



125 - 6/3/26
STATE OF NEW HAMPSHIRE

DEPARTMENT OF HEALTH AND HUMAN SERVICES
DIVISION OF MEDICAID SERVICES

Lori A. Weaver
Commissioner

Henry D. Lipman
Director

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May 19, 2026

Her Excellency, Governor Kelly A. Ayotte
and the Honorable Council
State House
Concord, New Hampshire 03301

REQUESTED ACTION

Authorize the Department of Health and Human Services, Division of Medicaid Services, to enter into a **Sole Source** amendment to an existing contract with Conduent State Healthcare, LLC (VC# 278791), Atlanta, GA to cost-effectively extend the life and continuity of operations of the Medicaid Management Information System (MMIS) by increasing the price limitation by \$304,119,494 from \$464,440,393 to \$768,559,887 and by extending from June 30, 2026 to June 30, 2033, effective July 1, 2026, upon Governor and Council approval. The contract history is detailed in the below footnote.¹ 77% Federal Funds, 23% General Funds.

Funds are available in the following accounts for State Fiscal Year 2027, and are anticipated to be available in State Fiscal Years 2028 through 2033, upon the availability and continued appropriation of funds in the future operating budget, with the authority to adjust budget line items within the price limitation and encumbrances between state fiscal years through the Budget Office, if needed and justified.

See attached fiscal details.

EXPLANATION

This request is **Sole Source** because there are no additional years of renewal available. Given the evolving direction of the Centers for Medicare and Medicaid Services (CMS) to more strongly encourage reuse of systems over large-scale replacement and the anticipated importance of cost control in the coming biennium, this proposal reflects a carefully vetted, updated strategy to cost effectively extend the life of our MMIS system versus replacement.

¹ The original contract was approved by Governor and Council on December 7, 2005 (Late Item C), 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); Amendment 15 on June 6, 2018 (Late Item A); Amendment 16 on June 19, 2019 (Item 8); Amendment 17 on June 30, 2021 (Item #6); and most recently amended by Amendment #18 on May 31, 2023 (Item 26).

By way of background, the New Hampshire MMIS processes and adjudicates provider claims, holds and intakes member eligibility and enrollment, supports provider enrollment and credentialing, administers prior authorizations and benefit payments, performs financial management and federal claiming, as well as the system of record for federally required Transformed Medicaid Statistical Information System (T-MSIS) submissions (which in part now inform a portion of the scoring for the Rural Health Transformation Program) and enables program integrity functions. The system is used to make timely and accurate payments to Medicaid healthcare providers and other vendors, helps maintain compliance with federal and state regulatory requirements, and sources essential data needed to manage healthcare services for Medicaid beneficiaries.

The Department extensively evaluated various options to meet programmatic needs without disrupting operational systems or increasing costs and determined this amendment to be the most viable given the budgetary and federal landscape the Department faces. It presents the lowest risk and cost for operational continuity. This strategy enables the Department to continue pursuing the development of a modular MMIS system at a favorable cost compared to originally explored procurement options.

The negotiated terms feature two elements, which are consistent with the federal and State landscape described above.

- **Contract Term and Pricing Structure:** Pricing for Operations and Maintenance and Fiscal Agent services will **remain flat** from SFY26 for the first two years (SFY27 and SFY28), followed by a 2% increase in year three, and beginning in year four, annual adjustments tied to the All Urban Consumer Price Index (CPI) will apply to the entire annual contract value, with a minimum increase of 2% and a maximum cap of 4% annually through year seven. The total price limitation for years 3-7 reflects the maximum possible cost that could be incurred if and only if CPI tracks to a 4% or greater increase.
- **Provider Module Development:** The Contractor agreed to develop and implement a new Provider Module using 16,000 enhancement hours (Equivalent to \$2 Million dollars) at 90% federal match over two years for a general fund investment of \$200,000 from the enhancement pool to support design, development, and implementation.

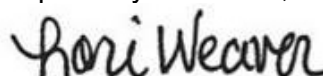
Payment for the provider module will be tied to mutually agreed-upon implementation milestones. If implementation extends beyond the agreed performance timelines, the Department may recover the development costs in full.

Should the Governor and Executive Council not approve this request, the contract will expire at the end of SFY26 which could adversely impact the stability of key operations that support provider payments and beneficiary services. There is not a viable alternative that would be less costly or disruptive to the approximately 170,000 individuals served by this program and the thousands of providers and other contractors who participate in Medicaid.

Area served: Statewide.

Source of Federal Funds: Assistance Listing Number #93.778, FAIN #2605NH5ADM.

Respectfully submitted,



Lori A. Weaver
Commissioner

**DEPARTMENT OF HEALTH AND HUMAN SERVICES
FISCAL DETAILS SHEET
Medicaid Management Information System - Amendment # 19**

Vendor Name: Conduent State Healthcare, LLC				Vendor #: 278791		
05-95-954010-5952 HEALTH AND SOCIAL SERVICES, HEALTH AND HUMAN SVCS DEPT, HHS COMMISSIONER'S OFFICE, OFFICE OF INFORMATION SERVICES, OFFICE OF INFORMATION SERVICES (Design, Development and Implementation Phase)						
90% Federal Funds, 10% General Funds						
State Fiscal Year	Class / Account	Class Title	Job Number	Current Amount	Increase (Decrease)	Revised Amount
2005	034/500099	Capital Projects	95440009	\$25,000,000	\$0	\$25,000,000
2006	034/500099	Capital Projects	95440009	\$1,076,918	\$0	\$1,076,918
2006	102/500731	Contracts for Program Services	95440009	\$76,326	\$0	\$76,326
2012	102/500731	Contracts for Program Services	95440009	\$7,152,125	\$0	\$7,152,125
2013	102/500731	Contracts for Program Services	95440009	\$4,298,885	\$0	\$4,298,885
2014	102/500731	Contracts for Program Services	95440009	\$30,239,095	\$0	\$30,239,095
2015	102/500731	Contracts for Program Services	95440009	\$4,321,110	\$0	\$4,321,110
2016	102/500731	Contracts for Program Services	95440009	\$6,953,485	\$0	\$6,953,485
2017	102/500731	Contracts for Program Services	95440009	\$5,582,018	\$0	\$5,582,018
2018	102/500731	Contracts for Program Services	95440009	\$324,479	\$0	\$324,479
2019	102/500731	Contracts for Program Services	95440009	\$2,212,355	\$0	\$2,212,355
			Sub Total	\$87,236,796	\$0	\$87,236,796
05-95-954010-5952 HEALTH AND SOCIAL SERVICES, HEALTH AND HUMAN SVCS DEPT, HHS COMMISSIONER'S OFFICE, OFFICE OF INFORMATION SERVICES, OFFICE OF INFORMATION SERVICES (Operations)						
75% Federal Funds, 25% General Funds						
State Fiscal Year	Class / Account	Class Title	Job Number	Current Amount	Increase (Decrease)	Revised Amount
2013	102/500731	Contracts for Program Services	95440003	\$2,084,889	\$0	\$2,084,889
2014	102/500731	Contracts for Program Services	95440003	\$8,544,809	\$0	\$8,544,809
2015	102/500731	Contracts for Program Services	95440003	\$9,164,847	\$0	\$9,164,847
2016	102/500731	Contracts for Program Services	95440003	\$16,000,932	\$0	\$16,000,932
2017	102/500731	Contracts for Program Services	95440003	\$16,329,529	\$0	\$16,329,529
2018	102/500731	Contracts for Program Services	95440003	\$19,043,544	\$0	\$19,043,544
2019	102/500731	Contracts for Program Services	95440003	\$23,062,007	\$0	\$23,062,007
			Sub Total	\$94,230,557	\$0	\$94,230,557
05-95-954030-1527 HEALTH AND SOCIAL SERVICES, HEALTH AND HUMAN SVCS DEPT, HHS COMMISSIONER'S OFFICE, OFFICE OF INFORMATION SERVICES, MMIS TECHNICAL STACK UPGRADE (Design, Development and Implementation Phase)						
90% Federal Funds, 10% General Funds						
State Fiscal Year	Class / Account	Class Title	Job Number	Current Amount	Increase (Decrease)	Revised Amount
2019	034/500099	Capital Projects	95440009	\$21,474,533	\$0	\$21,474,533
			Sub Total	\$21,474,533	\$0	\$21,474,533
05-95-47-470010-2358 HEALTH AND SOCIAL SERVICES, HEALTH AND HUMAN SVCS DEPT, HHS: DIVISION OF MEDICAID SERVICES, OFC MEDICAID SERVICES, GRANITE ADVANTAGE HEALTH PROGRAM TRUST FUNDS (Design, Development and Implementation Phase)						
90% Federal Funds, 10% Other Funds						
State Fiscal Year	Class / Account	Class Title	Job Number	Current Amount	Increase (Decrease)	Revised Amount
2019	034/500099	Capital Projects	47007019	\$344,293	\$0	\$344,293
			Sub Total	\$344,293	\$0	\$344,293
05-95-47-470010-8009 HEALTH AND SOCIAL SERVICES, HEALTH AND HUMAN SVCS DEPT, HHS: DIVISION OF MEDICAID SERVICES, OFC MEDICAID SERVICES, MEDICAID MGMT INFO SYSTEM (Operations)						
75% Federal Funds, 25% General Funds						
State Fiscal Year	Class / Account	Class Title	Job Number	Current Amount	Increase (Decrease)	Revised Amount
2020	102/500731	Contracts for Program Services	47007001	\$24,676,096	\$0	\$24,676,096
2021	102/500731	Contracts for Program Services	47007001	\$26,159,579	\$0	\$26,159,579
2022	102/500731	Contracts for Program Services	47007001	\$32,542,558	\$0	\$32,542,558
2023	102/500731	Contracts for Program Services	47007001	\$36,475,936	\$0	\$36,475,936
2024	102/500731	Contracts for Program Services	47007001	\$37,954,733	\$0	\$37,954,733
2025	102/500731	Contracts for Program Services	47007001	\$38,857,469	\$0	\$38,857,469
2026	102/500731	Contracts for Program Services	47007001	\$40,487,843	\$0	\$40,487,843
2027	102/500731	Contracts for Program Services	47007001	\$0	\$40,800,344	\$40,800,344
2028	102/500731	Contracts for Program Services	47007001	\$0	\$40,800,344	\$40,800,344
2029	102/500731	Contracts for Program Services	47007001	\$0	\$41,591,351	\$41,591,351
2030	102/500731	Contracts for Program Services	47007001	\$0	\$43,205,005	\$43,205,005
2031	102/500731	Contracts for Program Services	47007001	\$0	\$44,883,205	\$44,883,205
2032	102/500731	Contracts for Program Services	47007001	\$0	\$46,628,533	\$46,628,533
2033	102/500731	Contracts for Program Services	47007001	\$0	\$46,210,712	\$46,210,712
			Sub Total	\$237,154,214	\$304,119,494	\$541,273,708
05-95-47-470030-9321 HEALTH AND SOCIAL SERVICES, HEALTH AND HUMAN SVCS DEPT, HHS: DIVISION OF MEDICAID SERVICES, OFC MEDICAID SERVICES, MMIS LIFECYCLE MGMT (Design, Development and Implementation Phase)						
90% Federal Funds, 10% General Funds						
State Fiscal Year	Class / Account	Class Title	Job Number	Current Amount	Increase (Decrease)	Revised Amount
2022	034/500099	Capital Projects	95440058	\$24,000,000	\$0	\$24,000,000
			Sub Total	\$24,000,000	\$0	\$24,000,000
			Total	\$464,440,393	\$304,119,494	\$768,559,887



