



Jeffrey A. Meyers  
Commissioner

STATE OF NEW HAMPSHIRE  
DEPARTMENT OF HEALTH AND HUMAN SERVICES  
OFFICE OF THE COMMISSIONER

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May 8, 2019

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 to enter into a **sole source**, amendment (Amendment 16) 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, operate, and transition the State's Medicaid Management Information System (MMIS) by increasing the price limitation by \$2,556,648 from \$251,565,206 to a new amount not to exceed \$254,121,854, effective upon the date of Governor and Council approval through June 30, 2021. **81.44% Federal Funds, 18.55% General Funds and Other Funds 0.01%**

The Governor and Executive Council approved the original contract on December 7, 2005 (Late Item #C), Amendment 1 on December 11, 2007 (Item#59), Amendment 2 on June 17, 2009 (Item#92), and Amendment 3 on June 23, 2010 (Item#97), Amendment 4 on March 7, 2012 (Item#22A), Amendment 5 on December 19, 2012 (Item#27A), Amendment 6 on March 26, 2014 (Late Item A), Amendment 7 on June 18, 2014 (Item#61A), Amendment 8 on May 27, 2015 (Item#16), Amendment 9 on June 24, 2015 (Item#9), Amendment 10 on December 16, 2015 (Late Item#A1), Amendment 11 on June 29, 2016 (Item#8), Amendment 12 on November 18, 2016 (Item# 21A), Amendment 13 on July 19, 2017 (Item#7C), Amendment 14 on March 21, 2018 (Item# 6B), and Amendment 15 on June 6, 2018 (Late Item # A).

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

05-95-95-954010-5952 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
2019	102/500731	Contracts for Prog. Svs.	\$0	\$2,212,355	\$2,212,355
<b>Total</b>			<b>\$85,024,441</b>	<b>\$2,212,355</b>	<b>\$87,236,796</b>

**Operations Phase**

State Fiscal Year	Class/Object	Class Title	Current Budget	Increase/Decrease	Revised Budget
2013	102/500731	Contracts for Prog. Svs.	\$2,084,889	\$0	\$2,084,889
2014	102/500731	Contracts for Prog. Svs.	\$8,544,809	\$0	\$8,544,809
2015	102/500731	Contracts for Prog. Svs.	\$9,164,847	\$0	\$9,164,847
2016	102/500731	Contracts for Prog. Svs.	\$16,000,932	\$0	\$16,000,932
2017	102/500731	Contracts for Prog. Svs.	\$16,329,529	\$0	\$16,329,529
2018	102/500731	Contracts for Prog. Svs.	\$19,043,544	\$0	\$19,043,544
2019	102/500731	Contracts for Prog. Svs.	\$23,062,007	\$0	\$23,062,007
<b>Total</b>			<b>\$94,230,557</b>	<b>\$0</b>	<b>\$94,230,557</b>

**05-95-47-470010-2358 HEALTH AND SOCIAL SERVICES, DEPT OF HEALTH AND HUMAN SERVICES, OFFICE OF MEDICAID SERVICES, OFFICE OF MEDICAID SERVICES, NEW HAMPSHIRE GRANITE ADVANTAGE HEALTH CARE TRUST FUND**

**Design, Development and Implementation Phase**

State Fiscal Year	Class/Object	Class Title	Current Budget	Increase/Decrease	Revised Budget
2019	102/500731	Contracts for Prog. Svs.	\$0	\$344,293	\$344,293
<b>Total</b>			<b>\$0</b>	<b>\$344,293</b>	<b>\$344,293</b>

**05-95-47-470010-8009 HEALTH AND SOCIAL SERVICES, DEPT OF HEALTH AND HUMAN SERVICES, OFFICE OF MEDICAID SERVICES, OFFICE OF MEDICAID SERVICES, MEDICAID MANAGEMENT INFORMATION SYSTEM**

**Operations Phase**

State Fiscal Year	Class/Object	Class Title	Current Budget	Increase/Decrease	Revised Budget
2020	102/500731	Contracts for Prog. Svs.	\$24,676,096	\$0	\$24,676,096
2021	102/500731	Contracts for Prog. Svs.	\$26,159,579	\$0	\$26,159,579
<b>Total</b>			<b>\$50,835,675</b>	<b>\$0</b>	<b>\$50,835,675</b>

**05-95-95-954010-1527 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
2019	034/500099	Capital Projects	\$21,474,533	\$0	\$21,474,533
<b>Total</b>			<b>\$21,474,533</b>	<b>\$0</b>	<b>\$21,474,533</b>
<b>Grand Total</b>			<b>\$251,565,206</b>	<b>\$2,556,648</b>	<b>\$254,121,854</b>

**EXPLANATION**

This request is a **sole source** that incorporates additional Design, Development and Implementation (DDI) initiatives in support of the NH Medicaid Program, requiring changes to the State's Medicaid Management Information System (MMIS). The services of the Contractor's technical and operational resources are expanded to address program mandates, legislative requirements and modernization technology projects. This Amendment 16 will allow the Contractor to incorporate the Centers for Medicare and Medicaid Services' (CMS) Medicaid Information Technology Architecture (MITA) Seven Conditions and Standards.

This request will enable the Department to implement the required system changes to its MMIS on a very aggressive timeline to meet contractual requirements for the new Managed Care Organizations (MCO) contract and for the start-up of the new MCO plan coverage. The MMIS must be ready to exchange data with the new MCO to assist with its readiness for operations prior to the start of enrollment. Additionally, the MMIS must be changed and configured to enroll members in the new MCO benefit plan in time for early enrollment beginning August 1, 2019 and to display and report members' Granite Advantage community engagement status to providers and to the MCOs in July when the requirement goes into effect.

This amendment extends the services of contractor technical resources that are already in place, that have been performing the technically required tasks for a significant period, and will leverage existing system processes to expedite implementation of the required changes. The Department intends to leverage and maximize its investment in the experienced technical support team that has developed an intricate knowledge of the NH MMIS and will be able to meet the challenges of implementing the new system capabilities and technical upgrades in the timeline needed by the Medicaid Program.

The Design, Development and Implementation services acquired under this Amendment 16 encompass the following eight (8) areas:

1. Managed Care Organization Re-Procurement Support;
2. Granite Advantage Program Community Engagement;
3. Acuity Rate Setting/Resource Utilization Groups IV Enhancement;
4. Acuity Rate Setting-Budget Adjustment Factor;
5. Encounter and Fee for Service Claims Data Interfaces;

6. Granite Advantage Program: Newly Eligible/Not Newly Eligible Members;
7. Electronic Document Management System Technology Upgrade; and
8. Project Support.

The number of people served directly or indirectly under this Amendment includes over 180,000 NH Medicaid participants statewide receiving coverage under the Medicaid Care Management Program and Granite Advantage Programs. It also includes 90+ nursing home providers for whom nursing facility rates are calculated on the MMIS, and up to 30,000 other NH Medicaid providers who utilize the NH MMIS for member eligibility look-ups, access to correspondence and reports, and who rely on the MMIS for payment for services rendered to the Medicaid population.

### ***Managed Care Organization Re-Procurement Support***

The Department solicited proposals from managed care organizations to deliver health care services to eligible and enrolled Medicaid participants through Medicaid Care Management. The Department sought to select Managed Care Organizations (MCOs) to collaborate responsively with the Department, providers, and members to provide high quality, integrated health care across New Hampshire. The MCOs arrange for the provision of services to approximately 180,000 members including, but not limited to, pregnant women, children, parents/caretakers, non-elderly individuals, and non-disabled adults under the age of 65, and individuals who are aged, blind or disabled.

Re-procurement of Managed Care Organizations (MCO) in support of the NH Medicaid Care Management Program (MCM) resulted in the addition of one (1) new MCO. It also involves Medicaid Care Management program changes for service delivery, data exchanges, and payment.

This Amendment 16 includes Design, Development and Implementation services required in the Medicaid Management Information System for the Managed Care Organization Re-Procurement. Collaborating with the Department, the Contractor will provide consultation and testing services in the following areas:

- Managed Care Organization Benefit Plan Changes;
- Medicaid Management Information System Reference Functionality;
- Medicaid Provider Enrollment;
- Trading Partner Set-Up;
- Trading Partner Electronic Transactions;
- Data Interfaces Set-Up;
- External Partner Interface Changes;
- Remittance Advice Functionality;
- Health Care Eligibility Inquiry and Responses;
- Automated Voice Response System; and
- Transformed Medicaid Statistical Information System.



### ***Granite Advantage Health Care Program Community Engagement***

Pursuant to New Hampshire Laws of 2018, Chapter 342, Senate Bill 313, the Granite Advantage Health Care Program transitions coverage for members from Qualified Health Plans to Medicaid Managed Care Organizations and has a new requirement that certain newly eligible adults must be employed or engaged for a minimum number of hours in other work or community engagement activities. Modifications to the Medicaid Management Information System (MMIS) are required to operationalize the new requirements.

The system changes required by the Granite Advantage Program are in the following areas:

- Changes to the MMIS Interface with the New Heights eligibility system;
- Changes to the MMIS user interfaces pages to display Community Engagement data;
- Changes to Member Eligibility Inquires within the MMIS;
- Changes to MMIS Reporting; and
- Changes to the Managed Care Organization 834 Enrollment transaction.

### ***Acuity Rate Setting/Resource Utilization Groups IV Enhancement***

The Centers for Medicare and Medicaid Services' Resource Utilization Group IV (RUG IV) modernized the establishment of nursing facility rates. Amendment 16 includes Design, Development and Implementation Services to enhance the Nursing Facility Acuity Rate Setting to utilize an expanded data set for rate setting to determine members' acuity more accurately, and to automate a new data extract process to support the Proportionate Share Adjustment Incentive.

The modifications required to enhance the Acuity Rate Setting/RUG IV processing are in the following areas:

- Changes to CMS Minimum Data Set (MDS) data interface processing;
- Expanding MDS data storage, including archive tables;
- Changes to Acuity Rate Setting to review and incorporate the new data;
- New extracts to support Proportionate Share Adjustment Incentive processing; and
- Changes to reports.

### ***Acuity Rate Setting-Budget Adjustment Factor***

Amendment 16 includes modifications to the Acuity Rate Setting automated processes to incorporate a budget adjustment factor that can be applied to preliminary rate results and be factored across all facilities in the determination of adjusted rates. The objectives are to provide greater flexibility, to allow for the application of one or more adjustment factors to refine rate determination, and to improve the efficiency of rate determination across nursing facilities. These modifications will provide additional functionality to the Department and most specifically, the Bureau of Elderly and Adult Services.

The Acuity Rate Setting-Budget Adjustment Factor modifications are in the following areas:

- Adapting rate setting to include a new budget adjustment factor to be applied during rate calculations;
- Applying the new factor across rate setting versions; and
- Changes to display Acuity Rate Setting Budget Adjustment functionality.

### ***Encounter and Fee for Service Claims Data Interfaces***

Amendment 16 includes modifications to create new and/or expanded data interfaces with the objective to improve the accuracy of encounter claims data exchanges (Fee for Service and encounter) shared securely with the NH External Quality Review Organization (EQRO), Actuary, Managed Care Organizations, and Pharmacy Benefit Manager.

The Encounter and Fee for Service (FFS) Claim Data Interface modifications include:

- Modify specified MMIS data extract processes to include Encounter Claims;
- Modify Data Interface processing to incorporate Encounter Claims data elements; and
- Streamline MMIS Business Rules for specified data extracts to reduce processing times.

### ***Newly Eligible/Not Newly Eligible Members***

Amendment 16 includes changes to improve the data management of member "newly/not newly" status data. The accuracy of this data is essential to the Department's federal financial and statistical reporting specific to the Granite Advantage Program.

The Newly Eligible/Not Newly Eligible Member modifications involve in the following areas:

- Modify the Newly Eligible/Not Newly Eligible business rules;
- Modify processing of incoming member records from the New Heights eligibility system into the MMIS;
- Review of Granite Advantage Health Care Program (reforming New Hampshire's Medicaid and Premium Assistance Program) financial Fund Codes;
- Changes to the Department's federal reporting to the Centers for Medicare and Medicaid Services as it relates to the Granite Advantage Program (reforming New Hampshire's Medicaid and Premium Assistance Program);
- New MMIS Business rules as these relate to batch processing; and
- Modify Transformed Medicaid Statistical Information System (T-MSIS) eligibility extract processing to report member program participation using Newly/Not Newly.

### ***Electronic Document Management System (EDMS) Technology Upgrade***

Amendment 16 includes implementing a software upgrade to the MMIS' Electronic Document Management functionality. This upgrade is required to ensure continued capability to capture images, store and retrieve documentation critical to supporting Medicaid provider

enrollment, service authorization approvals, and claims processing. The current version of the MMIS' optical technology is no longer supported by the respective vendor. The risk of inconsistent and unreliable performance, potential lack of access to documentation, and/or more extensive time needed to resolve issues would be detrimental to the operational needs of the Medicaid Program.

MMIS system changes in support of this initiative include:

- Electronic Document Management System software upgrade.

### ***Project Support***

Amendment 16 includes technical services to pursue the analysis and implementation of several MMIS Process Improvement Projects and to enhance the functionality of the MMIS to support greater efficiency in the implementation of system changes needed by the NH Medicaid Program.

Project Support of the MMIS is in the following areas:

- Review of existing MMIS system controls;
- Enhance oversight of Managed Care Organization expenditures and capitation rates;
- Interfaces with the New Heights eligibility system; and
- Service Authorization processing.

The Department has begun to explore alternatives for its MMIS re-procurement strategy. The Department has acquired, with approval from the Governor and the Executive Council, the services of a consultant to complete an assessment of the MMIS and its fiscal agent. Conducting a review of the existing NH MMIS landscape, its benefits and areas of need, and existing fiscal agent services, the consultant will provide guidance to the Department about probable re-procurement approaches to best meet the Department's developing needs. Approval of this Amendment will allow for the existing system and operational services to continue while the Department refines its strategy and initiates action towards its MMIS re-procurement.

Should the Governor and Executive Council not approve this request, the Department's need for automated system support to implement its new Medicaid Program initiatives (including adding a new Managed Care Organization to the Medicaid Care Management Program) will be significantly compromised. The Department's ability to operationalize those initiatives successfully and in accordance with required implementation timelines will be jeopardized. System vulnerabilities to be resolved by the Optical Technology/Document Management component upgrade would persist. A significant adverse impact to the NH Medicaid Program, Medicaid eligible recipients, and providers would be realized if the MMIS is not changed to meet Medicaid Program needs as required under this Amendment.

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. Combined for both phases: 81.44% Federal Funds, 18.55% General Funds and Other Funds 0.01%. Federal funding source is the Centers for Medicare and Medicaid Services. Other funding source from the New Hampshire Granite Advantage Health Care Trust Fund.

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

Respectfully submitted,

A handwritten signature in black ink, appearing to read "Jeffrey Meyers", written in a cursive style.

Jeffrey A. Meyers  
Commissioner



STATE OF NEW HAMPSHIRE  
DEPARTMENT OF INFORMATION TECHNOLOGY

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Denis Goulet  
Commissioner

May 14, 2019

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

Dear Commissioner Meyers:


This letter represents formal notification that the Department of Information Technology (DoIT) has approved your agency's request to enter into a **sole source** contract amendment (Amendment 16) with Conduent State Healthcare, LLC (formerly known as Xerox State Healthcare, LLC) (Vendor #278791) of Germantown, MD as described below and referenced as DoIT No. 2005-004P.

The requested action authorizes the Department of Health and Human Services to enter into a **sole source** contract amendment with Conduent State Healthcare, LLC to incorporate the Design, Development and Implementation (DDI) initiatives in support of the NH Medicaid Program, requiring changes to the State's Medicaid Management Information System (MMIS). This is requested to extend the service of technical resources that are already in place and who have been performing the technically required task for a significant period.

The funding amount for this amendment is \$2,556,648 increasing the current contract from \$251,565,206 to a new amount not to exceed \$254,121,854. The contract shall become effective upon Governor and Council approval through June 30, 2021.

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

Sincerely,

  
Denis Goulet

DG/kaf/ck  
DoIT #2005-004P

cc: Bruce Smith, IT Manager, DoIT

**State of New Hampshire  
Department of Health and Human Services  
Amendment 16 to the Conduent State Healthcare, LLC (formerly known as Xerox State Healthcare,  
LLC) Contract**

This 16th Amendment to the Conduent State Healthcare, LLC (formerly known as Xerox State Healthcare, LLC) contract (hereinafter referred to as "Amendment 16") dated this 1<sup>st</sup> day of May 2019, 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, (Late Item C), and as amended by 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); Amendment 12 on November 18, 2016 (Item #21A); Amendment 13 on July 19, 2017 (Item #7C); Amendment 14 on March 21, 2018 (Item #6B); and Amendment 15 on June 20, 2018 (Late Item A); the Contractor agreed to perform certain services based upon the terms and conditions specified in the Contract and in consideration of certain sums specified; and

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

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

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

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

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

1. Except as specifically amended and modified by the terms and conditions in this Amendment, the obligations of the parties shall remain in full force and effect in accordance with the terms and conditions set forth in the original Contract, its Amendment 1 on December 11, 2007, its Amendment 2 on June 17, 2009, its Amendment 3 on June 23, 2010, its Amendment 4 on March 7, 2012, its Amendment 5 on December 19, 2012, its Amendment 6 on March 26, 2014, its Amendment 7 on June 18, 2014, its Amendment 8 on May 27, 2015, its Amendment 9 on June 24, 2015, its Amendment 10 on December 16, 2015, its Amendment 11 on June 29, 2016, its Amendment 12 on November 18, 2016, its Amendment 13 on July 19, 2017, its Amendment 14 on March 21, 2018, and its Amendment 15 on June 6, 2018.

2. The provisions of Contract Paragraph 2. CONTRACT/ORDER OF PRECEDENCE are hereby replaced by:

2.1 Contract Documents

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

- New Hampshire Standard Contract Terms and Conditions, Form P-37, together with the following exhibits:
  - Exhibit A – Statement of Work
  - Exhibit B – Price and Payment Schedule
  - Exhibit C – Special Provisions
  - Exhibit C-1 Special Provisions for MMIS Contracts
  - Exhibit D – Certification Regarding Drug Free Workplace Requirements
  - Exhibit E – Certification Regarding Lobbying
  - Exhibit F – Certification Regarding Debarment, Suspension and other Responsibility Matters
  - Exhibit G – Certificate Regarding Americans with Disabilities Act Compliance
  - Exhibit H – Certification Regarding Environmental Tobacco Smoke
  - Exhibit I – HIPAA Business Associate Agreement
  - Exhibit J – Certification Regarding Federal Funding Accountability and Transparency Act (FFATA) Compliance
  - Exhibit K – Ownership and Control Statement
  - Exhibit L – Performance Bond Continuation Certificate
  - Exhibit M – Amendment 15 Proposals
    - Conduent New Hampshire MMIS Proposed Solution Amendment 15 DDI Projects (DDI) Proposal, dated May 15, 2018, version 1.3 – referenced in Appendix A.18
    - Conduent New Hampshire MMIS Technical Platform Minimal Investment (TPMI) Proposal, dated May 15, 2018, version 3.1 - referenced in Appendix A.19
    - Conduent New Hampshire MMIS Operations and Maintenance (O&M) Proposal dated May 17, 2018, version 3.2
  - Exhibit N – Amendment 16 Proposal
  - All Appendices and Tables, including but not limited to:
    - Appendix A.1 – Preliminary Work Plan
    - Appendix A.2 – Deliverables List and Payment Schedule
    - Appendix A.3 – Liquidated Damages
    - Appendix A.4 – System Change Requirements
    - Appendix A.5 – NH MMIS Outpatient Prospective Payment System
    - Appendix A.6 – NH MMIS Enhanced Analytics
    - Appendix A.7 – NH MMIS HIPAA 5010 Enhancements
    - Appendix A.8 – NH MMIS System Change Requirements
    - Appendix A.9 – NH MMIS Additional System Enhancements
    - Appendix A.10 – NH MMIS HIPAA Operating Rules Assessment

- Appendix A.11 – NH MMIS System Change Requests and Testing Support
  - Appendix A.12 – NH MMIS System Enhancements to Meet Federal Requirements I
  - Appendix A.13 – NH MMIS System Enhancements for the New Hampshire Health Protection Plan
  - Appendix A.14 – Performance Measures
  - Appendix A.15 – NH MMIS System Enhancements for the Premium Assistance Program and Medicaid Care Management
  - Appendix A.16 – NH MMIS Security and Efficiency Enhancements
  - Appendix A.17 – NH MMIS System Enhancements to Meet Federal Requirements II
  - Appendix A.18 – NH MMIS System Enhancements to Meet Federal & State Requirements III, including Amendment 15 DDI Proposal
  - Appendix A.19 – NH MMIS System Enhancements Technical Platform Minimal Investment, including Technology Platform Minimum Investment Project (TPMI) Proposal
  - Appendix A.20 – NH MMIS Medicaid System Enhancements
- Amendment 1, Amendment 2, Amendment 3, Amendment 4, Amendment 5, Amendment 6, Amendment 7, Amendment 8, Amendment 9, Amendment 10, Amendment 11, Amendment 12, Amendment 13, Amendment 14, Amendment 15, and this Amendment 16 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 \$2,556,648 from \$251,565,206 to \$254,121,854, to reflect the additional requirements set forth in this Amendment 16.

3.2. Block 3 Effective Date: Completion of Services<sup>2</sup> is amended by adding the following sentences to section 3.1:

"The effective date of the original Contract is December 7, 2005. The effective date of Amendment 1 is December 11, 2007. The effective date of Amendment 2 is June 17, 2009. The effective date of Amendment 3 is June 23, 2010. The effective date of Amendment 4 is March 7, 2012. The effective date of Amendment 5 is December 19, 2012. The effective date of Amendment 6 is March 26, 2014. The effective date of Amendment 7 is June 18, 2014. The effective date of Amendment 8 is May 27, 2015. The effective date of Amendment 9 is June 24, 2015. The effective date of Amendment 10 is December 16, 2015. The effective date of Amendment 11 is June 29, 2016. The effective date of Amendment 12 is November 18, 2016. The effective date of Amendment 13 is July 19, 2017. The effective date of Amendment 14 is March 21, 2018. The effective date of Amendment 15 is June 6,



2018. All of the preceding dates are the dates the Contract was approved by the New Hampshire Governor and Executive Council, or a date certain, whichever is later, as specified in each document. This Amendment 16 is effective on the date of Governor and Executive Council approval through June 30, 2021."

#### **Exhibit A**

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

##### **3.4.39 NH MMIS Medicaid System Enhancements**

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.20 of this Amendment 16. The State shall specify these requirements through deliverables/payment milestones specifically set forth in Amendment 16, Appendix A.20. Any changes to the overall scope of work shall follow the Change Control Procedures identified in Section 6.16 of DHHS MMIS RFP 2005-004.

The Contractor shall fully satisfy the requirements for the implementation of the system enhancements as outlined in Amendment 16, Appendix A.20 and in accordance with the payment schedule identified within Amendment 16, Appendix A.2.

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

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

- C. Douglas Davis - Executive Account Manager;
- Raja Seshadri Kannan - Technical Director;
- Ravichandran Karuppiyah - Functional Manager;
- Sanjay Dua - Systems Manager;
- TBD - Release Manager;
- Melissa Soule - Modifications Manager;
- Kathleen Donovan- Provider Relations Manager;
- Michelle Minor - Claims Processing Manager;
- Regina Knowlton - Call Center Supervisor;
- TBD - Data Interface Lead;
- Swathi Donoori - Reporting Specialist;

6. The provisions of Amendment 15, Appendix A.2, *Deliverables List and Payment Schedule* of the Contract are hereby deleted and replaced with Amendment 16, Appendix A.2 *Deliverables List and Payment Schedule* as attached.

**Exhibit B**

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

**1.1 Price**

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

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

The Contract also provides for Post-DDI Phase Enhancements to be implemented in accordance with Appendix A.12, Appendix A.13, Appendix A.15, Appendix A.16, Appendix A.17, Appendix A.18, Appendix A.19, and Appendix A.20 for a Post-DDI Phase Enhancement total amount Not to Exceed \$61,556,639 (increased by \$2,556,648 for Appendix A.20 for a total increase of \$2,556,648 under this Amendment 16).

The Contract under Amendment 15 provided for a three (3) month Additional Extension to the Operations Phase through to June 30, 2018. Amendment 15 provided for a two (2) year Additional Extension to the Operations Phase for an amount Not to Exceed \$47,738,103 and further provided for one (1) Transition year for an amount Not to Exceed \$26,159,579. There are no cost changes to the Operations Phases or Transition Phase under this Amendment 16.

The total amount for the base contract, Post DDI Enhancements, optional operations extension periods, the Additional Extension to the Operations Phase, and Transition Year shall not exceed \$254,121,854.

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.

8. 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 \$254,121,854, 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.

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

AMENDMENT 16 PRICE ITEM	Am 15 PRICE	Amend 16 Change	Am 16 PRICE
<i>DDI Phase</i>	\$47,791,503	\$0	\$47,791,503
<b>Subtotal DDI Phase:</b>	<b>\$47,791,503</b>		<b>\$47,791,503</b>
<i>Post-DDI Phase Enhancements – Appendix A.12</i>	\$21,564,935	\$0	\$21,564,935
<i>Post-DDI Phase Enhancements – Appendix A.13</i>	\$2,923,787	\$0	\$2,923,787
<i>Post-DDI Phase Enhancements – Appendix A.15</i>	\$6,924,326	\$0	\$6,924,326
<i>Post-DDI Phase Enhancements – Appendix A.16</i>	\$1,037,186	\$0	\$1,037,186
<i>Post-DDI Phase Enhancements – Appendix A.17</i>	\$5,075,224	\$0	\$5,075,224
<i>Post-DDI Phase Enhancements – Appendix A.18</i>	\$12,994,593	\$0	\$12,994,593
<i>Post-DDI Phase Enhancements – Appendix A.19</i>	\$8,479,940	\$0	\$8,479,940
<i>Post-DDI Phase Enhancements – Appendix A.20</i>		\$2,556,648	\$2,556,648
<b>Subtotal Post DDI Enhancements:</b>	<b>\$58,999,991</b>	<b>\$2,556,648</b>	<b>\$61,556,639</b>
<b>Total DDI Phase and Post DDI Enhancements :</b>	<b>\$106,791,494</b>	<b>\$2,556,648</b>	<b>\$109,348,142</b>
<i>Base Operations Year 1</i>	\$7,975,733	\$0	\$7,975,733
<i>Base Operations Year 2</i>	\$8,752,153	\$0	\$8,752,153
<i>Base Operations Year 3</i>	\$13,773,164	\$0	\$13,773,164
<b>Subtotal Base Operations Phase:</b>	<b>\$30,501,050</b>	<b>\$0</b>	<b>\$30,501,050</b>
<b>(DDI Phase and Base Operations Phase) Total Base Contract:</b>	<b>\$78,292,553</b>	<b>\$0</b>	<b>\$78,292,553</b>
<i>Extension Operations Year 1</i>	\$16,765,928	\$0	\$16,765,928
<i>Extension Operations Year 2</i>	\$17,882,345	\$0	\$17,882,345
<b>Subtotal Extension Operations Phase:</b>	<b>\$34,648,273</b>	<b>\$0</b>	<b>\$34,648,273</b>
<i>Additional Extension Operations 3 Months</i>	\$5,726,707	\$0	\$5,726,707
<i>Additional Extension Operations Year 1 of 2</i>	\$23,062,007	\$0	\$23,062,007
<i>Additional Extension Operations Year 2 of 2</i>	\$24,676,096	\$0	\$24,676,096
<b>Subtotal Additional Extension Operations Phase:</b>	<b>\$53,464,810</b>	<b>\$0</b>	<b>\$53,464,810</b>
<b>Total Operations Phase:</b>	<b>\$118,614,133</b>	<b>\$0</b>	<b>\$118,614,133</b>
<i>Transition Year</i>	\$26,159,579	\$0	\$26,159,579
<b>Total Transition Phase:</b>	<b>\$26,159,579</b>	<b>\$0</b>	<b>\$26,159,579</b>
<b>(DDI , Post-DDI Enhancements, Operations and Transition) Total Contract Price:</b>	<b>\$251,565,206</b>	<b>\$2,556,648</b>	<b>\$254,121,854</b>

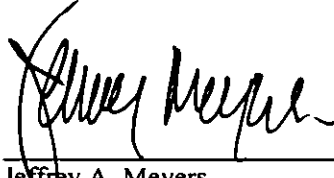
*[Signature]*  
5/15/19

9. In the event of any discrepancies between Amendment 16 and its Appendices and its Exhibit N, Amendment 16 and its Appendices take precedence.

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

State of New Hampshire  
Department of Health and Human Services



Jeffrey A. Meyers  
Commissioner



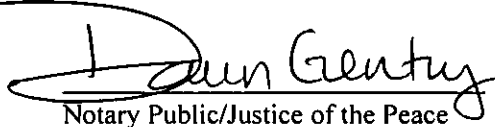
Donna Migoni  
Vice President of  
Conduent State Healthcare, LLC

STATE OF Tx

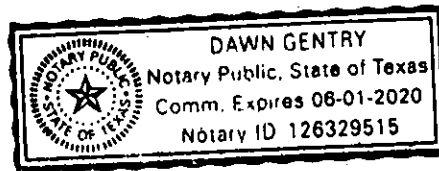
COUNTY OF Williamson

On this the 15 day of May 2019, before me, Dawn Gentry the undersigned officer, personally appeared Donna Migoni who acknowledged 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 herself as Vice President.

