

185 - 6/17/26

STATE OF NEW HAMPSHIRE  
DEPARTMENT OF HEALTH AND HUMAN SERVICES  
*DIVISION OF MEDICAID SERVICES*

Lori A. Weaver  
Commissioner

Henry D. Lipman  
Director

129 PLEASANT STREET, CONCORD, NH 03301  
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May 20, 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 NTT DATA State Health Consulting, LLC (VC#272035), Plano, TX To continue quality assurance services in compliance with the requirements of the Centers for Medicare & Medicaid Services (CMS), by increasing the price limitation by \$24,825,600 from \$65,124,721 to \$89,950,321 and by extending the completion date from June 30, 2026 to June 30, 2031, effective July 1, 2026, upon Governor and Council approval. 78% Federal Funds and 22% General Funds.

The original contract was approved by Governor and Council December 1, 2004 (Late Item #E), and amended with Governor and Council approval on December 12, 2006 (Item #119A), December 11, 2007 (Item #60), December 18, 2008 (Item #57), June 23, 2010 (Item #95), April 18, 2012 (Item #57), January 16, 2013 (Item #17), August 14, 2013 (Item #32), March 26, 2014 (Item #25A), July 16, 2014 (Item #3), December 23, 2014 (Item #7), December 2, 2015 (Item #12), December 21, 2016 (Item #10), June 21, 2017 (Item # 6A), November 14, 2018 (Item #8), June 19, 2019 (Item #12), June 30, 2021, (Item #8), and most recently amended on June 14, 2023 (Item #17A).

Funds are available in the following accounts for State Fiscal Year (SFY) 2027 and are anticipated to be available in SYF 2028 through 2031, 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 MOP 150 requires all amendments to agreements originally approved as sole source to be identified as sole source. The Contractor provides critical Quality Assurance services mandated by the Centers for Medicare and Medicaid Services (CMS) for Medicaid Management Information System (MMIS) projects. The New Hampshire Medicaid Program relies on a combination of state staffing resources and a strong partnership with the independent quality assurance partner, the Contractor, who offers consistent expertise and expertise of federal regulations and system requirements. In addition, the Contractor brings over eighteen years of experience supporting the State of New Hampshire's Medicaid systems. Furthermore, CMS requires third-party quality assurance oversight of MMIS changes and ongoing operations to maintain eligibility for Federal Financial Participation. The Contractor has developed extensive, detailed knowledge of these systems, which are critical to the Department's success. The Department is not pursuing a competitive solicitation at this time due to the Contractor's long-standing, specialized knowledge of New Hampshire's Medicaid systems and the critical continuity required for federally mandated quality assurance activities.

The purpose of this request is to extend the current contract, keeping costs level with SFY 2026, to ensure uninterrupted delivery of Quality Assurance services for the Medicaid Management Information System (MMIS). The Contractor has provided these services since the commencement of the original MMIS procurement project in State Fiscal Year 2004, during which time they have established the technical foundation, historical system knowledge, and operational context necessary to continue supporting the Department's ongoing requirements. Their work includes independent verification of system requirements, oversight of system design and development activities, evaluation of testing strategies and results, assessment of project risks and mitigation plans, and confirmation that system changes comply with federal and state Medicaid regulations. These services must remain closely aligned with the MMIS system's architecture and operational processes to ensure that all system enhancements, upgrades, and ongoing operations continue to meet CMS standards and support accurate and efficient program administration.

The Department will continue to monitor services by ensuring extension of quality assurance oversight over MMIS changes including:

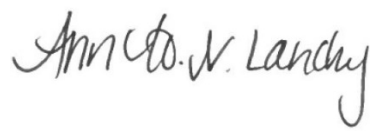
- Monitoring project planning, project status, and risks;
- Participating in requirements analysis, design, deliverable review, and implementation readiness; and
- Executing system and regression testing to verify and validate that the changes work as required and produce timely, accurate, and reliable results.

Should the Governor and Council not authorize this request, the Department would face a critical gap in quality assurance service coverage. CMS requires independent oversight for projects supported by enhanced federal match, and denying this request could put the Department out of compliance and jeopardize federal funding.

Area served: Statewide.

