AMENDMENT NUMBER 2
to the
NORTH CAROLINA
REPLACEMENT MEDICAID MANAGEMENT
INFORMATION SYSTEM CONTRACT
RFP #30-DHHS-1228-08-R

THIS AMENDMENT NUMBER 2 to the North Carolina Replacement Medicaid Management Information System Contract (this "Amendment") is entered into by and between Computer Sciences Corporation, a Nevada corporation ("Vendor") and the North Carolina Department of Health and Human Services ("NC DHHS" or the "State") and is effective as of the later of the dates of signature applied by the Parties below. Capitalized terms used but not defined herein shall have the meanings set forth in the North Carolina Replacement Medicaid Management Information System Contract awarded as of December 22, 2008 and entered into by and between Vendor and NC DHHS, as amended (the "Contract").

WHEREAS, Vendor and NC DHHS desire to amend the Contract on the terms set forth herein;

NOW, THEREFORE, in consideration of the premises, covenants and agreements herein contained, and intending to be legally bound hereby, Vendor and NC DHHS hereby agree as follows:

SECTION 1

AMENDMENT OF THE CONTRACT

Section 1.1 Revision to RFP Section 10.4.1. The following sentence is deleted from RFP Section 10.4.1:

> The Contract term for the Operations Phase of the Replacement MMIS functional group shall be for four (4) years with an additional one (1)-year option.

Section 1.2 Revision to RFP Section 30.2. The text of RFP Section 30.2 is hereby deleted and replaced with the following:

> Unless earlier terminated as provided herein, the term of the Contract (the "Term") shall commence on the Effective Date and shall continue until the later of the end of the Turnover Phase or the fifth (5th) anniversary of the date on which the State determines in its sole but reasonable discretion that the Replacement MMIS has become operational substantially as a whole and has begun generating official data of record with the approval of the State (the "Operational Start Date"). Provided that the Turnover Phase has not been initiated, the State may extend the Term for each of two, immediately succeeding, one year periods if for each extension the State gives Vendor notice to such effect not less than ninety (90) days prior to the expiration of the then effective Term. Either such additional period shall automatically extend until the end of the

Turnover Phase, if the Turnover Phase is initiated during that period. Unless specifically set forth otherwise in the Contract, all terms of the Contract shall apply throughout the Term, including as the Term may be extended.

Section 1.3 Revision to RFP Section 30.6.4(d). The text of RFP Section 30.6.4(d) is deleted and replaced with the following:

Except as provided in the next paragraph of this Section 30.6.4(d), proposals that include changes during any Phase to the scope, price or time schedule of the Services, or to any dates in the Contract of significant consequence to performance of the Services, shall be made effective through the Parties execution of a Contract amendment. Proposals that do not include any such changes (including, for example and without limitation, clarifications of existing requirements or specifications of no price or schedule impact) shall be made effective through the Parties' sign off or execution of such documentation as shall be required under the Change Management Plan, except when the Parties may agree in a particular instance that it is appropriate to execute a formal Contract amendment.

Changes to the time schedule of the Services in the IMS shall not require the Parties' execution of a Contract amendment if no change to the Targeted Operational Readiness Date is included among those changes, and if the changes do not affect the scope or price of the Services. Such changes to the IMS shall become binding on the Parties if and when, in his or her discretion, the Replacement MMIS Contract Administrator notifies the Vendor's Contract Manager that the State approves the changes as documented by the Parties in a specified, revised version of the IMS. Notwithstanding the terms of Section 30.6.3, the Replacement MMIS Contract Administrator may give such notice by letter or email.

Section 1.4 Addition of RFP Section 30.40.2.7. The following text shall be added to the RFP as Section 30.40.2.7:

30.40.2.7 Credit Against Operations Phase Payments

The State shall receive a credit against the amount payable to Vendor pursuant to Sections 30.40.2.1 through 30.40.2.6 above during each of the first sixty (60) months of the Operations Phase of one hundred sixty-six thousand six hundred sixty-six dollars ($166,666.00) per month; provided that if in any of the foregoing months the amount payable is less than the amount of the credit for such month, the difference shall be credited to the State for each of the then remaining months on a prorated basis. If the Term of the Contract continues for the full sixty month period but is not extended beyond such time (or if the Term is then extended only to complete the Turnover Phase), Vendor shall remit any remaining balance of the credit to the State within thirty (30) days of the end of the Term. If the Term is extended beyond the sixty month period, the State may apply any portion of the credit which is not extinguished by the end of the sixty month period against any subsequent Vendor invoice. If the Contract is terminated during the sixty month

period, Vendor shall remit to the State an amount equal to one hundred sixty-six thousand six hundred sixty-six dollars ($166,666.00) times the number of full months remaining in the sixty month period at the time termination is effective, plus the amount of any then accumulated credit for prior months, plus a daily prorated portion of $166,666.00 for the then remaining days of the month in which termination becomes effective (if any) and for each day in the final month of the Term if that month is less than a full month. If the Contract expires or terminates after the sixty month period and by such time the State has not applied any portion of a remaining credit, Vendor shall remit the credit to the State within thirty (30) days of the date of expiration or termination.

Section 1.5 Revision to RFP Section 30.40.4. The first paragraph of RFP Section 30.40.4 is hereby deleted and replaced with the following:

> The Vendor shall invoice the State for the appropriate amount during the Replacement Phase following the State's acceptance of each Milestone or Deliverable, provided, however, that the Vendor shall invoice the State for (a) Provider and other early-implemented of-record Services as provided in Section 30.40.1.2 of this RFP, (b) work funded through the Replacement Phase Additional Functionality Pool as specified in the applicable CSR, and (c) work undertaken on a time and materials basis as follows: no more than once monthly, within the first calendar week of each calendar month, for all such services rendered and materials provided during the previous calendar month.

For the avoidance of doubt, the remainder of RFP Section 30.40.4 will remain in full force and effect.

Section 1.6 Revision to RFP Section 30.44.1. RFP Section 30.44.1 is hereby retitled, "Targeted Operational Readiness Date—Contract Requirement," and its text is deleted and replaced with the following:

> The Vendor shall achieve a state of readiness for the Replacement MMIS such that the Replacement MMIS is operational substantially as a whole and capable of generating official data of record ("Operational Readiness") no later than February 28, 2013 ("Targeted Operational Readiness Date") and continuously thereafter. Without limiting the factors that determine such operational capability, Vendor will be deemed to have achieved Operational Readiness only after the State has accepted the final Milestone or Deliverable for DDI (which may, without limitation, be the final Milestone or Deliverable for 5010 Phase 1), and after User Acceptance Testing and Production Simulation Testing have been completed to the State's reasonable satisfaction.

Section 1.7 Revision to RFP Section 30.44.2. RFP Section 30.44.2 is hereby retitled, "Targeted Operational Readiness Date—Damages," and its text is deleted and replaced with the following:

If by the Targeted Operational Readiness Date Vendor has failed to demonstrate to the State's reasonable satisfaction that the Replacement MMIS has achieved Operational Readiness, then Vendor shall be liable for all costs incurred by the State for continued operation by the State and its third party contractors of all systems (whether manual or automated) that the Replacement MMIS is intended to replace or render obsolete by the Operational Readiness Date (including without limitation the Legacy MMIS+, POMCS, and Prior Approval), as well as the cost incurred by the State for all activities of the incumbent Fiscal Agent and other third parties that would have been discontinued or assumed by Vendor, as successor Fiscal Agent, if the Replacement MMIS had become operational substantially as a whole and had begun generating official data of record with the approval of the State on the Targeted Operational Readiness Date; provided, however, that the amount of such liability shall be less the amount that the State would have paid the Vendor if such Replacement MMIS and successor Fiscal Agent operations had begun on the Targeted Operational Readiness Date. Vendor's liability pursuant to this paragraph shall accrue until the Vendor demonstrates to the State's reasonable satisfaction that the Replacement MMIS has achieved Operational Readiness. If the Replacement MMIS thereafter ceases to maintain Operational Readiness, Vendor's liability shall be as provided in the following paragraph.

If upon the Targeted Operational Start Date and due to Vendor's performance or non-performance, Vendor is unable to demonstrate to the State's reasonable satisfaction that the Replacement MMIS is in Operational Readiness, then in lieu of the damages set forth in the preceding paragraph and without otherwise diminishing or foreclosing any remedies available to the State, damages, services credits and report-card-based retainages shall begin to accrue as provided in RFP Sections 30.44 and 30.45 as if the Operations Phase were underway.

The Parties anticipate that the various elements of the Replacement MMIS (except for the provider and other elements that are to be operational prior to the Operational Start Date in accordance with the Vendor's SOW) will be so interdependent in operation that it will not be economically or administratively reasonable for the Replacement MMIS to begin generating official data of record until the Replacement MMIS has achieved such readiness that it is then reasonable to decomission the Legacy MMIS+ as a whole. Any use of the Replacement MMIS, to generate data of record or otherwise, will not be deemed to be an acceptance of the Replacement MMIS, and will not waive any rights or remedies that the State may have under this Agreement or at law or in equity, including the remedy set forth in this Section 30.44.2.

For the avoidance of doubt, Vendor's liability under this Section 30.44.2 is subject to excuse pursuant to Section 3.49 (Force Majeure) and the final two paragraphs of Section 30.30 (concerning the State's failure to perform).

Section 1.8 Revision of RFP Section 30.50.3. The reference to "Section 30.44.2 (Targeted Operational Start Date - Damages)" in RFP Section 30.50.3 is hereby changed to, "Section 30.44.2 (Targeted Operational Readiness Date - Damages)."

Section 1.9 Revision of SOO Requirements Matrix Entry 10.12.4-7. SOO Requirements Matrix Entry 10.12.4-7, as it appears in the RFP and in the SOO Requirements Matrix of Vendor's Proposal, is hereby deleted and replaced with the following:

> Many data elements required to support credentialing processes are not present in the legacy Provider File and must be solicited from the provider. These data must be collected and entered into a database by the Operational Readiness Date.