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

  
Notary Public/Justice of the Peace

My commission expires: 6-1-2020



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

OFFICE OF THE ATTORNEY GENERAL

By: 

Date: 5/24/2019


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:   
Date: 5/15/19



Amendment 16 Appendix A.2  
Deliverable List and Payment Schedule

Ref #	Deliverable	Amend 15 Delivery Date	Amend 16 Revised Delivery Date	Amend 15 Invoice Date	Amend 16 Revised Invoice Date	Payment Amount	Holdback %	Holdback Amount	Payment less 15% Holdback	Holdback Release %	Holdback Release Amount	Payment with Holdback Release Amount	% Retained Holdback	Retained Amount
<b>MMIS BASE SYSTEM - Section A DOI Phase</b>														
<b>Project Initiation and Planning</b>														
1	Concord, NH DOI Project Site Requirement	comp	comp	comp	comp	\$1,889,102.55	15%	\$280,365.38	\$1,588,737.17	0%	\$0.00	\$1,588,737.17	15%	\$280,365.38
2	Project Management Plan	comp	comp	comp	comp	\$12,070.00	15%	\$1,810.50	\$10,259.50	0%	\$0.00	\$10,259.50	15%	\$1,810.50
3	Detailed Project Work Plan	comp	comp	comp	comp	\$137,777.00	15%	\$20,666.55	\$117,110.45	0%	\$0.00	\$117,110.45	15%	\$20,666.55
4	Problem Control and Change Management Plan	comp	comp	comp	comp	\$12,070.00	15%	\$1,810.50	\$10,259.50	0%	\$0.00	\$10,259.50	15%	\$1,810.50
5	Project Communication Plan	comp	comp	comp	comp	\$12,070.00	15%	\$1,810.50	\$10,259.50	0%	\$0.00	\$10,259.50	15%	\$1,810.50
6	Quality Assurance Plan	comp	comp	comp	comp	\$12,070.00	15%	\$1,810.50	\$10,259.50	0%	\$0.00	\$10,259.50	15%	\$1,810.50
7	Requirements Traceability Matrix	comp	comp	comp	comp	\$42,452.00	15%	\$6,367.80	\$36,084.20	0%	\$0.00	\$36,084.20	15%	\$6,367.80
8	Weekly Project Status Reports	comp	comp	comp	comp	\$139,277.00	15%	\$20,891.55	\$118,385.45	0%	\$0.00	\$118,385.45	15%	\$20,891.55
9	Detailed Implementation Schedule (DIS) w/quarterly updates	comp	comp	comp	comp	\$21,014.00	15%	\$3,152.10	\$17,861.90	0%	\$0.00	\$17,861.90	15%	\$3,152.10
10	Performance Self-Reporting Mechanism-Monthly	comp	comp	comp	comp	\$55,024.00	15%	\$8,253.60	\$46,770.40	0%	\$0.00	\$46,770.40	15%	\$8,253.60
11	Preliminary CMS Certification Process Plan	comp	comp	comp	comp	\$12,075.00	15%	\$1,811.25	\$10,263.75	0%	\$0.00	\$10,263.75	15%	\$1,811.25
	<b>Total Project Initiation and Planning Cost</b>					<b>\$2,325,001.55</b>	<b>15%</b>	<b>\$348,790.23</b>	<b>\$1,976,251.32</b>	<b>0%</b>	<b>\$0.00</b>	<b>\$1,976,251.32</b>	<b>15%</b>	<b>\$348,790.23</b>
<b>Requirements Analysis and Validation</b>														
12	Requirements Validation Specification	comp	comp	comp	comp	\$6,306,860.00	15%	\$946,029.00	\$5,360,831.00	1%	\$63,068.60	\$5,423,899.60	14%	\$882,060.40
13	Issues Tracking and Resolution Document	comp	comp	comp	comp	\$52,132.00	15%	\$7,819.80	\$44,312.20	1%	\$521.32	\$44,833.52	14%	\$7,298.48
14	Preliminary Test Plan	comp	comp	comp	comp	\$72,008.00	15%	\$10,801.20	\$61,206.80	1%	\$720.08	\$61,926.88	14%	\$10,081.12
15	Preliminary Training Plan	comp	comp	comp	comp	\$48,653.00	15%	\$7,297.95	\$41,355.05	1%	\$486.53	\$41,841.58	14%	\$6,811.42
16	Preliminary Conversion/Migration Plan	comp	comp	comp	comp	\$93,375.00	15%	\$14,006.25	\$79,368.75	1%	\$933.75	\$80,302.50	14%	\$13,072.50
17	Preliminary Disaster Recovery Plan	comp	comp	comp	comp	\$106,791.00	15%	\$16,018.65	\$90,772.35	1%	\$1,067.91	\$91,840.26	14%	\$14,950.74
	<b>Total Requirements Analysis and Validation</b>					<b>\$6,679,819.00</b>	<b>15%</b>	<b>\$1,001,972.85</b>	<b>\$5,677,846.15</b>	<b>1%</b>	<b>\$66,798.19</b>	<b>\$5,744,644.34</b>	<b>14%</b>	<b>\$935,174.66</b>
<b>Design</b>														
18	General System Design	comp	comp	comp	comp	\$2,813,754.00	15%	\$422,063.10	\$2,391,690.90	2%	\$56,275.08	\$2,447,965.98	13%	\$365,768.02
19	Detailed System Design Group 1	comp	comp	comp	comp	\$1,303,702.44	15%	\$195,553.37	\$1,108,147.07	2%	\$28,074.05	\$1,136,221.12	13%	\$169,481.32
20	Detailed System Design Group 2	comp	comp	comp	comp	\$1,303,702.44	15%	\$195,553.37	\$1,108,147.07	2%	\$28,074.05	\$1,136,221.12	13%	\$169,481.32
21	Detailed System Design Group 3	comp	comp	comp	comp	\$1,303,702.44	15%	\$195,553.37	\$1,108,147.07	2%	\$28,074.05	\$1,136,221.12	13%	\$169,481.32
22	Test Environment Preparation	comp	comp	comp	comp	\$104,082.00	15%	\$15,612.30	\$88,469.70	2%	\$2,081.54	\$90,551.34	13%	\$13,530.66
23	Provider Operations Plan	comp	comp	comp	comp	\$30,000.00	15%	\$4,500.00	\$25,500.00	2%	\$600.00	\$26,100.00	14%	\$4,200.00
24	Preliminary Operations Plan	comp	comp	comp	comp	\$110,391.00	15%	\$16,558.65	\$93,832.35	2%	\$2,207.82	\$96,040.17	14%	\$15,454.74
25	Preliminary MMIS Implementation Plan	comp	comp	comp	comp	\$49,422.00	15%	\$7,413.30	\$42,008.70	2%	\$988.44	\$42,997.14	13%	\$6,424.86
26	Preliminary Contingency Plan	comp	comp	comp	comp	\$84,206.00	15%	\$12,630.90	\$71,575.10	2%	\$1,684.12	\$73,259.22	13%	\$10,946.78
27	Preliminary Security Plan	comp	comp	comp	comp	\$47,566.00	15%	\$7,134.90	\$40,431.10	2%	\$951.32	\$41,382.42	13%	\$6,183.58
28	Finalized Disaster Recovery Plan	comp	comp	comp	comp	\$84,206.00	15%	\$12,630.90	\$71,575.10	2%	\$1,684.12	\$73,259.22	13%	\$10,946.78
65a	MMIS Change Order Analysis-DSO Update Gp 1-7	comp	comp	comp	comp	\$404,429.00	15%	\$60,664.35	\$343,764.65	2%	\$6,875.29	\$350,639.94	13%	\$52,575.77
65b	MMIS Change Order Analysis-DSO Update Gp 8-9	comp	comp	comp	comp	\$16,851.00	15%	\$2,527.65	\$14,323.35	2%	\$337.02	\$14,660.37	13%	\$2,190.63
65c	Archive Claims Retrieval Solution	comp	comp	comp	comp									
	<b>Total Design</b>					<b>\$7,458,014.32</b>	<b>15%</b>	<b>\$1,148,402.15</b>	<b>\$6,309,612.17</b>	<b>2%</b>	<b>\$153,120.29</b>	<b>\$6,462,732.46</b>	<b>13%</b>	<b>\$995,281.66</b>
<b>Construction and Unit Testing</b>														
29a	Functional Test Summary Iteration 1a	comp	comp	comp	comp	\$651,851.22	15%	\$97,777.68	\$554,073.54	2%	\$110,811.71	\$664,885.25	13%	\$84,740.66
29b	Functional Test Summary Member Function	comp	comp	comp	comp	\$358,518.17	15%	\$53,777.73	\$304,740.44	2%	\$7,170.36	\$311,910.81	13%	\$46,607.36
29c	Functional Test Summary Non-Functional Req.	comp	comp	comp	comp	\$97,777.68	15%	\$14,666.65	\$83,111.03	2%	\$1,955.55	\$85,066.58	13%	\$12,711.10
30a	Functional Test Summary Operations Functions	comp	comp	comp	comp	\$1,486,665.40	15%	\$222,999.81	\$1,263,665.59	2%	\$29,333.31	\$1,293,000.00	13%	\$190,666.50
30b	Functional Test Summary Program Functions	comp	comp	comp	comp	\$1,140,739.80	15%	\$171,110.94	\$969,628.86	2%	\$22,814.79	\$992,443.65	13%	\$148,296.15
30c	Functional Test Summary Provider Functions	comp	comp	comp	comp	\$130,370.24	15%	\$19,555.54	\$110,814.70	2%	\$2,607.40	\$113,422.11	13%	\$16,948.13
30d	Functional Test Summary Security Functions	comp	comp	comp	comp	\$85,185.12	15%	\$12,777.77	\$72,407.35	2%	\$1,303.70	\$73,711.05	13%	\$10,946.78
31	Functional Test Results													
32	Integration and System Test Scripts													
33	MMIS Change Orders # 2		Removed Amendment	Per 12		\$0.00	15%	\$0.00	\$0.00	2%	\$0.00	\$0.00	13%	\$0.00
33a	New PBM Interface Design and Construction	comp	comp	comp	comp	\$25,000.00	15%	\$3,750.00	\$21,250.00	2%	\$500.00	\$21,750.00	13%	\$3,250.00
33b	Change Orders A.8	comp	comp	comp	comp	\$51,480.00	15%	\$7,722.00	\$43,758.00	2%	\$1,029.60	\$44,787.60	13%	\$6,692.40
34	Preliminary Provider Handbooks	comp	comp	comp	comp	\$180,143.00	15%	\$27,021.45	\$153,121.55	2%	\$3,262.86	\$156,384.41	13%	\$23,116.59
35a	Finalized MMIS Implementation Plan-Provider Enroll	comp	comp	comp	comp	\$49,488.33	15%	\$7,423.25	\$42,065.08	2%	\$989.77	\$43,054.85	13%	\$6,433.48
35b	Finalized MMIS Implementation Plan- MMIS	comp	comp	comp	comp	\$98,978.67	15%	\$14,846.80	\$84,131.87	2%	\$1,779.53	\$85,911.40	13%	\$12,866.97
36	Finalized Integration and System Test Plan	comp	comp	comp	comp	\$141,757.00	15%	\$21,263.55	\$120,493.45	2%	\$2,409.87	\$122,903.32	13%	\$18,428.41
37	Finalized Contingency Plan	comp	comp	comp	comp	\$148,465.00	15%	\$22,269.75	\$126,195.25	2%	\$2,663.90	\$128,859.15	13%	\$19,300.45
38	Finalized Conversion/Migration Plan	comp	comp	comp	comp	\$114,878.00	15%	\$17,201.40	\$97,676.60	2%	\$2,293.52	\$99,970.12	13%	\$14,907.88
39	Finalized Operations Plan	comp	comp	comp	comp	\$49,647.00	15%	\$7,447.05	\$42,199.95	2%	\$924.94	\$43,124.89	13%	\$6,454.11
40	Finalized Security Plan	comp	comp	comp	comp	\$48,553.00	15%	\$7,282.95	\$41,270.05	2%	\$971.06	\$42,241.11	13%	\$6,311.89
	<b>Total Construction and Unit Testing</b>					<b>\$4,799,293.43</b>	<b>15%</b>	<b>\$719,894.01</b>	<b>\$4,079,399.42</b>	<b>2%</b>	<b>\$95,985.87</b>	<b>\$4,175,385.29</b>	<b>13%</b>	<b>\$623,908.15</b>
<b>Integration and System Testing</b>														
41a	Integration and System Test Summary Iteration 1a	comp	comp	comp	comp	\$651,851.22	15%	\$97,777.68	\$554,073.54	2%	\$110,811.71	\$664,885.25	13%	\$84,740.66
41b	Integration and System Test Summary Member Functions	comp	comp	comp	comp	\$195,555.36	15%	\$29,333.30	\$166,222.06	2%	\$3,911.11	\$170,133.17	13%	\$25,422.20
41c	Integration and System Test Summary Non-Functional Req.	comp	comp	comp	comp	\$32,592.56	15%	\$4,888.88	\$27,703.68	2%	\$651.85	\$28,355.53	13%	\$4,237.03
42a	Integration and System Test Summary Operations Functions	comp	comp	comp	comp	\$1,434,072.60	15%	\$215,110.89	\$1,218,961.71	2%	\$28,581.45	\$1,247,543.16	13%	\$186,429.44
42b	Integration and System Test Summary Program Functions	comp	comp	comp	comp	\$1,336,295.00	15%	\$200,444.25	\$1,135,850.75	2%	\$28,725.90	\$1,164,576.65	13%	\$173,718.35
42c	Integration and System Test Summary Provider Functions	comp	comp	comp	comp	\$195,555.36	15%	\$29,333.30	\$166,222.06	2%	\$3,911.11	\$170,133.17	13%	\$25,422.20
42d	Integration and System Test Summary Security Functions	comp	comp	comp	comp	\$85,185.10	15%	\$12,777.77	\$72,407.33	2%	\$1,303.70	\$73,711.03	13%	\$10,946.78
65c	Integration and System Test Summary Changes 1-7	comp	comp	comp	comp	\$885,504.00	15%	\$132,825.60	\$752,678.40	2%	\$17,710.08	\$770,388.48	13%	\$115,115.52
65d	Integration and System Test Summary Iteration 6	comp	comp	comp	comp	\$36,696.00	15%	\$5,504.40	\$31,191.60	2%	\$737.92	\$31,929.52	13%	\$4,796.48

Amendment 16 Appendix A.2  
Deliverable List and Payment Schedule

Ref #	Deliverable	Amend 15 Delivery Date	Amend 16 Revised Delivery Date	Amend 15 Invoice Date	Amend 16 Revised Invoice Date	Payment Amount	Holdback %	Holdback Amount	Payment less 15% holdback	Holdback Release %	Holdback Release Amount	Payment with Holdback Release Amt	% Retained Holdback	Holdback Retained Amount
43	Integration and System Test Results					\$0.00								
44	X12N EDI Companion Guides	comp	comp	comp	comp	\$48,872.00	15%	\$7,330.80	\$41,541.20	2%	\$973.44	\$42,514.64	13%	\$8,327.36
45	Provider Status Evaluation	comp	comp	comp	comp	\$78,804.00	15%	\$11,490.60	\$67,313.40	2%	\$1,532.08	\$68,845.48	13%	\$9,958.52
46	Preliminary Converted Files	comp	comp	comp	comp	\$58,610.00	15%	\$8,791.50	\$49,818.50	2%	\$1,172.20	\$50,990.70	13%	\$7,619.30
47	Revised Detailed System Design													
48	Acceptance Test Plan	comp	comp	comp	comp	\$82,481.00	15%	\$12,369.15	\$70,091.85	2%	\$1,649.22	\$71,741.07	13%	\$10,719.93
49	Acceptance Test Tracking System	comp	comp	comp	comp	\$48,872.00	15%	\$7,330.80	\$41,541.20	2%	\$973.44	\$42,514.64	13%	\$8,327.36
50	Finalized Training Plan	comp	comp	comp	comp	\$36,249.00	15%	\$5,437.35	\$30,811.65	2%	\$724.88	\$31,536.53	13%	\$4,712.37
51	Training Materials & Manuals - Provider Enrollment	comp	comp	comp	comp	\$18,081.78	15%	\$2,409.26	\$15,672.52	2%	\$321.24	\$15,993.73	13%	\$2,088.03
52	Training Materials & Manuals - MMIS	comp	comp	comp	comp	\$32,610.24	15%	\$4,891.54	\$27,718.70	2%	\$652.20	\$28,370.91	13%	\$4,239.33
	Total Integration and System Testing					\$5,233,447.20	15%	\$785,017.08	\$4,448,430.12	2%	\$104,688.94	\$4,553,099.06	13%	\$880,348.14
53	Conversion													
	Conversion Test Results	comp	comp	comp	comp	\$80,822.00	15%	\$9,093.30	\$51,528.70	1%	\$606.22	\$52,134.92	14%	\$8,487.08
	Total Conversion					\$80,822.00	15%	\$9,093.30	\$51,528.70	1%	\$606.22	\$52,134.92	14%	\$8,487.08
	Acceptance Test													
54	Acceptance Test Resolutions Document	comp	comp	comp	comp	\$147,829.00	15%	\$22,174.35	\$125,654.65	1%	\$1,478.29	\$127,132.94	14%	\$20,696.06
55a	MMIS Change Order Acceptance Test	comp	comp	comp	comp	\$1,254,240.00	15%	\$188,136.00	\$1,066,104.00	1%	\$12,542.40	\$1,078,646.40	14%	\$175,593.60
55	Operational Readiness Report	comp	comp	comp	comp	\$32,175.00	15%	\$4,826.25	\$27,348.75	1%	\$321.75	\$27,670.50	14%	\$4,504.50
56	Program Expansion Enhancements		Removed Amendment	Per 12		\$0.00	15%	\$0.00	\$0.00	1%	\$0.00	\$0.00	14%	\$0.00
57	Finalized MMIS Provider Handbooks	comp	comp	comp	comp	\$39,305.00	15%	\$5,895.75	\$33,409.25	1%	\$393.05	\$33,802.30	14%	\$5,502.70
	Total Acceptance Test					\$1,473,549.00	15%	\$221,032.35	\$1,252,516.65	1%	\$14,735.49	\$1,267,252.14	14%	\$206,296.64
	Implementation													
58	Finalized CMS Certification Process Plan	comp	comp	comp	comp	\$84,209.00	15%	\$12,631.35	\$71,577.65	1%	\$842.09	\$72,419.74	13%	\$10,947.17
58b	Archive Claims Retrieval Solution	comp	comp	comp	comp									
59	MMIS Systems Documentation	comp	comp	comp	comp	\$114,924.00	15%	\$17,238.60	\$97,685.40	1%	\$1,149.24	\$98,834.64	14%	\$18,089.36
59i	MMIS Change Order Readiness & Implementation	comp	comp	comp	comp	\$313,800.00	15%	\$47,040.00	\$266,760.00	1%	\$3,138.00	\$269,898.00	14%	\$43,904.00
60	Results of Final Conversion	comp	comp	comp	comp	\$98,575.00	15%	\$14,786.25	\$83,788.75	1%	\$837.89	\$84,626.64	14%	\$13,800.50
	Total Implementation					\$811,308.00	15%	\$91,696.20	\$519,611.80	1%	\$6,113.08	\$525,724.88	14%	\$85,583.12
	Post-Implementation evaluation													
61	Evaluation plan		Removed Amendment	Per 12		\$0.00	15%	\$0.00	\$0.00	1%	\$0.00	\$0.00	14%	\$0.00
62	Evaluation report		Removed Amendment	Per 12		\$0.00	15%	\$0.00	\$0.00	1%	\$0.00	\$0.00	14%	\$0.00
63	Corrective action plan		Removed Amendment	Per 12		\$0.00	15%	\$0.00	\$0.00	1%	\$0.00	\$0.00	14%	\$0.00
64	Certification manuals for each required system function, including first run reports for federally-required reports	comp	comp	comp	comp	\$13,805.00	15%	\$2,070.75	\$11,734.25	1%	\$138.05	\$11,872.30	14%	\$1,832.70
	Total Post-Implementation evaluation					\$13,805.00	15%	\$2,070.75	\$11,734.25	1%	\$138.05	\$11,872.30	14%	\$1,832.70
	TOTAL BASE SYSTEM					\$28,852,859.50	15%	\$4,327,928.93	\$24,524,930.58	1%	\$442,166.13	\$24,967,096.70	14%	\$3,885,762.80
	Note:													
	Note:													
	Note:													
	OUTPATIENT PROSPECTIVE PAYMENT SYSTEM													
	Requirements Analysis													
1	Analytical Database	comp	comp	comp	comp	\$50,000.00	15%	\$7,500.00	\$42,500.00	1%	\$500.00	\$43,000.00	14%	\$7,000.00
2	Requirements Analysis Report 1	comp	comp	comp	comp	\$50,000.00	15%	\$7,500.00	\$42,500.00	1%	\$500.00	\$43,000.00	14%	\$7,000.00
3	Requirements Analysis Report 2	comp	comp	comp	comp	\$60,000.00	15%	\$9,000.00	\$51,000.00	1%	\$600.00	\$51,600.00	14%	\$8,400.00
	Total Requirements Analysis					\$160,000.00	15%	\$24,000.00	\$136,000.00	1%	\$1,600.00	\$137,600.00	14%	\$22,400.00
	Business Rules and Design													
4	Business Requirements Document - Report 1	comp	comp	comp	comp	\$70,000.00	15%	\$10,500.00	\$59,500.00	1%	\$700.00	\$60,200.00	14%	\$9,800.00
5	Business Requirements Document - Report 2	comp	comp	comp	comp	\$70,000.00	15%	\$10,500.00	\$59,500.00	1%	\$700.00	\$60,200.00	14%	\$9,800.00
6	Business Requirements Document - Report 3	comp	comp	comp	comp	\$75,000.00	15%	\$11,250.00	\$63,750.00	1%	\$750.00	\$64,500.00	14%	\$10,500.00
	Total Business Rules and Design					\$215,000.00	15%	\$32,250.00	\$182,750.00	1%	\$2,150.00	\$184,900.00	14%	\$30,100.00
	Construction													
7	Detailed System Design Update		Removed Amendment	Per 10		\$0.00	15%	\$0.00	\$0.00	1%	\$0.00	\$0.00	14%	\$0.00
	Total Construction					\$0.00	15%	\$0.00	\$0.00	1%	\$0.00	\$0.00	14%	\$0.00
	Implementation													
8	Implementation Go Live		Removed Amendment	Per 10		\$0.00	15%	\$0.00	\$0.00	1%	\$0.00	\$0.00	14%	\$0.00
	Total Implementation					\$0.00	15%	\$0.00	\$0.00	1%	\$0.00	\$0.00	14%	\$0.00
	TOTAL OUTPATIENT PROSPECTIVE PAYMENT SYSTEM					\$375,000.00	15%	\$56,250.00	\$318,750.00	1%	\$3,750.00	\$322,500.00	14%	\$52,500.00
	ENHANCED ANALYTICS													

Amendment 16 Appendix A.2  
Deliverable List and Payment Schedule

Item #	Deliverable	Amend 15 Delivery Date	Amend 15 Revised Delivery Date	Amend 15 Invoice Date	Amend 16 Revised Invoice Date	Payment Amount	Holdback %	Holdback Amount	Payment less 15% Holdback	Holdback Release %	Holdback Release Amount	Payment with Holdback Release	% Retained Holdback	Holdback Retained Amount
<b>TOTAL ENHANCED ANALYTICS</b>			Removed Amendment	Per 10		\$0.00	15%	\$0.00	\$0.00	1%	\$0.00	\$0.00	14%	\$0.00
<b>5010 Enhancements</b>														
Requirements and Design														
1	Requirements Analysis and Start Up	comp	comp	comp	comp	\$1,777,000.00	15%	\$266,550.00	\$1,510,450.00	0%	\$0.00	\$1,510,450.00	0%	\$0.00
2	Detailed System Design	comp	comp	comp	comp	\$712,500.00	15%	\$106,875.00	\$605,625.00	1%	\$7,125.00	\$612,750.00	14%	\$99,750.00
	<b>Total Requirements and Design</b>					\$2,489,500.00	15%	\$373,425.00	\$2,116,075.00	1%	\$24,895.00	\$2,140,970.00	14%	\$348,530.00
Construction and User Acceptance Test														
3	Initiation of UAT	comp	comp	comp	comp	\$1,790,300.00	15%	\$268,545.00	\$1,521,755.00	1%	\$17,903.00	\$1,539,658.00	14%	\$250,842.00
4	Completion of UAT	comp	comp	comp	comp	\$1,829,900.00	15%	\$274,335.00	\$1,555,565.00	1%	\$18,299.00	\$1,573,864.00	14%	\$256,046.00
5	Design, code, unit test, SIT - UAT testing for the COB changes		Removed Amendment	Per 12		\$0.00	15%	\$0.00	\$0.00	1%	\$0.00	\$0.00	14%	\$0.00
	<b>Total Construction and Unit Test</b>					\$3,619,200.00	15%	\$542,880.00	\$3,076,320.00	1%	\$38,192.00	\$3,114,512.00	14%	\$506,688.00
Implementation														
6	User Interface Updated for 5010	comp	comp	comp	comp	\$568,425.00	15%	\$85,263.75	\$483,161.25	1%	\$5,684.25	\$488,845.50	14%	\$79,579.50
	<b>Total Implementation</b>					\$568,425.00	15%	\$85,263.75	\$483,161.25	1%	\$5,684.25	\$488,845.50	14%	\$79,579.50
	<b>TOTAL 5010 Enhancements</b>					\$8,677,125.00	15%	\$1,001,568.75	\$7,675,556.25	1%	\$68,771.25	\$7,744,327.50	14%	\$934,797.50
<b>Managed Care System Enhancement Phase I</b>														
Requirements and Design														
1	Requirements Analysis and Start Up	comp	comp	comp	comp	\$442,250.00	15%	\$66,337.50	\$375,912.50	1%	\$4,422.50	\$380,335.00	14%	\$61,915.00
2	Detailed System Design	comp	comp	comp	comp	\$93,750.00	15%	\$14,062.50	\$79,687.50	1%	\$937.50	\$80,625.00	14%	\$13,125.00
	<b>Total Requirements and Design</b>					\$536,000.00	15%	\$80,400.00	\$455,600.00	1%	\$5,360.00	\$460,960.00	14%	\$75,040.00
Construction and User Acceptance Test														
3	Completion of UAT	comp	comp	comp	comp	\$1,973,875.00	15%	\$296,081.25	\$1,677,793.75	1%	\$19,738.75	\$1,697,532.50	14%	\$276,342.50
	<b>Total Construction and Unit Test</b>					\$1,973,875.00	15%	\$296,081.25	\$1,677,793.75	1%	\$19,738.75	\$1,697,532.50	14%	\$276,342.50
Implementation														
4	Completion of Implementation	comp	comp	comp	comp	\$292,400.00	15%	\$43,860.00	\$248,540.00	1%	\$2,924.00	\$251,464.00	14%	\$40,936.00
	<b>Total Implementation</b>					\$292,400.00	15%	\$43,860.00	\$248,540.00	1%	\$2,924.00	\$251,464.00	14%	\$40,936.00
	<b>TOTAL Managed Care Phase I Enhancements</b>					\$2,802,275.00	15%	\$420,341.25	\$2,381,933.75	1%	\$28,022.75	\$2,409,956.50	14%	\$392,318.50
<b>Managed Care System Enhancement Phase II</b>														
Requirements and Design														
1	Management Oversight	comp	comp	comp	comp	\$56,500.00	15%	\$8,475.00	\$48,025.00	1%	\$565.00	\$48,590.00	14%	\$7,810.00
2	Documented Change Requests	comp	comp	comp	comp	\$87,150.00	15%	\$13,072.50	\$74,077.50	1%	\$871.50	\$74,949.00	14%	\$12,201.00
3	Updated DSD Chapters	comp	comp	comp	comp	\$94,150.00	15%	\$14,122.50	\$80,027.50	1%	\$941.50	\$80,969.00	14%	\$13,181.00
4	Technical Design	comp	comp	comp	comp	\$70,500.00	15%	\$10,575.00	\$59,925.00	1%	\$705.00	\$60,630.00	14%	\$9,870.00
	<b>Total Requirements and Design</b>					\$308,300.00	15%	\$46,245.00	\$262,055.00	1%	\$3,083.00	\$265,138.00	14%	\$43,162.00
Construction and Unit Test														
5	Construction	comp	comp	comp	comp	\$535,000.00	15%	\$80,250.00	\$454,750.00	1%	\$5,350.00	\$460,100.00	14%	\$74,900.00
	<b>Total Construction and Unit Test</b>					\$535,000.00	15%	\$80,250.00	\$454,750.00	1%	\$5,350.00	\$460,100.00	14%	\$74,900.00
System Integration Testing														
6	System Test Plan	comp	comp	comp	comp	\$41,000.00	15%	\$6,150.00	\$34,850.00	1%	\$410.00	\$35,260.00	14%	\$5,740.00
7	System Test Complete	comp	comp	comp	comp	\$318,100.00	15%	\$47,715.00	\$270,385.00	1%	\$3,181.00	\$273,566.00	14%	\$44,534.00
	<b>Total System Integration Testing</b>					\$359,100.00	15%	\$53,865.00	\$305,235.00	1%	\$3,591.00	\$308,826.00	14%	\$50,274.00
User Acceptance Testing														
8	UAT Test Planning	comp	comp	comp	comp	\$104,250.00	15%	\$15,637.50	\$88,612.50	1%	\$1,042.50	\$89,655.00	14%	\$14,595.00
7	Train State/State Users	comp	comp	comp	comp	\$8,450.00	15%	\$1,267.50	\$7,182.50	1%	\$84.50	\$7,267.00	14%	\$1,163.00
	<b>Total User Acceptance Testing</b>					\$112,700.00	15%	\$16,905.00	\$95,795.00	1%	\$1,127.00	\$96,922.00	14%	\$15,778.00
Implementation														
4	Production Release	07/31/18	11/27/18	08/31/18	comp	\$99,973.00	15%	\$14,995.95	\$84,977.05	1%	\$999.73	\$85,976.78	14%	\$13,996.22
	<b>Total Implementation</b>					\$99,973.00	15%	\$14,995.95	\$84,977.05	1%	\$999.73	\$85,976.78	14%	\$13,996.22
	<b>TOTAL Managed Care Phase II Enhancements</b>					\$1,415,873.00	15%	\$212,280.95	\$1,203,592.05	1%	\$14,150.73	\$1,217,742.78	14%	\$198,110.22
<b>Medicaid Hospice Benefit</b>														
<b>TOTAL Medicaid Hospice Benefit Enhancements</b>			Removed Amendment	Per 10		\$0.00	15%	\$0.00	\$0.00	1%	\$0.00	\$0.00	14%	\$0.00
<b>Enhanced Provider Screening</b>														
Requirements and Design														
1	Requirements Analysis	comp	comp	comp	comp	\$111,250.00	15%	\$16,687.50	\$94,562.50	1%	\$1,112.50	\$95,675.00	14%	\$15,575.00
2	Detailed System Design	comp	comp	comp	comp	\$78,500.00	15%	\$11,775.00	\$66,725.00	1%	\$785.00	\$67,510.00	14%	\$10,990.00
	<b>Total Requirements and Design</b>					\$189,750.00	15%	\$28,462.50	\$161,287.50	1%	\$1,897.50	\$163,185.00	14%	\$26,565.00

Amendment 16 Appendix A.2  
Deliverable List and Payment Schedule

Part #	Deliverable	Amend 15 Delivery Date	Amend 15 Revised Delivery Date	Amend 15 Invoice Date	Amend 16 Revised Invoice Date	Payment Amount	Holdback %	Holdback Amount	Payment less 15% holdback	Holdback % Release	Holdback Amount Release	Payment with Holdback Release Amt	% Retained Holdback	Holdback Retained Amount
<b>License Integration Construction and System Testing</b>														
3	Software Installed and Integrated	comp	comp	comp	comp	\$800,000.00	15%	\$90,000.00	\$510,000.00	1%	\$8,000.00	\$518,000.00	14%	\$84,000.00
4	Construction Completed	comp	comp	comp	comp	\$80,783.00	15%	\$12,117.45	\$68,665.55	1%	\$807.83	\$69,473.38	14%	\$11,309.62
5	System Integration Testing Completed	comp	comp	comp	comp	\$234,983.00	15%	\$35,247.45	\$199,735.55	1%	\$2,349.83	\$202,085.38	14%	\$32,697.62
	<b>Total Construction and Unit Test</b>					<b>\$915,766.00</b>	<b>15%</b>	<b>\$137,364.90</b>	<b>\$778,401.10</b>	<b>1%</b>	<b>\$9,157.66</b>	<b>\$787,558.76</b>	<b>14%</b>	<b>\$128,207.24</b>
<b>User Acceptance Testing and Implementation</b>														
6	User Acceptance Testing Completed	comp	comp	comp	comp	\$83,850.00	15%	\$9,547.50	\$54,102.50	1%	\$836.50	\$54,739.00	14%	\$8,911.00
7	Training	comp	comp	comp	comp	\$3,450.00	15%	\$517.50	\$2,932.50	1%	\$34.50	\$2,967.00	14%	\$483.00
8	Implementation	comp	comp	comp	comp	\$79,500.00	15%	\$11,925.00	\$67,575.00	1%	\$795.00	\$68,370.00	14%	\$11,130.00
	<b>Total Implementation</b>					<b>\$146,800.00</b>	<b>15%</b>	<b>\$21,990.00</b>	<b>\$124,810.00</b>	<b>1%</b>	<b>\$1,466.00</b>	<b>\$126,276.00</b>	<b>14%</b>	<b>\$20,524.00</b>
<b>Additional Functionality</b>														
9	Additional Licensed Software Installed and Integrated	comp	comp	comp	comp	\$136,500.00	15%	\$20,475.00	\$116,025.00	1%	\$1,365.00	\$117,390.00	14%	\$19,110.00
10	Change Request Approved	comp	comp	comp	comp	\$56,889.00	15%	\$8,533.35	\$48,355.65	1%	\$568.89	\$48,924.54	14%	\$7,964.46
11	Coding and Unit Testing Complete	comp	comp	comp	comp	\$99,823.00	15%	\$14,943.45	\$84,879.55	1%	\$998.23	\$85,877.78	14%	\$13,947.22
12	System Integration Testing Complete	comp	comp	comp	comp	\$56,889.00	15%	\$8,533.35	\$48,355.65	1%	\$568.89	\$48,924.54	14%	\$7,964.46
13	User Acceptance Testing Complete	comp	comp	comp	comp	\$42,667.00	15%	\$6,400.05	\$36,266.95	1%	\$426.67	\$36,693.62	14%	\$5,973.38
14	Post Production Validation Complete	comp	comp	comp	comp	\$28,445.00	15%	\$4,266.75	\$24,178.25	1%	\$284.45	\$24,462.70	14%	\$3,982.30
	<b>Total Additional Functionality</b>					<b>\$421,613.00</b>	<b>15%</b>	<b>\$63,151.85</b>	<b>\$358,461.15</b>	<b>1%</b>	<b>\$4,216.13</b>	<b>\$362,677.28</b>	<b>14%</b>	<b>\$58,941.82</b>
	<b>TOTAL Enhanced Provider Screening Enhancements</b>					<b>\$1,873,129.00</b>	<b>15%</b>	<b>\$187,817.40</b>	<b>\$1,485,311.60</b>	<b>1%</b>	<b>\$18,731.29</b>	<b>\$1,504,042.89</b>	<b>14%</b>	<b>\$234,238.96</b>
<b>Electronic Health Record Provider Incentive Program</b>														
	<b>TOTAL EHR Provider Incentive Program Enhancements</b>		Removed Amendment	Per 10		<b>\$0.00</b>	<b>15%</b>	<b>\$0.00</b>	<b>\$0.00</b>		<b>\$0.00</b>	<b>\$0.00</b>		<b>\$0.00</b>
<b>HPAA Operating Rules Assessment</b>														
	<b>Assessment</b>													
1	Project documentation and recommendations for remediation	comp	comp	comp	comp	\$489,250.00	15%	\$73,387.50	\$415,862.50	1%	\$4,892.50	\$420,755.00	14%	\$68,495.00
	<b>Total Assessment</b>					<b>\$489,250.00</b>	<b>15%</b>	<b>\$73,387.50</b>	<b>\$415,862.50</b>	<b>1%</b>	<b>\$4,892.50</b>	<b>\$420,755.00</b>	<b>14%</b>	<b>\$68,495.00</b>
	<b>TOTAL HPAA Operating Rules Assessment</b>					<b>\$489,250.00</b>	<b>15%</b>	<b>\$73,387.50</b>	<b>\$415,862.50</b>	<b>1%</b>	<b>\$4,892.50</b>	<b>\$420,755.00</b>	<b>14%</b>	<b>\$68,495.00</b>
<b>Appendix A11 MMS Change Requests/Staff Augmentation</b>														
	<b>Change Request Designed, Developed, Implemented</b>													
1	All NH CRs identified in Appendix A-11 DOI Complete	comp	comp	comp	comp	\$5,117,750.00	15%	\$767,662.50	\$4,350,087.50	1%	\$51,177.50	\$4,401,265.00	14%	\$716,485.00
2	Testing Staff Augmentation January February March 2013	comp	comp	comp	comp	\$389,041.00	15%	\$58,356.15	\$330,684.85	1%	\$3,890.41	\$334,575.26	14%	\$54,465.74
	<b>Total Change Requests and Staff Augmentation</b>					<b>\$5,506,791.00</b>	<b>15%</b>	<b>\$826,018.65</b>	<b>\$4,680,772.35</b>	<b>1%</b>	<b>\$55,067.91</b>	<b>\$4,735,840.26</b>	<b>14%</b>	<b>\$770,950.74</b>
	<b>TOTAL A11 MMS Change Requests/Staff Augmentation</b>					<b>\$5,506,791.00</b>	<b>15%</b>	<b>\$826,018.65</b>	<b>\$4,680,772.35</b>	<b>1%</b>	<b>\$55,067.91</b>	<b>\$4,735,840.26</b>	<b>14%</b>	<b>\$770,950.74</b>
	<b>TOTAL MMS DOI Phase</b>					<b>\$47,781,502.50</b>	<b>15%</b>	<b>\$7,168,725.38</b>	<b>\$40,612,777.12</b>	<b>1%</b>	<b>\$477,915.03</b>	<b>\$41,090,692.15</b>	<b>14%</b>	<b>\$6,890,810.35</b>
<b>Section B - Post DOI Phase</b>														
<b>MMS Post DOI Phase System Enhancements</b>														
<b>T-MSSIS</b>														
1	Software License Acquired and Applied	comp	comp	comp	comp	\$229,784.00								
2	Requirements Elaboration - Documented Change Requests	comp	comp	comp	comp	\$178,165.00								
3	Updated Detailed System Design Approved	comp	comp	comp	comp	\$178,165.00								
4	Technical Design Completed	comp	comp	comp	comp	\$249,374.00								
5	Coding, Unit Testing, Data Configuration Updates Completed	comp	comp	comp	comp	\$293,381.00								
6	Development Integration Testing Completed	comp	comp	comp	comp	\$293,381.00								
7	System Integration Testing Completed	comp	comp	comp	comp	\$190,698.00								
8	T-MSSIS User Acceptance Testing Completed	comp	comp	comp	comp	\$261,272.00								
9a	Pre-Operational Readiness Testing Approved by CMS	comp	comp	comp	comp	\$587,200.00								
9b	Pre-Operational Readiness Testing Approved by CMS	comp	comp	comp	comp	\$130,000.00								
9c	Pre-Operational Readiness Testing Approved by CMS	comp	comp	comp	comp	\$130,000.00								
10	Implementation - Post Production Validation Complete	comp	comp	comp	comp	\$275,940.00								
11	Final DSD, Use Cases, System Documentation Approved	comp	comp	comp	comp	\$256,991.00								
12	CY 2014 Catch-Up Files Submitted	comp	comp	comp	comp	\$195,000.00								
12a	CY 2015-16 Catch-Up Files Submitted	comp	comp	comp	comp	\$260,000.00								
12b	CY 2015-16 Catch-Up Files Submitted (if necessary)	10/31/18	10/31/18	11/30/18	11/30/18	\$32,500.00								
12c	CY 2016 Catch-Up Files Submitted (if necessary)	10/31/18	10/31/18	11/30/18	11/30/18	\$32,500.00								
12d	CY 2016 Catch-Up Files Submitted (if necessary)	10/31/18	10/31/18	11/30/18	11/30/18	\$32,500.00								
12e	CY 2016 Catch-Up Files Submitted (if necessary)	10/31/18	10/31/18	11/30/18	11/30/18	\$32,500.00								
12f	CY 2016 Catch-Up Files Submitted (if necessary)	10/31/18	10/31/18	11/30/18	11/30/18	\$32,500.00								
12g	CY 2016 Catch-Up Files Submitted (if necessary)	10/31/18	10/31/18	11/30/18	11/30/18	\$32,500.00								
12h	CY 2016 Catch-Up Files Submitted (if necessary)	10/31/18	10/31/18	11/30/18	11/30/18	\$32,500.00								
13	2.0 Database and File Format Updates	comp	comp	comp	comp	\$12,500.00								
14	2.0 Error Files Receipt and Processing	comp	comp	comp	comp	\$50,000.00								
15	2.0 Rules - NH MATT Specs Updated	comp	comp	comp	comp	\$200,000.00								
16	2.0 Rules - Coded, Tested, Implemented	comp	comp	comp	comp	\$209,375.00								
	<b>TOTAL A12 T-MSSIS</b>					<b>\$4,408,726.00</b>								