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

Respectfully submitted,

  
for:

Lori A. Weaver  
Commissioner

**DEPARTMENT OF HEALTH AND HUMAN SERVICES  
FISCAL DETAILS SHEET**

**05-95-95-954010-5952 HEALTH AND SOCIAL SERVICES, HEALTH AND HUMAN SVCS DEPT, HHS:  
COMMISSIONER'S OFFICE, OFFICE OF INFORMATION SERVICES  
75% Federal Funds, 25% General Funds, 0% Other Funds**

NTT Data State Health Consulting, LLC

Vendor # 272035

State Fiscal Year	Class / Account	Class Title	Job Number	Current Amount	Increase (Decrease)	Revised Amount
2005	102-500731	Contracts for Program Services	95440006	\$426,819	\$0	\$426,819
2006	102-500731	Contracts for Program Services	95440006	\$818,733	\$0	\$818,733
2007	102-500731	Contracts for Program Services	95440006	\$527,267	\$0	\$527,267
2008	102-500731	Contracts for Program Services	95440006	\$759,163	\$0	\$759,163
2009	102-500731	Contracts for Program Services	95440006	\$605,802	\$0	\$605,802
2010	102-500731	Contracts for Program Services	95440006	\$470,260	\$0	\$470,260
2011	102-500731	Contracts for Program Services	95440006	\$638,313	\$0	\$638,313
2012	102-500731	Contracts for Program Services	95440006	\$1,727,698	\$0	\$1,727,698
2013	102-500731	Contracts for Program Services	95440006	\$3,483,219	\$0	\$3,483,219
2014	102-500731	Contracts for Program Services	95440006	\$3,068,080	\$0	\$3,068,080
2015	102-500731	Contracts for Program Services	95440006	\$3,731,117	\$0	\$3,731,117
2016	102-500731	Contracts for Program Services	95440006	\$3,794,528	\$0	\$3,794,528
2017	102-500731	Contracts for Program Services	95440006	\$3,639,320	\$0	\$3,639,320
2018	102-500731	Contracts for Program Services	95440006	\$4,072,226	\$0	\$4,072,226
2019	102-500731	Contracts for Program Services	95440006	\$4,194,394	\$0	\$4,194,394
		<b>Sub Total</b>		<b>\$31,956,939</b>	<b>\$0</b>	<b>\$31,956,939</b>

**05-95-45-450030-2924 HEALTH AND SOCIAL SERVICES, HEALTH AND HUMAN SVCS DEPT, HHS:  
TRANSITIONAL ASSISTANCE, NEW HEIGHTS INCREMENTAL MODERNIZATION**

**90% Federal Funds, 10% General Funds, 0% Other Funds**

State Fiscal Year	Class / Account	Class Title	Job Number	Current Amount	Increase (Decrease)	Revised Amount
2014	034/500099	Capital Projects	45139030	\$374,720	\$0	\$374,720
2015	034/500099	Capital Projects	45139030	\$358,080	\$0	\$358,080
2016	034/500099	Capital Projects	45139030	\$253,600	\$0	\$253,600
2017	034/500099	Capital Projects	45139030	\$163,582	\$0	\$163,582
		<b>Sub Total</b>		<b>\$1,149,982</b>	<b>\$0</b>	<b>\$1,149,982</b>

**05-95-47-470010-8009 HEALTH AND SOCIAL SERVICES, HEALTH AND HUMAN SVCS DEPT,  
DIVISION OF MEDICAID SERVICES, HHS: OFC MEDICAID SERVICES, MEDICAID MGMT INFO  
SYSTEM**

**75% Federal Funds, 25% General Funds, 0% Other Funds**

State Fiscal Year	Class / Account	Class Title	Job Number	Current Amount	Increase (Decrease)	Revised Amount
2020	102/500731	Contracts for Program Services	47007000	\$4,314,420	\$0	\$4,314,420
2021	102/500731	Contracts for Program Services	47007000	\$4,314,420	\$0	\$4,314,420
2022	102/500731	Contracts for Program Services	47007000	\$4,757,760	\$0	\$4,757,760
2023	102/500731	Contracts for Program Services	47007000	\$3,699,840	\$0	\$3,699,840
2024	102/500731	Contracts for Program Services	47007000	\$3,738,240	\$0	\$3,738,240
2025	102/500731	Contracts for Program Services	47007000	\$3,776,640	\$0	\$3,776,640
2026	102/500731	Contracts for Program Services	47007000	\$3,815,040	\$0	\$3,815,040
2027	102/500731	Contracts for Program Services	47007000		\$3,713,280	\$3,713,280
2028	102/500731	Contracts for Program Services	47007000		\$3,763,200	\$3,763,200
2029	102/500731	Contracts for Program Services	47007000		\$3,813,120	\$3,813,120
2030	102/500731	Contracts for Program Services	47007000		\$3,863,040	\$3,863,040
2031	102/500731	Contracts for Program Services	47007000		\$3,912,960	\$3,912,960
		<b>Sub Total</b>		<b>\$28,416,360</b>	<b>\$19,065,600</b>	<b>\$47,481,960</b>