**STATE OF NEW HAMPSHIRE
DEPARTMENT OF INFORMATION TECHNOLOGY**

27 Hazen Drive | Concord, NH | 03301
Fax: (603) 271-1516 | TDD: (800) 753-
2964

doit.nh.gov

Denis Goulet, *Commissioner*



May 19, 2026

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

Dear Commissioner Weaver:

This letter represents formal notification that the Department of Information Technology (DoIT) has approved your agency's request to enter into a contract amendment Conduent State Healthcare, LLC, as described below and referenced as DoIT No. 2005-004S.

The purpose of this request is to enhance Medicaid Management Information System (MMIS) functionality.

The Total Price Limitation shall increase by \$304,119,494 for a new Total Price Limitation of \$768,559,887 effective upon Governor and Council approval from July 1, 2026 through June 30, 2033.

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

Sincerely,

A handwritten signature in black ink that reads "Denis Goulet".

Denis Goulet

DG/jd
DoIT #2005-004S

cc: Ken Gagne, IT Manager, DoIT

STATE OF NEW HAMPSHIRE
Department of Health and Human Services
Medicaid Management Information System
RFP # DHHS MMIS RFP 2005-004 Contract Amendment 19

This 19th Amendment to the Conduent State Healthcare, LLC contract (hereinafter referred to as “Amendment 19” 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 (hereinafter referred to as “Conduent” or “Contractor”); and

WHEREAS, pursuant to an Agreement approved by Governor and Council, as a result of DHHS MMIS RFP 2005-004, 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 #61 A); 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); Amendment 15 on June 6, 2018 (Late Item A); Amendment 16 on June 19, 2019 (Item 8); Amendment 17 on June 30, 2021 (Item #6); and Amendment 18 on May 31, 2023 (Item #26) 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, pursuant to Form P-37, General Provisions, the Contract may be amended upon written agreement of the parties and approval from the Governor and Executive Council; and

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 to amend as follows:

1. Form P-37 General Provisions, Block 1.7., Completion Date, to read:

June 30, 2033

2. Form P-37, General Provisions, Block 1.8., Price Limitation, to read:

\$768,559,887

3. Modify Exhibit A - Revisions to Standard Provisions, by adding Subsection 1.4., to read:

1.4 Paragraph 6, Compliance by Contractor with Laws and Regulations/Equal Employment Opportunity, Subparagraph 6.1., is amended as follows:

6.1 In connection with the performance of the Services, the Contractor shall comply with all applicable statutes, laws, regulations, and orders of federal, state, county or municipal authorities which impose any obligation or duty upon the Contractor, including, but not limited to, RSA 151:21 Patients’ Bill of Rights, civil rights and equal employment opportunity laws, and the Governor’s order on Respect and Civility in the Workplace, Executive Order 2020-01. In addition, if this Agreement is funded in any part by monies of the United States, the Contractor shall comply with all federal executive orders, rules, regulations and statutes, and with any rules, regulations and guidelines as the State or the United States issue to implement

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these regulations. The Contractor shall also comply with all applicable intellectual property laws.

4. Modify Exhibit O – Amendment #17, Section 6.2 to read:

6.2 State Staff Space

Conduent shall provide workspace sufficient to accommodate twenty-five (25) State staff. The space provided for use by State employees shall include modular workstations, six (6) private offices, and shared access to one (1) large conference room and a break room. Each private office shall be equipped with floor to ceiling walls, locking doors, one desk and chair, a bookcase, a side chair, a physical connection to the DHHS Local Area Network (LAN), and a telephone with voice mail for each State staff member. The secure State area shall be equipped with a separate copier, printer, and fax machine for use by State employees.

5. Modify Exhibit O – Amendment #17, Section 6.3 to read:

6.3 Conference Rooms

Conduent’s facility shall continue to be equipped with one (1) large conference room that shall be available for use by either Conduent or State staff. The conference rooms shall continue to include Wi-Fi and shall continue to be wired with additional data ports and phone ports, enabling them to be used to conduct new hire or user training, or to accommodate temporary or overflow staff, if necessary.

6. Remove Exhibit O – Amendment #17 Section 6.4 Computer Lab.

7. Modify Exhibit O – Amendment #17 Section 7 to read:

7.0 Document Retention

All documents received by the fiscal agent shall be scanned and stored as a digital record within the MMIS. Paper documents will be destroyed upon digital record creation in the MMIS.

8. Modify Exhibit O – Amendment #17 – Amendment #17 Section 9 to read:

9.0 Invoicing

This SOW between the State of New Hampshire, Department of Health and Human Services and Conduent is an agreement to support, maintain, and operate the State’s New Hampshire MMIS over a seven (7) year base contract for a maximum price of \$304,119,494

Conduent shall submit invoices for services or deliverables as permitted by this SOW. All invoices shall be subject to the State's approval, which shall not be unreasonably withheld. Invoices shall contain detailed information including identification of each service or deliverable and the date of delivery. The State shall pay the invoice within 30 days of the receipt of the invoice.

If the State receives an invoice and the amount is incorrect, the State shall notify Conduent of the alleged error prior to the due date. The State and Conduent agree to make good faith efforts to resolve invoicing errors within 15 days from notification.

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For years four through seven, annual pricing adjustments to HE Operations, CMdS Provider Operations, Fiscal Agent Operations, Interoperability, and Enhancement Hours will be effective on July 1st each year based on the increase in the cost of living as reflected in the Federal Bureau of Labor Statistics, Consumer Price Index (CPI) for all Urban Consumers. The CPI for the last 12-month period of the contract will be the CPI base on which the adjustments are computed. Each time an adjustment is made, the earlier CPI base will be replaced by the adjusted CPI base. The percentage of adjustment to contract prices shall be a minimum of 2% and maximum of 4%.

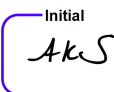
9.1 O&M Payment Schedule

This SOW between the State of New Hampshire, Department of Health and Human Services and Conduent is an agreement to support, maintain, and operate the State’s New Hampshire MMIS over a seven (7) year base contract for a price limitation of \$241,313,147.

Conduent shall be paid on a monthly basis for the firm fixed price as full compensation for all activities associated with the operations and maintenance of the base MMIS system. The firm fixed cost includes 5,000 modification hours and 25,000 enhancement hours per year. Conduent shall submit monthly invoices for one twelfth (1/12th) of the firm fixed annual cost. As referenced in section 10.2.5. For Base Operations, Interoperability, and Enhancement Hours, the price will increase by 2% in year 3, and 2-4% in years 4-7 based on CPI (Annual CPI based on the first month of the State Fiscal Year, Source: U.S. Bureau of Labor Statistics Consumer Price Index, 12-Month Percentage Change, Consumer Price Index for all Urban Consumers CPI-U).

