personally appeared Daniel A. Dwyer who acknowledged himself/herself to be the Vice President of Xerox State Healthcare, LLC, a Delaware limited liability company, and that he/she, as such 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 Vice President .

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

Heather J. Land
Notary Public/Justice of the Peace
My commission expires: 10/8/2020

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

OFFICE OF THE ATTORNEY GENERAL
By: [Signature]
Date: 11/9/16

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: DD
Date: 11/8/2016

Xerox Amendment 12

Appendix A.15

NH MMIS System Enhancements for Premium Assistance and Medicaid Care Management

The scope of work for this Amendment 12 Appendix A.15 includes the following deliverables for the Medicaid Care Management (MCM), Premium Assistance Program (PAP), and Non-Emergency Medical Transportation (NEMT) Programs, as listed in Amendment 12 Appendix A.2:

A.2 Ref #	Amendment 12 A.15 MCM and PAP Deliverables	Price
	MCM/PAP	
1	MCO Mandatory Enrollment	\$393,693.00
2	Enrollment File and Eligibility Changes	\$610,820.00
3	X12 834 Enrollment Transaction	\$707,205.00
4	Phase 1 PAP Changes	\$611,334.00
7	FFS Co-Pay Changes	\$783,953.00
8	X12 HIX 820 Premium Payment Transaction	\$384,721.00
9	NH BRIDGES Interface Changes	\$269,733.00
10a	Additional Interface – T-MSIS	\$101,450.00
10b	Additional Interface – Options	\$101,449.00
11	eFADS and eMAR Changes	\$493,810.00
12a	X12 820 Software Purchase	\$125,000.00
12b	Capitation Claim Adjustments	\$236,292.00
13	Targeted Recon Changes	\$88,433.00
14	Member UI Changes for Additional QHP Data	\$158,435.00
15	BRIDGES Outbound Interface, SA UI and PCP Part 2 Interface	\$128,300.00
17	Inbound MCO-MMIS Interface	\$94,323.00
27	Additional Eligibility Changes	\$104,500.00
31	Maternity/Newborn Processing	\$78,625.00
32	Newborn BP on 271 Transaction	\$37,250.00
33	Newborn BP in Voice Response	\$5,000.00
34	820 Payment Financial Reporting	\$30,625.00
	Subtotal MCM/PAP for Appendix A.15	\$5,544,951.00
	Non-Emergency Medical Transportation	
1N	NEMT Project Management	\$109,349.00
2N	NEMT Provider Enrollment	\$12,566.00
3N	NEMT Benefit Plan	\$26,461.00
4N	NEMT Member NEMT Enrollment	\$54,614.00
5N	NEMT 834 Enrollment Transaction	\$259,781.00
6N	NEMT Benefit Plan Rate Cohort	\$10,875.00
7N	NEMT Capitation	\$124,695.00

Contractor Initials:

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Appendix A.15

NH MMIS System Enhancements for Premium Assistance and Medicaid Care Management

A.2 Ref #	Amendment 12 A.15 MCM and PAP Deliverables	Price
8N	NEMT Claims/Financial/Encounters	\$125,178.00
9N	NEMT 820 Payment Transaction	\$50,265.00
10N	NEMT User Interface	\$34,074.00
11N	NEMT Reports	\$49,540.00
12N	NEMT Data Interfaces	\$48,331.00
13N	NEMT Federal Reporting	\$9,666.00
14N	NEMT Deployments, UAT, PIR	\$193,325.00
15N	NEMT State Tester Support-4mos	\$251,323.00
16N	NEMT System Documentation	\$19,332.00

Subtotal NEMT for Appendix A.15 \$1,379,375.00
TOTAL Amendment 12 Appendix A.15: \$6,924,326.00

Contractor Initials: *GO*

Date: 11/8/2016

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Appendix A.17
NH MMIS System Enhancements to Meet Federal Requirements II

Introduction

The New Hampshire Medicaid Management Information System (MMIS) requires the following enhancements to improve the capabilities and efficiency of program operation and meet federal MMIS certification requirements:

1. Provider Revalidation
2. MITA Assessment Support
3. Enhanced Provider Screening
4. T-MSIS-Transformed Medicaid Statistical Information System
5. ICD-10
6. MCM/PAP
7. Change of Ownership (CHOW) Phase II-Partial Year Cost Reporting

Enhancement I – Provider Revalidation

The NH Medicaid Program is federally required to notify and revalidate the enrollment of all active NH Medicaid providers at least every five years. The State Medicaid Agency (SMA) must conduct a full screening. Revalidation screening must be carried out appropriate to the provider's risk level in accordance with federal regulations.

To address these federal requirements, system changes must be made to the MMIS to support the provider revalidation process. New online automated processes, changes to existing processes, and changes to forms to support a new manual process must be designed, developed, and implemented.

System changes will be made to automatically identify providers that are due for revalidation and to issue notifications and letters to those providers to inform them of the need to complete the revalidation process. Online provider enrollment processes will be expanded to allow providers to access their provider revalidation record, to validate existing data or to make changes to reflect their current status, to attest to the data being submitted, and to submit their completed revalidation record.

Changes will be made to provider enrollment user interface pages to track additional data related to the new revalidation process. Additionally, changes to provider enrollment user interface pages will be made to clarify instructions and to acquire additional data determined necessary by the DHHS Program Integrity Unit, to comply with federal Medicaid provider enrollment regulations. Provider enrollment related processes and database tables will be changed as required to handle the new revalidation process and data received in the new enrollment fields.

Changes to support the manual process will involve the generation of new individual and group revalidation data forms that could be mailed to providers for validation, reviewed and edited by the provider, then signed and returned to Xerox for processing. The scope of changes also includes new letters and reports.

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NH MMIS System Enhancements to Meet Federal Requirements II

User Interfaces

There are six high level requirements related to User Interfaces changes.

1. Static content changes (verbiage changes) across different screens in Provider enrolment (Individual and Group), Provider Application Maintenance and Provider Maintenance.
2. Screen layout changes in Remittance Advice sections.
3. Valid value updates in Provider Type and Provider Termination Reason codes.
4. A database table will be redesigned to capture the year of participation if a Provider was previously enrolled in Medicaid in any other State.
5. A new section to capture the additional Service Location addresses as part of the provider enrolment, validation and maintenance and changes to make the Service Location Phone number and Service Location Contact person details as mandatory.
6. Exclusions and Sanctions UI need to be changed to capture multiple occurrence dates for positive responses to the questionnaire.

Letters and Reports

There are two letters and twenty reports that require changes as a result of high level requirements related to provider revalidation. If any other letters or reports are identified that require changes, those will have to be estimated and covered as a change request.

7. PRV-MNT-L005 – Column label and title specification changes have been shared with the State.
8. PRV-MNT-L004 – Column label and title specification changes have been shared with the State.
9. ADH-PRV-105 (All Pending Applications with Affiliations Report) – Provider address column label will be renamed to Primary Physical Address.
10. ADH-PRV-107 (Provider Application Status Count Report) – Provider address column label will be renamed to Primary Physical Address.
11. PRV-INT-001 (Provider NCPDP Interface Update Report) – NCPDP should be expanded in title and column label.
12. PRV-INT-002 (Provider NCPDP Interface Error Report) – NCPDP should be expanded in title and column label.
13. PRV-INT-005 (Provider DEA Interface Update Report) – DEA should be expanded in title and column label.
14. PRV-INT-006 (OIG Sanction Match Report) – Provider address column label will be renamed to Primary Physical Address.
15. PRV-INT-010 (Provider DEA Interface Error Report) – DEA should be expanded in title and column label.
16. PRV-INT-012 (NPI Mismatch Report) – NPI should be expanded in title and column label.
17. PRV-INT-013 (NPI Error Report) – NPI should be expanded in title.
18. PRV-INT-015 (OIG Reinstatement Match Report) – Provider address column label needs to be renamed to Primary Physical Address.
19. PRV-MNT-101 (Daily Pharmacy Provider Update Report) – Provider address column label needs to be renamed to Primary Physical Address.
20. PRV-MNT-103 (Active Provider Listing Report) – Provider address column label needs to be renamed to Primary Physical Address.

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21. PRV-MNT-106 (License Renewal/Recertification Past Due List – Over 60 Days Report) - NPI should be expanded in column label.
22. PRV-MNT-107 (License Renewal/Recertification Due List – Within 30/90 Days Report) - NPI should be expanded in column label.
23. PRV-MNT-108 (Re-verification Past Due List Report) – NPI should be expanded in Column label.
24. PRV-MNT-109 (High Risk Provider (FCBC) Results) – NPI should be expanded in Column label.
25. PRV-MNT-111(Bed Capacity Report) – NPI should be expanded in column label.
26. PRV-MNT-115 (Providers Under Review Report Definition) – NPI should be expanded in column label.
27. PRV-MNT-116 (Monthly Provider Enrollment Detail Report) – NPI should be expanded in column label.
28. PRV-MNT-117 (Change in Provider Practice Affiliations Report) – NPI should be expanded in column label.
29. Additional ad hoc and dashboard reports will require a change request.

Automated Provider Revalidation

The provider revalidation solution will be designed to meet the needs of the New Hampshire Medicaid Program and to enable automation to ensure an efficient and streamlined process. This will require changes to the New Hampshire MMIS in the following areas:

1. Reference data changes – System List, Valid Values, System Parameter and Data Architect changes.
2. Batch Process changes – Update logic in daily batch process & new letter creations.
3. Provider Enrollment and User Interface Changes – Changes in Individual Enrollment, Group Enrollment, Application Maintenance (Application Approval), Provider Maintenance and new Revalidation User Interfaces for maintenance and providers.

Manual Provider Revalidation

The automated provider revalidation solution will be the primary process for the majority of providers. If a provider has extenuating circumstances and is unable to utilize the automated online process an exception will be made and a paper provider revalidation document will be mailed to the provider for completion. The manual provider revalidation process will require revisions to two existing letters (PRV-MNT-L004 and PRV-MNT-L005). These letters will be mailed to the provider for review and editing. The provider will return the letter to Xerox for processing. The extent of the changes to these letters is not yet determined and will be based upon the data that the State includes in the revalidation effort.

The costs for Provider Revalidation included in this amendment are based on the high level requirements determined through a best effort in advance of the amendment. During requirements validation and detailed design, new or changed functional requirements may be discovered, which could adjust or increase costs.

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NH MMIS System Enhancements to Meet Federal Requirements II

Additional Provider Revalidation Requirements

As a result of the Joint Application Design (JAD) sessions several enhancements were identified by program area staff as necessary components to further support the provider revalidation effort. At the same time, some changes previously identified as necessary, were replaced or eliminated as a result of the new changes being considered. When the entire scope of the project is assessed at the end of the JAD sessions, there is likely to be an increase in cost due to an expansion of requirements. The impact of the changes that follow will need to be assessed against the original project scope. To cover the costs for expanded requirements that will need to be implemented in a timely manner to support provider revalidation, three new group deliverables were added. Final determination of the functions to be addressed under each group will be mutually agreed upon by the State and Xerox after the JAD sessions are completed.

Changes include creating new letters, new reports, forms, data exchange and user interfaces. In addition, it was identified that there is a need to create several new processes to store historical revalidation data, automate functionalities such placing a provider on review, automating the Correspondence Record (CR) creation, accepting electronic signatures, and storing the PDF revalidation document into Electronic Data Management System (EDMS). Changes also include new processes to collect new information from providers regarding ownership and significant business transactions as required by Federal Regulations; and introducing new criteria that will control the volume of providers triggered to revalidate at any given time.

Additional Operations Temporary Staffing

Provider revalidation will require additional operations temporary staffing to support the Xerox provider call center, mailroom and enrollments units. Xerox anticipates an increase in provider revalidation activities beginning in June 2017, based on recent analysis of NH providers required to be revalidated. The temporary staff would be on boarded in April and May of 2017.

The temporary staff would support an increase of calls in the call center related to questions, inquiries and clarifications regarding provider revalidation. As providers engage in revalidation, supporting documentation is expected to be received and processed timely which will require additional support in the mailroom and the enrollment unit. With the introduction of provider revalidation, the defined Service Level Agreements (SLAs) for the call center, mailroom and enrollment units will continue to be expected to meet the defined metrics regardless of an increase in activities for each area.

The temporary staffing would include six full-time resources (two call center, two mailroom and two enrollment resources) to support provider revalidation. The temporary operations staffing estimate is through the following period:

April 2017 - June 2017: \$135,125

Total Cost for Temporary Operations Staffing: \$135,125

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NH MMIS System Enhancements to Meet Federal Requirements II

The high level summary above covers the Provider Revalidation effort to enhance the MMIS in order to comply with federal regulation. The cost for the Provider Revalidation enhancements under this Amendment 12 is \$2,300,000.

Enhancement II: MITA Assessment Support

The State is competitively procuring a vendor to conduct the NH Medicaid Information Technology Architecture (MITA) version 3.0 State Self-Assessment (SS-A) and Roadmap to develop enterprise architectures to align to and advance increasingly in MITA maturity for business, architecture, and data. Technical support from Xerox is required to support the activities of the SS-A assessment. MITA Technical support activities include participating in assessment meetings, reviewing materials generated from the assessment for accuracy and or contribution, and providing technical support to assist the MITA SS-A vendor while the assessment of the MMIS and its architecture is in progress. This support will be billed based on the hours consumed.

The high level summary above supports the MITA Technical Support activities for the MMIS. The cost for the MITA Assessment Support under this Amendment 12 is \$15,000.

Enhancement III: Enhanced Provider Screening

As per ACA Section 6028, States must validate all new providers using comprehensive database checks that include checking all applicable state licensing credentials. Further the regulations require states to collect SSN and Dates of Birth for all affiliated parties (owners, officers and directors) and validate the identities at the time of enrollment or revalidation (for existing enrollments). Rules also require risk scoring the providers and performing enhanced database checks for higher risk scores. The rules also mandate minimum monthly monitoring of all providers and affiliated parties for any change in sanction and eligibility status. The provider screening and monitoring solution allows the State to meet all ACA requirements. The application provides the ability for the New Hampshire Program Integrity staff to review results of all automated checks, to drill down into details and the ability to do manual verifications or enhanced due diligence where necessary. The application manages the entire screening workflow including all communications, evidence capture and reporting. The proposed solution is comprised of two primary modules, a screening module and a monitoring module. The system will also be fully integrated with the MMIS.

The Centers for Medicare and Medicaid Services published a Final Rule on February 2, 2011, in the Federal Register (42 CFR Parts 405, 424, 447 et al.) with provisions to be implemented as they relate to Medicare, Medicaid and Children's Health Insurance Programs (CHIP) for provider screening and prevention of provider fraud and abuse. The Final Rule requires enrollment of Ordering and Referring Providers, the collection of Application Fees for Institutional Provider, required provider Screening Levels, and/or Background Checks/Fingerprinting for certain provider types.

NH initiated a Provider Screening Project in 2015 that integrates the Digital Harbor (DH) Know Your Provider (KYP) product with the MMIS to implement operational Provider Screening and Monitoring.

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NH MMIS System Enhancements to Meet Federal Requirements II

When enrolling and reenrolling providers, provider data is extracted from the MMIS and sent to KYP, where it is matched against federally required data sources to identify any potential screening or monitoring concerns.

A change is required to the MMIS Screening Extract process to send data only for new provider applicants. Data for historically approved applicants will be sent to KYP in the Monitoring Extract. Regulations 42 CRR 455.434 require fingerprint-based criminal and background checks (FCBC) for all "high" risk providers. Provider enrollment functionality on the MMIS must be enhanced so that it allows for the tracking and data reporting of finger print activity and status outcomes for all high risk providers, in compliance with the federal requirements.

Xerox will implement operational procedures to support the Digital Harbor project for the New Hampshire MMIS to ensure daily and monthly processing activities are being completed timely. A daily procedure will be established to confirm that inbound and outbound files are sent and received in a timely manner. A monthly procedure will be established to confirm that the Provider Master File (PMF) is processed in timely manner. Xerox will manage and/or escalate Digital Harbor processing or vendor related issues by following an established governance process.

The high level summary for Enhanced Provider Screening above now includes both Digital Harbor Provider Screening and the FCBC which are in support of the federal requirements. The total additional cost increase for the Enhanced Provider Screening enhancements under this Amendment 12 is \$106,250. When added to the \$421,013 already approved under Amendment 11, the total cost for this is \$527,263 under this Amendment 12.

Enhancement IV: T-MSIS-Transformed Medicaid Statistical Information System

Section 4735 of the Balanced Budget Act of 1997 included a statutory requirement for states to submit claims data, enrollee encounter data, and supporting information to the Centers for Medicare and Medicaid Services (CMS). Section 6504 of the Affordable Care Act strengthened this provision by requiring states to include data elements federally required for program integrity, program oversight, and administration.

T-MSIS PORT testing and ORT testing were more complicated to execute and required more time than anticipated to complete. T-MSIS is a challenging project that involves the implementation of a new NH MMIS T-MSIS solution as well as the creation and implementation of a new federal T-MSIS data system. Each of the testing phases involves the creation of State T-MSIS data extracts, transmitting the files to the federal system, the federal system receiving and handling NH files and files from all other states, the federal system creating and sending response files back to NH, and the NH solution being able to receive and handle the inbound response files. Changes are occurring on both new systems to resolve issues identified during testing, and as the federal system evolves, the NH solution must be adapted to meet revised specifications.

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Each of the other States going through PORT and ORT are encountering similar challenges and increases in duration. According to CMS, the average duration for the T-MSIS project for those states in production has been 27 months. It is projected that the NH T-MSIS project will last 28 months.

The following ten high level activities support the extended PORT and ORT testing challenges for T-MSIS under this Amendment 12.

1. Perform one additional set of PORT testing and error file processing with CMS.
2. Research, define and develop additional business rules based on evolving or clarified data requirements.
3. Work with CMS to analyze root cause of error messages and identify the proper source system of the error.
4. Perform two additional sets of PORT testing and error file processing with CMS.
5. Include encounter and capitation transactions in additional test files due to start date of capitated managed care in New Hampshire.
6. Evaluate MSIS to T-MSIS data continuity and value distribution. Research and explain differences or make coding adjustments to correct differences.
7. Update encounter and capitation specific rules as required including translating the MCO provider number to Plan ID on claim and capitation transactions.
8. Enhance pharmacy encounter business rules to account for differences in pharmacy data transfer and storage of Plan ID.
9. Provide analysis and support for the CMS Triage Reports of testing results.
10. Update MATT Specs and other system documentation to represent the evolving business rules.

Items 1-10 above are high level summary activities covering the NH T-MSIS solution to support extended PORT/ORT testing. The total additional cost increase for the T-MSIS enhancements under this Amendment 12 is \$367,725. When added to the \$4,408,726 already approved under Amendment 11, the total cost for T-MSIS is \$4,776,451 under this Amendment 12.

The contract as modified by Amendments 10, 11 and 12 anticipates that CMS may continue to modify T-MSIS specifications and impose new testing requirements. The T-MSIS Deliverables/Payment Schedule includes Additional File Catch-Up payments which will be made if necessary to cover periods resulting from delays in T-MSIS production and catch-up file processing, or the need for additional testing and/or additional requirement changes as agreed to by the contractor and approved by the State.

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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Additional storage specific to increasing data for ad hoc reporting:

Following the completion of the file catch-up process, the Contractor Xerox shall provide two full-time technical resources to operate and maintain the T-MSIS component of the MMIS, the costs for which are outlined below:

January 2017 - March 2017: \$130,000
April 2017 - March 2018: \$520,000
Total Ongoing Operations Cost January 2017 through March 2018: \$650,000

If the Department agrees to exercise the option to extend Xerox operations for three additional years of extended operations, the cost for the first year of extended operations is outlined below:

April 2018 - March 2019: \$520,000

Enhancement V: ICD-10

The Centers for Medicare and Medicaid Services (CMS) published updates to the ICD-10 Procedure Coding System (ICD-10-PCS) file and updates to the ICD-10-CM General Equivalence Mappings (GEMs) during the months of June 2016 through August 2016.

There is additional effort required outside of the "standard maintenance" for Surgical Procedure, Diagnosis Codes and GEMs when determining claims processing impacts for the number of changes identified in these files. A standard maintenance update usually consists of 200-500 code set updates; however, the FY2017 files contain thousands of updates and additions.

The high level summary above covers the NH ICD-10 Federal Fiscal Year (FFY) Annual Updates that will support surgical procedure and diagnosis code updates to the MMIS. The total additional cost increase for the ICD-10 enhancements under Amendment 12 is \$219,750. When added to the \$12,223,053 already approved under Amendment 11, the total cost for ICD-10 is \$12,442,803 under this Amendment 12.

Enhancement VI: MCM/PAP

Under Amendment 12, there are a number of additional system enhancements to support Medicaid Care Management (MCM) and the Premium Assistance Program (PAP). The PAP related enhancements will consist of a new capitation claims user interface, modifications to facilitate the processing of the Year Two 2017 Enrollment Changes, changes to the 834 for ease of processing by the Qualified Health Plans (QHPs), EMAR Managed Care Scope, and staffing support for State User Acceptance Test (UAT) project testing.

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NH MMIS System Enhancements to Meet Federal Requirements II

Capitation Claim Adjustment User Interface

Upon the implementation of adjustments for capitation claims, the State has requested a new UI that will enable users to identify capitation claims for systematic generation of void requests, perform queries to locate specific void requests, and to delete void requests. This will enhance the process for adjusting capitation claims.

PAP Year 2 2017 Enrollment Plan Changes

Open enrollment for the Premium Assistance Program (PAP) year two (2017) will start on November 1, 2016 and it is expected the New HEIGHTS eligibility system will send enrollment changes beginning October 29, 2016. Two of the carriers have new HIOS Identification Numbers which requires a series of changes. One carrier will add four new benefit plans and another will be adding two new benefit plans. In addition, six of the existing benefit plans will end. As a result of New Heights benefit plan changes, there are a host of corresponding NH MMIS configuration changes, code changes, and HIPAA X12 834 enrollment transaction changes that are required to be designed, tested and implemented.. Additionally, one carrier will discontinue its involvement in the PAP in 2017, therefore requiring the termination and testing of benefit plan closure for two additional.

PAP Year 2 834 Changes

As a result of the Affordable Care Act (ACA), changes in NH State law in 2014 created the New Hampshire (NH) Health Protection Program (HPP) that is funded via the Medicaid program to extend coverage to low income NH residents. A temporary bridge program covered members through December 2015. Beginning in January 2015, NH implemented the Premium Assistance Program (PAP) via Medicaid Management Information System (MMIS). This program enrolls eligible clients into Qualified Health Plans (QHPs) and pays the premium for these enrollees. Part of the functionality to support this was the implementation of the X12 834 Enrollment transaction that is sent to QHPs to enroll members.

In preparation for 2017 PAP enrollments, referred to as 'year two' of PAP, several changes to the 834 enrollment transaction will be implemented to facilitate more effective transmission of member enrollment change data to the QHPs.

EMAR Managed Care Additional Scope

The MMIS receives encounter claims data from each of the MCOs. By requirement, those encounter claims are adjudicated by the MMIS. Changes are required to adapt reporting processes, integrated in the Electronic Management Administrative Reporting (EMAR) System, to distinguish and report on MCO encounter payment status rather than on the MMIS adjudicated status. Changes are required to assess the encounter payment status, whether a claim is paid or denied, based on the MCO's payment determination, as opposed to the payment status applied by the NH MMIS, through its adjudication of the encounter claim. This change will facilitate more accurate reporting of MCO encounter claim data.

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State Testing Support

The current project based testing staff which is comprised of four Full-Time Employees (FTE) support the state leadership team to test ongoing projects in User Acceptance Testing (UAT) The current testing support is funded through November 2016. The testing support will be continued through June 30, 2017 under this Amendment 12.

Summary of MCM/PAP Changes:

The cost for the additional MCM/PAP changes described above is \$1,068,850 under this Amendment 12 Appendix A.17.

Enhancement VII: Change of Ownership (CHOW) Phase II-Partial Year Cost Reporting

The MMIS' Nursing Facility Acuity Rate Setting (ARS) Cost Report component must be enhanced to integrate partial year cost report data. When a nursing facility experiences an ownership change, it usually occurs sometime in the midst of the facility's fiscal year, resulting in the need for partial year cost reporting for the closing facility and partial year reporting for the successor facility, if one exists. The MMIS ARS Cost Reporting component online pages, database, and processes must be enhanced to allow for the handling of partial year cost report data, when either the ownership of a facility changes mid-year, a facility closes mid-year, or the fiscal year end changes mid-year.

The Department intends to rebase nursing facility rates for 2015, and rebasing is dependent on the MMIS' ability to integrate partial year cost report data into the rate setting process, so that the historical data set required for rate setting is complete.

The scope of the Nursing Facility Change of Ownership Partial Year Cost Report enhancement is based on high level requirements that were documented on 11/04/2016. The costs under Amendment 12 are exclusive of any changes to Cost Report reporting output, as further analysis is required to determine the best and most effective approach.

The total cost for the CHOW Phase II Partial Year Cost Reporting enhancements under Amendment 12 is \$380,750. The milestones for CHOW Phase II and their associated costs are reflected under Enhancement VII in the Appendix 17 Deliverables/Payment Schedule table on the following page.

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NH MMIS System Enhancements to Meet Federal Requirements II

Appendix A. 17 Deliverables / Payment Schedule

Activity	Milestone or Deliverable	Start	Finish	Cost
Enhancement I – Provider Revalidation (PR)				
Provider Revalidation Phase I – UI, Letters, Reports				
Requirements, Design and Change Requests Approved	PR UI, Letters, Reports Requirements Completed	10/10/2016	11/30/2016	\$77,050
Development and Unit Testing	PR UI, Letters, Reports Development Completed	11/14/2016	12/31/2016	\$115,576
SIT & Regression Testing	PR UI, Letters, Reports SIT/Regression Testing Completed	12/12/2016	01/15/2017	\$96,312
UAT Support and Production Deployment	PR UI, Letters, Reports UAT Completed Production Deployment Completed	01/16/2017	02/15/2017	\$96,312
Provider Revalidation Phase II – Automation				
Requirements, Design and Change Requests Approved	PR Automation Requirements Completed	10/10/2016	11/15/2016	\$282,950
Development and Unit Testing	PR Automation Development and Unit Testing Completed	11/14/2016	1/31/2017	\$424,426
SIT & Regression Testing	PR Automation SIT & Regression Completed	12/12/2016	2/28/2017	\$353,687
UAT Support and Production Deployment	PR Automation UAT Completed and Production Deployment Completed	01/16/2017	3/31/2017	\$353,687
Provider Revalidation Phase III – Additional Requirements				
Implementation	PR UIs, Letters & Reports Added Functionality Updates Completed	02/1/2017	03/31/2017	\$200,000
Implementation	PR Electronic Signature Functionality & Storage Capability Completed	03/01/2017	04/30/2017	\$200,000
Implementation	PR Data Collection Processes & Volume Control Completed	04/30/2017	05/31/2017	\$100,000
Provider Revalidation Phases I-III Subtotal:				\$2,300,000
Enhancement II – MITA Assessment Support				
40 Hours of Support	40 Hours MITA Technical Support	Invoiced Quarterly-March 2017		\$5,000
40 Hours of Support	40 Hours MITA Technical Support	Invoiced Quarterly-March 2017		\$5,000
40 Hours of Support	40 Hours MITA Technical	Invoiced Quarterly-March		\$5,000

Contractor Initials: ASD

Date: 11/8/2016

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Activity	Milestone or Deliverable	Start	Finish	Cost
	Support	2017		
MITA Assessment Support Subtotal:				\$15,000
Enhancement III – Enhanced Provider Screening				
New Hampshire successfully receives, processes, and reports the revised Screening and Monitoring files and exchanged with Digital Harbor	Screening/Monitoring File Processes Implemented	08/15/2016	09/15/2016	\$37,500
New Hampshire successfully collects and reports FCBC screening and outcomes within the MMIS	Provider FCBC Tracking Process Implemented	08/30/2016	11/30/2016	\$68,750
Enhanced Provider Screening Subtotal:				\$106,250
Enhancement IV – TMSIS Extended PORT and ORT Testing				
Extended PORT/ORT Testing	CMS approves New Hampshire to exit ORT and go live	01/15/2016	07/15/2016	\$367,625
TMSIS Extended PORT and ORT Testing Subtotal:				\$367,625
Enhancement V – ICD-10 Federal Fiscal Year (FFY) 2017 Annual Updates				
Requirements, Analysis, Validation, CR creation and approval, and system updates	FFY17 Requirement, Validation, Technical System Updates	04/30/2017	05/31/2017	\$219,750
ICD-10 Federal Fiscal Year (FFY) 2017 Annual Updates Subtotal:				\$219,750
Enhancement VI – MCM/PAP				
MCM/PAP Capitation Claims Adjustment User Interface				
SIT & Regression Testing Complete	Capitation Claims Adjustment UI Production Implementation	6/17/2016	2/28/2017	\$62,625
MCM/PAP Yr 2 2017 Plan Enrollment and 834				
Implementation	PAP Yr2 BP Enrollment Production Implementation	09/01/2017	10/31/2016	\$137,250
Implementation	QHP Roster Coding Changes Implementation Completed	10/10/2017	1/31/2017	\$34,190
Requirements/Design	Reqs/Design Daily Trigger Logic & 834 Data Storage	10/24/2017	11/30/2016	\$43,837
Development	Development Daily Trigger Logic & 834 Data Storage	11/14/2016	12/31/2016	\$65,756
SIT and Regression Testing	SIT and Regression Daily Trigger Logic & 834 Data	12/12/2016	1/31/2017	\$43,837

Contractor Initials: BD

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NH MMIS System Enhancements to Meet Federal Requirements II