Amendment 16 Appendix A.2  
Deliverable List and Payment Schedule

Ref #	Deliverable	Amend 15 Delivery Date	Amend 16 Revised Delivery Date	Amend 15 Invoice Date	Amend 16 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
<b>HPAA Operating Rules</b>														
1	Software License Acquired and Applied	comp	comp	comp	comp	\$1,586,809.00								
1a	Additional Software License Acquired and Applied	comp	comp	comp	comp	\$105,445.00								
2	Tool Installed and Ready to Use	comp	comp	comp	comp	\$140,419.00								
3	Change Requests Documented and Approved	comp	comp	comp	comp	\$140,419.00								
4	Updated Detailed System Design Approved	comp	comp	comp	comp	\$140,419.00								
5	Technical Design Completed	comp	comp	comp	comp	\$421,256.00								
6	Coding, Unit Testing, and Data Configuration Completed	comp	comp	comp	comp	\$547,633.00								
7	Development Integration Testing Completed	comp	comp	comp	comp	\$547,633.00								
8	System Test Plan Approved	comp	comp	comp	comp	\$122,866.00								
9	System Integration Testing Completed	comp	comp	comp	comp	\$388,599.00								
10	User Acceptance Testing Completed	comp	comp	comp	comp	\$210,628.00								
11	Post Production Validation Completed	comp	comp	comp	comp	\$188,504.00								
12	Receipt of Phase I CORE Certification Seal	comp	comp	comp	comp	\$106,547.00								
13	Receipt of Phase II CORE Certification Seal	comp	comp	comp	comp	\$106,547.00								
14	Receipt of Phase III CORE Certification Seal	comp	comp	comp	comp	\$106,547.00								
15	Environment Upgrades	11/30/18	02/23/19	12/31/18	comp	\$112,885.00								
	<b>TOTAL A-12 HPAA Operating Rules</b>					<b>\$4,833,158.00</b>								
<b>ICD-10</b>														
1	Software License Acquired and Applied	comp	comp	comp	comp	\$2,281,482.00								
2	Tool Installed	comp	comp	comp	comp	\$1,977,211.00								
3	JAD Sessions - Requirement Document Approved	comp	comp	comp	comp	\$329,535.00								
4	Requirements Technical Consulting	comp	comp	comp	comp	\$80,000.00								
5	Technical Design Updated Detailed System Design	comp	comp	comp	comp	\$1,235,757.00								
6	Design Technical Consulting	comp	comp	comp	comp	\$70,000.00								
7	Coding Complete	comp	comp	comp	comp	\$1,029,797.00								
8	Unit Test, Data Configured, Dev Integration Test Complete	comp	comp	comp	comp	\$1,029,797.00								
9	Data Configuration Technical Consulting	comp	comp	comp	comp	\$70,000.00								
10	System Test Plan and Environment Ready	comp	comp	comp	comp	\$267,748.00								
11	System Integration Testing Completed	comp	comp	comp	comp	\$803,242.00								
12	System Integration Testing Technical Consulting	comp	comp	comp	comp	\$70,000.00								
13	User Acceptance Testing Completed	comp	comp	comp	comp	\$659,070.00								
14	User Acceptance Testing Technical Consulting	comp	comp	comp	comp	\$70,000.00								
15	Training Technical Consulting	comp	comp	comp	comp	\$70,000.00								
16	Production Implementation and PIR Completed	comp	comp	comp	comp	\$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 Amendment	Per 10		\$0.00								
20	Trading Partner Testing Completed	comp	comp	comp	comp	\$375,893.00								
21	Phase III - Technical Consulting	comp	comp	comp	comp	\$125,000.00								
22	Full Regression Test with Latest MMS Release Complete	comp	comp	comp	comp	\$161,097.00								
23	Additional Mapping Updates	comp	comp	comp	comp	\$284,000.00								
	<b>TOTAL A-12 ICD-10</b>					<b>\$12,223,853.00</b>								
	<b>TOTAL MMS Post DOI Enhancements A-12</b>					<b>\$21,564,935.00</b>								
<b>NHPP</b>														
1	Software License Acquired and Applied	comp	comp	comp	comp	\$790,850.00								
2	Servers Acquired and Installed	comp	comp	comp	comp	\$282,330.00								
3	Enroll New Provider Types	comp	comp	comp	comp	\$185,061.00								
4	Enroll New Members in NHPP Benefit Plan(s)	comp	comp	comp	comp	\$277,591.00								
5	Adjudicate Claims for New Benefit Plan	comp	comp	comp	comp	\$555,182.00								
6	Non-Federal Reports, Claims Data Mart for NHPP	comp	comp	comp	comp	\$482,652.00								
7	Federal Reporting, EFADS, Remaining Tasks	comp	comp	comp	comp	\$370,121.00								
	<b>TOTAL A-13 NHPP</b>					<b>\$2,923,787.00</b>								
	<b>TOTAL MMS Post DOI Enhancements A-13</b>					<b>\$2,923,787.00</b>								
<b>PAP and MCM</b>														
1	MCO Mandatory Enrollment	comp	comp	comp	comp	\$393,693.00								
2	Enrollment File and Eligibility Changes	comp	comp	comp	comp	\$610,820.00								
3	X12 834 Enrollment Transaction	comp	comp	comp	comp	\$707,205.00								
4	Phase 1 PAP Changes	comp	comp	comp	comp	\$611,334.00								
5	MCM Benefit Changes for CFI		Removed Amendment	Per 12		\$0.00								
6	New MCO or MCM/PAP 834/Enrollment		Removed Amendment	Per 12		\$0.00								
7	FFS Co-Pay Changes	comp	comp	comp	comp	\$783,953.00								
8	X12 HIX 820 Premium Payment Transaction	comp	comp	comp	comp	\$384,721.00								
9	NH BRIDGES Interface Changes	comp	comp	comp	comp	\$269,733.00								
10a	Additional Interface - T-MSSIS	comp	comp	comp	comp	\$101,450.00								
10b	Additional Interface - Options	comp	comp	comp	comp	\$101,449.00								

Amendment 16 Appendix A.2  
Deliverable List and Payment Schedule

Del #	Deliverable	Amount 15 Delivery Date	Amount 16 Revised Delivery Date	Amount 15 Invoice Date	Amount 16 Revised Invoice Date	Payment Amount	Holdback %	Holdback Amount	Payment less 15% Holdback	Holdback Release %	Holdback Release Amount	Payment with Holdback Release Amt	% Retained Holdback	Holdback Retained Amount
11	EFADS and eMAR Changes	comp	comp	comp	comp	\$493,810.00								
12a	X12 820 Software Purchase	comp	comp	comp	comp	\$125,000.00								
12b	Capitation Claim Adjustments	comp	comp	comp	comp	\$238,292.00								
13	Targeted Recon Changes	comp	comp	comp	comp	\$88,433.00								
14	Member UI Changes for Additional QHP Data	comp	comp	comp	comp	\$158,435.00								
15	BRIDGES Outbound Interface, SA UI and PCP Part 2 Interface	comp	comp	comp	comp	\$128,300.00								
16	MID Compare Process		Removed Amendment	Per 11		\$0.00								
17	Inbound MCO-MMS Interface	comp	comp	comp	comp	\$94,323.00								
18	NEMT-Requirements Analysis		Removed Amendment	Per 11		\$0.00								
19	NEMT-Configuration		Removed Amendment	Per 11		\$0.00								
20	NEMT-UAT		Removed Amendment	Per 11		\$0.00								
21	NEMT-Regression Testing		Removed Amendment	Per 11		\$0.00								
22	NEMT-Additional Development		Removed Amendment	Per 11		\$0.00								
23	NEMT-Reports and Documentation		Removed Amendment	Per 11		\$0.00								
24	NEMT-T-MSIS		Removed Amendment	Per 11		\$0.00								
25	NEMT-EFADS and EMAR		Removed Amendment	Per 11		\$0.00								
26	NEMT-834		Removed Amendment	Per 11		\$0.00								
27	Additional Eligibility Changes		comp	comp	comp	\$104,500.00								
28	Additional Reporting Changes		Removed Amendment	Per 11		\$0.00								
31	Maternity/Newborn Processing	comp	comp	comp	comp	\$78,625.00								
32	Newborn BP on 271 Transaction	comp	comp	comp	comp	\$37,250.00								
33	Newborn BP in Voice Response	comp	comp	comp	comp	\$5,000.00								
34	820 Payment Financial Reporting	comp	comp	comp	comp	\$30,625.00								
	TOTAL A-15 PAP and MCM Non-NEMT Funds					\$5,844,951.00								
<b>Non-Emergency Medical Transportation (NEMT)</b>														
1N	NEMT Project Management	comp	comp	comp	comp	\$109,349.00								
2N	NEMT Provider Enrollment	comp	comp	comp	comp	\$12,566.00								
3N	NEMT Benefit Plan	comp	comp	comp	comp	\$26,461.00								
4N	NEMT Member NEMT Enrollment	comp	comp	comp	comp	\$54,614.00								
5N	NEMT 834 Enrollment Transaction	comp	comp	comp	comp	\$259,781.00								
6N	NEMT Benefit Plan Rate Cohort	comp	comp	comp	comp	\$10,875.00								
7N	NEMT Capitation	comp	comp	comp	comp	\$124,695.00								
8N	NEMT Claims/Financial/Encounters	comp	comp	comp	comp	\$125,178.00								
9N	NEMT 820 Payment Transaction	comp	comp	comp	comp	\$50,265.00								
10N	NEMT User Interface	comp	comp	comp	comp	\$34,074.00								
11N	NEMT Reports	comp	comp	comp	comp	\$48,540.00								
12N	NEMT Data Interfaces	comp	comp	comp	comp	\$48,331.00								
13N	NEMT Federal Reporting	comp	comp	comp	comp	\$9,866.00								
14N	NEMT Deployments, UAT, PIR	comp	comp	comp	comp	\$193,325.00								
15N	NEMT State Tester Support-4mos	comp	comp	comp	comp	\$251,323.00								
16N	NEMT System Documentation	comp	comp	comp	comp	\$19,332.00								
	TOTAL A-15 PAP and MCM NEMT Funds					\$1,379,375.00								
	TOTAL PAP and MCM Fixed Payments A-15					\$6,924,326.00								
29	General Contingency Pool		Removed Amendment	Per 12		\$0.00								
30	Cost Sharing Enhancement Pool		Removed Amendment	Per 10		\$0.00								
	TOTAL A-15 PAP and MCM Contingency Funds					\$0.00								
	TOTAL MMS Post DOI Enhancements A-15					\$6,924,326.00								
<b>Log-in Security Enhancements</b>														
1	Production Release	comp	comp	comp	comp	\$92,500.00								
	TOTAL A-16 Log-in Security Enhancements					\$92,500.00								
<b>Database Access for Designated Users</b>														
1	Software Acquisition	comp	comp	comp	comp	\$14,350.00								
2	Production Release	comp	comp	comp	comp	\$3,750.00								
	TOTAL A-16 Database Access for Designated Users					\$18,100.00								
<b>2D Barcode and OCR Enhancement</b>														
1	Software Acquisition	comp	comp	comp	comp	\$50,468.00								

Amendment 16 Appendix A.2  
Deliverable List and Payment Schedule

Net #	Deliverable	Amount 15 Delivery Date	Revised Delivery Date	Amount 15 Invoice Date	Amount 16 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
2	Design and Construction	comp	comp	comp	comp	\$21,283.00								
3	Testing and Implementation	comp	comp	comp	comp	\$17,415.00								
4	OCR Modifications	comp	comp	comp	comp	\$10,000.00								
	<b>TOTAL A-16 2D Barcode Enhancement</b>					<b>\$99,188.00</b>								
<b>Resources Utilization Group (RUG) IV</b>														
1	Develop Policy Design Document (POD)	comp	comp	comp	comp	\$60,000.00								
2	Conduct Pilot	comp	comp	comp	comp	\$48,000.00								
3	Conduct Simulation	comp	comp	comp	comp	\$30,000.00								
4	Finalize POD	comp	comp	comp	comp	\$55,000.00								
5	Develop System Modifications Document (SMD)	comp	comp	comp	comp	\$55,000.00								
6	Finalize System Design	comp	comp	comp	comp	\$57,438.00								
7	Regression Testing	comp	comp	comp	comp	\$57,437.00								
8	User Acceptance Testing (UAT)	comp	comp	comp	comp	\$50,000.00								
	<b>TOTAL A-16 Resources Utilization Group (RUG) IV</b>					<b>\$410,875.00</b>								
<b>New MMIS Certification Requirements</b>														
1	Develop Responses to CMS Pilot Checklists	comp	comp	comp	comp	\$199,457.00								
	<b>TOTAL A-16 New MMIS Certification Requirements</b>					<b>\$199,457.00</b>								
<b>Enhanced DMZ Infrastructure Setup</b>														
1	Software Acquisition	comp	comp	comp	comp	\$46,825.00								
2	Design	comp	comp	comp	comp	\$69,105.00								
3	Testing and Implementation	comp	comp	comp	comp	\$102,158.00								
	<b>TOTAL A-16 Enhanced DMZ Infrastructure Setup</b>					<b>\$217,888.00</b>								
	<b>TOTAL MMIS Post DDI Enhancements A-16</b>					<b>\$1,037,188.00</b>								
<b>Provider Revalidation (PR)</b>														
<b>Provider Revalidation Phase I - UI, Letters, Reports</b>														
1	PR UI, Letters, Reports Requirements Completed	comp	comp	comp	comp	\$77,050.00								
2	PR UI, Letters, Reports Development Completed	comp	comp	comp	comp	\$115,578.00								
3	PR UI, Letters, Reports SIT/Regression Testing Completed	comp	comp	comp	comp	\$96,312.00								
4	PR UI, Letters, Reports UAT Completed Production Deployed	comp	comp	comp	comp	\$96,312.00								
<b>Provider Revalidation Phase II - Automation</b>														
5	PR Automation Requirements Complete	comp	comp	comp	comp	\$282,950.00								
6	PR Automation Development and Unit Testing Complete	comp	comp	comp	comp	\$424,426.00								
7	PR Automation SIT & Regression Testing Complete	comp	comp	comp	comp	\$353,687.00								
8	PR Automation UAT and Production Deployment Complete	comp	comp	comp	comp	\$353,687.00								
9	PR UIs, Letters & Reports Added Functionality Updates Completed	comp	comp	comp	comp	\$200,000.00								
10	PR Electronic Signature Functionality & Storage Capability Completed	comp	comp	comp	comp	\$200,000.00								
11	PR Data Collection Processes & Volume Control Completed	comp	comp	comp	comp	\$100,000.00								
	<b>TOTAL A-17 Provider Revalidation</b>					<b>\$2,300,900.00</b>								
<b>MTA Assessment Support</b>														
1	40 Hours MTA Technical Support	06/20/18	06/20/18	07/05/18	07/05/18	\$5,000.00								
2	40 Hours MTA Technical Support	06/20/18	06/20/18	07/06/18	07/06/18	\$5,000.00								
3	40 Hours MTA Technical Support	06/20/18	06/20/18	07/07/18	07/07/18	\$5,000.00								
	<b>TOTAL A-17 MTA Assessment Support</b>					<b>\$15,000.00</b>								
<b>Enhanced Provider Screening</b>														
15	Screening/Monitoring File Processes Implemented	comp	comp	comp	comp	\$37,500.00								
16	Provider FCBC Tracking Process Implemented	comp	comp	comp	comp	\$68,750.00								
	<b>TOTAL A-17 Enhanced Provider Screening</b>					<b>\$106,250.00</b>								
<b>T-MSS Transformed Medical Statistical Information System</b>														
17	Extended PORT/ORT Testing	comp	comp	comp	comp	\$367,625.00								
	<b>TOTAL A-17 T-MSS Transformed Medical Statistical Information System</b>					<b>\$367,625.00</b>								
<b>ICD-10</b>														
24	FFY17 Requirement, Validation, Technical System Updates	comp	comp	comp	comp	\$219,750.00								
	<b>TOTAL A-17 ICD-10</b>					<b>\$219,750.00</b>								
<b>RCMPAP</b>														
40	Capitation Claims Adjust User Interface	comp	comp	comp	comp	\$62,825.00								
	<b>PAP Yr 2 2017 Plan Enrollment and 834</b>													
41	PAP Yr2 BP Enrollment Production Implementation	comp	comp	comp	comp	\$137,250.00								
42	QHP Roster Coding Changes Implementation Completed	comp	comp	comp	comp	\$34,190.00								
43	Req/Design Daily Trigger Logic & 834 Data Storage	comp	comp	comp	comp	\$43,837.00								
44	Development Daily Trigger Logic & 834 Data Storage	comp	comp	comp	comp	\$65,756.00								
45	SIT and Regression Daily Trigger Logic & 834 Data Storage	comp	comp	comp	comp	\$43,837.00								
46	UAT Daily Trigger Logic & 834 Data Storage Completed	comp	comp	comp	comp	\$32,877.00								
47	Daily Trigger Logic & 834 Data Storage Implemented	comp	comp	comp	comp	\$32,878.00								
	<b>EMAR MCM PAP Reporting Enhancements</b>													

Amendment 16 Appendix A.2  
Deliverable List and Payment Schedule

Item #	Deliverable	Amend 16 Delivery Date	Amend 16 Revised Delivery Date	Amend 16 Invoice Date	Amend 16 Received Invoice Date	Payment Amount	Holdback %	Holdback Amount	Payment less 15% Holdback	Holdback Release %	Holdback Release Amount	Payment with Holdback Release Amt	% Retained Holdback	Holdback Retained Amount
53	EMAR Analysis & Design Completed	08/31/18	11/28/18	09/30/18	comp	\$51,590.00								
54	EMAR Data, Report, Processing Changes Completed	08/31/18	11/28/18	09/30/18	comp	\$51,590.00								
55	EMAR System Integration Testing Completed	08/31/18	11/28/18	09/30/18	comp	\$81,070.00								
56	EMAR UAT, Implementation/Documentation PIR Completed	08/31/18	11/28/18	09/30/18	12/28/19	\$0.00								
57	MCM PAP Multi Project State Tester Support 4 mos Dec-Mar	comp	comp	comp	comp	\$246,000.00								
58	MCM PAP Multi Project State Tester Support 4 Qtrs Apr-Mar	comp	comp	comp	comp	\$184,750.00								
<b>TOTAL A-17 MCM/PAP</b>						<b>\$1,048,850.00</b>								
<b>Change of Ownership (CHOW) Phase II-Partial Yr Cost Reporting</b>														
5	CHOW PIR Requirements/Design Completed, CRs Approved	comp	comp	comp	comp	\$95,187.00								
6	CHOW PIR Development Completed	comp	comp	comp	comp	\$95,187.00								
7	CHOW PIR System Integration/Regression Test Completed	comp	comp	comp	comp	\$95,188.00								
8	CHOW PIR UAT Completed and Production Implementation	comp	comp	comp	comp	\$95,188.00								
<b>TOTAL A-17 CHOW Phase II</b>						<b>\$380,750.00</b>								
<b>Amendment 13 A-17 Extended Technical Resource Support</b>														
1	Multi-Project State Tester Support 4 Months July-Oct 2017	comp	comp	comp	comp	\$246,333.00								
2	Report Design/Construction Specialist 4 Months July-Oct 2017	comp	comp	comp	comp	\$78,146.00								
<b>TOTAL A-17 Extended Technical Resource Support</b>						<b>\$324,479.00</b>								
<b>Amendment 14 A-17 Extended Technical Resource Support</b>														
1	Multi-Project State Tester Support 4 Months July-Oct 2017	comp	comp	comp	comp	\$292,520.00								
<b>TOTAL A-17 Extended Technical Resource Support</b>						<b>\$292,520.00</b>								
<b>TOTAL MMS Post DOI Enhancements A-17</b>						<b>\$5,075,224.00</b>								
<b>Amendment 15 A-18</b>														
<b>New Medicare Card ID Initiative (formerly SSNRI)</b>														
1	New Heights Eligibility Changes and Data Architecture Changes	12/30/18	06/23/19	01/30/19	07/24/19	\$151,378.00								
2	UI Changes Member Contact Management, TPL and Provider	02/03/19	02/03/19	03/06/19	comp	\$105,567.00								
3	UI Changes Member Contact Management, TPL and Provider	02/03/19	04/14/19	03/06/19	05/15/19	\$193,294.00								
4	XML Changes	03/10/19	03/10/19	04/10/19	04/10/19	\$255,248.00								
5	Alt ID Table	03/10/19	03/10/19	04/10/19	comp	\$249,189.00								
6	MMS Interface Changes	04/14/19	03/10/19	05/15/19	04/10/19	\$282,732.00								
7	TMSIS Interface Changes	04/14/19	06/23/19	05/15/19	07/24/19	\$54,883.00								
8	Cognos Reporting Changes	05/19/19	06/23/19	06/19/19	07/24/19	\$68,854.00								
9	Optum EMAR Planning & Analysis	02/21/19	06/23/19	03/24/19	07/24/19	\$84,000.00								
10	Optum EMAR SIT & UAT	03/18/19	06/23/19	04/18/19	07/24/19	\$84,000.00								
11	Optum EMAR Documentation, Implementation & Post Implementation	05/19/19	07/28/19	06/19/19	08/28/19	\$42,000.00								
<b>Total A-18 New Medicare Card ID (formerly SSNRI):</b>						<b>\$1,578,845.00</b>								
<b>Ordering, Referring, and Prescribing Provider Enrollment and Claims Editing</b>														
1	Provider Enrollment Indivs Billing, Non-Billing, and ORP only completed	12/30/18	07/28/19	01/30/19	08/28/19	\$672,592.00								
2	Revised / create system lists and Create ORP Claim Edits	02/03/19	07/28/19	03/06/19	08/28/19	\$560,454.00								
3	Provider Revalidation Indivs Billing, Non-Billing, and ORP only completed	03/10/19	09/01/19	04/10/19	10/02/19	\$373,172.00								
4	Revised reports for ORP and create Adhoc reports	04/14/19	09/01/19	05/15/19	10/02/19	\$129,068.00								
5	Revised PBM, MCO, Milliman, UNH system, and EHR interfaces	04/14/19	09/01/19	05/15/19	10/02/19	\$108,034.00								
<b>Total A-18 Ordering, Referring, Prescribing Provider Enrollment &amp; Claims:</b>						<b>\$1,843,340.00</b>								
<b>Managed Care Enhancements</b>														
1	Member Enrollment 834 Changes (Next Day Enrollment) Completed	11/25/18	02/03/19	12/26/18	comp	\$479,329.00								
2	Member Capitation Changes to Start Any Date of Month Completed	12/30/18	04/14/19	01/30/19	05/15/19	\$407,387.00								
3	Multiple Attributes MCO Capitation Completed	02/03/19	02/03/19	03/06/19	comp	\$623,498.00								
4	Benefit Plan Configuration Completed	03/10/19	03/10/19	04/10/19	comp	\$6,530.00								
5	Member Eligibility, New Heights File Processing Completed	04/14/19	03/10/19	05/15/19	04/10/19	\$888,106.00								
6	Member Eligibility, MMS User Interface Completed	04/14/19	03/10/19	05/15/19	04/10/19	\$129,896.00								
7	Add Medicare Part D Carrier Info to MCO Interface Completed	05/19/19	06/23/19	06/19/19	07/24/19	\$67,374.00								
8	MCO 834 Enrollment Transaction Completed	05/19/19	02/03/19	06/19/19	comp	\$271,210.00								
9	Transformed Medicaid Statistical Information System (T-MSSIS) Completed	08/23/19	09/01/19	07/24/19	10/02/19	\$210,402.00								
10	Expanded 834 for Change Functionality and Increased Volume Completed	07/28/19	07/28/19	08/28/19	08/28/19	\$321,793.00								
11	Create 820 Premium Payment Transaction; Implement with MCOs & QHPs	09/01/19	07/28/19	10/02/19	08/28/19	\$413,125.00								
12	Expand ORR to capture new member data elements.	09/01/19	07/28/19	10/02/19	08/28/19	\$210,000.00								
<b>Total A-18 Managed Care Enhancements:</b>						<b>\$4,636,656.00</b>								
<b>BDS Waiver Service Authorization Changes</b>														
1	SA Interface, Attachments & Letters Requirements Completed	11/30/18	04/19/19	12/31/18	05/20/19	\$154,950.00								
2	SA Interface, Attachments & Letters Development Completed	01/04/19	05/24/19	02/04/19	06/24/19	\$232,423.00								
3	SA Interface, Attachments & Letters SIT & Regression Completed	02/08/19	06/23/19	03/11/19	07/24/19	\$193,685.00								
4	SA Interface, Attachments & Letters UAT & Implementation Completed	03/10/19	07/28/19	04/10/19	08/28/19	\$193,685.00								
<b>Total A-18 BDS Waiver Service Authorizations:</b>						<b>\$774,743.00</b>								
<b>Requirements ARS Change of Ownership &amp; Partial Year Cost Reporting</b>														
1	ARS CHOW PYCR Requirements JADS Completed	3/1/2019	6/23/2019	04/01/19	07/24/19	\$360,000.00								
<b>Total A-18 Requirements ARS Change of Ownership/Partial Yr Cost Report:</b>						<b>\$360,000.00</b>								
<b>UPIC Data Exchange and TPL Coverage Information</b>														
1	UPIC Data Exchange Requirements Completed	06/28/19	06/28/19	07/29/19	07/29/19	\$61,425.00								



Amendment 16 Appendix A.2  
Deliverable List and Payment Schedule

Ref #	Deliverable	Amount 15 Delivery Date	Amount 16 Delivery Date	Amount 15 Invoice Date	Amount 16 Invoice Date	Payment Amount	Holdback %	Holdback Amount	Payment less 15% holdback	Holdback Release %	Holdback Release Amount	Payment with Holdback Release Amount	% Retained Holdback	Retained Amount
2	UPIC Data Exchange Development & Unit Test Completed	08/02/19	08/02/19	09/02/19	09/02/19	\$143,325.00								
3	UPIC Data Exchange SIT & Regression Completed	09/06/19	09/06/19	10/07/19	10/07/19	\$102,375.00								
4	UPIC Data Exchange UAT & Production Deployment Completed	10/06/19	10/06/19	11/06/19	11/06/19	\$102,375.00								
5	TPL Data Collection via 270/271 Assessment & Requirements Completed	08/02/19	08/02/19	09/02/19	07/29/19	\$54,844.00								
6	TPL Data Collection via 270/271 Development & Unit Test Completed	09/06/19	08/02/19	10/07/19	09/02/19	\$127,969.00								
7	TPL Data Collection via 270/271 SIT & Regression Completed	10/11/19	09/06/19	11/11/19	10/07/19	\$91,406.00								
8	TPL Data Collection via 270/271 UAT & Production Deployment Completed	11/10/19	10/06/19	12/11/19	11/06/19	\$91,406.00								
Total A-18 UPIC Data Exchange and TPL Coverage Information:						\$776,125.00								
<b>T-MSSIS Additional New HEIGHTS Data and Data Quality Resolutions</b>														
1	T-MSSIS New Heights Data Analysis & Requirements Completed	02/06/19	04/19/19	03/11/19	05/20/19	\$45,000.00								
2	T-MSSIS Modify New Heights Interfaces Completed	03/15/19	07/28/19	04/15/19	08/28/19	\$50,000.00								
3	T-MSSIS Modify New Heights Interfaces Completed	05/19/19	07/28/19	08/19/19	08/28/19	\$50,000.00								
4	T-MSSIS Modify New Heights Interfaces Completed	08/23/19	07/28/19	07/24/19	08/28/19	\$50,000.00								
5	T-MSSIS Modify New Heights Interfaces Completed	08/23/19	09/01/19	07/24/19	10/02/19	\$50,000.00								
6	T-MSSIS Data Quality Clean-up Completed	07/28/19	09/01/19	08/28/19	10/02/19	\$50,000.00								
7	T-MSSIS Data Quality Clean-up Completed	07/28/19	09/01/19	08/28/19	10/02/19	\$50,000.00								
8	T-MSSIS Data Quality Clean-up Completed	09/01/19	10/06/19	10/02/19	11/06/19	\$50,000.00								
9	T-MSSIS Data Quality Clean-up Completed	09/01/19	10/06/19	10/02/19	11/06/19	\$50,000.00								
10	T-MSSIS Data Quality Clean-up Completed	10/06/19	11/10/19	11/06/19	12/11/19	\$50,000.00								
11	T-MSSIS Data Quality Clean-up Completed	10/06/19	11/10/19	11/06/19	12/11/19	\$50,000.00								
12	T-MSSIS Data Quality Clean-up Completed	11/10/19	12/15/19	12/11/19	01/15/20	\$50,000.00								
13	T-MSSIS Data Quality Clean-up Completed	11/10/19	12/15/19	12/11/19	01/15/20	\$50,000.00								
14	T-MSSIS Data Quality Clean-up Completed	12/15/19	01/19/20	01/15/20	02/19/20	\$50,000.00								
15	T-MSSIS Data Quality Clean-up Completed	12/15/19	01/19/20	01/15/20	02/19/20	\$50,000.00								
16	T-MSSIS Data Quality Clean-up Completed	01/19/20	02/23/20	02/19/20	03/25/20	\$50,000.00								
17	T-MSSIS Data Quality Clean-up Completed	01/19/20	02/23/20	02/19/20	03/25/20	\$50,000.00								
18	T-MSSIS Data Quality Clean-up Completed	02/23/20	03/25/20	03/25/20	04/25/20	\$50,000.00								
19	T-MSSIS Data Quality Clean-up Completed	02/23/20	03/25/20	03/25/20	04/25/20	\$50,000.00								
Total A-18 T-MSSIS Additional New Data & Data Quality Resolutions:						\$945,000.00								
<b>Import and Store OHP Encounter Data</b>														
1	Import & Store OHP Encounter Data Requirements Completed	01/04/19	05/24/19	02/04/19	06/24/19	\$133,439.00								
2	Import & Store OHP Encounter Data Development Completed	02/08/19	06/28/19	03/11/19	07/29/19	\$266,971.00								
3	Import & Store OHP Encounter Data SIT & Regression Completed	03/15/19	08/02/19	04/15/19	09/02/19	\$311,466.00								
4	Import & Store OHP Encounter Data UAT & Production Completed	04/14/19	09/01/19	05/15/19	10/02/19	\$177,980.00								
5	Encounter Data Analysis Completed	03/29/19	08/02/19	04/29/19	09/02/19	\$82,029.00								
6	Encounter Data Deliverable Completed	04/12/19	08/23/19	05/13/19	09/23/19	\$82,029.00								
7	Encounter Data Technical Support Completed	07/28/19	11/10/19	08/28/19	12/11/19	\$82,029.00								
8	Encounter Data Technical Support Completed	09/01/19	12/15/19	10/02/19	01/15/20	\$82,029.00								
9	Encounter Data Technical Support Completed	09/01/19	12/15/19	10/02/19	01/15/20	\$82,029.00								
Total A-18 Import and Store OHP Encounter Data:						\$1,300,000.00								
<b>Security Policy Page</b>														
1	Coding, Testing, and Implementation of Security Policy Page Completed	11/25/18	06/23/19	12/26/18	07/24/19	\$79,125.00								
Total A-18 Security Policy Page:						\$79,125.00								
<b>Threat Access Manager Upgrade to Security Access Manager</b>														
1	ISAM Environment Setup Completed	04/30/19	06/30/19	05/31/19	07/31/19	\$20,000.00								
2	ISAM Non-State & All State Applicable Environments Upgrade Completed	06/30/19	08/30/19	07/31/19	09/30/19	\$227,850.00								
3	ISAM UAT Environment Upgrade Completed	07/12/19	09/12/19	08/12/19	10/13/19	\$114,030.00								
4	ISAM Production Environment Upgrade Completed	08/12/19	10/12/19	09/12/19	11/12/19	\$114,030.00								
Total A-18 Threat Access Manager Upgrade to Security Access Manager:						\$475,910.00								
<b>Cognos Upgrade</b>														
1	Environment Setup Completed	04/30/19	06/30/19	05/31/19	07/31/19	\$20,000.00								
2	Cognos Non-State and All State Environments Upgrade Completed	06/30/19	08/30/19	07/31/19	09/30/19	\$405,825.00								
3	Cognos UAT Environment Upgrade Completed	07/12/19	09/12/19	08/12/19	10/13/19	\$202,965.00								
4	Cognos Production Environment Upgrade Completed	08/12/19	10/12/19	09/12/19	11/12/19	\$202,965.00								
Total A-18 Cognos Upgrade:						\$831,755.00								
TOTAL MMIS Post DOI Enhancements A-18						\$12,994,593.00								
<b>Amendment 18 A-19</b>														
<b>TPM Enhancement I - Hardware Upgrade</b>														
1	Deliver Final Project Plan to NH	07/31/18	07/31/18	08/31/18	comp	\$847,994.00								
2	Purchase/Lease of new assets & begin back-up and replication work	07/31/18	07/31/18	08/31/18	comp	\$1,695,968.00								
Total A-19 Hardware Upgrade:						\$2,543,962.00								
<b>TPM Enhancement II - Software Upgrade</b>														
1	Transition, Upgrades, Testing and "Operational" Complete	09/30/18	12/10/18	10/31/18	comp	\$1,271,991.00								
2	Transition, Upgrades, Testing and "Operational" Complete	01/31/19	05/25/19	03/03/19	06/25/19	\$1,271,991.00								
3	Transition, Upgrades, Testing and "Operational" Complete	03/31/19	05/05/19	05/01/19	06/05/19	\$1,271,991.00								
4	Transition, Upgrades, Testing and "Operational" Complete	06/30/19	06/30/19	07/31/19	07/31/19	\$847,994.00								
Total A-19 Software Upgrade:						\$4,663,967.00								
<b>TPM Enhancement III - Browser Upgrade</b>														