Minimum pricing based on 2% increases years 4-7							
	Year 1 (SFY27)	Year 2 (SFY28)	Year 3 (SFY29)	Year 4 (SFY30)	Year 5 (SFY31)	Year 6 (SFY32)	Year 7 (SFY33)
Base Operations (HE MMIS)	\$25,040,242	\$25,040,242	\$22,541,047	\$22,991,868	\$23,451,705	\$23,920,739	\$24,399,155
CMdS Provider O&M	\$0	\$0	\$3,000,000	\$3,060,000	\$3,121,200	\$3,183,624	\$3,247,296
Interoperability	\$850,854	\$850,854	\$867,871	\$885,229	\$902,933	\$920,992	\$939,412
N-1	\$1,250,000	\$1,250,000	\$1,250,000	\$1,250,000	\$1,250,000	\$1,250,000	\$1,250,000
Enhancement Hours	\$5,312,500	\$5,312,500	\$5,418,750	\$5,527,125	\$5,637,668	\$5,750,421	\$5,865,429
Total Annual	\$32,453,596	\$32,453,596	\$33,077,668	\$33,714,222	\$34,363,506	\$35,025,776	\$35,701,292

Maximum pricing based on 4% increases years 4-7							
	Year 1 (SFY27)	Year 2 (SFY28)	Year 3 (SFY29)	Year 4 (SFY30)	Year 5 (SFY31)	Year 6 (SFY32)	Year 7 (SFY33)

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 Department of Health and Human Services
 Medicaid Management Information System
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Base Operations (HE MMIS)	\$25,040,242	\$25,040,242	\$22,541,047	\$23,442,689	\$24,380,397	\$25,355,612	\$24,136,875
CMdS Provider O&M	\$0	\$0	\$3,000,000	\$3,120,000	\$3,244,800	\$3,374,592	\$3,509,576
Interoperability	\$850,854	\$850,854	\$867,871	\$902,586	\$938,689	\$976,237	\$1,015,286
N-1	\$1,250,000	\$1,250,000	\$1,250,000	\$1,250,000	\$1,250,000	\$1,250,000	\$1,250,000
Enhancement Hours	\$5,312,500	\$5,312,500	\$5,418,750	\$5,635,500	\$5,860,920	\$6,095,357	\$6,339,171
Total Annual	\$32,453,596	\$32,453,596	\$33,077,668	\$34,350,775	\$35,674,806	\$37,051,798	\$36,250,908

EDI Transactions:

The firm Fixed price includes up to 54,000,000 EDI transactions per year. Additional fees shall be applied if 54,000,000 EDI transactions are exceeded in a year and each additional block of 5,000,000 transactions thereafter:

	Additional One Time Price per Block
Block of 5,000,000 annual transactions	\$700,000

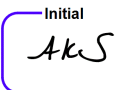
Active Providers:

The firm Fixed price includes up to 43,000 active providers per year. Additional fees shall be applied if 43,000 active providers are exceeded in a year and each additional X providers thereafter

	Additional One Time Price per Block
Block of 1,000 annual providers	\$89,000

9.2 Fiscal Agent Payment Schedule

This SOW between the State and Conduent is an agreement for continued Fiscal Agent services for New Hampshire Medicaid over a seven (7) year base contract for a price limitation of \$62,806,342.24. The price will increase by 2% in year 3, and 2-4% in years 4-7 based on CPI (Annual CPI based on the first month of the State Fiscal Year, Source: U.S. Bureau of Labor Statistics Consumer Price Index, 12-Month Percentage Change, Consumer Price Index for all Urban Consumers CPI-U).

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Minimum pricing based on 2% increases years 4-7							
Fiscal Agent	Year 1 (SFY27)	Year 2 (SFY28)	Year 3 (SFY29)	Year 4 (SFY30)	Year 5 (SFY31)	Year 6 (SFY32)	Year 7 (SFY33)
Base Operations	\$8,346,748	\$8,346,748	\$8,513,683	\$8,683,956	\$8,857,635	\$9,034,788	\$9,215,484

Maximum pricing based on 4% increases years 4-7							
Fiscal Agent	Year 1 (SFY27)	Year 2 (SFY28)	Year 3 (SFY29)	Year 4 (SFY30)	Year 5 (SFY31)	Year 6 (SFY32)	Year 7 (SFY33)
Base Operations	\$8,346,748	\$8,346,748	\$8,513,683	\$8,854,230	\$9,208,399	\$9,576,735	\$9,959,804

9. Modify Exhibit O – Amendment #17 Section 10.2.5 to read:

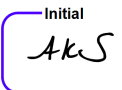
10.2.5 Enhancement Pool Hours

Conduent and the State shall agree to create an annual enhancement pool to be used for the remaining contract term. The pool shall include up to 42,500 hours per year. The first 25,000 hours shall be included in the fixed annual cost. Once the state exceeds 25,000 hours in a year, excess labor hours shall be charged and billed monthly as defined below. Should the state use less than 25,000 in a year, those unused hours shall lapse and be non-refundable.

Medicaid Management Information System (MMIS) Enhancements, including CMS mandates, will be billed at a rate of \$125 per hour for the first two contract years (years 1-2), \$127.50 year three (3) and will increase based on CPI for years four through seven (years 4-7) at a minimum of 2% and maximum of 4% (Annual CPI based on the first month of the State Fiscal Year, Source: U.S. Bureau of Labor Statistics Consumer Price Index, 12-Month Percentage Change, Consumer Price Index for all Urban Consumers CPI-U).

A. .

When the state determines the need for an MMIS enhancement, and wishes to use enhancement hours, a meeting shall be held with Conduent to discuss the high-level scope of business need. A change request (CR) shall be created for the project and submitted in SharePoint. Conduent shall provide an estimate to the State for the number of hours required for the enhancement after gathering adequate information regarding the project. Once the State has approved the estimate via e-mail, Conduent and the state shall participate in joint application development (JAD) sessions, outlining design and development plans. At that time, the project shall be targeted for release. Throughout the project, associate CRs shall be created to define and track the required system changes. Should scope be added to the project, the approval process stated above shall be followed for agreement and approval of additional hours.

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B. Certified Medical Coding Consulting tasks will be billed at a rate of \$180 per hour for the first two contract years (years 1-2), \$183.60 in year three (3) and will increase based on CPI for years four through seven (years 4-7) at a minimum of 2% and maximum of 4%.

Conduent will provide medical coding consulting services on the appropriate usage of Medicaid service codes and technical assistance on official coding rules. The consulting services shall be performed by members of Conduent’s Payment Method Development (PMD) team. Primary staff assigned to this work shall hold certifications as Certified Professional Coders or Certified Coding Specialists.

C. New Hampshire Licensed Dental Providers will be billed at a rate of \$250 per hour. Consultants will provide clinical oversight services to ensure appropriate coverage and authorization of Medicaid services.

10. Modify Exhibit O – Amendment #17 Section 10.4 N-1 Program of this contract’s payment table “Conduent N-1 Contract – State Fiscal Year Breakdown” to read:

N-1 Program

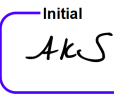
Conduent N-1 Contract - State Fiscal Year Breakdown							
N-1	Year 1 (SFY27)	Year 2 (SFY28)	Year 3 (SFY29)	Year 4 (SFY30)	Year 5 (SFY31)	Year 6 (SFY32)	Year 7 (SFY33)
Total Funds	\$1,250,000	\$1,250,000	\$1,250,000	\$1,250,000	\$1,250,000	\$1,250,000	\$1,250,000

11. Modify Exhibit O – Amendment #17 Section 10.5 to read:

The Interoperability and Patient Access final rule (CMS-9115-F) gives patients access to their health information. The rule is focused on driving interoperability and patient access to health information through exchanges. The cost for Interoperability operations and maintenance shall be included in the monthly fixed pricing and is broken down in the table below. Conduent functions shall include:

1. Provide compliance updates for Fast Healthcare Interoperability Resources (FHIR)
2. Ensure all software components of Interoperability Exchange (IOX) are current
3. Monitor Application Programming Interfaces (API) for Availability
4. Provide technical assistance to members with their registration and authentication process
5. Provide technical assistance to third party application developer
6. Support incremental load of claims, member, and provider information

Conduent Interoperability - State Fiscal Year Breakdown- Minimum 2% years 4-7							
Interoperability	Year 1 (SFY27)	Year 2 (SFY28)	Year 3 (SFY29)	Year 4 (SFY30)	Year 5 (SFY31)	Year 6 (SFY32)	Year 7 (SFY33)
Total Funds	\$ 850,854	\$ 850,854	\$ 867,871	\$ 885,229	\$ 902,933	\$ 920,992	\$ 939,412

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Conduent Interoperability - State Fiscal Year Breakdown- Maximum 4% years 4-7							
Interoperability	Year 1 (SFY27)	Year 2 (SFY28)	Year 3 (SFY29)	Year 4 (SFY30)	Year 5 (SFY31)	Year 6 (SFY32)	Year 7 (SFY33)
Total Funds	\$ 850,854	\$ 850,854	\$ 867,871	\$902,586	\$938,689	\$976,237	\$1,015,286

12. Modify Exhibit O – Amendment #17 , to add Section 12 No Carveouts to read:

All future Statements of Work must remain fully consistent with the agreed Scope of Work and may not introduce carveouts or exclusions with the exception of the following. If the state secures CMS exemption approval for Interoperability, then the Department may request in writing to shut down the Patient Access API currently in production and any other CMS-defined interoperability API for which we gain an exemption and remove the annual fee from continued invoicing for the remainder of the contract.

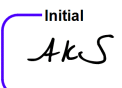
13. Modify Exhibit O – Amendment #17 to add Section 13 Conduent Medicaid Suite Provider Module Upgrade to read:

Conduent shall design, develop, and implement the CMdS Provider module. The cost for the implementation (\$2,000,000.00) shall be invoiced against the Enhancement Hour Pool per payment milestone schedule below. The State shall make payments upon completion and acceptance by the State.

Provider Module Payment Milestones:

#	Milestone	Acceptance Criteria	Payment Amount
1	Requirements & Backlog Readiness	RTM Sign-Off	\$372,000
2	Development Complete	Attestation submitted to State	\$372,000
3	System Integration Testing Complete	Delivery of SIT test result. No critical or high defects.	\$372,000
4	User Acceptance Testing Complete	UAT Acceptance. No critical or high defects.	\$372,000
5	Operational Readiness Complete	Go/No-Go approval	\$372,000
6	Stabilization Complete	120-day warranty complete. No critical or high defects	\$140,000
			\$2,000,000

If Conduent decides to abandon the build of the Provider CMdS module or the Department cannot verify the timely completion of a 2-year DDI phase based on a 120-day warranty period following go-live, the Department will be allowed to re-coup the 16,000 enhancement hours expended. The Operations & Maintenance costs for the Provider CMdS module will be added

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back to the base operations cost should this occur and the Health Enterprise Provider Module will be supported through the term of the contract.