Section 1.10 Revision of RFP Requirement 40.2.1.19. RFP Requirement 40.2.1.19, as it appears in the RFP and in the Requirements Matrix of Vendor's Proposal, is hereby deleted and replaced with the following:

> Provides capability to receive and process State entities' Eligibility History data from DIRM or ITS by the Operational Readiness Date.

Section 1.11 Revision of NCMMIS+ Acronym and Glossary List. The definition for the term, "Targeted Operational Start Date," set forth in the NCMMIS+ Acronym and Glossary List is hereby deleted and replaced with the following definition:

> The date selected by the State to be the first day of the Operations Phase.

Section 1.12 Revision to Questions and Answers Addendum. The answer set forth for Question S169 is hereby deleted and replaced with the following:

> Answer: None of the dates listed in the Act affect any time for implementation of capabilities in the Replacement MMIS. All programs and benefits identified in Section 10.9(a) must be fully implemented on the Operational Start Date.
>
> Note that the updated RetroDUR requirements are separate from those specified in the Act. The RetroDUR early operations capability must be implemented as soon as practical after contract award.

Section 1.13 Revisions to Pricing Tables. Pricing Tables A, G, I, J, K, L, M1, M2, N, O, S, T, U and Z are hereby deleted and replaced with the attached Pricing Tables A, G, I, J, K, L, M1, M2, N, O, S, T, U and Z, respectively.

Section 1.14 Payments for Provider Operational Preparations.

(a) Fixed Monthly Payments. During the four month period from and including March 1, 2013 to and including June 30, 2013, the State shall pay Vendor eight hundred thousand dollars ($800,000.00) per month on a daily prorated basis for Vendor's performance of the "Provider Operational Preparations" specified in Exhibit 1; provided, however, that such amounts shall be payable only if the Vendor has demonstrated to the State's reasonable

satisfaction that the Replacement MMIS has achieved and continues to maintain Operational Readiness. Notwithstanding the foregoing, such amounts shall be due only until the earlier of June 30, 2013 or the Operational Start Date. Vendor shall include amounts that become due pursuant to this Section in the monthly invoices that Vendor submits to the State pursuant to RFP Section 30.41.1.

(b) Milestones and Deliverables. Vendor shall provide the services, achieve the Milestones and provide the Deliverables indicated in the "Provider Operational Preparations Documentation," attached as Exhibit 1, in accordance with the time frames in the Integrated Master Schedule and subject to the procedures and consequences indicated in RFP Section 30.30.

(c) Payment for Milestones and Deliverables. Following the State's acceptance of each Milestone or Deliverable identified in the attached Table A for Provider Operational Preparations, the State shall become obligated to pay the amount corresponding to that Milestone or Deliverable in Table A in accordance with the invoicing and payment terms of RFP Sections 30.40.1, 30.40.4, 30.40.5 and 30.41, subject to the withholding of amounts pursuant to RFP Section 30.40.1.

(d) Notice of Targeted Operational Start Date. The State shall give Vendor no less than thirty (30) days notice of the date selected by the State to be the first day of the Operations Phase ("Targeted Operational Start Date"); provided, however, that the Targeted Operational Start Date may be prior to the Targeted Operational Readiness Date only with the written concurrence of Vendor.

Section 1.15 Rebaselining of Integrated Master Schedule. All versions of the Integrated Master Schedule adopted by the Parties prior to the effective date of this Amendment are hereby superseded and replaced by the Integrated Master Schedule bearing the electronic file name "NCMMIS Final Detailed IMS as of 4-19-2011.mpp" and recorded on the CD-ROM that is attached to this Amendment as its Exhibit 2. Each Party shall have no liability to the other to the extent that such liability arises, or is asserted to arise, from a Party's failure to timely act in accordance with any Integrated Master Schedule adopted by the Parties prior to the effective date of this Amendment; provided, however, that the State may continue to retain the compensation which the State is withholding from Vendor on the effective date of this Amendment pursuant to RFP Section 30.30, but only until such time as the State is required to release the compensation to Vendor in accordance with that Section. If, under this Agreement, a dispute arises between the parties in which the Integrated Master Schedule in effect prior to the date of this Amendment 2 is necessary and relevant to the resolution of such dispute, then the parties acknowledge the validity of such prior Integrated Master Schedule, and the resolution of the dispute shall proceed using the Integrated Master Schedule that was in effect as of the date of the facts giving rise to the dispute.

Section 1.16 Additional Payment for Provider Eligibility, Verification and Certification Services. In addition to the payments that the State is otherwise obligated under the Contract to make to Vendor from time to time for Vendor's Provider Eligibility, Verification and Certification services, the State shall make a one-time payment to Vendor of one million thirty-eight thousand dollars ($1,038,000.00). Vendor may request this payment in its first monthly invoice following the effective date of this Amendment.

Section 1.17 Legacy CSRs and Enhancements.

(a) Performance. Vendor shall provide the services indicated in the "Legacy CSRs" listed in Exhibit 3, as well as the services described in the "Enhancements" document attached as Exhibit 4, in each instance in accordance with the time frames in the Integrated Master Schedule and subject to the procedures and consequences indicated in RFP Section 30.30.

(b) Payment. Following the State's acceptance of each Milestone or Deliverable identified in Table A for Legacy CSRs and Enhancements, the State shall become obligated to pay the amount corresponding to that Milestone or Deliverable in Table A in accordance with the invoicing and payment terms of RFP Sections 30.40.1, 30.40.4, 30.40.5 and 30.41, subject to the withholding of amounts pursuant to RFP Section 30.40.1.

Section 1.18 5010 Phase 1. References in this Amendment to "5010" relate to the subject matter of 45 CFR Part 162, "Health Insurance Reform; Modifications to the Health Insurance Portability and Accountability Act (HIPAA) Electronic Transaction Standards" in relation to ASC X12 Technical Reports Type 3 Version 005010 transaction sets.

(a) Performance. Vendor shall provide the services indicated in the "5010 Phase 1" document attached as Exhibit 5, in accordance with the time frames in the Integrated Master Schedule and subject to the procedures and consequences indicated in RFP Section 30.30.

(b) Payment. Following the State's acceptance of each Milestone or Deliverable identified in the attached Table AA for 5010 Phase 1, the State shall become obligated to pay the amount corresponding to that Milestone or Deliverable in Table AA in accordance with the invoicing and payment terms of RFP Sections 30.40.1, 30.40.4, 30.40.5 and 30.41, subject to the withholding of amounts pursuant to RFP Section 30.40.1.

Section 1.19 5010 Phase 2.

(a) Requirements and Design Subphase, (Part 1).

(i) Performance. Vendor shall provide the services indicated in the "5010 Phase 2" document attached as Exhibit 6, in accordance with the time frames in the Integrated Master Schedule and subject to the procedures and consequences indicated in RFP Section 30.30.

(ii) Payment. Following the State's acceptance of each Milestone or Deliverable identified in the attached Table AA for the 5010 Phase 2 Requirements and Design Subphase, the State shall become obligated to pay the amount corresponding to that Milestone or Deliverable in Table AA in accordance with the invoicing and payment terms of RFP Sections 30.40.1, 30.40.4, 30.40.5 and 30.41, subject to the withholding of amounts pursuant to RFP Section 30.40.1.

(b) Implementation Subphase, (Part 2).

(i) Performance. Provided that the State has accepted the 5010 Phase 2 design and requirements developed by Vendor in the Requirements and Design Subphase,

Vendor shall implement 5010 Phase 2 in compliance with the same and in accordance with the time frames in the Integrated Master Schedule.

(ii) Payment. The State shall pay Vendor for its 5010 Phase 2 Implementation Subphase services on a time and materials basis at the labor rates set forth in Tables G and O for hours actually worked. The total amount payable to Vendor for 5010 Phase 2 Implementation Subphase labor and materials reimbursement shall not exceed four million six hundred thousand dollars ($4,600,000.00) without the advance written permission of the Replacement MMIS Contract Administrator.

Section 1.20 ICD-10. References in this Amendment to "ICD-10" relate to the subject matter of 45 CFR Part 162, "HIPAA Administrative Simplification: Modifications to Medical Data Code Set Standards To Adopt ICD-10-CM and ICD-10-PCS."

(a) ICD-Assessment Subphase.

(i) Performance. Vendor shall provide the ICD-10 Assessment services indicated in the "ICD-10 Planning" document attached as Exhibit 7, in accordance with the time frames in the Integrated Master Schedule and subject to the procedures and consequences indicated in RFP Section 30.30.

(ii) Payment. Following the State's acceptance of each Milestone or Deliverable identified in the attached Table AA for the ICD-10 Assessment Subphase, the State shall become obligated to pay the amount corresponding to that Milestone or Deliverable in Table AA in accordance with the invoicing and payment terms of RFP Sections 30.40.1, 30.40.4, 30.40.5 and 30.41, subject to the withholding of amounts pursuant to RFP Section 30.40.1.

(b) Implementation Subphase.

(i) Performance. Provided that the State has accepted the ICD-10 design and requirements developed by Vendor in the ICD-10 Assessment Subphase, Vendor shall implement ICD-10 in compliance with the same and in accordance with the time frames in the Integrated Master Schedule.

(ii) Payment. The State shall pay Vendor for its ICD-10 Implementation Subphase services on a time and materials basis at the labor rates set forth in Pricing Tables G and O for hours actually worked. The total amount payable to Vendor for 5010 Phase 2 Implementation Subphase labor and materials reimbursement shall not exceed eight million five hundred thousand dollars ($8,500,000.00) without the advance written permission of the Replacement MMIS Contract Administrator.

Section 1.21 New CSRs.

(a) CSR Base Fee. Beginning with Vendor's invoice for charges accruing during April 2011 and continuing through Vendor's invoice for charges accruing during November 2012, Vendor shall invoice the State each month for payment of a five hundred two thousand five hundred dollar ($502,500.00) "CSR Base Fee."