**DEPARTMENT OF HEALTH AND HUMAN SERVICES  
FISCAL DETAILS SHEET**

**05-95-47-470010-2358 HEALTH AND SOCIAL SERVICES, HEALTH AND HUMAN SVCS DEPT,  
DIVISION OF MEDICAID SERVICES, HHS: OFC MEDICAID SERVICES, GRANITE ADVANTAGE  
HEALTH PROGRAM TRUST FUNDS  
90% Federal Funds, 0% General Funds, 10% Other Funds (Granite Advantage Health Program Trust Fund)**

State Fiscal Year	Class / Account	Class Title	Job Number	Current Amount	Increase (Decrease)	Revised Amount
2020	102/500731	Contracts for Program Services	47007006	\$90,000	\$0	\$90,000
2021	102/500731	Contracts for Program Services	47007006	\$90,000	\$0	\$90,000
		<b>Sub Total</b>		<b>\$180,000</b>	<b>\$0</b>	<b>\$180,000</b>

**05-95-47-470030-9321 HEALTH AND SOCIAL SERVICES, HEALTH AND HUMAN SVCS DEPT,  
DIVISION OF MEDICAID SERVICES, HHS: OFC MEDICAID SERVICES, MMIS LIFECYCLE  
MANAGEMENT  
90% Federal Funds, 10% General Funds, 0% Other Funds**

State Fiscal Year	Class / Account	Class Title	Job Number	Current Amount	Increase (Decrease)	Revised Amount
2024	034/500099	Capital Projects	47007002	\$3,421,440	\$0	\$3,421,440
2027	034/500099	Capital Projects	47007002	\$0	\$5,760,000	\$5,760,000
		<b>Sub Total</b>		<b>\$3,421,440</b>	<b>\$5,760,000</b>	<b>\$9,181,440</b>
		<b>Total</b>		<b>\$65,124,721</b>	<b>\$24,825,600</b>	<b>\$89,950,321</b>



**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](http://doit.nh.gov)



Denis Goulet, *Commissioner*

May 26, 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 with NTT DATA State Health Consulting, as described below and referenced as DoIT No. 2005-002R.

The purpose of this request is to continue quality assurance services in compliance with the requirements of the Centers for Medicare & Medicaid Services.

The Total Price Limitation shall increase by \$24,825,600 for a new Total Price Limitation of \$89,950,321, effective upon Governor and Council approval from July 1, 2026 through June 30, 2031.

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, appearing to read "Denis Goulet". The signature is fluid and cursive, with a long horizontal stroke extending to the right.

Denis Goulet

DG/jd  
DoIT #2005-002R

cc: Ken Gagne, IT Manager, DoIT

**State of New Hampshire  
Department of Health and Human Services  
Amendment #18**

This Amendment to the NTT DATA State Health Consulting, LLC (formerly Cognosante Consulting LLC, Cognosante, LLC, FOX Systems, LLC and FOX Systems, Inc.) contract is by and between the State of New Hampshire, Department of Health and Human Services ("State" or "Department") and NTT DATA State Health Consulting, LLC ("the Contractor").

WHEREAS, pursuant to an agreement (the "Contract") approved by the Governor and Executive Council on December 1, 2004 (Late Item #E), and amended with Governor and Council approval on December 12, 2006 (Item #119A), December 11, 2007 (Item #60), December 18, 2008 (Item #57), June 23, 2010 (Item #95), April 18, 2012 (Item #57), January 16, 2013 (Item #17), August 14, 2013 (Item #32), March 26, 2014 (Item #25A), July 16, 2014 (Item #3), December 23, 2014 (Item #7), December 2, 2015 (Item #12), December 21, 2016 (Item #10), June 21, 2017 (Item # 6A), November 14, 2018 (Item #8), and June 19, 2019 (Item #12), June 30, 2021, (Item #8), and most recently amended on June 14, 2023 (Item #17A), the Contractor agreed to perform certain services based upon the terms and conditions specified in the Contract as amended 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, 2031
2. Form P-37, General Provisions, Block 1.8., Price Limitation, to read:  
\$89,950,321
3. Form P-37, General Provisions, Block 1.9., Contracting Officer for State Agency, to read:  
Robert W. Moore, Director
4. 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 these regulations. The Contractor shall also comply with all applicable intellectual property laws.
5. Modify the provisions of Exhibit A, Scope of Services, Section 4, Period Of Performance/Termination to read:
  - 4.1 PERIOD OF PERFORMANCE
    - 4.1.1 The Contract Period September 1, 2004 through June 30, 2031, includes the option for early termination of the Contract for convenience and reduction in NTT DATA staff, both of which are exercisable at the sole discretion of the Commissioner of the Department of Health and Human Services at any time after June 30, 2026, after

giving the Contractor thirty (30) days written notice.