14. Add Exhibit O Section 13 Conduent Medicaid Suite EDI Modernization to read:

State allows Conduent to transition to the Conduent multi-tenant EDI Solution to improve operational efficiency, enhance cost control, and ensure the long-term sustainability of the NH MMIS.

15. Add Exhibit P – Provider Module Requirements, which is attached hereto and incorporated by reference herein.

16. Modify Appendix A.3 of Amendment 17 NH MMIS NH MMIS Liquidated Damages and Performance Measures in its entirety with Appendix A.3 of Amendment 19 NH MMIS NH MMIS Liquidated Damages and Performance Measures, which is attached hereto and incorporated by reference herein

17. Modify Table 2 of the Agreement by adding Amendment 18 and increasing the price limitation by \$304,119,494

18. Table 2 CONTRACT HISTORY 2005-004-Medicaid Management Information System

CONTRACT AND AMENDMENT NUMBER	AMENDMENT TYPE	G&C APPROVAL DATE	END DATE	CONTRACT AMOUNT
2005-004	Original Contract	December 7, 2005 (Late Item C)	11/01/2010	\$60,860,763
2005-004 Amendment 1	1st Amendment	December 11, 2007 (Item #59)	01/01/2014	\$0
2005-004 Amendment 2	2nd Amendment	June 17, 2009 (Item #92)	01/30/2015	\$6,056,123
2005-004 Amendment 3	3rd Amendment	June 23, 2010 (Item #97)	09/30/16	\$0
2005-004 Amendment 4	4th Amendment	March 7, 2012 (Item#22A)	12/03/2017	\$9,037,125

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2005-004 Amendment 5	5th Amendment	December 19, 2012 (Item #27A)	03/31/2018	\$15,765,290
2005-004 Amendment 6	6th Amendment	March 26, 2014 (Late Item A)	03/31/2018	\$18,806,210
2005-004 Amendment 7	7th Amendment	June 18, 2014 (Item #61A)	03/31/2018	\$6,799,609
2005-004 Amendment 8	8th Amendment	May 27, 2015 (Item #16)	03/31/2018	\$2,453,808
2005-004 Amendment 9	9th Amendment	June 24, 2015 (Item #9)	03/31/2018	\$25,261,365
2005-004 Amendment 10	10th Amendment	December 16, 2015 (Late Item A1)	03/31/2018	\$1,162,790
2005-004 Amendment 11	11th Amendment	June 29, 2016 (Item #8)	03/31/2018	\$1,464,250
2005-004 Amendment 12	12th Amendment	November 18, 2016 (Item #21A)	03/31/2018	\$1,776,575
2005-004 Amendment 13	13th Amendment	July 19, 2017 (Item #7C)	03/31/2018	\$504,646
2005-004 Amendment 14	14th Amendment	March 21, 2018 (Item #6B)	06/30/2018	\$6,244,437
2005-004 Amendment 15	15th Amendment	June 20, 2018 (Late Item A)	06/30/2021	\$95,372,215
2005-004 Amendment 16	16th Amendment	June 19, 2019 #8	06/30/2018	\$2,556,648
2005-004 Amendment 17	17th Amendment	June 30, 2021 #6	06/30/2026	\$206,518,539

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2005-004 Amendment 18	18th Amendment	May 31, 2023 #26	06/30/2026	\$3,800,000
2005-004 Amendment 19	19th Amendment	TBD	06/30/2033	\$304,119,494
CONTRACT TOTAL				\$768,559,887

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All terms and conditions of the Contract and prior amendments not modified by this Amendment remain in full force and effect. This Amendment shall be effective July 1, 2026, upon Governor and Council approval.

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

State of New Hampshire
Department of Health and Human Services

5/20/2026

Date

DocuSigned by:
Henry D. Lipman

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Name: Henry D. Lipman
Title: Medicaid Director

Conduent State Healthcare, LLC

5/20/2026

Date

Signed by:
Anna Sever

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Name: Anna Sever
Title: President Conduent

STATE OF NEW HAMPSHIRE
Department of Health and Human Services
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The preceding Amendment, having been reviewed by this office, is approved as to form, substance, and execution.

OFFICE OF THE ATTORNEY GENERAL

5/20/2026

Date

DocuSigned by:
Robyn Guarino
748734844941460...

Name: Robyn Guarino

Title: Attorney

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

OFFICE OF THE SECRETARY OF STATE

Date

Name:

Title:

**Appendix A.3 of Amendment 19
NH MMIS
NH MMIS Liquidated Damages and Performance Measures**

This revised Appendix A.3 of Amendment 19 replaces and supersedes the prior Appendix A.3 and Appendix A.14 in their entirety.

Subject to a written notice from the State to the Contractor, the aggregate Liquidated Damages shall not exceed five percent (5%) of the monthly invoice paid by the State; if Contractor fails to cure, a failed performance measure(s) within a thirty (30) days cure period or longer as mutually agreed upon by the Parties. If one failure triggers more than one failure(s), Contractor shall only be assessed for one failure if Contractor fails to cure the failed performance measure(s) within a thirty (30) days cure period or longer as mutually agreed upon by the Parties.

Any failure to achieve defined performance levels by Conduent shall delay and disrupt the State's operations and obligations. Therefore, the parties agree that liquidated damages as specified in this Amendment 19, as outlined in the chart below, reasonable.

The State shall determine compliance and assessment of liquidated damages on a monthly basis. The State shall notify Conduent of the potential assessment in writing of all liquidated damages. Conduent shall have thirty (30) days from the date of notice to meet a performance standard to cure the failure. The State may, at its discretion, allow Conduent additional time to cure the failure. If the failure is not resolved within the agreed upon cure period, liquidated damages may be imposed retroactively to the date of failure.

Liquidated damages may be recovered by means of offsetting against future payments under the Contract. If Conduent disagrees with the assessment of liquidated damages, it shall inform the State in writing of the basis of its disagreement. The parties shall make a good faith effort to negotiate any disagreements regarding the applicability of liquidated damages. If the parties are unable to reach an agreement, the parties shall rely upon the dispute resolution process.

Conduent shall not be liable for liquidated damages and other damages due to acts or failures of the State or State Partners. The aggregate total of all liquidated damages in a given month shall not exceed 5% of the total monthly invoice.

Contract Reference	Category	Performance Measure	Liquidated Damages
LD 1	Claims Adjudication Accuracy	Contractor shall ensure a financial accuracy rate of at least ninety-nine percent (99%) for all claims processed, as determined based on the aggregate total for the calendar month.	Liquidated damages in the amount of five percent (5%) of the total monthly invoice for the month in which the violation occurred.
LD2	System Downtime	Contractor shall ensure that the MMIS is available ninety-nine percent (99%) of the time as measured on a monthly basis and that downtime is no greater than four (4) hours per incident. Contractor shall provide notice to the State as to its regularly	Liquidated damages in the amount of five percent (5%) of the total monthly invoice for the month in which the violation occurred.

Conduent State Healthcare, LLC

Contractor Initials _____

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Contract Reference	Category	Performance Measure	Liquidated Damages
		scheduled maintenance windows, which shall not be part of this guarantee.	
LD3	Reporting Requirements	Contractor shall provide all the reports and paid claims transactional history files defined in the State-approved system documentation within the stated time periods.	Liquidated damages in the amount of three percent (3%) of the total monthly invoice for the month in which the violation occurred..
LD 4	Call Answering Time	Contractor shall answer all calls within two (2) minutes or less of entering the queue, as determined based on the monthly average.	Liquidated damages in the amount of five percent (5%) of the total monthly invoice for the month(s) in which the violation occurred.
LD5	Claims Adjudication Timeliness	Contractor shall ensure ninety (90) percent of all clean provider submitted claims are adjudicated for payment, denial or budget relief within thirty (30) calendar days of the date of receipt.	Liquidated damages in the amount of five percent (5%) of the total monthly invoice for the month in which the violation occurred.
LD6	Customer Service Resolution Rate	Contractor shall ensure all customer service interactions are logged in the Contractor's information systems with ninety-five percent (95%) of all issues resolved on the same day and one hundred percent (100%) of issues resolved within 30 days.	Liquidated damages in the amount of three percent (3%) of the total monthly invoice for the month in which the violation occurred.
LD7	Ad Hoc Report Requests	Contractor shall ensure all State requests for custom reports are reviewed with the requestor within two (2) State workdays of receipt. The requestor and Conduent shall finalize requirements, including report output format. All requests for ad-hoc reports shall be completed within one (1) week of review unless otherwise negotiated at the time of the request from the State.	Liquidated damages in the amount of three percent (3%) of the total monthly invoice for the month in which the violation occurred
LD8	Communication	Contractor shall provide the State with any and all complete, accurate, and timely communication of all modifications made to the operational NH MMIS. Such communication shall be in accordance with the NH MMIS Project's approved format.	Liquidated damages in the amount of five percent (5%) of the total monthly invoice for the month in which the violation occurred
LD9	Key Staff Replacement	Contractor shall replace key personnel within forty-five (45) State workdays. The State may grant additional time to replace key personnel if the Conduent makes interim arrangements to ensure that operations are not affected by loss of personnel.	Liquidated damages in the amount of three percent (3%) of the total operating costs for the month in which the violation occurred