Activity	Milestone or Deliverable	Start	Finish	Cost
	Storage			
User Acceptance Testing	UAT Daily Trigger Logic & 834 Data Storage Completed	1/2/2017	2/28/2017	\$32,877
Implementation	Daily Trigger Logic & 834 Data Storage Implemented	2/12/2017	2/28/2017	\$32,878
EMAR MCM PAP Reporting Enhancements				
Analysis and Design	EMAR Analysis & Design Completed	N/A	11/30/2016	\$51,590
Development	EMAR Data, Report, Processing Changes Completed	N/A	12/31/2016	\$51,590
System Test	EMAR System Integration Testing Completed	N/A	1/31/2017	\$81,070
User Acceptance Test	EMAR UAT, Implementation/Documentation PIR Completed	N/A	2/28/2017	\$0
MCM/PAP Multi Project State Testers				
Testing Support	MCM PAP Multi Project State Tester Support 4mos. Dec-Mar	N/A	12/01/2016	\$246,600
Testing Support	MCM PAP Multi Project State Tester Support 4Qtrs. Apr-Mar	N/A	4/01/2017	\$184,750
MCM/PAP Enhancements Subtotal:				\$1,068,850
Enhancement VII – CHOW Phase II Partial Yr Cost Reporting				
Requirements, Design and CR approvals	CHOW PII Requirements/Design Completed, CRs Approved	11/28/2016	12/31/2016	\$95,187
Development & Unit Test	CHOW PII Development Completed	12/19/2016	1/31/2017	\$95,187
SIT & Regression Testing	CHOW PII SIT/Regression Testing Completed	1/16/2017	2/28/2017	\$95,188
UAT Support & Production Deployment	CHOW PII UAT Support & Production Deployment Completed	2/20/2017	3/31/2017	\$95,188
CHOW Phase II Subtotal:				\$380,750
Enhancements I-VII Total				\$4,458,225

Contractor Initials: *ASD*

Date: 11/3/2016

Amendment 11 Appendix A 2
Deliverable List and Payment Schedule

Ref #	Deliverable	Amend 11 Delivery Date	Amend 11 Revised Invoice Date	Amend 12 Revised Invoice Date	Amend 12 Delivery Date	Payment Amount	Holdback Amount	Payment less 15% holdback	Holdback Release	Holdback Release Amount	Payment with Holdback Release Amt	Retained Holdback	Holdback Released Amount
Project Initiation and Planning													
1	Concord, NH DDI Project Site Requirement	comp	comp	comp	comp	\$1,869,102.55	15%	\$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%	\$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%	\$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%	\$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%	\$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%	\$10,259.50	0%	\$0.00	\$10,259.50	15%	\$1,810.50
7	Requirements Traceability Matrix	comp	comp	comp	comp	\$42,432.00	15%	\$36,367.80	0%	\$0.00	\$36,367.80	15%	\$6,367.80
8	Weekly Project Status Reports	comp	comp	comp	comp	\$139,277.00	15%	\$118,385.45	0%	\$0.00	\$118,385.45	15%	\$20,891.55
9	(DIS) quarterly updates	comp	comp	comp	comp	\$21,014.00	15%	\$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%	\$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%	\$10,263.75	0%	\$0.00	\$10,263.75	15%	\$1,811.25
	Total Project Initiation and Planning Cost					\$2,325,001.55	15%	\$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	\$946,029.00	15%	\$804,830.85	1%	\$63,069.60	\$5,423,893.60	14%	\$882,960.40
13	Issues Tracking and Resolution Document	comp	comp	comp	comp	\$7,819.80	15%	\$6,651.82	1%	\$521.32	\$44,833.52	14%	\$7,298.48
14	Preliminary Test Plan	comp	comp	comp	comp	\$10,801.20	15%	\$9,181.02	1%	\$720.08	\$1,926.88	14%	\$1,008.12
15	Preliminary Training Plan	comp	comp	comp	comp	\$48,653.00	15%	\$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%	\$79,366.75	1%	\$933.75	\$80,302.50	14%	\$13,072.50
17	Preliminary Disaster Recovery Plan	comp	comp	comp	comp	\$106,791.00	15%	\$90,772.35	1%	\$937.91	\$91,642.26	14%	\$14,950.74
	Total Requirements Analysis and Validation					\$1,001,072.85	15%	\$850,772.35	1%	\$66,790.19	\$5,744,644.34	14%	\$935,174.66
Design													
18	General System Design	comp	comp	comp	comp	\$2,813,754.00	15%	\$2,391,690.90	2%	\$56,275.08	\$2,447,965.98	13%	\$365,786.02
19	Detailed System Design Group 1	comp	comp	comp	comp	\$1,303,702.44	15%	\$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	\$1,955,553.37	15%	\$1,662,221.12	2%	\$32,074.05	\$1,694,295.17	13%	\$252,000.00
21	Detailed System Design Group 3	comp	comp	comp	comp	\$1,303,702.44	15%	\$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%	\$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%	\$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%	\$93,832.35	2%	\$2,207.82	\$96,040.17	14%	\$15,454.74
25	Preliminary MMS Implementation Plan	comp	comp	comp	comp	\$49,422.00	15%	\$42,008.70	2%	\$988.44	\$42,997.14	13%	\$6,424.86
26	Preliminary Contingency Plan	comp	comp	comp	comp	\$64,206.00	15%	\$54,575.10	2%	\$1,300.90	\$55,876.00	13%	\$8,700.00
27	Preliminary Security Plan	comp	comp	comp	comp	\$47,566.00	15%	\$40,431.10	2%	\$951.32	\$41,382.42	13%	\$6,183.58
28	Finalized Disaster Recovery Plan	comp	comp	comp	comp	\$84,209.00	15%	\$71,575.10	2%	\$1,684.12	\$73,259.22	13%	\$10,946.78
65a	MMS Change Order Analysis DSD Update Gp 1-7	comp	comp	comp	comp	\$404,429.00	15%	\$343,764.65	2%	\$8,088.56	\$351,853.21	13%	\$52,575.77
65b	MMS Change Order Analysis DSD Update Gp 8-9	comp	comp	comp	comp	\$16,851.00	15%	\$14,323.35	2%	\$337.02	\$14,660.37	13%	\$2,190.63
66a	Archive Claims Retrieval Solution	comp	comp	comp	comp	\$2,527.65	15%	\$2,108.10	2%	\$48.55	\$2,156.65	13%	\$326.00
	Total Design					\$7,666,014.32	15%	\$6,507,612.17	2%	\$163,120.29	\$6,670,732.46	13%	\$995,281.86
Construction and Unit Testing													
29a	Functional Test Summary Iteration 1a	comp	comp	comp	comp	\$651,185.12	15%	\$554,073.54	2%	\$13,037.02	\$567,110.56	13%	\$84,740.66
29b	Functional Test Summary Member Function	comp	comp	comp	comp	\$358,516.17	15%	\$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%	\$83,111.03	2%	\$1,955.55	\$85,065.58	13%	\$12,711.10
30a	Functional Test Summary Operations Functions	comp	comp	comp	comp	\$1,466,665.40	15%	\$1,249,665.59	2%	\$29,333.31	\$1,279,008.90	13%	\$190,666.50
30b	Functional Test Summary Program Functions	comp	comp	comp	comp	\$1,140,739.60	15%	\$969,628.66	2%	\$22,614.79	\$992,243.45	13%	\$148,296.15
30c	Functional Test Summary Provider Functions	comp	comp	comp	comp	\$121,814.70	15%	\$103,814.70	2%	\$2,607.40	\$106,422.11	13%	\$15,948.13
30d	Functional Test Summary Security Functions	comp	comp	comp	comp	\$65,185.12	15%	\$55,407.35	2%	\$1,303.70	\$56,711.05	13%	\$8,474.07
31	Integration and System Test Scripts	Removed	Amendment	Per	12	\$0.00	15%	\$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%	\$21,250.00	2%	\$500.00	\$21,750.00	13%	\$3,250.00
33b	Change Orders A-B	comp	comp	comp	comp	\$51,480.00	15%	\$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%	\$136,121.55	2%	\$3,202.66	\$139,324.21	13%	\$20,818.59
35a	Finalized MMS Implementation Plan-Provider Enroll	comp	comp	comp	comp	\$49,468.33	15%	\$42,050.08	2%	\$989.77	\$43,040.85	13%	\$6,433.48
35b	Finalized MMS Implementation Plan-MMS	comp	comp	comp	comp	\$98,976.67	15%	\$84,190.17	2%	\$1,979.53	\$86,169.70	13%	\$12,866.97
36	Finalized Integration and System Test Plan	comp	comp	comp	comp	\$141,757.00	15%	\$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%	\$126,185.25	2%	\$2,969.30	\$129,154.55	13%	\$19,300.45
38	Finalized Conversion/Migration Plan	comp	comp	comp	comp	\$114,676.00	15%	\$97,474.60	2%	\$2,293.52	\$99,768.12	13%	\$14,907.86
39	Finalized Operations Plan	comp	comp	comp	comp	\$49,647.00	15%	\$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%	\$41,270.05	2%	\$971.06	\$42,241.11	13%	\$6,311.89
	Total Construction and Unit Testing					\$4,799,293.43	15%	\$4,079,399.42	2%	\$95,985.87	\$4,175,385.29	13%	\$623,908.16
Integration and System Testing													
41a	Integration and System Test Summary Iteration 1a	comp	comp	comp	comp	\$651,185.12	15%	\$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	\$358,516.17	15%	\$304,740.44	2%	\$7,170.36	\$311,910.81	13%	\$46,607.36
41c	Integration and System Test Summary Non-Functional Req	comp	comp	comp	comp	\$97,777.68	15%	\$83,111.03	2%	\$1,955.55	\$85,065.58	13%	\$12,711.10
42a	Integration and System Test Summary Operations Functions	comp	comp	comp	comp	\$1,466,665.40	15%	\$1,249,665.59	2%	\$29,333.31	\$1,279,008.90	13%	\$190,666.50
42b	Integration and System Test Summary Program Functions	comp	comp	comp	comp	\$1,140,739.60	15%	\$969,628.66	2%	\$22,614.79	\$992,243.45	13%	\$148,296.15
42c	Integration and System Test Summary Provider Functions	comp	comp	comp	comp	\$121,814.70	15%	\$103,814.70	2%	\$2,607.40	\$106,422.11	13%	\$15,948.13
42d	Integration and System Test Summary Security Functions	comp	comp	comp	comp	\$65,185.12	15%	\$55,407.35	2%	\$1,303.70	\$56,711.05	13%	\$8,474.07
65c	Integration and System Test Summary Changes 1-7	comp	comp	comp	comp	\$985,504.00	15%	\$843,676.40	2%	\$17,770.60	\$861,447.00	13%	\$131,151.52

Amendment 11 Appendix A.2
Deliverable List and Payment Schedule

Ref #	Deliverable	Amend 11 Delivery Date	Amend 12 Invoice Date	Amend 13 Invoice Date	Amend 12 Revised Invoice Date	Payment Amount	Holdback	Holdback Amount	Payment less, 15 Holdback	Holdback Release	Holdback Release Amount	Payment with Holdback Release Aval	Returned Holdback	Holdback Retention Amount
43	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
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%	\$5,327.36
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%	\$8,958.52
46	Preliminary Converter 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	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
48	Acceptance Test Plan	comp	comp	comp	comp	\$48,672.00	15%	\$7,300.80	\$41,371.20	2%	\$973.44	\$42,344.64	13%	\$5,327.36
49	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
50	Finalized Training Plan	comp	comp	comp	comp	\$16,061.76	15%	\$2,409.26	\$13,652.50	2%	\$312.24	\$13,973.73	13%	\$2,088.03
51	Training Materials & Manuals - Provider Enrollment	comp	comp	comp	comp	\$32,610.24	15%	\$4,891.54	\$27,718.70	2%	\$652.20	\$28,370.91	13%	\$4,239.33
52	Training Materials & Manuals - MMIS	comp	comp	comp	comp	\$5,233,447.20	15%	\$785,017.08	\$4,448,430.12	2%	\$104,688.94	\$4,553,099.06	13%	\$680,348.14
53	Conversion	comp	comp	comp	comp	\$60,622.00	15%	\$9,093.30	\$51,528.70	1%	\$606.22	\$52,134.92	14%	\$8,487.06
	Total Conversion					\$60,622.00	15%	\$9,093.30	\$51,528.70	1%	\$606.22	\$52,134.92	14%	\$8,487.06
	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%	\$20,696.06
55	MMIS Change Order Acceptance Test	comp	comp	comp	comp	\$1,254,240.00	15%	\$186,136.00	\$1,068,104.00	1%	\$12,542.40	\$1,078,646.40	14%	\$175,593.60
56	Operational Readiness Report	comp	comp	comp	comp	\$32,175.00	15%	\$4,826.25	\$27,348.75	1%	\$521.75	\$27,870.50	14%	\$4,504.50
57	Program Expansion Enhancements	Removed Amendment	Per 12	comp	comp	\$0.00	15%	\$0.00	\$0.00	1%	\$0.00	\$0.00	14%	\$0.00
58	Finalized MMIS Provider Handbooks	comp	comp	comp	comp	\$39,305.00	15%	\$5,895.75	\$33,409.25	1%	\$399.05	\$33,808.30	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	\$84,203.00	15%	\$12,631.35	\$71,571.65	1%	\$842.09	\$72,413.74	13%	\$10,947.17
59	Archive Claims Renewal Solution	comp	comp	comp	comp	\$11,492.00	15%	\$1,723.80	\$9,768.20	1%	\$149.24	\$9,917.44	14%	\$1,069.36
60	MMIS System Documentation	comp	comp	comp	comp	\$31,360.00	15%	\$4,704.00	\$26,656.00	1%	\$3,136.00	\$29,792.00	14%	\$4,304.00
61	MMIS Change Order Readiness & Implementation	comp	comp	comp	comp	\$98,575.00	15%	\$14,786.25	\$83,788.75	1%	\$985.75	\$84,774.50	14%	\$13,600.50
62	Results of Final Conversion	comp	comp	comp	comp	\$611,308.00	15%	\$91,696.20	\$519,611.80	1%	\$6,113.08	\$525,724.88	14%	\$88,683.12
	Total Implementation													
	Post-Implementation evaluation													
61	Evaluation plan	Removed Amendment	Per 12	comp	comp	\$0.00	15%	\$0.00	\$0.00	1%	\$0.00	\$0.00	14%	\$0.00
62	Evaluation report	Removed Amendment	Per 12	comp	comp	\$0.00	15%	\$0.00	\$0.00	1%	\$0.00	\$0.00	14%	\$0.00
63	Corrective action plan	Removed Amendment	Per 12	comp	comp	\$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%	\$3,885,782.80
	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	\$50,000.00	15%	\$7,500.00	\$42,500.00	1%	\$500.00	\$43,000.00	14%	\$7,000.00
	Total Requirements Analysis					\$150,000.00	15%	\$22,500.00	\$127,500.00	1%	\$1,500.00	\$129,000.00	14%	\$19,000.00
	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%	\$8,800.00
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%	\$8,800.00
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%	\$8,500.00
	Total Business Rules and Design					\$215,000.00	15%	\$32,250.00	\$182,750.00	1%	\$2,150.00	\$184,900.00	14%	\$24,100.00
	Construction													
7	Detailed System Design Update	Removed Amendment	Per 10	comp	comp	\$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	comp	comp	\$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%	\$42,500.00

Amendment 11 Appendix A 2
Deliverable List and Payment Schedule

Deliverable	Amend 11 Delivery Date	Amend 12 Revised Invoice Date	Amend 13 Revised Invoice Date	Payment Amount	Holdback Amount	Payment less 15% holdback	Holdback Release %	Holdback Release Amount	Payment with Mid-Year Release Amt	Returned Holdback	Retained Holdback
ENHANCED ANALYTICS											
TOTAL ENHANCED ANALYTICS				\$0.00	15%	\$0.00	1%	\$0.00	\$0.00	14%	\$0.00
6010 Enhancements											
1 Requirements and Design	comp	comp	comp	\$1,777,000.00	15%	\$266,550.00	0%	\$0.00	\$1,510,450.00	0%	\$0.00
2 Detailed System Design	comp	comp	comp	\$712,500.00	15%	\$106,875.00	1%	\$7,125.00	\$612,750.00	14%	\$99,750.00
Total Requirements and Design				\$2,489,500.00	15%	\$373,425.00	1%	\$24,895.00	\$2,140,970.00	14%	\$348,530.00
Construction and User Acceptance Test											
3 Initiation of UAT	comp	comp	comp	\$1,790,300.00	15%	\$268,545.00	1%	\$17,903.00	\$1,539,656.00	14%	\$250,642.00
4 Completion of UAT	comp	comp	comp	\$1,828,900.00	15%	\$274,335.00	1%	\$18,289.00	\$1,589,276.00	14%	\$259,046.00
5 Design, code, unit test, SIT - UAT testing for the COB change	Removed Amendment	Per 10		\$0.00	15%	\$0.00	1%	\$0.00	\$0.00	14%	\$0.00
Total Construction and Unit Test				\$3,619,200.00	15%	\$542,880.00	1%	\$36,192.00	\$3,111,512.00	14%	\$509,688.00
Implementation											
6 User Interface Updated for 6010	08/15/16	comp	09/15/16	\$568,425.00	15%	\$85,263.75	1%	\$5,684.25	\$488,445.50	14%	\$73,579.50
Total Implementation				\$568,425.00	15%	\$85,263.75	1%	\$5,684.25	\$488,445.50	14%	\$73,579.50
TOTAL 6010 Enhancements				\$5,977,125.00	15%	\$1,001,588.75	1%	\$66,771.25	\$5,742,327.50	14%	\$934,797.50
Managed Care System Enhancement Phase I											
1 Requirements and Design	comp	comp	comp	\$442,250.00	15%	\$66,337.50	1%	\$4,422.50	\$380,335.00	14%	\$61,915.00
2 Detailed System Design	comp	comp	comp	\$93,750.00	15%	\$14,062.50	1%	\$937.50	\$80,825.00	14%	\$13,125.00
Total Requirements and Design				\$536,000.00	15%	\$80,400.00	1%	\$5,360.00	\$460,960.00	14%	\$75,040.00
Construction and User Acceptance Test											
3 Completion of UAT	comp	comp	comp	\$1,973,875.00	15%	\$296,081.25	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%	\$19,738.75	\$1,697,532.50	14%	\$276,342.50
Implementation											
4 Completion of Implementation	comp	comp	comp	\$292,400.00	15%	\$43,860.00	1%	\$2,924.00	\$251,464.00	14%	\$40,936.00
Total Implementation				\$292,400.00	15%	\$43,860.00	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	1%	\$28,022.75	\$2,409,956.50	14%	\$392,318.50
Managed Care System Enhancement Phase II											
1 Management Oversight	comp	comp	comp	\$56,500.00	15%	\$8,475.00	1%	\$565.00	\$48,560.00	14%	\$7,910.00
2 Documented Change Requests	comp	comp	comp	\$87,150.00	15%	\$13,072.50	1%	\$871.50	\$74,077.50	14%	\$12,201.00
3 Updated DSD Chapters	comp	comp	comp	\$94,150.00	15%	\$14,122.50	1%	\$941.50	\$80,027.50	14%	\$13,181.00
4 Technical Design	comp	comp	comp	\$70,500.00	15%	\$10,575.00	1%	\$705.00	\$60,650.00	14%	\$9,870.00
Total Requirements and Design				\$308,300.00	15%	\$46,245.00	1%	\$3,083.00	\$265,136.00	14%	\$43,182.00
Construction and Unit Test											
5 Construction	comp	comp	comp	\$535,000.00	15%	\$80,250.00	1%	\$5,350.00	\$460,100.00	14%	\$74,900.00
Total Construction and Unit Test				\$535,000.00	15%	\$80,250.00	1%	\$5,350.00	\$460,100.00	14%	\$74,900.00
System Integration Testing											
6 System Test Plan	comp	comp	comp	\$41,000.00	15%	\$6,150.00	1%	\$410.00	\$35,260.00	14%	\$5,740.00
7 System Test Complete	05/31/16	comp	07/15/17	\$318,100.00	15%	\$47,715.00	1%	\$3,181.00	\$273,566.00	14%	\$44,534.00
Total System Integration Testing				\$359,100.00	15%	\$53,865.00	1%	\$3,591.00	\$308,826.00	14%	\$50,274.00
User Acceptance Testing											
6 UAT Test Planning	comp	comp	comp	\$104,250.00	15%	\$15,637.50	1%	\$1,042.50	\$89,655.00	14%	\$14,595.00
7 Train State/State Users	07/31/16	comp	03/15/17	\$9,450.00	15%	\$1,417.50	1%	\$94.50	\$8,267.00	14%	\$1,300.00
Total User Acceptance Testing				\$112,700.00	15%	\$16,995.00	1%	\$1,127.00	\$96,522.00	14%	\$15,778.00
Implementation											
4 Production Release	07/31/16	comp	03/31/17	\$99,973.00	15%	\$14,995.95	1%	\$999.73	\$85,976.78	14%	\$13,996.22
Total Implementation				\$99,973.00	15%	\$14,995.95	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%	\$14,150.73	\$1,219,982.78	14%	\$198,110.22
Medicaid Hospice Benefit											
TOTAL Medicaid Hospice Benefit Enhancements				\$0.00	15%	\$0.00	1%	\$0.00	\$0.00	14%	\$0.00
Enhanced Provider Screening Requirements and Design											

Contractor Initials: *DP*
Date: 11/8/2016

Amendment 11 Appendix A.2
Deliverable List and Payment Schedule

Ref #	Deliverable	Amend 11 Delivery Date	Amend 11 Invoice Date	Amend 12 Invoice Date	Amend 12 Revised Date	Payment Amount	Holdback Amount	Holdback %	Payment Less 15 Holdback	Holdback Release Amount	Holdback Release %	Holdback Release Amount	Payment with Holdback Release Avail	Holdback Retained Amount
1	Requirements Analysis	comp	comp	comp	comp	\$111,250.00	\$16,687.50	15%	\$94,562.50	\$16,687.50	1%	\$1,112.50	\$95,675.00	\$15,572.50
2	Delimited System Design	comp	comp	comp	comp	\$78,500.00	\$11,775.00	15%	\$66,725.00	\$11,775.00	1%	\$785.00	\$67,510.00	\$10,990.00
	Total Requirements and Design					\$189,750.00	\$28,462.50	15%	\$161,287.50	\$18,462.50	1%	\$1,897.50	\$163,185.00	\$26,665.00
3	License Integration Construction and System Testing	comp	comp	comp	comp	\$600,000.00	\$90,000.00	15%	\$510,000.00	\$90,000.00	1%	\$6,000.00	\$516,000.00	\$94,000.00
4	Software Installed and Integrated	comp	comp	comp	comp	\$60,783.00	\$12,117.45	15%	\$48,665.55	\$12,117.45	1%	\$807.83	\$49,473.38	\$11,309.62
5	Construction Completed	comp	comp	comp	comp	\$24,983.00	\$3,627.45	15%	\$21,355.55	\$3,627.45	1%	\$234.83	\$21,590.38	\$3,255.55
	Total Construction and Unit Test					\$915,766.00	\$137,304.90	15%	\$778,461.10	\$137,304.90	1%	\$9,107.66	\$787,568.76	\$126,207.24
6	User Acceptance Testing and Implementation	04/20/16	05/31/16	11/15/16	11/15/16	\$63,650.00	\$9,547.50	15%	\$54,102.50	\$9,547.50	1%	\$636.50	\$54,739.00	\$8,911.00
7	Training	comp	comp	comp	comp	\$3,450.00	\$517.50	15%	\$2,932.50	\$517.50	1%	\$34.50	\$2,967.00	\$483.00
8	Implementation	05/31/16	06/30/16	11/30/16	11/30/16	\$79,500.00	\$11,925.00	15%	\$67,575.00	\$11,925.00	1%	\$795.00	\$68,370.00	\$11,130.00
	Total Implementation					\$146,600.00	\$21,990.00	15%	\$124,610.00	\$21,990.00	1%	\$1,495.00	\$123,115.00	\$20,535.00
9	Additional Functionality	comp	comp	comp	comp	\$136,500.00	\$20,475.00	15%	\$116,025.00	\$20,475.00	1%	\$1,365.00	\$117,390.00	\$19,110.00
10	Change Request Approved	comp	comp	comp	comp	\$56,889.00	\$8,533.35	15%	\$48,355.65	\$8,533.35	1%	\$568.89	\$48,924.54	\$7,355.65
11	Coding and Unit Testing Complete	comp	comp	comp	comp	\$99,623.00	\$14,943.45	15%	\$84,679.55	\$14,943.45	1%	\$996.23	\$85,675.78	\$13,947.22
12	System Integration Testing Complete	comp	comp	comp	comp	\$56,889.00	\$8,533.35	15%	\$48,355.65	\$8,533.35	1%	\$568.89	\$48,924.54	\$7,355.65
13	User Acceptance Testing Complete	07/31/16	08/31/16	11/15/16	11/15/16	\$42,667.00	\$6,400.05	15%	\$36,266.95	\$6,400.05	1%	\$426.67	\$36,693.62	\$5,273.38
14	Post Production Validation Complete	08/31/16	09/30/16	11/30/16	11/30/16	\$28,445.00	\$4,266.75	15%	\$24,178.25	\$4,266.75	1%	\$284.45	\$24,462.70	\$3,982.30
	Total Additional Functionality					\$421,013.00	\$63,151.95	15%	\$357,861.05	\$63,151.95	1%	\$6,210.13	\$364,071.18	\$56,941.82
	TOTAL Enhanced Provider Screening Enhancements					\$1,873,129.00	\$187,817.40	15%	\$1,685,311.60	\$187,817.40	1%	\$16,731.29	\$1,852,042.89	\$234,238.06
	Electronic Health Record Provider Incentive Program													
	TOTAL EHR Provider Incentive Program Enhancements					\$0.00	\$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	\$73,387.50	15%	\$415,862.50	\$73,387.50	1%	\$4,892.50	\$420,755.00	\$68,495.00
	Total Assessment					\$489,250.00	\$73,387.50	15%	\$415,862.50	\$73,387.50	1%	\$4,892.50	\$420,755.00	\$68,495.00
	TOTAL HIPAA Operating Rules Assessment					\$489,250.00	\$73,387.50	15%	\$415,862.50	\$73,387.50	1%	\$4,892.50	\$420,755.00	\$68,495.00
	Appendix A11 MMIS Change Requests/Staff Augmentation													
1	Change Request Designed, Developed, Implemented	comp	comp	comp	comp	\$5,117,750.00	\$767,662.50	15%	\$4,350,087.50	\$767,662.50	1%	\$51,177.50	\$4,401,265.00	\$716,485.00
2	All NH CRs identified in Appendix A.11 DDI Complete	comp	comp	comp	comp	\$989,041.00	\$148,356.15	15%	\$840,684.85	\$148,356.15	1%	\$9,890.41	\$849,575.26	\$130,684.85
	Total Staff Augmentation January February March 2013					\$6,106,791.00	\$916,018.65	15%	\$5,190,772.35	\$916,018.65	1%	\$60,067.91	\$5,250,840.26	\$847,169.74
	TOTAL MMIS Change Requests/Staff Augmentation					\$5,608,791.00	\$826,018.65	15%	\$4,864,753.70	\$826,018.65	1%	\$65,067.91	\$4,929,821.31	\$770,950.74
	TOTAL MMIS DDI Phase					\$47,781,502.50	\$7,188,725.38	15%	\$40,592,777.12	\$7,188,725.38	1%	\$477,915.03	\$41,070,692.15	\$5,690,810.35
	Section B - Post DDI Phase													
	MMIS Post DDI Phase System Enhancements													
1	Software License Acquired and Applied	comp	comp	comp	comp	\$229,784.00	\$34,467.60	15%	\$195,316.40	\$34,467.60	1%	\$2,297.84	\$197,614.24	\$29,168.56
2	Requirements Elaboration - Documented Change Requests	comp	comp	comp	comp	\$178,165.00	\$26,724.75	15%	\$151,440.25	\$26,724.75	1%	\$1,781.65	\$153,221.90	\$22,938.25
3	Updated Detailed System Design Approved	comp	comp	comp	comp	\$249,374.00	\$37,406.10	15%	\$211,967.90	\$37,406.10	1%	\$2,493.74	\$214,461.64	\$32,912.86
4	Technical Design Completed	comp	comp	comp	comp	\$293,381.00	\$43,907.15	15%	\$249,473.85	\$43,907.15	1%	\$2,933.81	\$252,407.66	\$37,973.85
5	Coding, Unit Testing, Data Configuration Updates Completed	comp	comp	comp	comp	\$233,381.00	\$35,007.15	15%	\$198,373.85	\$35,007.15	1%	\$2,333.81	\$200,707.66	\$30,673.85
6	Development Integration Testing Completed	comp	comp	comp	comp	\$190,698.00	\$28,604.70	15%	\$162,093.30	\$28,604.70	1%	\$1,906.98	\$164,000.28	\$24,696.30
7	System Integration Testing Completed	comp	comp	comp	comp	\$261,272.00	\$39,190.80	15%	\$222,081.20	\$39,190.80	1%	\$2,612.72	\$224,693.92	\$34,773.92
8	T.MSIS User Acceptance Testing Completed	comp	comp	comp	comp	\$587,200.00	\$88,080.00	15%	\$500,120.00	\$88,080.00	1%	\$5,872.00	\$505,992.00	\$75,880.00
9a	Pre-Operational Readiness Testing Approved by CHS	comp	comp	comp	comp	\$130,000.00	\$19,500.00	15%	\$110,500.00	\$19,500.00	1%	\$1,300.00	\$111,800.00	\$16,770.00
9b	Pre-Operational Readiness Testing Approved by CMS	comp	comp	comp	comp	\$130,000.00	\$19,500.00	15%	\$110,500.00	\$19,500.00	1%	\$1,300.00	\$111,800.00	\$16,770.00
9c	Pre-Operational Readiness Testing Approved by CMS	comp	comp	comp	comp	\$130,000.00	\$19,500.00	15%	\$110,500.00	\$19,500.00	1%	\$1,300.00	\$111,800.00	\$16,770.00
10	Implementation - Post Production Validation Complete	comp	comp	comp	comp	\$275,940.00	\$41,391.00	15%	\$234,549.00	\$41,391.00	1%	\$2,759.40	\$237,308.40	\$35,638.40
11	Final DSD, Use Cases, System Documentation Approved	comp	comp	comp	comp	\$195,000.00	\$29,250.00	15%	\$165,750.00	\$29,250.00	1%	\$1,950.00	\$167,700.00	\$25,050.00
12	CY 2014 Catch-Up Files Submitted	08/31/16	09/30/16	12/31/16	12/31/16	\$195,000.00	\$29,250.00	15%	\$165,750.00	\$29,250.00	1%	\$1,950.00	\$167,700.00	\$25,050.00
12a	CY 2015 16 Catch-Up Files Submitted	09/30/16	10/31/16	01/31/17	01/31/17	\$260,000.00	\$39,000.00	15%	\$221,000.00	\$39,000.00	1%	\$2,600.00	\$223,600.00	\$33,400.00
12b	CY 2015 16 Catch-Up Files Submitted (if necessary)	10/31/16	11/30/16	02/28/17	02/28/17	\$32,500.00	\$4,875.00	15%	\$27,625.00	\$4,875.00	1%	\$325.00	\$28,000.00	\$4,200.00
12c	CY 2016 Catch-Up Files Submitted (if necessary)	11/30/16	12/31/16	03/15/17	03/15/17	\$32,500.00	\$4,875.00	15%	\$27,625.00	\$4,875.00	1%	\$325.00	\$28,000.00	\$4,200.00
12d	CY 2016 Catch-Up Files Submitted (if necessary)	11/30/16	12/31/16	03/15/17	03/15/17	\$32,500.00	\$4,875.00	15%	\$27,625.00	\$4,875.00	1%	\$325.00	\$28,000.00	\$4,200.00
12e	CY 2016 Catch-Up Files Submitted (if necessary)	11/30/16	12/31/16	03/15/17	03/15/17	\$32,500.00	\$4,875.00	15%	\$27,625.00	\$4,875.00	1%	\$325.00	\$28,000.00	\$4,200.00
12f	CY 2016 Catch-Up Files Submitted (if necessary)	12/15/16	01/15/17	04/15/17	04/15/17	\$32,500.00	\$4,875.00	15%	\$27,625.00	\$4,875.00	1%	\$325.00	\$28,000.00	\$4,200.00
12g	CY 2016 Catch-Up Files Submitted (if necessary)	12/15/16	01/15/17	04/15/17	04/15/17	\$32,500.00	\$4,875.00	15%	\$27,625.00	\$4,875.00	1%	\$325.00	\$28,000.00	\$4,200.00
12h	CY 2016 Catch-Up Files Submitted (if necessary)	12/31/16	01/31/17	05/31/17	05/31/17	\$32,500.00	\$4,875.00	15%	\$27,625.00	\$4,875.00	1%	\$325.00	\$28,000.00	\$4,200.00
13	20 Database and File Format Updates	comp	comp	comp	comp	\$12,500.00	\$1,875.00	15%	\$10,625.00	\$1,875.00	1%	\$125.00	\$10,750.00	\$1,625.00
14	20 Error Files Receipt and Processing	comp	comp	comp	comp	\$50,000.00	\$7,500.00	15%	\$42,500.00	\$7,500.00	1%	\$500.00	\$43,000.00	\$6,500.00

