

## 11.9 Attachment 9 – Firm Reference Form

### Instructions:

Provide two (2) Firm References from two different Projects cited in the Attachment 8 – Firm Mandatory Qualifications Table. Each Firm Reference must clearly identify the Customer/Client Reference individual and that individual's Agency, Department, Organization or Company where the Contractor performed the experience.

The Firm references must be submitted within the Business Proposal as defined within RFP Section 6 – Proposal Structure and Submission, including signature of the customer/client reference.

### References:

Provide two customer/client references from customers/clients who have first-hand knowledge of the Contractor's performance.

The Consortium reserves the right to contact individuals, entities, or organizations who have had contracts or relationships with the Firm proposed for this effort, whether or not they are identified as references, to verify that the Firm has successfully performed their contractual obligations on other similar projects.

Table 1: Firm Reference Form

| FIRM REFERENCE FORM                                                                                             |                                                    |
|-----------------------------------------------------------------------------------------------------------------|----------------------------------------------------|
| <b>CONTRACTOR NAME:</b>                                                                                         |                                                    |
| <b>PART 1 – REFERENCE'S INFORMATION</b>                                                                         |                                                    |
| THIS INFORMATION SHOULD MATCH THE INFORMATION PROVIDED IN <b>ATTACHMENT 8 – FIRM MANDATORY QUALIFICATIONS</b> . |                                                    |
| Customer/Client Reference Name:                                                                                 | Michael Santoro                                    |
| Customer/Client Reference Title:                                                                                | BRMD DHHS - MMIS Lead                              |
| Agency, Department, Organization or Company where staff member performed:                                       | New Hampshire Department of Information Technology |
| Project Title on which staff member performed:                                                                  | New Hampshire MMIS Quality Assurance               |
| Reference Phone Number:                                                                                         | P: +1 (603) 223-4745<br>C: +1 (603) 660-8263       |
| Reference E-mail Address:                                                                                       | Michael.d.santoro@doit.nh.gov                      |

Instruction for References: The Contractor staff above has listed you as a reference and is requesting for you to complete this Firm Reference Form. Please provide your comments and the appropriate rating based on your experience with the proposed staff.

- Step 1:** Complete Columns 1-2 in Part 2 by marking "yes" or "no" and providing an explanation if needed.
- Step 2:** Complete Part 3 and provide your performance ratings.
- Step 3:** At the bottom of the page, print your name, your company's name, then sign and date.
- Step 4:** Return the completed, signed Staff Reference Form to Contractor.

| PART 2 – THE REFERENCE MUST COMPLETE THIS TABLE.                                                                                                                                                                                                                                                                                   |                                                                                                                                                                                                                        |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| COLUMN 1                                                                                                                                                                                                                                                                                                                           | COLUMN 2                                                                                                                                                                                                               |
| Did the Contractor provide you with a copy of the completed <b>Attachment 8 – Firm Mandatory Qualifications</b> ?                                                                                                                                                                                                                  | Did this Firm perform the services described in <b>Attachment 8 – Firm Mandatory Qualifications</b> , including the functions as described and the time period provided on the project(s) that lists you as a contact? |
| <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No                                                                                                                                                                                                                                                                | <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No (If "No" checked, explain here.)                                                                                                                   |
| PART 3 – THE REFERENCE MUST COMPLETE THIS TABLE.                                                                                                                                                                                                                                                                                   |                                                                                                                                                                                                                        |
| THE REFERENCE SHALL COMPLETE PERFORMANCE AND ABILITIES STATEMENTS FOR THE PROPOSED FIRM AND OVERALL PERFORMANCE RATING.                                                                                                                                                                                                            |                                                                                                                                                                                                                        |
| <b>Performance and Ability Statements</b>                                                                                                                                                                                                                                                                                          |                                                                                                                                                                                                                        |
| <p>1. Describe the services provided:</p> <p>NTT DATA provided software development quality assurance for the New Hampshire Integrated Eligibility System and Medicaid Enterprise System during implementation and currently provides support during system enhancement projects. Services provided include overall QA project</p> |                                                                                                                                                                                                                        |

management support, MMIS project monitoring, Medicaid program expertise, pre-DDI policy and business rules analysis support, pre-DDI data conversion support, testing activities, critical report specification development, DDI QA, and post-DDI stabilization and certification readiness.