(b) Application of CSR Base Fee. Upon receipt Vendor shall apply each CSR Base Fee payment to the balance then due Vendor from the State for the total charges arising under all CSRs, except those CSRs excluded in Section 1.21(d) below. If with respect to any invoice the CSR Base Fee exceeds the then applicable CSR charge balance, upon receipt of the CSR Base Fee Vendor shall credit the State's account by the excess amount. If with respect to any invoice the CSR Base Fee (plus any credit from prior excess payments) is insufficient to pay the then applicable CSR charge balance in full, Vendor shall invoice the State for payment of the shortfall, and the State shall pay the Vendor in accordance with the procedures set forth in this Agreement. The State may carry forward any credit that may remain after February 2013 and apply the credit to payment of any amount due Vendor.

(c) DDI Integration Fee. This Section 1.21(c) shall apply only to "DDI CSRs": (i) CSRs approved by the Change Control Body through the effective date of this Amendment, excluding the CSRs listed in Exhibit 8, and (ii) CSRs that are approved by the Change Control Body after the effective date of this Amendment and that modify Vendor's duty under the Contract to design, develop or install the Replacement MMIS. Beginning with Vendor's first invoice on or after the effective date of this Amendment, each invoice that calls for payment of charges arising under a given DDI CSR shall include, in addition to any line item(s) for payment of fixed fees, fees for labor in accordance with Pricing Table G, or any other fees that may arise under terms specific to the DDI CSR, a line item for payment of a "DDI Integration Fee" that is equal in dollars to the product of 26.33 times the total number of hours actually worked by Vendor's personnel (including the personnel of Vendor's subcontractors) in connection with the DDI CSR. Such a DDI Integration Fee shall be charged for each DDI CSR, regardless of whether the State compensates Vendor for labor under the DDI CSR on a fixed or time-variable basis, until the aggregate DDI Integration Fees accrued with respect to all DDI CSRs equal four million two hundred thousand dollars ($4,200,000.00).

(d) Excluded CSRs. This Section 1.21 shall not apply to (i) CSRs for analysis, design or coding with respect to ICD-10 codes or 5010 HIPAA transaction sets, (ii) the Legacy CSRs attached as Exhibit 3or (iii) HIT/MIPS CSRs, as that term is defined below in Section 1.22 of this Amendment.

Section 1.22 HIT/MIPS CSRs.

Vendor shall stand ready to provide labor valued at up to fifteen million, two hundred seventy seven thousand seven hundred sixty dollars ($15,277,760.00) pursuant to CSRs for design, development, installation, operation or maintenance of technologies mandated by, or expressly requested by the State in response to, the federal Health Information Technology for Economic and Clinical Health Act, the American Recovery and Reinvestment Act of 2009, or regulations promulgated under either such Acts, as well as for administrative and managerial Fiscal Agent operations mandated by, or expressly requested by the State in response to either Act or regulations thereunder (collectively, "HIT/MIPS CSRs"). The State may initiate such CSRs at its discretion. The State shall have no obligation to use any such labor or to pay the Vendor for such labor that is not utilized. NC DHHS reserves the right to forego resorting to Vendor's services, to obtain competitive bids, and to award the work to other vendors if NC DHHS is advised or directed to do so by other State or Federal authorities or if resorting to the

Vendor would be unacceptable due to anticipated problems with scheduling, unavailable resources, unacceptable prior performance, and/or excessive estimated costs. The dollar value set forth above in this Section 1.22 is established as a budgeting and administrative convenience to the Parties and shall not be construed as a limitation to the Vendor's obligation under Section 30.38 of this RFP regarding amendments to the Contract that may involve additional costs.

Section 1.23 Performance Bond or Letter of Credit. Within thirty (30) days of the effective date of this Amendment, Vendor shall obtain a performance bond or letter of credit at no expense to the State in the amount of twenty-five million dollars ($25,000,000.00). The performance bond or letter of credit shall be in a form and format, and issued by an entity, that is reasonably acceptable to the State. The performance bond or letter of credit shall serve the function described in RFP Section 30.33 and the State may resort to its proceeds as provided in that Section.

Section 1.24 Change to Pre-CMS-Certification Limitation of Liability. The amount set forth in RFP Section 30.50.1(a)(ii) is hereby changed to ninety million dollars ($90,000,000.00).

SECTION 2

MISCELLANEOUS

Section 2.1 Entire Agreement; Assignment. The Contract, as amended by this Amendment, (a) constitutes the entire agreement among the parties hereto with respect to the subject matter hereof and supersedes all other prior agreements and understandings, both written and oral, among the parties with respect to the subject matter thereof and (b) shall not be assigned by operation of law or otherwise.

Section 2.2 Validity. If any provision of this Amendment is held invalid or unenforceable, the remainder of this Amendment shall not be affected thereby, and to such end, the provisions of this Amendment are agreed to be severable.

Section 2.3 Governing Laws, Jurisdiction, And Venue. The validity, construction, and interpretation of the Contract, as amended by this Amendment, and any of its terms or provisions, as well as the rights, duties, and performance of the Parties to the Contract, are governed by the laws of North Carolina, exclusive of its conflicts of laws provisions. Solely with respect to the Contract, as amended by this Amendment, Vendor agrees and submits to the exclusive jurisdiction of the Federal or State courts situated in North Carolina and agrees, solely for such purpose, that the only venue for any legal proceedings shall be Wake County, NC. The place of the Contract, as amended by this Amendment, and all transactions, agreements relating to it, and their situs and forum, shall be Wake County, NC, where all matters, whether sounding in contract or tort, relating to its validity, construction, interpretation, and enforcement, shall be determined.

Section 2.4 Descriptive Headings. The descriptive headings herein are inserted for convenience of reference only and are not intended to be part of or to affect the meaning or interpretation of this Amendment.

Section 2.5 Signatures. This Amendment may be executed in two (2) or more counterparts, each of which shall be deemed to be an original, but all of which shall constitute one and the same agreement. Copies of signatures transmitted via facsimile shall constitute original signatures for all purposes of this Amendment.

Section 2.6 References to the Contract. From and after the execution of this Amendment, all references in the Contract to "this Contract," "hereof," "herein" and similar terms shall mean or refer to the Contract, as amended by this Amendment, and all references in other documents to the Contract shall mean the Contract, as amended by this Amendment.

Section 2.7 Amendment. This Amendment shall not be modified, supplemented or terminated in any manner whatsoever, except by an instrument in writing signed on behalf of the parties hereto. Except as expressly set forth in this Amendment, the Contract remains in full force and effect and without amendment.

IN WITNESS WHEREOF, each of the parties has caused this Amendment to be duly executed on its behalf as of the dates set forth below.

STATE OF NORTH CAROLINA
DEPARTMENT OF HEALTH AND HUMAN SERVICES

BY: _____ DATE: 7-7-11
SIGNATURE
PRINTED NAME Michael Watson
TITLE Deputy Secretary for Heath Services

COMPUTER SCIENCES CORPORATION

BY: _____ DATE: April 19, 2011
SIGNATURE
PRINTED NAME Mark E. Anderson
TITLE Director of Contracts

Amendment 2 Exhibit Listing

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Exhibit 1- Provider Operational Preparations ROM

- The Parties anticipate the Provider Operations Preparations (POP) will commence after the Replacement MMIS has achieved Operational Readiness as defined in *Section 1.6* of this Amendment. The inception date for the POP phase is March 1, 2013.

- The POP is scheduled to continue for up to four months.

- The POP allows targeted, State-selected Provider groups to receive Remittance Advices from the new NCTracks solution for up to two claims cycles, for comparison with those received from the legacy system.

- These dual claims processes will allow both Providers and the State to validate the business rules, claims payments, and other adjudication processes prior to the Vendor's entering into full Fiscal Agent Operations. The Milestones and Deliverables associated with the POP activities are identified in Pricing Table A.

- Major Operational Duties and Assumptions:
    - Production data, claim images and limited support will be required of the incumbent fiscal agent.
    - Incumbent fiscal agent will provide a complete legacy MMIS file of all claims for two payment cycles. These claims will be converted as necessary by the Vendor and used as new day claims for the two claims adjudication runs.
    - Vendor and the State will determine the limited reports and metrics that will be produced to evaluate the outcome of these two adjudication cycles.
    - Vendor will acquire the additional staff in February 2013 necessary to support the two comparative runs. Vendor's existing technical and business analyst personnel will perform analyses of the outcomes of the cycles, and provide assistance to the State and Providers in the conduct of their own analyses, such as:
        - Problem determination and analysis;
        - Data analysis of claims payment errors;
        - Event analysis; and
        - Analysis of claims adjudication cycle anomalies
    - Vendor will appropriately staff the necessary call center personnel to receive questions.
    - Vendor will provide technical and business specialists to address Provider questions in a timely fashion.
    - Vendor's staff will assist providers with inquiries regarding claim status, eligibility coverage, claim questions, prior authorization, remittance advice, demographic changes, and other related questions.
    - Vendor will validate all existing trading partners/clearing houses.
    - Vendor will verify the accuracy of claims payments for all State-selected provider types.
    - Vendor will provide training to Providers for:
        - Viewing submitted claims for status and accuracy;
        - Submitting new claims;
        - Correcting and resubmitting denied claims; and
        - Adjusting, voiding, or copying paid claims.

- State and Vendor will support enhancements to the defined POP activities as mutually agreed to ensure provider preparedness.
- Upon notification from the State of the Targeted Operational Start Date, the Vendor will perform a final data conversion, as well as all deployment activities required for the *NCTracks* system to become the operational system of record.

Exhibit 2 -Integrated Master Schedule

Attached on CD as described in Section 1.15.