Amendment 11 Appendix A.2
Deliverable List and Payment Schedule

Ref #	Deliverable	Amend 11 Delivery Date	Amend 12 Revised Delivery Date	Amend 11 Invoice Date	Amend 12 Revised Invoice Date	Payment Amount	Holdback Amount	Payment less 15 Holdback	Holdback Release	Holdback Amount	Payment with Holdback Release	Holdback Amount	Holdback Released
15	2.0 Rules - NH MATT Specs Updated	08/31/16	11/30/16	09/30/16	12/31/16	\$200,000.00							
16	2.0 Rules - Coded, Tested, Implemented	09/30/16	12/31/16	10/31/16	01/31/17	\$209,375.00							
	TOTAL A12-AMIS					\$4,408,728.00							
HPAA Operating Rules													
1	Software License Acquired and Applied	comp	comp	comp	comp	\$1,596,809.00							
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	\$421,256.00							
5	Technical Design Completed	comp	comp	comp	comp	\$547,633.00							
6	Coding, Unit Testing, and Data Configuration Completed	comp	comp	comp	comp	\$122,866.00							
7	Development Integration Testing Completed	comp	comp	comp	comp	\$368,599.00							
8	System Test Plan Approved	comp	comp	comp	comp	\$210,628.00							
9	System Integration Testing Completed	comp	comp	comp	comp	\$168,504.00							
10	User Acceptance Testing Completed	comp	comp	comp	comp	\$106,547.00							
11	Post Production Validation Completed	comp	comp	comp	comp	\$106,547.00							
12	Receipt of Phase I CORE Certification Seal	07/31/16	12/01/16	08/31/16	12/31/16	\$106,547.00							
13	Receipt of Phase II CORE Certification Seal	07/31/16	12/01/16	08/31/16	12/31/16	\$106,547.00							
14	Receipt of Phase III CORE Certification Seal	07/31/16	12/01/16	08/31/16	12/31/16	\$106,547.00							
15	Environment Upgrades	08/31/16	03/31/17	09/30/16	04/30/17	\$112,885.00							
	TOTAL A-12 HPAA Operating Rules					\$4,933,153.00							
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 Complete	comp	comp	comp	comp	\$803,242.00							
12	System Integration Testing Technical Consulting	comp	comp	comp	comp	\$70,000.00							
13	User Acceptance Testing Complete	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	\$906,222.00							
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							
	Amendment 10					\$0.00							
19	Avior 2nd Year License Acquired and Applied	comp	comp	comp	comp	\$375,893.00							
20	Trading Partner Testing Completed	comp	comp	comp	comp	\$125,000.00							
21	Phase III - Technical Consulting	comp	comp	comp	comp	\$161,097.00							
22	Full Regression Test with Latest MMIS Release Complete	comp	comp	comp	comp	\$284,000.00							
23	Additional Mapping Updates	comp	comp	comp	comp	\$12,223,053.00							
	TOTAL A-12 ICD-10					\$21,564,935.00							
NHPPP													
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	\$555,162.00							
6	Non-Federal Reports, Claims Data Mart for NHPPP	comp	comp	comp	comp	\$462,652.00							
7	Federal Reporting, EFADS, Remaining Tasks	11/30/16	02/15/17	11/30/16	03/15/17	\$370,121.00							
	TOTAL A-13 NHPPP					\$2,923,787.00							
TOTAL MMIS Post DDI Enhancements A-12													
						\$21,564,935.00							
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	Removed Amendment	Per 12	Per 12	\$0.00							
6	New MCO or MCM/PAP 854/Enrollment	Removed Amendment	Removed Amendment	Per 12	Per 12	\$0.00							

Amendment 11 Appendix A 2
Deliverable List and Payment Schedule

Ref #	Deliverable	Amend 11 Delivery Date	Amend 12 Revised Delivery Date	Amend 11 Invoice Date	Amend 12 Revised Invoice Date	Payment Amount	Holdback Amount	Holdback Release Amount	Payment with Holdback Release Amt	Retained Holdback Amount	
7	FES Co-Pay Changes	comp	comp	comp	comp	\$783,953.00					
8	X12 HIX 820 Premium Payment Transaction	comp	comp	comp	comp	\$284,721.00					
9	NI-BRIDGES Interface Changes	08/31/16	comp	09/30/16	comp	\$269,753.00					
10a	Additional Interface - I-MISIS	07/31/16	comp	08/30/16	comp	\$101,450.00					
10b	Additional Interface - Options	comp	comp	comp	comp	\$101,449.00					
11	eFADS and eMAR Changes	09/30/16	comp	10/31/16	comp	\$493,810.00					
12a	X12 820 Software Purchase	comp	comp	comp	comp	\$125,000.00					
12b	Capitation Claim Adjustments	02/28/17	comp	11/30/16	comp	\$236,292.00					
13	Targeted Reconciliations	comp	comp	comp	comp	\$88,433.00					
14	Member UI Changes for Additional OHP Data	comp	comp	comp	comp	\$158,435.00					
15	BRIDGES Outbound Interface, SA UI and PCP Part 2	10/31/16	02/28/17	11/30/17	03/31/17	\$128,300.00					
16	MID Compare Process		Removed Amendment	Per 12		\$0.00					
17	Inbound MCO-MMIS Interface	10/31/16	Removed Amendment	Per 11	11/30/16	\$94,323.00					
18	NEMT Requirements Analysis		Removed Amendment	Per 11		\$0.00					
19	NEMT Configuration		Removed Amendment	Per 11		\$0.00					
20	NEMT-UI		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-I-MISIS		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	Maleimty/Newborn Processivity	07/31/16	comp	08/31/16	comp	\$78,625.00					
32	Newborn BP on 271 Transaction	07/31/16	comp	08/31/16	comp	\$37,250.00					
33	Newborn BP in Voice Response	07/31/16	comp	08/31/16	comp	\$5,000.00					
34	820 Payment Financial Reporting	07/31/16	comp	08/31/16	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	12/31/16	12/31/16	01/31/17	01/31/17	\$108,349.00					
2N	NEMT Provider Enrollment	07/15/16	comp	08/31/16	comp	\$12,566.00					
3N	NEMT Benefit Plan	07/15/16	comp	08/31/16	comp	\$26,461.00					
4N	NEMT Member NEMT Enrollment	07/15/16	comp	08/31/16	comp	\$54,614.00					
5N	NEMT 834 Enrollment Transaction	08/31/16	comp	09/30/16	comp	\$259,781.00					
6N	NEMT Benefit Plan Rate Cohort	08/31/16	comp	09/30/16	comp	\$10,875.00					
7N	NEMT Capitation	08/31/16	comp	09/30/16	comp	\$124,695.00					
8N	NEMT Claims/Financial/Encounters	08/31/16	comp	09/30/16	comp	\$125,178.00					
9N	NEMT 820 Payment Transaction	09/30/16	comp	10/31/16	comp	\$50,265.00					
10N	NEMT User Interface	09/30/16	comp	10/31/16	comp	\$34,074.00					
11N	NEMT Reports	09/30/16	comp	10/31/16	comp	\$49,540.00					
12N	NEMT Data Interfaces	10/31/16	comp	11/30/16	comp	\$48,331.00					
13N	NEMT Federal Reporting	10/31/16	comp	11/30/16	comp	\$9,666.00					
14N	NEMT Deployments, UI, PIR	10/31/16	10/31/16	11/30/16	11/30/16	\$193,325.00					
15N	NEMT State Tester Support 4mos	11/30/16	11/30/16	12/31/16	12/31/16	\$251,323.00					
16N	NEMT System Documentation	12/31/16	12/31/16	01/31/17	01/31/17	\$19,332.00					
	TOTAL A-15 PAP and MCM NEMT Funds					\$1,379,375.00					
	TOTAL PAP and MCM Fixed Payments A-15					\$9,924,326.00					
29	General Contingency Pool		Removed Amendment	Per 12		\$0.00					
30	Cost Sharing Enhancement Pool		Removed Amendment	Per 12		\$0.00					
	TOTAL A-15 PAP and MCM Contingency Funds					\$0.00					
	TOTAL MMIS Post DDI Enhancements A-15					\$9,924,326.00					
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											

Amendment 11 Appendix A 2
Deliverable List and Payment Schedule

Ref #	Deliverable	Amend 11 Delivery Date	Amend 12 Revised Delivery Date	Amend 11 Invoice Date	Amend 12 Revised Invoice Date	Payment Amount	Holdback Amount	Payment less 15 holdback	Holdback Release	Holdback Release Amount	Payment with Holdback Release Amt	Retained Holdback	Holdback Retained Amount
1	Software Acquisition	07/31/16	comp	08/31/16	comp	\$14,350.00							
2	Production Release	07/31/16	comp	08/31/16	comp	\$3,750.00							
	TOTAL A-16 Database Access for Designated Users					\$18,100.00							
	2D Barcodes and OCR Enhancement												
1	Software Acquisition	06/30/16	comp	07/31/16	comp	\$50,468.00							
2	Design and Construction	06/30/16	comp	07/31/16	comp	\$21,283.00							
3	Testing and Implementation	07/31/16	comp	08/30/16	comp	\$17,415.00							
4	OCR Modifications	07/31/16	comp	08/30/16	comp	\$10,000.00							
	TOTAL A-16 2D Barcode Enhancement					\$99,166.00							
	Resources Utilization Group (RUG) IV												
1	Develop Policy Design Document (PDD)	04/30/16	comp	05/31/16	comp	\$60,000.00							
2	Conduct Pilot	05/31/16	comp	06/30/16	comp	\$46,000.00							
3	Conduct Simulation	06/30/16	comp	07/31/16	comp	\$30,000.00							
4	Finalize PDD	06/30/16	comp	07/31/16	comp	\$55,000.00							
5	Develop System Modifications Document (SMD)	04/30/16	comp	05/31/16	comp	\$55,000.00							
6	Finalize System Design	08/15/16	comp	08/15/16	comp	\$57,438.00							
7	Regression Testing	09/15/16	comp	10/15/16	comp	\$57,437.00							
8	User Acceptance Testing (UAT)	09/30/16	comp	10/31/16	11/30/16	\$50,000.00							
	TOTAL A-16 Resources Utilization Group (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	05/31/16	comp	06/30/16	comp	\$46,825.00							
2	Design	07/31/16	comp	08/31/16	01/31/17	\$68,105.00							
3	Testing and Implementation	07/31/16	02/28/17	09/31/16	03/31/17	\$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)												
1	PR UL Letters, Reports Requirements Completed	n/a	11/30/16	n/a	12/31/16	\$77,050.00							
2	PR UL Letters, Reports Development Completed	n/a	12/31/16	n/a	01/31/17	\$115,576.00							
3	PR UL Letters, Reports SIT/Regression Testing Completed	n/a	01/15/17	n/a	02/15/17	\$96,312.00							
4	PR UL Letters, Reports UAT Completed Production Deployed	n/a	02/15/17	n/a	03/15/17	\$96,312.00							
5	PR Automation Requirements Complete	n/a	11/15/16	n/a	12/15/16	\$282,950.00							
6	PR Automation Development and Unit Testing Complete	n/a	01/31/17	n/a	02/28/17	\$424,426.00							
7	PR Automation SIT & Regression Testing Complete	n/a	02/28/17	n/a	03/31/17	\$353,687.00							
8	PR Automation UAT and Production Deployment Complete	n/a	03/31/17	n/a	04/30/17	\$353,687.00							
9	PR ULs, Letters & Reports Added Functionality Updates	n/a	03/31/17	n/a	03/31/17	\$200,000.00							
10	PR Electronic Signature Functionality & Storage Capability Co	n/a	04/30/17	n/a	04/30/17	\$200,000.00							
11	PR Data Collection Processes & Volume Control Completed	n/a	05/31/17	n/a	06/30/17	\$100,000.00							
	TOTAL A-17 Provider Revalidation					\$2,300,000.00							
	MTA Assessment Support												
1	40 Hours MTA Technical Support	n/a	03/31/17	n/a	02/31/17	\$5,000.00							
2	40 Hours MTA Technical Support	n/a	03/31/17	n/a	03/31/17	\$5,000.00							
3	40 Hours MTA Technical Support	n/a	03/31/17	n/a	02/31/17	\$5,000.00							
	TOTAL A-17 MTA Assessment Support					\$15,000.00							
	Enhanced Provider Screening												
15	Screening/Monitoring File Processes Implemented	n/a	09/15/16	n/a	11/15/16	\$37,500.00							
16	Provider FCBC Tracking Process Implemented	n/a	11/30/16	n/a	12/31/16	\$68,750.00							
	TOTAL A-17 Enhanced Provider Screening					\$106,250.00							
	T-MIS18 Transformed Medical Statistical Information System												
17	Extended PORT/ORT Testing	n/a	07/15/16	n/a	11/15/16	\$96,7625.00							
	TOTAL A-17 T-MIS18 Transformed Medical Statistical Information					\$96,7625.00							
	ICD-10												
24	FFY17 Requirement, Validation, Technical System Updates	n/a	04/30/17	n/a	05/31/17	\$219,750.00							
	TOTAL A-17 ICD-10					\$219,750.00							
	MC-MAP												
40	Capitation Claims Adjust User Interface	n/a	02/28/17	n/a	03/31/17	\$62,625.00							
	PAP Y12 2017 Plan Enrollment and #34												
41	PAP Y12 BP Enrollment Production Implementation	n/a	10/31/16	n/a	11/30/16	\$137,250.00							

Amendment 11 Appendix A.2
Deliverable List and Payment Schedule

Ref #	Deliverable	Amend 11 Delivery Date	Amend 12 Revised Delivery Date	Amend 13 Invoice Date	Amend 12 Revised Invoice Date	Payment Amount	Holdback Amount	Payment less 15 holdback	Holdback Release	Holdback Release Amount	Payment with Holdback Release	Holdback Retained Amount
42	CHP Router Coding Changes Implementation Completed	n/a	01/31/17	n/a	02/28/17	\$34,190.00						
43	Reqs/Design Daily Trigger Logic & 834 Data Storage	n/a	11/30/16	n/a	12/31/16	\$43,837.00						
44	Development Daily Trigger Logic & 834 Data Storage	n/a	12/31/16	n/a	01/31/17	\$65,756.00						
45	SIT and Regression Daily Trigger Logic & 834 Data Storage	n/a	01/31/17	n/a	02/28/17	\$43,837.00						
46	UAT Daily Trigger Logic & 834 Data Storage Completed	n/a	02/28/17	n/a	03/31/17	\$32,877.00						
47	Daily Trigger Logic & 834 Data Storage Implemented	n/a	02/28/17	n/a	03/31/17	\$32,878.00						
EMAR MCM PAP Reporting Enhancements												
53	EMAR Analysis & Design Completed	n/a	11/30/16	n/a	12/31/16	\$51,590.00						
54	EMAR Data, Report, Processing Changes Completed	n/a	12/31/16	n/a	01/31/17	\$51,590.00						
55	EMAR System Integration Testing Completed	n/a	01/31/17	n/a	02/28/17	\$81,070.00						
56	EMAR UAT, Implementation/Documentation PIR Completed	n/a	02/28/17	n/a	03/31/17	\$0.00						
57	MCM PAP Multi Project State Tester Support 4 mos Dec-Mar	n/a	12/01/16	n/a	12/01/16	\$246,600.00						
58	MCM PAP Multi Project State Tester Support 4 Cris Apr-Mar	n/a	04/01/17	n/a	04/01/17	\$184,750.00						
TOTAL A-17 MCMPPAP						\$1,068,950.00						
Change of Ownership (CHOW) Phase B-Partial Yr Cost												
5	CHOW PII Requirements/Design Completed, CRs Approved	n/a	12/31/16	n/a	01/31/17	\$95,187.00						
6	CHOW PII Development Completed	n/a	01/31/17	n/a	02/28/17	\$95,187.00						
7	CHOW PII System Integration/Regression Test Completed	n/a	02/28/17	n/a	03/31/17	\$95,188.00						
8	CHOW PII UAT Completed and Production Implementation	n/a	03/31/17	n/a	04/30/17	\$95,188.00						
TOTAL A-17 CHOW Phase II						\$380,760.00						
TOTAL MMIS Post DDI Enhancements A-17						\$4,458,225.00						
TOTAL A-17						\$64,639,961.50						

Contractor Initials: **AB**
Date: **11/8/2016**



8 6

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

129 PLEASANT STREET, CONCORD, NH 03301-3857
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 Fax: 271-4912 TDD Access: 1-800-735-2964 www.dhhs.nh.gov

Jeffrey A. Meyers
 Commissioner

Donna M. O'Leary
 Chief Information
 Officer

May 25, 2016

75% FF
 25% GF

Her Excellency, Governor Margaret Wood Hassan
 and the Honorable Council
 State House
 Concord, New Hampshire 03301

REQUESTED ACTION

Authorize the Department of Health and Human Services, Office of Information Services, to enter into a **sole source**, amendment (Amendment 11) to an existing contract (Purchase Order #1028843) with Xerox State Healthcare, LLC (Vendor #174951) at 9040 Roswell Road, Suite 700, Atlanta, GA, 30350, to develop and operate the State's Medicaid Management Information System by increasing the price limitation by \$1,464,250 from \$146,203,083 to a new amount not to exceed \$147,667,333, effective upon the approval of the Governor and Executive Council through March 31, 2018. This amendment expands the existing scope of services.

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), and Amendment 10 on December 16, 2015 (Late Item#A1).

Funds are available in SFY 2016 through SFY 2017 and are anticipated to be available in SFY 2018 upon the availability and continued appropriation of funds in future operating budgets with authority to adjust amounts between State Fiscal Years if needed and justified.

05-95-95-954010-5952 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

<u>State Fiscal</u>	<u>Class Object</u>	<u>Class Title</u>	<u>Current Modified</u>	<u>Increase/</u>	<u>Revised</u>
<u>Year</u>			<u>Budget</u>	<u>(Decrease)</u>	<u>Modified Budget</u>
SFY 2005	034/500099	Capital Projects	\$25,000,000	\$0	\$25,000,000
SFY 2006	034/500099	Capital Projects	\$1,076,918	\$0	\$1,076,918

Design, Development and Implementation Phase

<u>State Fiscal</u>	<u>Class Object</u>	<u>Class Title</u>	<u>Current Modified</u>	<u>Increase/</u>	<u>Revised</u>
<u>Year</u>			<u>Budget</u>	<u>(Decrease)</u>	<u>Modified Budget</u>
SFY 2006	102/500731	Contracts for Program Services	\$76,326	\$0	\$76,326
SFY 2012	102/500731	Contracts for Program Services	\$7,152,125	\$0	\$7,152,125
SFY 2013	102/500731	Contracts for Program Services	\$4,298,885	\$0	\$4,298,885
SFY 2014	102/500731	Contracts for Program Services	\$30,239,095	\$0	\$30,239,095
SFY 2015	102/500731	Contracts for Program Services	\$4,321,110	\$0	\$4,321,110
SFY 2016	102/500731	Contracts for Program Services	\$6,953,485	\$0	\$6,953,485
SFY 2017	102/500731	Contracts for Program Services	\$1,956,318	\$1,464,250	\$3,420,568
Total Design, Development and Implementation Phase			<u>\$81,074,262</u>	<u>\$1,464,250</u>	<u>\$82,538,512</u>

Operations Phase

<u>State Fiscal</u>	<u>Class Object</u>	<u>Class Title</u>	<u>Current Modified</u>	<u>Increase/</u>	<u>Revised</u>
<u>Year</u>			<u>Budget</u>	<u>(Decrease)</u>	<u>Modified Budget</u>
SFY 2014	102/500731	Contracts for Program Services	2084889	0	2084889
SFY 2014	102/500731	Contracts for Program Services	\$8,544,809	\$0	8544809
SFY 2015	102/500731	Contracts for Program Services	\$9,164,847	\$0	9164847
SFY 2016	102/500731	Contracts for Program Services	\$16,000,932	\$0	16000932
SFY 2017	102/500731	Contracts for Program Services	\$16,714,404	\$0	16714404
SFY 2018	102/500731	Contracts for Program Services	\$12,618,940	\$0	12618940
Total Operations Phase			<u>\$65,128,821</u>	<u>\$0</u>	<u>\$65,128,821</u>
TOTAL			\$146,203,083	\$1,464,250	\$147,667,333

EXPLANATION

This is a **sole source** amendment that will expand the development of three (3) components of the State's Medicaid Management Information System (MMIS). The first component is the Transformed Medicaid Statistical Information System (T-MSIS) that provides federally required statistical analysis and reporting on New Hampshire's Medicaid payments. The second component is Medicaid Care Management (MCM) that supports member benefit plan enrollment in managed care plans and issues capitated payments to Managed Care Organizations. The third component is the Premium Assistance Program (PAP) that incorporates system processes in support of the New Hampshire Health Protection Program into the Medicaid Management Information System.

A sole source amendment is requested, because these changes are integral to MMIS core processing, and Xerox State Healthcare, LLC is the only company that can complete the expanded development of the state's Medicaid Management Information System to address these changes. Further, the Center's for Medicare and Medicaid Services (CMS) has certified the State's Medicaid Management Information System, developed by Xerox State Healthcare, LLC, effective April 2013.

Certification provides enhanced seventy five percent federal funding for operations resulting in \$12.5 million in revenue annually.

Expanded development of the Medicaid Management Information System components in this amendment are detailed below:

1. Transformed Medicaid Statistical Information System (T-MSIS):

This component of New Hampshire's Medicaid Management Information System is federally required and was originally designed to meet specifications from the Centers for Medicare and Medicaid Services' T-MSIS version 1.2. In January 2016, the Centers for Medicare and Medicaid Services required New Hampshire to enhance its T-MSIS solution to meet the new federal requirements of T-MSIS version 2.0. The migration to version 2.0 is planned to occur in two phases:

- a. The first phase includes those changes that are required to pass through the Operational Readiness Testing (ORT) Gate Review with the Centers for Medicare and Medicaid Services.
- b. The second phase involves further refinement of error file processing and business rule enhancements that will occur in the months immediately following receipt of ORT approval, and concurrent the start-up of Catch-Up File processing.

2. Medicaid Care Management (MCM):

- a. The MCM-related change improves processing of maternity and newborn payments to Managed Care Organizations (MCO).

3. Premium Assistance Program (PAP):

- a. Enhancements to the Medicaid Management Information System financial cycle reporting to include payments processed through the new 820 premium payment transaction process. Additional changes are required to enhance the 271 eligibility inquiry response transaction and the automated voice response system to report newborn benefit plan enrollments in response to member eligibility inquiries.
- b. Implementation of the Non-Emergency Medical Transportation (NEMT) initiative that provides for non-emergency medical transportation service coverage to members enrolled in the Medicaid fee for service benefit plan or members enrolled in Qualified Health Plans (QHP) under the Premium Assistance Program. Amendment 11 includes reformulated requirements for the NEMT system solution. These expanded requirements have resulted from the

collaboration of the Department of Health and Human Services with the Centers for Medicare and Medicaid Services to acquire requisite federal approvals. Under this Amendment 11, the Medicaid Management Information System enhancements to support the implementation of NEMT and their associated costs have been reconfigured and realigned to address the system changes required to support the most current approach to implementing NEMT.

The NEMT enhancement, under this Amendment 11 addresses the requirements to enroll eligible members in a new NEMT benefit plan, to issue the 834 enrollment transaction to the NEMT contractor, to process a capitated per member per month payment, to issue the payment using the 820 payment transaction, to adapt fund code and financial cycle criteria to associate the payments to the appropriate funding source, to stop fee for service claims processing of NEMT related claims, to receive and process NEMT encounter claim transactions, to implement new reports and update existing federal and state reports, and to fully test the solution prior to deploying it to production.

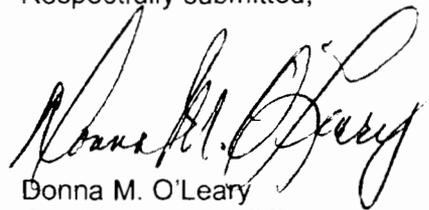
Ninety percent (90%) federal funding for the Design, Development and Implementation phase in this Amendment 11 is pending approval by the Centers for Medicare and Medicaid Services. Seventy-five percent (75%) federal funding of the Operations costs of this agreement has been previously approved through the Centers for Medicare and Medicaid Services' certification of the New Hampshire's Medicaid Management Information System developed by Xerox State Healthcare, LLC.

Source of Funds: Design, Development and Implementation phase: 90% federal funds, 10% general funds; Operations phase: 75% federal funds, 25% general funds.

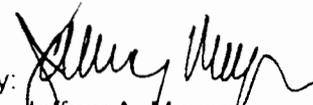
Area served: Statewide.

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

Respectfully submitted,



Donna M. O'Leary
Chief Information Officer

Approved by: 
Jeffrey A. Meyers
Commissioner

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

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Nicholas A. Toumpas
Commissioner

Steven J. Kelleher
Acting Chief
Information
Officer/Director

December 4, 2015

Her Excellency, Governor Margaret Wood Hassan
and the Honorable Council
State House
Concord, New Hampshire 03301

Sole Source

REQUESTED ACTION

Authorize the Department of Health and Human Services (DHHS), Office of Information Services, to enter into a **sole source** amendment (Amendment 10) to an existing contract (Purchase Order # 1028843) with Xerox State Healthcare, LLC (Vendor #174951) at 9040 Roswell Road, Suite 700, Atlanta, GA, 30350, to develop and operate the State's Medicaid Management Information System by increasing the price limitation by \$1,162,790 from \$145,040,293 to a new amount not to exceed \$146,203,083, effective upon the approval of the Governor and Executive Council through March 31, 2018. This amendment expands the existing scope of services. *83.5% Federal / 17.5% 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), and Amendment 9 on June 24, 2015 (Item#9).

Funds are available in State Fiscal Years 2016 and 2017 and are anticipated to be available in State Fiscal Year 2018 upon the availability and continued appropriation of funds in future operating budgets with authority to adjust amounts between State Fiscal Years if needed and justified.

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

Design, Development and Implementation

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 Program Services	\$76,326	\$0	\$76,326
2012	102/500731	Contracts for Program Services	\$7,152,125	\$0	\$7,152,125
2013	102/500731	Contracts for Program Services	\$4,298,885	\$0	\$4,298,885
2014	102/500731	Contracts for Program Services	\$30,239,095	\$0	\$30,239,095

Design, Development and Implementation continued

State			Current	Increase/	Revised
<u>Fiscal Year</u>	<u>Class Object</u>	<u>Class Title</u>	<u>Budget</u>	<u>(Decrease)</u>	<u>Budget</u>
2015	102/500731	Contracts for Program Services	\$4,321,110	\$0	\$4,321,110
2016	102/500731	Contracts for Program Services	\$7,884,885	(\$931,400)	\$6,953,485
2017	102/500731	Contracts for Program Services	\$0	\$1,956,318	\$1,956,318
Total Design, Development and Implementation Phase			<u>\$80,049,344</u>	<u>\$1,024,918</u>	<u>\$81,074,262</u>

Operations

State			Current	Increase/	Revised
<u>Fiscal Year</u>	<u>Class Object</u>	<u>Class Title</u>	<u>Budget</u>	<u>(Decrease)</u>	<u>Budget</u>
2013	102/500731	Contracts for Program Services	\$2,084,889	\$0	\$2,084,889
2014	102/500731	Contracts for Program Services	\$8,544,809	\$0	\$8,544,809
2015	102/500731	Contracts for Program Services	\$9,164,847	\$0	\$9,164,847
2016	102/500731	Contracts for Program Services	\$16,000,932	\$0	\$16,000,932
2017	102/500731	Contracts for Program Services	\$16,576,532	\$137,872	\$16,714,404
2018	102/500731	Contracts for Program Services	\$12,618,940	\$0	\$12,618,940
Total Operations			<u>\$64,990,949</u>	<u>\$137,872</u>	<u>\$65,128,821</u>
Grand Total			<u>\$145,040,293</u>	<u>\$1,162,790</u>	<u>\$146,203,083</u>

EXPLANATION

This is a **sole source** amendment that adds an optional three-year extension to the Operations Phase, eliminates several enhancements that were included in previous contract amendments and reduces the cost of another, and provides for additional enhancements to the New Hampshire Medicaid Management Information System (MMIS).

