

FIRST CONTRACT MODIFICATION

This FIRST Contract Modification (the "First Modification") is made as of the 15th day of December, 2017 (the "Effective Date"), by and between the Maryland Health Benefit Exchange ("MHBE") and MAXIMUS Health Services, Inc. (the "Contractor"), to modify the Contract for the MHBE Consolidated Service Center between the MHBE and the Contractor which was entered into on the 27th day of June 2017 (together with all exhibits, modifications and extensions thereto, the "Contract"). MHBE and the Contractor are each a "Party" and together are the "Parties".

RECITALS

WHEREAS, the MHBE, pursuant to the Contract, engaged the Contractor to assist the MHBE in specific duties set forth in the Contract, including the Request for Proposal dated February 20, 2017; and

WHEREAS, the Contract originally permitted payment to the Contractor in accordance with the prices in RFP Attachment F – Price Proposal, which was incorporated into the Contract as Exhibit F; and

WHEREAS, the MHBE wishes to provide a price adjustment proposed by the Contractor under RFP Section 3.2.1.17 Technology for the continuance of the BATPhone project.

WHEREAS, the Contract is valid and existing by and between Maximus Health Services, Inc. and the Maryland Health Benefit Exchange;

NOW THEREFORE, in consideration of the premises and mutual covenants herein contained, and for other good and valuable consideration, the receipt and sufficiency of which are hereby acknowledged, the Parties covenant and agree as follows:

AGREEMENT

- 1. The Recitals are true and correct in all respects, form a substantive part of this Agreement and are incorporated herein by reference.
- 2. Pursuant to Sections 2.2, 2.3 and 27 of the Contract, Maximus shall provide the services set forth in the Change Order and the scope of work and pricing proposal attached to it as Attachment A and Attachment B, respectively. Together, the Change Order and its Attachment A and Attachment B are "Exhibit 1" to this First Modification. Exhibit 1 is attached hereto and incorporated by reference.
- 3. The total amount MHBE may pay the Contractor under the Contract for BATPhone Services is described in Exhibit 1, Attachment B Pricing Proposal which is incorporated herein by reference.



- 4. If there is any conflict between the terms in this Modification and Exhibit 1, the terms in this Modification shall govern. If there is any conflict among the Change Order, Attachment A and Attachment B, the following order of precedence shall determine the prevailing provision:
 - i. The Change Order
 - ii. Attachment A The Statement of Work
 - iii. Attachment B The Pricing Proposal
 - 5. The software purchased hereunder shall be titled in the name of MHBE.
- 6. Except as modified herein, the Contract remains in full force and effect, and all of the terms and conditions of the Contract, as herein modified, are ratified and confirmed.

[Signatures next page(s)]



EXHIBIT 1 [Change Order and Attachments]



IN WITNESS THEREOF, the Parties have respectively signed this FIRST Modification as of the Effective Date set forth above.

| MARYLAND | HEALTH | BENEFIT | MAXIMUS HEALTH SERVICES, INC. |
|---------------------------|--------------|---------|--|
| EXCHANGE: BY: Signature | <u>)</u> | | BY: Charles K. Sweeney II Charles K. Sweeney II |
| Dr. Howard Haft | | | Name (Type or Print) Vice President, Contracts |
| Acting Executive Di | irector | | Title (Type or Print) |
| 12/5/17 | | | December 14, 2017 |
| Date of Signing | | | Date of Signing |
| ***** | ****** | ***** | |
| Approved as to form | and legal su | | |
| BY: | 4 | | |
| Signature 1 1900 | Coe | | |
| Name (Type or Prin | , | | |
| Assistant Attorney (| General – MI | HBE | |

Change Request Form

| Maryland Health B | enefit Exchange | | | | |
|---|---|---|--|---|--|
| | le: BATPhone Connectivity and Contract for Consolidated Se | | | Change Control # : 1-X | |
| MHBE Change Requ | Change Control Status: | | | | |
| Date Requested: | | | | Presented at PMO Meeting In Review | |
| Requested Priority | : Low Medium High Eme | rgency Change Order | Required | Change Control Board Approval Incomplete | |
| Reason for Change | : | | | | |
| New Requirement | | | | usiness Requested Change Other : If "Other" is selected, explain | |
| Requested By: | | | | | |
| Name: Phone: Description of Chai | LeeAnn Sapp | Title: Email: | | er, Consolidated Service Center eann.sapp@maryland.gov | |
| service for Open En system for the peri Brokers will occur in representatives to a The estimated cost | nis Change Order to purchase prollment 5 (OE5). The MHBE od from November 1 through n October 2017. The participe assist eligible consumers in se | requires Broker coning December 31, 2017, ating Brokers will recelecting insurance plannial Proposal attach | nectivity to System a serve calls and during the calls are during the calls are during the call to this server are during the call to this server are during the call to the c | access, set up and training for transferred from call center OE5. change order as Attachment B | |