Exhibit 3 -Legacy CSRs incorporated in existing design

Project Name:		**NC MMIS - RFP 30-DHHS-1228-08-R**		
Task Name:		**Enhancement for Design and Development - Legacy CSRs**		
Task Description:		These items have been previously incorporated in the existing design		
Cost Basis				
CSR Number	**Memo Number**	**Tasks**	**Hours**	**Dollars**
NC012574		Establish Conversion Table for Grouper		
NC012585		Corrections to SERVICE CODE Flag on MSIS ClaimOT and Date_Prescribed on MSIS ClaimRX datasets		
NC012641		Analysis for CMS 1500 and UB Version Changes		
NC012666		Create new edit to deny specific DME procedures for dual eligibles		
NC012669		Medicare Crossover Deductibles Percentage Payments		
NC012676		Financial Report Modification_ Creation to track Qualified Public Hospitals		
NC012678		Change MMA/Part D file to send retroactive records for retroactive changes in the institutionalizati		
NC012692		Coverage of Essure Procedure for Sterilization Manufacturer		
NC012696		Duplicate Auditing For Anesthesia Services		
NC012712		RxHub – E-Prescribing Requirements		
NC012717		MMA Monthly File Change		
NC012729		Duplicate Kick Payments due to Audit 6000 Bypass		
NC012732		Provider Letters Communicating Lock-In Statu		
NC012735		New Citizenship/Identity Code in EIS		
NC012737		Hospice Nursing Facility Room & Board Intermediate Level of Care – RC658		
NC012750		Systematic Review for Pharmacy Lock-Ins		
NC012756		Tocolytic Therapy (CD)		
NC012765		Change To CMS Form R-144-State Release #143		
NC012772		Changes to Format for Submitting COBA Eligibility Files		
NC012775		NDC Implementation Project - Drug Rebate Changes		
NC012790		Removal of State Mental Hospitals from Medicare Bypass Editing		
NC012793		NC Health Choice children 6-18 assigned to CCNC/CA PCPs – DRIVE information		
NC012794		NC Health Choice children 6-18 assigned to CCNC/CA PCPs (for admin numbers)		
NC012800		Invoice Personal Care Services (PCS) for Estate Recovery		
NC012802		Modify TOS logic for Immunization Procedures under 21		
NC012806		Revise DRG Grouper 24 to map to revised 2006 ICD-9 CM codes effective October 1, 2006		
NC012809		Change to Edit 903 For Botox Claims		
NC012824		MMIS Eligibility Datasets Modifications		
NC012829		MP07.524 Edit 169 and PR File Corrections		

NC012830		Revised memo-modifications to the MMIS Report TERMLETT and Process		
NC012831		Expand Transfer of Assets Begin and End Dates to Include the Day		
NC012832		Logic Changes To Add NC Medicaid Aid Program Classes for all NC Medicaid Aid Programs		
NC012853		Invoice Twenty-four (24) Months of Prescription Drugs		
NC012857		Pharmacy Global Limits Needs to Exclude Recipients In Assistance Living		
NC012866		Deactivate Health Check Logic for Edits 239 and 240		
NC012876		Turn Off Inactive Monthly/Quarterly FPRs		
NC012878		Pharmacy Global Limits Needs to Exclude Recipients In Assistance Living.		
NC012888		Establish New Action Reason Code 20		
NC012890		Modify Hard Coded Audits for CDT updates 2007		
NC012900		Global Limits Systematic Review		
NC012907		Add PRO records to MMA file to R2W		
NC012929		Create New PACE Specialty for use with Type 051		
NC012930		Create New DME Specialty 178 for use with Type 034		
NC012936		Request for System Modifications Due to CMS Change Request (CR) 5411 on Institutional 837 Claims		
NC012938		Breast Imaging Policy		
NC012944		Estate Recovery Follow Up Invoicing		
NC012964		New Individual Relationship to Casehead Payee Indicator		
NC013009		Implementation of All Inclusive Care of Elderly (PACE)		
NC013012		Limit Retro DET Records Sent On MMA Files		
NC013014		New Procedure Code Coverage for Anesthesia		
NC013021		Implement SmartPA in POS		
NC013113		Legislative Limit Auditing – Mandatory and Optional Visits		
NC013141		DP Browser Screen - Required for Smart PA		
NC013144		Add Zip Code 23453 to Edit 230 Out-of-State Zip Listing		
NC013238		POS DUR Conflict Codes – Need to Send to DRIVE		
NC013250		New Citizenship/Identity and Refugee Status Code Values and A New Alien ID Number Field In EIS		
NC013298		Removal of Unmanaged Units for Community Supports		
NC013336		AVRS/EVS Change – Medicaid Recipients Incarcerated & In Mental Institutions		
NC013340		Extend Provider Number Range for FQHC 033/010		
NC013343		Management Fee Increase for Specific Aid Programs and New Procedures Codes		
NC013353		Medicaid Financial Participation Rates – FFY 2009		
NC013365		Decertification of Cherry Hospital, Provider Number 3404003		
NC013380		Specialty Drug Pricing - Phase 2		
NC013390		Drug Rebate Change – Identify NDC's with $0 URA's		
NC013404		Establish Living Arrangement Code 76 for Central Regional Hospital		
NC013415		GC3 Updates for Prospective Dur Alerts		
NC013465		Drug File Changes		
NC013470		POS Change to Allow DAW 8		
NC013478		Add New Living Arrangement Codes to MMA (Medicare Modernization Act) Process		

NC013481		Inactivity for 12 months and Systematic Application of Action Reason Code 23		
NC013501		POS - Send All Sedative Hypnotic to SmartP Rules Engine		
NC013512		Edit 0355 Modification		
NC013535		Modify Health Check Reports		
NC013550		Moving Prescription Drug Billing Process from EDS to HMS		
NC013554		New Field Added to DB2 Database to Display Pharmacy Origin Code		
NC013560		Category III Codes		
NC013606		Update E0355 Logic Regarding '99' Codes for DME/O&P Types/Specialty		
NC013611		MMIS Eligibility Concatenation of State EIS Segments		
NC013618		Modifications Needed for Medicaid Eligibility Queries		
NC013621		DRG MCE Editor Modify Edit 4209		
NC013622		DRG 26 with Corrected Crosswalk to DRG 25		
NC013624		SRAJT510-the North Carolina MMIS Drug Rebate Quarterly Distribution		
NC013634		POS N1 Transaction		
NC013638		Drug rebate change - CMS Tape - Labeler Contact File		
NC013644		Electronic Transfer of Funds		
NC013651		CMS CD with NDC Termination Dates		
NC013653		Medicaid Financial Participation Rates Oct 1, 2009 – Sept 30, 2010 – FFY2010		
NC013658		WAC Based Pricing for Batch Pharmacy Claims		
NC013662		Modifications Needed to the 271 Transaction		
NC013667		Remove NCHC Recipients from CCNC Enrollment File		
NC013687		Upper Limit for Insulin Syringes – Drugfile Change		
NC013691		CCNC Monthly Enrollment File Additions		
NC013696		Crosswalk for Grouper 26 to Grouper 27		
NC013699		Update AVRS with PACE responses for dental, DME, & Optical Services. (Deny PA requests for PACE rec		
NC013714		Change of FPR from Microfiche to NCXPTR		
NC013720		PR File Update for 2010		
NC013728		Data and File Requirements Related to the PERM 2010 Program		
NC013730		Pharmacy Specialty Medications Reimbursement Change		
NC013731		Pharmacy Specialty Medications Reimbursement Change		
NC013733		Payment/Reimbursement of twenty cents .20 per month (PMPM) to the Community Care of NC (CCNC) network		
NC013745		New Provider Specialty Code 031 for Type 020 and 022		
NC013766		Point-of–Sale PA Overrides for LTC Recipients		
NC013802		Pay .5 Health Check FTE Rate to Provider 344572C		
NC013806		Change Drugfile Exclusion Logic		
NC013810		Eligibility File Changes for PA Notices		
NC013811		Modifications in Prior Approval Notices Due to Eligibility File Changes		
NC013822		Request for File Creation to Support Pharmacy Supplemental Rebate Program		
NC013870		POS Pharmacy Messaging on Non-Preferred Generics on the Preferred Drug List		
NC013872		Enrollment and Management Fees for Providers, 8902513, 5912186, 890109F, and 5950537		

NCH00980	09-013	Please change the IPKR1951 report so that it will only produce results where a client has been recently cross-referenced within the current month. Continue to produce the report on its current frequency, but make the modification to its reporting logic.		
NCZ00407		Addition of Myobloc, J0587 to the PDP, Revision of Editiong/Auditing for Botox, J0585, and Update to		
NCZ00422		New Edit Needed for New Orthotic & Prosthesis Specialty 178		
NCZ00499		Suspend Community Support Claims for Pre-Payment Review by PCG		
NCZ00523		Allow Reimbursement of all Community Support Services for Listed Billing Providers		
NCZ00526		Reimbursement of All Community Support Services		
NCZ00527		Suspend Community Support Claims for Prepayment Review by PCG - 8301355B		
NCZ00529		Allow Reimbursement of All Community Support Services for Billing Provider 8300792 with Attending Pr		
Total Hours; Total Fixed Cost in Table A			**44,006.38**	**$ 4,200,000.00**

Exhibit 4 – Enhancements incorporated in existing design- Summary

Project Name:	**NC MMIS - RFP 30-DHHS-1228-08-R**		
Task Name:	**Enhancement for DDI**		
Task Description:	Additional work needed to customize baseline application to better accommodate functionality, user preferences, design requirements and utility of the system. Vendor shall design, implement and deliver the materials and capabilities indicated in this Exhibit 4 so as to achieve the "Benefits" described for each task		
Cost Basis			
Tasks		**Hours**	**Dollars**
Tools			
Single Sign On (All builds affected)			
SharePoint (Build 1)			
NCID Integration (All builds affected)			
MoveIT Software (All builds affected)			
Message Center (Build 5)			
Infrastructure Enhancements (see Hardware/Software below)			
Financial (Build 11)			
Enhanced Test (All builds affected)			
Content Manager (All builds affected)			
Build 12 (Build 12)			
Build 7 Mini Batch (Build 7)			
Build 5 Managed Change Request (Build 5)			
Hardware / Software			
Tivoli Directory Integrator (NCID Integration)			
Additional Active Directory Servers (NCID Integration)			
Initial License Fee and IT IS Labor (MoveIT Software)			
Maintenance Fee (MoveIT Software)			
Magnolia licenses (Content Manager)			
Total Hours; Total Fixed Cost in Table A		**100,375.72**	**$ 10,800,000.00**