4.1.2 The Contract shall only take effect after full execution of the parties and Governor and Executive Council approval. This Amendment 18 is effective July 1, 2026 subject to Governor and Executive Council approval. It shall remain in effect through June 30, 2031, unless otherwise amended or terminated in accordance with the terms of the Contract.

- 6. Modify Exhibit A Scope of Services, Section 7, Project Management, Subsection 7.2, Paragraph (a) by replacing in its entirety with:
  - a. The Contractor’s key personnel shall be comprised of individuals identified in Table 7.2-1, Project Staff:

**Table 7.2-1: Project Staff**

Name	Title
Ken Dybevik	Program Director/Client Executive
Tammy Damon	Project Contract Manager
Tricia LaPlant	Project Manager
Margaret Patterson	Senior Business Analyst
Saraswathi Kondur	Senior Business Analyst
Jacob Thomas	Senior Business Analyst
Vickie Gavin	Senior Business Analyst
Sharadwanth Sagar Pusala	Senior Business Analyst
Pradyumna Kalita	Senior Business Analyst
Kedrin Lamb	Senior Business Analyst
Jennifer Bender	Senior Business Analyst
Subeshka Rayamajhi	Senior Business Analyst
Susan Rotondi	Senior Business Analyst
Anurag Kondapaka	Senior Business Analyst
Mitzi Shepherd	Technical Advisory Group (TAG)

- 7. Modify Exhibit A, Scope of Services, Section 12 Amendment 17 Table 12-1, QA Services Deliverables and Schedule, by modifying Row 3.20 to read:

Number	Description	Date
3.20	<p>Quality Assurance PM/SIT and UAT – MMIS Enhancements and Medicaid Enterprise Systems</p> <p>Quality Assurance and Project Management tasks listed below will support communication and collaboration for Medicaid Enterprise System enhancements that include, but are not limited to MMIS, New HEIGHTS Integrated Eligibility, Department of Administrative Services, and Centers for Medicaid &amp; Medicare Services (CMS).</p> <ul style="list-style-type: none"> <li>• Quality assurance review of project requirements or vendor requirement documents</li> <li>• Project leadership</li> </ul>	<p>Due dates to be mutually established based on MMIS enhancement project schedule</p>

Number	Description	Date
	<ul style="list-style-type: none"> <li>• Review of vendor SDLC contract requirements for Medicaid Enhancement Systems system enhancements to identify gaps</li> <li>• Quality assurance review and validation of vendor estimates for Medicaid Enterprise System enhancements</li> <li>• Quality assurance review of vendor project status reports</li> <li>• Quality assurance review of system documentation</li> <li>• Review of vendor SDLC deliverables/artifacts for Medicaid Enterprise System enhancements</li> <li>• Provider Subject matter expertise</li> <li>• Performance of SIT and UAT tasks</li> <li>• Preparation of project meeting minutes</li> <li>• Participate in JAD Sessions</li> <li>• Other tasks as agreed during the contract period</li> </ul> <p>MMIS Enhancements for SFY 2027-2031 include but are not limited to:</p> <ul style="list-style-type: none"> <li>• Cloudsuite</li> <li>• TMSIS</li> <li>• Third Party Liability                             <ul style="list-style-type: none"> <li>○ Data Match</li> <li>○ Data and Hospital Reporting</li> </ul> </li> <li>• Medicaid PPA (Provider Participation Agreement) and New Provider Type</li> <li>• NF (Nursing Facility) and CRE (Community Reentry) Kick Payment Changes</li> <li>• Other post DDI Medicaid Enterprise System Enhancements as directed by the State or approved in APDs.</li> </ul>	

8. Modify Exhibit B, Methods and Conditions Precedent to Payment, Section 8.1 Funding of Contract, Paragraph C to read:

8.1 Amendment 18 Funding of Contract, Paragraph C: The total amount of all payments made to the Contractor for costs and expenses incurred in the performance of the Medicaid Management Information System Quality Assurance services during the period September 1, 2004 through June 30, 2031, shall not exceed the Contract Price Limitation as specified in Form P-37, General Provisions, Block 1.8, Price Limitation in accordance with the project budget identified in Amendment 18 Exhibit B-1, Budget, as set forth in Section 11 of this Amendment 18. Notwithstanding anything in this Contract to the contrary, and notwithstanding unexpected circumstances, in no event shall the total of all payments under this Contract exceed the Contract Price Limitation as specified in Form P-37, General Provisions, Block 1.8, Price Limitation The payment by the State of the Contract price shall be the only and the complete reimbursement to the Contractor for all fees and expenses, of whatever nature, incurred by the Contractor in performance hereof. In no event shall the State be liable for any payments hereunder in excess of appropriated or available funds. In the event of a reduction, termination, or modification of appropriated

or available funds, the State shall have the right to withhold payment until such time funds become available, if ever. The State shall have the right to reduce, terminate or modify services under the Contract immediately upon giving the Contractor notice of such reduction, termination or modification. The State shall not be required to transfer funds from any other source or account into the Account(s) identified in Block 1.6 of the General Provisions, Account Number, or any other account, in the event funds are reduced or unavailable.