Additional Option Years

The State's three-year base contract with Xerox for Operations Phase services was scheduled to end on March 31, 2016. In accordance with the contract, however, DHHS has exercised its option to extend the contract for two additional years. The contract is now scheduled to terminate on March 31, 2018.

In order to leverage the tremendous investment made by the State in the new MMIS, DHHS wishes to amend the contract by adding three additional option years, which if exercised would extend the contract through March 31, 2021. Exercise of the optional extension would result in a maximum term of eight operational years (April 1, 2013 through March 31, 2021). Any such extension would be subject to DHHS and Xerox reaching agreement on the scope of work and price for the additional years.

The alternative is to initiate a project to procure a vendor to take over the NH MMIS effective March 31, 2018. Given the time required to obtain federal funding for an MMIS procurement, conduct such a procurement and negotiate a contract, and possibly manage the transition of the MMIS to a new vendor, DHHS would need to embark on such a project immediately. After careful consideration, the State believes that the option to extend the current contract beyond the five operational years originally defined is the most prudent course from a

financial and programmatic standpoint. This approach is also recognition that the new Health Enterprise MMIS has passed a stringent certification review, has proved adaptable to a wide variety of program initiatives, and has demonstrated the capacity to support the NH Medicaid Program for many years to come.

Changes to Previous Enhancements

Previous contract amendments included several enhancements that were initiated to meet federal or State requirements but which have not yet been implemented due to other pressing priorities. In the years since these enhancements were initiated, changes in the Medicaid program and DHHS priorities have rendered some of them less urgent, and budget constraints have led to their cancellation or delay.

- *Outpatient Prospective Payment System (OPPS) (Appendix A.5):* Originally included in Amendment 2, the OPSS project was intended to align the State's Medicaid reimbursement methodology for hospital payment costs more closely with Medicare. This amendment pre-dated the move to Medicaid Care Management and while the analytical work was completed and paid for, DHHS elected not to implement the associated system changes. Amendment 10 officially cancels those remaining tasks.
- *Enhanced Analytics (Appendix A.6):* Also part of Amendment 2, this enhancement was intended to expand on the framework of the MMIS reporting solution to provide more complex analytical capabilities than those required by the original Request for Proposals. Although DHHS remains interested in improving its analytics tools, the solution envisioned this enhancement is no longer considered sufficient. In addition, canceling this enhancement gives DHHS the option to procure a solution from a specialized analytics vendor.
- *Enhanced Provider Screening (Appendix A.9):* This enhancement, included in Amendment 5, was initiated to meet new provider enrollment requirements established by the Affordable Care Act. DHHS worked with Xerox on a modified design and schedule for this enhancement that resulted in reducing its overall cost to the State.
- *Electronic Health Record (EHR) Provider Incentive Program (Appendix A.9):* DHHS worked with the University of New Hampshire to implement an interim solution for this program, which helps providers to pay for the implementation and operation of EHR systems, while the permanent solution was being developed by Xerox as part of Amendment 5. However, the interim solution proved sufficient to meet the program's ongoing needs, enabling DHHS to cancel this enhancement.
- *Hospice Claims Processing (Appendix A9):* Amendment 5 included an enhancement to enable the MMIS to systematically process hospice claims, replacing the manual workaround currently in place. Given the relatively low volume of these claims, however, DHHS has elected to continue the current approach and redirect its limited budget dollars to critical enhancements related to the New Hampshire Health Protection Program (NHHPP).
- *Family Planning Claims Processing (Appendix A.9):* Also part of Amendment 5, this enhancement was similar to the hospice enhancement described above – replacing a manual process with automated processing. However, the volume of these claims has

declined and is expected to continue to do so because many enrollees in the Family Planning program are now eligible for NHHPP. DHHS therefore has elected to cancel this enhancement.

These changes result in a \$3,678,659 net cost reduction, which DHHS is using to fund enhancements of higher priority while remaining under budget.

Enhancements

Amendment 10 includes seven contract modifications to improve the security of data maintained by the system, to improve the efficiency of program operations, and meet federal MMIS certification requirements:

- Log-in Security Enhancements – implements recommendations made by CMS during the MMIS certification review.
- Database Access for Designated State Users – allows DoIT users who have been authorized to access the MMIS tables directly to do so in a secure manner.
- 2D Barcode and OCR Enhancement –implements barcode enhancements within the MMIS Contact Management module to capture additional information, eliminating manual indexing for certain documents and minimizing errors and modifies the Optical Character Recognition (OCR) software used to capture paper claims data to address new federal requirements.
- Resource Utilization Grouper (RUG) IV – modernizes the process used to establish Nursing Facility rates.
- New MMIS Certification Requirements – addresses unanticipated changes to the certification process that were initiated by CMS and increased the scope of work.
- DMZ Infrastructure Setup – requires Xerox to migrate to the new MOVEit Central and MOVEit DMZ releases from Ipswitch, the software vendor, enhancing the security of file exchanges between the MMIS and other DHHS trading partners.
- Extended Software Maintenance – obligates vendors to support the software versions currently incorporated into the MMIS through the end of the base contract (March 31, 2018).

These enhancements are included in the new Appendix A.16. In addition, changes in the scope and schedule of several previously approved enhancements have been incorporated into a revised Appendix A.12 and a revised Appendix A.15.

Ninety percent (90%) federal funding for the Design, Development and Implementation costs in this Amendment 10 is pending approval by the Centers for Medicare and Medicaid Services. Seventy-five percent (75%) federal funding of the Operations costs of this agreement is pending certification of the New Hampshire MMIS by CMS.

Source of Funds: Design, Development and Implementation phase: 90% federal funds, 10% general funds; Operations phase: 75% federal funds, 25% general funds.

Area served: Statewide.

Her Excellency, Governor Margaret Wood Hassan
and the Honorable Council
December 4, 2015
Page 5

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

Respectfully submitted,



Steven J. Kelleher
Interim Chief Information Officer/Director

Approved by:



Nicholas A. Toumpas
Commissioner

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9 Jm



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

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Nicholas A. Toumpas
Commissioner

William L. Baggeroer
Chief Information
Officer/Director

June 4, 2015

Her Excellency, Governor Margaret Wood Hassan
and the Honorable Council
State House
Concord, New Hampshire 03301

sole source

Est: 78.9% Federal
21.1% General

REQUESTED ACTION

Authorize the Department of Health and Human Services, Office of Information Services, to enter into a sole source amendment (Amendment 9) to an existing contract (Purchase Order #1028843) with Xerox State Healthcare, LLC (Vendor #174951) 9040 Roswell Road, Suite 700, Atlanta, GA, 30350, to develop and operate the State's Medicaid Management Information System by increasing the price limitation by \$25,261,365, from \$119,778,928 to \$145,040,293, effective upon the approval of the Governor and Executive Council through March 31, 2018. This amendment expands the existing scope of services.

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), 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), and Amendment 8 on May 27, 2015 (Item#16).

No State Fiscal Year 2015 funds are required for this amendment; funds are anticipated to be available in State Fiscal Years 2016, 2017 and 2018 upon the availability and continued appropriation of funds in future operating budgets with authority to adjust amounts between State Fiscal Years if needed and justified.

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

Design, Development and Implementation

Table with 7 columns: State, Fiscal Year, Class Object, Class Title, Current Budget, Increase/Decrease, Revised Budget. Rows include data for years 2005-2016 and a total for the Design, Development and Implementation Phase.

Operations

State			Current	Increase/	Revised
<u>Fiscal Year</u>	<u>Class Object</u>	<u>Class Title</u>	<u>Budget</u>	<u>(Decrease)</u>	<u>Budget</u>
2013	102/500731	Contracts for Program Services	\$2,084,889	\$0	\$2,084,889
2014	102/500731	Contracts for Program Services	\$8,544,809	\$0	\$8,544,809
2015	102/500731	Contracts for Program Services	\$9,164,847	\$0	\$9,164,847
2016	102/500731	Contracts for Program Services	\$9,328,007	\$6,672,925	\$16,000,932
2017	102/500731	Contracts for Program Services	\$9,770,148	\$6,806,384	\$16,576,532
2018	102/500731	Contracts for Program Services	\$7,437,961	\$5,180,979	\$12,618,940
Total Operations			<u>\$46,330,661</u>	<u>\$18,660,288</u>	<u>\$64,990,949</u>
Grand Total			<u>\$119,778,928</u>	<u>\$25,261,365</u>	<u>\$145,040,293</u>

EXPLANATION

This is a **sole source** amendment that provides for the enhancement of the New Hampshire Medicaid Management Information System (MMIS) to support the NH Health Protection Program (NH HPP) and Medicaid Care Management (MCM); increases the payments for ongoing operations so they are more closely aligned with the Contractor's audited costs; and improves accountability by strengthening the contract's provisions for performance measurement, liquidated damages, and turnover of MMIS source code.

Enhancements

NH HPP is New Hampshire's innovative approach to providing health care coverage to uninsured citizens under the Affordable Care Act. It began with the implementation of a temporary Bridge program in September 2014, under which clients meeting eligibility requirements enrolled with one of the Medicaid MCOs and received services under an Alternative Benefit Plan (ABP). Starting on January 1, 2016, the Bridge program will be replaced by the Premium Assistance Program (PAP), under which existing and new NH HPP eligibles will enroll in a Qualified Health Plan (QHP) offered by a Department of Insurance-approved carrier. The State is paying the premiums for these enrollees, requiring the MMIS to support many new processes and interfaces.

MCM Step 1 was implemented on December 1, 2013, when most Medicaid clients began receiving health care services via a Managed Care Organization (MCO) contracted with the State. For Step 1, long-term care services were carved out and clients dually eligible for Medicaid and Medicare could voluntarily select an MCO but were not required to enroll in MCM. For Step 2, long-term care services delivered via the Choices for Independence (CFI) waiver program will be added to the list of services delivered by the MCM MCOs, and dual eligibles will be mandatorily enrolled in MCM.

In addition to the changes associated specifically with NH HPP and MCM Step 2, Amendment 9 requires that the MMIS be enhanced to receive and store additional eligibility and enrollment data and to support 834 Enrollment and 820 Premium Payment transactions. These changes will benefit both NH HPP and MCM. Another significant enhancement under this amendment is the addition of a third MCM MCO to join the two currently contracted with the State.

The fixed cost of these enhancements is \$5,616,077. The amendment establishes an additional \$985,000 in contingency funds to allow for the flexibility to adapt to changes in specifications and new specifications that might emerge during development of the enhancements, for a total of \$6,601,077. The State is not obligated to expend any of the contingency funds.

Operational Cost Increase

The original price for operating and maintaining the MMIS was established in 2005, eight years before the MMIS began operations. The price was based on the anticipated cost of operating an existing legacy system that was to be transferred from another state. DHHS and the Contractor agreed substitute the solution originally proposed with a more advanced solution, as allowed by Section 3.1.3 of the Contract, that would provide greater accessibility and configurability while meeting emerging CMS requirements. However, the operations price remained unchanged.

Within a year after the implementation, the Contractor informed DHHS that the cost of operating the new system was substantially higher than had been proposed for the original legacy solution. The Contractor requested an "equitable adjustment" to increase operations payments to a level consistent with cost of running the system.

DHHS requested justification of the payment increase in the form of documented costs presented in the same format as the original 2005 cost proposal. This enabled DHHS staff to conduct an "apples to apples" comparison of the proposed and actual cost of operating the new MMIS. DHHS determined that the Contractor's costs were in fact significantly higher than proposed, in large part due to the increased cost of data processing, hardware, software, ongoing maintenance, and technical labor for the new solution.

The annual increase in operations and maintenance payments requested by the Contractor and accepted by DHHS represents 81.2% of the annual cost difference documented during the audit. The increase will be effective July 1, 2015; the Contractor has agreed that costs incurred prior to that date cannot be recovered.

The cost of this increase for the nine remaining months of the base contract, through March 31, 2016, is \$4,979,795. The cost of the increase for the two option years is \$13,680,493; the State has not yet exercised either of the option years and Amendment 9 does not obligate the State to do so.

Accountability

To ensure that the State receives full value for the increase in operations payments under this amendment, DHHS staff conducted a review of every performance measure and liquidated damages provision in the contract and original Request for Proposal (RFP). The Contractor agreed to additional liquidated damages provisions and to new and more stringent performance measures. The Contractor also agreed to replace the previous requirement to provide MMIS source code to a third party escrow agent with a new requirement to turn the source directly over to the Department of Information Technology, and to provide a replacement set of source code every six months.

Her Excellency, Governor Margaret Wood Hassan
and the Honorable Council
June 4, 2015
Page 4

Ninety percent (90%) federal funding for the Design, Development and Implementation costs in this Amendment 9 is pending approval by the Centers for Medicare and Medicaid Services. Seventy-five percent (75%) federal funding of the Operations costs of this agreement is pending certification of the New Hampshire MMIS by CMS.

Source of Funds: Design, Development and Implementation phase: 90% federal funds, 10% general funds; Operations phase: 50% federal funds, 50% general funds (prior to federal certification) and 75% federal funds, 25% general funds (pending MMIS certification).

Area served: Statewide.

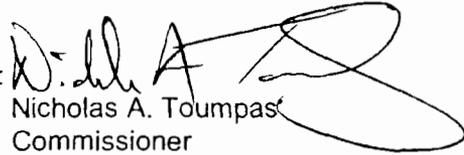
In the event that the Federal Funds become no longer available, General Funds will not be requested to support this program.

Respectfully submitted,



William L. Baggeroer
Chief Information Officer/Director

Approved by:



Nicholas A. Toumpas
Commissioner

ES

16



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

MAY 05 '15 AM 9:57 DAS

Nicholas A. Toumpas
Commissioner

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William L. Baggeroer
Chief Information
Officer/Director

April 22, 2015

Her Excellency, Governor Margaret Wood Hassan
and the Honorable Council
State House
Concord, New Hampshire 03301

Site Source
83 to Federal
17 to General

REQUESTED ACTION

Authorize the Department of Health and Human Services, Office of Information Services, to enter into a **sole source** amendment (Amendment 8) to an existing contract (Purchase Order #1028843) with Xerox State Healthcare, LLC (Vendor #174951) 9040 Roswell Road, Suite 700, Atlanta, GA, 30350, to develop and operate the State's Medicaid Management Information System by increasing the price limitation by \$2,453,808, from \$117,325,120 to \$119,778,928, effective upon the approval of the Governor and Executive Council through March 31, 2018. This amendment expands the existing scope of services.

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), 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), and Amendment 7 on June 18, 2014 (Item#61A).

Funds are available in State Fiscal Year 2015 and are anticipated to be available in State Fiscal Years 2016, 2017 and 2018 upon the availability and continued appropriation of funds in future operating budgets with authority to adjust amounts between State Fiscal Years if needed and justified.

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

Design, Development and Implementation

State			Current	Increase/	Revised
Fiscal Year	Class Object	Class Title	Budget	(Decrease)	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 Program Services	\$76,326	\$0	\$76,326
2012	102/500731	Contracts for Program Services	\$7,152,125	\$0	\$7,152,125
2013	102/500731	Contracts for Program Services	\$4,298,885	\$0	\$4,298,885
2014	102/500731	Contracts for Program Services	\$30,239,095	\$0	\$30,239,095
2015	102/500731	Contracts for Program Services	\$4,321,110	\$0	\$4,321,110
2016	102/500731	Contracts for Program Services	\$0	\$1,283,808	\$1,283,808
Total Design, Development and Implementation Phase			\$72,164,459	\$1,283,808	\$73,448,267

Operations			Current	Increase/	Revised
State			Budget	(Decrease)	Budget
<u>Fiscal Year</u>	<u>Class Object</u>	<u>Class Title</u>			
2013	102/500731	Contracts for Program Services	\$2,084,889	\$0	\$2,084,889
2014	102/500731	Contracts for Program Services	\$8,544,809	\$0	\$8,544,809
2015	102/500731	Contracts for Program Services	\$9,164,847	\$0	\$9,164,847
2016	102/500731	Contracts for Program Services	\$9,198,007	\$130,000	\$9,328,007
2017	102/500731	Contracts for Program Services	\$9,250,148	\$520,000	\$9,770,148
2018	102/500731	Contracts for Program Services	\$6,917,961	\$520,000	\$7,437,961
Total Operations			<u>\$45,160,661</u>	<u>\$1,170,000</u>	<u>\$46,330,661</u>
Grand Total			<u>\$117,325,120</u>	<u>\$2,453,808</u>	<u>\$119,778,928</u>

EXPLANATION

This is a **sole source** amendment that provides for the enhancement of the New Hampshire Medicaid Management Information System (MMIS). As the developer of the New Hampshire MMIS, Xerox/ACS is most knowledgeable about its system architecture, integrated software products, and the internal design of the system framework, and is best suited to develop these enhancements.

The primary purpose of this requested action (Amendment 8) is to expand the scope of work for the T-MSIS (Transformed Medicaid Statistical Information System) project, an enhancement required by the Centers for Medicare and Medicaid Services (CMS) that was approved by the Governor and Executive Council in conjunction with Xerox Amendment 6. The increased scope is primarily due to the unanticipated complexity of the MMIS changes that are required to meet CMS requirements. (For example, the number of new computer batch jobs has increased from 40 to more than 120.) Amendment 8 also requires Xerox to submit T-MSIS "catch-up" files for each calendar month back to January 2014. The "catch-up" process will begin in June 2015.

In addition to the T-MSIS change, Amendment 8 increases the scope of the Health Insurance Portability and Accountability Act (HIPAA) Operating Rules enhancement, which was also approved by the Governor and Executive Council as part of Xerox Amendment 6. Xerox will be responsible for obtaining certification of New Hampshire's implementation of the HIPAA Operating Rules by the Committee on Operating Rules for Electronic Data Interchange (CORE). In accordance with the Affordable Care Act, certification is required by December 31, 2015.

The role of the Medicaid Management Information System implementation contractor was described in the State's Implementation Advanced Planning Document for the New Hampshire Medicaid Management Information System Project, which was approved by the federal Centers for Medicare and Medicaid Services in May 2004. A Request For Proposal was issued in September 2004. Notification of the Request For Proposal publication was issued using standard Department of Information Technology procedures. The Medicaid Management Information System Request For Proposal 2005-004 was issued on September 14, 2004, and published on the Department of Administrative Services web site. ACS State Healthcare, LLC,

(now Xerox State Healthcare,) was selected as the Medicaid Management Information System contractor through a competitive bid process.

Should the Governor and Executive Council determine not to approve this Request, the Department of Health and Human Services could face a loss of federal funding from CMS due to not complying with federal regulations required for the implementation of T-MSIS and the HIPAA Operating Rules. In addition, CMS has proposed a penalty of \$1 per covered life per day that a health plan such as New Hampshire Medicaid fails to submit documentation of its HIPAA Operating Rules certification, with a maximum penalty of \$20 per covered life. Thus, failure to achieve CORE certification by the December 31, 2015 deadline could result in penalties of \$3.5 million or more.

Ninety percent (90%) federal funding for the Design, Development and Implementation costs in this Amendment 8 is pending approval by the Centers for Medicare and Medicaid Services. Seventy-five percent (75%) federal funding of the Operations costs of this agreement is pending certification of the New Hampshire MMIS by CMS.

Source of Funds: Design, Development and Implementation phase: 90% federal funds, 10% general funds; Operations phase: 50% federal funds, 50% general funds (prior to federal certification) and 75% federal funds, 25% general funds (pending MMIS certification).

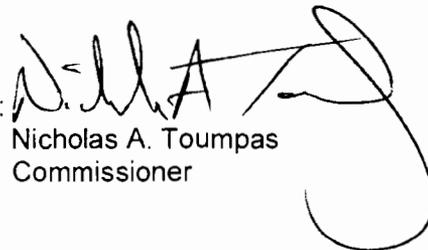
Area served: Statewide.

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

Respectfully submitted,



William L. Baggeroer
Chief Information Officer/Director

Approved by: 

Nicholas A. Toumpas
Commissioner

61A MJT



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

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Nicholas A. Toumpas
Commissioner

William L. Baggeroer
Chief Information
Officer/Director

June 11, 2014

Her Excellency, Governor Margaret Wood Hassan
and the Honorable Council
State House
Concord, New Hampshire 03301

73% Federal funds
17% General funds

REQUESTED ACTION

SOLE SOURCE

Authorize the Department of Health and Human Services, Office of Information Services, to enter into a **sole source**, amendment (Amendment 7) to an existing contract (Purchase Order #1028843) with Xerox State Healthcare, LLC (Vendor #174951) 9040 Roswell Road, Suite 700, Atlanta, GA, 30350, to develop and operate the State's Medicaid Management Information System by increasing the price limitation by \$6,799,609 from \$110,525,511 to \$117,325,120, effective upon the approval of the Governor and Executive Council, with no change to the end date of March 31, 2018. This amendment expands the existing scope of services.

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) and Amendment 6 on March 26, 2014 (Late Item A).

Funds are available in State Fiscal Years 2014 and 2015 and are anticipated to be available in State Fiscal Years 2016, 2017 and 2018 upon the availability and continued appropriation of funds in future operating budgets with authority to adjust amounts between State Fiscal Years, if needed and justified.

05-95-95-954010-5952 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			Current	Increase/	Revised
<u>Fiscal Year</u>	<u>Class Object</u>	<u>Class Title</u>	<u>Budget</u>	<u>(Decrease)</u>	<u>Budget</u>
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 Program Services	\$76,326	\$0	\$76,326
2012	102/500731	Contracts for Program Services	\$7,152,125	\$0	\$7,152,125
2013	102/500731	Contracts for Program Services	\$4,298,885	\$0	\$4,298,885
2014	102/500731	Contracts for Program Services	\$26,444,473	\$3,794,622	\$30,239,095
2015	102/500731	Contracts for Program Services	\$4,321,110	\$0	\$4,321,110
Total Design, Development and Implementation Phase			<u>\$68,369,837</u>	<u>\$3,794,622</u>	<u>\$72,164,459</u>

Operations Phase

State			Current	Increase/	Revised
<u>Fiscal Year</u>	<u>Class Object</u>	<u>Class Title</u>	<u>Budget</u>	<u>(Decrease)</u>	<u>Budget</u>
2013	102/500731	Contracts for Program Services	\$2,084,889	\$0	\$2,084,889
2014	102/500731	Contracts for Program Services	\$8,400,725	\$144,084	\$8,544,809
2015	102/500731	Contracts for Program Services	\$8,530,209	\$634,638	\$9,164,847
2016	102/500731	Contracts for Program Services	\$8,388,456	\$809,551	\$9,198,007
2017	102/500731	Contracts for Program Services	\$8,440,597	\$809,551	\$9,250,148
2018	102/500731	Contracts for Program Services	\$6,310,798	\$607,163	\$6,917,961
Total Operations Phase			<u>\$42,155,674</u>	<u>\$3,004,987</u>	<u>\$45,160,661</u>

Grand Total **\$110,525,511** **\$6,799,609** **\$117,325,120**

EXPLANATION

This is a **sole source** amendment that provides for the uninterrupted continuation of essential system development, implementation and operation services by the contractor in support of the New Hampshire Medicaid Management Information System's Design, Development and Implementation effort. This work has been progressing steadily. Given the intricacies of the multi-tiered New Hampshire Medicaid Management Information System solution, Xerox is most knowledgeable about the system architecture, integrated software products, and the internal design of the Medicaid Management Information System framework and is best suited to continue its implementation. The original agreement was competitively bid and the original bid list is attached.

The purpose of this requested action (Amendment 7) is to implement enhancements to the Medicaid Management Information System required for the implementation of the New Hampshire Health Protection Program. In addition, Amendment 7 will provide additional hardware and software required due to the New Hampshire Health Protection Program to support the Health Insurance Portability and Accountability Act Operating Rules and the ICD-10 Medical Coding enhancements that were originally included in Xerox Amendment 6. This amendment also provides for additional testing for the ICD-10 Medical Coding implementation.

This Amendment 7 provides for the following:

- **New Hampshire Health Projection Program:** enhancements to the Medicaid Management Information system are needed to meet state and/or federal requirements. Implementation of the program requires new member categories of eligibility and new benefit coverage based on State benchmarked Essential Health Benefits (EHB). These benefits must provide coverage equivalent to a widely provided commercial health plan with services in each of ten categories. Because some of these services are not currently covered by the New Hampshire State Plan, the Medicaid Management Information System must support the enrollment of new provider types who would be providing these new services and must process claims for those services, and issue payment. In addition, new interfaces, changes to existing interfaces, new reports and changes to existing reports are required.
- **Health Insurance Portability and Accountability Act Operating Rules:** Additional software and licenses are needed to fully implement the Edifecs (a health care information technology company) solution which requires a specific operating platform not currently in production.
- **ICD-110 Medical Coding** On April 1, 2014 Bill 4302 (Protecting Access to Medicare Act of 2014) was signed stating that any Health Insurance Portability and Accountability Act covered entity will continue to use ICD-9 through September 30, 2015. The United States Department of Health and Human Services Secretary adopted the extension of ICD-10 until October 1, 2015. In accordance with the Centers for Medicare and Medicaid Services and industry guidance, New Hampshire intends to continue full support of our current development and deployment strategy for ICD-10. However, we will extend the internal testing schedule by 4 weeks in SIT, QA and UAT over our initial estimates to allow for additional validation of the changes made. Two phases of end to end Trading Partner Testing will be offered to the New Hampshire community. Phase one of Trading Partner Testing is estimated to begin on October 6, 2015 through December 31, 2014 and phase two of trading partner testing will be from April 1, 2015 through August 1, 2015 in order to work with our providers in a smooth transition to the new code sets. Upon trading partner testing completion, Xerox will perform a full regression of ICD-10 with the most recent MMIS deployment to validate the ICD-10 changes are not impacted.

The role of the Medicaid Management Information System implementation contractor was described in the State's Implementation Advanced Planning Document for the New Hampshire Medicaid Management Information System Project, which was approved by the federal Centers for Medicare and Medicaid Services in May 2004. A Request for Proposals was issued in September 2004. Notification of the Request for Proposals publication was issued using standard Department of Information Technology procedures. The Medicaid Management Information System Request for Proposals 2005-004 was issued on September 14, 2004, and published on the Department of Administrative Services website. ACS State Healthcare, LLC, (now Xerox State

Healthcare,) was selected as the Medicaid Management Information System contractor through a competitive bid process.

Should the Governor and Executive Council determine not to approve this request, the Department of Health and Human Services could face a loss of federal funding from the Centers for Medicare and Medicaid Services due to not complying with federal regulations required for the implementation of the New Hampshire Health Protection Program, Health Insurance Portability and Accountability Act Operating Rules and ICD 10 Medical Coding. In addition, the Department of Health and Human Services will not be able to meet state requirements for implementation of the New Hampshire Health Protection Program.

Ninety percent (90%) federal funding for the Design, Development and Implementation efforts in this Amendment 7 is pending approval by the Centers for Medicare and Medicaid Services. Seventy-five percent (75%) federal funding of the Operations phase of this agreement is pending certification of the New Hampshire Medicaid Management Information System by the Centers for Medicare and Medicaid Services.

Source of Funds: Design, Development and Implementation phase: 90% federal funds, 10% general funds; Operations phase: 50% federal funds, 50% general funds (prior to federal certification) and 75% federal funds, 25% general funds (pending federal certification).

Area served: Statewide.

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

Respectfully submitted,



William L. Baggeroer
Chief Information
Officer/Director

Approved by:



Nicholas A. Touripas
Commissioner



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

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Nicholas A. Toumpas
Commissioner

William L. Baggeroer
Chief Information
Officer/Director

March 21, 2014

Her Excellency, Governor Margaret Wood Hassan
and the Honorable Council
State House
Concord, New Hampshire 03301

SOLE SOURCE

89% Federal funds
11% General funds

REQUESTED ACTION

Authorize the Department of Health and Human Services, Office of Information Services, to enter into a **sole source**, amendment (Amendment 6) to an existing contract (Purchase Order # 700073) with Xerox State Healthcare, LLC (Vendor #177830) at 9040 Roswell Road, Suite 700, Atlanta, GA, 30350, to develop and operate the State's Medicaid Management Information System by increasing the price limitation by \$18,806,210 from \$91,719,301 to a new amount not to exceed \$110,525,511 effective upon the approval of the Governor and Executive Council through March 31, 2018. This amendment expands the existing scope of services. 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) and Amendment 5 on December 19, 2012 (Item#27A).

Due to the time sensitive nature of this contract, Care Management Account # 7948000 is being used for this contract. A transfer of funds request is being prepared for submission to Fiscal and Governor and Council approval in April to accept and expend additional funds in Account # 59520000. At which time, a request will be sent to Bureau of Accounts to move the encumbrance of this contract from Account # 7948000 to 5942000.

Funds are available in State Fiscal Years 2014 and 2015 and are anticipated to be available in SFY 2016 through SFY 2018 upon the availability and continued appropriation of funds in future operating budgets with authority to adjust amounts between State Fiscal Years if needed and justified.