Amendment 16 Appendix A.2  
Deliverable List and Payment Schedule

Ref #	Deliverable	Amend 15 Delivery Date	Amend 15 Received Delivery Date	Amend 15 Invoice Date	Amend 16 Received Invoice Date	Payment Amount	Holdback %	Holdback Amount	Payment less 15% Holdback	Holdback Release %	Holdback Release Amount	Payment with Holdback Release Amt	% Retained Holdback	Holdback Retained Amount
1	Transition, Upgrades, Testing and "Operational" Complete	11/30/2019	11/30/2019	12/31/19	12/31/19	\$1,271,891.00								
Total A-19 Brewer Upgrade:						\$1,271,891.00								
TOTAL MMIS Post DOI Enhancements A-19						\$2,479,840.00								
TOTAL MMIS Post DOI Enhancements Amendment 15 (A.18+A.19):						\$21,474,533.00								
<b>Amendment 16 A-20</b>														
<b>MCO Re-procurement</b>														
1	MCO Re-procurement Support Part 1 Complete		06/23/19		07/24/19	\$92,705.00								
2	MCO Re-procurement Support Part 2 Complete		09/01/19		10/02/19	\$137,813.00								
Total A-20 MCO Re-procurement:						\$230,518.00								
<b>Granite Advantage Community Engagement</b>														
1	Granite Advantage - Community Engagement Part 1 Complete		06/23/19		07/24/19	\$172,541.00								
2	Granite Advantage - Community Engagement Part 2 Complete		07/28/19		08/28/19	\$171,752.00								
Total A-20 Granite Advantage Community Engagement:						\$344,293.00								
<b>Acuity Rate Setting RUG IV Phase II</b>														
1	MDS 3.0, Add New Tables, Load Ungroupable tables		10/08/19		11/08/19	\$188,841.00								
2	Reporting and MDS Historical Data		11/10/19		12/11/19	\$97,784.00								
3	ProShare Extract		12/15/19		01/15/20	\$31,509.00								
Total A-20 Acuity Rate Setting RUG IV Phase II:						\$318,134.00								
<b>ARS Rate Setting Budget Adjustment Factor</b>														
1	ARS Budget Adjustment Factor - Complete		09/01/19		10/02/19	\$175,434.00								
Total A-20 ARS Budget Adjustment Factor:						\$175,434.00								
<b>EncounterFFS Data Interfaces</b>														
1	EncounterFFS Data Extracts Approved		11/10/19		12/11/19	\$247,049.00								
Total A-20 EncounterFFS Data Interfaces:						\$247,049.00								
<b>Newly/Not Newly</b>														
1	Newly/Not Newly Complete		10/08/19		11/08/19	\$338,812.00								
Total A-20 Newly/Not Newly:						\$338,812.00								
<b>DocFinity Upgrade</b>														
1	DocFinity Upgrade Complete		12/30/19		01/30/20	\$864,683.00								
Total A-20 DocFinity Upgrade:						\$864,683.00								
<b>Project Support</b>														
1	Tier 2 Support		05/31/20		07/01/20	\$111,815.00								
2	Tier 1 Support		05/31/20			\$125,000.00								
Total A-20 Project Support:						\$236,815.00								
TOTAL MMIS Post DOI Enhancements Amendment 16 A-20						\$2,666,848.00								
TOTAL MMIS DOI and Post DOI Enhancements Amend A-12 Amend A-13, Amend A-15 Amend A-16 Amend A-17 Amend A-18 Amend A-19 and Amend A-20						\$109,340,141.50								

**Conduent Amendment 16  
Appendix A.20  
NH MMIS Medicaid System Enhancements**

**Introduction**

The New Hampshire Medicaid Management Information System (MMIS) requires enhancements to improve the capabilities and efficiency in support of the Medicaid Program operation and to meet Federal & State requirements. The solutions to be implemented are detailed in the Contractor's MMIS Proposed Solutions Amendment 16 DDI Projects Proposal, dated December 12, 2018, version 4.1 (incorporated by reference in Exhibit N) for the following eight (8) enhancements:

1. MCO Re-Procurement
2. Granite Advantage Community Engagement
3. Acuity Rate Setting RUG IV Phase II
4. Acuity Rate Setting Budget Adjustment Factor
5. Encounter Claims and Fee For Service Data Interfaces
6. Newly/Not Newly
7. DocFinity Document Management Upgrade
8. Project Support

Due to the complexity and size of the enhancements, the requirements in this document are high level. Once the Joint Application Design (JAD) sessions are completed, a final determination will be made for the functions to be addressed under each enhancement. The final determination mutually will be agreed upon by the State and Conduent and shall not exceed the costs under this Amendment 16.

**Enhancement 1: MCO Re-procurement**

The objective of this project is to allow more managed care organizations to participate in the service of NH Medicaid members in the most cost effective manner as possible. Periodic re-procurement of the managed care model allows for healthy competition to maximize the healthcare services provided, improve service delivery, manage costs more effectively, and improve program oversight. Competitive Re-procurement of Managed Care Organizations (MCO) in support of the NH Medicaid Care Management Program (MCM) has resulted in the addition of 1 new MCO to serve NH's mandatory care management program. It also involves MCM program changes for service delivery, data exchanges, and payment. MMIS system changes in support of this initiative include:

The scope of work for this project will include consultation and testing support in the following areas:

**EDI Transaction Management and Testing to include:**

- 834
- 837
- 270/271
- Configuration changes to set up benefit plans for each MCO
- EDI support functions
- Review of existing functionality to remove any hard coding of specific MCO.

**Conduent Amendment 16**  
**Appendix A.20**  
**NH MMIS Medicaid System Enhancements**

**Benefit Plan Changes**

- Benefit plan configuration
- Set up MCO plan “carve outs”
- Complete benefit plan hierarchy updates for new MCO plan
- Benefit Plan type for capitation processing

**Reference**

- New system lists or valid value updates
- Create new Cohort rates for MCO
- End date the Cohort rates to existing MCO.

**Provider Enrollment**

- Enroll new MCO(s)
- Providers will need to be affiliated to/networked to the new MCO plan
- Medicaid FFS providers networked to each new MCO

**Trading Partner Set-up**

- Enroll new MCO as trading partners for outbound and inbound X12 transactions to include the 834, 820, 270/271 and 276 transactions.
- Complete folder set-up and Trading Partner Management System (TPMS) updates

**Trading Partner Testing**

- Interactive trading partner testing with the new MCO to ensure connectivity is established, to ensure the Strategic National Implementation Process (SNIP) levels are met, and the transactions are able to be processed by the MCO and MMIS.
- Trading Partner Testing must be successfully completed before production transactions will be accepted into the MMIS.

**Data Interface Set-Up**

- Ensure all existing inbound and outbound interfaces that are applicable to existing MCOs are validated to accommodate new MCO. This validation will also include Capitation set-up, and may require new use cases, a new Control-M job, or changes to the scheduler.
- Testing to ensure connectivity between the MCO and the MMIS. Additionally, validation that the outbound interfaces can be processed by the new MCO and the inbound interfaces can be processed by the MMIS.

**Conduent Amendment 16  
Appendix A.20  
NH MMIS Medicaid System Enhancements**

**External Partner Interface Changes**

- All external interfaces will be reviewed and system lists updated to ensure use of new MCO valid values.

**Fee For Service (FFS) Exception Handling**

- New Remittance Advice Remark Code (RARC) to be defined for denial to bill the new MCO (exception for denying claims due to member being enrolled in the new MCO) –
- X12 270/271 – Health Care Eligibility Inquiry and Response
- Include reporting new MCO plan for enrolled members in the X12 271 response
- Automated Voice Response System (AVRS)
- Update AVRS to include reporting/display of new MCO plan for enrolled members
- Update AVRS call flow document to reflect changes

**Transformed-Medicaid Statistics Information System (T-MSIS)**

- Validate the impact of the new MCO on the T-MSIS extract(s) and make changes to accommodate.

The total cost for the MCO Re-Procurement Project enhancement under this Amendment 16, Appendix A.20 is \$230,318.

**Enhancement 2: Granite Advantage Community Engagement**

Beginning January 1, 2019, NH Medicaid's coverage of its Medicaid Expansion population will be transitioned from the NH Health Protection Program to the new NH Granite Advantage Program (GAP). Significant changes involve: 1.) Discontinuing member coverage under Qualified Health Plans (QHPs) and enrolling GAP members into Medicaid Managed Care plans, and 2.) Requiring certain eligible members to meet Community Engagement criteria for their continued eligibility.

Objectives of this initiative are to sustain uninterrupted Medicaid benefit coverage for the NH Medicaid expansion population while transitioning administration of their coverage from QHPs to MCOs. Other objectives are to improve care and cost management and to reinforce participation in required community engagement programs that are designed to offer members other services to further opportunities for education and employment. MMIS system changes in support of this initiative include:

**Changes to MMIS processing for Granite Advantage:**

- Modify the New HEIGHTS daily and re-trigger files to create a new record for the Community Engagement information.
- Allow any suspension codes to be received by the MMIS.
- Modify the 834 transaction process to send Community Engagement information to the MCOs.
- Ensure that the Community Engagement information is visible via the MMIS user interfaces.
- Ensure that the suspension codes are contained on the Member Detail report and the Eligibility Interface Audit Trail report.

**Conduent Amendment 16**  
**Appendix A.20**  
**NH MMIS Medicaid System Enhancements**

Changes to the New HEIGHTS Daily and Re-Trigger files

- Create a new record for member Community Engagement that will include:
  - Community Engagement Status (Exempt, Voluntary, and Mandatory)
  - Community Engagement Status Reason Code (Codes TBD)
  - Status begin and end dates
    - Dates will be updated if either the status code or the status reason code is changed
- The information received on the Community Engagement record is independent of and not tied to member eligibility or enrollment
- The information received on the Community Engagement record only applies to member's eligible for Granite Advantage, the New Hampshire Health Protection Program (NHHPP) coded as "MGIA" and the Medically Frail New Hampshire Health Protection Program (NHHPP-M) "MGIM" categories of eligibility

Changes to the MMIS New HEIGHTS Interface Processing and User Interfaces (UI)

- Create new and/or expand on member database tables to track and store member Community Engagement data, including history going forward
- Ensure the changes in the bullet above are replicated to the Operational Reporting Repository (ORR) environment
- Update the existing Member UIs to display the information that is being sent from New HEIGHTS in the new Community Engagement record. The information being received from New HEIGHTS and displayed on the Member UIs should include, at a minimum: Status, Status Reason Code, and dates.
- Ensure appropriate security is applied to all UI changes.

Changes to Eligibility Inquiry

- All methods of performing member eligibility inquiry must be changed to report if a member is suspended for Community Engagement, including via the X12 271 transaction, the Automated Voice Response (AVRS) and the UI.
- A member will be considered suspended upon receipt of an eligibility transaction reason code with a Granite Advantage suspension. The suspension will be effective the day following the end date of the member's eligibility and will continue to the member's redetermination date.
- No suspension date span will be reported on an eligibility inquiry. If the member is determined to be suspended for Community Engagement on the specific date of inquiry, the MMIS will respond that the member is suspended, otherwise no response will be provided as to Community Engagement.
- To achieve the above action, the following areas will be addressed:
  - The external Provider member eligibility inquiry UI will be changed to display an indicator if Member's eligibility in Granite Advantage is Suspended for Community Engagement

**Conduent Amendment 16**  
**Appendix A.20**  
**NH MMIS Medicaid System Enhancements**

- The X12 271 transaction will be reviewed and modified to report if the member is suspended for Community Engagement
- The AVRS will be reviewed and modified to report if the member is suspended for Community Engagement.

**Changes to Adhoc Reporting**

The Adhoc reporting views will be expanded to include Community Engagement data

**Changes to the 834**

The MCO 834 will be expanded to include the Community Engagement data received via the New HEIGHTS daily and re-trigger files.

The total cost for the Granite Advantage Community Engagement Project enhancement under this Amendment 16, Appendix A.20 is \$344,293.

**Enhancement 3: Acuity Rate Setting RUG IV Phase II**

Today, the MMIS receives the nursing home Minimum Data Set files and extracts from those files only the data that is required for current acuity rate setting processes. The objectives of this initiative are: 1.) for the MMIS to import and store the complete data set from the Minimum Data Set (MDS) files, thereby allowing for the MMIS to utilize an expanded data set to determine members' acuity more accurately and further refine nursing home rate setting; and 2.) from the expanded MDS data stored in the MMIS, new data extract processes will be automated to support a more efficient calculation of ProShare payments to county nursing homes. MMIS system changes in support of this initiative include:

**Create Three New Tables**

- MDS 3.0 Temp Table.
- Error Table.
- Archive Table.
- ProShare Extract

**Informatica Job CNS 004**

- Change the mapping to write the MDS 3.0 Nursing Facility records to the MDS 3.0 temp table.
- Change the logic to write the MDS 3.0 records in the archive table when the assessment types are not used by the grouper.
- Change the logic to write the MDS 3.0 inaccurate records in the error table.

**Conduent Amendment 16  
Appendix A.20  
NH MMIS Medicaid System Enhancements**

**New MMIS Job**

- Create a new job to read data from the MDS 3.0 temp table and pass it to the RUG Grouper to identify ungroupable MDS records.
- The Informatica job CNS-004 will be modified to update the mapping to write the MDS 3.0 records to the MDS 3.0 temp table.
- Add logic to write the ungroupable records to the error table.

**Two New Reports**

The two new reports will be an error report for duplicate and inaccurate records and an ungroupable report for MDS records that are not groupable.

- **Error Report** –While the duplicate records are identified today, the New Hampshire Department of Health and Human Services (DHHS) would like to store the duplicate records. The duplicate records will be written to the new error table. In addition, new logic/mapping will be introduced to identify and write inaccurate records to the new error table. The Error Report will be developed as part of Phase II to read the new error table and generate a report of duplicate and inaccurate MDS records.
- **Ungroupable Report** – Identify the ungroupable records by adding a new process. This new process will identify and write the ungroupable records out to the new error table. A new ungroupable report will be developed to read the new error table and generate a report for the ungroupable MDS records.

**Load Ungroupable MDS Historical Data to the Archive Table**

The Bureau of Elderly and Adult Services (BEAS) has requested that the ungroupable MDS historical data be loaded to the archive table.

This loading to the archive table will require loading the new MDS data from the time the Informatica job (CNS-004) was deployed to production to ensure the ungroupable records are loaded.

The remaining MDS data that BEAS will need in order to fulfill the archive requirement will be in a designated backup folder in the MMIS. MOVEit Central will pull the MDS data from DHHS servers and push the MDS file to a designated MMIS landing zone. Informatica will process the MDS files and write a copy of the MDS file to the designated backup folder. A MMIS utility will archive the backup folder contents for files that are older than sixty (60) days. To reduce manual efforts to obtain the MDS data, on the 1st working day of each month the BEAS will be provided the previous month's data using Secure Large File Transfer (SLFT) until the historical data load is complete.

**Proportionate Share Adjustment (ProShare),**

Create a data extract, exportable to Microsoft Excel, to support the annual ProShare incentive adjustment. This extract must be able to be executed multiple times, each year, between March and June for specific counties and Nursing Facilities.



**Conduent Amendment 16**  
**Appendix A.20**  
**NH MMIS Medicaid System Enhancements**

The total cost for the ARS RUG IV Phase II Project enhancement under this Amendment 16, Appendix A.20 is \$319,244.

**Enhancement 4: Acuity Rate Setting Budget Adjustment Factor**

This project expands on the NH MMIS' Acuity Rate Setting automated rate determination processes to incorporate a budget adjustment factor (BAF) that can be applied to preliminary rate results and be factored across all facilities in the determination of adjusted rates. The objectives are to provide greater flexibility, allow for the application of one or more adjustment factors to refine rate determination, and improve the accuracy of rate determination across nursing facilities - within or beyond budget constraints. MMIS system changes in support of this initiative include:

**Update User Interface and Reporting**

Updates will be made to reports and UI screens to change the references from Budget Neutrality Factor to BAF.

The reports found to contain this phrase include:

- ARS-SFR-002 ARS Nursing Facility Budget Neutral Estimated Annual Payment Report
- ARS-SFR-004 ARS Nursing Facility Rate Calculation Report

The Screen that will require a change is:

- UIS-ARS-RTS-021 - Manage Budget Neutral Calculations. All portlets within this screen will be reviewed and changed.

**Budget Adjustment Factor Rate Override**

Modify the UIS-ARS-RTS-021 (Calculate Budget Neutrality screen) to allow an adjustment to the calculated BAF. The process will be changed to add an indicator to UI that will open a new portlet. This will allow the user to enter a factor that will be applied to all calculated factors. The calculation will then continue as current with the ability to version the calculated factor before accepting a version to be applied to the institutional rates and Medicaid Quality Incentive Program (MQIP) fact tables.

**Refinement of Factor Versioning**

Modify the budget adjustment factor versioning process to allow a version in preliminary status to be processed, and not require each version to be approved, processed, and then unapproved.

The total cost for the ARS BAF Project enhancement under this Amendment 16, Appendix A.20 is \$175,434.

Conduent Amendment 16  
Appendix A.20  
NH MMIS Medicaid System Enhancements

**Enhancement 5: Encounter Claims and Fee for Service Data Interfaces**

This initiative involves the creation of new and/or expanded data interfaces with the objective to improve the accuracy of claims data (FFS and encounter) shared securely with the NH External Quality Review Organization (EQRO), Actuary, MCOs, and Pharmacy Benefit Manager. MMIS system changes in support of this project include:

**Modify Process to Include Encounters**

Modify the extracts defined by NH-ID-PAY-34-016.4, NH-ID-PAY-34-016.5, NH-ID-PAY-34-018.4 and NH-ID-PAY-34-018.5 to remove the exclusion criteria for encounters. The current process for both of these jobs specifically excludes encounter claims when selecting claims from the staging tables.

Additionally, remove the hard coding of the MCOs from the selection criteria in both jobs and replace with a system list to allow for more future flexibility.

**Enhance Extracts to Add Encounter Specific Data**

The extracts will be enhanced, or redesigned, to include data specific to encounter claims.

It is anticipated that up to an additional ten (10) items will be identified, for each extract, during the requirements sessions. Those items will be considered within the scope of this Amendment 16.

**Streamline Business Rules for Efficiency**

The existing data extracts are designed with business rules that result in these rules taking a long duration to complete. These rules will be reviewed for modification to reduce the processing time by a mutually agreed upon amount. The resulting enhancements may include configuration changes, process sequencing, pre-processing and coding changes.

The total cost for the Encounter Claims and Fee for Service Data Interfaces Project enhancement under this Amendment 16, Appendix A.20 is \$247,049.

**Enhancement 6: Newly/Not Newly**

The objective of this project is to provide accurate management of newly/not newly member eligibility data that is essential to the MMIS for federal financial and T-MSIS reporting. MMIS system changes in support of this initiative include:

**Newly/Not Newly Processing Changes:**

**Conduent Amendment 16  
Appendix A.20  
NH MMIS Medicaid System Enhancements**

- Modify the Newly/Not Newly business rules to not allow spans of data to be added with an end date earlier than the begin date.
- Concatenate the incoming records from New HEIGHTS before comparing them to the records contained within the MMIS to void date spans. This will change the existing process of handling each record independently and will reduce the number of voided spans.
- Review how the Medicaid Expansion Fund Codes are being assigned and ensure that they are being correctly assigned.
- Review the CMS 64.9 base report for the Medicaid Expansion population to ensure that it is being correctly generated.
- Review all online and batch business rules (up to 30 rules) to ensure that they are correct.
- Review the X12 834 to determine impacts of any identified changes.

The total cost for the Newly/Not Newly Project enhancement under this Amendment 16, Appendix A.20 is \$338,812.

**Enhancement 7: DocFinity Upgrade**

The objective of this project is to implement a software upgrade to the State's optical image and document storage product "DocFinity" as the current version is no longer supported by the product's vendor. Continuing to operate using the unsupported version that is in place today increases the risk of inconsistent and unreliable performance and other impacts to the content management functions required to operate the MMIS. This upgrade further matures system capabilities in document management, consistent with the objectives of MITA. MMIS system changes in support of this initiative include:

**DocFinity Software Upgrade and Testing:**

- Upgrading the DocFinity software application from version 9.0 to version 11.0 in order to meet the functional needs of the MMIS and for the software to be under regular support by Optical Image Technology.
- The upgrade will occur in all applicable environments in the NH footprint (non-State and all State environments).

The total cost for the DocFinity upgrade project enhancement under this Amendment 16, Appendix A.20 is \$664,683.

**Enhancement 8: Project Support**

The objective of this initiative is to enhance the functionality of the MMIS to support greater efficiency in the implementation of system changes needed by the NH Medicaid Program. This involves adapting benefit coverage and service delivery methods, improving processing efficiencies, expanding secure data sharing, adjusting payment calculations, refining data integrity, increasing cost savings and maximizing recoveries. Areas of the MMIS that may be impacted by this initiative include:

**Conduent Amendment 16**  
**Appendix A.20**  
**NH MMIS Medicaid System Enhancements**

**Multi-functional Area Impacts:**

- Review of existing system controls to enhance claims fee-for-service payment accuracy
- Implementation of improvements to maximize Managed Care Organization (MCO) expenditures and monitor actuarial data for development of capitation rates.
- Evaluate policies and make systematic changes to ensure all third party options are exhausted before making payment for services.
- Evaluation and implementation of system functionality to support the maximization of managed care and waiver resources.
- Review the existing New HEIGHTS eligibility interface to ensure that the MMIS receives all necessary data elements. This review will ensure efficient processing utilizing all applicable member data. This review applies to current and near future initiatives.
- Enhance the Service Authorization system rules to assure proper review is performed for high dollar procedures.

The total cost for the Support Project enhancement under this Amendment 16, Appendix A.20 is \$236,815.

The Appendix A.20 Deliverables/Payment Milestones table on the following page presents the payment milestones for each of the eight projects, cost by project deliverable, subtotal cost by project, and the total cost of Amendment 16 Appendix 20.

***Remainder of page intentionally left blank.***

Conduent Amendment 16  
Appendix A.20  
NH MMIS Medicaid System Enhancements

**Appendix A.20 Deliverables/Payment Milestones**

Ref #	Project Activity	Milestones	Start Date	End Date	Payment
1.1	MCO Re-procurement Support Part 1 Completed	All changes implemented in Production; PIR Completed	2/1/2019	7/31/2019	\$92,705
1.2	MCO Re-procurement Support Part 2 Completed	All changes implemented in Production; PIR Completed			\$137,613
	<b>Subtotal:</b>				<b>\$230,318</b>
2.1	Granite Advantage – Community Engagement Part 1 Completed	All changes implemented in Production; PIR Completed	2/1/2019	7/31/2019	\$172,541
2.2	Granite Advantage – Community Engagement Part 1 Completed	All changes implemented in Production; PIR Completed			\$171,752
	<b>Subtotal:</b>				<b>\$344,293</b>
3.1	ARS MDS 3.0, Add New Tables, Load Ungroupable tables	All changes implemented in Production; PIR Completed	4/1/2019	8/31/2019	\$169,941
3.2	ARS Reporting and MDS Historical Data Completed	All changes implemented in Production; PIR Completed	5/1/2019	9/30/2019	\$97,794
3.3	ARS ProShare Extract Completed	All changes implemented in Production; PIR Completed	6/1/2019	10/31/2019	\$51,509
	<b>Subtotal:</b>				<b>\$319,244</b>
4.1	ARS Budget Adjustment Factor Completed	All changes implemented in Production; PIR Completed	5/1/2019	9/30/2019	\$175,434
	<b>Subtotal:</b>				<b>\$175,434</b>
5.1	Encounter/FFS Data Extracts Completed	All changes implemented in Production; PIR Completed	6/1/2019	12/31/2019	\$247,049
	<b>Subtotal:</b>				<b>\$247,049</b>
6.1	Newly/Not Newly Completed	All changes implemented in Production; PIR Completed	2/1/2019	7/31/2019	\$338,812
	<b>Subtotal:</b>				<b>\$338,812</b>
7.1	DocFinity Upgrade Completed	All changes implemented in Production; PIR Completed	4/1/2019	8/31/2019	\$664,683
	<b>Subtotal:</b>				<b>\$664,683</b>
8.1	Tier 2 Support Completed	Monthly changes deployed to Production; PIR Completed	2/1/2019	1/31/2020	\$111,815
8.2	Tier 1 Support Completed	Monthly changes deployed to Production; PIR Completed	2/1/2019	1/31/2020	\$125,000
	<b>Subtotal:</b>				<b>\$236,815</b>

**Amendment 16 A.20 Total Cost:**

**\$2,556,648**

# State of New Hampshire

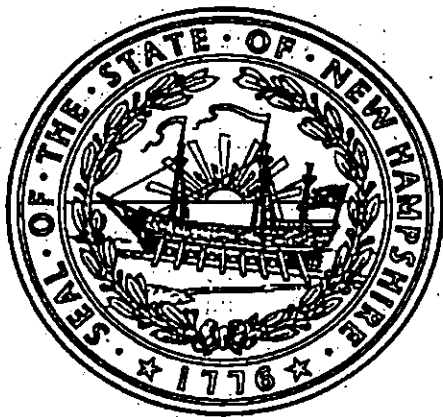
## Department of State

### CERTIFICATE

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

Business ID: 316932

Certificate Number: 0004514374



IN TESTIMONY WHEREOF,

I hereto set my hand and cause to be affixed  
the Seal of the State of New Hampshire,  
this 13th day of May A.D. 2019.

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

William M. Gardner  
Secretary of State

**CERTIFICATE OF ASSISTANT SECRETARY**

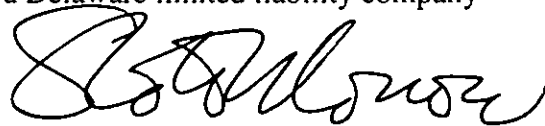
I, Christopher Scott Morrow, do hereby certify as follows:

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

(2) Donna Migoni is a duly appointed, qualified and acting Executive Vice President of the Company in accordance with the Amended and Restated Limited Liability Company Agreement of Conduent State Healthcare, LLC, adopted as of October 21, 2009, and in such capacity is authorized to obligate, bind, and execute Amendment No. 16 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 15th day of May, 2019.

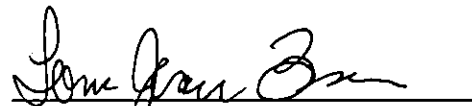
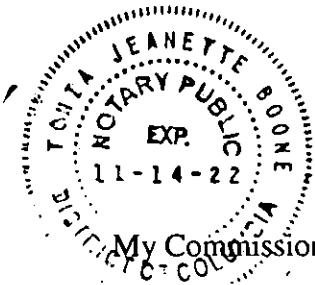
CONDUENT STATE HEALTHCARE, LLC  
a Delaware limited liability company



Christopher Scott Morrow  
Assistant Secretary

STATE OF \_\_\_\_\_ §  
District of Columbia: SS §  
COUNTY OF \_\_\_\_\_ §

This instrument was acknowledged before me on this 15th day of May, 2019, by Christopher Scott Morrow, Assistant Secretary of Conduent State Healthcare, LLC, a Delaware limited liability company, on behalf of said Company.



Notary Public, State of District of Columbia: SS

My Commission Expires: November 14, 2022



# CERTIFICATE OF LIABILITY INSURANCE

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

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

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

<b>PRODUCER</b> Aon Risk Services Northeast, Inc. Stamford CT Office 1600 Summer Street Stamford CT 06907-4907 USA	<b>CONTACT</b> NAME: PHONE (A/C. No. Ext): (866) 283-7122 FAX (A/C. No.): (800) 363-0105		
	E-MAIL ADDRESS:		
<b>INSURED</b> Conduent Incorporated and its subsidiaries 100 Campus Drive, Suite 200 Florham Park NJ 07932 USA	<b>INSURER(S) AFFORDING COVERAGE</b>		<b>NAIC #</b>
	INSURER A: National Union Fire Ins Co of Pittsburgh		194451
	INSURER B:		
	INSURER C:		
	INSURER D:		
	INSURER E:		
INSURER F:			

**COVERAGES**

CERTIFICATE NUMBER: 570071454187

REVISION NUMBER:

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

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

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)

Named Insured includes: Conduent State Healthcare, LLC. RE: Medicaid Management Information System, RFP Number: 2005-004.

**CERTIFICATE HOLDER****CANCELLATION**

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

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ACORD 25 (2016/03)

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Holder Identifier : 2018

Certificate No : 570071454187





# CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)  
05/13/2019

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

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

<b>PRODUCER</b> MARSH USA, INC. 1166 AVENUE OF THE AMERICAS NEW YORK, NY 10036 Attn: ACS.CertRequest@marsh.com	<b>CONTACT NAME:</b> Lauren Giangrande, Senior Vice President
	<b>PHONE (A/C, No, Ext):</b> 212 345 8869 <b>FAX (A/C, No):</b>
<b>INSURED</b> Conduent Incorporated 100 Campus Drive, Suite 200 Florham Park, NJ 07932	<b>E-MAIL ADDRESS:</b> Lauren.Giangrande@marsh.com
	<b>INSURER(S) AFFORDING COVERAGE</b>
<b>NOC</b>	<b>INSURER A:</b> ACE American Insurance Company <b>NAIC #</b> 22667
	<b>INSURER B:</b> N/A <b>NAIC #</b> N/A
	<b>INSURER C:</b> Indemnity Ins Co Of North America <b>NAIC #</b> 43575
	<b>INSURER D:</b> ACE Fire Underwriters Ins. Co. <b>NAIC #</b> 20702
	<b>INSURER E:</b>
	<b>INSURER F:</b>

## COVERAGES

CERTIFICATE NUMBER:

NYC-009976539-41

REVISION NUMBER: 23

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

INSR LTR	TYPE OF INSURANCE	ADDL SUBR INSD WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
A	<input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR  GEN'L AGGREGATE LIMIT APPLIES PER: <input checked="" type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC OTHER:		HDO G7 1230727	01/01/2019	01/01/2020	EACH OCCURRENCE \$ 2,000,000 DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 2,000,000 MED EXP (Any one person) \$ N/A PERSONAL & ADV INJURY \$ 2,000,000 GENERAL AGGREGATE \$ 10,000,000 PRODUCTS - COMP/OP AGG \$ 2,000,000
A	<input checked="" type="checkbox"/> AUTOMOBILE LIABILITY <input checked="" type="checkbox"/> ANY AUTO <input type="checkbox"/> OWNED AUTOS ONLY <input type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> HIRED AUTOS ONLY <input type="checkbox"/> NON-OWNED AUTOS ONLY		ISA H25279992	01/01/2019	01/01/2020	COMBINED SINGLE LIMIT (Ea accident) \$ 2,000,000 BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$
	<input type="checkbox"/> UMBRELLA LIAB <input type="checkbox"/> OCCUR <input type="checkbox"/> EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE <input type="checkbox"/> DED <input type="checkbox"/> RETENTION \$					EACH OCCURRENCE \$ AGGREGATE \$
C	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below	Y/N N	WLR C65437880 (AOS) WLR C65437843 (AZ, CA, MA) SCF C65437922 (WI)	01/01/2019 01/01/2019 01/01/2019	01/01/2020 01/01/2020 01/01/2020	<input checked="" type="checkbox"/> PER STATUTE <input type="checkbox"/> OTH-ER E.L. EACH ACCIDENT \$ 1,000,000 E.L. DISEASE - EA EMPLOYEE \$ 1,000,000 E.L. DISEASE - POLICY LIMIT \$ 1,000,000

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)

RE: CONDUENT STATE HEALTHCARE, LLC MEDICAID MANAGEMENT INFORMATION SYSTEM RFP # 2005-004

OTHER NAMED INSURED: CONDUENT STATE HEALTHCARE, LLC

THE STATE OF NEW HAMPSHIRE IS ADDITIONAL INSURED UNDER THE ABOVE GENERAL LIABILITY AND AUTO LIABILITY BUT ONLY WITH RESPECT TO LIABILITY ARISING FROM NEGLIGENT ACTS OR OMISSIONS OF CONDUENT BUSINESS SERVICES, LLC AND TO THE EXTENT REQUIRED BY WRITTEN CONTRACT. WORKERS' COMPENSATION IS PROVIDED AT THE STATUTORY LIMITS IN NEW HAMPSHIRE.