Notwithstanding Paragraph 17 of Form P-37, General Provisions, an amendment limited to transferring funds between budgets and budget line items contained in Exhibit B Methods and Conditions Precedent to Payment, within the price limitation, can be made by written agreement of both parties and may be made without obtaining the approval of the Governor and Executive Council.

- 9. Modify Exhibit B, Methods & Conditions Precedent to Payment, Table B-1b: Budget by Phase to read:

**Amendment 18 Table B-1b: Budget by Phase**

Project Phase	Budget
Project Monitoring	\$10,039,071
Pre-DDI QA	\$407,036
DDI Phase through 3/31/13	\$5,029,930
DDI Phase Post Go-Live	\$68,867,284
DDI Contingency	\$327,840
Post DDI	\$2,036,991
DDI 5010 QA	\$239,776
IES IV&V	\$3,002,393
<b>TOTAL:</b>	<b>\$89,950,321</b>

- 10. Modify Exhibit B, Methods & Conditions Precedent to Table B-1c: QA Services Staffing Levels, to read:

**Amendment 18 Table B-1c: QA Services Staffing Levels**

Task	Staffing	SFY 2027 Monthly Budget	SFY 2028 Monthly Budget	SFY 2029 Monthly Budget	SFY 2030 Monthly Budget	SFY 2031 Monthly Budget
3.20 QA and SIT and UAT – MMIS and Other Medicaid System Enhancements	8	n/a	n/a	n/a	n/a	n/a
	7	\$217,280	\$219,520	\$221,760	\$224,000	\$226,240
	6	\$186,240	\$188,160	\$190,080	\$192,000	\$193,920
	5	\$155,200	\$156,800	\$158,400	\$160,000	\$161,600
	4	\$124,160	\$125,440	\$126,720	\$128,000	\$129,280

Initial  
EH

	3	\$93,120	\$94,080	\$95,040	\$96,000	\$96,960
	2	\$62,080	\$62,720	\$63,360	\$64,000	\$64,640
	1	\$31,040	\$31,360	\$31,680	\$32,000	\$32,320
	0	\$0	\$0	\$0	\$0	\$0
Project Manager	1	\$32,000	\$32,320	\$32,640	\$32,960	\$33,280
	0	\$0	\$0	\$0	\$0	\$0
3.21 Testing Optional Support	5	n/a	n/a	n/a	n/a	\$199,280
	4	\$124,160	\$125,440	\$126,720	\$128,000	\$129,280
	3	\$93,120	\$94,080	\$95,040	\$96,000	\$96,960
	2	\$62,080	\$62,720	\$63,360	\$64,000	\$64,640
	1	\$31,040	\$31,360	\$31,680	\$32,000	\$32,320
	0	\$0	\$0	\$0	\$0	\$0
*The Department may change the level of staffing support for QA Services 3.20, and 3.21, after giving thirty (30) days written notice to the Contractor.						

11. Modify Amendment 17 Exhibit B-1: Budget by replacing it in its entirety with Amendment 18 Exhibit B-1: Budget, to read:

**Amendment 18 Exhibit B-1: Budget**

Phase Ref	Contract Task	Amend 17 Value	Amend 18 Value Change	Amend 18 Value
<b>Project Monitoring</b>				
1.1	Overall Finalized QA Plan	\$19,705	\$0	\$19,705
1.1.1	Review sessions and meetings, Kickoff, Weekly Status Meetings, Other Meetings	\$4,817,619	\$1,202,942	\$6,020,561
1.1.2	Publish session and meeting minutes and revised Project Plans	\$1,399,502	\$349,404	\$1,748,906
1.1.3	Produce Monthly Project Status Reports	\$600,517	\$188,734	\$789,251
1.1.4	Produce Monthly Project Risk Management Reports	\$680,410	\$217,320	\$897,730
1.2	Publish QA Work Plan and Schedule	\$223,099	\$0	\$223,099
1.3	Integrate QA Work Plan and Implementation Project Work Plan	\$142,089	\$0	\$142,089