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Contract Reference	Category	Performance Measure	Liquidated Damages
	Provider Enrollment	The Contractor shall process at least 98 percent of completed provider enrollment applications within five (5) business days of the receipt of all required documents.	Liquidated damages in the amount of five percent (5%) of the total monthly invoice for the month in which the violation occurred.
1.1.1	Global Performance Measures	Apply data files to the MMIS following the schedule and process approved by the State to meet on-going operations.	Refer to 14 (Other Performance Requirements) below
1.1.2		Notify the State within two (2) business days of identifying any data errors. Timing for correcting data errors shall be agreed upon with the State.	
1.1.3		Audit 10% of keyed claims daily and maintain a data entry accuracy rate of at least 98% for all claims processed based on the aggregate total for the calendar month.	
1.1.4		Perform all updates to Designed System Detailed (DSD) Documentation according to a schedule defined and approved by the State as part of the change management process.	
1.1.5		Updated error reports and audit trails shall be submitted to the State on the next business day following the completion of the update.	
1.1.6		Forward all incoming checks to the appropriate State location within one (1) business day of receipt.	
1.1.7		Reports shall be generated and distributed according to the operational schedule defined and approved by the State.	
1.1.8		All system changes shall be performed according to a schedule defined and approved by the State as part of the change management process (e.g., system maintenance, modification, and reference data files).	
1.1.9			

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Contract Reference	Category	Performance Measure	Liquidated Damages
1.1.10		Notify the State of any critical system functionality errors within one (1) hour of identification and work continuously until resolution. All other system functional errors will be reported via the current defect submission process, and the state will determine when it will be released into production.	
1.1.11		Maintain a ninety-nine percent (99%) accuracy rate on electronic eligibility file updates.	
1.1.12		All requests for information received from the State shall be reviewed with the requestor within two (2) business days of receipt. The requestor and Conduent shall agree on the format for responding to the request and a target delivery date.	
1.1.13		Correct and re-issue any State disapproved DSD in final format for State approval as part of the next scheduled system documentation delivery.	
1.1.14		Meet the performance standards in Part 11 of the State Medicaid manual.	
1.2.1	Recipient	Complete distribution of identification cards within three (3) business days of receipt of data request.	
1.3.1	Provider	Licensing transactions that fail the update process shall be resolved within two (2) business days of the failure.	
1.3.2		Reserved	
1.3.3		Reserved	
1.3.4		Index and attach to the electronic enrollment record all provider documents within two (2) business days of receipt.	

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Contract Reference	Category	Performance Measure	Liquidated Damages
1.3.5		Screen claims appeals and review for accuracy, validity, and completeness within two (2) business days of receipt from provider.	
1.3.6		Notify the provider within three (3) calendar days of receipt of a claims appeal of incomplete or missing information.	
1.3.7		Complete claim re-processing within two (2) business days of receipt of State processing instructions.	
1.3.8		Notify the provider within ten (10) business days of receipt of incomplete enrollment application explaining additional information required.	
1.3.9		Record in the MMIS the approval of a provider within two (2) business days of receipt of State Agent Approval.	
1.3.10		Reserved	
1.3.11		Reserved	
1.3.12		Staff provider relations phone lines with trained personnel from 8:00 a.m. to 5:00 p.m. Eastern Time, Monday through Friday with the exception of Conduent holidays and from 3:00pm-4:00pm on Fridays for call center training.	
1.3.13		The call abandonment rate shall be less than five percent (5%) as measured on a monthly basis.	
1.3.14		Audit 10% of provider calls for each call center agent on a daily basis and achieve at least ninety-five (95%) accuracy for all calls as determined based on the aggregate total for the calendar month (excluding staff in training).	

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Contract Reference	Category	Performance Measure	Liquidated Damages	
1.3.15		Respond to written, faxed, or e-mailed inquiries within five (5) business days of receipt.		
1.3.16		Provider documents shall be posted on the provider website within five (5) business days after State approval. As requested, Conduent with guide providers in accessing documentation.		
1.3.17		Upload provider billing manuals to the MMIS portal within two (2) business days of State approval.		
1.3.18		Reserved		
1.3.19		Reserved		
		Reserved		
1.3.20		Reserved		
1.3.21		Apply updates to the provider file within five (5) business days of receipt of the information.		
1.4.1		Eligibility Verification System (EVS)		Assure a response time of no more than twenty (20) seconds for interactive 271 transactions.
1.4.2				Assure a response time of no more than twenty-four (24) hours for batch 271 transactions

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Contract Reference	Category	Performance Measure	Liquidated Damages
1.4.3		Reserved	
1.5.1	Automated Voice Response (AVR)	Provide a sufficient number of toll-free telephone lines to ensure that providers do not receive a busy signal ninety-nine (99%) of the time when accessing the AVR.	
1.5.2		Provide access to AVR seven (7) days per week, twenty-four (24) hours per day at least ninety-nine-and-a-half percent (99.5%) of the time as measured monthly, not including State-approved scheduled maintenance windows, unless approved otherwise by the State.	
1.6.1	Electronic Claims Management (ECM)	Respond to the receipt of a X12N 837 claims transaction with a X12N 999 Functional Acknowledgement within twenty-four (24) hours of receipt.	
1.6.2		Reserved	
1.7.1	Reference	On-line updates to reference data performed by the Contractor shall be completed within one (1) business day of receipt.	
1.7.2		Maintain a ninety-nine percent (99%) accuracy rate for all reference file updates performed by the Contractor.	
1.7.3		Report reference file update errors identified within one (1) business day of error detection. Errors shall be corrected following State approved processes.	
1.8.1	Service Authorization	Reserved	
1.8.2		Paper Service Authorization requests shall be entered into the MMIS within two (2) business days of receipt.	
1.9.1	Claims Control/Entry	Reserved	
1.9.2		Image and/or key paper claims received from providers into the MMIS within three (3) business days of receipt. This includes dental claims which are keyed by Conduent as well as all other paper claims that are loaded in the MMIS through the OCR process.	

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Contract Reference	Category	Performance Measure	Liquidated Damages
1.9.3		Reserved	
1.9.4		Test and report result of electronic billing, automated remittance, and electronic funds transfer options within ten (10) business days of a provider's written notice that they are ready to test.	
1.9.5		Return hardcopy claims missing required data within two (2) business days of receipt.	
1.9.6		Disability Determination Unit (DOU) documents shall be scanned and attached to the case within one (1) business day of receipt.	
1.10.1	Claims Processing	Adjudicate ninety-nine percent (99%) of all clean claims for payment, denial, or budget relief within ninety (90) calendar days of the date of receipt.	
1.10.2		Adjudicate one hundred percent (100%) of all other claims within twelve (12) months of the date of receipt.	
1.10.3		One hundred percent (100%) of all clean provider and State initiated adjustment requests shall be adjudicated within ten (10) business days of receipt.	
1.10.4		Reserved	
1.11.1		Reserved	
1.12.1	Third Party Liability (TPL)	Review and deliver TPL bills to the State TPL Unit no later than three (3) business days after the production run.	
1.12.2		Reserved	

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Contract Reference	Category	Performance Measure	Liquidated Damages
1.13.1	Early and Periodic Screening, Diagnosis and Treatment (EPSDT)	Generate and mail EPSDT notifications according to the schedule defined and approved by the State.	
1.14.1	Management and Administrative Reporting (MARS)	MARS data load shall be reconciled to the penny and load results shall be communicated to the State within three (3) business days of the completion of the data load.	
1.15.1	County Billing	Complete the production of the County Bill within twenty-four (24) hours of the Billing Unit's review and approval of the County Bill Claims data.	
1.16.1	Decision Support System (DSS)	Update Decision Support System (DSS) with MMIS and non-MMIS data according to the schedule defined and approved by the State and notify the State of the status on the following business day.	
1.16.2		Notify the State of any data load problems, discrepancies, or failures within one (1) business day of identification and present a resolution plan within three (3) business days.	
1.17.1	Acuity	Generate and display on-line interim and final census reports according to the schedule defined and approved by the State.	
1.17.2		Reserved	
1.17.3		Generate operation and error reports on the same day as the completion of the acuity rate setting process.	
1.18.1	Technical	Class I - Routine (high frequency) inquiry/update/claim error correction transactions. The time elapsed after the command is given until the records begin to appear on the workstation. The response time shall be within an average of two (2) seconds.	
1.18.2		Class 2 - Routine creation/modification; claim entry and adjudication; enrollment/application time. The response time shall be within an average of four (4) seconds for the records created or modified.	

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Contract Reference	Category	Performance Measure	Liquidated Damages
1.18.3		Reserved	
1.19.1	Maintenance	Ensure one hundred percent (100%) accuracy in the software changes, updates, documentation, and data transferred to the State.	
1.20.1	Modification	Reserved	
1.20.2		Reserved	
1.20.3		Reserved	
1.21.1	Turnover	Reserved	
1.21.2		Reserved	
		Agree that SharePoint shall be available 96% as measured in a given month and downtime shall be no greater than twenty-four (24) hours per incident. Conduent shall provide notice to the State as to its regularly scheduled maintenance windows, which shall not be part of this guarantee.	
		Generate and mail revalidation notifications according to the schedule defined and approved by the State.	

14. Other Performance Requirements:

- A. In addition to the liquidated damages specified above, the following liquidated damages may be assessed if the Contractor fails to meet the performance measures contained above and fails to submit and/or implement a successful Corrective Action Plan (CAP) as directed by the State. The Contractor shall submit the CAP to the State within ten (10) business days of notification. The CAP shall meet State approval. Liquidated damages may be assessed for performance measures that fail to occur within CAP specified times or do not meet requirements established in the CAP.
- B. For failure to deliver an acceptable CAP within ten (10) business days of notification by the State, the Contractor shall pay the State five hundred dollars (\$500.00) per day that the CAP is late or unacceptable based on industry standards. The State's approval shall not be unreasonably withheld.