## CERTIFICATE HOLDER

## CANCELLATION

STATE OF NEW HAMPSHIRE DEPARTMENT OF HEALTH AND HUMAN SERVICES OFFICE OF COMMISSIONER 129 PLEASANT STREET CONCORD, NH 03301	SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.  AUTHORIZED REPRESENTATIVE of Marsh USA Inc. Lauren Giangrande <i>Lauren Giangrande</i>
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## 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		
CARRIER	NAIC CODE	EFFECTIVE DATE:

## 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.



Jeffrey A. Meyers  
Commissioner

David E. Wieters  
Director

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

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](http://www.dhhs.nh.gov)

June 1, 2018

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

**REQUESTED ACTION**

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

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

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

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

**Design, Development and Implementation Phase**

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

**Operations Phase**

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

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

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

**EXPLANATION**

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

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

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

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

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

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

***Expanded Functional Capabilities:***

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

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

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

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

***Technical Platform Minimal Investment (TPMI):***

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

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

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

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

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

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

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

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

#### ***Extended and Expanded Operations:***

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



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

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

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

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

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

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

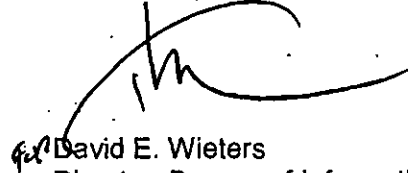
For all the reasons stated above, this extension is justified and is critical to maintaining the operation of the system and the completion of the plan for re-procurement.

Area served: Statewide.

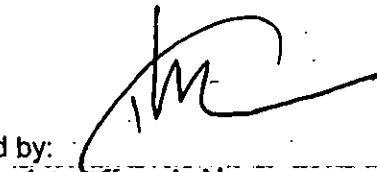
Source of Funds: Design, Development and Implementation phase: 90% federal funds, 10% general funds; Operations phase: 75% federal funds, 25% general funds. Federal funding source is the Centers for Medicare and Medicaid Services.

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

Respectfully submitted,

  
for David E. Wieters  
Director, Bureau of Information  
Services

Approved by:

  
for Jeffrey A. Meyers  
Commissioner



STATE OF NEW HAMPSHIRE  
DEPARTMENT OF INFORMATION TECHNOLOGY

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Denis Goulet  
Commissioner

May 30, 2018

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

Dear Commissioner Meyers:

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

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

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

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

Sincerely,

Denis Goulet

DG/kaf  
DoIT #2005-0040

cc: Bruce Smith, IT Manager, DoIT

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

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

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

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

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

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

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

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

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

2.1 Contract Documents

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

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

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

#### General Terms and Conditions, Form P-37

3. The General Provisions Form P-37 are hereby amended as follows:

3.1. Block 1.8, Price Limitation, is increased by \$95,372,215 from \$156,192,991 to \$251,565,206, to reflect the additional requirements set forth in this Amendment 15.

3.2. Block 3 Effective Date: Completion of Services is amended by adding the following sentences to section 3.1:

"The effective date of the original Contract is December 7, 2005. The effective date of Amendment 1 is December 11, 2007. The effective date of Amendment 2 is June 17, 2009. The effective date of Amendment 3 is June 23, 2010. The effective date of Amendment 4 is March 7, 2012. The effective date of Amendment 5 is December 19, 2012. The effective date of Amendment 6 is March 26, 2014. The effective date of Amendment 7 is June 18, 2014. The effective date of Amendment 8 is May 27, 2015. The effective date of Amendment 9 is June 24, 2015. The effective date of Amendment 10 is December 16, 2015. The effective date of Amendment 11 is June 29, 2016. The effective date of Amendment 12 is November 18, 2016. The effective date of Amendment 13 is July 19, 2017. The effective date of Amendment 14 is March 21, 2018. All of the preceding dates are the dates the Contract was approved by the New Hampshire Governor and Executive Council, or a date certain, whichever is later, as specified in each document. This Amendment 15 is effective on the date of Governor and Executive Council approval through June 30, 2021."

#### Exhibit A

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

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

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

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

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

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

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

3.4.38 NH MMIS NH MMIS System Enhancements Technical Platform Minimal Investment

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

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

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

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

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

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

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

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

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

8.1.2 Target Roles and Positions:

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

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

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

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

**Operations Cost for Target Roles and Positions**



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

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

**Exhibit B**

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

**1.1 Price**

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

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

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

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

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

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

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

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

<sup>2</sup>Reflects additional Digital Harbor Costs associated for ORP enrollment only; Year 1 includes only 1 month due to DDI delivery date.

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

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

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

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

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

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

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

Conduent State Healthcare, LLC  
Amendment - 15

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

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

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


Conduent State Healthcare, LLC  
Amendment 15

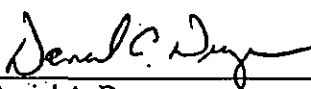
12. In the event of any discrepancies between Amendment 15 and its Appendices and the three (3) Proposals, Amendment 15 and its Appendices take precedence.

*Remainder of page intentionally left blank.*

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

State of New Hampshire  
Department of Health and Human Services

*for*   
\_\_\_\_\_  
Jeffrey A. Meyers  
Commissioner

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

Conduent State Healthcare, LLC  
Amendment 15

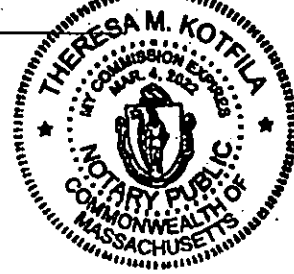
STATE OF Massachusetts

COUNTY OF Barnstable

On this the 22 day of May 2018, before me, Theresa M. Kotfila the undersigned officer, personally appeared Daniel A. Dwyer who acknowledged himself/herself to be the Executive Vice President of Conduent State Healthcare, LLC, a Delaware limited liability company, and that he/she, as such Executive Vice President being authorized to do so, executed the foregoing instrument for the purposes therein contained, by signing the name of the corporation by himself/herself as Executive Vice President.

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

Theresa M. Kotfila  
Notary Public/Justice of the Peace  
My commission expires: \_\_\_\_\_



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

OFFICE OF THE ATTORNEY GENERAL

By: \_\_\_\_\_

Date: \_\_\_\_\_

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

Office of the Secretary of State

By: \_\_\_\_\_

Title: \_\_\_\_\_

Date: \_\_\_\_\_

Amendment 15 Appendix A.2  
Deliverable List and Payment Schedule

Ref #	Deliverable	Amend 12 Delivery Date	Amend 15 Revised Delivery Date	Amend 12 Invoice Date	Amend 15 Revised Invoice Date	Payment Amount	Holdback %	Holdback Amount	Payment less 15% holdback	Holdback Release %	Holdback Release Amount	Payment with Holdback Release Amt	% Retained Holdback	Holdback Retained Amount
<b>MMIS BASE SYSTEM - Section A DOI Phase</b>														
1	Project Initiation and Planning	comp	comp	comp	comp	\$1,869,102.53	15%	\$280,365.38	\$1,588,737.17	0%	\$0.00	\$1,588,737.17	15%	\$280,365.38
2	Concord, NH DOI Project Site Requirement	comp	comp	comp	comp	\$12,070.00	15%	\$1,810.50	\$10,259.50	0%	\$0.00	\$10,259.50	15%	\$1,810.50
3	Project Management Plan	comp	comp	comp	comp	\$137,777.00	15%	\$20,666.55	\$117,110.45	0%	\$0.00	\$117,110.45	15%	\$20,666.55
4	Detailed Project Work Plan	comp	comp	comp	comp	\$12,070.00	15%	\$1,810.50	\$10,259.50	0%	\$0.00	\$10,259.50	15%	\$1,810.50
5	Problem Control and Change Management Plan	comp	comp	comp	comp	\$12,070.00	15%	\$1,810.50	\$10,259.50	0%	\$0.00	\$10,259.50	15%	\$1,810.50
6	Project Communication Plan	comp	comp	comp	comp	\$12,070.00	15%	\$1,810.50	\$10,259.50	0%	\$0.00	\$10,259.50	15%	\$1,810.50
7	Quality Assurance Plan	comp	comp	comp	comp	\$12,070.00	15%	\$1,810.50	\$10,259.50	0%	\$0.00	\$10,259.50	15%	\$1,810.50
8	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
9	Weekly Project Status Reports	comp	comp	comp	comp	\$139,277.00	15%	\$20,891.55	\$118,385.45	0%	\$0.00	\$118,385.45	15%	\$20,891.55
10	Detailed Implementation Schedule (ISS) where necessary updates	comp	comp	comp	comp	\$21,014.00	15%	\$3,152.10	\$17,861.90	0%	\$0.00	\$17,861.90	15%	\$3,152.10
11	Performance Self-Reporting Mechanism-Monthly Preliminary CMS Certification Process Plan	comp	comp	comp	comp	\$55,024.00	15%	\$8,253.60	\$46,770.40	0%	\$0.00	\$46,770.40	15%	\$8,253.60
	Total Project Initiation and Planning Cost					\$1,812,750.53	15%	\$271,912.58	\$1,540,837.95	0%	\$0.00	\$1,540,837.95	15%	\$271,912.58
<b>Requirements Analysis and Validation</b>														
12	Requirements Validation Specification	comp	comp	comp	comp	\$6,306,060.00	15%	\$945,909.00	\$5,360,151.00	1%	\$53,601.51	\$5,413,752.51	14%	\$945,909.00
13	Issues Tracking and Resolution Document	comp	comp	comp	comp	\$52,132.00	15%	\$7,819.80	\$44,312.20	1%	\$4,431.22	\$48,743.42	14%	\$7,819.80
14	Preliminary Test Plan	comp	comp	comp	comp	\$72,008.00	15%	\$10,801.20	\$61,206.80	1%	\$6,120.68	\$67,327.48	14%	\$10,801.20
15	Preliminary Training Plan	comp	comp	comp	comp	\$48,653.00	15%	\$7,297.95	\$41,355.05	1%	\$4,135.51	\$45,490.56	14%	\$7,297.95
16	Preliminary Conversion/Migration Plan	comp	comp	comp	comp	\$93,375.00	15%	\$14,006.25	\$79,368.75	1%	\$7,936.88	\$87,305.63	14%	\$14,006.25
17	Preliminary Disaster Recovery Plan	comp	comp	comp	comp	\$106,791.00	15%	\$16,018.65	\$90,772.35	1%	\$9,077.24	\$99,849.59	14%	\$16,018.65
	Total Requirements Analysis and Validation					\$6,575,918.00	15%	\$981,972.85	\$5,593,945.15	1%	\$55,939.45	\$5,649,884.60	14%	\$981,972.85
<b>Design</b>														
18	General System Design	comp	comp	comp	comp	\$2,813,754.00	15%	\$422,063.10	\$2,391,690.90	2%	\$47,833.78	\$2,439,524.68	13%	\$422,063.10
19	Detailed System Design Group 1	comp	comp	comp	comp	\$1,303,702.44	15%	\$195,555.37	\$1,108,147.07	2%	\$130,817.65	\$1,238,964.72	13%	\$195,555.37
20	Detailed System Design Group 2	comp	comp	comp	comp	\$1,303,702.44	15%	\$195,555.37	\$1,108,147.07	2%	\$130,817.65	\$1,238,964.72	13%	\$195,555.37
21	Detailed System Design Group 3	comp	comp	comp	comp	\$1,303,702.44	15%	\$195,555.37	\$1,108,147.07	2%	\$130,817.65	\$1,238,964.72	13%	\$195,555.37
22	Test Environment Preparation	comp	comp	comp	comp	\$104,082.00	15%	\$15,612.30	\$88,469.70	2%	\$11,816.36	\$100,286.06	13%	\$15,612.30
23	Provider Operations Plan	comp	comp	comp	comp	\$30,000.00	15%	\$4,500.00	\$25,500.00	2%	\$3,060.00	\$28,560.00	13%	\$4,500.00
24	Preliminary Operations Plan	comp	comp	comp	comp	\$110,391.00	15%	\$16,558.65	\$93,832.35	2%	\$11,660.76	\$105,493.11	13%	\$16,558.65
25	Preliminary MMIS Implementation Plan	comp	comp	comp	comp	\$49,422.00	15%	\$7,413.30	\$42,008.70	2%	\$5,041.04	\$47,049.74	13%	\$7,413.30
26	Preliminary Contingency Plan	comp	comp	comp	comp	\$84,206.00	15%	\$12,630.90	\$71,575.10	2%	\$8,589.01	\$80,164.11	13%	\$12,630.90
27	Preliminary Security Plan	comp	comp	comp	comp	\$47,568.00	15%	\$7,134.80	\$40,433.20	2%	\$4,852.00	\$45,285.20	13%	\$7,134.80
28	Finalized Disaster Recovery Plan	comp	comp	comp	comp	\$84,206.00	15%	\$12,630.90	\$71,575.10	2%	\$8,589.01	\$80,164.11	13%	\$12,630.90
65a	MMIS Change Order Analysis-DSD Update Gs 1-7	comp	comp	comp	comp	\$404,429.00	15%	\$60,664.35	\$343,764.65	2%	\$41,251.76	\$385,016.41	13%	\$60,664.35
65b	MMIS Change Order Analysis-DSD Update Gs 8-9	comp	comp	comp	comp	\$16,851.00	15%	\$2,527.65	\$14,323.35	2%	\$1,718.80	\$16,042.15	13%	\$2,527.65
66a	Archive Claims Retrieval Solution	comp	comp	comp	comp									
	Total Design					\$7,658,914.32	15%	\$1,148,402.15	\$6,510,512.17	2%	\$781,261.29	\$7,291,773.46	13%	\$1,148,402.15
<b>Construction and Unit Testing</b>														
28a	Functional Test Summary Iteration 1a	comp	comp	comp	comp	\$851,851.22	15%	\$127,777.68	\$724,073.54	2%	\$110,888.83	\$834,962.37	13%	\$127,777.68
28b	Functional Test Summary Member Function	comp	comp	comp	comp	\$358,518.17	15%	\$53,777.73	\$304,740.44	2%	\$36,568.85	\$341,309.29	13%	\$53,777.73
29c	Functional Test Summary Non-Functional Req.	comp	comp	comp	comp	\$97,777.68	15%	\$14,666.65	\$83,111.03	2%	\$9,973.32	\$93,084.35	13%	\$14,666.65
30a	Functional Test Summary Operations Functions	comp	comp	comp	comp	\$1,488,665.40	15%	\$223,299.81	\$1,265,365.59	2%	\$151,843.87	\$1,417,209.46	13%	\$223,299.81
30b	Functional Test Summary Program Functions	comp	comp	comp	comp	\$1,140,739.60	15%	\$171,110.94	\$969,628.66	2%	\$116,355.44	\$1,085,984.10	13%	\$171,110.94
30c	Functional Test Summary Provider Functions	comp	comp	comp	comp	\$130,370.24	15%	\$19,555.54	\$110,814.70	2%	\$13,301.76	\$124,116.46	13%	\$19,555.54
30d	Functional Test Summary Security Functions	comp	comp	comp	comp	\$65,185.12	15%	\$9,777.77	\$55,407.35	2%	\$6,648.88	\$62,056.23	13%	\$9,777.77
31	Functional Test Results													
32	Integration and System Test Scripts													
33	MMIS Change Orders # 2	Removed Amendment	Per 12			\$0.00	15%	\$0.00	\$0.00	2%	\$0.00	\$0.00	13%	\$0.00
33a	New PBM Interface Design and Construction	comp	comp	comp	comp	\$25,000.00	15%	\$3,750.00	\$21,250.00	2%	\$2,550.00	\$23,800.00	13%	\$3,750.00
33b	Change Orders A,B	comp	comp	comp	comp	\$51,480.00	15%	\$7,722.00	\$43,758.00	2%	\$5,250.96	\$49,008.96	13%	\$7,722.00
34	Preliminary Provider Handbooks	comp	comp	comp	comp	\$160,143.00	15%	\$24,021.45	\$136,121.55	2%	\$16,334.59	\$152,456.14	13%	\$24,021.45
35a	Finalized MMIS Implementation Plan-Provider Enroll	comp	comp	comp	comp	\$49,489.33	15%	\$7,423.25	\$42,066.08	2%	\$5,047.93	\$47,114.01	13%	\$7,423.25
35b	Finalized MMIS Implementation Plan-MMIS	comp	comp	comp	comp	\$98,978.67	15%	\$14,846.80	\$84,131.87	2%	\$10,096.82	\$94,228.69	13%	\$14,846.80
36	Finalized Integration and System Test Plan	comp	comp	comp	comp	\$141,757.00	15%	\$21,263.55	\$120,493.45	2%	\$14,459.21	\$134,952.66	13%	\$21,263.55
37	Finalized Contingency Plan	comp	comp	comp	comp	\$148,485.00	15%	\$22,272.75	\$126,212.25	2%	\$15,925.53	\$142,137.78	13%	\$22,272.75
38	Finalized Conversion/Migration Plan	comp	comp	comp	comp	\$114,678.00	15%	\$17,201.40	\$97,476.60	2%	\$11,697.19	\$109,173.79	13%	\$17,201.40
39	Finalized Operations Plan	comp	comp	comp	comp	\$49,847.00	15%	\$7,477.05	\$42,369.95	2%	\$5,144.39	\$47,514.34	13%	\$7,477.05
40	Finalized Security Plan	comp	comp	comp	comp	\$48,553.00	15%	\$7,282.95	\$41,270.05	2%	\$5,150.41	\$46,420.46	13%	\$7,282.95
	Total Construction and Unit Testing					\$4,799,293.43	15%	\$719,894.01	\$4,079,399.42	2%	\$491,958.87	\$4,571,358.29	13%	\$719,894.01
<b>Integration and System Testing</b>														
41a	Integration and System Test Summary Iteration 1a	comp	comp	comp	comp	\$851,851.22	15%	\$127,777.68	\$724,073.54	2%	\$110,888.83	\$834,962.37	13%	\$127,777.68
41b	Integration and System Test Summary Member Functions	comp	comp	comp	comp	\$358,518.17	15%	\$53,777.73	\$304,740.44	2%	\$36,568.85	\$341,309.29	13%	\$53,777.73
41c	Integration and System Test Summary Non-Functional Req.	comp	comp	comp	comp	\$97,777.68	15%	\$14,666.65	\$83,111.03	2%	\$9,973.32	\$93,084.35	13%	\$14,666.65
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%	\$146,275.41	\$1,365,237.12	13%	\$215,110.89
42b	Integration and System Test Summary Program Functions	comp	comp	comp	comp	\$1,336,295.80	15%	\$200,444.25	\$1,135,851.55	2%	\$140,302.19	\$1,276,153.74	13%	\$200,444.25
42c	Integration and System Test Summary Provider Functions	comp	comp	comp	comp	\$195,555.36	15%	\$29,333.30	\$166,222.06	2%	\$20,927.05	\$187,149.11	13%	\$29,333.30
42d	Integration and System Test Summary Security Functions	comp	comp	comp	comp	\$65,185.10	15%	\$9,777.77	\$55,407.33	2%	\$6,648.88	\$62,056.21	13%	\$9,777.77
65c	Integration and System Test Summary Changes 1-7	comp	comp	comp	comp	\$885,504.00	15%	\$132,825.60	\$752,678.40	2%	\$93,921.41	\$846,600.00	13%	\$132,825.60
65d	Integration and System Test Summary Iteration 6	comp	comp	comp	comp	\$36,896.00	15%	\$5,534.40	\$31,361.60	2%	\$3,763.39	\$35,125.00	13%	\$5,534.40



Amendment 15 Appendix A.2  
Deliverable List and Payment Schedule

Ref #	Deliverable	Amend 12 Delivery Date	Amend 12 Revised Delivery Date	Amend 12 Invoice Date	Amend 15 Revised Invoice Date	Payment Amount	Holdback %	Holdback Amount	Payment less 15% holdback	Holdback Release %	Holdback Release Amount	Payment with Holdback Release Amt	% Retained Holdback	Holdback Retained Amount
43	Integration and System Test Results					\$0.00								
44	X12N EDI Companion Guides	comp	comp	comp	comp	\$48,672.00	15%	\$7,300.80	\$41,371.20	2%	\$973.44	\$42,344.64	13%	\$6,327.36
45	Provider Status Evaluation	comp	comp	comp	comp	\$76,604.00	15%	\$11,490.60	\$65,113.40	2%	\$1,332.88	\$66,446.28	13%	\$9,958.52
46	Preliminary Converted Files	comp	comp	comp	comp	\$56,810.00	15%	\$8,781.50	\$48,028.50	2%	\$1,172.20	\$49,200.70	13%	\$7,619.30
47	Revised Detailed System Design													
48	Acceptance Test Plan	comp	comp	comp	comp	\$82,481.00	15%	\$12,389.15	\$70,091.85	2%	\$1,449.22	\$71,541.07	13%	\$10,719.93
49	Acceptance Test Tracking System	comp	comp	comp	comp	\$48,672.00	15%	\$7,300.80	\$41,371.20	2%	\$973.44	\$42,344.64	13%	\$6,327.36
50	Finalized Training Plan	comp	comp	comp	comp	\$36,249.00	15%	\$5,437.35	\$30,811.65	2%	\$724.88	\$31,536.53	13%	\$4,712.37
51	Training Materials & Manuals - Provider Enrollment	comp	comp	comp	comp	\$16,061.76	15%	\$2,409.26	\$13,652.50	2%	\$321.24	\$13,973.73	13%	\$2,068.03
52	Training Materials & Manuals - MMS	comp	comp	comp	comp	\$32,810.24	15%	\$4,891.54	\$27,918.70	2%	\$652.20	\$28,570.91	13%	\$4,239.33
	Total Integration and System Testing					\$5,233,447.20	15%	\$785,017.08	\$4,448,430.12	2%	\$104,688.94	\$4,553,099.06	13%	\$686,348.14
	Conversion													
53	Conversion Test Results	comp	comp	comp	comp	\$60,622.00	15%	\$9,083.30	\$51,538.70	1%	\$608.22	\$52,146.92	14%	\$8,487.08
	Total Conversion					\$60,622.00	15%	\$9,083.30	\$51,538.70	1%	\$608.22	\$52,146.92	14%	\$8,487.08
	Acceptance Test													
54	Acceptance Test Resolutions Document	comp	comp	comp	comp	\$147,829.00	15%	\$22,174.35	\$125,654.65	1%	\$1,478.29	\$127,132.94	14%	\$20,896.05
55a	MMS Change Order Acceptance Test	comp	comp	comp	comp	\$1,254,240.00	15%	\$188,136.00	\$1,066,104.00	1%	\$12,342.40	\$1,078,446.40	14%	\$175,593.60
55	Operational Readiness Report	comp	comp	comp	comp	\$32,175.00	15%	\$4,826.25	\$27,348.75	1%	\$321.75	\$27,670.50	14%	\$4,504.50
56	Program Expansion Enhancements		Removed Amendment	Per 12		\$0.00	15%	\$0.00	\$0.00	1%	\$0.00	\$0.00	14%	\$0.00
57	Finalized MMS Provider Handbooks	comp	comp	comp	comp	\$39,305.00	15%	\$5,895.75	\$33,409.25	1%	\$393.05	\$33,802.30	14%	\$5,502.70
	Total Acceptance Test					\$1,473,549.00	15%	\$221,032.35	\$1,252,516.65	1%	\$14,735.49	\$1,267,252.14	14%	\$206,236.65
	Implementation													
58	Finalized CMS Certification Process Plan	comp	comp	comp	comp	\$94,209.00	15%	\$14,131.35	\$79,977.65	1%	\$842.09	\$80,819.74	13%	\$10,847.17
58b	Archive Claims Retrieval Solution	comp	comp	comp	comp									
59	MMS Systems Documentation	comp	comp	comp	comp	\$114,924.00	15%	\$17,238.60	\$97,685.40	1%	\$1,149.24	\$98,834.64	14%	\$16,089.36
59f	MMS Change Order Readiness & Implementation	comp	comp	comp	comp	\$313,800.00	15%	\$47,040.00	\$266,760.00	1%	\$3,138.00	\$269,898.00	14%	\$43,904.00
60	Results of Final Conversion	comp	comp	comp	comp	\$98,575.00	15%	\$14,786.25	\$83,788.75	1%	\$985.75	\$84,774.50	14%	\$13,800.50
	Total Implementation					\$611,308.00	15%	\$91,696.20	\$519,611.80	1%	\$6,113.04	\$525,724.84	14%	\$85,551.12
	Post-Implementation evaluation													
61	Evaluation plan		Removed Amendment	Per 12		\$0.00	15%	\$0.00	\$0.00	1%	\$0.00	\$0.00	14%	\$0.00
62	Evaluation report		Removed Amendment	Per 12		\$0.00	15%	\$0.00	\$0.00	1%	\$0.00	\$0.00	14%	\$0.00
63	Corrective action plan		Removed Amendment	Per 12		\$0.00	15%	\$0.00	\$0.00	1%	\$0.00	\$0.00	14%	\$0.00
64	Certification manuals for each required system function, including first run reports for federally required reports	comp	comp	comp	comp	\$13,805.00	15%	\$2,070.75	\$11,734.25	1%	\$138.05	\$11,872.30	14%	\$1,932.70
	Total Post-Implementation evaluation					\$13,805.00	15%	\$2,070.75	\$11,734.25	1%	\$138.05	\$11,872.30	14%	\$1,932.70
	TOTAL BASE SYSTEM					\$28,852,859.50	15%	\$4,327,928.93	\$24,524,930.58	1%	\$442,166.13	\$24,967,096.70	14%	\$3,885,762.80
	Note:													
	Note:													
	Note:													
	OUTPATIENT PROSPECTIVE PAYMENT SYSTEM													
	Requirements Analysis													
1	Analytical Database	comp	comp	comp	comp	\$50,000.00	15%	\$7,500.00	\$42,500.00	1%	\$500.00	\$43,000.00	14%	\$7,000.00
2	Requirements Analysis Report 1	comp	comp	comp	comp	\$50,000.00	15%	\$7,500.00	\$42,500.00	1%	\$500.00	\$43,000.00	14%	\$7,000.00
3	Requirements Analysis Report 2	comp	comp	comp	comp	\$60,000.00	15%	\$9,000.00	\$51,000.00	1%	\$600.00	\$51,600.00	14%	\$8,400.00
	Total Requirements Analysis					\$160,000.00	15%	\$24,000.00	\$136,000.00	1%	\$1,600.00	\$137,600.00	14%	\$22,400.00
	Business Rules and Design													
4	Business Requirements Document - Report 1	comp	comp	comp	comp	\$70,000.00	15%	\$10,500.00	\$59,500.00	1%	\$700.00	\$60,200.00	14%	\$9,800.00
5	Business Requirements Document - Report 2	comp	comp	comp	comp	\$70,000.00	15%	\$10,500.00	\$59,500.00	1%	\$700.00	\$60,200.00	14%	\$9,800.00
6	Business Requirements Document - Report 3	comp	comp	comp	comp	\$75,000.00	15%	\$11,250.00	\$63,750.00	1%	\$750.00	\$64,500.00	14%	\$10,500.00
	Total Business Rules and Design					\$215,000.00	15%	\$32,250.00	\$182,750.00	1%	\$2,150.00	\$184,900.00	14%	\$30,100.00
	Construction													
7	Detailed System Design Update		Removed Amendment	Per 10		\$0.00	15%	\$0.00	\$0.00	1%	\$0.00	\$0.00	14%	\$0.00
	Total Construction					\$0.00	15%	\$0.00	\$0.00	1%	\$0.00	\$0.00	14%	\$0.00
	Implementation													
8	Implementation Go Live		Removed Amendment	Per 10		\$0.00	15%	\$0.00	\$0.00	1%	\$0.00	\$0.00	14%	\$0.00
	Total Implementation					\$0.00	15%	\$0.00	\$0.00	1%	\$0.00	\$0.00	14%	\$0.00
	TOTAL OUTPATIENT PROSPECTIVE PAYMENT SYSTEM					\$375,000.00	15%	\$58,250.00	\$316,750.00	1%	\$5,750.00	\$322,500.00	14%	\$52,500.00
	ENHANCED ANALYTICS													

Amendment 15 Appendix A.2  
Deliverable List and Payment Schedule

Ref #	Deliverable	Amend 12 Delivery Date	Amend 15 Revised Delivery Date	Amend 12 Invoice Date	Amend 15 Revised Invoice Date	Payment Amount	Holdback %	Holdback Amount	Payment less 15% holdback	Holdback Release %	Holdback Release Amount	Payment with Holdback Release Amt	% Retained Holdback	Holdback Retained Amount
	<b>TOTAL ENHANCED ANALYTICS</b>					\$0.00	15%	\$0.00	\$0.00	1%	\$0.00	\$0.00	14%	\$0.00
5010 Enhancements														
1	Requirements and Design													
1	Requirements Analysis and Start Up	comp	comp	comp	comp	\$1,777,000.00	15%	\$266,550.00	\$1,510,450.00	0%	\$0.00	\$1,510,450.00	0%	\$0.00
2	Detailed System Design	comp	comp	comp	comp	\$712,500.00	15%	\$106,875.00	\$605,625.00	1%	\$7,125.00	\$612,750.00	14%	\$89,750.00
	<b>Total Requirements and Design</b>					\$2,489,500.00	15%	\$373,425.00	\$2,116,075.00	1%	\$24,895.00	\$2,140,970.00	14%	\$348,530.00
	<b>Construction and User Acceptance Test</b>													
3	Initiation of UAT	comp	comp	comp	comp	\$1,790,300.00	15%	\$268,545.00	\$1,521,755.00	1%	\$17,903.00	\$1,539,658.00	14%	\$250,642.00
4	Completion of UAT	comp	comp	comp	comp	\$1,828,900.00	15%	\$274,335.00		1%	\$18,289.00	\$18,289.00	14%	\$256,046.00
5	Design, code, unit test, SIT - UAT testing for the COB changes		Removed Amendment	Per 12		\$0.00	15%	\$0.00	\$0.00	1%	\$0.00	\$0.00	14%	\$0.00
	<b>Total Construction and Unit Test</b>					\$3,619,200.00	15%	\$542,880.00	\$3,076,320.00	1%	\$38,192.00	\$3,112,512.00	14%	\$506,688.00
	<b>Implementation</b>													
6	User Interface Updated for 5010	comp		comp		\$568,425.00	15%	\$85,263.75	\$483,161.25	1%	\$5,684.25	\$488,845.50	14%	\$79,579.50
	<b>Total Implementation</b>					\$568,425.00	15%	\$85,263.75	\$483,161.25	1%	\$5,684.25	\$488,845.50	14%	\$79,579.50
	<b>TOTAL 5010 Enhancements</b>					\$6,877,125.00	15%	\$1,001,568.75	\$5,875,556.25	1%	\$88,771.25	\$5,942,327.50	14%	\$924,797.50
	<b>Managed Care System Enhancement Phase I</b>													
	<b>Requirements and Design</b>													
1	Requirements Analysis and Start Up	comp	comp	comp	comp	\$442,250.00	15%	\$66,337.50	\$375,912.50	1%	\$4,422.50	\$380,335.00	14%	\$56,165.00
2	Detailed System Design	comp	comp	comp	comp	\$83,750.00	15%	\$12,562.50	\$71,187.50	1%	\$837.50	\$80,825.00	14%	\$13,125.00
	<b>Total Requirements and Design</b>					\$526,000.00	15%	\$78,900.00	\$447,100.00	1%	\$5,360.00	\$452,460.00	14%	\$75,046.00
	<b>Construction and User Acceptance Test</b>													
3	Completion of UAT	comp	comp	comp	comp	\$1,873,875.00	15%	\$281,081.25	\$1,592,793.75	1%	\$18,738.75	\$1,611,532.50	14%	\$276,342.50
	<b>Total Construction and Unit Test</b>					\$1,873,875.00	15%	\$281,081.25	\$1,592,793.75	1%	\$18,738.75	\$1,611,532.50	14%	\$276,342.50
	<b>Implementation</b>													
4	Completion of Implementation	comp	comp	comp	comp	\$292,400.00	15%	\$43,860.00	\$248,540.00	1%	\$2,924.00	\$251,464.00	14%	\$40,936.00
	<b>Total Implementation</b>					\$292,400.00	15%	\$43,860.00	\$248,540.00	1%	\$2,924.00	\$251,464.00	14%	\$40,936.00
	<b>TOTAL Managed Care Phase I Enhancements</b>					\$2,802,275.00	15%	\$420,341.25	\$2,381,933.75	1%	\$28,022.75	\$2,409,956.50	14%	\$392,318.50
	<b>Managed Care System Enhancement Phase II</b>													
	<b>Requirements and Design</b>													
1	Management Oversight	comp	comp	comp	comp	\$56,500.00	15%	\$8,475.00	\$48,025.00	1%	\$565.00	\$48,590.00	14%	\$7,910.00
2	Documented Change Requests	comp	comp	comp	comp	\$87,150.00	15%	\$13,072.50	\$74,077.50	1%	\$871.50	\$74,949.00	14%	\$12,201.00
3	Updated DSD Chapters	comp	comp	comp	comp	\$94,150.00	15%	\$14,122.50	\$80,027.50	1%	\$941.50	\$80,969.00	14%	\$13,181.00
4	Technical Design	comp	comp	comp	comp	\$70,500.00	15%	\$10,575.00	\$59,925.00	1%	\$705.00	\$60,630.00	14%	\$9,870.00
	<b>Total Requirements and Design</b>					\$308,300.00	15%	\$46,245.00	\$262,055.00	1%	\$3,683.00	\$265,738.00	14%	\$43,163.00
	<b>Construction and Unit Test</b>													
5	Construction	comp	comp	comp	comp	\$535,000.00	15%	\$80,250.00	\$454,750.00	1%	\$5,350.00	\$460,100.00	14%	\$74,900.00
	<b>Total Construction and Unit Test</b>					\$535,000.00	15%	\$80,250.00	\$454,750.00	1%	\$5,350.00	\$460,100.00	14%	\$74,900.00
	<b>System Integration Testing</b>													
6	System Test Plan	comp	comp	comp	comp	\$41,000.00	15%	\$6,150.00	\$34,850.00	1%	\$410.00	\$35,260.00	14%	\$5,740.00
7	System Test Complete	comp	comp	comp	comp	\$316,100.00	15%	\$47,415.00	\$270,685.00	1%	\$3,161.00	\$273,846.00	14%	\$44,534.00
	<b>Total System Integration Testing</b>					\$357,100.00	15%	\$53,565.00	\$303,535.00	1%	\$3,571.00	\$307,106.00	14%	\$50,274.00
	<b>User Acceptance Testing</b>													
6	UAT Test Planning	comp	comp	comp	comp	\$104,250.00	15%	\$15,637.50	\$88,612.50	1%	\$1,042.50	\$89,655.00	14%	\$14,595.00
7	Train State/State Users	comp	comp	comp	comp	\$8,450.00	15%	\$1,267.50	\$7,182.50	1%	\$84.50	\$7,267.00	14%	\$1,183.00
	<b>Total User Acceptance Testing</b>					\$112,700.00	15%	\$16,905.00	\$95,795.00	1%	\$1,127.00	\$96,922.00	14%	\$15,778.00
	<b>Implementation</b>													
4	Production Release	02/28/17	02/28/18	03/31/17	03/31/18	\$99,973.00	15%	\$14,995.95	\$84,977.05	1%	\$999.73	\$85,976.78	14%	\$13,996.22
	<b>Total Implementation</b>					\$99,973.00	15%	\$14,995.95	\$84,977.05	1%	\$999.73	\$85,976.78	14%	\$13,996.22
	<b>TOTAL Managed Care Phase II Enhancements</b>					\$1,415,073.00	15%	\$212,260.95	\$1,202,812.05	1%	\$14,150.73	\$1,216,962.78	14%	\$198,110.22
	<b>Medicaid Hospice Benefit</b>													
	<b>TOTAL Medicaid Hospice Benefit Enhancements</b>					\$0.00	15%	\$0.00	\$0.00	1%	\$0.00	\$0.00	14%	\$0.00
	<b>Enhanced Provider Screening</b>													
	<b>Requirements and Design</b>													
1	Requirements Analysis	comp	comp	comp	comp	\$111,250.00	15%	\$16,687.50	\$94,562.50	1%	\$1,112.50	\$95,675.00	14%	\$15,575.00
2	Detailed System Design	comp	comp	comp	comp	\$78,500.00	15%	\$11,775.00	\$66,725.00	1%	\$785.00	\$67,510.00	14%	\$10,990.00
	<b>Total Requirements and Design</b>					\$189,750.00	15%	\$28,462.50	\$161,287.50	1%	\$1,897.50	\$163,185.00	14%	\$26,565.00