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

Design, Development and Implementation

State Fiscal Year	Class/Object	Class Title	Current Budget	Increase/ Decrease	Modified 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	Contract for Program Services	\$76,326	\$0	\$76,326
2012	102/500731	Contract for Program Services	\$7,152,125	\$0	\$7,152,125
2013	102/500731	Contract for Program Services	\$4,298,885	\$0	\$4,298,885
2014	102/500731	Contract for Program Services	\$13,260,351	\$0	\$13,260,351
2015	102/500731	Contract for Program Services	\$0	\$4,321,110	\$4,321,110
Sub Total: Design, Development and Implementation			\$50,864,605	\$4,321,110	\$55,185,715

Operations Funding

State			Current	Increase/	Modified
<u>Fiscal Year</u>	<u>Class/Object</u>	<u>Class Title</u>	<u>Budget</u>	<u>Decrease</u>	<u>Budget</u>
2013	102/500731	Contract for Program Services	\$2,084,889	\$0	\$2,084,889
2014	102/500731	Contract for Program Services	\$8,319,368	\$0	\$8,319,368
2015	102/500731	Contract for Program Services	\$8,205,011	\$325,198	\$8,530,209
2016	102/500731	Contract for Program Services	\$8,063,214	\$325,242	\$8,388,456
2017	102/500731	Contract for Program Services	\$8,115,351	\$325,246	\$8,440,597
2018	102/500731	Contract for Program Services	\$6,066,863	\$243,935	\$6,310,798
SubTotal: Operations Phase			\$40,854,696	\$1,219,621	\$42,074,317

05-95-47-470010-7948 HEALTH AND SOCIAL SERVICES, DEPT OF HEALTH AND HUMAN SERVICES, OFFICE OF MEDICAID & BUSINESS POLICY, OFFICE OF MEDICAID & BUSINESS POLICY AND MEDICAID CARE MANAGEMENT

Amendment 6: Design, Development and Implementation

State			Current	Increase/	Modified
<u>Fiscal Year</u>	<u>Class/Object</u>	<u>Class Title</u>	<u>Budget</u>	<u>Decrease</u>	<u>Budget</u>
2014	102/500731	Contract for Program Services	\$0	\$13,184,122	\$13,184,122
SubTotal: Amendment 6			\$0	\$13,184,122	\$13,184,122

Design, Development and Implementation

Total Design, Development and Implementation Phase **\$50,864,605** **\$17,505,232** **\$68,369,837**

Amendment 6 Operations

State			Current	Increase/	Modified
<u>Fiscal Year</u>	<u>Class/Object</u>	<u>Class Title</u>	<u>Budget</u>	<u>Decrease</u>	<u>Budget</u>
2014	102/500731	Contract for Program Services	\$0	\$81,357	\$81,357
Sub-Total: Amendment 6 Operations			\$0	\$81,357	\$81,357

Total Operations Phase **\$40,854,696** **\$1,300,978** **\$42,155,674**

Grand Total **\$91,719,301** **\$18,806,210** **\$110,525,511**

EXPLANATION

This is a **sole source** amendment that provides for uninterrupted continuation of essential system development and implementation services by the contractor in support of the New Hampshire Medicaid Management Information System's Design, Development and Implementation effort that has been progressing steadily. Given the intricacies of the multi-tiered New Hampshire Medicaid Management Information System solution, Xerox/ACS is most knowledgeable about the system architecture, integrated software products, and the internal design of the Medicaid Management Information System framework and is best suited to continue its implementation.

Because of the nature of the new enhancements, their broad impact across the Medicaid Management Information System, and the need to integrate and implement the federally mandated changes into the overall framework of the new Medicaid Management Information System, while striving to implement the new Medicaid Management Information System by the go live date, Xerox possesses the requisite knowledge base required to incorporate these changes most efficiently and effectively.

The role of the Medicaid Management Information System implementation contractor was described in the State's Implementation Advanced Planning Document for the New Hampshire Medicaid Management Information System Project, which was approved by the federal Centers for Medicare and Medicaid Services in May 2004. A Request For Proposal was issued in September 2004. Notification of the Request For Proposal publication was issued using standard Department of Information Technology procedures. The Medicaid Management Information System Request For Proposal 2005-004 was issued on September 14, 2004, and published on the Department of Administrative Services web site. ACS State Healthcare, LLC, (now Xerox State Healthcare,) was selected as the Medicaid Management Information System contractor through a competitive bid process.

The purpose of this requested action (Amendment 6) is to design, develop and implement three federally required enhancements to the Medicaid Management Information Systems: 1. T-MSIS (Medicaid Statistical Information System), 2. Health Insurance Portability and Accountability Act Operating Rules and 3. ICD-10 Medical Codes. The duration of the Xerox State Healthcare, LLC contract is unchanged from Amendment 5. Details on these enhancements are provided below:

1. T-MSIS (Medicaid Statistical Information System): Section 4735 of the Balanced Budget Act of 1997 included a statutory requirement for states to submit claims data, enrollee encounter data, and supporting information to the Centers for Medicare and Medicaid Services (CMS). Section 6504 of the Affordable Care Act strengthened this provision by requiring states to include data elements federally required for program integrity, program oversight, and administration.. New Hampshire is required by the federal Centers for Medicare and Medicaid Services (CMS) to implement the new Transformed Medicaid Statistical Information System (T-MSIS) data extract process by July 1, 2014. CMS is requiring States to implement T-MSIS in order to receive more comprehensive, complete, and timely Medicaid and CHIP-related data from States. CMS seeks to establish a new standardized process for states to submit and for CMS to receive the data in an administratively and technically efficient manner, and to help reduce the burden on states of having to support multiple CMS data requests. CMS expects that states will be able to sunset the present MSIS submissions with a consolidated, synchronized, and standardized T-MSIS data submission.
2. Health Insurance Portability and Accountability Act Operating Rules: The New Hampshire Health Enterprise Medicaid Management Information System must be enhanced to be compliant with the Operating Rules standard as required under the Administrative Simplification provisions in Section 1104 of the Patient Protection and Affordable Care Act (ACA) of 2010 and the Health Insurance Portability and Accountability Act (HIPAA) Operating Rules. New requirements for administrative transactions were established to improve the utility of existing HIPAA transactions and to reduce administrative burdens. The New Hampshire Department of Health and Human Services' Medicaid Program, as a healthcare payer and a covered entity under Health Insurance Portability and Accountability Act, is obligated to be compliant with the Health Insurance Portability and Accountability Act Operating Rules standard in its processing of Health Insurance Portability and Accountability Act-standard electronic data interchange electronic transactions. These transactions include but are not limited to eligibility inquiry and response (270/271), claims (837), claims status inquiry and response (276/277), and claims payment/remittance advice (835). Further, under the requirements of the Operating Rules standard, the New Hampshire Department of Health and Human Services is required to file a statement with the federal Department of Health and Human Services attesting to NH Medicaid's compliance with the Operating Rules standard. Significant financial penalties could be imposed for failure to comply.

3. ICD-10 Medical Codes: The compliance date for implementation of ICD-10-CM/PCS is October 1, 2014, for all Health Insurance Portability and Accountability Act (HIPAA) covered entities. ICD-10-CM/PCS will enhance accurate payment for services rendered and help evaluate medical processes and outcomes. ICD-10 diagnosis codes must be used for all health care services provided in the United States (U.S.) and ICD-10 procedure codes must be used for all hospital inpatient procedures. On and after October 1, 2014 providers are required to submit ICD-10 compliant transactions for all outpatient services and inpatient discharges with dates of service 10/01/2014 and thereafter. Any claims submitted after 10/01/2014 for dates of services and discharges prior to October 1, 2014 must be submitted with ICD-9 compliant transactions.

Should the Governor and Executive Council determine to not approve this Request, the Department of Health and Human Services could face a loss of federal funding from the Centers for Medicare and Medicaid Services due to the failure of implementing T-MSIS (Medicaid Statistical Information System) enhancements. Financial penalties could also result from failure to implement the Health Insurance Portability and Accountability Act Operating Rules. In addition, failure to implement ICD-10 Medical Code enhancements could result in Medicaid Claims not processing starting October 1, 2014 and the loss of additional federal funds from the Centers for Medicare and Medicaid Services.

Ninety percent (90%) federal funding for the Design, Development and Implementation phase in this Amendment 6 is pending approval by the Centers for Medicare and Medicaid Services. Seventy-five percent (75%) federal funding of the Operations phase of this agreement is pending certification of the New Hampshire Medicaid Management Information System by the Centers for Medicare and Medicaid Services.

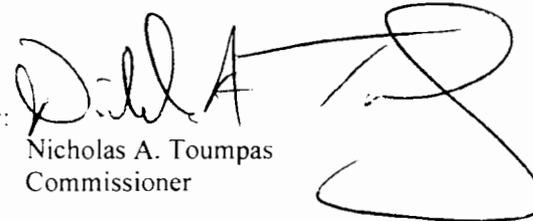
Source of Funds: Design, Development and Implementation phase: 90% federal funds, 10% general funds; Operations phase: 50% federal funds, 50% general funds (prior to federal certification) and 75% federal funds, 25% general funds (pending federal certification).

Area served: Statewide.

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

Respectfully submitted,


for
William L. Baggeroer
Chief Information Officer/Director

Approved by: 
Nicholas A. Toumpas
Commissioner



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

Nicholas A. Toumpas
 Commissioner

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William L. Baggeroer
 Chief Information
 Officer/Director

December 13, 2012

His Excellency, Governor John H. Lynch
 and the Honorable Executive Council
 State House
 Concord, N.H. 03301

SOLE SOURCE

REQUESTED ACTION

Authorize the Department of Health and Human Services, Office of Information Services, to enter into a **sole source**, amendment (Amendment 5) to an existing contract (Purchase Order # 700073) with Xerox State Healthcare, LLC (Vendor #177830) at 9040 Roswell Road, Suite 700, Atlanta, GA, 30350, to develop and operate the State's new Medicaid Management Information System by increasing the price limitation by \$15,765,290 from \$75,954,011 to a new amount not to exceed \$91,719,301 and extending the completion date from December 31, 2017 to March 31, 2018, effective upon the approval of the Governor and Executive Council. This amendment expands the existing scope of services. 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) and Amendment 4 on March 7, 2012 (Item#22A).

Funds are available in SFY 2013 and are anticipated to be available in SFY 2014 through SFY 2018 upon the availability and continued appropriation of funds in future operating budgets with authority to adjust amounts between State Fiscal Years if needed and justified.

FUNDING: DESIGN 90% FED 10% GEN / OPERATIONAL 50% FED 50% GEN

05-95-95-954010-5952 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

<u>State Fiscal</u> <u>Year</u>	<u>Class Object</u>	<u>Class Title</u>	<u>Current</u> <u>Budget</u>	<u>Modified</u> <u>Budget</u>	<u>Increase/</u> <u>(Decrease)</u>	<u>Revised</u> <u>Modified Budget</u>
SFY 2005	034/500099	Capital Projects	\$ 25,000,000.00	\$ -	\$ -	\$25,000,000.00
SFY 2006	034/500099	Capital Projects	\$ 1,076,918.00	\$ -	\$ -	\$ 1,076,918.00
		Contracts for Program				
SFY 2006	102/500731	Services	\$ 76,326.00	\$ -	\$ -	\$ 76,326.00

Design, Development and Implementation Phase Continued

<u>State Fiscal</u> <u>Year</u>	<u>Class Object</u>	<u>Class Title</u>	<u>Current Modified</u> <u>Budget</u>	<u>Increase/</u> <u>(Decrease)</u>	<u>Revised</u> <u>Modified Budget</u>
SFY 2012	102/500731	Contracts for Program Services	\$ 7,152,125.00	\$ -	\$ 7,152,125.00
SFY 2013	102/500731	Contracts for Program Services	\$ -	\$ -	\$ -
SFY 2014	102/500731	Contracts for Program Services	\$ -	\$ 10,213,114.00	\$ 10,213,114.00

Total Design, Development and Implementation PI \$ 33,305,369.00 \$ 10,213,114.00 \$ 43,518,483.00

Operations Phase

<u>State Fiscal</u> <u>Year</u>	<u>Class Object</u>	<u>Class Title</u>	<u>Current Modified</u> <u>Budget</u>	<u>Increase/</u> <u>(Decrease)</u>	<u>Revised</u> <u>Modified Budget</u>
SFY 2009	102/500731	Contracts for Program Services	\$0.00	\$0.00	\$0.00
SFY 2010	102/500731	Contracts for Program Services	\$0.00	\$0.00	\$0.00
SFY 2011	102/500731	Contracts for Program Services	\$0.00	\$0.00	\$0.00
SFY 2012	102/500731	Contracts for Program Services	\$0.00	\$0.00	\$0.00
SFY 2013	102/500731	Contracts for Program Services	\$3,341,317.00	(\$3,341,317.00)	\$0.00
SFY 2014	102/500731	Contracts for Program Services	\$7,540,155.00	\$779,258.00	\$8,319,413.00
SFY 2015	102/500731	Contracts for Program Services	\$7,378,957.00	\$826,009.00	\$8,204,966.00
SFY 2016	102/500731	Contracts for Program Services	\$7,518,165.00	\$545,049.00	\$8,063,214.00
SFY 2017	102/500731	Contracts for Program Services	\$7,477,238.00	\$638,113.00	\$8,115,351.00
SFY 2018	102/500731	Contracts for Program Services	\$4,260,684.00	\$1,806,179.00	\$6,066,863.00

Total Operations Phase \$37,516,516.00 \$1,253,291.00 \$38,769,807.00
TOTAL \$75,954,011.00 \$11,466,405.00 \$87,420,416.00

05-95-95-956010-6147 HEALTH AND SOCIAL SERVICES, DEPT OF HEALTH AND HUMAN SVC, HHS: COMMISSIONER, OFF MEDICAID & BUSINESS POLICY, PROVIDER PAYMENTS

Operations Phase

<u>State Fiscal</u> <u>Year</u>	<u>Class Object</u>	<u>Class Title</u>	<u>Current Modified</u> <u>Budget</u>	<u>Increase/</u> <u>(Decrease)</u>	<u>Revised</u> <u>Modified Budget</u>
					\$
SFY 2013	101/500729	Medical Providers	\$0.00	4,298,885.00	4,298,885.00
Total			<u>\$0.00</u>	<u>\$4,298,885.00</u>	<u>\$4,298,885.00</u>
Grand Total			\$75,954,011.00	\$15,765,290.00	\$91,719,301.00

EXPLANATION

This is a sole source amendment that provides for uninterrupted continuation of essential system development and implementation services by the contractor in support of the New Hampshire Medicaid Management Information System's Design, Development and Implementation effort that has been progressing steadily. Given the intricacies of the multi-tiered New Hampshire Medicaid Management Information System solution, Xerox/ACS is most knowledgeable about the system architecture, integrated software products, and the internal design of the Medicaid Management Information System framework and is best suited to continue its implementation.

Because of the nature of the new enhancements, their broad impact across the Medicaid Management Information System, and the need to integrate and implement the care management related changes into the overall framework of the new Medicaid Management Information System, while striving to implement the new Medicaid Management Information System by the go live date, Xerox possesses the requisite knowledge base required to incorporate these changes most efficiently and effectively.

The role of the Medicaid Management Information System implementation contractor was described in the State's Implementation Advanced Planning Document for the New Hampshire Medicaid Management Information System Project, which was approved by the federal Centers for Medicare and Medicaid Services in May 2004. A Request For Proposal was issued in September 2004. Notification of the Request For Proposal publication was issued using standard Department of Information Technology procedures. The Medicaid Management Information System Request For Proposal 2005-004 was issued on September 14, 2004, and published on the Department of Administrative Services web site. ACS State Healthcare, LLC, (now Xerox State Healthcare,) was selected as the Medicaid Management Information System contractor through a competitive bid process.

The purpose of this requested action (Amendment 5) is to extend the period of the contract by three months to March 31, 2018, and to expand on the scope of services from prior Amendments to design, develop, test and implement additional technical system enhancements to the new Medicaid Management Information System. The additional enhancements include functionality for the Care Management Program, Medicaid Hospice Benefit, Family Planning Benefit, Enhanced Provider Screening, and the Electronic Health Record Provider Incentive Program. Details are documented in Appendix A.9. In addition, this requested action includes the Health Insurance Portability and Accountability Act Operational Rules Assessment required in order to achieve compliance with federal law, Section 1104 of the Administrative Simplification provisions of the Patient Protection and Affordable Care Act. Details are documented in Appendix A.10. Furthermore the scope of services is expanded to include the development and implementation of a number of software change requests and the inclusion of testing resources to support the State's testing efforts between January 1, 2013 and March 31, 2013. Details are documented in Appendix A.11.

The cost for the design, development, and implementation of the scope of effort approved under Amendment 4 remains the same. This amendment (Amendment 5) includes additional system modifications to the Medicaid Management Information System that increase the cost of the Design, Development and Implementation phase by \$12,427,110 and increase ongoing operations costs by a total Operations increase of \$3,338,180, thereby increasing the total contract amount by \$15,765,290.

This amendment will extend the time allowed for the Design, Development and Implementation phase of the project as had been previously been established by Amendment 4 and result in a projected new system go-live date of April 1, 2013, which is three months later than had previously been established. Accordingly, this action defers the start up of the three-year operations phase without increasing the overall duration of the operations phase established with the original Contract, and extends the completion date of the Contract from December 31, 2017 to March 31, 2018.

This Amendment 5 provides additional protection and safeguards to the State by adding performance standards to the schedule of Liquidated Damages, Appendix A.3. These protections include:

- If on March 15, 2013 (the Go-Live Decision Date), the NH MMIS does not satisfy the MMIS Go-Live System Readiness Criteria to permit the Xerox MMIS Enterprise to go into Production (become the State's operating MMIS system) on or before April 1, 2013, and if the NH MMIS does not perform in Production compliant with the MMIS Go-Live Readiness Criteria and the MMIS Critical Functional Requirements, from the MMIS Go-Live Date through the 15 days following the MMIS Go-Live Date, liquidated damages may be assessed against Xerox in the amount of \$5,506,791.
- If the NH MMIS does not perform in production compliant with the the MMIS Critical Functional Requirements for the period of April 16, 2013 through June

30, 2013, liquidated damages may be assessed against Xerox in the amount of \$2,753,395.50.

- If after Go-Live, online access to the NH MMIS through the Web is not available from 6:00 a.m. to 6:00 p.m., local time, 7 days a week with downtime not to exceed 5% each month for the period April 1, 2013 through June 30, 2013, excluding scheduled down-time, and if, outside of these hours online access to the NH MMIS is not available with downtime not to exceed 10%, liquidated damages may be assessed against Xerox in the amount of \$2,753,395.50.

Explanation of Changes to Schedule

The original contract included a 24-month Design, Development and Implementation phase, a three-year base operations phase, and an optional provision for the Department of Health and Human Services to extend the operations phase for an additional two-year period. This option was outlined in the Governor and Council letter approved on December 7, 2005, Late Item C.

Through Amendment 1, the Department of Health and Human Services requested to extend the Design, Development and Implementation phase for a 12-month period, and this request was approved on December 11, 2007, Item #59.

Amendment 2 requested an 18-month extension to the Design, Development and Implementation phase, which was approved on June 17, 2009, Item #92 to complete the design, development, and testing phases of the project. The system design under Amendment 2 was expanded to incorporate system change request and new functionality essential to support the New Hampshire Medicaid Program. The testing phase was also expanded to allow for a more extensive and structured system integration test phase.

Through Amendment 3 the Department of Health and Human Services requested to extend the Design, Development and Implementation phase for a 15-month period, and this request was approved on June 23, 2010, Item #97.

Amendment 4 requested a 15-month extension to the project's Design, Development and Implementation phase from October 1, 2011 through to December 31, 2012, and extended the contract completion date to December 31, 2017. It was approved on March 7, 2012, Item #22A. The additional time requested under Amendment 4 was necessary to design, construct, test and implement 5010 processing enhancements mandated by the federal Health Insurance Portability and Accountability Act and to allow for more comprehensive testing of the new Medicaid Management Information System.

This Amendment 5 extends the duration of the project's Design, Development and Implementation Phase from December 31, 2012 to March 31, 2013 to provide for additional testing (including staff augmentation of the State's testing resources) and readiness for the Medicaid Management Information System. It also supports the analysis, design, development

testing and implementation of enhancements including Care Management, Medicaid Hospice Benefit, Family Planning Benefit, Enhanced Provider Screening, and the Electronic Health Record Provider Incentive Program and several other software modifications. This requested action also includes services to complete a Health Insurance Portability and Accountability Act Operational Rules Assessment that is necessary to determine the impact and system changes required to achieve compliance with Section 1104 of the Administrative Simplification provisions of the Patient Protection and Affordable Care Act. The amendment extends the completion date of the contract from December 31, 2017 to March 31, 2018.

Adjustments to the Xerox State Healthcare, LLC contract duration, by phase, are outlined in the following table.

Xerox Contract Duration Adjustment					
Original Contract	Amendment 1	Amendment 2	Amendment 3	Amendment 4	Amendment 5
Phase/Year	Phase/Year	Phase/Year	Phase/Year	Phase/Year	Phase/Year
DDI/Phase	DDI/Phase	DDI/Phase	DDI/Phase	DDI/Phase	DDI/Phase
12/7/05 – 1/1/08	12/7/05 – 1/1/09	12/7/05 – 6/30/10	12/7/05 – 9/30/11	12/7/05 – 12/31/12	12/7/05 – 3/31/13
Operations Phase	Operations Phase	Operations Phase	Operations Phase	Operations Phase	Operations Phase
Year 1	Year 1	Year 1	Year 1	Year 1	Year 1
1/2/08 – 1/1/09	1/2/09 – 1/1/10	7/1/10- 6/30/11	10/1/11 – 9/30/12	1/1/13 – 12/31/13	4/1/13- 3/31/14
Year 2	Year 2	Year 2	Year 2	Year 2	Year 2
1/2/09 – 1/1/10	1/2/10 – 1/1/11	07/1/11 – 6/30/12	10/1/12 – 9/30/13	1/1/14 – 12/31/14	4/1/14- 3/31/15
Year 3	Year 3	Year 3	Year 3	Year 3	Year 3
1/2/10 – 1/1/11	1/2/11 – 1/1/12	7/1/12 – 6/30/13	10/1/13 – 9/30/14	1/1/15 – 12/31/15	4/1/15- 3/31/16
Operations Extension	Operations Extension*	Operations Extension	Operations Extension*	Operations Extension*	Operations Extension*
Year 1	Year 1	Year 1	Year 1	Year 1	Year 1
1/2/11 – 1/1/12	1/2/12 – 1/1/13	07/1/13 – 6/30/14	10/1/14 – 9/30/15	1/1/16 – 12/31/16	4/1/16- 3/31/17
Year 2	Year 2	Year 2	Year 2	Year 2	Year 2
1/2/12 – 1/1/13	1/2/13 – 1/1/14	7/1/14 – 6/30/15	10/1/15 – 9/30/16	1/1/17 – 12/31/17	4/1/17- 3/31/18

The “*” indicates an optional extension period, built into the original contract, which may be exercised at the discretion of the Department.

Explanation of Changes to Cost

Amendment 1 was a no-cost time extension to the original contract.

The price increases of Amendment 2 were driven by the need to expand the scope of the Design, Development and Implementation effort and operations services to include system change requests that were not included in the original Medicaid Management Information System Request for Proposal, to implement an outpatient prospective payment reimbursement methodology, and to implement enhanced reporting analytics as needed by the Department of Health and Human Services. Under Amendment 2, Design, Development and Implementation costs were increased by \$5,132,126 to cover the system change requests, the new Outpatient Prospective Payment System, and enhanced analytical capabilities of the Medicaid Management Information System reporting repository. Operations costs were increased by \$923,997 to cover expanded services needed to maintain the enhanced reporting repository.

Amendment 3 was a no-cost time extension.

Amendment 4 increased costs by \$7,152,125 for the Design, Development and Implementation Phase and \$1,885,000 during the Operational Phase driven by the need to enhance the system to handle Health Insurance Portability and Protection Act 5010 transaction capabilities.

Amendment 5 increases costs by \$12,427,110 for the Design, Development and Implementation Phase and an additional \$3,338,180 over the next five years of the Operational Phase. These cost increases are associated with the analysis, design testing and implementation of federally and state mandated Medicaid enhancements, including Care Management, Medicaid Hospice Benefit, Family Planning Benefit, Enhanced Provider Screening, Electronic Health Record Provider Incentive Program, several additional change requests, staff augmentation of State testing resources and Health Insurance Portability and Accountability Act Operational Rules Assessment required to achieve compliance with Section 1104 of the Administrative Simplification provisions of the Patient Protection and Affordable Care Act.

There have been no increases in costs for the original scope of the Design, Development and Implementation phase of the project. The pricing remains consistent with what was agreed to in the original Contract. All cost increases to date have been driven by the need to modify the system to provide processing capabilities above and beyond those required under the original system design.

ADDITIONAL BACKGROUND

The Medicaid Management Information System, including its Medicaid claims adjudication and payment functions, is a critical system for the Department of Health and Human Services. The Medicaid Management Information System processes over \$900 million in payments to over 5,000 actively billing and enrolled New Hampshire Medicaid providers annually, for services provided to eligible recipients under the New Hampshire Medicaid program. It is the Department of Health and Human Services primary system for administering and managing costs for the New Hampshire Medicaid program.

It is critically important that the new Medicaid Management Information System is able to perform all of its required functions, and to perform them with integrity. The new Medicaid Management Information System must be secure, stable, accurate, and efficient. It must be able to store eligibility data for the current annual New Hampshire Medicaid population of approximately 130,000, enrolled provider data for approximately 19,000 providers, and 7 years of claims payment history. It must be able to receive over 6 million paper and electronic claims from providers, process those claims against the available data, execute applicable edits, and determine the appropriate payment. The Medicaid Management Information System must be able to generate reliable reports, avoid costs where other insurance for a member exists, and to identify potentially fraudulent provider billing practices for further investigation.

The development and implementation and testing of a Medicaid Management Information System remains a very arduous undertaking. The contractor has taken appropriate action to mitigate the schedule slippage realized to date, including implementing process improvements, increasing the number of system developers, and restructuring the oversight and composition of developer teams. Despite these actions being taken, the system development and testing effort requires more time. It is, however, nearing completion.

The complexity of the system cannot be overstated. The potential for adverse impacts to the Department of Health and Human Services and to the Provider community at large is very real if the Medicaid Management Information System is released sooner than it is ready. The Department of Health and Human Services will not "go-live" until the system, through comprehensive testing, is determined to be a reliable, production ready, and quality solution.

Significant progress continues to be realized on the New Hampshire Medicaid Management Information System Project. The most significant and promising achievement was that on December 17, 2011 Phase 1 of the project supporting Provider Re-Enrollment went live. The web portal for the new Medicaid Management Information System is accessible from the Internet at www.nhmmis.nh.gov. Since its implementation on December 17, 2011, the system's performance has been stable, all functions continue to be operational, and no critical issues have arisen. Providers have been receptive to using the new system and have expressed their perspective that it is easy for them to use. The Xerox/ACS Provider Call Center in Concord was fully staffed and ready for the start up of operations prior to the Phase I go-live. Xerox/ACS field representatives have traveled to provider offices to assist providers with completing

enrollment applications, and call center agents have been assisting providers over the phone. The success of the Phase I Provider Re-Enrollment implementation validates the approach taken to date to ensure thoroughness of the testing effort, readiness for operations, and the decision not to release the system until it is ready.

End-to-end testing will continue and allows for verification that sequential and concurrent processes work with each other, that processes are executed and completed within available time windows, and that they produce intended results. Expanding requirements analysis, design, construction and the end-to-end cycle testing to include Care Management program changes to the system requires more time but enhances the State's ability to verify that the integrated processing of the new Medicaid Management Information System is sound and reliable.

This Amendment 5 projects the implementation of the core Medicaid Management Information System on or before April 1, 2013. The Provider Re-Enrollment component of the Medicaid Management Information System was implemented successfully in December 2011. The go-live date for the new Medicaid Management Information System will be coordinated with the New Hampshire Medicaid provider community, interfacing entities, Hewlett-Packard Development Company and the legacy Medicaid Management Information System, and the State business units it impacts.

The Contractor, Xerox/ACS, has confirmed its corporate commitment to the delivery of the New Hampshire Medicaid Management Information System that meets or exceeds the requirements of the New Hampshire Medicaid Management Information System Request For Proposal, and to the delivery of a high quality solution. Xerox/ACS commits to all of its obligations under the contract. The Department of Health and Human Services believes that the potential future benefits to be achieved once this system is operational will far outweigh the challenges that must be managed during its design and implementation.

Other related items include approval to release the Department of Health and Human Services Medicaid Management Information System Request For Proposal Number 2005-004 to procure vendor services to design, install, operate and maintain a customized Medicaid Management Information System as specified; approval of Amendments 1, 2, 3, 4, 5 and 6 (pending) to Cognosante's (formerly FOX Systems, Inc.) Medicaid Management Information System Quality Assurance service contract; approval of Amendments 15, 16, 17 and 18 to the Hewlett Packard Development Corporation, Enterprise Services (formerly EDS) contract for the continued maintenance, operations, and modifications in support of the existing legacy Medicaid Management Information System; approval for the Medicaid Management Information Service interface contract and Amendments 1, 2, 3 and 4 with Deloitte Consulting LLP; and approval of the original contract and Amendments A, B, C, D, E, F and G (pending) with Truven Health Analytics (formerly Thomson Reuters (Healthcare) Inc. and formerly The Medstat Group).

A Request For Proposal was issued in September 2004. Notification of the Request For Proposal publication was issued using standard Department of Information Technology procedures. The Medicaid Management Information System Request For Proposal 2005-004 was issued on September 14, 2004, and published on the Department of Administrative Services web site. Xerox/ACS State Healthcare, LLC, was selected as the Medicaid Management Information System contractor through a competitive bid process.

In January 2005, the Department of Health and Human Services received four (4) proposals in response to the Request For Proposal. The proposals included a technical proposal and a separate cost proposal. A team of six individuals from the Department of Health and Human Services and the Department of Information Technology thoroughly reviewed and evaluated the four proposals and scored them based upon the criteria set forth in the Request For Proposal, first based on their technical merits and then on their cost proposals. The evaluation included formal oral presentations by all bidders in April 2005. The proposals were evaluated based upon three criteria: the merits of the proposed solution, the vendor's qualifications, and the cost. Xerox/ACS received the highest score on each of these three criteria and the highest score overall. Xerox/ACS proposed a state of the art solution that was determined to be the best solution for meeting the functional, technical, and operational Medicaid Management Information System-related requirement of the Request For Proposal, and submitted the lowest cost bid. Based on these factors, Xerox/ACS was selected as the winning bidder to receive the contract award.