Change Request Form

| Dependen | icies on Oth | er Changes, Releases, | and/or Syst | em Functionali | ty: | | | |
|--|--|--------------------------|-------------------|-----------------|-----------|-------------------------|------------|-------------|
| N/A | | | | | | | | |
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| Reason fo | r Change | | | | | | | |
| Neuson 10 | Change | | | | | | | 1000 |
| MHRF is r | equesting th | ese services in order to | n facilitate tl | he continuation | of the | RATnhone i | nitiative | |
| WITTE IS IN | cquesting th | ese services in order to | o racinitate ti | ne continuation | i or the | bar priorie | miliotive. | |
| | | | | | | | | |
| Impact Ar | alysis | | | | | The same of the same of | | THE RESERVE |
| | | | | | | | | |
| Estimated | | | | | | ed Cost to | | |
| Conduct A | | Customia ar Draggesh | | | Conduc | t Analysis | | |
| Known W | orkarounds | Systemic or Process): | | | | | | |
| | | | | | | | | |
| Status | Approved | X | | | | | | |
| | Denied | Reason for Denial | | | | | | |
| | Deferred | Reason for Defferal | | | | | | |
| Sigr | Signature Date | | | | | | | |
| SI Change Request Analysis; | | | | | | | | |
| Conducted by: | | | | | | | | |
| | | | | | | | | |
| Impact on | Impact on Project: (bold all that apply) | | | | | | | |
| | Scope | | th | | Resources | | Benefit | |
| Description | Quality | Schedule Budget/Cost | | | | | | |
| Description of Impact on Project (Scope, Schedule, Quality, Critical Path): Schedule (days): | | | | | | | | |
| Scope: | | | | | | | | |
| Quality | | | | | | | | |
| Critical Path | | | | | | | | |
| Budget/Cost (\$): | | | | | | | | |
| Benefit | | | | | | | | |
| Stakehold | er Impacted | (bold all that apply): | | | | | | |
| МНВЕ Ор | MHBE Operations | | | DHMH | | | MIA | |
| MHBE CIC |) | | | DHR | | | CCIIO | |
| MHBE Pla | n Managem | ent | | MXIMUS | | | CMS | |
| MHBE Fin | ance | | | Call Center | | | IRS | |
| | al & Policy | | | DOL | | | DMV | |
| Applicatio | ns Impacted | : (bold all that apply): | | | | | | |
| MHBE | | | oca-tes on He III | Informatica | | | CRM | |

Change Request Form

| MMIS/CARES | | | ISIM/ISAM | | | |
|-----------------------------------|----------------|-------------|---------------------------|-----------|----------------|-------------|
| Time to Complete Analysis: | | | | | Date Completed | |
| Maryland Health Benefit Excha | nt Change Red | quest Analy | sis: | | | |
| Conducted by: | | | | | | |
| LeeAnn Sapp | | | | | | |
| | | | | | | |
| | | | | | | |
| Impact on Project: (bold all that | apply) | | | | | |
| Scope | Critical Pa | th | Budge | t/Cost | Panafita | |
| Quality | | Schedule | | Resou | ırces | Benefits |
| Description of Impact on Projec | t (Scope, Sche | dule, Quali | ty, Critical Pa | th): | | |
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| Stakeholder Impacted (bold all t | hat apply): | | | | | |
| MHBE Operations | пас арріу). | | DHMH | | | DMV |
| MHBE CIO | | DHR | | | MIA | |
| MHBE Plan Management | | XEROX | | | | CCIIO |
| MHBE Finance | | Call Center | | | | CMS |
| MHBE Legal & Policy | | DOL | | | | IRS |
| Time to Complete Analysis: Hours | | | | Date Com | nleted: | 11/3 |
| Resolution & Approvals: | | | KSELENDER OF PA | Dute com | pieteu. | |
| resolution a Approvais. | | | | | | |
| MHBE: | | | SI: | MAXIMUS | Health Sen | vices, Inc. |
| Approved: V | | Approved: X | | | | |
| Denied | | Denied | | | | |
| Deffered | | | Deffered | | | |
| Signature | | | Signature / | YA A i | 1 | |
| my and | | | | lealest | Sawe | ency II |
| Name/Title | | | Name/Title | Charles K | . Sweeney | 11 |
| Michalle Compton | | | Vice President, Contracts | | | |
| Date | | | Date | | | |
| 12/15/17 | | | 7 | >ecemb | er 14. | 2017 |



ATTACHMENT A TO CHANGE ORDER Statement of Work [BATPhone Connectivity and Technical Support]

Background

The MHBE issues this Change Order to purchase additional services and support associated with the BATPhone service for Open Enrollment 5 (OE5). The MHBE requires Broker connectivity to the call center telephony system for the period from November 1 through December 31, 2017. System access, set up and training for Brokers will occur in October 2017. The participating Brokers will receive calls transferred from call center representatives to assist eligible consumers in selecting insurance plans during OE5.

Statement of Work

The Contractor shall provide the following software and services associated with this Change Order:

- 3-month licenses in Dell Defender Soft Token, VMware (VDI), Cisco Jabber and Finesse connectivity for 33 participating Brokers.
- Tech support to include troubleshooting issues experienced by Brokers, tracking issues in a support log, password resets, conducting inbound/outbound calls with Brokers as required to resolve support issues.
- The Technical Lead will offer in person and/or over the phone training to Brokers on how to utilize the Soft Token, VDI, Cisco Jabber and Finesse.

Contractor shall ensure the BATPhone system is fully implemented by November 1, 2017.

The estimated cost for this is detailed in the Financial Proposal attached to this change order as Attachment B and incorporated herein. The Board approved NTE for this contract, of \$26,125,000.00 remains unchanged.

Labor rates should be fully loaded.



ATTACHMENT B TO CHANGE ORDER

Pricing Proposal [BATPhone Connectivity and Technical Support]

Quote Form:

| Cost Type | Qty. /# of Hours | Unit Cost/Hourly Rate | Total Cost |
|--|------------------|-----------------------|-------------|
| Software Licensing (3-month) | 33 Licenses | | |
| Technical Support by Team Lead (Nov 1-Dec 22 , 2017) | 286 Labor Hours | - | |
| Total | | | \$25,234.00 |

| Charles K. Sweeney II | MAXIMUS Health Services, Inc. | | | |
|----------------------------|-------------------------------|--|--|--|
| Authorized Individual Name | Company Name | | | |
| Vice President, Contracts | FEIN: 26-0307682 | | | |
| Title | Company Tax ID # | | | |
| Charles K. Sweeney I | December 14 2017 | | | |
| Signature | Date | | | |