Amendment 15 Appendix A.2  
Deliverable List and Payment Schedule

Ref #	Deliverable	Amend 12 Delivery Date	Amend 15 Revised Delivery Date	Amend 12 Invoice Date	Amend 15 Revised Invoice Date	Payment Amount	Holdback %	Holdback Amount	Payment less 15% holdback	Holdback Release %	Holdback Release Amount	Payment with Holdback Release Amt	% Retained Holdback	Holdback Retained Amount
<b>License Integration Construction and System Testing</b>														
3	Software Installed and Integrated	comp	comp	comp	comp	\$800,000.00	15%	\$90,000.00	\$510,000.00	1%	\$6,000.00	\$516,000.00	14%	\$84,000.00
4	Construction Completed	comp	comp	comp	comp	\$80,783.00	15%	\$12,117.45	\$68,665.55	1%	\$607.83	\$69,273.38	14%	\$11,309.82
5	System Integration Testing Completed	comp	comp	comp	comp	\$234,883.00	15%	\$35,247.45	\$199,635.55	1%	\$2,348.83	\$202,084.38	14%	\$32,897.82
	<b>Total Construction and Unit Test</b>					\$915,786.00	15%	\$137,364.90	\$778,421.10	1%	\$8,956.66	\$787,377.76	14%	\$128,207.34
<b>User Acceptance Testing and Implementation</b>														
6	User Acceptance Testing Completed	comp	comp	comp	comp	\$63,650.00	15%	\$9,547.50	\$54,102.50	1%	\$636.50	\$54,739.00	14%	\$8,911.00
7	Training	comp	comp	comp	comp	\$3,450.00	15%	\$517.50	\$2,932.50	1%	\$34.50	\$2,967.00	14%	\$463.00
8	Implementation	comp	comp	comp	comp	\$79,500.00	15%	\$11,925.00	\$67,575.00	1%	\$795.00	\$68,370.00	14%	\$11,130.00
	<b>Total Implementation</b>					\$146,600.00	15%	\$21,990.00	\$124,610.00	1%	\$1,468.00	\$126,078.00	14%	\$20,524.00
<b>Additional Functionality</b>														
9	Additional Licensed Software Installed and Integrated	comp	comp	comp	comp	\$136,500.00	15%	\$20,475.00	\$116,025.00	1%	\$1,160.25	\$117,185.25	14%	\$19,110.00
10	Change Request Approved	comp	comp	comp	comp	\$56,889.00	15%	\$8,533.35	\$48,355.65	1%	\$483.56	\$48,839.21	14%	\$7,964.46
11	Coding and Unit Testing Complete	comp	comp	comp	comp	\$99,823.00	15%	\$14,943.45	\$84,879.55	1%	\$848.79	\$85,728.34	14%	\$13,947.22
12	System Integration Testing Complete	comp	comp	comp	comp	\$58,889.00	15%	\$8,833.35	\$50,055.65	1%	\$500.56	\$50,556.21	14%	\$8,964.46
13	User Acceptance Testing Completed	comp	comp	comp	comp	\$42,867.00	15%	\$6,430.05	\$36,436.95	1%	\$364.37	\$36,801.32	14%	\$5,973.38
14	Post Production Validation Complete	comp	comp	comp	comp	\$28,445.00	15%	\$4,266.75	\$24,178.25	1%	\$241.78	\$24,419.93	14%	\$3,982.30
	<b>Total Additional Functionality</b>					\$421,013.00	15%	\$63,151.95	\$357,861.05	1%	\$3,578.61	\$361,439.66	14%	\$58,941.82
	<b>TOTAL Enhanced Provider Screening Enhancements</b>					\$1,673,129.00	15%	\$250,969.35	\$1,422,159.65	1%	\$14,221.59	\$1,436,381.24	14%	\$234,238.06
<b>Electronic Health Record Provider Incentive Program</b>														
	<b>TOTAL EHR Provider Incentive Program Enhancements</b>		Removed Amendment	Per 10		\$0.00		\$0.00	\$0.00		\$0.00	\$0.00		\$0.00
<b>HPAA Operating Rules Assessment</b>														
1	Project documentation and recommendations for remediation	comp	comp	comp	comp	\$489,250.00	15%	\$73,387.50	\$415,862.50	1%	\$4,158.62	\$420,021.12	14%	\$68,495.00
	<b>Total Assessment</b>					\$489,250.00	15%	\$73,387.50	\$415,862.50	1%	\$4,158.62	\$420,021.12	14%	\$68,495.00
	<b>TOTAL HPAA Operating Rules Assessment</b>					\$489,250.00	15%	\$73,387.50	\$415,862.50	1%	\$4,158.62	\$420,021.12	14%	\$68,495.00
<b>Appendix A11 MMS Change Requests/Staff Augmentation</b>														
	<b>Change Request Designed, Developed, Implemented</b>													
1	All NH CRs Identified in Appendix A-11 DDI Complete	comp	comp	comp	comp	\$5,117,750.00	15%	\$767,662.50	\$4,350,087.50	1%	\$43,500.87	\$4,393,588.37	14%	\$716,485.00
2	Testing Staff Augmentation January February March 2013	comp	comp	comp	comp	\$389,041.00	15%	\$58,356.15	\$330,684.85	1%	\$3,306.85	\$334,091.70	14%	\$55,465.74
	<b>Total Change Requests and Staff Augmentation</b>					\$5,506,791.00	15%	\$826,018.65	\$4,680,772.35	1%	\$46,807.72	\$4,727,580.07	14%	\$771,950.74
	<b>TOTAL A11 MMS Change Requests/Staff Augmentation</b>					\$5,506,791.00	15%	\$826,018.65	\$4,680,772.35	1%	\$46,807.72	\$4,727,580.07	14%	\$771,950.74
	<b>TOTAL MMS DDI Phase</b>					\$47,791,502.50	15%	\$7,168,725.38	\$40,622,777.12	1%	\$4,062,277.71	\$44,685,054.83	14%	\$7,298,810.25
<b>Section B - Post DDI Phase</b>														
<b>MMS Post DDI Phase System Enhancements</b>														
<b>T-MMS</b>														
1	Software License Acquired and Applied	comp	comp	comp	comp	\$229,784.00								
2	Requirements Elaboration - Documented Change Requests	comp	comp	comp	comp	\$178,165.00								
3	Updated Detailed System Design Approved	comp	comp	comp	comp	\$178,165.00								
4	Technical Design Completed	comp	comp	comp	comp	\$249,374.00								
5	Coding, Unit Testing, Data Configuration Updates Completed	comp	comp	comp	comp	\$293,381.00								
6	Development Integration Testing Completed	comp	comp	comp	comp	\$283,361.00								
7	System Integration Testing Completed	comp	comp	comp	comp	\$190,696.00								
8	T-MMS User Acceptance Testing Completed	comp	comp	comp	comp	\$261,272.00								
9a	Pre-Operational Readiness Testing Approved by CMS	comp	comp	comp	comp	\$587,200.00								
9b	Pre-Operational Readiness Testing Approved by CMS	comp	comp	comp	comp	\$130,000.00								
9c	Pre-Operational Readiness Testing Approved by CMS	comp	comp	comp	comp	\$130,000.00								
10	Implementation - Post Production Validation Complete	comp	comp	comp	comp	\$275,940.00								
11	Final DSD, Use Cases, System Documentation Approved	comp	comp	comp	comp	\$256,991.00								
12	CY 2014 Catch-Up Files Submitted	comp	comp	comp	comp	\$185,000.00								
12a	CY 2015-16 Catch-Up Files Submitted	comp	comp	comp	comp	\$260,000.00								
12b	CY 2015-16 Catch-Up Files Submitted (if necessary)	01/31/17	10/31/18	02/28/17		\$32,500.00								
12c	CY 2016 Catch-Up Files Submitted (if necessary)	02/15/17	10/31/18	03/15/17		\$32,500.00								
12d	CY 2016 Catch-Up Files Submitted (if necessary)	03/31/17	10/31/18	04/20/17		\$32,500.00								
12e	CY 2016 Catch-Up Files Submitted (if necessary)	04/15/17	10/31/18	05/15/17		\$32,500.00								
12f	CY 2016 Catch-Up Files Submitted (if necessary)	04/15/17	10/31/18	05/15/17		\$32,500.00								
12g	CY 2016 Catch-Up Files Submitted (if necessary)	04/30/17	10/31/18	05/31/17		\$32,500.00								
12h	CY 2016 Catch-Up Files Submitted (if necessary)	04/30/17	10/31/18	05/31/17		\$32,500.00								
13	2.0 Database and File Format Updates	comp	comp	comp	comp	\$12,500.00								
14	2.0 Error Files Receipt and Processing	comp	comp	comp	comp	\$50,000.00								
15	2.0 Rules - NH MATI Specs Updated	comp	comp	comp	comp	\$209,000.00								
16	2.0 Rules - Coded, Tested, Implemented	comp	comp	comp	comp	\$209,375.00								
	<b>TOTAL A12 T-MMS</b>					\$4,408,728.00								

Amendment 15 Appendix A.2  
Deliverable List and Payment Schedule

Ref #	Deliverable	Amend 12 Delivery Date	Amend 13 Revised Delivery Date	Amend 12 Invoice Date	Amend 15 Revised Invoice Date	Payment Amount	Holdback %	Holdback Amount	Payment less 15% holdback	Holdback Release %	Holdback Release Amount	Payment With Holdback Release Amt	% Retained Holdback	Holdback Retained Amount
<b>HPAA Operating Rules</b>														
1	Software License Acquired and Applied	comp	comp	comp	comp	\$1,586,809.00								
1a	Additional Software License Acquired and Applied	comp	comp	comp	comp	\$105,445.00								
2	Tool Installed and Ready to Use	comp	comp	comp	comp	\$140,419.00								
3	Change Requests Documented and Approved	comp	comp	comp	comp	\$140,419.00								
4	Updated Detailed System Design Approved	comp	comp	comp	comp	\$140,419.00								
5	Technical Design Completed	comp	comp	comp	comp	\$421,256.00								
6	Coding, Unit Testing, and Data Configuration Completed	comp	comp	comp	comp	\$547,633.00								
7	Development Integration Testing Completed	comp	comp	comp	comp	\$547,633.00								
8	System Test Plan Approved	comp	comp	comp	comp	\$122,666.00								
9	System Integration Testing Completed	comp	comp	comp	comp	\$358,599.00								
10	User Acceptance Testing Completed	comp	comp	comp	comp	\$210,628.00								
11	Post Production Validation Completed	comp	comp	comp	comp	\$168,504.00								
12	Receipt of Phase I CORE Certification Seal	comp	comp	comp	comp	\$106,547.00								
13	Receipt of Phase II CORE Certification Seal	comp	comp	comp	comp	\$106,547.00								
14	Receipt of Phase III CORE Certification Seal	comp	comp	comp	comp	\$106,547.00								
15	Environment Upgrades	03/31/17	04/30/17	04/30/17	04/30/17	\$112,885.00								
	<b>TOTAL A-12 HPAA Operating Rules</b>					<b>\$4,933,156.00</b>								
<b>ICD-10</b>														
1	Software License Acquired and Applied	comp	comp	comp	comp	\$2,281,462.00								
2	Tool Installed	comp	comp	comp	comp	\$1,977,211.00								
3	JAD Sessions - Requirement Document Approved	comp	comp	comp	comp	\$329,533.00								
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	\$603,242.00								
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	\$908,222.00								
17	ORR, Dev Configuration Testing Completed - Phase II	comp	comp	comp	comp	\$257,202.00								
18	Phase II - Technical Consulting	comp	comp	comp	comp	\$70,000.00								
19	Avior 2nd Year License Acquired and Applied	Removed Amendment	Per 101			\$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 MMS Release Complete	comp	comp	comp	comp	\$161,097.00								
23	Additional Mapping Updates	comp	comp	comp	comp	\$284,000.00								
	<b>TOTAL A-12 ICD-10</b>					<b>\$12,223,053.00</b>								
	<b>TOTAL MMS Post DOI Enhancements A-12</b>					<b>\$21,564,835.00</b>								
<b>MMSP</b>														
1	Software License Acquired and Applied	comp	comp	comp	comp	\$790,650.00								
2	Servers Acquired and Installed	comp	comp	comp	comp	\$292,330.00								
3	Enroll New Provider Types	comp	comp	comp	comp	\$185,061.00								
4	Enroll New Members in MMSP 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 MMSP	comp	comp	comp	comp	\$462,652.00								
7	Federal Reporting, EPADS, Remaining Tasks	comp	comp	comp	comp	\$370,121.00								
	<b>TOTAL A-13 MMSP</b>					<b>\$2,923,787.00</b>								
	<b>TOTAL MMS Post DOI Enhancements A-13</b>					<b>\$2,923,787.00</b>								
<b>PAP and MCM</b>														
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	\$707,203.00								
4	Phase I PAP Changes	comp	comp	comp	comp	\$611,334.00								
5	MCM Benefit Changes for CFI	Removed Amendment	Per 12			\$0.00								
6	New MCO or MCM/PAP 834/Enrollment	Removed Amendment	Per 12			\$0.00								
7	FFS Co-Pay Changes	comp	comp	comp	comp	\$783,953.00								
8	X12 H01 820 Premium Payment Transaction	comp	comp	comp	comp	\$384,721.00								
9	NH BRIDGES Interface Changes	comp	comp	comp	comp	\$269,733.00								
10a	Additional Interface - TMSIS	comp	comp	comp	comp	\$101,450.00								
10b	Additional Interface - Options	comp	comp	comp	comp	\$101,449.00								

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11	eFADS and eMAR Changes	comp		comp		\$493,810.00								
12a	X12 820 Software Purchase	comp	comp	comp	comp	\$125,000.00								
12b	Capitation Claim Adjustments	comp	comp	comp	comp	\$236,792.00								
13	Targeted Recm Changes	comp	comp	comp	comp	\$88,433.00								
14	Member UI Changes for Additional QHP Data	comp	comp	comp	comp	\$158,435.00								
16	BRIDGES Outbound Interface, SA UI and PCP Part 2 Interface	comp	comp	comp	comp	\$128,300.00								
16	MID Compare Process		Removed Amendment	Per 12		\$0.00								
17	Inbound MCO-MMIS Interface	01/31/17	comp	02/28/17	comp	\$94,323.00								
18	NEMT-Requirements Analysis		Removed Amendment	Per 11		\$0.00								
19	NEMT-Configuration		Removed Amendment	Per 11		\$0.00								
20	NEMT-UAT		Removed Amendment	Per 11		\$0.00								
21	NEMT-Regression Testing		Removed Amendment	Per 11		\$0.00								
22	NEMT-Additional Development		Removed Amendment	Per 11		\$0.00								
23	NEMT-Reports and Documentation		Removed Amendment	Per 11		\$0.00								
24	NEMT-T-MSIS		Removed Amendment	Per 11		\$0.00								
25	NEMT-eFADS and EMAR		Removed Amendment	Per 11		\$0.00								
26	NEMT-834		Removed Amendment	Per 11		\$0.00								
27	Additional Eligibility Changes	comp	comp	comp	comp	\$104,600.00								
28	Additional Reporting Changes		Removed Amendment	Per 12		\$0.00								
31	Maternity/Newborn Processing	comp		comp		\$78,625.00								
32	Newborn BP on 271 Transaction	comp		comp		\$37,250.00								
33	Newborn BP in Voice Response	comp		comp		\$5,000.00								
34	820 Payment Financial Reporting	comp		comp		\$30,625.00								
	TOTAL A-15 PAP and MCM Non-NEMT Funds					\$5,544,851.00								
<b>Non-Emergency Medical Transportation (NEMT)</b>														
1N	NEMT Project Management	comp	comp	comp	comp	\$109,349.00								
2N	NEMT Provider Enrollment	comp		comp		\$12,568.00								
3N	NEMT Benefit Plan	comp		comp		\$26,461.00								
4N	NEMT Member NEMT Enrollment	comp		comp		\$54,614.00								
5N	NEMT 834 Enrollment Transaction	comp		comp		\$259,781.00								
6N	NEMT Benefit Plan Rate Cohort	comp		comp		\$10,875.00								
7N	NEMT Capitation	comp		comp		\$124,685.00								
8N	NEMT Claims/Financial/Encounters	comp		comp		\$125,178.00								
9N	NEMT 820 Payment Transaction	comp		comp		\$50,285.00								
10N	NEMT User Interface	comp		comp		\$34,074.00								
11N	NEMT Reports	comp		comp		\$49,540.00								
12N	NEMT Data Interfaces	comp		comp		\$48,331.00								
13N	NEMT Federal Reporting	comp		comp		\$9,686.00								
14N	NEMT Deployments, UAT, PIR	comp	comp	comp	comp	\$193,325.00								
15N	NEMT State Tester Support-4mos	comp	comp	comp	comp	\$251,323.00								
16N	NEMT System Documentation	comp	comp	comp	comp	\$19,332.00								
	TOTAL A-15 PAP and MCM NEMT Funds					\$1,379,375.00								
	TOTAL PAP and MCM Fixed Payments A-15					\$6,924,326.00								
29	General Contingency Pool		Removed Amendment	Per 12		\$0.00								
30	Cost Sharing Enhancement Pool		Removed Amendment	Per 10		\$0.00								
	TOTAL A-15 PAP and MCM Contingency Funds					\$0.00								
	TOTAL MMIS Post DOI Enhancements A-15					\$6,924,326.00								
<b>Log-In Security Enhancements</b>														
1	Production Release	comp	comp	comp	comp	\$92,500.00								
	TOTAL A-16 Log-In Security Enhancements					\$92,500.00								
<b>Database Access for Designated Users</b>														
1	Software Acquisition	comp	comp	comp	comp	\$14,350.00								
2	Production Release	comp		comp		\$3,750.00								
	TOTAL A-16 Database Access for Designated Users					\$18,100.00								
<b>2D Barcode and OCR Enhancements</b>														
1	Software Acquisition	comp	comp	comp	comp	\$50,488.00								

Amendment 15 Appendix A.2  
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2	Design and Construction	comp		comp		\$21,283.00								
3	Testing and Implementation	comp		comp		\$17,415.00								
4	OCR Modifications	comp	comp	comp	comp	\$10,000.00								
	<b>TOTAL A-16 2D Barcode Enhancement</b>					<b>\$39,166.00</b>								
<b>Resources Utilization Group (RUG) IV</b>														
1	Develop Policy Design Document (PDD)	comp		comp		\$60,000.00								
2	Conduct Pilot	comp		comp		\$46,000.00								
3	Conduct Simulation	comp		comp		\$30,000.00								
4	Finalize PDD	comp		comp		\$55,000.00								
5	Develop System Modifications Document (SMD)	comp		comp		\$55,000.00								
6	Finalize System Design	comp		comp		\$57,438.00								
7	Regression Testing	comp		comp		\$57,437.00								
8	User Acceptance Testing (UAT)	comp	comp	comp	comp	\$50,000.00								
	<b>TOTAL A-16 Resources Utilization Group (RUG) IV</b>					<b>\$418,875.00</b>								
<b>New MMS Certification Requirements</b>														
1	Develop Responses to CMS Pilot Checklist	comp	comp	comp	comp	\$199,457.00								
	<b>TOTAL A-16 New MMS Certification Requirements</b>					<b>\$199,457.00</b>								
<b>Enhanced DMZ Infrastructure Setup</b>														
1	Software Acquisition	comp	comp	comp	comp	\$46,825.00								
2	Design	comp	comp	comp	comp	\$68,105.00								
3	Testing and Implementation	comp	comp	comp	comp	\$102,158.00								
	<b>TOTAL A-16 Enhanced DMZ Infrastructure Setup</b>					<b>\$217,088.00</b>								
	<b>TOTAL MMS Post DOI Enhancements A-16</b>					<b>\$1,037,186.00</b>								
<b>Provider Revalidation (PR)</b>														
<b>Provider Revalidation Phase I - UI, Letters, Reports</b>														
1	PR UI, Letters, Reports Requirements Completed	comp	comp	comp	comp	\$77,050.00								
2	PR UI, Letters, Reports Development Completed	comp	comp	comp	comp	\$115,576.00								
3	PR UI, Letters, Reports SIT/Regression Testing Completed	comp	comp	comp	comp	\$96,312.00								
4	PR UI, Letters, Reports UAT Completed Production Deployed	comp	comp	comp	comp	\$96,312.00								
<b>Provider Revalidation Phase II - Automation</b>														
5	PR Automation Requirements Complete	comp	comp	comp	comp	\$262,950.00								
6	PR Automation Development and Unit Testing Complete	comp	comp	comp	comp	\$424,426.00								
7	PR Automation SIT & Regression Testing Complete	comp	comp	comp	comp	\$353,687.00								
8	PR Automation UAT and Production Deployment Complete	comp	comp	comp	comp	\$353,687.00								
9	PR UIs, Letters & Reports Added Functionality Updates Completed	comp	comp	comp	comp	\$200,000.00								
10	PR Electronic Signature Functionality & Storage Capability Completed	comp	comp	comp	comp	\$200,000.00								
11	PR Data Collection Processes & Volume Control Completed	comp	comp	comp	comp	\$100,000.00								
	<b>TOTAL A-17 Provider Revalidation</b>					<b>\$2,306,686.00</b>								
<b>MITA Assessment Support</b>														
1	40 Hours MITA Technical Support	03/31/17	06/20/18	03/31/17		\$5,000.00								
2	40 Hours MITA Technical Support	03/31/17	06/20/18	03/31/17		\$5,000.00								
3	40 Hours MITA Technical Support	03/31/17	06/20/18	03/31/17		\$5,000.00								
	<b>TOTAL A-17 MITA Assessment Support</b>					<b>\$15,000.00</b>								
<b>Enhanced Provider Screening</b>														
15	Screening/Monitoring File Processes Implemented	comp	comp	comp	comp	\$37,500.00								
16	Provider FCBC Tracking Process Implemented	comp	comp	comp	comp	\$68,750.00								
	<b>TOTAL A-17 Enhanced Provider Screening</b>					<b>\$106,250.00</b>								
<b>T-MSS Transformed Medical Statistical Information System</b>														
17	Extended PORTJORT Testing	comp	comp	comp	comp	\$367,625.00								
	<b>TOTAL A-17 T-MSS Transformed Medical Statistical Information System</b>					<b>\$367,625.00</b>								
<b>ICD-10</b>														
24	FFY17 Requirement, Validation, Technical System Updates	comp	comp	comp	comp	\$219,750.00								
	<b>TOTAL A-17 ICD-10</b>					<b>\$219,750.00</b>								
<b>MCBPAP</b>														
40	Capitation Claims Adjust User Interface	comp	comp	comp	comp	\$62,625.00								
	<b>PAP Yr 1 2017 Plan Enrollment and \$34</b>													
41	PAP Yr2 BP Enrollment Production Implementation	comp	comp	comp	comp	\$137,250.00								
42	QHP Roster Coding Changes Implementation Completed	comp	comp	comp	comp	\$34,190.00								
43	Reg/Design Daily Trigger Logic & \$34 Data Storage	comp	comp	comp	comp	\$43,837.00								
44	Development Daily Trigger Logic & \$34 Data Storage	comp	comp	comp	comp	\$85,750.00								
45	SIT and Regression Daily Trigger Logic & \$34 Data Storage	comp	comp	comp	comp	\$43,837.00								
46	UAT Daily Trigger Logic & \$34 Data Storage Completed	comp	comp	comp	comp	\$32,877.00								
47	Daily Trigger Logic & \$34 Data Storage Implemented	comp	comp	comp	comp	\$32,878.00								
	<b>EMAR MCM PAP Reporting Enhancements</b>													

Amendment 15 Appendix A.2  
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53	EMAR Analysis & Design Completed	11/20/18		12/31/18	09/30/2018	\$51,590.00								
54	EMAR Data, Report, Processing Changes Completed	12/31/18		01/31/19	09/30/2018	\$51,590.00								
55	EMAR System Integration Testing Completed	01/31/19		02/28/19	09/30/2018	\$81,076.00								
56	EMAR UAT, Implementation/Documentation PIR Completed	02/28/19		03/31/19	09/30/2018	\$0.00								
57	MCA PAP Multi Project State Tester Support 4 mos Dec-Mar	comp	comp	comp	comp	\$248,600.00								
58	MCA PAP Multi Project State Tester Support 4 Qtrs Apr-Mar	comp	comp	comp	comp	\$184,750.00								
TOTAL A-17 MCM/PAP						\$1,658,856.00								
Change of Ownership (CHOW) Phase B-Partial Yr Cost Reporting														
5	CHOW PE Requirements/Design Completed, CRs Approved	comp	comp	comp	comp	\$95,187.00								
6	CHOW PII Development Completed	comp	comp	comp	comp	\$95,187.00								
7	CHOW PII System Integration/Regression Test Completed	comp	comp	comp	comp	\$95,188.00								
8	CHOW PII UAT Completed and Production Implementation	comp	comp	comp	comp	\$95,188.00								
TOTAL A-17 CHOW Phase B						\$380,750.00								
Amendment 11 A-17 Extended Technical Resource Support														
1	Multi-Project State Tester Support 4 Months July-Oct 2017	comp	comp	comp	comp	\$748,333.00								
2	Report Design/Construction Specialist 4 Months July-Oct 2017	comp	comp	comp	comp	\$78,146.00								
TOTAL A-17 Extended Technical Resource Support						\$826,479.00								
Amendment 14 A-17 Extended Technical Resource Support														
1	Multi-Project State Tester Support 4 Months July-Oct 2017	comp	comp	comp	comp	\$292,520.00								
TOTAL A-17 Extended Technical Resource Support						\$292,520.00								
TOTAL MMS Post DOI Enhancements A-17						\$5,075,224.00								
Amendment 18 A-18														
New Medicare Card ID Initiative (formerly SSNID)														
1	New Heights Eligibility Changes and Data Architecture Changes		12/30/18		01/30/19	\$151,378.00								
2	UI Changes Member Contact Management, TPI, and Provider		02/03/19		03/06/19	\$105,587.00								
3	UI Changes Member Contact Management, TPI, and Provider		02/03/19		03/06/19	\$193,294.00								
4	XMS Changes		03/10/19		04/10/19	\$255,248.00								
5	AR ID Table		03/10/19		04/10/19	\$249,159.00								
6	MMS Interface Changes		04/14/19		05/15/19	\$292,732.00								
7	TMSIS Interface Changes		04/14/19		05/15/19	\$54,893.00								
8	Cognos Reporting Changes		05/19/19		06/19/19	\$66,634.00								
9	Optum EMAR Planning & Analysis		02/21/19		03/24/19	\$84,000.00								
10	Optum EMAR SIT & UAT		03/18/19		04/18/19	\$84,000.00								
11	Optum EMAR Documentation, Implementation & Post Implementation		05/19/19		06/19/19	\$42,000.00								
Total A-18 New Medicare Card ID (formerly SSNID)						\$1,678,945.00								
Ordering, Referring, and Prescribing Provider Enrollment and Claims Editing														
1	Provider Enrollment Indirect Billing, Non-Billing, and ORP only completed		12/30/18		01/30/19	\$872,592.00								
2	Review / create system Edits and Create ORP Claim Edits		02/03/19		03/06/19	\$580,454.00								
3	Provider Revalidation Indirect Billing, Non-Billing, and ORP only completed		03/10/19		04/10/19	\$373,172.00								
4	Review reports for ORP and create Adhoc reports		04/14/19		05/15/19	\$129,088.00								
5	Review PBM, MCO, Mailman, UNH system, and EHR interfaces		04/14/19		05/15/19	\$108,034.00								
Total A-18 Ordering, Referring, Prescribing Provider Enrollment & Claims						\$1,843,340.00								
Medicaid Care Enhancements														
1	Member Enrollment E34 Changes (Next Day Enrollment) Completed		11/25/18		12/26/18	\$479,378.00								
2	Member Capitation Changes to Start Any Date of Month Completed		12/30/18		01/30/19	\$407,387.00								
3	Multiple Attributes MCO Capitation Completed		02/03/19		03/06/19	\$823,498.00								
4	Benefit Plan Configuration Completed		03/10/19		04/10/19	\$6,530.00								
5	Member Eligibility: New Heights File Processing Completed		04/14/19		05/15/19	\$899,108.00								
6	Member Eligibility: MMS User Interface Completed		04/14/19		05/15/19	\$129,896.00								
7	Add Medicare Part D Carrier Info to MCO Interface Completed		05/19/19		06/19/19	\$87,374.00								
8	MCO E34 Enrollment Transaction Completed		05/19/19		06/19/19	\$271,210.00								
9	Transformed Medicaid Statistical Information System (IT-MSSIS) Completed		06/23/19		07/24/19	\$210,402.00								
10	Expanded E34 for Change Functionality and Increased Volume Completed		07/28/19		08/28/19	\$321,793.00								
11	Create E20 Premium Payment Transaction: implement with MCOs & QHPs		09/01/19		10/02/19	\$415,125.00								
12	Expand ORR to capture new member data elements		09/01/19		10/02/19	\$210,000.00								
Total A-18 Medicaid Care Enhancements						\$4,030,688.00								
BDS Waiver Service Authorization Changes														
1	SA Interface, Attachments & Letters Requirements Completed		11/30/18		12/31/18	\$154,950.00								
2	SA Interface, Attachments & Letters Development Completed		01/04/19		02/04/19	\$232,423.00								
3	SA Interface, Attachments & Letters SIT & Regression Completed		02/08/19		03/11/19	\$193,683.00								
4	SA Interface, Attachments & Letters UAT & Implementation Completed		03/10/19		04/10/19	\$193,683.00								
Total A-18 BDS Waiver Service Authorizations						\$774,740.00								
Requirements ARS Change of Ownership & Partial Year Cost Reporting														
1	ARS CHOW FYCR Requirements JMS Completed		3/1/2019		04/01/19	\$350,000.00								
Total A-18 Requirements ARS Change of Ownership/Partial Yr Cost Report						\$350,000.00								
UTIC Data Exchange and TPI, Coverage Information														
1	UTIC Data Exchange Requirements Completed		08/28/19		07/29/19	\$87,423.00								