Phase Ref	Contract Task	Amend 17 Value	Amend 18 Value Change	Amend 18 Value
1.4	Create Project Communication Plan	\$28,000	\$0	\$28,000
1.5	Create a Documentation plan for the Project	\$19,705	\$0	\$19,705
1.6	Create Paperwork and Electronic Media Control Procedures	\$14,705	\$0	\$14,705
1.7	DDI Deliverable Review and Approval Process	\$34,705	\$0	\$34,705
1.8	Establish process for review and approval of software development results	\$26,205	\$0	\$26,205
1.9	Create Expenditure Control Plan	\$14,705	\$0	\$14,705
1.10	Create cost benefit methodology Plan	\$0	\$0	\$0
1.11	Implement Control Guidelines Plan	\$14,705	\$0	\$14,705
1.13	Establish a Project Scope Management and Change Control Plan	\$45,000	\$0	\$45,000
<b>Subtotal</b>		<b>\$8,080,671</b>	<b>\$1,958,400</b>	<b>\$10,039,071</b>
<b>Pre-DDI QA</b>				
<b>Subtotal</b>		<b>\$407,036</b>	<b>\$0</b>	<b>\$407,036</b>
<b>DDI QA</b>				
3.1	Report on Implementation Vendor Deliverables (see Exhibit B-1a)	\$1,324,789	\$0	\$1,324,789
3.2	Requirements Traceability Matrix Report	\$88,921	\$0	\$88,921
3.3	JAD session Report	\$72,222	\$0	\$72,222
3.4	Technical Review Report	\$92,052	\$0	\$92,052
3.5	QA Test Plan	\$68,839	\$0	\$68,839
3.6	Integration and System Testing Report	\$1,333,978	\$0	\$1,333,978
3.7	User Acceptance Test Cases and Scripts	\$387,521	\$0	\$387,521
3.8	User Acceptance Testing	\$545,981	\$0	\$545,981
3.9	Issues Tracking Report	\$0	\$0	\$0
3.10	User Acceptance Testing Report	\$109,289	\$0	\$109,289
3.13	Provider Readiness Report	\$46,458	\$0	\$46,458
3.14	Operational Readiness Report	\$40,678	\$0	\$40,678
3.15	Implementation Readiness Report	\$44,894	\$0	\$44,894
3.17	Implementation Close Out Report	\$85,830	\$0	\$85,830
3.18	Certification Traceability Matrix	\$102,816	\$0	\$102,816
3.19	Contingent Testing Support	\$314,496	\$0	\$314,496

Phase Ref	Contract Task	Amend 17 Value	Amend 18 Value Change	Amend 18 Value
3.20	QA/PM and SIT and UAT - MMIS and Other Medicaid System Enhancements	\$29,865,521	\$15,264,000	\$45,129,521
3.21	Testing Support for MMIS and other Medicaid Enterprise system enhancements	\$16,505,729	\$7,603,200	\$24,108,929
<b>Subtotal</b>		<b>\$51,030,014</b>	<b>\$22,867,200</b>	<b>\$73,897,214</b>
<b>DDI QA - Contingency Option</b>				
<b>Subtotal</b>	<i>Amendment 6 Monthly Fixed Price Value (Supplements Tasks 1.x, 3.20, 3.21, 4.2, 4.6, 5.x)</i>	<b>\$327,840</b>	<b>\$0</b>	<b>\$327,840</b>
<b>Post-DDI QA</b>				
<b>Subtotal</b>		<b>\$2,036,991</b>	<b>\$0</b>	<b>\$2,036,991</b>
<b>Amend 5 - 5010 QA</b>				
<b>Subtotal</b>		<b>\$239,776</b>	<b>\$0</b>	<b>\$239,776</b>
<b>IES IV&amp;V</b>				
6.1	Produce Monthly Project Status Reports	\$2,942,553	\$0	\$2,942,553
6.2	IES Security Plan Review	\$59,840	\$0	\$59,840
6.3	IES Tester(Optional)	\$0	\$0	\$0
<b>Subtotal</b>		<b>\$3,002,393</b>	<b>\$0</b>	<b>\$3,002,393</b>
<b>Additional Maintenance Testing</b>				
7.1	Provide Medicaid Enterprise System maintenance testing services and related duties.	\$0	\$0	\$0
<b>Subtotal</b>		<b>\$0</b>	<b>\$0</b>	<b>\$0</b>
<b>Project Total</b>		<b>\$65,124,721</b>	<b>\$24,825,600</b>	<b>\$89,950,321</b>

12. Modify Amendment 17 Exhibit B Table B-4 *Future IT Services* by replacing it in its entirety with Amendment 18 Exhibit B Table B-4 *Future IT Services*, to read:

**Amendment 18 Exhibit B Table B-4: Future IT Services**

Service Position Title	SFY 2027	SFY 2028	SFY 2029	SFY 2030	SFY 2031
Client Executive	\$235	\$237	\$239	\$241	\$243
Project Manager	\$200	\$202	\$204	\$206	\$208
Medicaid Policy Expert	\$188	\$190	\$192	\$194	\$196

