

OPTION LETTER #4

State Agency Department of Health Care Policy and Financing	Option Letter Number 4
Contractor International Business Machines Corporation	Original Contract Number 201500002126
Current Contract Maximum Amount Initial Term State Fiscal Year 2015 \$2,162,500.00 Extension Terms State Fiscal Year 2016 \$9,860,250.00 State Fiscal Year 2017 \$4,768,951.23 State Fiscal Year 2018 \$20,856,823.67 State Fiscal Year 2019 \$13,591,483.89 State Fiscal Year 2020 \$11,791,920.57 State Fiscal Year 2021 \$11,002,957.11 State Fiscal Year 2022 \$11,611,104.53 State Fiscal Year 2023 \$14,103,580.95 State Fiscal Year 2024 \$12,893,237.12 Total for All State Fiscal Years \$112,642,809.27	Option Contract Number 201500002126OL4 Contract Performance Beginning Date May 1, 2015 Current Contract Expiration Date June 30, 2024

1. OPTIONS:

A. Option to change the quantity of Services under the Contract



2. REQUIRED PROVISIONS:

A. In accordance with Section(s) 4.3 of the Original Contract referenced above, the State hereby exercises its option to increase the quantity of Non-Key Personnel FTE hours for FY2023 at the rates stated in Section 1.1.3.1 of Exhibit E of the original Contract, as amended.

B. The Contract Maximum Amount table on the Contract’s Signature and Cover Page is hereby deleted and replaced with the Current Contract Maximum Amount table shown above.

3. OPTION EFFECTIVE DATE:

A. The effective date of this Option Letter is upon approval of the State Controller.

<p style="text-align: center;">STATE OF COLORADO Jared S. Polis, Governor Department of Health Care Policy and Financing</p> <p>DocuSigned by:  By: _____ 0B6A84797EA8493... Date: 3/30/2023 02:34 PDT</p>	<p>In accordance with C.R.S. §24-30-202, this Option is not valid until signed and dated below by the State Controller or an authorized delegate.</p> <p style="text-align: center;">STATE CONTROLLER Robert Jaros, CPA, MBA, JD</p> <p>DocuSigned by:  By: _____ 5E7821C38FAC42A... Option Effective Date: 3/30/2023 07:27 PDT</p>
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FUNDING CHANGES WITH OPTION LETTER 4

1. Additional funding in the amount of \$316,979.72 is added to SFY2022-2023 for completion of the Care and Case Management (CCM) tool implementation.
2. Contractor shall use an additional 2,133 FTE hours to complete all necessary Care and Case Management (CCM) implementation work.
3. Contractor agrees to an implementation timeline for design and development activities that will accommodate the needs of the CCM go-live date as determined by the Department.
4. Contractor agrees to work with the MMIS and CCM contractors to create and deliver to the Department for approval a mutually agreed upon Interface Control Document (ICD) that governs the transfer of CCM data. Once live, Contractor agrees to adhere to the specifications outlined in the ICD, unless otherwise directed by the Department.
5. Contractor agrees to profile the CCM production data within 4 business days of receipt of production data from the CCM contractor. If data meets ICD specifications, Contractor agrees to promote to production at the next regularly scheduled promotion cycle following successful data profiling. Contractor agrees to minimize any impacts to resources working on existing Change Request work currently in progress during this project implementation.
6. Contractor shall build out Groups 4 and 5 data structures in the ODS to accommodate CCM data reporting for the 53 tables listed below.
 - 6.1. Member
 - 6.2. Member Postal Address
 - 6.3. Member Email Address
 - 6.4. Member Phone Number
 - 6.5. Member Legal
 - 6.6. Member Contact
 - 6.7. Member Contact Detail
 - 6.8. Member Contact Legal
 - 6.9. Contact
 - 6.10. Contact Postal Address
 - 6.11. Contact Phone Number
 - 6.12. Contact Email Address
 - 6.13. Member Identifier
 - 6.14. Member Employment
 - 6.15. Member Financial
 - 6.16. Member Living Arrangement
 - 6.17. MemberProgram
 - 6.18. MemberProvider
 - 6.19. MemberSecurityProfile

- 6.20. MemberStaff
- 6.21. MemberStaffRoleTypeDetail
- 6.22. Provider
- 6.23. ProviderEmailAddress
- 6.24. ProviderIdentifier
- 6.25. ProviderPhoneNumber
- 6.26. ProviderPostalAddress
- 6.27. Staff
- 6.28. StaffMemberStaffRole
- 6.29. StaffTeam
- 6.30. StaffTeamMap
- 6.31. SecurityUser
- 6.32. SecurityUserContext
- 6.33. SecurityProfile
- 6.34. SecurityRole
- 6.35. CallLog
- 6.36. CallLogIssue
- 6.37. CallLogTypeReasonDescriptionMap
- 6.38. Incident
- 6.39. IncidentActionTaken
- 6.40. IncidentActionTakenIncidentActionTypeMap
- 6.41. IncidentNote
- 6.42. IncidentOccurredAtProviderMap
- 6.43. IncidentPerson
- 6.44. IncidentRestrictedUser
- 6.45. MemberCallLog
- 6.46. MemberDisabilityDetermination
- 6.47. MemberDisabilityDeterminationNeurologicalConditionsTypeMap
- 6.48. ProgramTypeDetail
- 6.49. ProgramTypeMap
- 6.50. ProgramTypeProgramStatusTypeMap
- 6.51. WaitingList
- 6.52. WaitingListItem
- 6.53. WaitingListItemAuthorizationTypeDetail