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2	UPIC Data Exchange Development & Unit Test Completed		09/02/19		09/02/19	\$143,325.00								
3	UPIC Data Exchange SIT & Regression Completed		09/06/19		10/07/19	\$102,375.00								
4	UPIC Data Exchange UAT & Production Deployment Completed		10/06/19		11/08/19	\$102,375.00								
5	TPL Data Collection via 270/271 Assessment & Requirements Completed		09/02/19		09/02/19	\$54,844.00								
6	TPL Data Collection via 270/271 Development & Unit Test Completed		09/06/19		10/07/19	\$127,989.00								
7	TPL Data Collection via 270/271 SIT & Regression Completed		10/11/19		11/11/19	\$91,406.00								
8	TPL Data Collection via 270/271 UAT & Production Deployment Completed		11/10/19		12/11/19	\$91,406.00								
Total A-18 UPIC Data Exchange and TPL Connect Interworks:						\$776,125.00								
T-MSIS Additional New IT/CHITS Data and Data Quality Resolves:														
1	T-MSIS New Heights Data Analysis & Requirements Completed		02/09/19		03/11/19	\$45,000.00								
2	T-MSIS Modify New Heights Interfaces Completed		03/15/19		04/15/19	\$50,000.00								
3	T-MSIS Modify New Heights Interfaces Completed		05/18/19		06/19/19	\$50,000.00								
4	T-MSIS Modify New Heights Interfaces Completed		06/23/19		07/24/19	\$50,000.00								
5	T-MSIS Modify New Heights Interfaces Completed		06/23/19		07/24/19	\$50,000.00								
6	T-MSIS Data Quality Clean-up Completed		07/28/19		08/28/19	\$50,000.00								
7	T-MSIS Data Quality Clean-up Completed		07/28/19		08/28/19	\$50,000.00								
8	T-MSIS Data Quality Clean-up Completed		09/01/19		10/02/19	\$50,000.00								
9	T-MSIS Data Quality Clean-up Completed		09/01/19		10/02/19	\$50,000.00								
10	T-MSIS Data Quality Clean-up Completed		10/06/19		11/06/19	\$50,000.00								
11	T-MSIS Data Quality Clean-up Completed		10/06/19		11/06/19	\$50,000.00								
12	T-MSIS Data Quality Clean-up Completed		11/10/19		12/11/19	\$50,000.00								
13	T-MSIS Data Quality Clean-up Completed		11/10/19		12/11/19	\$50,000.00								
14	T-MSIS Data Quality Clean-up Completed		12/15/19		01/15/20	\$50,000.00								
15	T-MSIS Data Quality Clean-up Completed		12/15/19		01/15/20	\$50,000.00								
16	T-MSIS Data Quality Clean-up Completed		01/19/20		02/19/20	\$50,000.00								
17	T-MSIS Data Quality Clean-up Completed		01/19/20		02/19/20	\$50,000.00								
18	T-MSIS Data Quality Clean-up Completed		02/23/20		03/25/20	\$50,000.00								
19	T-MSIS Data Quality Clean-up Completed		02/23/20		03/25/20	\$50,000.00								
Total A-19 T-MSIS Additional New Data & Data Quality Resolves:						\$945,000.00								
Import and Store OHP Encounter Data:														
1	Import & Store OHP Encounter Data Requirements Completed		01/04/19		02/04/19	\$133,439.00								
2	Import & Store OHP Encounter Data Development Completed		02/09/19		03/11/19	\$268,971.00								
3	Import & Store OHP Encounter Data SIT & Regression Completed		03/15/19		04/15/19	\$311,466.00								
4	Import & Store OHP Encounter Data UAT & Production Completed		04/14/19		05/15/19	\$177,980.00								
5	Encounter Data Analysis Completed		03/29/19		04/29/19	\$82,079.00								
6	Encounter Data Deliverable Completed		04/12/19		05/13/19	\$82,079.00								
7	Encounter Data Technical Support Completed		07/28/19		08/28/19	\$82,079.00								
8	Encounter Data Technical Support Completed		09/01/19		10/02/19	\$82,079.00								
9	Encounter Data Technical Support Completed		09/01/19		10/02/19	\$82,079.00								
Total A-18 Import and Store OHP Encounter Data:						\$1,399,000.00								
Security Policy Page:														
1	Coding, Testing, and Implementation of Security Policy Page Completed		11/25/18		12/26/18	\$79,125.00								
Total A-18 Security Policy Page:						\$79,125.00								
Threat Access Manager Upgrade to Security Access Manager:														
1	ISAM Environment Setup Completed		04/30/19		05/31/19	\$20,000.00								
2	ISAM Non-State & All State Applicable Environments Upgrade Completed		06/30/19		07/31/19	\$227,850.00								
3	ISAM UAT Environment Upgrade Completed		07/12/19		08/12/19	\$114,030.00								
4	ISAM Production Environment Upgrade Completed		08/12/19		09/12/19	\$114,030.00								
Total A-18 Threat Access Manager Upgrade to Security Access Manager:						\$475,910.00								
Cogno Upgrade:														
1	Environment Setup Completed		04/30/19		05/31/19	\$20,000.00								
2	Cogno Non-State and All State Environments Upgrade Completed		06/30/19		07/31/19	\$405,825.00								
3	Cogno UAT Environment Upgrade Completed		07/12/19		08/12/19	\$202,965.00								
4	Cogno Production Environment Upgrade Completed		08/12/19		09/12/19	\$202,965.00								
Total A-18 Cogno Upgrade:						\$831,755.00								
TOTAL NMRS Post DOI Enhancements A-18*						\$12,894,593.00								
Appendix 16 A-19:														
TPMI Enhancement I - Hardware Upgrade:														
1	Deliver Final Project Plan to NH		07/31/18		08/31/18	\$847,994.00								
2	Purchase/Lease of new assets & begin back-up and replication work		07/31/18		08/31/18	\$1,685,988.00								
Total A-19 Hardware Upgrade:						\$2,533,982.00								
TPMI Enhancement II - Software Upgrade:														
1	Transition, Upgrade, Testing and "Operational" Complete		08/30/18		10/31/18	\$1,271,991.00								
2	Transition, Upgrade, Testing and "Operational" Complete		01/31/19		03/03/19	\$1,271,991.00								
3	Transition, Upgrade, Testing and "Operational" Complete		03/31/19		05/01/19	\$1,271,991.00								
4	Transition, Upgrade, Testing and "Operational" Complete		06/30/19		07/31/19	\$847,994.00								
Total A-19 Software Upgrade:						\$4,663,967.00								
TPMI Enhancement III - Browser Upgrade:														



**Amendment 15 Appendix A.2  
Deliverable List and Payment Schedule**

Ref #	Deliverable	Amend 12 Delivery Date	Amend 13 Revised Delivery Date	Amend 12 Invoice Date	Amend 15 Revised Invoice Date	Payment Amount	Holdback %	Holdback Amount	Payment less 15% holdback	Holdback Release %	Holdback Release Amount	Payment with Holdback Release Amt	% Retained Holdback	Holdback Retained Amount
1	Transition, Upgrades, Testing and "Operational" Complete		11/09/2019		12/31/19	\$1,271,991.00								
	TOTAL A-19 Premier Upgrade:					\$1,271,991.00								
	TOTAL MMIS Post DDI Enhancements A-19					\$5,479,840.00								
	TOTAL MMIS Post DDI Enhancements Amendment 15 (A-18+A-19):					\$21,474,633.00								
	TOTAL A-MMIS DDI and Post DDI Enhancements Appendix A-12, Appendix A-13, Appendix A-15, Appendix A-16, Appendix A-17, Appendix A-18, and Appendix A-19													
						\$ 106,791,493.50		\$1,247,205.00						

## Conduent Amendment 15

### Appendix A.18

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

### Introduction

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

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

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

### Enhancement I - New Medicare Card ID

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

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

### **Alternate ID Table Changes**

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

### **Core MMIS Changes**

## Conduent Amendment 15

### Appendix A.18

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

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

##### New Heights Jobs

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

##### UI Screens

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

##### MMIS Logic to Change XML Population

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

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

##### Interface Changes

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

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

##### Report Changes

## Conduent Amendment 15

### Appendix A.18

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

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

Reports to be modified:

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

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

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

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

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

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

#### Enrollment

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

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

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

Contractor Initials: AD

Date: 5/25/18

## Conduent Amendment 15

### Appendix A.18

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

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

#### Claims Processing Edits

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

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

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

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

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

#### Additional Operations Temporary Staffing for ORP

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

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

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

#### Additional Operations Provider Screening & Monitoring Services for ORP

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

**Conduent Amendment 15**  
**Appendix A.18**  
**NH MMIS System Enhancements to Meet Federal & State Requirements III**

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

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

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

**Enhancement III – Managed Care Enhancements**

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

**Member Enrollment 834 Changes**

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

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

**Member Capitation Changes to Start Any Date of Month**

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

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

**Multiple Attributes MCO Capitation**

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

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

## Conduent Amendment 15

### Appendix A.18

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

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

#### Benefit Plan Configuration

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

#### Member Eligibility: New Heights File Processing

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

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

#### Member Eligibility: MMIS User Interface

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

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

#### Add Medicare Part D Carrier Info to MCO Interface

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

#### MCO 834 Enrollment Transaction

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

## Conduent Amendment 15

### Appendix A.18

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

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

#### Transformed Medicaid Statistical Information System (T-MSIS)

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

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

#### Expanded 834 for Change Functionality and Increased Volume

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

#### Create 820 Premium Payment Transaction and Implement with MCOs

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

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

#### Expand the operational reporting repository

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

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



Conduent Amendment 15

Appendix A.18

NH MMIS System Enhancements to Meet Federal & State Requirements III

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

**Enhancement IV – Waiver Service Authorization (SA)**

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

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

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

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

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

This effort will include the following:

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

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

**Enhancement VI – UPIC Data Exchange and Third Party Liability Coverage**

## Conduent Amendment 15

### Appendix A.18

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

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

##### Phase I – Federal UPIC

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

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

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

##### Phase II – TPL Coverage Information

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

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

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

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

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

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

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

Conduent Amendment 15

Appendix A.18

NH MMIS System Enhancements to Meet Federal & State Requirements III

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

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

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

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

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

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

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

**Enhancement IX – Security Policy Page**

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

**Conduent Amendment 15**  
**Appendix A.18**  
**NH MMIS System Enhancements to Meet Federal & State Requirements III**

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

**User Interfaces**

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

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

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

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

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

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

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

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

**Enhancement XII – Cognos Upgrade**

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

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

Conduent Amendment 15

Appendix A.18

NH MMIS System Enhancements to Meet Federal & State Requirements III

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

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

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

**Conduent Amendment 15**  
**Appendix A.18**  
**NH MMIS System Enhancements to Meet Federal & State Requirements III**

**Appendix A.18 Deliverables/Payment Milestones**

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

Conduent Amendment 15  
Appendix A.18  
NH MMIS System Enhancements to Meet Federal & State Requirements III

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

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

**Conduent Amendment 15**  
**Appendix A.18**  
**NH MMIS System Enhancements to Meet Federal & State Requirements III**

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

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

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



**Conduent Amendment 15**  
**Appendix A.18**  
**NH MMIS System Enhancements to Meet Federal & State Requirements III**

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

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

**Conduent Amendment 15**  
**Appendix A.18**  
**NH MMIS System Enhancements to Meet Federal & State Requirements III**

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

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

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

**Conduent Amendment 15**  
**Appendix A.18**  
**NH MMIS System Enhancements to Meet Federal & State Requirements III**

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

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

**Conduent Amendment 15**  
**Appendix A.18**  
**NH MMIS System Enhancements to Meet Federal & State Requirements III**

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

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

**Conduent Amendment 15**

**Appendix A.18**

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

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

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

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

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

Conduent Amendment 15  
Appendix A.18  
NH MMIS System Enhancements to Meet Federal & State Requirements III

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

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

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

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

**Introduction**

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

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

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

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Conduent Amendment 15

Appendix A.19

NH MMIS System Enhancements Technical Platform Minimal Investment

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Hardware / Software	Purpose of product	Remediated After Upgrade
[Redacted Content]		



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

**Phased Implementation Approach**

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

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

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

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

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

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

Conduent Amendment 15

Appendix A.19

NH MMIS System Enhancements Technical Platform Minimal Investment

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

Minimum down time will be achieved by:

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

**Enhancement I: Hardware Upgrade**

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

**Enhancement II: Operating Systems Software Upgrade**

Software upgrade enhancement includes the following software component upgrades.

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

**Enhancement III – Browser Upgrade**

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

**Appendix A.19 Deliverables/Payment Milestones**

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

Conduent NH Amendment 15  
Appendix A.19

Contractor Initials: 192  
Date: 5/25/18

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

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

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

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

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

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

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

Conduent Amendment 15

Appendix A.19

NH MMIS System Enhancements Technical Platform Minimal Investment

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

**MMIS Systems and Environment Incident Contingency Plans**

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

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

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

*Remainder of page intentionally left blank.*



**Exhibit M**

**Additional Documents Included by Reference**

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

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

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

*Remainder of page intentionally left blank.*

**CERTIFICATE OF ASSISTANT SECRETARY**

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

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

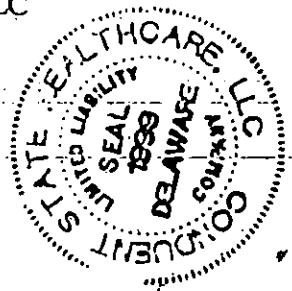
(2) Daniel A. Dwyer is a duly appointed, qualified and acting Executive Vice President of the Company in accordance with the Amended and Restated Limited Liability Company Agreement of Conduent State Healthcare, LLC, adopted as of October 21, 2009, and in such capacity is authorized to obligate, bind,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

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

CONDUENT STATE HEALTHCARE, LLC  
a Delaware limited liability company



Christopher Scott Morrow  
Assistant Secretary



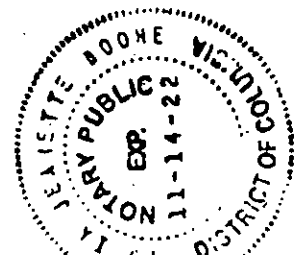
DISTRICT OF COLUMBIA: SS

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



Notary Public, Washington, D.C.

My Commission Expires: November 22, 2022



# State of New Hampshire

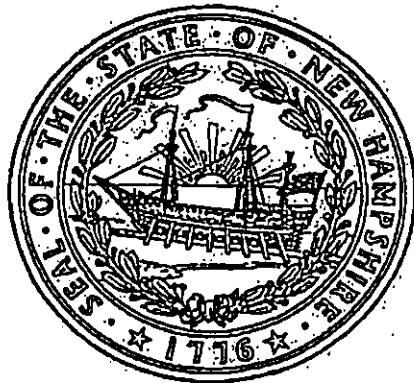
## Department of State

### CERTIFICATE

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

Business ID: 316932

Certificate Number: 0004099146



IN TESTIMONY WHEREOF,

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

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

William M. Gardner  
Secretary of State



# CERTIFICATE OF LIABILITY INSURANCE

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

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

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

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

**COVERAGES** **CERTIFICATE NUMBER: 570071454187** **REVISION NUMBER:**  
THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS. Limits shown are as requested

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

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)

Named Insured includes: Conduent State Healthcare, LLC. RE: Medicaid Management Information System, RFP Number: 2005-004.

## CERTIFICATE HOLDER

## CANCELLATION

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





# CERTIFICATE OF LIABILITY INSURANCE

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

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

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

PRODUCER MARSH USA, INC. 1166 AVENUE OF THE AMERICAS NEW YORK, NY 10036 Attn: ACS.CertRequest@marsh.com	CONTACT NAME:	
	PHONE (A/C No., Ext.):	FAX (A/C No.):
	E-MAIL ADDRESS:	
	INSURER(S) AFFORDING COVERAGE	NAIC #
	INSURER A: ACE American Insurance Company	22687
	INSURER B: N/A	N/A
	INSURER C: Indemnity Ins Co Of North America	43575
	INSURER D: ACE Fire Underwriters Ins. Co.	20702
	INSURER E:	
	INSURER F:	

## COVERAGES

CERTIFICATE NUMBER:

NYC-009976539-39

REVISION NUMBER: 20

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

INSR LTR	TYPE OF INSURANCE	ADDL INSD	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
A	COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR  GEN'L AGGREGATE LIMIT APPLIES PER: <input checked="" type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC OTHER:			HDO G27873789	01/01/2018	01/01/2019	EACH OCCURRENCE \$ 2,000,000 DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 2,000,000 MED EXP (Any one person) \$ N/A PERSONAL & ADV INJURY \$ 2,000,000 GENERAL AGGREGATE \$ 10,000,000 PRODUCTS - COMP/OP AGG \$ INCLUDED
A	AUTOMOBILE LIABILITY <input checked="" type="checkbox"/> ANY AUTO <input type="checkbox"/> OWNED AUTOS ONLY <input type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> HIRED AUTOS ONLY <input type="checkbox"/> NON-OWNED AUTOS ONLY			ISA H25098468	01/01/2018	01/01/2019	COMBINED SINGLE LIMIT (Ea accident) \$ 2,000,000 BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$
	UMBRELLA LIAB <input type="checkbox"/> OCCUR EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE DED <input type="checkbox"/> RETENTION \$						EACH OCCURRENCE \$ AGGREGATE \$
C	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below	Y/N	N/A	WLR C84624350 (AOS) WLR C84624349 (AZ, CA, MA) SCF C84624362 (WI)	01/01/2018 01/01/2018 01/01/2018	01/01/2019 01/01/2019 01/01/2019	<input checked="" type="checkbox"/> PER STATUTE <input type="checkbox"/> OTHER EL EACH ACCIDENT \$ 1,000,000 EL DISEASE - EA EMPLOYEE \$ 1,000,000 EL DISEASE - POLICY LIMIT \$ 1,000,000

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)

RE: CONDUENT STATE HEALTHCARE, LLC MEDICAID MANAGEMENT INFORMATION SYSTEM RFP # 2005-004

OTHER NAMED INSURED: CONDUENT STATE HEALTHCARE, LLC

THE STATE OF NEW HAMPSHIRE IS ADDITIONAL INSURED UNDER THE ABOVE GENERAL LIABILITY AND AUTO LIABILITY BUT ONLY WITH RESPECT TO LIABILITY ARISING FROM NEGLIGENT ACTS OR OMISSIONS OF CONDUENT BUSINESS SERVICES, LLC AND TO THE EXTENT REQUIRED BY WRITTEN CONTRACT. WORKERS' COMPENSATION IS PROVIDED AT THE STATUTORY LIMITS IN NEW HAMPSHIRE.

## CERTIFICATE HOLDER

## CANCELLATION

STATE OF NEW HAMPSHIRE  
DEPARTMENT OF HEALTH AND HUMAN SERVICES  
OFFICE OF COMMISSIONER  
129 PLEASANT STREET  
CONCORD, NH 03301

SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.

AUTHORIZED REPRESENTATIVE  
of Marsh USA Inc.

Daniel Rivera

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		
CARRIER	NAIC CODE	EFFECTIVE DATE:

## ADDITIONAL REMARKS

THIS ADDITIONAL REMARKS FORM IS A SCHEDULE TO ACORD FORM,

FORM NUMBER: 25 FORM TITLE: Certificate of Liability Insurance

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

# **New Hampshire MMIS Proposed Solutions**

## **Amendment 15 DDI Projects**

May 15, 2018  
Version 1.3

# Table of Contents

1	Projects Proposal Overview .....	1-5
	MITA Compliance .....	1-5
	Cost Benefit Evaluation .....	1-6
	Projects Summary .....	1-6
2	New Medicare Card ID (formerly Social Security Number Removal Initiative – SSNRI) .....	2-8
	Introduction .....	2-8
	Scope of Work .....	2-9
	Assumptions .....	2-12
	Payment Milestones .....	2-16
	Estimate Summary .....	2-18
3	Ordering, Referring and Prescribing (ORP) Provider Enrollment and Claims Editing .....	3-19
	Introduction .....	3-19
	Scope of Work .....	3-19
	Assumptions .....	3-25
	Payment Milestones .....	3-27
	Estimate Summary .....	3-28
	Additional Operations Temporary Staffing for ORP .....	3-29
	Additional Digital Harbor Services for ORP .....	3-30
4	Managed Care Enhancements .....	4-31
	Introduction .....	4-31
	Scope of Work .....	4-32
	Assumptions .....	4-35
	Payment Milestones .....	4-38
	Estimate Summary .....	4-40
5	Waiver Service Authorization Changes .....	5-41
	Introduction .....	5-41
	Scope of Work .....	5-41
	Assumptions .....	5-42
	Payment Milestones .....	5-44
	Estimate Summary .....	5-45
6	Acuity Rate Setting – Change of Ownership and Partial Year Cost Reporting Requirements Definition .....	6-46
	Introduction .....	6-46
	Scope of Work .....	6-46
	Assumptions .....	6-46

	Payment Milestones.....	6-47
	Estimate Summary.....	6-47
<b>7</b>	<b>UPIC Data Exchange and Third Party Liability (TPL)</b>	
	Coverage Information Collection from Carriers via 270/271 .....	7-48
	Introduction.....	7-48
	Scope of Work.....	7-48
	Assumptions.....	7-49
	Payment Milestones.....	7-51
	Estimate Summary.....	7-53
<b>8</b>	<b>T-MSIS – Additional Data and Data Quality Issue</b>	
	Resolution.....	8-54
	Introduction.....	8-54
	Scope of Work.....	8-54
	Assumptions.....	8-55
	Payment Milestones.....	8-55
	Estimate Summary.....	8-58
<b>9</b>	<b>Import and Store Qualified Health Plan (QHP) Encounter</b>	
	<b>Data and Encounter Claims Analysis.....</b>	<b>9-59</b>
	Introduction.....	9-59
	Scope of Work.....	9-59
	Import & Store QHP Encounter Data Assumptions.....	9-61
	Encounter Claims Analysis Assumptions.....	9-62
	Payment Milestones.....	9-64
	Estimate Summary.....	9-65
<b>10</b>	<b>Security Policy Page.....</b>	<b>10-66</b>
	Introduction.....	10-66
	Scope of Work.....	10-66
	Assumptions.....	10-66
	Payment Milestones.....	10-68
	Estimate Summary.....	10-69
<b>11</b>	<b>Tivoli Access Manager (TAM) Upgrade to IBM Security</b>	
	<b>Access Manager (ISAM).....</b>	<b>11-70</b>
	Introduction.....	11-70
	Scope of Work.....	11-70
	Assumptions.....	11-70
	Payment Milestones.....	11-72
	Estimate Summary.....	11-73
	ISAM Storage Costs.....	11-74

<b>12 Cognos Upgrade</b> .....	<b>12-75</b>
Introduction.....	12-75
Scope of Work.....	12-75
Assumptions.....	12-75
Payment Milestones.....	12-77
Estimate Summary.....	12-78
Cognos Storage Costs.....	12-79

# 1 Projects Proposal Overview

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

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

## MITA Compliance

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

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

# Cost Benefit Evaluation

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

## Projects Summary

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

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



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

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

### Introduction

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

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

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

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

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

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

## Scope of Work

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

The scope of work for MMIS changes includes:

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

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

## Key Considerations

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

## Medicare Modernization Act (MMA) File Processing

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

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

## Alternate ID Table Changes

Add the MBI to the B\_ALT\_ID\_TB, the following key considerations apply:

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

## Core MMIS Changes

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

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

## MMIS Logic to Change XML Population

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

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

## Interface Changes

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

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

## Report Changes

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

Reports to be modified include:

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

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

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

## Assumptions

### General Assumptions

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

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

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

## Interfaces

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



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

## EDI X12

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

## Reports

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

## Optum EMAR Reporting

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

# Payment Milestones

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

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

# Estimate Summary

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

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

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

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

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

## Introduction

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

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

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

## Scope of Work

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

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

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

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

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



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

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

The following is the planned approach:

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

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

**Individual Billing with SSN** will have following changes:

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

**Individual Non-Billing – Rendering** will have following changes:

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

**Individual – Non-Billing – ORP Only**

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

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

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

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

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

## Assumptions

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

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

# Payment Milestones

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

# Estimate Summary

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

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

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

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

## Additional Operations Temporary Staffing for ORP

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

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

March 2019 – June 2021: \$858,524

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

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

## Additional Digital Harbor Services for ORP

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

June 2019 – June 2021: \$388,681

Total Cost ORP Digital Harbor Services: \$388,681

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



# 4 Managed Care Enhancements

## Introduction

The State has requested the following Managed Care-related enhancements:

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

## Scope of Work

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

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

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

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

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

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

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

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

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

- Configure FFS CFI Waiver Plan to cover new services.

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

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

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

## Member Eligibility – Expand MMIS User Interface to Accommodate New Data

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

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

## Add Medicare Part D Carrier Info to MCO Interface

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

## MCO 834 Enrollment Transaction – Add New Data Elements

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

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

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

## Transformed Medicaid Statistical Information System (T-MSIS) Changes

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

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

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

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

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

## Create and Implement the 820 Premium Payment Transaction with MCOs

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

- Implement the HIPAA 820 with MCOs (replaces the 835).
- Modify the existing process to include MCO payees as well.

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

## Revise Federal Reporting

Expand the Operational Reporting Repository to capture new data elements.

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

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

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

## Assumptions

### General

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

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

## Member Eligibility

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

## Member Enrollment (834 & Capitation Changes)

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

## MCO 834 Enrollment Transaction

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

### MCO Capitation

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

### Transformed Medicaid Statistical Information System (T-MSIS)

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

### Expand 834 for Change Functionality

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

# Payment Milestones

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



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

# Estimate Summary

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

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

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

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

# 5 Waiver Service Authorization Changes

## Introduction

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

## Scope of Work

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

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

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

## Assumptions

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

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

# Payment Milestones

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

# Estimate Summary

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

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

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

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

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

## Introduction

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

## Scope of Work

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

This effort will include the following:

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

## Assumptions

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



## Payment Milestones

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

## Estimate Summary

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

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

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

<b>Requirements Definition for ARS – CHOW and PYCR Costs</b>	
Role	Costs
Effort for PM	\$ 40,000
Effort for BA/SMEs	\$320,000
Total Cost	\$360,000

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

## Introduction

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

## Scope of Work

### Federal UPIC

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

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

### TPL Coverage Information Collection via 270/271

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

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

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

The following changes are needed:

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

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

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

## Assumptions

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

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

# Payment Milestones

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

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

# Estimate Summary

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

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

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

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

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

## Introduction

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

## Scope of Work

The scope of work includes the following:

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

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

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



## Assumptions

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

## Payment Milestones

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

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

# Estimate Summary

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

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

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

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

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

## Introduction

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

## Scope of Work

### PAP QHP Encounter Claims from NH CHIS

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

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

### Encounter Claims Analysis

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

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

Encounter Claims Analysis objectives include:

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

The analysis summary includes:

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

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

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

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

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

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

## Import & Store QHP Encounter Data Assumptions

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

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

## Encounter Claims Analysis Assumptions



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

# Payment Milestones

Activity	Milestones	Date Timeframe	Payment Amount	Hours
<b>Import &amp; Store QHP Encounter Data</b>				
Import & Store QHP Encounter Data Requirements & CR Approval	Import & Store QHP Encounter Data Requirements Completed	12/17/2018 – 01/04/2019	\$133,439	1,141
Import & Store QHP Encounter Data Development & Unit Test	Import & Store QHP Encounter Data Development Completed	01/07/2019 – 02/08/2019	\$266,974	2,282
Import & Store QHP Encounter Data SIT & Regression	Import & Store QHP Encounter Data SIT & Regression Completed	02/04/2019 – 03/15/2019	\$311,466	2,662
Import & Store QHP Encounter Data UAT & Production	Import & Store QHP Encounter Data UAT & Production Deployment Completed	03/18/2019 – 04/14/2019	\$177,980	1,521
Encounter Data Analysis	Encounter Data Analysis Completed	03/01/2019 – 03/29/2019	\$82,029	701
Encounter Data Analysis Deliverable	Encounter Data Deliverable Completed	04/01/2019 – 04/12/2019	\$82,029	701
Encounter Data Analysis Technical Support	Encounter Data Technical Support Completed	04/01/2019 – 07/28/2019	\$82,029	701
Encounter Data Analysis Technical Support	Encounter Data Technical Support Completed	05/06/2019 – 09/01/2019	\$82,029	701

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

## Estimate Summary

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

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

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

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

# 10 Security Policy Page

## Introduction

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

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

## Scope of Work

The following changes will be made:

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

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

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

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

## Assumptions

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

## Payment Milestones

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

# Estimate Summary

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

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

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

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

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

## Introduction

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

## Scope of Work

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

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

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

## Assumptions

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



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

## Payment Milestones

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

# Estimate Summary

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

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

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

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

## ISAM Storage Costs

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

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

# 12 Cognos Upgrade

## Introduction

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

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

## Scope of Work

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

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

## Assumptions

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

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

## Payment Milestones

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

# Estimate Summary

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

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

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

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



## Cognos Storage Costs

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

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

# New Hampshire MMIS

## Technology Platform Minimum Investment Project (TPMI) Proposal

May 16, 2018  
Version 3.1

# Introduction

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

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

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

## Key Drivers

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

- [illegible]

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### Risk Analysis on Existing Hardware and Software

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

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

### Upgrade Recommendations

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

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



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

## Scope of Work

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

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

## Assumptions

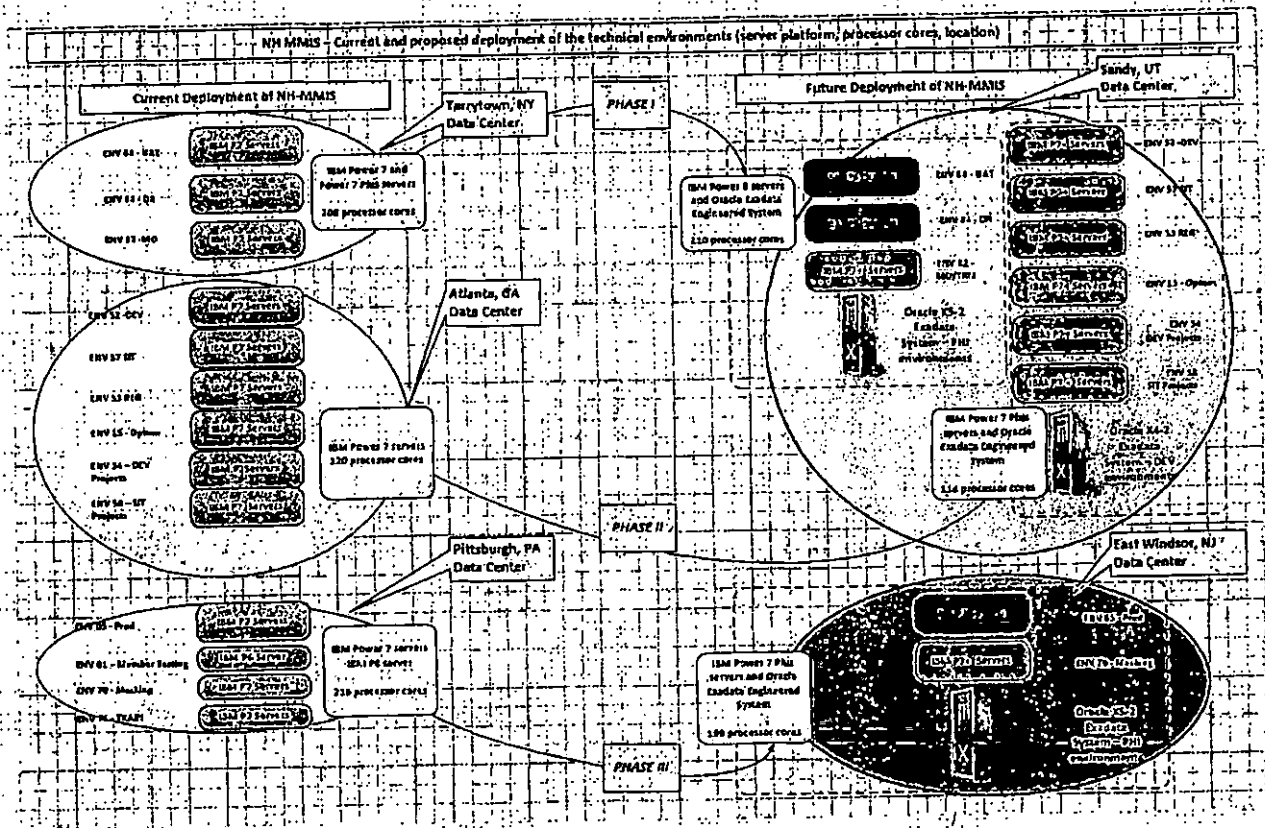
1. **Project Plan** - The TPMI Project plan will be refined and finalized in concert with the State. The fully integrated plan will include: 1) the standard production release schedule, 2) TPMI migration plans, 3) all approved DDI project plans and delivery dates and 4) scheduled or planned down times.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



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

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

# Project Plan & Approach



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

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





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

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

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

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

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



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

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

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

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

## 1. Hardware and OS Upgrade & Migration

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

### Stage - I

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



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

#### **Stage - II**

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

#### **Stage - III**

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

#### ***Minimum down time will be achieved by:***

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

## System / Environment Downtime Matrix

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

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

## 2. xPression Migration & WinTel Upgrade

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

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

## 3. Browser Compatibility and reCAPTCHA Upgrade

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

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

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

## 4. Security & Reporting

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

# Program Test Plan Overview

## Testing Strategy:

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

## Upgrade of Hardware

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

## Upgrade of Operating System to AIX 7.1

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

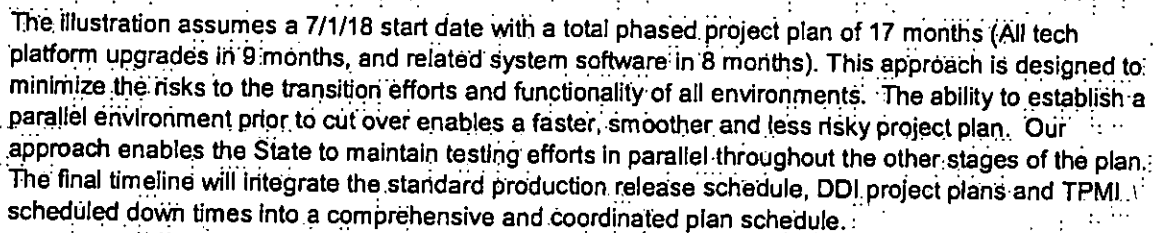
## Upgrade of xPression Software

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

1

- Full System Testing of ALL UI related functionality
  - The full system test for UI based functionality is repeated for every Browser Version to which the New Hampshire MMIS application is going to be made compatible
- Regression test suite to validate that there are no functional impacts to the New Hampshire MMIS as a result of this upgrade
- Testing of the Google ReCaptcha Version which would be compatible with all versions that are being upgrade.
- Smoke testing in UAT and production
- State will run regression suites / standard set of tests in UAT
- Production cutover and/or migration to production will happen after receiving approval from State on the UAT results. Conduent will have full responsibility of the changes and the quality of the deliverable since the project doesn't change the functionality of New Hampshire MMIS application and cannot be completely validated by State in UAT

Illustrative DRAFT Plan - Final detailed project plan will be built with the State, upon contract signature of all DDI projects.