The Medicaid Management Information System project is guided by the parameters defined in the Department of Health and Human Services' Medicaid Management Information System Reprourement Project's Implementation Advanced Planning Document. Upon determination that the Design, Development and Implementation phase of the Medicaid Management Information System required additional time for completion, the Department of Health and Human Services and Xerox/ACS executives and key program leaders met with Regional Directors from the federal Centers for Medicare and Medicaid Services to review the project status and future strategy. The Centers for Medicare and Medicaid Services concurred with the Department of Health and Human Services on the direction of the project and verbally extended continued support.

The Department of Health and Human Services is now preparing Amendment 8 to the Implementation Advanced Planning Document and a new separate Planning Advanced Planning Document for the HIPAA Operating Rules Assessment. Both documents will be formally reviewed by the federal Centers for Medicare and Medicaid Services. The Advanced Planning Documents will address the need to extend the project timeline consistent with the dates provided in this contract Amendment 5. A copy of the contract amendment will be submitted to the Centers for Medicare and Medicaid Services along with the Advanced Planning Documents. The Department of Health and Human Services fully anticipates that the Centers for Medicare and Medicaid Services will approve the Advanced Planning Documents, thereby approving Federal Financial Participation for the continuation of contractor services to support the

His Excellency, Governor John H. Lynch
and the Honorable Executive Council
December 13, 2012
Page 11

Medicaid Management Information System implementation timeline at the percentages identified earlier in this cover letter.

Ninety percent (90%) federal funding for the Design, Development and Implementation phase in this Amendment 5 is pending approval by the Centers for Medicare and Medicaid Services. Seventy-five percent (75%) federal funding of the Operations phase of this agreement is pending certification of the New Hampshire Medicaid Management Information System by the Centers for Medicare and Medicaid Services.

Source of Funds: Design, Development and Implementation phase: 90% federal funds, 10% general funds; Operations phase: 50% federal funds, 50% general funds (prior to federal certification) and 75% federal funds, 25% general funds (pending federal certification).

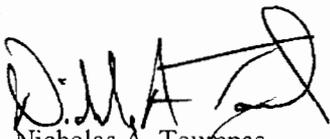
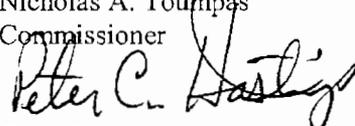
Area served: Statewide.

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

Respectfully submitted,


William L. Baggeroer
Chief Information
Officer/Director

Approved by:


Nicholas A. Tourmpas
Commissioner

Peter Hastings
Acting Commissioner
Department of Information
Technology



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

129 PLEASANT STREET, CONCORD, NH 03301-3857
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Nicholas A. Toumpas
Commissioner

William L. Baggeroer
Chief Information Officer

February 22, 2012

His Excellency, Governor John H. Lynch
and the Honorable Executive Council
State House
Concord, N.H. 03301

APPROVED BY _____
DATE 3/7/12
PAGE 4
ITEM # 22A

REQUESTED ACTION

Authorize the Department of Health and Human Services, Office of Information Services, to enter into a sole source, amendment (Amendment 4) to an existing contract (Purchase Order # 700073) with ACS State Healthcare, LLC (Vendor #177830) at 9040 Roswell Road, Suite 700, Atlanta, GA, 30350, to extend the duration of the Design, Development and Implementation phase of the New Hampshire Medicaid Management Information System project and extend the contract termination date from September 30, 2016 to December 31, 2017, and increase the price limitation by \$9,037,125 from \$66,916,886 to a new amount not to exceed \$75,954,011, effective upon the approval of the Governor and Executive Council. 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).

Funds are available in SFY 2012 as follows and are anticipated to be available in SFY 2013 through SFY 2018 upon the availability and continued appropriation of funds in future operating budgets with authority to adjust amounts between State Fiscal Years if needed and justified.

05-95-95-954010-5952 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

<u>State Fiscal</u>	<u>Class Object</u>	<u>Class Title</u>	<u>Current Modified</u>	<u>Increase/</u>	<u>Revised</u>
<u>Year</u>			<u>Budget</u>	<u>(Decrease)</u>	<u>Modified Budget</u>
SFY 2005	034/500099	Capital Projects	\$25,000,000.00	\$0.00	\$25,000,000.00
SFY 2006	034/500099	Capital Projects	\$1,076,918.00	\$0.00	\$1,076,918.00
SFY 2006	102/500731	Contracts for Program Services	\$76,326.00	\$0.00	\$76,326.00
SFY 2010	102/500731	Contracts for Program Services	\$5,132,126.00	\$0.00	\$5,132,126.00
SFY 2012	102/500731	Contracts for Program Services	\$0.00	\$7,152,125.00	\$7,152,125.00
Total Design, Development and Implementation Phase			<u>\$31,285,370.00</u>	<u>\$7,152,125.00</u>	<u>\$38,437,495.00</u>

Operations Phase

<u>State Fiscal</u> <u>Year</u>	<u>Class Object</u>	<u>Class Title</u>	<u>Current Modified</u> <u>Budget</u>	<u>Increase/</u> <u>(Decrease)</u>	<u>Revised</u> <u>Modified Budget</u>
SFY 2009	102/500731	Contracts for Program Services	\$0.00	\$0.00	\$0.00
SFY 2010	102/500731	Contracts for Program Services	\$0.00	\$0.00	\$0.00
SFY 2011	102/500731	Contracts for Program Services	\$0.00	\$0.00	\$0.00
SFY 2012	102/500731	Contracts for Program Services	\$5,399,150.00	-\$5,399,150.00	\$0.00
SFY 2013	102/500731	Contracts for Program Services	\$7,198,217.00	-\$3,856,900.00	\$3,341,317.00
SFY 2014	102/500731	Contracts for Program Services	\$7,042,256.00	\$497,899.00	\$7,540,155.00
SFY 2015	102/500731	Contracts for Program Services	\$7,106,363.00	\$272,594.00	\$7,378,957.00
SFY 2016	102/500731	Contracts for Program Services	\$7,110,470.00	\$407,695.00	\$7,518,165.00
SFY 2017	102/500731	Contracts for Program Services	\$1,775,060.00	\$5,702,178.00	\$7,477,238.00
SFY 2018	102/500731	Contracts for Program Services	\$0.00	\$4,260,684.00	\$4,260,684.00
Total Operations Phase			<u>\$35,631,516.00</u>	<u>\$1,885,000.00</u>	<u>\$37,516,516.00</u>
TOTAL			<u>\$66,916,886.00</u>	<u>\$9,037,125.00</u>	<u>\$75,954,011.00</u>

EXPLANATION

The purpose of this requested action is to expand the scope of services to design, develop, test and implement technical system enhancements to the new Medicaid Management Information System to make the system able to receive, present, translate, internally process, and return electronic transactions in a Health Insurance Portability and Accountability Act -compliant "5010" format in order to achieve compliance with federal requirements mandated under the Health Insurance Portability and Accountability Act and 45 CFR 162, and to extend the duration of the New Hampshire Medicaid Management Information Services contract with ACS State Healthcare, LLC, for an additional 15 months. The design, remediation, and testing of these extensive changes increase the cost of the Design, Development and Implementation phase by \$7,152,125 and increase ongoing operations costs by \$377,000 annually for a total Operations increase of \$1,885,000, thereby increasing the total contract amount by \$9,037,125. This Amendment 4 to the contract seeks to extend the Design, Development and Implementation phase of the project beyond the September 30, 2011 implementation date established with Amendment 3, through to a projected new system go-live date of on or before December 31, 2012. Accordingly, this action defers the start up of the three-year operations phase without increasing the overall duration of the operations phase established with the original Contract, and extends the completion date of the Contract from September 30, 2016 to December 31, 2017.

The original contract included a 24-month Design, Development and Implementation phase, a three-year base operations phase, and an optional provision for the Department of Health and Human Services to extend the operations phase for an additional two-year period. This option was outlined in the Governor and Council letter approved on December 12, 2005. Through Amendment 1, the Department of Health and Human Services requested to extend the Design, Development and Implementation phase for a 12-month period, and this request was approved on December 12, 2007. Amendment 2 requested an additional 18-month extension to the Design, Development and Implementation phase, which was approved on June 2009, to complete the design, development, and testing phases of the project. The system design under Amendment 2 was expanded to incorporate system change request and new functionality essential to support the New Hampshire Medicaid Program. The testing phase was also expanded to allow for a more extensive and structured system integration

Design, Development, and Implementation phase for a 15-month period, and this request was approved on June 23, 2010.

This **sole source** Contract Amendment 4 requests an additional 15-month extension to the project's Design, Development, and Implementation phase from October 1, 2011 through to December 31, 2012. The additional time requested under this Amendment is necessary to complete the design, construction, testing, and implementation of the federally mandated changes to the Health Insurance Portability and Accountability Act transaction and code sets. These federal requirements are documented in 45 CFR Part 162 and are to be operational when the Medicaid Management Information System is implemented. Additional time is also requested to allow for more comprehensive testing and for the resolution of issues identified during testing, to allow for thorough testing and validation of 98 data interfaces with other entities, and to allow for more extensive validation and refinement of data conversion routines. The implementation of a new Medicaid Management Information System is a very challenging and complicated endeavor. The additional time requested under this Amendment will provide for 5010 processing capabilities, more thorough system testing, and enhance the delivery of a comprehensive and quality solution for New Hampshire.

Adjustments to the ACS State Healthcare, LLC Contract duration by phase are outlined in the following table.

ACS Contract Duration Adjustments				
Original Contract Phase/Year	Amendment 1 Phase/Year	Amendment 2 Phase/Year	Amendment 3 Phase/Year	Amendment 4 Phase/Year
DDI Phase 12/7/05 - 01/1/2008	DDI Phase 12/7/05 - 01/01/2009	DDI Phase 12/7/05 - 06/30/2010	DDI Phase 12/7/05 - 09/30/2011	DDI Phase 12/7/05 - 12/31/2012
Operations Phase Year 1 1/2/2008 - 1/1/2009	Operations Phase Year 1 1/2/2009 - 1/1/2010	Operations Phase Year 1 07/1/2010-06/30/2011	Operations Phase Year 1 10/1/2011 - 09/30/2012	Operations Phase Year 1 1/1/2013 - 12/31/2013
Operations Phase Year 2 1/2/2009 - 1/1/2010	Operations Phase Year 2 1/2/2010 - 1/1/2011	Operations Phase Year 2 07/1/2011 - 06/30/2012	Operations Phase Year 2 10/1/2012 - 09/30/2013	Operations Phase Year 2 1/1/2014 - 12/31/2014
Operations Phase Year 3 1/2/2010 - 1/1/2011	Operations Phase Year 3 1/2/2011 - 1/1/2012	Operations Phase Year 3 07/1/2012 - 06/30/2013	Operations Phase Year 3 10/1/2013 - 09/30/2014	Operations Phase Year 3 1/1/2015 - 12/31/2015
Operations Extension Year 1* ¹ 1/2/2011 - 1/1/2012	Operations Extension Year 1* 1/2/2012 - 1/1/2013	Operations Extension Year 1* 07/1/2013 - 06/30/2014	Operations Extension Year 1* 10/1/2014 - 09/30/2015	Operations Extension Year 1* 1/1/2016 - 12/31/2016

¹ The "*" indicates an optional extension period, built into the original contract, which may be exercised at DHHS' discretion.

Operations Extension Year 2* 1/2/2012 - 1/1/2013	Operations Extension Year 2* 1/2/2013 - 1/1/2014	Operations Extension Year 2* 07/1/2014 - 06/30/2015	Operations Extension Year 2* 10/1/2015 - 09/30/2016	Operations Extension Year 2* 1/1/2017 - 12/31/2017
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The first set of Health Insurance Portability and Accountability Act transaction standards mandated use of “American National Standards Institute Electronic Data Interchange X12 Version 4010. On January 16, 2009, the final rule 45 CFR 162, “Health Insurance Reform; Modifications to the Health Insurance Portability and Accountability Act Electronic Transaction Standards” was issued and mandated upgrading from 4010 versions of the original HIPAA standards to version 5010. These changes must be implemented in active Medicaid Management Information Systems by January 1, 2012.

The additional costs requested through this Amendment 4 are necessary to enhance the new Medicaid Management Information Service to be fully 5010 compliant and to cover ongoing software licensing costs through the years of ongoing operations. The magnitude of the change to the new Medicaid Management Information System is significant in order to make it fully compliant. The new Medicaid Management Information System must be able to receive, store, process, translate, and return data in electronic transactions in the prescribed 5010 format. Failure for the new Medicaid Management Information System to be 5010 compliant at go-live would make the Department of Health and Human Services subject to federally determined financial penalties on a per transaction basis.

Amendment 1 was a no-cost time extension to the original Contract. The price increases of Amendment 2 were driven by the need to expand the scope of the Design, Development, and Implementation effort and operations services to include system change requests that were not included in the original Medicaid Management Information System Request for Proposal, to implement an outpatient prospective payment reimbursement methodology, and to implement enhanced reporting analytics as needed by the Department of Health and Human Services. Under Amendment 2, Design, Development, and Implementation costs were increased by \$5,132,126 to cover the system change requests, the new Outpatient Prospective Payment System, and enhanced analytical capabilities of the Medicaid Management Information System reporting repository. Operation costs were increased by \$923,997 to cover expanded services needed to maintain the enhanced reporting repository. Amendment 3 was a no-cost time extension. Excluding the aforementioned expansion services under Amendment 2, there have been no increases in costs for the original Design, Development, and Implementation phase of the project. The pricing remains consistent with what was agreed to in the original Contract.

The following table outlines the price adjustments to the original Contract by phase for each Amendment. The increases for Amendment 4 are \$7,152,152 for the Design, Development, and Implementation Phase and \$377,000 per year during the operational phases.

			\$6,056,128		\$9,087,125
DDI Phase	\$26,153,244	\$26,153,244	\$31,285,370	\$31,285,370	\$38,437,495
Operations Year 1	\$4,764,400	\$4,764,400	\$7,225,001	\$7,225,001	\$7,602,001
Operations Year 2	\$7,049,369	\$7,049,369	\$7,163,155	\$7,163,155	\$7,540,155
Operations Year 3	\$6,889,407	\$6,889,407	\$7,001,957	\$7,001,957	\$7,378,957
Operations Extension Year 1*	\$6,869,131	\$6,869,131	\$7,141,165	\$7,141,165	\$7,518,165
Operations Extension Year 2	\$6,855,345	\$6,855,345	\$7,100,238	\$7,100,238	\$7,477,238
Operations Phase	\$34,707,519	\$34,707,519	\$35,631,516	\$35,631,516	\$37,516,516
Total Contract	\$60,860,763	\$60,860,763	\$66,916,886	\$66,916,886	\$75,954,011

The system changes required to meet the Health Insurance Portability and Accountability Act 5010 requirement are extensive. The intricacies of 5010 are integral to the core processing of the new Medicaid Management Information System. The changes required by the 5010 upgrade impact all of the electronic data interchange transactions that are exchanged between the New Hampshire Medicaid Management Information System and New Hampshire Medicaid providers and all of the system components that process and store the data that is received and sent through these transactions. The changes require upgrades to core hardware and software components, including the translator that must be adapted to support the receipt, translation, processing, storage, and output of data in a different file record format and that includes an expanded set of data elements for each of the transactions.

The Health Insurance Portability and Accountability Act 5010 required changes impact core functional services of the new Medicaid Management Information Systems. They impact providers' access to member Medicaid eligibility data so that providers can confirm if a member is eligible on a given date of service; they modify the format for how dental, medical, professional, and institutional claims can be submitted electronically and they expand the type and amount of data that can be included on every claim. The Health Insurance Portability and Accountability Act 5010 changes how the Medicaid Management Information System must return a provider's electronic remittance advice and how a new transaction must be implemented to inform providers of any of their claims that have been suspended for further review. The Health Insurance Portability and Accountability Act 5010 changes require the implementation of a new electronic transaction for the New Hampshire Medicaid Management Information System to receive electronic service authorization requests from providers. The Health Insurance Portability and Accountability Act 5010 modifies how providers must submit and how the Medicaid Management Information System must process transactions for inquiries on claim status.

External provider-facing screen functionality needs to be changed to support Claims Entry, Claims Status, Member Eligibility verification, and Service Authorizations to allow the revised content of the data transaction set to be entered, validated, and stored within the system. Changes to internal screens are needed to

enable State and fiscal agent staff to take appropriate action on data submitted by providers. System processes need to be enhanced to take in new data elements, adjudicate them, and return appropriate results. Instructions to Providers, reports, and letters that are impacted by the changes in the data content also will be modified. The Health Insurance Portability and Accountability Act 5010 also drives the need for changes to a number of data interfaces, including those interfaces between the pharmacy benefit management system and the new Medicaid Management Information System.

The extent of the development effort required to implement 5010 significantly impacts the downstream Medicaid Management Information System testing strategy and its execution. The breadth of the 5010 changes across the system necessitates that many system functions previously tested and validated during system integration testing must be retested in their entirety to ensure that 5010 related changes have not adversely impacted system processing capabilities or their integrity.

Significant progress continues to be realized on the New Hampshire Medicaid Management Information System Project. The most significant and promising achievement was that on December 2011 Phase 1 of the project supporting Provider Re-Enrollment went live. The web portal for the new Medicaid Management Information System is accessible from the internet at www.nhmmis.nh.gov. Since its implementation on December 17, 2011, the system's performance has been stable, all functions continue to be operational, and no critical issues have arisen. Providers have been receptive to using the new system and have expressed their perspective that it is easy for them to use. The ACS Provider Call Center in Concord was fully staffed and ready for the start up of operations prior to the Phase I go-live. ACS field representatives have traveled to provider offices to assist providers with completing enrollment applications, and call center agents have been assisting providers over the phone. The success of the Phase I Provider Re-Enrollment implementation validates the approach taken to date to ensure thoroughness of the testing effort, readiness for operations, and the decision not to release the system until it is ready.

The development and implementation and testing of a Medicaid Management Information System remains a very arduous undertaking. The Contractor has taken appropriate action to mitigate the schedule slippage realized to date, including implementing process improvements, increasing the number of system developers, and restructuring the oversight and composition of developer teams. Despite these actions being taken and with the addition of the Health Insurance Portability and Accountability Act 5010 changes, the system development effort requires more time. Pursuant to the Request for Proposal, the new Medicaid Management Information System must incorporate the latest reliable technologies, including the integration of numerous commercial off-the-shelf products into its design. Despite reasonable efforts taken to mitigate schedule slippage, the design and development phases of the project have exceeded planned expectations and need more time. They are, however, nearing completion.

The Medicaid Management Information System, including its Medicaid claims adjudication and payment functions, is a mission critical system for the Department of Health and Human Services. The Medicaid Management Information System processes over \$900 million in payments to over 5,000 actively billing and enrolled New Hampshire Medicaid providers annually, for services provided to eligible recipients under the New Hampshire Medicaid program. It is the Department of Health and Human Services' primary system for administering and managing costs for the New Hampshire Medicaid program.

It is critically important that the new Medicaid Management Information System is able to perform all of its required functions, and to perform them with integrity. The new Medicaid Management Information System must be secure, stable, accurate, and efficient. It must be able to store eligibility data for the current annual New

Hampshire Medicaid population of approximately 120,000, enrolled provider data for approximately 19,000 providers, and 7 years of claims payment history. It must be able to receive over 6 million paper and electronic claims from providers, process those claims against the available data, execute applicable edits, and determine the appropriate payment. The Medicaid Management Information System must be able to generate reliable reports, avoid costs where other insurance for a member exists, and to identify potentially fraudulent provider billing practices for further investigation.

The complexity of the system cannot be overstated. The potential for devastating and adverse impacts to the Department of Health and Human Services and to the Provider community at large is very real if the Medicaid Management Information System is released sooner than it is ready. The Department of Health and Human Services will not “go-live” until the system, through comprehensive testing, is determined to be a reliable, production ready, and quality solution.

Another factor contributing to the need for additional time under this Amendment is that extensive historical data must be converted into the new Medicaid Management Information System. Converted historical data forms the framework upon which new data generated by the new Medicaid Management Information System will be layered. Poorly converted data has been the demise of many Medicaid Management Information System implementations. It can jeopardize the ability of claims adjudication to look back at historical data to determine if a claim should be paid or how much the claim should pay. The time extension requested under this Amendment will allow for more time to execute, test, and validate data conversion and load programs. Because modifications to the legacy Medicaid Management Information System continue to be requested and implemented by the Department of Health and Human Services, there are changes to data structures that result from these modifications, and those changes need to be incorporated into the data conversion routines for the new Medicaid Management Information System. This additional time will allow the new Medicaid Management Information System to keep pace with changes originating from the legacy Medicaid Management Information System, and allow for greater opportunity to identify and correct data conversion issues before executing the final conversion to production.

End-to-end testing will continue and allows for verification that sequential and concurrent processes work with each other, that processes are executed and completed within available time windows, and that they produce intended results. Expanding the end-to-end cycle testing to include the Health Insurance Portability and Accountability Act 5010 changes to the system requires more time but enhances the State’s ability to verify that the integrated processing of the new Medicaid Management Information System is sound and reliable.

Amendment 4 to the ACS Contract addresses the need for the Department of Health and Human Services to extend the Design, Development, and Implementation timeline for the New Hampshire Medicaid Management Information System project through to December 31, 2012. It is the Department of Health and Human Services’ intention to implement the new Medicaid Management Information System as soon as it is ready to go live and as close to July 1, 2012 as possible. This Amendment 4 stipulates an implementation of the new Medicaid Management Information System “on or before January 1, 2013”, thereby allowing for an implementation earlier than January 1st if, based on testing results, it is determined that the system is ready to go-live.

In summary, the additional time requested under Amendment 4 will allow for the following:

- Additional time to complete the system design, development, and testing of the changes required to comply with the Health Insurance Portability and Accountability Act 5010 mandate. This

includes additional time to identify and implement appropriate solutions for defects and other problems identified during testing;

- Additional time to re-execute data conversion routines, to review balancing and reconciliation reports, to analyze and resolve errors, to fine-tune performance, and most critically, to keep pace with, adjust, and retest conversion routines as necessary to incorporate changes resulting from system modifications implemented in the legacy Medicaid Management Information System; and
- Continuation and expansion of the “end-to-end” testing, during which all system processes will be executed multiple times in a coordinated manner to replicate daily, weekly, monthly, quarterly, and annual cycle processing.

This Amendment 4 projects the implementation of the Phase II core Medicaid Management Information System on or before January 1, 2013. The Provider Re-Enrollment component of the Medicaid Management Information System has been implemented successfully in December 2011. This Amendment allows for the possibility of implementing the core Medicaid Management Information System in the months preceding January if, after testing, the State and ACS determine that the system is ready to be released and that operational readiness has been achieved. The go-live date for the new Medicaid Management Information System will be coordinated with the New Hampshire Medicaid provider community, interfacing entities, Hewlett-Packard Development Company, and the legacy Medicaid Management Information System, and the State business units it impacts.

The Department of Health and Human Services and ACS teams continue to work effectively and collaboratively to resolve issues, to devise practical solutions to challenges, and to coordinate a strategic approach to meeting all of the project demands for a Design, Development, and Implementation go-live by January 1, 2013. The implementation of the enhanced reporting repository and Outpatient Prospective Payment System enhancements will occur before July 31, 2013.

The Contractor, ACS, has confirmed its corporate commitment to the delivery of the New Hampshire Medicaid Management Information System that meets or exceeds the requirements of the New Hampshire Medicaid Management Information System Request For Proposal, and to the delivery of a high quality solution. ACS commits to all of its obligations under the Contract. The Department of Health and Human Services believes that the potential future benefits to be achieved once this system is operational will far outweigh the challenges that must be managed during its design and implementation.

Source of Funds: Design, Development, and Implementation phase: 90% federal funds, 10% general funds.

Operations phase: 75% federal funds, 25% general funds.

Geographic area to be served: Statewide.

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

Prior Related Actions

SFY	Type	G&C Date/ Item Number
2005	Initial Agreement	12/07/05Late Item # C
2008	Amendment 1	12/11/07Item #59
2009	Amendment 2	6/17/09Item # 92
2010	Amendment 3	6/23/10Item # 97

Other related items include approval to release the Department of Health and Human Services Medicaid Management Information System Request For Proposal Number 2005-004 to procure vendor services to design, install, operate, and maintain a customized Medicaid Management Information System as specified; approval of Amendments 1, 2, 3, 4, and 5 (pending) to Cognosante's (formerly FOX Systems, Inc.) Medicaid Management Information System Quality Assurance service Contract; approval of Amendments 15, 16, and 17 to the Hewlett Packard Development Corporation, Enterprise Services (formerly EDS) Contract for the continued maintenance, operations, and modifications in support of the existing legacy Medicaid Management Information System; approval for the Medicaid Management Information Service interface Contract and Amendments I, 2, and 3 with Deloitte Consulting LLP; and approval of the original Contract and Amendments A, B, C, D, E, and F (pending) with Thomson Reuters (Healthcare) Inc. (formerly The Medstat Group).

Alternatives and Benefits

This is a **sole source** Contract Amendment that extends the end of the Development, Design, and Implementation phase from September 30, 2011 to December 31, 2012 and that extends the Contract termination date from September 30, 2016 to December 31, 2017. This Amendment provides for uninterrupted continuation of essential system development and implementation services by the Contractor in support of the New Hampshire Medicaid Management Information System' Design, Development, and Implementation effort that has been progressing steadily. Given the intricacies of the multi-tiered New Hampshire Medicaid Management Information System solution, ACS is most knowledgeable about the system architecture, integrated software products, and the internal design of the Medicaid Management Information System framework and is best suited to continue its implementation. Because of the nature of the 5010 changes, their broad impact across the Medicaid Management Information System, and the need to integrate and implement the 5010 related changes into the overall framework of the new Medicaid Management Information System while striving to implement the new Medicaid Management Information System as soon as possible, ACS possesses the requisite knowledge base required to incorporate these changes most efficiently and effectively. The Health Insurance Portability and Accountability Act 5010 solution being implemented in New Hampshire is leveraging the approach being used in other ACS States. It incorporates the use of EDIFECs' proven 3rd party software solution for 5010.

The changes required to address 45 CFR Part 162 – Changes to Electronic Data Transaction Standards (5010) are described in the States' Implementation Advanced Planning Document for the 5010 Project and was approved by the federal Centers for Medicare and Medicaid Services in August 2011.

The role of the Medicaid Management Information System implementation Contractor was described in the State's Implementation Advanced Planning Document for the New Hampshire Medicaid Management Information System Project, which was approved by the federal Centers for Medicare and Medicaid Services in May 2004. A Request For Proposal was issued in September 2004. Notification of the Request For Proposal publication was issued using standard Department of Information Technology procedures. The Medicaid Management Information System Request For Proposal 2005-004 was issued on September 14, 2004, and published on the Department of Administrative Services web site. ACS State Healthcare, LLC, was selected as the Medicaid Management Information System contractor through a competitive bid process.

In January 2005, the Department of Health and Human Services received four (4) proposals in response to the Request For Proposal. The proposals included a technical proposal and a separate cost proposal. A team of six individuals from the Department of Health and Human Services and the Department of Information Technology thoroughly reviewed and evaluated the four proposals and scored them based upon the criteria set forth in the Request For Proposal, first based on their technical merits and then on their cost proposals. The evaluation included formal oral presentations by all bidders in April 2005. The proposals were evaluated based upon three criteria: the merits of the proposed solution, the vendor's qualifications, and the cost. ACS received the highest score on each of these three criteria and the highest score overall. ACS proposed a state of the art solution that was determined to be the best solution for meeting the functional, technical, and operational Medicaid Management Information System-related requirement of the Request For Proposal, and submitted the lowest cost bid. Based on these factors, ACS was selected as the winning Bidder to receive the Contract award.

The Medicaid Management Information System project is guided by the parameters defined in the Department of Health and Human Services' Medicaid Management Information System Reprocurement Project's Implementation Advanced Planning Document. Upon determination that the Design, Development, and Implementation phase of the Medicaid Management Information System required additional time for completion, the Department of Health and Human Services and ACS executives and key program leaders met with Regional Directors from the federal Centers for Medicare and Medicaid Services to review the project status and future strategy. The Centers for Medicare and Medicaid Services concurred with the Department of Health and Human Services on the direction of the project and verbally extended continued support. The Department of Health and Human Services is now preparing Amendment 7 to the Implementation Advanced Planning Document, which will be formally reviewed by the Centers for Medicare and Medicaid Services. Amendment 7 to the Implementation Advanced Planning Document will address the need to extend the project timeline consistent with the dates provided in this Amendment. A copy of the Contract will be submitted to the Centers for Medicare and Medicaid Services along with the Implementation Advanced Planning Document Amendment 7 for review. The Department of Health and Human Services fully anticipates that the Centers for Medicare and Medicaid Services will approve the Department of Health and Human Services' requested changes to the Implementation Advanced Planning Document and Medicaid Management Information System project, thereby approving Federal Financial Participation for the continuation of ACS Contractor services to support the extended Medicaid Management Information System implementation timeline at the percentages identified on page 6.

Source of Funds:	DDI phase: 90% federal funds, 10% general funds. Operations phase: 75% federal funds, 25% general funds.
Geographic area to be served:	Statewide.

