

OPTION LETTER #5

State Agency Department of Health Care Policy and Financing	Option Letter Number 5
Contractor Gainwell Technologies, LLC	Original Contract Number 14-64254
Current Contract Maximum Amount	Option Contract Number 14-64254OL5
Initial Term State Fiscal Year 2014 \$9,201,096.00	Contract Performance Beginning Date February 28, 2014
Extension Terms State Fiscal Year 2015 \$25,491,547.00 State Fiscal Year 2016 \$25,851,971.00 State Fiscal Year 2017 \$24,876,103.97 State Fiscal Year 2018 \$36,497,277.57 State Fiscal Year 2019 \$33,443,308.54 State Fiscal Year 2020 \$40,449,396.09 State Fiscal Year 2021 \$46,938,303.99 State Fiscal Year 2022 \$46,077,989.12 State Fiscal Year 2023 \$54,699,452.73 State Fiscal Year 2024 \$22,615,648.99	
Total for All State Fiscal Years \$366,142,095.00	Current Contract Expiration Date October 31, 2023

1. OPTIONS:

A. Option to modify Contract rates.

2. REQUIRED PROVISIONS:

A. In accordance with Section(s) 4.3 of Exhibit A of the Original Contract referenced above, the State hereby exercises its option to modify the Contract rates specified in Exhibit E, Section 1.1.3.7.4. The Contract rates below replace the rates in the Original Contract as of the Option Effective Date of this Option Letter.

i. The Total Maximum Amount Per State Fiscal Year for SFY2022-2023 is decreased \$1,000,000.00 for a new total maximum amount of \$9,794,930.00.

B. In accordance with Section(s) 4.3 of Exhibit A of the Original Contract referenced above, the State hereby exercises its option to modify the Contract rates specified in Exhibit E, Section 1.1.13. The Contract rates below replace the rates in the Original Contract as of the Option Effective Date of this Option Letter.

i. The EVV Aggregator PMPM Fee for FY2022-2023 is increased by \$1,000,000.00 for a new total of \$1,616,911.65.

C. 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>STATE OF COLORADO Jared S. Polis, Governor Department of Health Care Policy and Financing</p> <p>DocuSigned by: <i>Kim Bimestefer</i></p> <p>By: _____ 0B6A84797EA8493... Date: 2/9/2023 16:02 PST</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>STATE CONTROLLER Robert Jaros, CPA, MBA, JD</p> <p>DocuSigned by: <i>Nathan Weatherford</i></p> <p>By: _____ 5E7821C38FAC42A... Option Effective Date: 2/9/2023 16:13 PST</p>
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