## Estimate Summary

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

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



# Project Cost Breakdown

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

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

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

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

## Delivery & Payment Milestones

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

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



## MITA Compliance

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

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

## Cost / Benefit Analysis

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



## Project Commitments, Limitations & Acknowledgements

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

- The scope of work and designed objectives of the TPMI project are to address the current exposure to operational performance and security risks associated with an aged infrastructure.
- The project scope of work and effort is limited to the upgrade of computer hardware assets & infrastructure, Operating Systems software (OS), Web Browser software (Internet Explorer 11:0), and Access & Security software; to a level of full support by the OEM or license provider.
- Comprehensive testing will be completed for all computer hardware, environments and locations; OS layer software, system and data integration, and security access will be completed.
- The project is explicitly not scoped or designed to address issues or limitations at the Application Layer and is not designed to optimize the performance of the systems or operations.
- The solution was designed to optimize the cost/benefit of addressing these known deficiencies to a level that is at industry acceptable minimum standards. Alternatives considered that addressed the upgrade and thorough testing to the Application Layer were materially more expensive and required substantially longer time to implement (i.e., 2X or more). At this time, the scope, cost and time of the alternative plans were beyond the State ability to fund or support given strategic plans, budget constraints and contract commitments.
- Limitations of currently deployed software applications, that are out of date or no longer supported from the licensing company may or will continue to have operational and security risks that are not and cannot be mitigated through this project.
- Should an incident occur (caused by the limitations at the software application layer or elements of the environment that are not documented in the scope of work) an interruption to operations or an impact from a security breach to the MMIS environment may occur. As a result, the corrective action plan and efforts may require extensive time and or expenses to accomplish; and the potential impact to operations, data, time or costs cannot be quantified.
- Conduent can and will provide proactive and reactive support to mitigate and address issues caused within the New Hampshire MMIS application code, and accept SLA and T&C responsibilities. However, limitations with third party product applications cannot be managed proactively (i.e., applying new patches which are not backwards compatible to the NH MMIS system level) and/or may not have an effectively response or patches for legacy software versions and beyond Conduent's control or accountability.
- Conduent will deliver a fully functional upgrade and migration of the Tech Platform Hardware, Operating Systems, System Security Software, SQL Server/xPression software, and Browser capabilities. This migration will ensure a quality deliverable to systems, software, data and maintain system performance levels.

# Systems and Environment Incident Contingency Plans

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

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

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

## Glossary of Terms

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

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

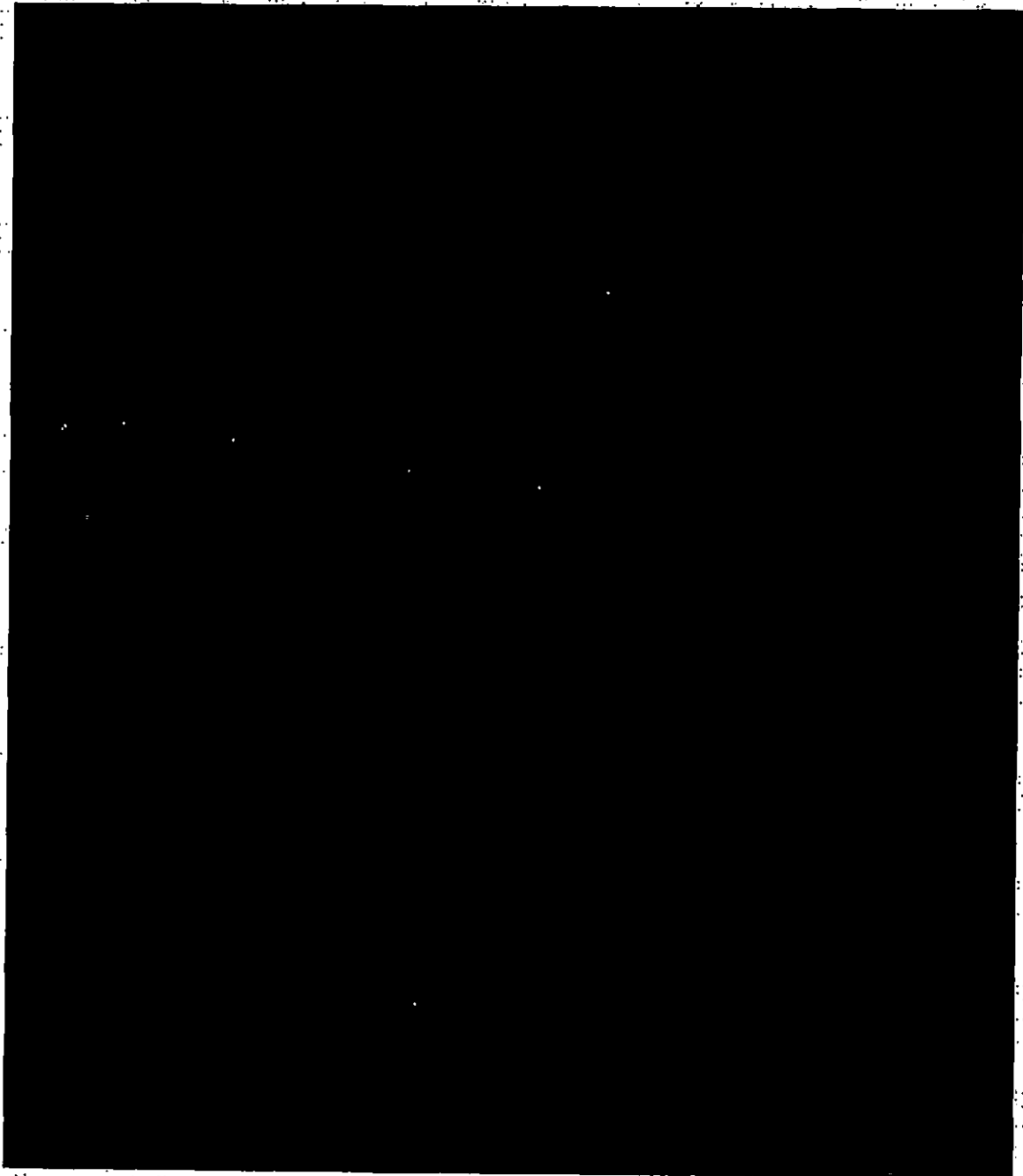


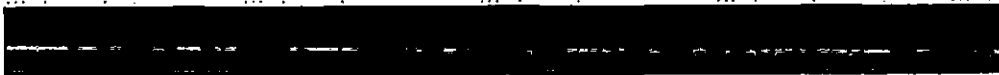
system.

[REDACTED]

[REDACTED]

[REDACTED]







# New Hampshire MMIS

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

May 17, 2018  
Version 3.2



## Introduction

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

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

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

- 2011 – Provider Re-enrollment went live
- 2013 – NH MMIS System went live
- 2013 – Managed Care Step 1 was implemented
- 2014 - Medicaid Expansion/New Hampshire Health Protection Program (NHHPP) was implemented
- 2015 – HoPR was implemented
- 2015 – CMS Certification was achieved
- 2015 – ICD-10 was implemented
- 2016 – PAP/MCM implemented
- 2016 – T-MSIS was implemented
- 2017 – Provider Screening was implemented
- 2017 – Provider Revalidation was implemented

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

## Total Program Spend Summary

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

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



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

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

## O&M Proposal Overview

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

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

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



## Scope of Work (SOW)

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

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

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

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



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

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

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

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

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

Page 7 of 13

Contractor Initials: SD

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

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



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

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

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

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

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

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

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

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

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

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



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

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

#### Care Management Impact on Fiscal Agent Operations Costs

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

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

## Program Assumptions

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

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



# MITA Compliance

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

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





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



# Program Price & Cost Reconciliation

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

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

		New Contract		Variance	
NH Contract Price Components (\$ in '000)		2017	Year 1		
Annual Billing Rate - ABR		ABR	ABR	\$\$	%
<b>O&amp;M Baseline Price (\$1,490,195 x 12)</b>		<b>\$17,882.3</b>			
<b>Plus - Current DDI Project Spend</b>					
• IDC10 Annual Maint	•	\$219.8			
• Premium Assistance Program - (PAP)	•	\$150.0			
Reporting Analyst	1	\$234.4			
State Testers	4	\$739.0			
Adjustments to O&M Baseline	5	\$1,343.2			
<b>Final O&amp;M Proposal</b>		<b>\$19,225.5</b>	<b>\$22,936.5</b>	<b>\$3,711.0</b>	<b>19.3%</b>
* FTE are variable based on production cycles					
<b>Growth Factor Economic Estimates **</b>					
Service Configuration & Staff				\$945.0	
Program Scope/Vol. Growth				\$880.0	
Claims Processing Cycle Improvements				\$547.0	
Program, Process & Project (DDI) Mgmt. Improvements				\$475.0	
Medicaid Expansion & Managed Care Focus				\$350.0	
Systems Maint & CR Process				\$314.0	
Increased Call Center/Customer Service				\$200.0	
<b>Total Annual Increase in O&amp;M</b>				<b>\$3,711.0</b>	

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



## Cost / Benefit Evaluation

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

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

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



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

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



# Monthly Charges & Billing

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

## O&M Monthly & Annual Charges

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

## Year 1 - Monthly Billing & Annual Charges

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

## Year 2 - Monthly Billing & Annual Charges

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

## Year 3 - Monthly Billing & Annual Charges

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



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

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

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



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.

**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.


His Excellency, Governor Christopher T. Sununu  
and the Honorable Council  
March 13, 2018  
Page 4 of 4

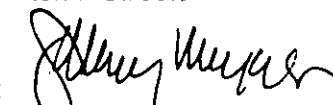
Area served: Statewide.

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 HEALTH AND HUMAN SERVICES  
Office of Information Services

Jeffrey A. Meyers  
Commissioner

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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

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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.

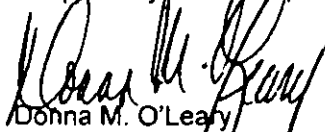
Area served: Statewide


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

<b>Design, Development and Implementation Phase</b>					
<b>State Fiscal Year</b>	<b>Class/Object</b>	<b>Class Title</b>	<b>Current Budget</b>	<b>Increase/Decrease</b>	<b>Revised Budget</b>
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
<b>Total Design, Development and Implementation Phase</b>			<b>\$84,699,962</b>	<b>\$324,479</b>	<b>\$85,024,441</b>
		<b>Subtotal:</b>	<b>\$84,699,962</b>	<b>\$324,479</b>	<b>\$85,024,441</b>

<b>Operations Phase</b>					
<b>State Fiscal Year</b>	<b>Class/Object</b>	<b>Class Title</b>	<b>Current Budget</b>	<b>Increase/Decrease</b>	<b>Revised Budget</b>
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
<b>Total Operations Phase:</b>			<b>\$64,743,946</b>	<b>\$180,167</b>	<b>\$64,924,113</b>
		<b>Subtotal:</b>	<b>\$64,743,946</b>	<b>\$180,167</b>	<b>\$64,924,113</b>
		<b>Grand Total:</b>	<b>\$149,443,908</b>	<b>\$504,646</b>	<b>\$149,948,554</b>



**STATE OF NEW HAMPSHIRE**  
**DEPARTMENT OF INFORMATION TECHNOLOGY**  
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[www.nh.gov/doit](http://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

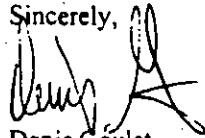
Dear Commissioner Meyers:

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



Jeffrey A. Meyers  
Commissioner

Donna M. O'Leary  
Chief Information Officer

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

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603-271-8160 1-800-852-3345 Ext. 8160  
Fax: 271-4912 TDD Access: 1-800-735-2964 www.dhhs.nh.gov

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
<b>Total Design, Development and Implementation Phase</b>			<b>\$82,538,512</b>	<b>\$2,161,450</b>	<b>\$84,699,962</b>

**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		\$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
<b>Total Operations Phase</b>			<b>\$65,128,821</b>	<b>-\$384,875</b>	<b>\$64,743,946</b>

<b>Total</b>	<b>\$147,667,333</b>	<b>\$1,776,575</b>	<b>\$149,443,908</b>
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**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.

- b. **Expanded Development:** 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. 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.
- 4. **International Classification of Diseases (ICD-10).**
  - a. **Background:** The federally mandated date for implementation of ICD-10-CM/PCS was 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.
  - b. **Expanded Development:** 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, thus requiring additional effort compared with standard maintenance.
- 5. **Acuity Rate Setting (ARS) Nursing Facility Change of Ownership-Partial Year Cost Reporting**
  - a. **Background:** When a nursing facility with an Acuity Rate Setting specialty (298) 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 any successor facility. Depreciation and other rate setting factors must be adapted to integrate both full year and partial year cost report data into the nursing facility rate setting process.
  - b. **Enhancement:** New Hampshire Department of Health & Human Services will enhance the Medicaid Management Information System (MMIS) Acuity Rate Setting (ARS) Cost Reporting component online pages, database, and processes 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 for a facility is changed mid-year.

## 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.

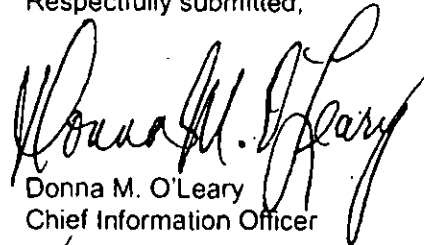
**Source of Funds:** Design, Development and Implementation phase: 90% federal funds, 10% general funds; Operations phase: 75% federal funds, 25% general funds.

**Area served:** Statewide.

Her Excellency, Governor Margaret Wood Hassan  
and the Honorable Council  
November 9, 2016  
Page 6 of 6

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 HEALTH AND HUMAN SERVICES  
OFFICE OF INFORMATION SERVICES

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Jeffrey A. Meyers  
Commissioner

Donna M. O'Leary  
Chief Information  
Officer

May 25, 2016

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

75% FF  
25% GF

**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.

**05-95-954010-5952 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
<b>Total Design, Development and Implementation Phase</b>			<b><u>\$81,074,262</u></b>	<b><u>\$1,464,250</u></b>	<b><u>\$82,538,512</u></b>

**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
<b>Total Operations Phase</b>			<b><u>\$65,128,821</u></b>	<b><u>\$0</u></b>	<b><u>\$65,128,821</u></b>
<b>TOTAL</b>			<b><u>\$146,203,083</u></b>	<b><u>\$1,464,250</u></b>	<b><u>\$147,667,333</u></b>

**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



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

Nicholas A. Toumpas  
Commissioner

Steven J. Kelleher  
Acting Chief  
Information  
Officer/Director

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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
<b>Total Design, Development and Implementation Phase</b>			<b>\$80,049,344</b>	<b>\$1,024,918</b>	<b>\$81,074,262</b>

**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
<b>Total Operations</b>			<b>\$64,990,949</b>	<b>\$137,872</b>	<b>\$65,128,821</b>

**Grand Total** **\$145,040,293** **\$1,162,790** **\$146,203,083**

**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 cancelation or delay.

- *Outpatient Prospective Payment System (OPPS) (Appendix A.5):* Originally included in Amendment 2, the OPPS 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 A.9):* 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.

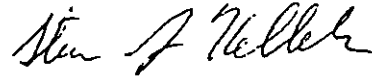
Source of Funds: Design, Development and Implementation phase: 90% federal funds, 10% general funds; Operations phase: 75% federal funds, 25% general funds.

Area served: Statewide.

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

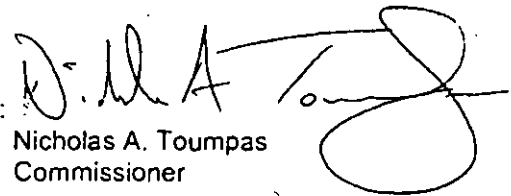
In the event that the Federal Funds become no longer available, General Funds will not be requested to support this program.

Respectfully submitted,



Steven J. Kelleher  
Interim Chief Information Officer/Director

Approved by:



Nicholas A. Toumpas  
Commissioner



Nicholas A. Toumpas  
Commissioner

William L. Baggeroer  
Chief Information  
Officer/Director

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

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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**

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	\$1,283,808	\$6,601,077	\$7,884,885
<b>Total Design, Development and Implementation Phase</b>			<b>\$73,448,267</b>	<b>\$6,601,077</b>	<b>\$80,049,344</b>

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	\$9,328,007	\$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
<b>Total Operations</b>			<b><u>\$46,330,661</u></b>	<b><u>\$18,660,288</u></b>	<b><u>\$64,990,949</u></b>
<b>Grand Total</b>			<b><u>\$119,778,928</u></b>	<b><u>\$25,261,365</u></b>	<b><u>\$145,040,293</u></b>

#### 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



Nicholas A. Toumpas  
Commissioner

William L. Baggeroer  
Chief Information  
Officer/Director

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

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April 22, 2015

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

*Sole 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 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
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
<b>Total Design, Development and Implementation Phase</b>			<b>\$72,164,459</b>	<b>\$1,283,808</b>	<b>\$73,448,267</b>

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
<b>Total Operations</b>			<b><u>\$45,160,661</u></b>	<b><u>\$1,170,000</u></b>	<b><u>\$46,330,661</u></b>
<b>Grand Total</b>			<b><u>\$117,325,120</u></b>	<b><u>\$2,453,808</u></b>	<b><u>\$119,778,928</u></b>

#### **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).

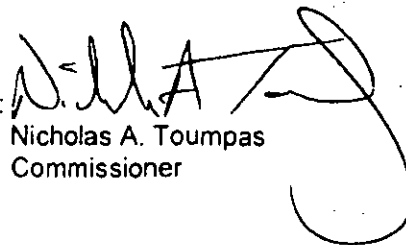
Area served: Statewide.

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



Nicholas A. Toumpas  
Commissioner

William L. Baggeroer  
Chief Information  
Officer/Director

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

129 PLEASANT STREET, CONCORD, NH 03301-3857  
603-271-8160 1-800-852-3346 Ext. 8160  
Fax: 271-4912 TDD Access: 1-800-735-2964 www.dhhs.nh.gov

June 11, 2014

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

61A MTT  
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
<b>Total Design, Development and Implementation Phase</b>			<b>\$68,369,837</b>	<b>\$3,794,622</b>	<b>\$72,164,459</b>

**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
<b>Total Operations Phase</b>			<b>\$42,155,674</b>	<b>\$3,004,987</b>	<b>\$45,160,661</b>

<b>Grand Total</b>	<b>\$110,525,511</b>	<b>\$6,799,609</b>	<b>\$117,325,120</b>
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**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. Tourpas  
Commissioner



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

MJT  
MAR 26 2014

A 5-4  
5-4

March 21, 2014

SOLE SOURCE

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

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
<b>Sub Total: Operations Phase</b>			<b>\$40,854,696</b>	<b>\$1,219,621</b>	<b>\$42,074,317</b>

**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
<b>Sub Total: Amendment 6</b>			<b>\$0</b>	<b>\$13,184,122</b>	<b>\$13,184,122</b>

**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
<b>Sub-Total: Amendment 6 Operations</b>			<b>\$0</b>	<b>\$81,357</b>	<b>\$81,357</b>

**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 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.

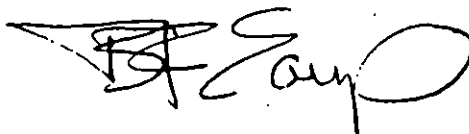
Ninety percent (90%) federal funding for the Design, Development and Implementation phase in this Amendment 6 is pending approval by the Centers for Medicare and Medicaid Services. Seventy-five percent (75%) federal funding of the Operations phase of this agreement is pending certification of the New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

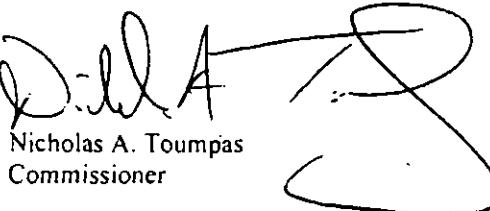
Respectfully submitted,



for

William L. Baggeroer  
Chief Information Officer/Director

Approved by:



Nicholas A. Toumpas  
Commissioner



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

Nicholas A. Toumpas  
Commissioner

William L. Baggeroer  
Chief Information  
Officer/Director

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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 :

State Fiscal Year	Class Object	Class Title	Current Modified Budget	Increase/ (Decrease)	Revised Modified Budget
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 Phase			\$ 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
<b>TOTAL</b>			\$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, HHIS: 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			\$0.00	\$4,298,885.00	\$4,298,885.00
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
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
Operation Phase	Operation Phase	Operation Phase	Operation Phase	Operation Phase	Operation 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
Operation Extension	Operation Extension	Operation Extension	Operation Extension	Operation Extension	Operation 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 I 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](http://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 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 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.

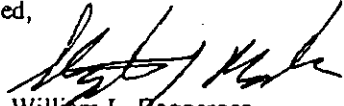
Ninety percent (90%) federal funding for the Design, Development and Implementation phase in this Amendment 5 is pending approval by the Centers for Medicare and Medicaid Services. Seventy-five percent (75%) federal funding of the Operations phase of this agreement is pending certification of the New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


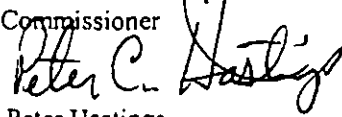
Area served: Statewide.

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

Respectfully submitted,

 FOR  
William L. Baggeroer  
Chief Information  
Officer/Director

Approved by:

  
Nicholas A. Tounpas  
Commissioner  
  
Peter Hastings  
Acting Commissioner  
Department of Information  
Technology





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

Nicholas A. Toumpas  
Commissioner

William L. Baggeroer  
Chief Information Officer

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February 22, 2012

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

APPROVED BY \_\_\_\_\_

DATE \_\_\_\_\_

PAGE \_\_\_\_\_

ITEM # \_\_\_\_\_

3/7/12

4

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 Year</u>	<u>Class Object</u>	<u>Class Title</u>	<u>Current Modified Budget</u>	<u>Increase/ (Decrease)</u>	<u>Revised 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
<b>Total Design, Development and Implementation Phase</b>			<b>\$31,285,370.00</b>	<b>\$7,152,125.00</b>	<b>\$38,437,495.00</b>

**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>
<b>TOTAL</b>			\$66,916,886.00	\$9,037,125.00	\$75,954,011.00

**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 State Healthcare, LLC Contract Duration by Phase				
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* 1/2/2011 - 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

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

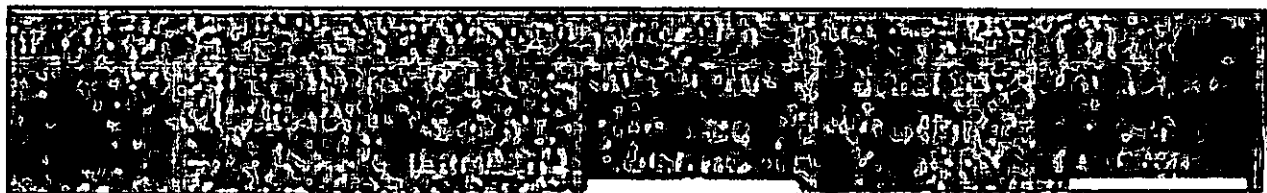
Operations Extension Year 2* 1/2/2012 - 1/1/2013	Operations Extension Year 2* 1/2/2013 - 1/1/2014	Operations Extension Year 2* 07/1/2014 - 06/30/2015	Operations Extension Year 2* 10/1/2015 - 09/30/2016	Operations Extension Year 2* 1/1/2017 - 12/31/2017
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The 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.



			\$6,056,122		\$9,057,165
<b>DDI Phase</b>	<b>\$26,153,244</b>	<b>\$26,153,244</b>	<b>\$31,285,370</b>	<b>\$31,285,370</b>	<b>\$38,437,495</b>
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
<b>Operations Phase</b>	<b>\$34,707,519</b>	<b>\$34,707,519</b>	<b>\$35,631,516</b>	<b>\$35,631,516</b>	<b>\$37,516,516</b>
<b>Total Contract</b>	<b>\$60,860,763</b>	<b>\$60,860,763</b>	<b>\$66,916,886</b>	<b>\$66,916,886</b>	<b>\$75,954,011</b>

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](http://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 1, 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 EDIFICS' 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.
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Geographic area to be served:	Statewide.
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In the event that the Federal Funds become no longer available, General Funds will not be requested to support this program.

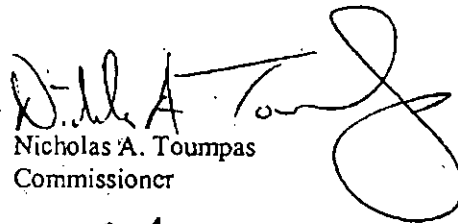
His Excellency, Governor John H. Lynch  
and the Honorable Executive Council  
February 22, 2012  
Page 11

Respectfully submitted,




William L. Baggeroer  
Chief Information Officer.

Approved by:



Nicholas A. Toumpas  
Commissioner



S. Williams Rogers  
Commissioner  
Department of Information Technology



Nicholas A. Toupas  
Commissioner

Kathleen A. Dunn  
Director

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

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

June 2, 2010

APPROVED BY

DATE

PAGE

ITEM #

6/23/10

13

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>
<b>TOTAL</b>			\$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* <sup>1</sup> 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.

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

<b>ACS Contract Price Adjustment</b>				
	<b>Original Contract</b>	<b>Amendment 1 No Cost Extension</b>	<b>Amendment 2 Contract Increase \$6,056,123</b>	<b>Amendment 3 No Cost Extension</b>
<b>DDI Phase</b>	<b>\$26,153,244</b>	<b>\$26,153,244</b>	<b>\$31,285,370</b>	<b>\$31,285,370</b>
Operations Year 1	\$4,764,400	\$4,764,400	\$7,225,001	\$7,225,001
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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
<b>Operations Phase</b>	<b>\$34,707,519</b>	<b>\$34,707,519</b>	<b>\$35,631,516</b>	<b>\$35,631,516</b>
<b>Total Contract</b>	<b>\$60,860,763</b>	<b>\$60,860,763</b>	<b>\$66,916,886</b>	<b>\$66,916,886</b>

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

His Excellency, Governor John H. Lynch  
and the Honorable Executive Council  
June 2, 2010  
Page 5

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 OPPS 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.

His Excellency, Governor John H. Lynch  
and the Honorable Executive Council  
June 2, 2010  
Page 7

The MMIS project is guided by the parameters defined in the DHHS' MMIS Reprocurement Project's Implementation Advanced Planning Document (IAPD). Upon determination that the DDI phase of the MMIS required additional time for completion, the DHHS and ACS executives and key program leaders met with Regional Directors from the CMS to review the project status and future strategy. CMS concurred with the DHHS on the direction of the project and verbally extended continued support. The DHHS is now preparing Amendment 7 to the IAPD, which will be formally reviewed by the federal CMS. Amendment 7 to the IAPD will include modification of the ACS contract, with scope of services and pricing consistent with and as described in this amendment. A copy of the contract itself will be submitted to CMS for review along with IAPD Amendment 7. DHHS fully anticipates that the CMS will approve the DHHS' requested changes to the IAPD and MMIS project, thereby approving 90% Federal Financial Participation (FFP) for the continuation of ACS' contractor services to support the extended MMIS implementation timeline.

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.

Respectfully submitted,

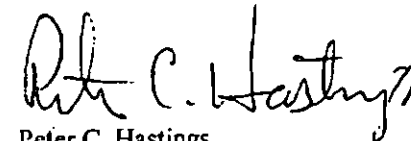


Kathleen A. Dunn, M.P.H.  
Medicaid Director

Approved by:



Nicholas A. Toumpas  
Commissioner



Peter C. Hastings  
Interim Chief Information Officer  
Department of Information Technology

6-1-04



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

**REQUESTED ACTION**

ITEM # 92

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
<b>DDI Expenses</b>					
2005	030-095-0145-034-0099	MMIS Repro curement	\$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
<b>DDI Subtotal</b>			<b>\$26,153,244</b>	<b>\$5,132,126</b>	<b>\$31,285,370</b>

His Excellency, Governor John H. Lynch  
and the Honorable Executive Council  
April 30, 2009

Page 2

SFY	Account Number	Account Title	Current Modified Budget	Increase / (Decrease) Amount	Revised Modified Budget
<b>Operations Expenses</b>					
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
<b>Operations Subtotal</b>			<b>\$34,707,519</b>	<b>\$923,997</b>	<b>\$35,631,516</b>
<b>Total</b>			<b>\$60,860,763</b>	<b>\$6,056,123</b>	<b>\$66,916,886</b>

#### 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.

His Excellency, Governor John H. Lynch  
and the Honorable Executive Council  
April 30, 2009

Page 4

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

His Excellency, Governor John H. Lynch

and the Honorable Executive Council

April 30, 2009

Page 5

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

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 OPPS 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 OPPS 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 OPPS 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



His Excellency, Governor John H. Lynch  
and the Honorable Executive Council  
April 30, 2009  
Page 7

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*

Kathleen A. Dunn, MPH  
Medicaid Director

Approved by:

*Nicholas A. Toupas*  
Nicholas A. Toupas  
Commissioner

His Excellency, Governor John H. Lynch  
and the Honorable Executive Council  
April 30, 2009  
Page 8

A handwritten signature in black ink, appearing to read "R. Bailey, Jr.", with a stylized, cursive script.

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

PAGE

9

REQUESTED ACTION

ITEM #

59

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
<b>DDI Expenses</b>					
2005	030-095-0422-090	MMIS Reprocurement	\$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
<b>DDI Subtotal</b>					
<b>Operating Expenses</b>					
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
<b>Operations Subtotal</b>			\$34,707,519	\$0	\$34,707,519
<b>Total</b>			\$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.

<b>Current Contract Phase/Year</b>	<b>Amendment 1 Phase/Year</b>	<b>Price</b>
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
<b>Total Contract Price</b>		<b>\$60,860,763</b>

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

His Excellency, Governor John H. Lynch  
and the Honorable Executive Council  
November 13, 2007  
Page 4

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

His Excellency, Governor John H. Lynch  
and the Honorable Executive Council  
November 13, 2007  
Page 5

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

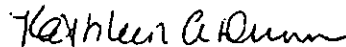
In January 2005, the Department received four (4) proposals in response to the RFP. (Please see attached bidders list). The proposals included a technical proposal and a separate cost proposal. A team of six individuals from DHHS and the Office of Information Technology thoroughly reviewed and evaluated 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.

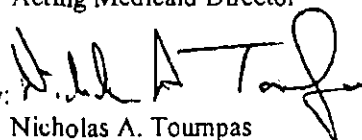
In the event that the Federal Funds become no longer available, General Funds will not be requested to support this program.

Respectfully submitted,

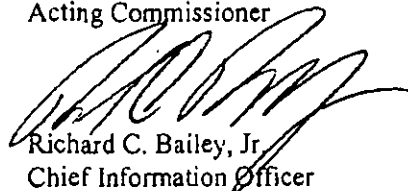


Kathleen A. Dunn  
Acting Medicaid Director

Approved by:



Nicholas A. Toupas  
Acting Commissioner



Richard C. Bailey, Jr.  
Chief Information Officer



JOHN A. STEPHEN  
COMMISSIONER

# State of New Hampshire

DEPARTMENT OF HEALTH AND HUMAN SERVICES

129 PLEASANT STREET, CONCORD, NH 03301-3857

603-271-4688 FAX: 603-271-4912 TDD ACCESS: 1-800-735-2964

APPROVED BY

DATE

PAGE

ITEM #

12/07/05

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
<b>Total Contract Price:</b>	<b>\$60,860,763</b>



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.
<b>DDI EXPENSES</b>				
	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
<b>DDI Sub-Total</b>				<b>\$26,153,244</b>
<b>OPERATING EXPENSES</b>	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
<b>Operations Sub-Total</b>				<b>\$34,707,519</b>
<b>Total Contract Price</b>				<b>\$60,860,763</b>

#### 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.

His Excellency, Governor John Lynch  
and the Honorable Executive Council  
December 2, 2005  
Page 3 of 8

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 reprocurement and to obtain CMS authorization for 90% federal match for activities associated with the MMIS reprocurement. 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 reprocurement 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

His Excellency, Governor John Lynch  
and the Honorable Executive Council  
December 2, 2005  
Page 4 of 8

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,

His Excellency, Governor John Lynch  
and the Honorable Executive Council  
December 2, 2005  
Page 5 of 8

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:

His Excellency, Governor John Lynch  
and the Honorable Executive Council  
December 2, 2005  
Page 6 of 8

- 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:

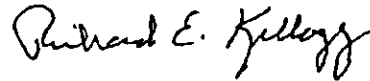
Federal Funds – 78%  
General Funds – 22%  
Other Funds – 0%

Area served: Statewide.

His Excellency, Governor John Lynch  
and the Honorable Executive Council  
December 2, 2005  
Page 7 of 8

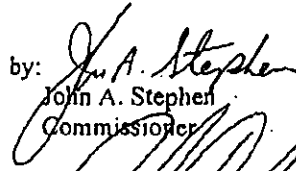
In the event that federal funds become no longer available, General Funds will not be requested to support this program.

Respectfully submitted,

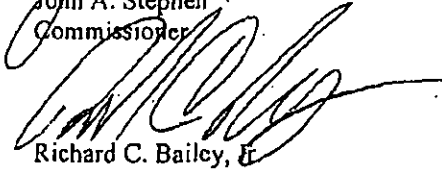


Richard E. Kellogg  
Interim Medicaid Director

Approved by:



John A. Stephen  
Commissioner



Richard C. Bailey, Jr.  
Chief Information  
Officer