Exhibit 4 -Tools

Project Name:	**NC MMIS - RFP 30-DHHS-1228-08-R**
Task Name:	**Enhancement for Design and Development – Tools**
Task Description:	Implemented productivity tools that provide technical documentation publishing and change control, Data Element Dictionary maintenance and integration into the application and database query tools. Benefits: The Document Builder solution allows automated generation of system documentation at any point in time. This ensures that documentation which typically lags other efforts is always current. The automated solution also manages valid values and drop-down lists so there is no programmatic intervention and code sets are always current. NCTracks will ensure synchronization of changes and avoid any inconsistencies between change requests and what is actually delivered. Other tools include integrated database query tools that support the development efforts. These tools reduce maintenance costs to the State over the life of the contract. Builds Affected: All Builds Affected Reference: Tool used to produce FAM documents to be produced on Quarterly Basis

Cost Basis		
Tasks	**Hours**	**Dollars**
Preliminary analysis and preparation		
Design		
Development		
Total Hours; Total Fixed Cost in Table A		

Exhibit 4 - Single Sign On

Project Name:	**NC MMIS - RFP 30-DHHS-1228-08-R**
Task Name:	**Enhancement for Design and Development - Single Sign On**
Task Description:	Contract requires simplified sign on. Our solution is a single sign on solution for most products with integration of third party products including Skillport, and Report2Web Benefits: Providers will not be required to sign on again for any functionality such as for training (SkillPort), receive electronic notifications and Remittance Advice (Report2Web). Submitting batch transactions via sftp (MoveIT). Fiscal Agent and State users will have seamless access to the operations portal and business automation workflows (PegaSystems) and seamless access to reports (Report2Web). Builds Affected: All Builds Affected Reference: Enterprise Architecture Document (EAD) Section 4.2 Authentication/Single Sign On Submitted and approved.

Cost Basis		
Tasks	**Hours**	**Dollars**
Preliminary analysis and preparation		
Design		
Development		
Testing		
Total Hours; Total Fixed Cost in Table A		

Exhibit 4 - SharePoint

Project Name:	**NC MMIS - RFP 30-DHHS-1228-08-R**
Task Name:	**Enhancement for Design and Development – SharePoint**
Task Description:	Implemented continued enhancements to NCTracks SharePoint portal including new team rooms, access restrictions and home page updates Benefits: The SharePoint Portal acts as the primary collaboration portal between State and Vendor. The portal has been enhanced to improve collaboration. These enhancements include the Team Room concept to support various MMIS component teams, PMO deliverables area, and Action Item lists. User enhancements include password change support, security questions and account unlock. Operations enhancements include dashboard reporting and an Operations Center library with all the Operations Business Rules. A Process Asset Library that contains all the CMMI project processes was added. Additional collaboration enhancements include a Wiki, discussion boards, a Joint Contracts team room, help desk and help items, FAQs, and links to other areas. The PMO effort is also supported by access to the IMS Plan. Builds Affected: Submitted under Build 1. Using in collaborative work across all Builds Reference: Build 1 Completed and approved. Product is being used daily

Cost Basis		
Tasks	**Hours**	**Dollars**
Preliminary analysis and preparation		
Design		
Development		
Total Hours; Total Fixed Cost in Table A		

Exhibit 4 - NCID Integration

Project Name:	**NC MMIS - RFP 30-DHHS-1228-08-R**
Task Name:	**Enhancement for DDI - NCID Integration**
Task Description:	Task: Develop a strategy for use with non-standard LDAP drivers and to synchronize directories of NCMMIS users between the State ITS NCID Enterprise Service and the NCMMIS. Agree on directory information to be exchanged. The task included installation of additional software and changes to User Provisioning, Driver software modifications and configurations and debugging were conducted, Tivoli Directory Integrator configuration and modification, including integration with DB2. Benefits: The NCID Enterprise Service has gone through a significant change since the time of the CSC proposal. Initially, CSC planned to integrate NCID directly to the Tivolli directory service that is integral to the architecture of the baseline solution. This integration was allowed by the NCID documentation available as part of the State Technical Architecture at the time of the procurement. After contract award, during the planning for the implementation of the integration of NCID with the Replacement MMIS, NC ITS determined that the connector to the Tivolli directory was no longer supported by NC ITS. Essentially, the State dropped support for standard LDAP version 3 and supported connections to only a select number of vendors directories, of which Tivolli was not included. In addition, it was determined that the service level agreement of the State provided NCID service was less stringent that the service level agreement that is required by CSC's contract with the State. To implement the required integration between NCID and the Replacement MMIS and achieve the contractual service level, required the CSC NCID integration team to modify their design strategies, investigate alternative integration methods, and spend more time with the NCID service team than anticipated. Builds Affected: Affects all Builds; Reference: Enterprise Architecture Documentation (EAD) D0001Section 4.1; Submitted and approved.

Cost Basis		
Tasks	**Hours**	**Dollars**
Preliminary analysis and preparation		
Design		
Development		
Testing		
Hardware / Software		
Tivoli Directory Integrator		
Additional Active Directory Servers		
Total Hours; Total Fixed Cost in Table A		

Exhibit 4 - MoveIT Software

Project Name:	**NC MMIS - RFP 30-DHHS-1228-08-R**
Task Name:	**Enhancement for Design and Development - MoveIT Software**
Task Description:	To support file transfers into and out of the system, Vendor is utilizing the MoveIT software. This tool provides workflow functions that greater improve flexibility over FTP scripts. Benefits: MoveIT provides a centralized management infrastructure for secure file transfers using SFTP that allows all external interfaces to be more effectively managed. Its integration into the SSO solution ensures that large and small providers can submit batch transactions without additional sign-on requirements and with their NCID. All interfaces would be securely handled by immediately removing any transfers from exposed areas such as the DMZ, deliver to destinations, recognize interruptions and transfer failures and immediately notify support teams. Builds Affected: All Builds; Reference: Enterprise Architecture Documentation (EAD) D0001Sections C-2.4; C-3.3; Submitted and approved

Cost Basis		
Tasks	**Hours**	**Dollars**
Preliminary analysis and preparation		
Design		
Development		
Testing		
Additional Cost		
Initial License Fee and IT IS Labor		
Total Hours; Total Fixed Cost in Table A		
Comment	Total above includes hardware and software licenses	

Exhibit 4 - Message Center

Project Name:	**NC MMIS - RFP 30-DHHS-1228-08-R**
Task Name:	**Enhancement for Design and Development - Message Center**
Task Description:	Message Center required building a User Interface to support display of electronic communications, as well as a set of Web Services to integrate various modules within the MMIS and enable creation of a 'provider message' and its storage within the database. An additional service was developed to retrieve messages. Additional code was developed to notify providers of daily updates to their message center. Stored messages that need to be accommodated include all letters, notifications, Remittance Advices, reports, etc. Benefits: Providers will be able to receive RAs and emails electronically through the message center inbox, ensuring that emails and communications specific to the Medicaid program are available to providers without searching their emails. The message center is a generalized mechanism that can be used for Provider informational purposes, offering more reasons for Providers to go 'electronic' Builds Affected: Provider, Build 5; Reference: Provider Technical Design Documentation (D0008-05) Provider Message Center pg 19 of 324; Submitted and approved

Cost Basis		
Tasks	**Hours**	**Dollars**
Preliminary analysis and preparation		
Design		
Development		
Testing		
Total Hours; Total Fixed Cost in Table A		

Exhibit 4 - Infrastructure Enhancements

Project Name:	**NC MMIS - RFP 30-DHHS-1228-08-R**
Task Name:	**Enhancement for DDI - Infrastructure Enhancements**
Task Description:	These items have been previously incorporated in the existing design

Cost Basis	
Tasks	**Dollars**
FileNet 25 concurrent user license required to accommodate the increased user base accessing Imaging repository	
Redundant circuit for Raleigh site	
Additional UPS Wycliff	
Load Balancers for web users	
Procure 6400 series device from F5 for NCMMIS	
CONVERSION: Purchase of ZIP-390 software for the mainframe	
VM Expansion (EI prod & dev clusters)	
35 SilkCentral Licenses for development work	
Borland Silk Central Licenses for Testing Builds 5 – 18	
IDS service for NCMMIS	
Additional Firepass Licenses	
IBM DB2 Connect	
Multi-functional image viewer tool	
SkillPort contract	
SAS Meta Directory and professional services	
Infrastructure Enhancements Total Fixed Cost in Table A	

Exhibit 4 - Financial

Project Name:	**NC MMIS - RFP 30-DHHS-1228-08-R**
Task Name:	**Enhancement for Design and Development – Financial**
Task Description:	Associating multiple companies to a lock box, associating multiple CAC codes to financial transactions and automating the process of splitting transactions that span quarters. Benefits: These enhancements enable the financial team to more effectively manage financial transactions reducing lockbox costs, support simplified accounting and building automated workflow support for manual financial management processes. Builds Affected: Financial Reference: Builds 11, 15.1 Technical Design Documentation (D0008-11, D0008-15,1)

Cost Basis		
Tasks	**Hours**	**Dollars**
Preliminary analysis and preparation		
Design		
Development		
Testing		
Total Hours; Total Fixed Cost in Table A		

Exhibit 4 - Enhanced Test

Project Name:	**NC MMIS - RFP 30-DHHS-1228-08-R**
Task Name:	**Enhancement for DDI - Enhanced Test**
Task Description:	Additional test cases developed and executed in the Build SIT test phase, as well as, segmentation of Final SIT as a standalone test Builds Affected: All Builds Reference: Individual Build SIT Plans Final SIT Test Case Results

Cost Basis		
Tasks	**Hours**	**Dollars**
Additional test hours associated with 2415 test cases		
Additional Test hours associated with the development of 3924 test cases to go from 1.5 per requirement to 2 per requirement		
Additional Test hours associated with the development of an additional 2000 test cases for Final SIT		
Additional Test Hours Associated with Conducting Separate Final SIT		
Development Support		
Overhead Support		
Total Hours; Total Fixed Cost in Table A		

Exhibit 4 - Content Manager

Project Name:	**NC MMIS - RFP 30-DHHS-1228-08-R**
Task Name:	**Enhancement for Design and Development - Content Manager**
Task Description:	Magnolia was implemented to enforce a common look-and-feel across all NCMMIS applications, allow for standard style sheets that meet Section 508 Compliance, and provide a framework for customized provider communications via a subscription model using RSS. Magnolia was also implemented to provide advanced search capabilities, and general publishing. Magnolia simplifies and manages the collaboration and workflow between the State and the FA for publishing updates to Web Pages. Updates are tracked and versioned and can immediately go into production upon approval by the State. Benefits: Magnolia enforces a common look-and-feel to Providers and other users that can be updated through workflow to ensure the latest content is available. Providers can individually subscribe to content specific (RSS) to their practice (personalization), Content can be scheduled for expiration on a specific date. The State can update static content (Provider Bulletins, documents, printable forms) in near real-time to improve responsiveness to Providers. Magnolia allows authoring through a secure workflow process and manages the versioning of those updates. Builds Affected: All Builds Affected Reference: Enterprise Architecture Document (EAD) D0001 Sections A.5 Web Portal and User Interface Design; A.7.12, Static Content and Document Management; A-7.15 Search; Submitted and approved. Reference Technical Design Documentation (D0008-14.1) Section Appendix E; Submitted and approved.