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- C. For failure to meet the timeframe specified in the CAP for correcting the deficiency or deficiencies, or other timeframe approved by the State, the Contractor shall pay the State five hundred dollars (\$500.00) per day that the CAP deficiency corrections are late.
- D. Contractor's aggregate Liquidated Damages shall not exceed five percent (5%) of the monthly invoice paid by the State,

Exhibit P – Provider Module Requirements

APPLICATION REQUIREMENTS	
State Requirements	
Req #	Requirement Description
GENERAL SPECIFICATIONS	
A1.1	Ability to access data using open standards access protocol (please specify supported versions in the comments field).
A1.2	Data is available in commonly used format over which no entity has exclusive control, with the exception of National or International standards. Data is not subject to any copyright, patent, trademark or other trade secret regulation.
A1.3	Web-based compatible and in conformance with the following W3C standards: HTML5, CSS 2.1, XML 1.1
A1.4	System Organization Control (SOC) Audit Report Type 2 provided annually and audit findings are resolved.
APPLICATION SECURITY	
A2.1	Verify the identity or authenticate all of the system client applications before allowing use of the system to prevent access to inappropriate or confidential data or services.
A2.2	Verify the identity and authenticate all of the system’s human users before allowing them to use its capabilities to prevent access to inappropriate or confidential data or services.
A2.3	Enforce unique user names.
A2.4	Enforce complex passwords for Administrator Accounts in accordance with DoIT’s statewide User Account and Password Policy.
A2.5	Enforce the use of complex passwords for general users using capital letters, numbers and special characters in accordance with DoIT's statewide User Account and Password Policy.
A2.6	Encrypt passwords in transmission and at rest within the database.
A2.7	Establish ability to expire passwords after a definite period of time in accordance with DoIT’s statewide User Account and Password Policy.
A2.8	Provide the ability to limit the number of people that can grant or change authorizations.
A2.9	Establish ability to enforce session timeouts during periods of inactivity.

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Date 5/20/2026

Exhibit P – Provider Module Requirements

A2.10	The application shall not store authentication credentials or sensitive data in its code.
A2.11	Log all attempted accesses that fail identification, authentication and authorization requirements.
A2.12	The application shall log all activities to a central server to prevent parties to application transactions from denying that they have taken place.
A2.13	All logs must be kept for seven (7) years.
A2.14	The application must allow a human user to explicitly terminate a session. No remnants of the prior session should then remain.
A2.15	Do not use Software and System Services for anything other than they are designed for.
A2.16	The application Data shall be protected from unauthorized use when at rest.
A2.17	The application shall keep any sensitive Data or communications private from unauthorized individuals and programs.
A2.18	Subsequent application enhancements or upgrades shall not remove or degrade security requirements.
A2.19	Utilize change management documentation and procedures.
A2.20	Web Services : The service provider shall use Web services exclusively to interface with the State’s data in near real time when possible.
A2.21	<p>Logs must be configured using "fail-safe" configuration. Audit logs must contain the following minimum information:</p> <ol style="list-style-type: none"> 1. User IDs (of all users who have access to the system) 2. Date and time stamps 3. Changes made to system configurations 4. Addition of new users 5. New users level of access 6. Files accessed (including users) 7. Access to systems, applications and data 8. Access trail to systems and applications (successful and unsuccessful attempts) 9. Security events

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Exhibit P – Provider Module Requirements

A2.22	Vendor must ensure all requests for new accounts or updates of user accounts are in compliance with the DHHS Information Security Requirements.
A2.23	Vendor must ensure all requests for Termination of user accounts are in compliance with the DHHS Information Security Requirements.
TESTING REQUIREMENTS	
State Requirements	
Req #	Requirement Description
APPLICATION SECURITY TESTING	
T1.1	All components of the Software shall be reviewed and tested to ensure they protect the State’s web site and its related Data assets.
T1.2	The Vendor shall be responsible for providing documentation of security testing, as appropriate. Tests shall focus on the technical, administrative and physical security controls that have been designed into the System architecture in order to provide the necessary confidentiality, integrity and availability.
T1.3	Provide evidence that supports the fact that Identification and Authentication testing has been recently accomplished; supports obtaining information about those parties attempting to log onto a system or application for security purposes and the validation of users.
T1.4	Test for Access Control; supports the management of permissions for logging onto a computer or network.
T1.5	Test for encryption; supports the encoding of data for security purposes, and for the ability to access the data in a decrypted format from required tools.
T1.6	Test the Intrusion Detection; supports the detection of illegal entrance into a computer system.
T1.7	Test the Verification feature; supports the confirmation of authority to enter a computer system, application or network.
T1.8	Test the User Management feature; supports the administration of computer, application and network accounts within an organization.
T1.9	Test Role/Privilege Management; supports the granting of abilities to users or groups of users of a computer, application or network.
T1.10	Test Audit Trail Capture and Analysis; supports the identification and monitoring of activities within an application or system.

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Exhibit P – Provider Module Requirements

T1.11	Test Input Validation; ensures the application is protected from buffer overflow, cross-site scripting, SQL injection, and unauthorized access of files and/or directories on the server.
T.1.12	For web applications, ensure the application has been tested and hardened to prevent critical application security flaws. (At a minimum, the application shall be tested against all flaws outlined in the Open Web Application Security Project (OWASP) Top Ten (http://www.owasp.org/index.php/OWASP_Top_Ten_Project).
T1.13	Provide the State with validation of 3rd party security reviews -performed on the application and system environment. The review may include a combination of vulnerability scanning, penetration testing, static analysis of the source code, and expert code review (please specify proposed methodology in the comments field).
T1.14	Prior to the System being moved into production, the Vendor shall provide results of all security testing to the Department of Information Technology for review and acceptance.
T1.15	Vendor shall provide documented procedure for migrating application modifications from the User Acceptance Test Environment to the Production Environment.
STANDARD TESTING	
T2.1	The Vendor must test the software and the system using an industry standard and State approved testing methodology.
T2.2	The Vendor must perform application stress testing and tuning.
T2.3	The Vendor must provide documented procedure for how to sync Production with a specific testing environment.
T2.4	The vendor must define and test disaster recovery procedures.
HOSTING-CLOUD REQUIREMENTS	
State Requirements	
Req #	Requirement Description
OPERATIONS	

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Exhibit P – Provider Module Requirements

H1.1	Vendor shall provide an ANSI/TIA-942 Tier 3 Data Center or equivalent. A tier 3 data center requires 1) Multiple independent distribution paths serving the IT equipment, 2) All IT equipment must be dual-powered and fully compatible with the topology of a site's architecture and 3) Concurrently maintainable site infrastructure with expected availability of 99.982%.
H1.2	Vendor shall maintain a secure hosting environment providing all necessary hardware, software, and Internet bandwidth to manage the application and support users with permission based logins.
H1.3	The Data Center must be physically secured – restricted access to the site to personnel with controls such as biometric, badge, and others security solutions. Policies for granting access must be in place and followed. Access shall only be granted to those with a need to perform tasks in the Data Center.
H1.4	Vendor shall install and update all server patches, updates, and other utilities within 60 days of release from the manufacturer.
H1.5	Vendor shall monitor System, security, and application logs.
H1.6	Vendor shall manage the sharing of data resources.
H1.7	Vendor shall manage daily backups, off-site data storage, and restore operations.
H1.8	The Vendor shall monitor physical hardware.
H1.9	Remote access shall be customized to the State’s business application. In instances where the State requires access to the application or server resources not in the DMZ, the Vendor shall provide remote desktop connection to the server through secure protocols such as a Virtual Private Network (VPN).
DISASTER RECOVERY	
H2.1	Vendor shall have documented disaster recovery plans that address the recovery of lost State data as well as their own. Systems shall be architected to meet the defined recovery needs.
H2.2	The disaster recovery plan shall identify appropriate methods for procuring additional hardware in the event of a component failure. In most instances, systems shall offer a level of redundancy so the loss of a drive or power supply will not be sufficient to terminate services however, these failed components will have to be replaced.
H2.3	Vendor shall adhere to a defined and documented back-up schedule and procedure.
H2.4	Back-up copies of data are made for the purpose of facilitating a restore of the data in the event of data loss or System failure.

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Exhibit P – Provider Module Requirements

H2.5	Scheduled backups of all servers must be completed regularly. The minimum acceptable frequency is differential backup daily, and complete backup weekly.
H2.6	Tapes or other back-up media tapes must be securely transferred from the site to another secure location to avoid complete data loss with the loss of a facility.
H2.7	Data recovery – In the event that recovery back to the last backup is not sufficient to recover State Data, the Vendor shall employ the use of database logs in addition to backup media in the restoration of the database(s) to afford a much closer to real-time recovery. To do this, logs must be moved off the volume containing the database with a frequency to match the business needs.
HOSTING SECURITY	
H3.1	If State data is hosted on multiple servers, data exchanges between and among servers must be encrypted.
H3.2	All components of the infrastructure shall be reviewed and tested to ensure they protect the State’s hardware, software, and its related data assets. Tests shall focus on the technical, administrative and physical security controls that have been designed into the System architecture in order to provide confidentiality, integrity and availability.
H3.3	All servers and devices must have event logging enabled. Logs must be protected with access limited to only authorized administrators. Logs shall include System, Application, Web and Database logs.
H3.4	Operating Systems (OS) and Databases (DB) shall be built and hardened in accordance with guidelines set forth by CIS, NIST or NSA.
DDI REQUIREMENTS	
State Requirements	
Req #	Requirement Description
DDI REQUIREMENTS	
I1.1	Vendor must ensure that 99.9% of all data that is converted is correctly mapped and usable by the scheduled completion date in the Project Work Plan.
I1.2	Vendor must thoroughly test the Solution and demonstrate proof of successful Vendor testing for 100% of the Specifications defined. Vendor must demonstrate proof of successful testing by providing Documentation such as system, integration or parallel test results or demonstration of the Specifications including Interfaces/APIs. All Specifications must be tested through the use of testing procedures, verification procedures and other testing methodologie and the associated testing requirements.
I1.3	Vendor must document all business rules applicable to the functioning of the Module and document any new or changed business rules within 10 business days of receiving State approval of the change and prior to implementing the change.