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

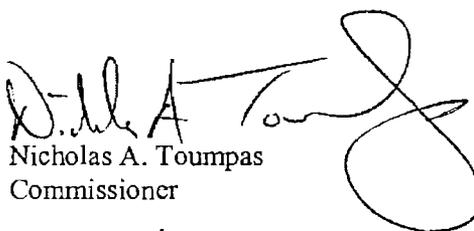
His Excellency, Governor John H. Lynch
and the Honorable Executive Council
February 22, 2012
Page 11

Respectfully submitted,



William L. Baggeroer
Chief Information Officer

Approved by:



Nicholas A. Toumpas
Commissioner



S. Williams Rogers
Commissioner
Department of Information Technology

To Admin SACS
6-9-10 for 6/23/10



STATE OF NEW HAMPSHIRE
DEPARTMENT OF HEALTH AND HUMAN SERVICES
OFFICE OF MEDICAID BUSINESS AND POLICY

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Nicholas A. Toumpas
Commissioner

Kathleen A. Dunn
Director

June 2, 2010

APPROVED BY _____
DATE 6/23/10
PAGE 13
ITEM # 97

His Excellency, Governor John H. Lynch
and the Honorable Executive Council
State House
Concord, N.H. 03301

REQUESTED ACTION

Authorize the Department of Health and Human Services (DHHS), Office of Medicaid Business and Policy (OMBP), to enter into a sole source, no-cost, amendment (Amendment 3) to an existing contract (Purchase Order # 700073) with ACS State Healthcare, LLC (ACS) (Vendor #177830) at 9040 Roswell Road, Suite 700, Atlanta, GA, 30350, to extend the duration of the Design, Development and Implementation (DDI) phase of the New Hampshire Medicaid Management Information System (MMIS) project and extend the contract termination date from June 30, 2015 to September 30, 2016, effective upon the approval of the Governor and Executive Council. The Governor and Executive Council approved the original contract on December 7, 2005 (Late Item #C), Amendment 1 on December 11, 2007 (Item #59), and Amendment 2 on June 17, 2009 (Item #92).

Funds are available in SFY 2011 as follows and are anticipated to be available in SFY 2012 through SFY 2017 upon the availability and continued appropriation of funds in future operating budgets with authority to adjust amounts between State Fiscal Years if needed and justified.

05-95-95-956010-6134 HEALTH AND SOCIAL SERVICES, DEPT OF HEALTH AND HUMAN SERVICES,
HHS: COMMISSIONER, OFF MEDICAID & BUSINESS POLICY, MEDICAID CLAIMS MANAGEMENT SYS

DDI Phase

<u>State Fiscal</u> <u>Year</u>	<u>Class Object</u>	<u>Class Title</u>	<u>Current Modified</u> <u>Budget</u>	<u>Increase/</u> <u>(Decrease)</u>	<u>Revised</u> <u>Modified Budget</u>
SFY 2005	034/500099	Capital Projects	\$25,000,000.00	\$0.00	\$25,000,000.00
SFY 2006	034/500099	Capital Projects	\$1,076,918.00	\$0.00	\$1,076,918.00
SFY 2006	102/500731	Contracts for Program Services	\$76,326.00	\$0.00	\$76,326.00
SFY 2010	102/500731	Contracts for Program Services	\$5,132,126.00	\$0.00	\$5,132,126.00
Total DDI Phase			<u>\$31,285,370.00</u>	<u>\$0.00</u>	<u>\$31,285,370.00</u>

Operations Phase

<u>State Fiscal</u> <u>Year</u>	<u>Class Object</u>	<u>Class Title</u>	<u>Current Modified</u> <u>Budget</u>	<u>Increase/</u> <u>(Decrease)</u>	<u>Revised</u> <u>Modified Budget</u>
SFY 2009	102/500731	Contracts for Program Services	\$0.00	\$0.00	\$0.00
SFY 2010	102/500731	Contracts for Program Services	\$0.00	\$0.00	\$0.00
SFY 2011	102/500731	Contracts for Program Services	\$7,225,001.00	(\$7,225,001.00)	\$0.00
SFY 2012	102/500731	Contracts for Program Services	\$7,163,155.00	(\$1,764,005.00)	\$5,399,150.00
SFY 2013	102/500731	Contracts for Program Services	\$7,001,957.00	\$196,260.00	\$7,198,217.00
SFY 2014	102/500731	Contracts for Program Services	\$7,141,165.00	(\$98,909.00)	\$7,042,256.00
SFY 2015	102/500731	Contracts for Program Services	\$7,100,238.00	\$6,125.00	\$7,106,363.00
SFY 2016	102/500731	Contracts for Program Services	\$0.00	\$7,110,470.00	\$7,110,470.00
SFY 2017	102/500731	Contracts for Program Services	\$0.00	\$1,775,060.00	\$1,775,060.00
Total Operations Phase			<u>\$35,631,516.00</u>	\$0.00	<u>\$35,631,516.00</u>
TOTAL			\$66,916,886.00	\$0.00	\$66,916,886.00

EXPLANATION

The purpose of this requested action is to extend the duration of the NH MMIS contract with ACS State Healthcare, LLC, for an additional 15 months with no change to the scope of services and at no additional cost over the Amendment 2 contract price, which was approved by the Governor and Executive Council on June 17, 2009. More specifically, this Amendment 3 to the contract seeks to extend the DDI phase of the project beyond the July 1, 2010 implementation date established with Amendment 2, through to a projected new system go-live date on or before October 1, 2011. Accordingly, this action defers the start up of the three-year operations phase without increasing the overall duration of the operations phase established with the original Contract, and extends the completion date of the Contract from June 30, 2015 to September 30, 2016.

The original contract included a 24-month DDI phase, a three-year base operations phase, and an optional provision for the DHHS to extend the operations phase for an additional two-year period. This option was outlined in the Governor and Council letter approved on December 7, 2005. Through Amendment 1, the DHHS requested to extend the DDI phase for a 12-month period, and this request was approved on December 11, 2007. Amendment 2 requested an additional 18-month extension to the DDI phase, which was approved on June 17, 2009, to complete the design, development, and testing phases of the project. The system design under Amendment 2 was expanded to incorporate system change request and new functionality essential to support the NH Medicaid Program. The testing phase was also expanded to allow for a more extensive and structured system integration test phase. Although a provision to extend the DDI phase was not included in the original contract, the additional time requested through these Amendments has been needed because the design and development phases have continued to require more time than originally planned.

This sole source contract, Amendment 3, requests an additional 15-month extension to the project's DDI phase. The additional time requested under this amendment is necessary to complete the final design and construction of the system, to allow more time for the resolution of issues identified during testing, to allow for an expansion of the testing phase to include comprehensive "end-to-end" process testing, and to allow for more extensive validation and refinement of data conversion routines. The implementation of a new MMIS is a very challenging and complicated endeavor. The additional time requested under this amendment will provide for

more thorough system testing and enhance the delivery of a comprehensive and quality solution for New Hampshire.

Adjustments to the ACS contract duration by phase are outlined in the following table.

ACS Contract Duration Adjustment			
Original Contract Phase/Year	Amendment 1 Phase/Year	Amendment 2 Phase/Year	Amendment 3 Phase/Year
DDI Phase 12/7/05 - 01/1/2008	DDI Phase 12/7/05 - 01/01/2009	DDI Phase 12/7/05 - 06/30/2010	DDI Phase 12/7/05 - 09/30/2011
Operations Phase Year 1 1/2/2008 - 1/1/2009	Operations Phase Year 1 1/2/2009 - 1/1/2010	Operations Phase Year 1 07/1/2010-06/30/2011	Operations Phase Year 1 10/1/2011 - 09/30/2012
Operations Phase Year 2 1/2/2009 - 1/1/2010	Operations Phase Year 2 1/2/2010 - 1/1/2011	Operations Phase Year 2 07/1/2011 - 06/30/2012	Operations Phase Year 2 10/1/2012 -09/30/2013
Operations Phase Year 3 1/2/2010 -1/1/2011	Operations Phase Year 3 1/2/2011 - 1/1/2012	Operations Phase Year 3 07/1/2012 - 06/30/2013	Operations Phase Year 3 10/1/2013 - 09/30/2014
Operations Extension Year 1* ¹ 1/2/2011 - 1/1/2012	Operations Extension Year 1* 1/2/2012 - 1/1/2013	Operations Extension Year 1* 07/1/2013 - 06/30/2014	Operations Extension Year 1* 10/1/2014 - 09/30/2015
Operations Extension Year 2* 1/2/2012 - 1/1/2013	Operations Extension Year 2* 1/2/2013 - 1/1/2014	Operations Extension Year 2* 07/1/2014 - 06/30/2015	Operations Extension Year 2* 10/1/2015 - 09/30/2016

No additional costs are requested through this Amendment 3. Amendment 1 was also a no-cost time extension to the original contract. The price increases of Amendment 2 were driven by the need to expand the scope of the DDI effort and operations services to include system change requests, to implement an outpatient prospective payment reimbursement methodology, and to implement enhanced reporting analytics as needed by the DHHS. Under Amendment 2, DDI costs were increased by \$5,132,126 to cover the system change requests, the new Outpatient Prospective Payment System (OPPS), and enhanced analytical capabilities of the MMIS reporting repository. Operations costs were increased by \$923,997 to cover expanded services needed to maintain the enhanced reporting repository. Excluding the aforementioned expansion services under Amendment 2, there have been no increases in costs for the DDI phase of the project. The pricing remains consistent with what was agreed to in the original Contract.

The following table outlines the price adjustments to the original Contract by phase for each amendment. *There are no additional costs requested under this Amendment 3.*

¹ The "*" indicates an optional extension period, built into the original contract, which may be exercised at DHHS' discretion.

ACS Contract Price Adjustment				
	Original Contract	Amendment 1 No Cost Extension	Amendment 2 Contract Increase \$6,056,123	Amendment 3 No Cost Extension
DDI Phase	\$26,153,244	\$26,153,244	\$31,285,370	\$31,285,370
Operations Year 1	\$4,764,400	\$4,764,400	\$7,225,001	\$7,225,001
Operations Year 2	\$7,049,369	\$7,049,369	\$7,163,155	\$7,163,155
Operations Year 3	\$6,889,407	\$6,889,407	\$7,001,957	\$7,001,957
Operations Extension Year 1*	\$6,869,131	\$6,869,131	\$7,141,165	\$7,141,165
Operations Extension Year 2	\$6,855,345	\$6,855,345	\$7,100,238	\$7,100,238
Operations Phase	\$34,707,519	\$34,707,519	\$35,631,516	\$35,631,516
Total Contract	\$60,860,763	\$60,860,763	\$66,916,886	\$66,916,886

Significant progress continues to be realized on the NH MMIS Project, but the development and implementation of an MMIS is a very arduous undertaking. The contractor has taken appropriate action to mitigate the schedule slippage realized to date, including implementing process improvements, increasing the number of system developers, and restructuring the oversight and composition of developer teams. Despite these actions being taken, the system development effort still requires more time. Consistent with the Request for Proposal (RFP) the new MMIS is required to incorporate the latest reliable technologies, including the integration of numerous commercial off-the-shelf (COTS) products into its design. The solution also includes the implementation of new functionality to support NH-specific processes, such as determining and applying acuity-based rates for nursing home care. Despite reasonable efforts taken to mitigate schedule slippage, the design and development phases of the project have exceeded planned expectations and need more time. They are, however, nearing completion.

The MMIS, including its Medicaid claims adjudication and payment functions, is a mission critical system for the DHHS. The MMIS processes over \$850 million in payments to over 5,000 actively billing and enrolled NH Medicaid providers annually, for services provided to eligible recipients under the NH Medicaid program. It is the DHHS' primary system for administering and managing costs for the NH Medicaid program.

It is critically important that the new MMIS is able to perform all of its required functions and to perform them with integrity. The new MMIS must be secure, stable, accurate, and efficient. It must be able to store eligibility data for the current annual population of approximately 130,000, benefit coverage data, enrolled provider data for approximately 19,000 providers, and claims payment history. It must be able to receive over 6 million paper and electronic claims annually from providers, process those claims against the available data, execute applicable edits, and determine the appropriate payment. The MMIS must be able to generate reliable

reports, avoid costs where other insurance for a member exists, and to identify potentially fraudulent provider billing practices for further investigation.

The complexity of the system cannot be overstated. The potential for devastating and adverse impacts to the DHHS and to the provider community at large is very real if the MMIS is released prematurely. The DHHS will not “go-live” until the system, through comprehensive testing, is determined to be a reliable, production ready, and quality solution.

A second factor contributing to the need for additional time under this amendment is that extensive historical data must be converted into the new MMIS. Converted historical data forms the framework upon which new data generated by the new MMIS will be layered. Poorly converted data has been the demise of many MMIS implementations. It can jeopardize the ability of claims adjudication to look back at historical data to determine if a claim should be paid and there are many other implications. The time extension requested under this amendment will allow for more time to execute, test and validate data conversion and load programs. Because modifications to the legacy MMIS continue to be requested and implemented by the DHHS, there are changes to data structures that result from these modifications, and those changes need to be incorporated into the data conversion routines for the new MMIS. This additional time will allow the new MMIS to keep pace with changes originating from the legacy MMIS, and allow for greater opportunity to identify and correct data conversion issues before executing the final conversion to production.

A third factor contributing to the request for additional time is an expansion of the system testing effort to include comprehensive cycles of “end-to-end” process testing. The overall testing effort already includes functional, integration, user acceptance, and operational readiness test execution. Although end-to-end testing was previously contemplated and incorporated into other test phases, under this amendment, end-to-end testing will be expanded and be very structured. It will provide for the coordinated execution of multiple iterations of all MMIS processes from the beginning to the end of each cycle for daily, weekly, monthly, quarterly, semi-annual, and annual processing cycles.

End-to-end testing will allow for verification that sequential and concurrent processes work with each other, that processes are executed and completed within available time windows, and that they produce intended results. Expanding the end-to-end cycle testing of the system requires more time but enhances the State’s ability to verify that the integrated processing of the new MMIS is sound and reliable.

Amendment 3 to the ACS contract addresses the need for the DHHS to extend the DDI timeline for the NH MMIS project at no additional cost through to September 30, 2011. This Amendment 3 stipulates an implementation of the new MMIS “on or before October 1, 2011”, thereby allowing for an implementation earlier than October 1st if, based on testing results, it is determined that the system is ready to go live.

In summary, the additional time requested under Amendment 3 will allow for the following:

- Additional time to complete the system design and development effort, including time to identify and implement appropriate solutions for defects and other problems identified during testing;
- Additional time to re-execute data conversion routines, to review balancing and reconciliation reports, to analyze and resolve errors, to fine-tune performance, and most critically, to keep pace with, adjust and retest conversion routines as necessary to incorporate changes resulting from system modifications implemented in the legacy MMIS; and

- An expansion of the overall testing plan to provide for the execution of more extensive “end-to-end” testing, during which all system processes will be executed multiple times in a coordinated manner to replicate daily, weekly, monthly, quarterly, and annual cycle processing.

This Amendment 3 requires an implementation of the core MMIS on or before October 1, 2011. The Provider Re-Enrollment component of the MMIS will be released six months in advance of the core MMIS. This Amendment allows for the possibility of implementing the core MMIS in the months preceding October if, after testing, the State and ACS determine that the system is ready to be released and that operational readiness has been achieved. The actual go-live date for the MMIS will be coordinated with the NH Medicaid provider community, interfacing entities, and State business units it impacts.

The DHHS and ACS teams continue to work effectively and collaboratively to resolve issues, to devise practical solutions to challenges, and to coordinate a strategic approach to meeting all of the project demands for a DDI go-live by October 1, 2011. The implementation of the enhanced reporting repository and OPSS enhancements will occur before March 31, 2012.

The Contractor, ACS, has confirmed its corporate commitment to the delivery of the NH MMIS that meets or exceeds the requirements of the NH MMIS RFP, and to the delivery of a high quality solution. ACS commits to all of its obligations under the contract. The DHHS believes that the potential future benefits to be achieved once this system is operational will far outweigh the challenges that must be managed during its design and implementation.

This is a sole source contract amendment that extends the end of the DDI phase from June 30, 2010 to September 30, 2011. This amendment provides for uninterrupted continuation of essential system development and implementation services by the Contractor in support of the NH MMIS’ DDI effort that has been progressing steadily over the past 56 months. Given the intricacies of the integrated NH MMIS solution, ACS is most knowledgeable about the internal design of the MMIS framework and is best suited to continue its implementation.

The role of the MMIS implementation Contractor was described in the State’s Implementation Advanced Planning Document (IAPD) for the NH MMIS Project, which was approved by the federal Centers for Medicare and Medicaid Services (CMS) in May 2004. An RFP was issued in September 2004. Notification of the RFP publication was issued using standard Department of Information Technology (DoIT) procedures. The MMIS RFP 2005-004 was issued on September 14, 2004, and published on the Department of Administrative Services web site. ACS State Healthcare was selected as the MMIS contractor through a competitive bid process.

In January 2005, the DHHS received four (4) proposals in response to the RFP. (Please see attached bidders list). The proposals included a technical proposal and a separate cost proposal. A team of six individuals from DHHS and the DoIT thoroughly reviewed and evaluated the four proposals and scored them based upon the criteria set forth in the RFP, first based on their technical merits and then on their cost proposals. The evaluation included formal oral presentations by all bidders in April 2005. The proposals were evaluated based upon three criteria: the merits of the proposed solution, the vendor’s qualifications, and the cost. ACS received the highest score on each of these three criteria and the highest score overall. ACS proposed a state of the art solution that was determined to be the best solution for meeting the functional, technical, and operational MMIS-related requirement of the RFP, and submitted the lowest cost bid. Based on these factors, ACS was selected as the winning bidder to receive the contract award.

6-1-09



STATE OF NEW HAMPSHIRE
DEPARTMENT OF HEALTH AND HUMAN SERVICES
OFFICE OF MEDICAID BUSINESS AND POLICY

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Nicholas A. Toumpas
Commissioner

Kathleen A. Dunn
Director

April 30, 2009

His Excellency, Governor John H. Lynch
and the Honorable Executive Council
State House
Concord, NH 03301

APPROVED BY _____
DATE 6/17/09
PAGE 13
ITEM # 92

REQUESTED ACTION

Authorize the Department of Health and Human Services (DHHS), Office of Medicaid Business and Policy (OMBP), to enter into an amendment (Amendment 2) to an existing contract (Contract #151495) with ACS State Healthcare, LLC (ACS) (Vendor #127326) at 9040 Roswell Road, Suite 700, Atlanta, GA, 30350, by increasing the price limitation by \$6,056,123 from \$60,860,763 to \$66,916,886 to expand the scope of the design, development, and implementation (DDI) of the New Hampshire Medicaid Management Information System (MMIS), including enhancing and changing system functionality, increasing operations to support the new functionality, and extending the contract termination date from January 1, 2014, to June 30, 2015, and, effective upon the date of Governor and Executive Council approval through to June 30, 2015. The Governor and Executive Council approved the original contract on December 7, 2005, (Late Item #C) and Amendment 1 on December 11, 2007, (Item #59).

Funds to support this agreement are available in SFY 2009 and anticipated to be available in SFY 2010 through SFY 2015 upon the availability and continued appropriation of funds in future operating budgets with authority to adjust amounts between State Fiscal Years if needed and justified.

SFY	Account Number	Account Title	Current Modified Budget	Increase / (Decrease) Amount	Revised Modified Budget
DDI Expenses					
2005	030-095-0145-034-0099	MMIS Reprocurement	\$25,000,000	\$0	\$25,000,000
2006	030-095-0145-034-0099	HHS Infotech	\$1,076,918	\$0	\$1,076,918
2006	010-095-6126-097	Medicaid Contracts	\$76,326	\$0	\$76,326
2010	010-095-6134-102-0731	Contracts for Program Services	\$0	\$ 5,132,126	\$ 5,132,126
DDI Subtotal			\$26,153,244	\$5,132,126	\$31,285,370

SFY	Account Number	Account Title	Current Modified Budget	Increase / (Decrease) Amount	Revised Modified Budget
Operations Expenses					
2009	010-095-6134-102-0731	Contracts for Program Services	\$4,764,400	(\$4,764,400)	\$0
2010	010-095-6134-102-0731	Contracts for Program Services	\$7,049,369	(\$7,049,369)	\$0
2011	010-095-6134-102-0731	Contracts for Program Services	\$6,889,407	\$335,594	\$7,225,001
2012	010-095-6134-102-0731	Contracts for Program Services	\$6,869,131	\$294,024	\$7,163,155
2013	010-095-6134-102-0731	Contracts for Program Services	\$6,855,345	\$146,612	\$7,001,957
2014	010-095-6134-102-0731	Contracts for Program Services	\$2,279,867	\$4,861,298	\$7,141,165
2015	010-095-6134-102-0731	Contracts for Program Services	\$0	\$7,100,238	\$7,100,238
Operations Subtotal			\$34,707,519	\$923,997	\$35,631,516
Total			\$60,860,763	\$6,056,123	\$66,916,886

EXPLANATION

The purpose of this requested action is to extend the duration of the NH MMIS Implementation contract with ACS for an additional 18 months and to expand the scope of services at an additional cost of \$6,056,123 over the cost of the original contract, which was approved by the Governor and Executive Council on December 7, 2005. More specifically, this Amendment 2 to the contract seeks to retroactively extend the Design, Development, and Implementation (DDI) Phase of the project beyond the January 1, 2009, implementation date established with Amendment 1, through to a projected new system go-live date on or before June 30, 2010. Accordingly, this action defers the start up of the three-year operations phase without increasing the overall duration of the Operations Phase established with the original Contract.

The original contract included a 24-month DDI Phase, a three-year base Operations Phase, and an optional provision for the Department to extend the Operations Phase for an additional two-year period. This option was outlined in the Governor and Council letter approved on December 7, 2005. Through Amendment 1, rather than exercising the option to extend the Operations Phase, the Department requested to extend the DDI Phase for a 12-month period, and this request was approved on December 11, 2007. This sole source contract amendment, Amendment 2, requests an additional 18-month extension to the DDI Phase. Although a provision to extend the DDI Phase was not included in the original contract, the additional time requested through this Amendment is needed because the design and development phases have required more time than originally planned. Additionally, this extension is necessary to incorporate system change requests and new functionality essential to support the NH Medicaid Program into the MMIS, to develop and thoroughly test the MMIS' intricate Medicaid claims processing and payment processes, and to ensure operational readiness of the new MMIS system prior to go-live. Adjustments to the ACS Contract duration by phase are outlined in the following table.

ACS Contract Duration Adjustment		
Original Contract Phase/Year	Amendment 1 Phase/Year	Amendment 2 Phase/Year
DDI Phase (12/7/05 - 01/1/2008)	DDI Phase (12/7/05 - 01/01/09)	DDI Phase (12/7/05 - 06/30/2010)
Operations Phase Year 1 (1/2/2008 - 1/1/2009)	Operations Phase Year 1 (1/2/2009 - 1/1/2010)	Operations Phase Year 1 (07/1/2010 - 06/30/2011)
Operations Phase Year 2 (1/2/2009 - 1/1/2010)	Operations Phase Year 2 (1/2/2010 - 1/1/2011)	Operations Phase Year 2 (07/1/2011 - 06/30/2012)
Operations Phase Year 3 (1/2/2010 - 1/1/2011)	Operations Phase Year 3 (1/2/2011 - 1/1/2012)	Operations Phase Year 3 (07/1/2012 - 06/30/2013)
Operations Extension Year 1* (1/2/2011 - 1/1/2012)	Operations Extension Year 1* (1/2/2012 - 1/1/2013)	Operations Extension Year 1* (07/1/2013 - 06/30/2014)
Operations Extension Year 2* (1/2/2012 - 1/1/2013)	Operations Extension Year 2* (1/2/2013 - 1/1/2014)	Operations Extension Year 2* (07/1/2014 - 06/30/2015)

Relative to the price increase of Amendment 2, the \$6,056,123 increased cost is strictly associated with those items that expand the scope of the DDI effort and the expanded operations services necessary to maintain the enhanced reporting repository once it is implemented. Of the total increase, \$5,132,126 covers the implementation of system change requests essential to the Medicaid Program, a new outpatient prospective payment system, and enhanced analytical capabilities of the MMIS reporting repository. The remaining \$923,997 represents an increase to operational costs across the base and optional operations periods for expanded services to maintain the enhanced reporting repository. There is no increase in costs for components defined in the original contract for the DDI and Operations Phases. These costs are retained at the price agreed to in the original Contract. Amendment 1 was a no-cost extension. The following table outlines the price adjustments to the original Contract by phase.

ACS Contract Price Adjustment				
	Original Contract	Amendment 1 Total	Amendment 2 Increase	Amendment 2 Total
DDI Phase	\$26,153,244	\$26,153,244	\$5,132,126	\$31,285,370
Operations Phase Year 1	\$7,146,599	\$7,146,599	\$78,402	\$7,225,001
Operations Phase Year 2	\$7,000,755	\$7,000,755	\$162,400	\$7,163,155
Operations Phase Year 3	\$6,833,733	\$6,833,733	\$168,224	\$7,001,957
Operations Extension Year 1	\$6,886,829	\$6,886,829	\$254,336	\$7,141,165
Operations	\$6,839,603	\$6,839,603	\$260,635	\$7,100,238

The "" indicates an optional extension period, built into the original contract, which may be exercised at DHHS' discretion.

Extension Year 2				
Operations Phase	\$34,707,519	\$34,707,519	\$923,997	\$35,631,516
Total Contract	\$60,860,763	\$60,860,763	\$6,056,123	\$66,916,886

To reiterate, Amendment 2 to the ACS contract addresses five essential needs for the Department as follows:

- To extend the DDI timeline for the NH MMIS project through to June 30, 2010, allowing for an implementation of the new MMIS on or before July 1, 2010;
- To incorporate system changes to the MMIS that adjust for changes to requirements and to the NH Medicaid program that have evolved since the MMIS Request For Proposal (RFP) was released in 2004;
- To expand the functionality of the MMIS to include a hospital Outpatient Prospective Payment System (OPPS) capability;
- To expand the MMIS reporting repository to include enhanced analytics and decision-support capabilities and to expand ongoing systems operations support to include maintenance of the enhanced reporting repository functionality; and
- To allow for the development and implementation of the OPPS and analytical capabilities by March 1, 2011.

Significant progress has been realized on the MMIS Project, but the development and implementation of an MMIS is a huge undertaking. The Department's first need, to extend the timeline of the NH DDI phase, is not unusual considering the magnitude and complexity of the effort. Given all of the functional components of the NH MMIS, completion of the Detailed System Design (DSD) took up to six months longer than estimated to complete. Since the DSD would provide the framework for the development, testing, and implementation phases that would follow, it was essential to the State that the DSD accurately, sufficiently, and clearly document how the NH MMIS design would appear and function to meet NH's business requirements. Although the design phase took longer than originally planned to complete, the end result was a comprehensively documented design, upon which developers would build the system, testers would create test scenarios, and operational procedures would be developed.

ACS and the State teams took steps to mitigate the risks of schedule slippage realized during the design by initiating construction tasks earlier for those functional areas for which final design had been approved by the State and by commencing data set-up tasks concurrent with finalizing the DSD. By July of 2009, system construction and test phase planning activities were well underway.

By October, there were indications that although much progress had been achieved, the system construction effort was going to require more time than originally was planned. ACS responded to the situation by infusing a significant number of additional technical resources into the development pool, restructuring the distribution of work across teams, and strengthening direct oversight over the development teams. Project work plan tasks were readjusted and the schedule was recalibrated to reflect revised effort estimates. Having exhausted all practical opportunities to mitigate against the slippage by overlapping and compressing tasks within

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and the Honorable Executive Council
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the work plan, and deliberately not wanting to overly compress or compromise testing of this major system, the task schedule was adjusted and the MMIS project timeline was extended out into the spring of 2010.

This Amendment allows for an implementation of the core MMIS by July 1, 2010. It allows for an implementation of the MMIS in the months preceding July if, after testing, the State and ACS determine that the system is ready to be released and that operational readiness has been achieved. Go-live for the MMIS will be coordinated with the NH Medicaid provider community, interfacing entities, and State business units it impacts.

The comprehensive testing effort for the NH MMIS will include a full cycle of functional testing of the Provider Re-Enrollment (Phase I) functions and the remaining comprehensive system design (Phase II) functions of the MMIS, followed by systems integration (end-to-end process) testing, and then a six-month State user acceptance test. ACS has reinforced its testing team, establishing an experienced testing management team, infusing a significant number of subject matter resources to develop functional and system integration test scripts, and creating a team dedicated to implementing automated testing capabilities.

The State's MMIS Project team and staff from the FOX Quality Assurance team will execute systems integration testing (SIT) with ACS for both Phase I and Phase II of the MMIS. After the SIT test phase has been completed and critical defects resolved, the NH team will engage staff from the Department, interfacing entities, and provider agencies in a structured user acceptance test phase.

The efforts to prepare, execute, and sustain effective oversight of the entire testing effort place a significant demand on the State MMIS Project team. Given the criticality of a thorough, well-orchestrated testing effort to ensure the quality of the MMIS, the Department has acknowledged to ACS that compression of the testing periods or overlapping of testing activity cannot occur to the extent that it compromises the credibility of the overall testing effort, compromises the State team's ability to support a comprehensive test, or in any way decreases the State's user acceptance test period.

The extension period requested through this amendment also covers the Department's second need, the integration of change orders identified by the State during the DSD into the DDI phase. The NH MMIS RFP was released in 2004. Since 2004, DHHS has implemented a number of new programs to improve service delivery to NH Medicaid recipients, to reinforce appropriate service utilization, and to enhance coordination of care. The State also has had to comply with federal program mandates that have been implemented since the release of the NH MMIS RFP. The design of the new MMIS must provide for the tracking of additional data, construction of new interfaces, and creation of new reports in support of these federal programs that include the Medicaid Modernization Act (MMA) for Medicare Part D and the Deficit Reduction Act (DRA).

The change requests include system changes, new interfaces, and reports necessary to support the current business of the Department that were not covered under the original RFP. All change requests covered under this amendment will be implemented for the MMIS go-live.

Additionally, this amendment covers the third and fourth need identified above for two major enhancements to the functionality of the MMIS. These enhancements expand on MMIS' claims processing to incorporate an Outpatient Prospective Payment System (OPPS) for reimbursing hospital claims and build on the reporting repository to provide the Department with complex analytical capability and more easily compiled data to inform its decision making.

The NH Medicaid Program currently employs a retrospective reimbursement methodology to reimburse hospitals for outpatient services delivered to NH's Medicaid recipients. This methodology involves a

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combination of cost reimbursement and fee schedules, interim payments for services at a percentage of charge, and retroactively adjusting payments to reflect settled cost reports. The current methodology is patterned after a system that Medicare replaced with a prospective payment system almost ten years ago. Without a prospective payment reimbursement capability, the Department is hindered in its ability to flexibly manage hospital reimbursement and associated costs.