Cost Basis		
Tasks	**Hours**	**Dollars**
Preliminary analysis and preparation		
Design		
Development		
Testing		
Additional Costs		
Magnolia licenses		
Total Hours; Total Fixed Cost in Table A		

Exhibit 4 - Build 12

Project Name:	**NC MMIS - RFP 30-DHHS-1228-08-R**
Task Name:	**Enhancement for Design and Development - Build 12**
Task Description:	Pega Automation - Pega automation was developed to streamline the process for adjudicating PA requests for non-eligible recipients. Automation was not required by Contract Confirmation Page - Confirmation pages were developed for all PA requests, not just for the Contract-designated Referral requests Form Redesign - All 40 paper PA forms were redesigned to be more user friendly and more effective for data capture. <u>Benefits:</u> Pega Automation - Additional business process automation ensures that the State's business rules and policy are always applied consistently to PA requests. This reservoir of business knowledge and process can be improved as part of a continuous improvement process and ensures that key business knowledge is not lost through staff turnover and retirement of experts in key business areas. Providers benefit from an automated process and the ability to get the correct answers to their questions, increasing Provider satisfaction with the Medicaid program. Confirmation Page - Providers now have confirmation that their PA requests have been accepted by the system and can query against their confirmation numbers should any questions arise. This improves Provider satisfaction with the services they get from the Medicaid program. Paper Form Redesign -Provider satisfaction is enhanced by friendlier PA forms and with the reduced error rates when capturing that data. <u>Builds Affected</u> Prior Authorization, Build 12 <u>Reference:</u> SIT Plan submitted currently in Cycle 3

Cost Basis		
Tasks	**Hours**	**Dollars**
Preliminary analysis and preparation		
Design		
Development		
Testing		
Total Hours; Total Fixed Cost in Table A		

Exhibit 4 - Build 7 Mini Batch

Project Name:	**NC MMIS - RFP 30-DHHS-1228-08-R**
Task Name:	**Enhancement for Design and Development - Build 7 Mini Batch**
Task Description:	Mini-batch functionality was provided as an enhancement to the general capabilities of the Direct Connect product. The mini-batch allows a provider to submit a file with up to 25 Recipient IDs for eligibility verification. Development of this functionality required customization to the Direct Connect product to meet State requirements for items such as Web page formatting. Benefits Mini batch functionality promotes greater provider satisfaction by increasing the functionality available through the portal. Rather than require providers to submit single Recipient IDs for processing, the mini-batch function allows providers to prepare and upload an input file with up to 25 Recipient IDs and dates of service, using a standard format to Direct Connect. The provider is then able to view eligibility information for each ID individually on the Web as if the provider had submitted a single Recipient ID for processing. It is expected that this functionality will be especially beneficial to doctor's offices, for example, that want to check on the eligibility of the patients they have coming into the office on a given day. Builds Affected Build 7 - Eligibility; Build 5 – Provider Reference Build 7 – Section 2.3.1.1, page 56 of the approved TDD for Build 7 EVS

Cost Basis		
Tasks	**Hours**	**Dollars**
Preliminary analysis and preparation		
Design		
Development		
Testing		
Total Hours; Total Fixed Cost in Table A		

Exhibit 4 - Build 5 Manage Change Request

Project Name:	**NC MMIS - RFP 30-DHHS-1228-08-R**
Task Name:	**Enhancement for Design and Development - Build 5 Manage Change Request**
Task Description:	Automate tasks within the process through the use of Pega and greatly expand the number of fields that can be updated by the Provider. Benefits: Provider satisfaction with Medicaid is a key to their continued involvement in Medicaid. By increasing the number of self-service capabilities the State meets Provider expectations and MITA direction to increased self-service. Providers benefit from consistent responses, far greater one-call resolution of concerns, and the institutional knowledge available to every Call Center representative. Many of the services provided by business process automation and Web Services are intended to move the State to greater self-service and improved Recipients and Providers satisfaction. Builds Affected: Build 5 Provider Reference: Build 5 SIT Currently in Cycle 3

Cost Basis		
Tasks	**Hours**	**Dollars**
Preliminary analysis and preparation		
Design		
Development		
Testing		
Total Hours; Total Fixed Cost in Table A		

Exhibit 5 – HIPAA 5010 Phase 1

Vendor shall develop 5010 functionality in two distinct phases to enable the State to achieve bilingual 5010 compliance while mitigating potential adverse schedule impacts associated with business rule and policy changes. During Phase 1 of 5010 Vendor will develop the core functionality needed to achieve minimum 5010 compliance in the NCTracks solution on the Operational Start Date. To that end, Phase 1 will provide NCTracks with the ability to:

- Accept and create 5010 compliant transactions
- Capture 5010 data elements in the database
- Utilize the 5010 data elements submitted to maintain the current claims pricing and adjudication algorithms
- Process batch transactions using the 5010 data elements
- Provide support for both 4010 and 5010 transactions, with the exception of the 820 (Premium Payment) and 834 (Eligibility Enrollment) transactions.

During Phase 2, which is addressed beginning at page 28 of this attachment, will leverage the Phase 1 functionality and introduce the business rule changes (and corresponding policy revisions as needed) to enhance and expand the range of 5010 functionality for NCTracks, as well as address the development of functionality deferred in Phase 1.

Table 1 below identifies the transactions that Vendor will address in Phase 1 and a brief description of the scope of the changes.

Phase 1 will commence on April 1, 2011. The scope of work will include activities from Requirements Confirmation through Build SIT as well as the effort for DDI schedule integration and ITIS support. In order to minimize the amount of retesting and code resynchronization needed to address 5010, the 837 (Claims) and 276/277 (Claims Status Request/Response) Vendor will address changes in the Build 10 SIT. Similarly, Vendor will address the 820 (Premium Payment), 835 (Electronic Remittance Advice), and 277P (Claim Pending Status Information) changes in the Build 11 SIT. Vendor will address all other Phase 1 transactions in a Build 19 SIT. Ultimately, Vendor will further validate the Phase 1 5010 functionality along with the core and 4010 functionality for the remainder of NCTracks through FIT, Final SIT and UAT.

The 5010 Phase 1 development is estimated at 168,744 hours and will be undertaken for the fixed price, as indicated in Table AA.

Table 1 - HIPAA 5010 Phase 1 Transactions

Transaction	4010/5010 Support	Build	Phase 1 Description
270/271	Bilingual	19	- Batch transactions upgraded to 5010; service types are returned - Inquiries via the portals and AVRS are processed as 4010 - Real-time transactions directly submitted by providers (CPU-to-CPU) can be processed as 5010
276/277	Bilingual	10	- Batch transactions upgraded to 5010 - Inquiries via the portal and AVRS are processed as 4010 - Real-time transactions directly submitted by providers (CPU-to-CPU) can be processed as 5010
277P	Bilingual (277U for 4010; 277P for 5010)	11	- Full functionality based on current requirements - Version used determined by receiver
820	5010 only	11	- Full functionality
834 (outbound)	5010 only	19	- Full functionality
835	Bilingual	11	- Full functionality based on current requirements - Version used determined by receiver
837 I, P, D	Bilingual	10	- Batch transactions upgraded to 5010 - All data elements identified in requirements collected and stored - Only data elements needed to maintain current processing are used - Provider Portal is not changed
999	Bilingual (997 for 4010; 999 for 5010)	19	- Full functionality
D.0	Bilingual	19	- All current 5.1 transactions are supported as D.0 transactions - Provider Portal is changed

HIPAA 5010 Phase 1 BOE

Project Name:	**NC MMIS - RFP 30-DHHS-1228-08-R**		
Task Name:	**Design and Development of HIPAA 5010 Phase 1 for Replacement MMIS**		
Task Description:			
Cost Basis			
Tasks		**Hours**	**Dollars**
5010 - IPDJ Gateway Readiness			
5010 Development Infrastructure Upgrade			
5010 Phase 1 - 270/271 (Build 7)			
5010 Phase 1 - 276/277 (Build 10)			
5010 Phase 1 - 820/835/277P (Build 11 / 15.1)			
5010 Phase 1 - 834 (Build 13.1)			
5010 Phase 1 - 837 (Build 10 / 14.2)			
5010 Phase 1 - 999			
5010 Phase 1 - D.0 (Build 9)			
Documentation			
Final User Acceptance (UAT) - Additional 5010			
FIT/SIT - Additional 5010			
Production Simulation Testing (PST)- Additional 5010			
Project Management			
Project Scheduler			
QA			
SIT - Build 10 (5010 SIT Integrated with Build 10 SIT)			
SIT - Build 11 (5010 SIT Integrated with Build 11 SIT)			
SIT - All Remaining Builds (5010)			
Technical Management			
Trading Partner Test - Additional 5010			
Training for End Providers - Additional 5010			
5010 Phase 1 - ITIS			
Actuals (through December 2010)			
DDI Integration			
Final Integration Phase			
Total Hours; Total Fixed Cost in Table AA		**168,774.28**	**$ 14,000,000.00**

Exhibit 6 – HIPAA 5010 Phase 2

Vendor will develop 5010 functionality in two distinct phases to enable the State to achieve bilingual 5010 compliance while mitigating potential adverse schedule impacts associated with business rule and policy changes. During Phase 1 of 5010 Vendor will develop the core functionality needed to achieve minimum 5010 compliance in the NCTracks solution on the Operational Start Date. During Phase 2 Vendor will leverage the Phase 1 functionality and introduce the business rule changes (and corresponding policy revisions as needed) to enhance and expand the range of 5010 functionality for NCTracks. Since there is an element of uncertainty associated with the impact of policy decisions for selected transactions, Phase 2 of the 5010 development is divided into two parts.