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Exhibit P – Provider Module Requirements

I1.4	Vendor must receive Implementation Acceptance from the Department no later than the Acceptance Date in the Work Plan.
SUPPORT & MAINTENANCE REQUIREMENTS	
State Requirements	
Req #	Requirement Description
SUPPORT & MAINTENANCE REQUIREMENTS	
H4.1	The Vendor’s System support and maintenance shall commence upon the Effective Date and extend through the end of the Contract term, and any extensions thereof.
H4.2	The vendor shall maintain the hardware and Software in accordance with the specifications, terms, and requirements of the Contract, including providing, upgrades and fixes as required.
H4.3	The vendor shall repair or replace the hardware or software, or any portion thereof, so that the System operates in accordance with the Specifications, terms, and requirements of the Contract.
H4.4	All hardware and software components of the Vendor hosting infrastructure shall be fully supported by their respective manufacturers at all times. All critical patches for operating systems, databases, web services, etc., shall be applied within sixty (60) days of release by their respective manufacturers.
H4.5	The State shall have unlimited access, via phone or Email, to the Vendor technical support staff between the hours of 8:30am to 5:00pm- Monday through Friday EST.
H4.8	The hosting server for the State shall be available twenty-four (24) hours a day, 7 days a week except for during scheduled maintenance.
H4.9	A regularly scheduled maintenance window shall be identified (such as weekly, monthly, or quarterly) at which time all relevant server patches and application upgrades shall be applied.
H4.11	The Vendor shall use a change management policy for notification and tracking of change requests as well as critical outages.
H4.12	A critical outage will be designated when a business function cannot be met by a nonperforming application and there is no work around to the problem.
H4.13	The Vendor shall maintain a record of the activities related to repair or maintenance activities performed for the State and shall report quarterly on the following: Server up-time; All change requests implemented, including operating system patches; All critical outages reported including actual issue and resolution; Number of deficiencies reported by severity level with initial response time as well as time to close.

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Exhibit P – Provider Module Requirements

H4.14	The Vendor will give two-business days prior notification to the State Project Manager of all changes/updates and provide the State with training due to the upgrades and changes.
S1.1	The Vendor’s System support and maintenance shall commence upon the Effective Date and extend through the end of the Contract term, and any extensions thereof.
S1.2	Maintain the hardware and Software in accordance with the Specifications, terms, and requirements of the Contract, including providing, upgrades and fixes as required.
S1.3	Repair Software, or any portion thereof, so that the System operates in accordance with the Specifications, terms, and requirements of the Contract.
S1.5	The Vendor response time for support shall conform to the specific severity level as described below or as agreed to by the parties: <ul style="list-style-type: none"> o Severity Level 1 - Software - Critical, does not allow System to operate, no work around, demands immediate action; Written Documentation - missing significant portions of information or unintelligible to State; Non Software - Services were inadequate and require re-performance of the Service. o Severity Level 2 - Software - important, does not stop operation and/or there is a work around and user can perform tasks; Written Documentation - portions of information are missing but not enough to make the document unintelligible; Non Software - Services were deficient, require reworking, but do not require re-performance of the Service. o Severity Level 3 - Software - minimal, cosmetic in nature, minimal effect on System, low priority and/or user can use System; Written Documentation - minimal changes required and of minor editing nature; Non Software - Services require only minor reworking and do not require re-performance of the Service.
S1.6	The Vendor shall make available to the State the latest program updates, general maintenance releases, selected functionality releases, patches, and Documentation that are generally offered to its customers, at no additional cost.

Exhibit P – Provider Module Requirements

S1.7	For all maintenance Services calls, The Vendor shall ensure the following information will be collected and maintained: 1) nature of the Deficiency; 2) current status of the Deficiency; 3) action plans, dates, and times; 4) expected and actual completion time; 5) Deficiency resolution information, 6) Resolved by, 7) Identifying number i.e. work order number, 8) Issue identified by;
S1.8	The Vendor must work with the State to identify and troubleshoot potentially large-scale System failures or Deficiencies by collecting the following information: 1) mean time between reported Deficiencies with the Software; 2) diagnosis of the root cause of the problem; and 3) identification of repeat calls or repeat Software problems.
S1.9	As part of the Software maintenance agreement, ongoing software maintenance and support issues, shall be responded to according to the following or as agreed to by the parties: a. Severity Level 1 - The Vendor shall have available to the State on-call telephone assistance, with issue tracking available to the State, eight (8) hours per day and five (5) days a week with an email / telephone response within two (2) hours of request; or the Vendor shall provide support on-site or with remote diagnostic Services, within four (4) business hours of a request; b. Severity Levels 2 & 3 Deficiencies –The State shall notify the Vendor of such Deficiencies during regular business hours and the Vendor shall respond back within four (4) hours of notification of planned corrective action; The Vendor shall repair or replace Software, and provide maintenance of the Software in accordance with the Specifications, Terms and Requirements of the Contract; or as agreed between the parties.
S1.10	The Vendor shall use a change management policy for notification and tracking of change requests as well as critical outages.
S1.11	A critical outage will be designated when a business function cannot be met by a nonperforming application and there is no work around to the problem.
S1.12	The Vendor shall maintain a record of the activities related to repair or maintenance activities performed for the State and shall report quarterly on the following: All change requests implemented; All critical outages reported including actual issue and resolution; Number of deficiencies reported by severity level with initial response time as well as time to close.
S1.13	A regularly scheduled maintenance window shall be identified (such as weekly, monthly, or quarterly) at which time all relevant server patches and application upgrades shall be applied.
S1.14	The Vendor shall give two-business days prior notification to the State Project Manager of all changes/updates and provide the State with training due to the upgrades and changes.

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Exhibit P – Provider Module Requirements

S1.15	The Venor shall agree to use a secure FTP site provided by the State for uploading and downloading files if applicable.
S1.16	The State shall provide the Vendor with a personal secure FTP site to be used by the State for uploading and downloading files if applicable.
S1.17	The hosting server for the State shall be available twenty-four (24) hours a day, 7 days a week except for during scheduled maintenance.
S1.18	The Contractor will guide the State with possible solutions to resolve issues to maintain a fully functioning, hosted System.
S1.19	If Vendor is out of data compliance of any State, Federal or governing agency, a state approved mitigation plan to regain compliance is due to the State within ten (10) business days with mitigation and testing to be completed in the timeframe defined in the mitigation plan.
PROJECT MANAGEMENT	
State Requirements	
Req #	Requirement Description
PROJECT MANAGEMENT	
P1.1	Vendor shall participate in an initial kick-off meeting to initiate the Project.
P1.4	Vendor shall provide detailed monthly status reports on the progress of the Project
P1.5	Upon Request, all user, technical, and System Documentation as well as Project Schedules, plans, status reports, and correspondence must reside in the Department's document management solution.
P1.6	Vendor shall provide a full time Project Manager assigned to the project.
P1.7	The Vendor Project Manager, and relevant key staff, shall every three (3) months, beginning in the first month of the Contract, travel to Concord, NH to meet with project representatives from DHHS and the NHID to review past quarter performance and upcoming quarter Work Plan. Virtual meetings may be permitted if approved by DHHS.
P1.8	The Vendor's project manager is also expected to host other important meetings, assign contractor staff to those meetings as appropriate and provide an agenda for each meeting.
P1.9	Meeting minutes will be documented and maintained electronically by the contractor and distributed within 24 hours after the meeting. Key decisions along with Closed, Active and Pending issues will be included in this document as well.
P1.10	The Project Manager must participate in all other State, provider, and stakeholder meetings as requested by the State.

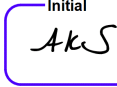
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Exhibit P – Provider Module Requirements

P1.11	For the first three (3) months of the Contract, the Vendor shall provide written progress reports, to be submitted to DHHS every two (2) weeks. The reports should be keyed to the implementation portion of the Work Plan and include, at a minimum, an assessment of progress made, difficulties encountered, recommendations for addressing the problems, and changes needed to the Work Plan.
Operations Requirements	
State Requirements	
Req #	Requirement Description
Operations Requirements	
O1.1	Implement a provider enrollment and enumeration system that uses the National Provider Identifier (NPI) as the primary identifier for all eligible providers.
O1.2	Design the software solution to accommodate atypical providers who may not qualify for or utilize an NPI. Alternative enumeration methods must be supported to ensure these providers can be accurately tracked and engaged.
O1.3	Deliver real-time application status updates for providers, with automated alerts and correspondence for missing information, approvals, or denials.
O1.4	Design, develop, and implement a web-based Provider Self-Service component to enable contracted healthcare providers to independently perform key administrative and clinical tasks. The component must consolidate eligibility checks, claims management, medical history inquiries, and appeal submissions into a single interface.
O1.5	Vendor must process to completion all approved provider enrollment documents into the applicable state system with at least ninety-nine percent (99%) accuracy. The State will conduct monitoring of the accuracy of keyed information within the provider module.
O1.6	The Vendor must generate a report to track received documentation to process against actual processed documents. A document is defined as any distinct file regardless of page count.
O1.7	Call Center should not advise callers to contact the State unless directed by State approved training plan
O1.8	Vendor must ensure researched and resolved TIN Mismatch Reports will be corrected in the solution with ninety-nine percent (99%) accuracy. The Vendor must generate a report to track resolved provider TIN against the original TIN mismatched report. The report will include time and date stamps.