Implementing an OPSS aligns the State's Medicaid reimbursement methodology for hospital outpatient costs more closely with Medicare. The outpatient prospective methodology more effectively supports the State's effort to improve its management of costs, reduce its vulnerability to the current retrospective reimbursement methodology, and to establish greater predictability and consistency in rate setting for services provided across hospitals. The OPSS must be integrated into the core claims adjudication processes of the MMIS.

The decision support/enhanced analytics enhancement expands on the framework of the MMIS reporting solution to provide more complex analytical capabilities than those covered under the amended MMIS RFP. These new functions significantly improve the efficiency with which the Department will be able to access reliable information about the Medicaid Program from its data, making it better informed in its administrative planning, service delivery, and program management efforts.

Integrating this functionality into the MMIS reporting repository provides the Department with expanded analytical capabilities, run against a single MMIS data source, using a common toolset. It enhances the integrity of reporting by simplify the execution of complex functions and eliminates the potential confusion caused by producing different reports from different systems having different types of data. Lastly, in support of this added functionality, this Amendment also covers the ongoing operational services and maintenance of the expanded reporting repository system.

The Department and ACS teams continue to work effectively and collaboratively to resolve issues, to devise creative solutions to challenges, and to coordinate a strategic approach to meeting all of the project demands for a DDI go-live by July 1, 2010. Work to implement the enhanced reporting repository and OPSS will begin on or before go-live, with their implementation occurring by March 31, 2011.

This is a sole source contract amendment that retroactively extends the end of the DDI Phase from January 1, 2009 through to June 30, 2010. This amendment provides for uninterrupted continuation of essential system development and implementation services by the contractor in fix spacing support of the NH MMIS' DDI effort that has been progressing steadily over the past 36 months. The change requests and enhancements covered under this amendment must be incorporated into the core processing of the MMIS, and as such ACS is best suited to incorporate the changes into the internal MMIS framework.

Throughout the intense schedule of project activity and challenges encountered to-date, the State and ACS have maintained a constructive, positive, and productive working relationship, through which issues are resolved and risks continually mitigated. ACS has confirmed its corporate commitment to the delivery of the NH MMIS that meets or exceeds the requirements of the NH MMIS RFP, and to the delivery of a high quality solution. ACS commits to all of its obligations under the contract. The Department believes that the potential future benefits to be achieved once this system is operational will far outweigh the challenges that must be managed during its design and implementation.

The role of the MMIS Implementation Contractor was described in the State's Implementation Advanced Planning Document (IAPD) for the NH MMIS Project, which was approved by the federal Centers for Medicare

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and Medicaid Services (CMS) in May 2004. An RFP was issued in September 2004. Notification of the RFP publication was issued using standard Office of Technology (DoIT) procedures. The MMIS RFP 2005-004 was issued on September 14, 2004 and published on the Department of Administrative Services web site. ACS was selected as the MMIS contractor through a competitive bid process.

Competitive Bidding

In January 2005, the Department received four (4) proposals in response to the RFP. (Please see attached bidders list). The proposals included a technical proposal and a separate cost proposal. A team of six individuals from DHHS and the DoIT thoroughly reviewed and evaluated the four proposals and scored them based upon the criteria set forth in the RFP, first based on their technical merits, and then on their cost proposals. The evaluation included formal oral presentations by all bidders in April 2005. The proposals were evaluated based upon three criteria: the merits of the proposed solution, the vendor's qualifications, and the cost. ACS received the highest score on each of these three criteria and the highest score overall. ACS proposed a state of the art solution that was determined to be the best solution for meeting the functional, technical, and operational MMIS-related requirement of the RFP, and submitted the lowest cost bid. Based on these factors, ACS was selected as the winning bidder to receive the contract award.

Amendment 6 to the IAPD currently is under CMS' review. DHHS has worked with CMS to answer questions in the context of obtaining IAPD amendment approval and has received word from CMS that its approval will be forthcoming.

Source of Funds:

For the DDI Phase of the contract, the source of funds is 90% federal funds and 10% general funds. For the Operations Phase of the contract, the source of funds is 75% federal funds and 25% state funds.

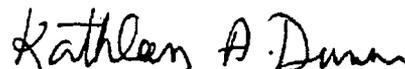
In the aggregate, the source of funding is 82% federal funds, 18% state funds.

Geographic Area to be Served:

Statewide.

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

Respectfully submitted,



Kathleen A. Dunn, MPH
Medicaid Director

Approved by:


Nicholas A. Toumpas
Commissioner

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April 30, 2009
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Richard C. Bailey, Jr.
Chief Information Officer



STATE OF NEW HAMPSHIRE
DEPARTMENT OF HEALTH AND HUMAN SERVICES
OFFICE OF MEDICAID BUSINESS AND POLICY

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Nicholas A. Toumpas
Acting Commissioner

Kathleen A. Dunn
Acting Director

November 13, 2007

His Excellency, Governor John H. Lynch
and the Honorable Executive Council
State House
Concord, N.H. 03301

APPROVED BY _____

DATE 12/11/07

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ITEM # 59

REQUESTED ACTION

Authorize the Department of Health and Human Services (DHHS), Office of Medicaid Business and Policy (OMBP), to enter into a no-cost amendment (Amendment 1) to an existing contract (Contract #151495) with ACS State Healthcare, LLC (ACS) (Vendor #127326) at 9040 Roswell Road, Suite 700, Atlanta, GA, 30350 to extend the contract from January 1, 2013 to January 1, 2014 and to extend the completion of the Design, Development, and Implementation Phase by 12 months from January 1, 2008 to January 1, 2009 for the new NH Medicaid Management Information System (MMIS), to be effective upon the approval date of Governor and Executive Council through to January 1, 2014. The Governor and Executive Council approved the original contract on December 7, 2005 (Late Item #C).

Funds to support this agreement are available in the following accounts according to State Fiscal Year, with authority to adjust amounts, if needed and justified, between fiscal years:

SFY	Account Number	Account Title	Current Modified Budget	Increase / (Decrease) Amount	Revised Modified Budget
DDI Expenses					
2005	030-095-0422-090	MMIS Reprourement	\$25,000,000	\$0	\$25,000,000
2006	030-095-0145-090	HHS Infotech	\$1,076,918	\$0	\$1,076,918
2006	010-095-6126-097	Medicaid Contracts	\$76,326	\$0	\$76,326
DDI Subtotal			\$26,153,244	\$0	\$26,153,244
Operating Expenses					
2008	010-095-6126-098		\$4,764,400	(\$4,764,400)	\$0
2009	010-095-6126-098		\$7,049,369	(\$2,284,969)	\$4,764,400
2010	010-095-6126-098		\$6,889,407	\$159,962	\$7,049,369
2011	010-095-6126-098		\$6,869,131	\$20,276	\$6,889,407
2012	010-095-6126-098		\$6,855,345	\$13,786	\$6,869,131
2013	010-095-6126-098		\$2,279,867	\$4,575,478	\$6,855,345

2014	010-095-6126-098		\$0	\$2,279,867	\$2,279,867
Operations Subtotal			\$34,707,519	\$0	\$34,707,519
Total			\$60,860,763	\$0	\$60,860,763

EXPLANATION

The purpose of this requested action is to extend the duration of the NH MMIS Implementation contract with ACS State Healthcare, LLC. for an additional year, at no additional system development contractor cost, and otherwise to retain the scope of services and costs as were agreed upon in the original contract, which was approved by the Governor and Executive Council on December 7, 2005. More specifically, this Amendment 1 to the contract seeks to extend the Design, Development, and Implementation (DDI) phase of the project beyond the 24-month period established in the original contract through to the projected new system go-live date of January 1, 2009. Accordingly, this action defers the start up of the three-year operations phase for an additional year, with the costs for yearly operations support services remaining the same as were defined in the original contract.

Current Contract Phase/Year	Amendment 1 Phase/Year	Price
DDI Phase (12/7/05 – 01/1/2008)	DDI Phase (12/7/05 – 01/1/2009)	\$26,153,244
Operations Phase Year 1 (1/2/2008 – 1/1/2009)	Operations Phase Year 1 (1/2/2009 – 1/1/2010)	\$7,146,599
Operations Phase Year 2 (1/2/2009 – 1/1/2010)	Operations Phase Year 2 (1/2/2010 – 1/1/2011)	\$7,000,755
Operations Phase Year 3 (1/2/2010 – 1/1/2011)	Operations Phase Year 3 (1/2/2011 – 1/1/2012)	\$6,833,733
Operations Extension Year 1 (1/2/2011 – 1/1/2012)	Operations Extension Year 1 (1/2/2012 – 1/1/2013)	\$6,886,829
Operations Extension Year 2 (1/2/2012 – 1/1/2013)	Operations Extension Year 2 (1/2/2013 – 1/1/2014)	\$6,839,603
Total Contract Price		\$60,860,763

The original contract included an optional provision for the State to extend the Operations Phase for an additional two years. This option was outlined in the Governor and Council letter approved on December 12, 2005. This Amendment 1 requests an extension to the DDI Phase as opposed to the Operations Phase. Although a provision to extend the DDI Phase was not included in the original contract, the additional time is needed to accurately design, develop and test NH's intricate Medicaid pricing policies and business processes and to ensure the integrity of the new MMIS system.

This is a sole source contract amendment. This amendment provides for uninterrupted continuation of essential system implementation services by the contractor in support of the NH MMIS' design, development, and implementation effort that has been progressing steadily over

the past 24 months. MMIS implementations are notoriously complicated and expansive endeavors, and the NH project has faced its share of challenges. Many challenges encountered were accommodated and resolved, but some could not be mitigated and have led to this request for an additional year extension to the project implementation timeline. Much significant progress has been made to date. As the combined ACS and NH State MMIS project team begins to close out on the detailed system design phase, a solid NH framework has been established that will serve the State and contractor well during the system construction phase, (during which NH specific changes will be constructed), and future testing phases (wherein all functionality will be verified).

Further justification for the sole source amendment and contract extension stems from the intense level of effort invested by State staff in the overall project to date. State staff, those dedicated to the state project team and others who are subject matter experts from various business areas across the department, have invested a significant amount of time in providing information to the contractor during focused sessions, responding to follow-up action items, resolving issues, reviewing and approving contractor deliverables, building constructive interactive relationships with contractor staff, and confirming that the contractor understands NH functional and technical needs for the NH MMIS. System support staff from the DHHS and OIT who support other systems with which the MMIS must interface (e.g. New HEIGHTS, NH Bridges, NECSES, Avatar, etc.) has also been engaged and has dedicated time to refining the overall MMIS design.

The Contractor, during the requirements analysis and design phases, has employed skillful methods for interacting with and making constructive use of State staff time, and through this activity has acquired and demonstrated a thorough, detailed understanding of what the new NH MMIS must support and achieve. The contractor has made its senior corporate executive leadership accessible to the DHHS Commissioner's Office. The Department's senior executive leadership and State project management have worked closely with ACS' corporate and project leadership to establish processes to address and improve upon identified problem areas, such as quality review of final major deliverables, and ACS has been responsive. Throughout the intense schedule of project activity and challenges encountered to-date, the State and ACS have maintained a constructive, positive, and productive working relationship, through which issues are resolved and risks continually must be mitigated.

ACS has confirmed its corporate commitment to the delivery of the NH MMIS that meets or exceeds the requirements of the NH MMIS RFP, and to the delivery of a quality system. The web-based, highly configurable new NH MMIS will meet the Department's needs for a flexible system, that can easily be adapted to keep pace with the evolving needs of the Medicaid program, to better assist the Department in its administration of the program in the years ahead.

This amendment and request for a one year extension does not release the contractor from its obligations under Paragraph 10.1 of the original contract, "to make the State whole for any losses, including financial, arising from the Contractor's failure to deliver a fully operational, approved MMIS by the 24-month anniversary of the Effective Date of this Contract..." The DHHS Commissioner's Office is working with ACS to determine the costs for which ACS is accountable and the means by which ACS will "make the State whole". The Acting Commissioner is also involved in discussions with the Centers for Medicaid and Medicare

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November 13, 2007
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Services (CMS) to acquire federal clarification, given that CMS has prior approval over the budget for the NH MMIS project that was approved at 90 % Federal Financial Participation (FFP).

ACS has confirmed in writing to the Department, its acknowledgement of its contractual obligations with respect to not achieving the start of the operations phase within the 24-month period as was stipulated in Paragraph 10.1 of the contract. ACS has assumed responsibility for the need to extend the project timeline by one year and agrees to this extension at no additional reimbursement to ACS. Contributing factors to the need for the additional year included more time necessary to refine the Requirements Validation final deliverable and a later than planned start up and longer than planned overall duration of the general system design phase, both of which when completed, helped to form a firm foundation for the detailed system design phase that would follow. ACS also has responded by significantly increasing the number of resources supporting the NH project.

The Department contends that the potential future benefits to be achieved once this system is operational will outweigh the challenges that must be managed during its design and implementation. MMIS' are multi-function, complex systems that interface with and exchange data with multiple external systems, and that are subject to a myriad of federal MMIS and State-specific Medicaid program requirements. The focused DDI effort for the MMIS takes place within a dynamically changing policy environment, wherein efforts to control and more effectively manage the Medicaid budget and to sustain services, results in changes in direction or new programs, that require a new level of understanding and alignment of systems processes. MMIS staff must support changes to legacy systems, while staying abreast of new developments that must be handled by the new system going forward. The MMIS must continue to monitor progress against schedule and to balance demands for time with potential risks and benefits.

The MMIS project also must prepare for and accommodate the impacts of other major systems initiatives underway. The implementation of the National Provider Identifier for the legacy MMIS is scheduled for May, 2008 and has implications for data conversion, provider re-enrollment, and testing for the new MMIS. The new MMIS is dependent on the NH First Enterprise Resource Planning project, in that the MMIS weekly provider payment file will be passed to NH First, from which the provider check and EFT payments will be issued. The State and ACS acknowledge these other major systems initiatives, and given their collective potential impact to the provider community, must take these initiatives into account for future planning.

The Department submitted an amendment to the NH MMIS Reprocurement Project Implementation Planning Document (IAPD) to the Centers for Medicare and Medicaid Services requesting CMS' prior approval for the one-year extension to the NH DDI. CMS approved Amendment 4 to the IAPD and the project extension on August 8, 2007.

The role of the MMIS implementation Contractor was described in the State's Implementation Advanced Planning Document for the NH MMIS Project, which was approved by the federal Centers for Medicare and Medicaid Services (CMS) in May 2004. A Request for Proposal (RFP) was issued in September 2004 and ACS State Healthcare was selected as the MMIS contractor through a competitive bid process. Notification of the RFP publication was issued using standard Office of Technology (OIT) procedures. The MMIS RFP 2005-004 was

issued on September 14, 2004 and published on the Department of Administrative Services web site.

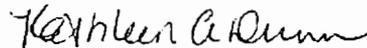
In January 2005, the Department received four (4) proposals in response to the RFP. (Please see attached bidders list). The proposals included a technical proposal and a separate cost proposal. A team of six individuals from DHHS and the Office of Information Technology thoroughly reviewed and evaluated the four proposals and scored them based upon the criteria set forth in the RFP, first based on their technical merits and then on their cost proposals. The evaluation included formal oral presentations by all bidders in April 2005. The proposals were evaluated based upon three criteria: the merits of the proposed solution, the vendor's qualifications, and the cost. ACS received the highest score on each of these three criteria and the highest score overall. ACS proposed a state of the art solution that was determined to be the best solution for meeting the functional, technical, and operational MMIS-related requirement of the RFP, and submitted the lowest cost bid. Based on these factors, ACS was selected as the winning bidder to receive the contract award.

Source of Funds: 90% federal funds, 10% general funds.

Geographic area to be served: Statewide.

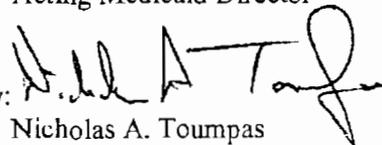
In the event that the Federal Funds become no longer available, General Funds will not be requested to support this program.

Respectfully submitted,

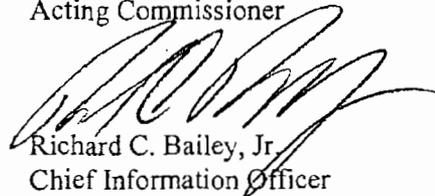


Kathleen A. Dunn
Acting Medicaid Director

Approved by:



Nicholas A. Toumpas
Acting Commissioner



Richard C. Bailey, Jr.
Chief Information Officer



JOHN A. STEPHEN
COMMISSIONER

State of New Hampshire

DEPARTMENT OF HEALTH AND HUMAN SERVICES

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APPROVED BY _____

DATE 10/07/05

PAGE _____

ITEM # Late Item C

December 2, 2005

His Excellency, Governor John Lynch
and the Honorable Executive Council
State House
Concord, NH 03301

REQUESTED ACTION

Authorize the Department of Health and Human Services to resubmit the request for approval of the contract with ACS State Healthcare, LLC, as originally proposed in its letter dated October 18, 2005. The original request was denied on a three-no to two-yes vote by Governor and Council on November 2, 2005.

The remainder of the Requested Action, below, remains unchanged from the original request.

Authorize the New Hampshire Department of Health and Human Services (DHHS or Department), Office of Medicaid Business and Policy (OMBP), to enter into an agreement with ACS State Healthcare, LLC (ACS or Vendor), Atlanta, GA (Vendor # tbd) to plan, design, develop, implement, support, maintain and operate a new, updated Medicaid Management Information System (MMIS) which will enhance and improve the State's operation of the Medicaid program. The initial agreement covers a five-year base contract period (two-year Design, Development and Implementation (DDI) Phase, and three-year Operations Phase) for a firm fixed price of \$47,134,331. The Contract further provides for an optional two-year extension of the Operations Phase, which the State may exercise at its discretion by notifying ACS in writing no later than 6 months before the expiration of the base contract period, at a firm fixed price of \$13,726,432. The base contract agreement is scheduled to commence November 2, 2005, or the date of Governor and Council approval, whichever is later, through November 1, 2010.

Table 1: Total Contract Price – DDI and Operations Phases

PHASE/YEAR	PRICE
DDI Phase	\$26,153,244
Operations Phase Year 1 (11/2007 – 11/2008)	\$7,146,599
Operations Phase Year 2 (11/2008 – 11/2009)	\$7,000,755
Operations Phase Year 3 (11/2009 – 11/2010)	\$6,833,733
Optional Extension Year 1 (11/2010 – 11/2011)	\$6,886,829
Optional Extension Year 2 (11/2011 – 11/2012)	\$6,839,603
Total Contract Price:	\$60,860,763

Funds to support this agreement through the current biennium are available in the following accounts according to State Fiscal Year, with authority to adjust amounts, if needed and justified, between fiscal years:

Table 2: Source of Funds

	SFY	ACCOUNT NO.	DESCRIPTION	AMT.
DDI EXPENSES				
	2005-2006	030-095-0422-090	MMIS Reprocurement	\$25,000,000
	2005-2006	030-095-0145-090	HHS Infotech	\$1,076,918
	SFY 2006	010-095-6126-097	Medicaid Contracts	\$76,326
DDI Sub-Total				\$26,153,244
OPERATING EXPENSES	SFY 2007	010-095-6126-098	Medicaid Fiscal Agent Contract	\$4,764,400
	SFY 2008	010-095-6126-098	Medicaid Fiscal Agent Contract	\$7,049,369
	SFY 2009	010-095-6126-098	Medical Fiscal Agent Contract	\$6,889,407
	SFY 2010	010-095-6126-098	Medicaid Fiscal Agent Contract	\$6,869,131
	SFY 2011	010-095-6126-098	Medicaid Fiscal Agent Contract	\$6,855,345
	SFY 2012	010-095-6126-098	Medicaid Fiscal Agent Contract	\$2,279,867
Operations Sub-Total				\$34,707,519
Total Contract Price				\$60,860,763

EXPLANATION

The Department of Health and Human Services seeks to resubmit the request for approval of the proposed agreement with ACS State Healthcare LLC for the replacement of the Medicaid Management Information System. The Department believes that additional facts may assist the Governor and Council in fully evaluating the merits of the Department's proposal, including facts forming the basis for the proposed agreement and the necessity of its approval. The procurement, development and installation of a Medicaid management information system is one of the mostly highly complex tasks a state will ever undertake. It is understandable that decision makers want to proceed with caution to ensure any selection is the right decision and that essential services to clients and providers are not interrupted.

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The proposed agreement with ACS was the result of a federal Centers for Medicare and Medicaid Services (CMS) warning on January 14, 2004 that the current contract would expire on June 30, 2004 and that "failure to initiate timely action to procure a replacement contract could result in the loss of federal financial participation (FFP) for the operation cost of your MMIS." CMS expected the state to submit a plan of action to show active engagement in an open, competitive bid process.

Beginning in January 2004 the Department worked collaboratively with CMS to produce and submit to CMS all of the documentation required for federal approval of the State's MMIS reprourement and to obtain CMS authorization for 90% federal match for activities associated with the MMIS reprourement. CMS reviewed in detail and approved in writing, without requiring any substantive changes, each of the following documents submitted by the State:

- The NH MMIS Advanced Implementation Plan and Amendments 1 and 2
- The NH MMIS RFP and the RFP Addendum
- The NH MMIS Contract with ACS State Healthcare, LLC

CMS supported the State's plan to replace the existing MMIS and to acquire the services of an implementation vendor through the competitive bid process. CMS reviewed the NH RFP in detail and approved the RFP for its consistency with the NH MMIS implementation plan. CMS reviewed the Contract between the State and ACS for its consistency with the scope of services required in the RFP and for its consistency with the NH implementation plan.

As part of the contract review and approval process, CMS requested and the Department provided a detailed description of the NH MMIS vendor proposal evaluation process and the final selection results. Federal approval of an MMIS contract is contingent on a determination that the contract was the result of a fair and open procurement. CMS was complimentary to the Department on the high quality of the NH documents received for review and was consistent in its continued approval of the Department's efforts from its approval of the initial strategic plan, through the issuance of the RFP, and up to the final approval of the resulting contract.

New Hampshire responded to the CMS request for action to reprocure its MMIS by forming a team of technical and subject matter experts to prepare an open, competitive bid by issuing a state and federally approved Request for Proposals. The Request For Proposals resulted in four bids. The bids were evaluated first based on the technical merits and then were evaluated on their cost proposals. The evaluation included formal oral presentations by all bidders. The highest scoring bidder with the lowest total cost was selected. CMS approved the contract and it was submitted to Governor and Council for approval. CMS approval letter is enclosed.

The Department also engaged Human Service Administrators from the counties in the MMIS reprourement process, seeking county input into the development of system requirements for an enhanced automated county billing system. County representatives provided a demonstration of the system currently in use by the counties to the State during the development of the Request for Proposals. Additionally, a county-designated representative participated in a review of the county billing component of all four vendor proposals during the proposal

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evaluation process. Implementation of a new automated county billing and receipts tracking system will provide administrative efficiencies to both county and Department staff and will support more effective billing and payment reconciliation.

During the procurement process, the Department enlisted the assistance of the state Department of Justice to resolve several issues. The state evaluators signed confidentiality and conflict of interest statements to ensure the evaluation was above reproach. The Department kept CMS apprised of the process at every step. The Department hired Fox Systems, Scottsdale, AZ, with Governor and Council approval (December 1, 2004, Late Item E) to perform quality assurance services during the procurement, design and development and installation of the new MMIS. A copy of the Governor and Council letter for Fox Systems is appended to this letter for reference. As was noted on Page 3 of the FOX Governor and Council letter, FOX Systems, as the independent quality assurance contractor, will "monitor that the functional requirements stipulated by the State, and approved by the federal government, are addressed adequately by the implementation contractor during the system design and development, that all aspects of the functional, technical, and operational components of the MMIS are verified and validated, and will monitor the project's progress according to plan." Under the deliverable requirements of the Quality Assurance contract, FOX Systems will produce project status reports. The Department intends to share copies of quarterly reports from FOX with the Executive Council, the counties, and the legislature.

Following the DHHS' selection of ACS as the winning bidder, FOX was provided with the ACS MMIS proposal to commence a review of the proposed solution. FOX has reviewed the ACS response to each of the NH MMIS RFP requirements, reviewing for consistency with the expectations of the DHHS and to identify any requirements requiring further discussions between the DHHS and ACS during requirements validation sessions. FOX produced a preliminary summary of its analysis of the MMIS RFP requirements and the ACS response this week. Feedback received from FOX to date is that the ACS response was comprehensive and the proposed solution is aligned with the expectations of the NH MMIS requirements, as expressed in the RFP. A copy of the FOX preliminary summary is attached to this letter.

The remainder of the Explanation, below, remains unchanged from the original explanation.

The purpose of the above requested action is to engage the services of the Vendor to replace the existing NH MMIS with a new, state-of-the-art system that will be customized to meet all of the State's requirements as well as all federal requirements for a certified MMIS. The new MMIS System will be constructed using new technology that maximizes the use of the Internet and electronic data interchange capability. It will be a table-driven and rules-based system, which will support multi-payor and on-line real-time transaction processing. The vision for the new NH MMIS is that its design and inherent functionality will be agile and robust to accommodate DHHS's enterprise-wide integrated program management and processing needs.

The new New Hampshire MMIS will be a web enabled, enterprise-wide MMIS solution. The flexibility and breadth of functionality will facilitate improved management of services across Medicaid program areas, effect more efficient, unduplicated service planning and payment,

support the current and evolving business needs of the Department, and provide for improved provider access and communication

The new MMIS will include all of the functionality required for a certified MMIS including the Management Administrative Reporting System (MARS), Surveillance Utilization Review System (SURS), county billing and county receivables management, acuity processing including nursing home cost reporting, decision support and case tracking functionality. Additionally, the Vendor is required to host the MMIS at the Vendor's data center, to operate and maintain the NH MMIS, and to provide fiscal agent services for the Medicaid Program.

The proposed contract contains stringent performance measures to ensure that the Vendor fully performs its obligations under the contract. The contract contains a detailed timeline for delivery of the required deliverables, and provides the State with an opportunity to review and approve all deliverables before any payments are made for those deliverables. The contract contains a holdback provision which allows the State to retain up to 15% of the DDI payments throughout the DDI phase, totaling approximately \$3 million dollars, which is only released when the system is operational. The Vendor is required to post a performance bond equal to 20% of the total DDI cost. Furthermore, the contract contains liquidated damages provisions that allow the State to impose financial penalties if various performance benchmarks are not met. Finally, the contract provides that the Vendor forfeits its operational payments if, after the 24-month DDI Phase the new MMIS is not operational.

BACKGROUND

The MMIS processes Medicaid payments for covered services provided to New Hampshire Medicaid-eligible persons in its fee-for-service programs. The MMIS processed approximately 6.5 million claims, in excess of \$770 million in State Fiscal Year 2003 (SFY03). In addition, the MMIS performs various review, audit, and reporting functions to assess and evaluate the provision of Medicaid services and associated payments.

In January of 2004 the Centers for Medicare and Medicaid Services (CMS), the federal agency responsible for administering the Medicaid program, informed the State of New Hampshire that the existing contract with EDS Corporation to operate the MMIS was overdue for reprocurement, that CMS would not authorize another extension of the existing contract, and that the State risked losing federal funding of the Medicaid program unless the State reprocured the contract via competitive bidding.

The State of New Hampshire worked collaboratively with CMS to draft a request for proposals (RFP), which would meet all requisite federal approvals and would allow the State of New Hampshire to solicit proposals from qualified and experienced vendors to implement a state of the art, multi-payer, rules-driven, on-line and real-time, Health Insurance Portability and Accountability Act (HIPAA) compliant MMIS. The RFP was issued on September 14, 2004.

On January 10, 2005 the Department received a total of four bids on the project. The following vendors submitted proposals:

- ACS State Healthcare, LLC;
- EDS Information Services, LLC;
- First Health Services Corporation; and
- Unisys Corporation

A team of six individuals from DHHS and the Office of Information Technology (OIT) thoroughly reviewed and evaluated the four proposals, and scored them based upon the criteria set forth in the RFP. According to the requirements of the RFP, each of the vendors submitted a technical proposal and a separate cost proposal. The evaluation team reviewed each of the four technical proposals prior to reviewing any of the cost proposals.

All four vendors were invited and participated in oral presentations during the first two weeks of April 2005. Vendor orals included a system overview and demonstrations, discussion with the vendor, and allowed the members of the State evaluation team to interact with the proposed solution. Subject matter experts were invited to attend the system demonstrations and to participate in the interactive sessions.

A deficiency was identified during the review of the Unisys proposal and was confirmed during vendor orals. After legal consultation with the Attorney General's Office, the deficiency was determined to be material in nature, and therefore, the Unisys proposal was disqualified from further review in accordance with the RFP.

The proposals were evaluated based upon three criteria: the merits of the proposed solution; the vendor's qualifications; and the cost. ACS had the highest score on each of the three criteria, and the highest score overall.

Attachment 1: Vendor Selection Matrix presents the final outcomes of the MMIS RFP proposed evaluation process. Please refer to Attachment 1.

SOURCE OF FUNDS

The financing of this project relies extensively on federal funds. The State has taken every measure to ensure that all federal funds are maximized. For the DDI Phase, the source of funds is anticipated to be 80% federal dollars and 20% general funds dollars. For the Operations Phase of the contract, the source of funds is expected to be 75% federal funds and 25% general funds dollars.

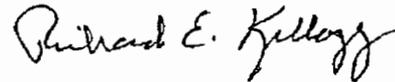
In the aggregate, the source of funding is:
Federal Funds – 78%
General Funds – 22%
Other Funds – 0%

Area served: Statewide.

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

Respectfully submitted,

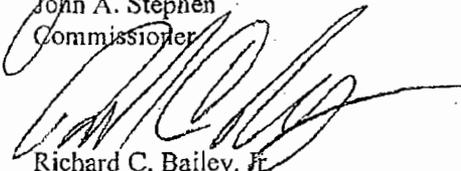


Richard E. Kellogg
Interim Medicaid Director

Approved by:



John A. Stephen
Commissioner



Richard C. Bailey, Jr.
Chief Information
Officer