Initial  
EH

Quality Assurance Lead	\$190	\$192	\$194	\$196	\$198
JAD Facilitator	\$202	\$204	\$206	\$208	\$210
Business Analyst	\$194	\$196	\$198	\$200	\$202
Test Analyst	\$184	\$186	\$188	\$190	\$192
Code Analyst	\$153	\$155	\$157	\$159	\$161
Senior Business Analyst	\$194	\$196	\$198	\$200	\$202
Senior Testing Analyst	\$189	\$191	\$193	\$195	\$197
Certification Specialist	\$200	\$202	\$204	\$206	\$208
TAG Member	\$220	\$222	\$224	\$226	\$228

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*  
CF5B44D4F70B4E4...  
\_\_\_\_\_  
Name: Henry D. Lipman  
Title: Medicaid Director

NTT DATA State Health Consulting, LLC.

5/12/2026  
\_\_\_\_\_  
Date


Signed by:  
*Elizabeth Howen*  
CB944CC240DC417...  
\_\_\_\_\_  
Name: Elizabeth Howen  
Title: President - SLED

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:  
  
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:

# State of New Hampshire

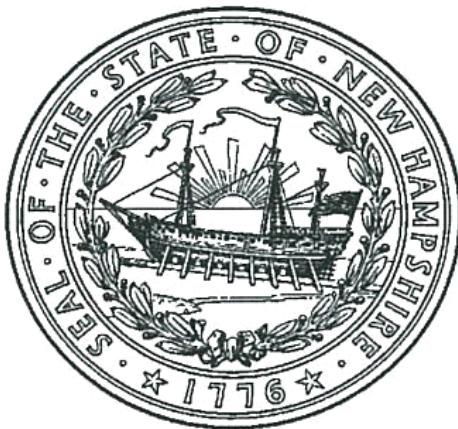
## Department of State

### CERTIFICATE

I, David M. Scanlan, Secretary of State of the State of New Hampshire, do hereby certify that NTT DATA STATE HEALTH CONSULTING, LLC is a Delaware Limited Liability Company registered to transact business in New Hampshire on March 03, 2016. 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: **739971**

Certificate Number: **0007918027**



IN TESTIMONY WHEREOF,  
I hereto set my hand and cause to be affixed  
the Seal of the State of New Hampshire,  
this 28th day of April 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

SECRETARY'S CERTIFICATE OF CORPORATE RESOLUTION  
OF  
NTT DATA STATE HEALTH CONSULTING, LLC

The undersigned certifies that he is the duly elected Secretary of NTT DATA State Health Consulting, LLC (formerly known as Cognosante Consulting, LLC), a Delaware limited liability company (the "Company"), and that, as such, he is authorized to execute this certificate on behalf of the Company, and further certifies that:

- 1) The Manager and Sole Member of the Company, through written consent resolutions duly approved and executed (the "Resolutions"), duly appointed the following individuals as officers of the Company effective September 1, 2025:

Name	Officer Position
Sudhir Chaturvedi	Chief Executive Officer
Karen Prince Wright	Chief Financial Officer
Dean Williams	Executive Vice President, Chief People Officer
Katrina Kropa	Regional General Counsel and Secretary
Meredith Vance	Senior Vice President and Treasurer
Deborah Strayer	Vice President
Troy Wagnon	Vice President, Tax
Elizabeth Howen	President State, Local and Education

- 2) The Resolutions have not been amended and are in full force and effect on the date hereof. This authority was **valid thirty (30) days prior to and remains valid for thirty (30) days** from the date of this Secretary Certificate. I further certify that it is understood that the State of New Hampshire will rely on this certificate as evidence that the person(s) listed above currently occupy the position(s) indicated and that they have full authority to bind the corporation. To the extent that there are any limits on the authority of any listed individual to bind the corporation in contracts with the State of New Hampshire, all such limitations are expressly stated herein.

\* \* \* \*

IN WITNESS THEREOF, I have hereunto signed my name on May 11, 2026.

NTT DATA State Health Consulting, LLC  
a Delaware limited liability company

DocuSigned by:  
  
By: \_\_\_\_\_  
FC5A22599DB8463...