NTT DATA leverages experienced staff, applying industry best practices and state-specific knowledge, to assess testing activities and deliverables and monitor progress towards production readiness.

As part of our QA services, our team supported:

- User acceptance testing (UAT), including review of testing deliverables and artifacts.
- Software documentation quality assessments, including documenting feedback and recommendations.
- Regression testing by creating and executing test cases, documentation of passed cases, and logging of defects.
- Evaluation of test execution results across the project, including providing recommendations for package deployment to a statewide production environment

NTT DATA's team supported a successful CMS Certification by:

- Preparing the Certification Traceability Matrix to ensure all State RFP requirements were aligned with the Federal Certification Business Review and State Specific Criteria
- Reviewing and assessing submitted evidence of 14 CMS Checklists for MMIS implementation and submitting to CMS for their review
- Reviewing and evaluating project artifacts in preparation for CMS onsite review for MMIS implementation
- Reviewing State's repository and system documentation for accuracy in preparation for CMS Certification review
- Participating in CMS site visit to monitor activity and take scribe meeting minutes.

NTT DATA also provided IV&V services to the Department of Health and Human Services in support of the New Hampshire Integrated Eligibility System modernization project. The NTT DATA team:

- Monitored the project schedule by assessing project activities, meetings, and work-products so that project activities would meet agreed upon delivery dates
- Performed a security assessment of the Integrated Eligibility System
- Validated and assessed testing results were captured by the testing vendor to ensure they met the expectations of project requirements and CMS.
- Provided the Department of Health and Human Services and CMS with monthly and quarterly management status reporting, which identified and evaluated the project risks and issues to system go-live.

2. Did the Contractor produce deliverable reviews that met both the project specifications and the agency's expectations? Please describe briefly.

Yes, NTT DATA produced deliverable reviews that met project specifications and expectations. Updates, when necessary, are given daily. Team members interact throughout the day with State staff to ensure optimal throughput. There are also bi-weekly meetings with team leaders to review results and upcoming project effort/timeline.

3. If there were changes in the project, did the Contractor adapt to those changes and work through issues during all stages of the Project?

As with any project, there are changes. NTT DATA does a great job in responding to those changes and provides sound input/advise as to potential impacts to timelines or other efforts.

4. Was communication between the Contractor and your organization's staff open, timely, complete and effective? Please briefly summarize.

Yes, as mentioned above, in addition to meetings, communication is constantly occurring to ensure the best possible quality project is delivered.

5. Were any subcontractors used by this Contractor? If so, for what purpose/major tasks? How well did the Contractor manage its subcontractors and did your organization ever have to mediate?

No, there were no subcontractors used.

6. Was the Project a success?

Yes, the project was a success, so much so, NTT DATA is also part of the team to continue to streamline and enhance the product that was delivered on time and on budget.

7. Would you rehire/recommend this Contractor? If not, why not?

Absolutely, and we still use them today.

8. Optional Comments:

On a scale of 1-10, with 1 being the lowest and 10 being the highest, how would you rate this Contractor's overall performance?

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**By signing this form, the Reference is certifying that all information provided on this form is correct.**

|                               |                                   |
|-------------------------------|-----------------------------------|
| <u>Michael Santoro</u>        | <u>New Hampshire DoIT</u>         |
| Name of Reference (print)     | Name of Company Reference (print) |
| <u><i>Michael Santoro</i></u> | <u>10/02/25</u>                   |
| Signature of Reference        | Date                              |