



THIRD CONTRACT MODIFICATION

This THIRD Contract Modification (the "Third Modification") is made as of the 26th day of May, 2018 (the "Effective Date"), by and between the Maryland Health Benefit Exchange ("MHBE") and Maximus Health Service, 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, on December 15, 2017, MHBE and the Contractor entered into the First Modification to provide a price adjustment to the Contractor for the continuance of the BATphone project; and

WHEREAS, on December 15, 2017, MHBE and the Contractor entered into the Second Modification to provide a price adjustment for the continuance of the IRN MA project; and

WHEREAS, the MHBE wishes to provide a price adjustment proposed by the Contractor under RFP 3.2.1.17 Technology for the MDH Enrollment Broker Line; and

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. The total amount MHBE may pay the Contractor under the Contract for Enrollment Broker IVR Transfers is described in Attachment B – Pricing Proposal which is incorporated herein by reference.



3. 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 A". Exhibit A is attached hereto and incorporated herein by reference. If there is any conflict between the terms in this Modification and Exhibit A, 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

4. 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)]



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

MARYLAND HEALTH BENEFIT EXCHANGE: MAXIMUS HEALTH SERVICE INC.

BY: Michele Eberle
Signature

Michele Eberle

Executive Director

6/26/18
Date of Signing

BY: [Signature]
Signature

Adam Rastack
Name (Type or Print)

VICE PRESIDENT
Title (Type or Print)

6/14/18
Date of Signing

Approved as to form and legal sufficiency
this 21st day of June

BY: [Signature]
Signature

Trevor Coe
Name (Type or Print)

Assistant Attorney General – MHBE



EXHIBIT A
[Change Request Form and Attachments]



ATTACHMENT A TO CHANGE ORDER
Statement of Work
[Enrollment Broker IVR Transfers]

Background

The MHBE issues this Change Order to purchase additional services and support associated with supporting the Medicaid (MA) eligible consumers' MCO enrollments calls directed to the original Enrollment Broker phone line by auto-transferring callers to the Maryland Health Connection phone line after transition of contract during the months of November 2017 through April 2018. The Maryland Department of Health MA phone line received and transferred several thousand callers during this period.

Period Covered	Number of Transfers Attempted	Number of Transfers Completed	Number of Incomplete Transfers	Number of Blocked Transfers	% of Successful Transfers
11/1/17 – 11/30/17	13,028	12,945	83	0	99.36%
12/1/17 – 12/31/17	9,280	9,213	65	2	99.28%
1/1/18 – 1/31/18	8,118	8,061	52	5	99.30%
2/1/18 – 2/28/18	6,851	6,817	32	2	99.50%
3/1/18 – 3/30/18	4,870	4,849	21	0	99.57%

Maximus submitted invoices for this service to MDH for the months of November 2017 through March 2018 until the Enrollment Broker contract was closed and before MDH determined the need to keep their phone line open for one more month. The MDH formally notified Maximus to discontinue the IVR transfers effective April 30, 2018.

Statement of Work

The Contractor shall provide the following support associated with this Change Order:

- 1) Continuation and maintenance of the MDH Enrollment Broker line, 800-977-7388 until April 30, 2018.
- 2) The MDH Enrollment Broker Line Integrated Voice Response (IVR) system shall forward all received calls to the MHC call center line, 855-642-8572.
- 3) The Contractor shall report on volume/%successful transfers to the MHBE

The Contractor shall pass through the monthly cost for calls forwarded for the period of April 1-April 30, 2018.

These services shall terminate on April 30, 2018.

ATTACHMENT B TO CHANGE ORDER



ATTACHMENT B
Pricing Proposal
[Enrollment Broker IVR Transfers]

Quote Form:

Number of Transfers (Toll-free Forwarding)	Unit Price per Transfer	Total Cost
NTE 18,000 call transfers	\$	
VOIP Allocation	\$	
Telecom Labor	\$	
Maximus G&A and Fee	\$	
Total(Shall Not Exceed \$2,700)		\$ 2,700.00

Adam P. Burtneck
Authorized Individual Name
Vice President
Title
[Signature]
Signature

Maximus Health Services, Inc.
Company Name
26-0307682
Company Tax ID #
6/14/18
Date

Change Request Form

Maryland Health Benefit Exchange			
Change Request Title: Enrollment Broker IVR Transfer Modification #3 to Contract for Consolidated Service Center			Change Control # : 3-X
MHBE Change Request Owner: Michelle Compton			Change Control Status:
Date Requested:			Initial Submission <input type="checkbox"/>
			Presented at PMO Meeting <input type="checkbox"/>
			In Review <input type="checkbox"/>
Requested Priority: Low Medium High Emergency Change Order Required			Change Control Board Approval <input type="checkbox"/>
			Incomplete <input type="checkbox"/>
Reason for Change:			
Missed Requirement New Requirement Estimate Adjustment Change Assumption		Business Requested Change Other Note: If "Other" is selected, explain	
Requested By:			
Name:	LeeAnn Sapp	Title:	Manager, Consolidated Service Center
Phone:	410-547-8150	Email:	leeann.sapp@maryland.gov
The purpose of this modification is to:			
<p>The MHBE issues this Change Order to purchase additional services and support associated with supporting the Medicaid (MA) eligible consumers' MCO enrollments calls directed to the original Enrollment Broker phone line by auto-transferring callers to the Maryland Health Connection phone line after transition of contract during the months of November 2017 through April 2018. The MDH MA phone line received and transferred several thousand callers during this period.</p>			
<p>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.</p>			