During 5010 Phase 2 Part 1 Vendor will address the transactions and functionality that were defined as part of the 5010 requirements but deferred. The changes addressed in Part 1 are:

- 278 (Prior Authorization Request/Response)
- 834-Inbound changes (LME Enrollment Information)
- Enhance the 270/271 with expanded functionality, if needed
- Add new data elements to D.0 response transactions
- Add more data elements to claims inquiry screens
- Enhance Provider and Recipient Portal transactions for 5010 compliance
    - 270/271
    - 276/277
    - 837 I, P, D

Phase 2 Part 1 has a period of performance from July 2011 through September 2012 and includes activities from Requirements Confirmation through SIT. The scope of effort also includes code synchronization to ensure that the Part 1 changes can be properly applied to the appropriate code base as well the effort for DDI schedule integration and ITIS support. The implementation of the Phase 2 Part 1 changes will occur approximately six months after the NCTracks implementation. However, the hours to support this effort are not contained in the Cost Basis for Phase 2, Part 1, but will be captured in the estimate for the deployment of Phase 2, Part 2. Part 1 is estimated at 60,561 hours and will be undertaken as a fixed-price effort with a value of $5.6M, as indicated in Table AA.

Part 2 is an assessment and requirements analysis of potential enhancements to 5010 Phase 1 that require further definition of State business rules or policy. Vendor will present and discuss with the State opportunities to expand what was defined for 5010 Phase 1 with additional functionality and business rules as well as new transactions. Goals to be accomplished by Vendor include:

- Add business rules for new data elements in 837 I, P, D and D.0
- Identify the use of additional transactions, if selected by State
    - D.0 - D1 (Determination of Benefits)
    - D.0 - S1-S3 (Service Billing)
    - 275 – Electronic attachments (for 837 and/or 278)

- Address additional reporting changes using new data elements in the Financial, MARS, and TPL functional areas
- Address any potential enhancements for other Phase 1 transactions identified after Phase 1 requirements and design, such as including additional data elements on outbound transactions like the 835.

Table 1 below indicates the additions and changes that will be evaluated in Part 2

After the potential changes are discussed and identified in the assessment, Vendor will develop an enhancements requirements document to be reviewed by the State. The requirements document will be used to produce a Statement of Work and estimates for the design, development, testing and implementation of the additions and changes identified in the assessment and requirements analysis.

Table 1 – HIPAA 5010 Phase 2 – Part 1 / Part 2 Considerations

Transaction	Functional Area	Phase 2 Description	Part 1 / Part 2
270/271	Recipient	Additional functionality for service type added if desired by State	1
		Recipient and Provider Portals and AVRS enhanced to include 5010 data elements and functionality	1
275	Claims	Accept electronic attachments for claims (837)	2
	Prior Approval	Accept electronic attachments for prior authorization requests (278)	2
276/277	Claims	Provider Portal and AVRS enhanced to include 5010 data elements	1
		Should be fully functional, but changes may be identified	2
277P	Financial	Should be fully functional, but changes may be identified	2
278	Prior Approval	Full functionality added in Phase 2, Part 1	1
820	Financial	Should be fully functional, but changes may be identified	2
834 (inbound)	Recipient	5010 enhancements applied, such as mapping Health Related Code information for historical purposes and mapping insurance and COB information	1

Transaction	Functional Area	Phase 2 Description	Part 1 / Part 2
834 (outbound)	Recipient	Should be fully functional, but changes may be identified	2
835	Financial	Should be fully functional, but changes may be identified	2
837 I, P, D	Claims	Operations Portal enhanced to include more data elements on claims inquiry	1
		Provider Portal enhanced to include 5010 data elements	1
		Additional business rules are incorporated into claims processing	2
		New claims data elements are included in reports (Claims, Financial, MARS, TPL)	2
D.0	Claims (Pharmacy)	Make enhancements to response transactions, such as URL additional DUR message	1
		Additional business rules are incorporated into claims processing	2
		D1 or S1-S3 transactions supported if requested by State	2

HIPAA 5010 Phase 2 ROM

Project Name:	**NC MMIS - RFP 30-DHHS-1228-08-R**
Task Name:	**Design and Development of HIPAA 5010 Phase 2 Requirements and Design for Replacement MMIS**
Task Description:	

Cost Basis		
Tasks	**Hours**	**Dollars**
Access 5010 Business Rules & Policy Impacts		
Claims Functional Area - 276/277, 837, D.0		
Code Synchronization		
Perform Requirements Analysis		
Phase 2 - Integration Testing		
Prepare Phase 2 Enhancements SOW		
Prior Approval Area – 278		
Recipient Functional Area - 270/271, 834 I		
5010 Phase 2 - ITIS (Run and Maintain)		
Support		
DDI Integration		
Total Hours; Total Fixed Cost in Table AA	**60,560.66**	**5,600,000.00**

Exhibit 7 – ICD-10

Vendor will perform an ICD-10 Assessment to determine the impact of ICD-10 on the NCTracks application and its interchanges within the North Carolina Department of Health and Human Services (DHHS) and other business partners. Activities during the assessment phase will focus on identifying the technologies, business processes and interfaces impacted by ICD-10.

During the 12 week engagement, which will begin in April 2011, Vendor will conduct an end-to-end review and validation of the impact of ICD-9 to ICD-10 migration on the NCTracks applications and business functions. To that end, Vendor will conduct interviews with business and IT subject matter experts from the State and Vendor to review existing business processes, systems, and applications that could be impacted as a result of ICD-10 migration activities.

Key Vendor assessment activities will include the following:

- Review and document the current state of applications, systems, business process and system components and their use of ICD-9 codes.
- Analysis of the impact of the use of the ICD-9 codes in these applications, systems, business processes and system components.
- Documentation of the changes required to transition from ICD-9 to ICD-10 with a focus on key tasks for compliance.
- Engagement planning and interaction with key external vendors, business partners, and interfacing departments to determine current status and milestones in support of ICD-10 transition activities.
- Identification of Implementation options and an implementation plan that addresses key milestones for internal and external stakeholders for completing the ICD-10 remediation.
- Creation of a ICD 10 Assessment Strategy and Report.

The ICD-10 Assessment will be supported by Vendor's NCTracks development and operations staff who shall participate in interviews and assist with other information gathering.

The ICD-10 Assessment is estimated at 3,338 hours and will be undertaken as fixed price project with milestone billing in Table AA for a Total Hours; Total Fixed Cost in Table AA value of $514K.

Using the results of the assessment and the direction defined by the State, Vendor will proceed to perform an ICD-10 remediation design. The design and implementation subphase will be billed on a time and material basis as provided in Section 1.20(b)(ii) of this Amendment.

ICD-10 Assessment

Project Name:	**NC MMIS - RFP 30-DHHS-1228-08-R**		
Task Name:	**ICD-10 Assessment Project**		
Task Description:			
Cost Basis			
Tasks		**Hours**	**Dollars**
Support start-up activities			
Prepare responses to questionnaire			
Participate in assessment interviews and meetings			
Support analysis and data gathering			
Prepare system assessment results			
Project Management and Coordination			
Total Hours; Total Fixed Cost in Table AA		**3,337.93**	**$514,000.00**

ICD-10 Assumptions

1. The start of the ICD-10 remediation is dependent on receipt of the business rules from the State within 60 days of the completion of the ICD-10 Assessment.
2. The changes will address both ICD-10 diagnosis and procedure codes.
3. The scope of the remediation is to incorporate the ICD-10 codes into the then- current business rules and processes and to provide a crosswalk from ICD-9 to ICD-10 and ICD-10 to ICD-9 codes, where needed within the NCTracks application. Any changes required to other State or trading partner systems are not considered within scope.
4. The business rules related to the usage of the ICD-10 codes will be defined outside of this effort and provided by the State to the Vendor development team in a format that presents the rules in a reasonably understandable and reasonably unambiguous manner.
5. The design phase of the project will include determining how to incorporate the new business rules into NCTracks.
6. There will be a maximum of ten (10) new programs written to provide maintenance, access, and reporting for the crosswalks.
7. There will be a maximum of twenty (20) existing processes (e.g., edit or pricing rule) that already use ICD-9 codes that will need to be modified to correlate or integrate ICD-9 and ICD-10 codes.
8. The system will need to store the results of the crosswalk for reference and auditability. There will be a maximum of twenty-five (25) table definitions changed, and a maximum of fifty (50) record or copybook layouts changed, including interfaces.
9. The estimate allows for adding or modifying program logic to existing processing for up to thirty (30) processes that can be enhanced using ICD-10 information that is now available (but did not use ICD-9 information). This includes any new logic for claims edits or audits.
10. There will be a maximum of twenty (20) screens changed related to the ICD-10 implementation. This includes the changes to the Provider Portal for claims entry.
11. There will be a maximum of fifty (50) reports modified to add or expand information directly related to ICD-10, such as adding code type or crosswalk results.
12. There will be a maximum of 20 (twenty) new reports added that are directly related to implementing ICD-10.
13. Claims History will not be converted to capture ICD-10 codes.

14. The estimate does not include provider or trading partner testing. Partner testing will be identified and address during the implementation subphase.

15. This assessment phase does not address production and operational impacts, such as increased storage and processing (like CPU processing costs, etc,) and new business procedures that may impact CSC staffing.

Exhibit 8 – Excluded CSRs

Below is a list of CSRs that have been approved by the Change Control Body up to the date of this amendment, and as such are specifically excluded from consideration for the DDI Integration fees noted in Section 1.21(c).