Name: Katrina Kropa

Title: Secretary



# CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

7/1/2026

5/27/2025

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

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

<b>PRODUCER</b> Lockton Companies, LLC DBA Lockton Insurance Brokers, LLC in CA CA license #0F15767 2100 Ross Ave., Ste. 1400 Dallas TX 75201 (214) 720-5563	<b>CONTACT NAME:</b> <b>PHONE (A/C, No, Ext):</b> <span style="float: right;"><b>FAX (A/C, No):</b></span> <b>E-MAIL ADDRESS:</b> <table style="width: 100%; border-collapse: collapse;"> <tr> <th style="width: 80%;">INSURER(S) AFFORDING COVERAGE</th> <th style="width: 20%;">NAIC #</th> </tr> <tr> <td><b>INSURER A:</b> The Phoenix Insurance Company</td> <td style="text-align: center;">25623</td> </tr> <tr> <td><b>INSURER B:</b> The Travelers Indemnity Company of America</td> <td style="text-align: center;">25666</td> </tr> <tr> <td><b>INSURER C:</b> Travelers Property Casualty Company of America</td> <td style="text-align: center;">25674</td> </tr> <tr> <td><b>INSURER D:</b> National Union Fire Ins Co Pitts. PA</td> <td style="text-align: center;">19445</td> </tr> <tr> <td><b>INSURER E:</b> Endurance American Specialty Insurance Co.</td> <td style="text-align: center;">41718</td> </tr> <tr> <td><b>INSURER F:</b> Beazley Excess and Surplus Insurance, Inc.</td> <td style="text-align: center;">17520</td> </tr> </table>	INSURER(S) AFFORDING COVERAGE	NAIC #	<b>INSURER A:</b> The Phoenix Insurance Company	25623	<b>INSURER B:</b> The Travelers Indemnity Company of America	25666	<b>INSURER C:</b> Travelers Property Casualty Company of America	25674	<b>INSURER D:</b> National Union Fire Ins Co Pitts. PA	19445	<b>INSURER E:</b> Endurance American Specialty Insurance Co.	41718	<b>INSURER F:</b> Beazley Excess and Surplus Insurance, Inc.	17520
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<b>INSURER E:</b> Endurance American Specialty Insurance Co.	41718														
<b>INSURER F:</b> Beazley Excess and Surplus Insurance, Inc.	17520														
<b>INSURED</b> 1459564 NTT DATA State Health Consulting, LLC. Attn: Letisa McKenzie 7950 Legacy Drive, 11th Floor Plano TX 75024															

**COVERAGES** **CERTIFICATE NUMBER:** 19612122 **REVISION NUMBER:** XXXXXXXX

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"/> <b>COMMERCIAL GENERAL LIABILITY</b> <input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR  GEN'L AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input checked="" type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC OTHER:	Y	N	HN660-6N030306-PHX-25	7/1/2025	7/1/2026	EACH OCCURRENCE \$ 1,000,000 DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 1,000,000 MED EXP (Any one person) \$ 15,000 PERSONAL & ADV INJURY \$ 1,000,000 GENERAL AGGREGATE \$ 2,000,000 PRODUCTS - COMP/OP AGG \$ 2,000,000 \$
B	<input checked="" type="checkbox"/> <b>AUTOMOBILE LIABILITY</b> <input checked="" type="checkbox"/> ANY AUTO <input type="checkbox"/> OWNED AUTOS ONLY <input type="checkbox"/> SCHEDULED AUTOS <input checked="" type="checkbox"/> HIRED AUTOS ONLY <input checked="" type="checkbox"/> NON-OWNED AUTOS ONLY	Y	N	HHCAP-1J668701-TIA-25	7/1/2025	7/1/2026	COMBINED SINGLE LIMIT (Ea accident) \$ 1,000,000 BODILY INJURY (Per person) \$ XXXXXXXX BODILY INJURY (Per accident) \$ XXXXXXXX PROPERTY DAMAGE (Per accident) \$ XXXXXXXX \$ XXXXXXXX
C	<input checked="" type="checkbox"/> <b>UMBRELLA LIAB</b> <input checked="" type="checkbox"/> OCCUR <input type="checkbox"/> EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE DED RETENTION \$	Y	N	CUP-1J668829-25-I3	7/1/2025	7/1/2026	EACH OCCURRENCE \$ \$10,000,000 AGGREGATE \$ \$10,000,000 \$ XXXXXXXX
C B	<b>WORKERS COMPENSATION AND EMPLOYERS' LIABILITY</b> ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below	Y/N N	N/A	UB-0Y81711A-25-I3-K (AOS) UB-0Y810039-25-I3-R(Retro)	7/1/2025 7/1/2025	7/1/2026 7/1/2026	<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
D E F	<b>CRIME PROF. E&amp;O/CYBER XS CYBER/TECH E&amp;O</b>	N	N	01-425-40-75 ANP30088814300 D32B77250401	7/1/2025 7/1/2025 7/1/2025	7/1/2026 7/1/2026 7/1/2026	SEE ATTACHED

**DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)**  
 Certificate Holder is Amended to Include: State of NH Department of Health and Human Services. Umbrella is follow form.

**CERTIFICATE HOLDER**

**CANCELLATION** See Attachments

19612122 State of NH Department of Health and Human Services 129 Pleasant Street Concord NH 03301-3857	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 
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