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Exhibit P – Provider Module Requirements

O1.9	Vendor must be able to pull specific phone call recordings (inbound and outbound calls) when given the date and time and provide them to the State upon request within 3 business days.
O1.10	The Vendor must make available to the State view access into the CRM.
O1.11	Provider enrollment duties and tasks will be completed within an average of 2 business days. With 100% of all tasks within 5 business days. This applies to each period (e.g.: incomplete application returned to the provider). Factors outside of Vendor control, such as the response time by the provider to request for additional information, are not considered.
O1.12	The Vendor must generate a workflow report that minimally tracks task time-stamps (incoming and completed), tasks against completed work, average time to complete each task, and time taken by the provider to supply additional information or make corrections. Report must be provided to the State, monthly.
O1.13	Vendor must ensure that Module Federal Certification is achieved retroactive to the first day of Operations and continued throughout the Operations Phase. The Vendor is responsible for meeting the Federal standards, conditions and business requirements, formally published by CMS on the date the RFP closes, necessary to ensure initial and continued federal Certification for the operation of the Module and Department to receive full Federal Financial Participation (FFP) and the Federal Medical Assistance Percentage (FMAP) funding . In addition, the Vendor is responsible for meeting any new or modified Federal standards necessary to ensure initial and continued federal Certification, provided that to the extent those standards or requirements are not outside the scope of the RFP and do not result in a material cost impact on Vendor, otherwise the Vendor shall only be required to meet them if and to the extent the parties agree to do so through the Change Order process. Vendor must provide all support requested by the State during Certification and any recertification conducted by CMS and by the State. The support will include assisting the State and CMS in developing artifacts and evidence to support the Certification review. This includes developing the Certification presentation and participation in the Certification review.
O1.14	Vendor must adhere to applicable State and Federal laws, rules, regulations, guidelines, policies, and procedures relating to provider enrollment and screening, monthly monitoring and provider revalidation. Vendor must work with the State to ensure that the proposed operational procedures meet applicable compliance requirements. If Vendor is out of compliance with the approved procedures, a mitigation plan to regain compliance is due to the State within 10 business days with mitigation to be completed in the timeframe defined in the mitigation plan.

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Exhibit P – Provider Module Requirements
Deliverable, Activity and Milestone Table

DELIVERABLES / ACTIVITY / MILESTONES PRICING WORKSHEET		
	DELIVERABLE, ACTIVITY, OR MILESTONE	DELIVERABLE TYPE
PLANNING AND PROJECT MANAGEMENT		
1	Conduct Project Kickoff Meeting	Non-Software
2	Work Plan	Written
3	Removed	
4	Project Status Reports	Written
5	Infrastructure Plan, including Desktop and Network Configuration Requirements	Written
6	Information Security Plan (ISP)	Written
7	Communications and Change Management Plan	Written
8	Software Configuration Plan	Written
9	Systems Interface Plan and Design/Capability	Written
10	Testing Plan	Written
11	Data Conversion Plan and Design	Written
12	Deployment Plan	Written
13	Comprehensive Training Plan and Curriculum	Written
14	End User Support Plan	Written
15	Business Continuity Plan	Written
16	Documentation of Operational Procedures	Written
17	Bring Your Own Device (BYOD) Security Plan (if applicable)	Written
18	Data Protection Impact Assessment (DPIA)	Written
19	Systems Security Plan (SSP) (the SSP shall include security requirements of the system and describe the controls in place, or planned, for meeting those requirements. The SSP shall also delineates responsibilities and expected behavior of all individuals who access the system)	Written
20	Disaster Recovery Plan (DRP)	Written
21	Cyber Incident Response (CIR)	Written
22	Removed	
23	Removed	

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Exhibit P – Provider Module Requirements
Deliverable, Activity and Milestone Table

24	Quality Management Plan (QMP)	Written
25	Corrective Action Plans (CAPs)	Written
26	Data Quality Strategy (DQS)	Written
27	Deliverable Expectation Document (DED)	Written
28	Help Desk Plan (HDP)	Written
29	Integrated Master Schedule (IMS)	Written
30	Interface control document (ICD)	Written
31	Operating Procedures Guide (OPG)	Written
32	Operational Readiness Review (ORR)	Written
33	Certification Management Plan	Written
34	CMS Annual Certification Review (ACR)	Written
35	Performance Management Plan (Perf MP)	Written
36	Quality Management Plan (QMP)	Written
37	Release Management Plan (RelMP)	Written
38	Risk Management Plan (RMP)	Written
39	Root Cause Analysis (RCA)	Written
40	Turnover and Closeout Plan (TO&COP)	Written
41	Data Cleansing scope and plan	Written
42	Data Element Dictionary	Written
43	Data Profiling Plan	Written
44	Data Scorecarding Plan	Written
45	Defect Management Methodology	Written
46	Removed	Written
47	Removed	Written
48	Security Audit Report	Written
49	Requirements Traceability Matrix (RTM)	Written
50	Resource Management Plan	Written
INSTALLATION		
49	Provide Software Licenses if needed	Written
50	Provide Fully Tested Data Conversion Software	Software
51	Provide Software Installed, Configured, and Operational to Satisfy State Requirements	Software
TESTING		

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Exhibit P – Provider Module Requirements
Deliverable, Activity and Milestone Table

52	Conduct Integration Testing	Non-Software
53	Conduct User Acceptance Testing	Non-Software
54	Perform Production Tests	Non-Software
55	Test In-Bound and Out-Bound Interfaces	Software
56	Conduct System Performance (Load/Stress) Testing	Non-Software
57	Certification of 3rd Party Pen Testing and Application Vulnerability Scanning.	Non-Software
58	Security Risk Assessment (SRA) Report o if PII is part of the Contract, the SRA shall include a Privacy Impact Assessment (PIA) o if BYOD (if personal devices have been approved by DHHS Information Security to use, then the SRA shall include a BYOD section)	Written
59	Security Authorization Package	Written
SYSTEM DEPLOYMENT		
60	Converted Data Loaded into Production Environment	Software
61	Provide Tools for Backup and Recovery of all Applications and Data	Software
62	Conduct Training	Non-Software
63	Cutover to New Software	Non-Software
64	Provide Documentation	Written
65	Execute System Security Plan	Non-Software
OPERATIONS		
66	Ongoing Hosting Support	Non-Software
67	Ongoing Support & Maintenance	Software
68	Conduct Project Exit Meeting	Non-Software
69	Contract End of Life Transition	Non-Software

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State of New Hampshire

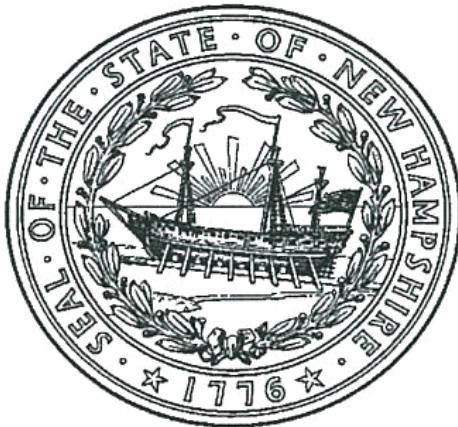
Department of State

CERTIFICATE

I, David M. Scanlan, 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: **0007931103**



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. 2026.

A handwritten signature in black ink, appearing to read "D. Scanlan", is written over a faint circular outline.

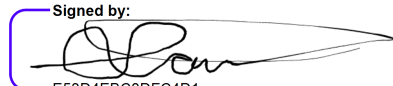
David M. Scanlan
Secretary of State

CERTIFICATE OF ASSISTANT SECRETARY

I, Veronika Sawyer, in my capacity as Assistant Secretary of Conduent State Healthcare, LLC, a Delaware limited liability company (the “Company”), am delivering this Certificate of Assistant Secretary to certify that Anna Sever is the duly elected, qualified and acting President of the Company and in such capacity is authorized to obligate, bind, and execute any and all proposals, contracts as well as any amendments thereto in connection with the New Hampshire Medicaid Management Information System Reprocurement agreement, by and between Conduent State Healthcare, LLC and the State of New Hampshire Department of Health and Human Services, and all other documents to be executed therewith. This authority was valid thirty (30) days prior to and remains valid for thirty (30) days from the date of this Certificate of Assistant Secretary.

IN WITNESS WHEREOF, I have set my hand to this Certificate of Assistant Secretary as of the 19th day of May, 2026.

CONDUENT STATE HEALTHCARE, LLC
a Delaware limited liability company

Signed by: 
By: _____
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Veronika Sawyer, Assistant Secretary



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

05/19/2026

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

COVERAGES**CERTIFICATE NUMBER:**

NYC-009975505-37

REVISION NUMBER: 7

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	<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 G49371834	01/01/2026	01/01/2027	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 \$ 4,000,000
	AUTOMOBILE LIABILITY <input 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						COMBINED SINGLE LIMIT (Ea accident) \$ 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 DED RETENTION \$						EACH OCCURRENCE \$ AGGREGATE \$
C A	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below	Y/N N	N/A	WLR C72802603 (AOS) SCF C72802615 (AK,AZ,DC,GA,WI)	01/01/2026 01/01/2026	01/01/2027 01/01/2027	<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: MEDICAID MANAGEMENT INFORMATION SYSTEM REPROCUREMENT CONTRACT - DHHS MMIS RFP 2005-004.

CERTIFICATE HOLDER**CANCELLATION**

STATE OF NEW HAMPSHIRE NEW HAMPSHIRE DEPARTMENT OF HEALTH & HUMAN SERVICES 120 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 <i>Marsh USA LLC</i>
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