Change Approval	CSR #	Type
CA-MM-029	1	Fixed Price
CA-MM-002	2	Fixed Price
CA-MM-002	3	Fixed Price
CA-MM-002	4	Fixed Price
CA-MM-002	5	Fixed Price
CA-MM-002	6	Fixed Price
CA-MM-002	7	Fixed Price
CA-MM-002	8	Fixed Price
CA-MM-002	9	Fixed Price
CA-MM-002	10	Fixed Price
CA-MM-002	11	Fixed Price
CA-MM-001	12	Time and Materials
CA-MM-020	12	Time and Materials
CA-MM-028	12	Time and Materials
CA-MM-036	12	Time and Materials
CA-MM-002	13	Fixed Price
CA-MM-002	14	Fixed Price
CA-MM-002	15	Fixed Price
CA-MM-003	16	Fixed Price
CA-MM-002	17	Fixed Price
CA-MM-002	18	Fixed Price
CA-MM-002	19	Fixed Price
CA-MM-002	20	Fixed Price
CA-MM-002	21	Fixed Price
CA-MM-002	22	Fixed Price
CA-MM-002	23	Fixed Price
CA-MM-002	24	Fixed Price
CA-MM-002	25	Fixed Price
CA-MM-002	26	Fixed Price
CA-MM-002	27	Fixed Price
CA-MM-002	28	Fixed Price
CA-MM-003	29	Fixed Price
CA-MM-002	30	Fixed Price

CA-MM-003	31	Fixed Price
CA-MM-002	32	Fixed Price
CA-MM-002	33	Fixed Price
CA-MM-002	33	Fixed Price
CA-MM-002	34	Fixed Price
CA-MM-002	34	Fixed Price
CA-MM-002	36	Fixed Price
CA-MM-002	36	Fixed Price
CA-MM-002	37	Fixed Price
CA-MM-002	37	Fixed Price
CA-MM-002	38	Fixed Price
CA-MM-002	38	Fixed Price
CA-MM-002	39	Fixed Price
CA-MM-002	39	Fixed Price
CA-MM-002	40	Fixed Price
CA-MM-002	40	Fixed Price
CA-MM-002	41	Fixed Price
CA-MM-002	41	Fixed Price
CA-MM-002	43	Fixed Price
CA-MM-002	43	Fixed Price
CA-MM-002	44	Fixed Price
CA-MM-002	44	Fixed Price
CA-MM-002	46	Fixed Price
CA-MM-002	46	Fixed Price
CA-MM-036	47	Fixed Price
CA-MM-002	48	Fixed Price
CA-MM-002	48	Fixed Price
CA-MM-002	49	Fixed Price
CA-MM-002	49	Fixed Price
CA-MM-002	50	Fixed Price
CA-MM-002	50	Fixed Price
CA-MM-002	51	Fixed Price
CA-MM-002	51	Fixed Price
CA-MM-002	52	Fixed Price
CA-MM-002	52	Fixed Price
CA-MM-002	53	Fixed Price
CA-MM-002	53	Fixed Price
CA-MM-002	54	Fixed Price
CA-MM-002	54	Fixed Price
CA-MM-002	55	Fixed Price
CA-MM-002	56	Fixed Price
CA-MM-002	57	Fixed Price

CA-MM-003	58	Fixed Price
CA-MM-010	60	Fixed Price
CA-MM-033	61	Fixed Price
CA-MM-011	62	Fixed Price
CA-MM-013	63	Time and Materials
CA-MM-001	64	Fixed Price
CA-MM-003	65	Fixed Price
CA-MM-002	66	Fixed Price
CA-MM-009	67	Fixed Price
CA-MM-002	68	Fixed Price
CA-MM-002	69	Fixed Price
CA-MM-014	70	Fixed Price
CA-MM-002	71	Fixed Price
CA-MM-002	72	Fixed Price
CA-MM-002	73	Fixed Price
CA-MM-009	75	Fixed Price
CA-MM-002	76	Fixed Price
CA-MM-014	77	Fixed Price
CA-MM-029	78	Fixed Price
CA-MM-015	79	Fixed Price
CA-MM-002	80	Fixed Price
CA-MM-010	81	Fixed Price
CA-MM-010	82	Fixed Price
CA-MM-003	83	Fixed Price
CA-MM-015	85	Fixed Price
CA-MM-003	86	Fixed Price
CA-MM-002	87	Fixed Price
CA-MM-002	88	Fixed Price
CA-MM-002	89	Fixed Price
CA-MM-015	91	Fixed Price
CA-MM-001	92	Fixed Price
CA-MM-010	94	Fixed Price
CA-MM-008	96	Fixed Price
CA-MM-008	99	Fixed Price
CA-MM-002	100	Fixed Price
CA-MM-015	101	Fixed Price
CA-MM-003	103	Fixed Price
CA-MM-002	104	Fixed Price
CA-MM-001	105	Fixed Price
CA-MM-026	106	Fixed Price
CA-MM-029	107	Fixed Price
CA-MM-015	108	Fixed Price

CA-MM-001	112	Fixed Price
CA-MM-008	114	Time and Materials
CA-MM-023	114	Time and Materials
CA-MM-002	115	Fixed Price
CA-MM-008	116	Fixed Price
CA-MM-006	117	Time and Materials
CA-MM-020	117	Time and Materials
CA-MM-003	118	Fixed Price
CA-MM-008	120	Fixed Price
CA-MM-018	123	Fixed Price
CA-MM-009	124	Fixed Price
CA-MM-014	125	Fixed Price
CA-MM-014	126	Fixed Price
CA-MM-009	128	Fixed Price
CA-MM-019	129	Fixed Price
CA-MM-014	130	Fixed Price
CA-MM-015	131	Fixed Price
CA-MM-010	132	Fixed Price
CA-MM-011	133	Fixed Price
CA-MM-033	134	Fixed Price
CA-MM-014	135	Fixed Price
CA-MM-014	136	Fixed Price
CA-MM-012	137	Fixed Price
CA-MM-011	138	Fixed Price
CA-MM-017	143	Fixed Price
CA-MM-031	145	Fixed Price
CA-MM-034	146	Fixed Price
CA-MM-017	147	Fixed Price
CA-MM-019	148	Fixed Price
CA-MM-023	150	Fixed Price
CA-MM-034	151	Fixed Price
CA-MM-021	153	Time and Materials
CA-MM-022	155	Fixed Price
CA-MM-017	162	Fixed Price
CA-MM-017	166	Fixed Price
CA-MM-027	167	Fixed Price
CA-MM-033	168	Fixed Price
CA-MM-033	169	Fixed Price
CA-MM-027	170	Fixed Price
CA-MM-031	170	Fixed Price
CA-MM-027	171	Fixed Price

CA-MM-033	172	Fixed Price
CA-MM-033	173	Fixed Price
CA-MM-026	174	Fixed Price
CA-MM-014	175	Fixed Price
CA-MM-027	178	Fixed Price
CA-MM-020	180	Time and Materials
CA-MM-029	184	Fixed Price
CA-MM-026	185	Fixed Price
CA-MM-027	186	Fixed Price
CA-MM-025	188	Fixed Price
CA-MM-035	190	Time and Materials
CA-MM-015	191	Fixed Price
CA-MM-023	192	Fixed Price
CA-MM-027	195	Fixed Price
CA-MM-027	198	Fixed Price
CA-MM-027	200	Fixed Price
CA-MM-025	201	Fixed Price
CA-MM-020	206	Fixed Price
CA-MM-019	207	Fixed Price
CA-MM-017	208	Fixed Price
CA-MM-032	210	Fixed Price
CA-MM-028	213	Time and Materials
CA-MM-031	214	Fixed Price
CA-MM-030	215	Time and Materials
CA-MM-027	218	Fixed Price
CA-MM-028	220	Fixed Price
CA-MM-027	221	Fixed Price
CA-MM-020	224	Time and Materials
CA-MM-032	226	Fixed Price
CA-MM-032	227	Fixed Price
CA-MM-021	229	Fixed Price
CA-MM-023	231	Fixed Price
CA-MM-022	232	Time and Materials
CA-MM-020	233	Time and Materials
CA-MM-036	233	Time and Materials
CA-MM-036	234	Fixed Price
CA-MM-025	235	Fixed Price
CA-MM-023	238	Fixed Price
CA-MM-024	241	Fixed Price
CA-MM-021	243	Fixed Price
CA-MM-021	244	Fixed Price
CA-MM-023	247	Time and Materials

CA-MM-023	249	Fixed Price
CA-MM-028	250	Fixed Price
CA-MM-027	255	Fixed Price
CA-MM-025	256	Fixed Price
CA-MM-024	257	Fixed Price
CA-MM-027	259	Fixed Price
CA-MM-027	261	Time and Materials
CA-MM-024	262	Fixed Price
CA-MM-023	263	Fixed Price
CA-MM-024	264	Fixed Price
CA-MM-022	266	Fixed Price
CA-MM-023	268	Fixed Price
CA-MM-026	271	Fixed Price
CA-MM-024	272	Time and Materials
CA-MM-034	277	Time and Materials
CA-MM-025	279	Fixed Price
CA-MM-033	280	Fixed Price
CA-MM-027	281	Fixed Price
CA-MM-029	282	Fixed Price
CA-MM-035	283	Fixed Price
CA-MM-032	285	Fixed Price
CA-MM-028	286	Fixed Price
CA-MM-030	292	Fixed Price
CA-MM-030	294	Fixed Price
CA-MM-031	295	Time and Materials
CA-MM-027	298	Fixed Price
CA-MM-034	301	Fixed Price
CA-MM-027	302	Fixed Price
CA-MM-029	313	Time and Materials
CA-MM-029	314	Fixed Price
CA-MM-031	315	Time and Materials
CA-MM-032	317	Fixed Price
CA-MM-034	320	Time and Materials
CA-MM-030	328	Fixed Price
CA-MM-035	336	Fixed Price
CA-MM-035	355	Time and Materials
CA-MM-036	385	Fixed Price
CA-MM-010	110/111	Fixed Price