Change Request Form

Dependencies on Other Changes, Releases, and/or System Functionality			
N/A			
Reason for Change			
<p>MIIBE is requesting these services to continue the operation of the Enrollment Broker IVR Transfers Initiative formerly provided under an MDH contract be provided for the period of April 1, 2018 through April 30, 2018.</p>			
Impact Analysis			
Estimated Hours to Conduct Analysis		Estimated Cost to Conduct Analysis	
Known Workarounds (Systemic or Process):			
Status	Approved	X	
	Denied	Reason for Denial	
	Deferred	Reason for Defferal	
Signature			Date
SI Change Request Analysis			
Conducted by:			
Impact on Project: (bold all that apply)			
Scope	Critical Path	Resources	Benefit
Quality	Schedule	Budget/Cost	
<p>Description of Impact on Project (Scope, Schedule, Quality, Critical Path):</p> <p>Schedule (days):</p> <p>Scope:</p> <p>Quality</p> <p>Critical Path</p> <p>Budget/Cost (\$):</p>			

Change Request Form

Benefit			
Stakeholder Impacted (bold all that apply):			
MHBE Operations	DHMH	MIA	
MHBE CIO	DHR	CCIO	
MHBE Plan Management	MXIMUS	CMS	
MHBE Finance	Call Center	IRS	
MHBE Legal & Policy	DOL	DMV	
Applications Impacted: (bold all that apply):			
MHBE	Informatica	CRM	
MMIS/CARES	ISIM/ISAM		
Time to Complete Analysis:		Hours	Date Completed
Maryland Health Benefit Exchange Project Management Change Request Analysis			
Conducted by: LeeAnn Sapp			
Impact on Project: (bold all that apply)			
Scope	Critical Path	Budget/Cost	Benefits
Quality	Schedule	Resources	
Description of Impact on Project (Scope, Schedule, Quality, Critical Path):			
Stakeholder Impacted (bold all that apply):			
MHBE Operations	DHMH	DMV	
MHBE CIO	DHR	MIA	
MHBE Plan Management	XEROX	CCIO	
MHBE Finance	Call Center	CMS	
MHBE Legal & Policy	DOL	IRS	
Time to Complete Analysis:		Hours	Date Completed:
Resolution & Approvals			
MHBE:		SI:	
Approved:		Approved:	
Denied		Denied	
Deferred		Deferred	
Signature		Signature	
Name/Title		Name/Title	
Date		Date	



ATTACHMENT A TO CHANGE ORDER
Statement of Work
[Enrollment Broker IVR Transfers]

Background

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ATTACHMENT B TO CHANGE ORDER



ATTACHMENT B
Pricing Proposal
[Enrollment Broker IVR Transfers]

Quote Form:

Number of Transfers (Toll-free Forwarding)	Unit Price per Transfer	Total Cost
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VOIP Allocation	\$	
Telecom Labor	\$	
Maximus G&A and Fee	\$	
Total(Shall Not Exceed \$2,700)		\$ 2,700.00

Adam Pocatnick
Authorized Individual Name
Vice President
Title
[Signature]
Signature

Maximus Health Services, Inc.
Company Name
45-0553376
Company Tax ID #
6/20/18
Date

Change Request Form

Change Request Title: Enrollment Broker IVR Transfer Modification #3 to Contract for Consolidated Service Center		Change Control # : 3-X	
MHBE Change Request Owner: Michelle Compton AUTHORITY ARM 1602		Change Control Status:	
Date Requested:		Initial Submission <input type="checkbox"/>	
		Presented at PMO Meeting <input type="checkbox"/>	
		In Review <input type="checkbox"/>	
Requested Priority: Low Medium High Emergency Change Order Required		Change Control Board Approval <input type="checkbox"/>	
		Incomplete <input type="checkbox"/>	
Reason for Change:			
Missed Requirement New Requirement Estimate Adjustment Change Assumption		Business Requested Change Other Note: If "Other" is selected, explain	
Requester:			
Name:	LeeAnn Sapp	Title:	Manager, Consolidated Service Center
Phone:	410-547-8150	Email:	leeann.sapp@maryland.gov
The purpose of this modification is to:			
<p>The MHBE issues this Change Order to purchase additional services and support associated with supporting the Medicaid (MA) eligible consumers' MCO enrollments calls directed to the original Enrollment Broker phone line by auto-transferring callers to the Maryland Health Connection phone line after transition of contract during the months of November 2017 through April 2018. The MDH MA phone line received and transferred several thousand callers during this period.</p> <p>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.</p>			

Change Request Form

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Project Name: Enrollment Broker IVR Transfers Initiative

N/A

Reason for change:

MHBE is requesting these services to continue the operation of the Enrollment Broker IVR Transfers Initiative formerly provided under an MDH contract be provided for the period of April 1, 2018 through April 30, 2018.

Project Start Date: 4/1/2018

Estimated Hours to Conduct Analysis		Estimated Cost to Conduct Analysis	
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Known Workarounds (Systemic or Process):

Status	Approved	X	
	Denied	Reason for Denial	
	Deferred	Reason for Defferal	

Signature		Date	
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Signature of Requester: [Signature]

Conducted by:

Impact on Project: (bold all that apply)

Scope	Critical Path	Resources	Benefit
Quality	Schedule	Budget/Cost	

Description of Impact on Project (Scope, Schedule, Quality, Critical Path):

Schedule (days):
 Scope:
 Quality:
 Critical Path:
 Budget/Cost (\$):

Change Request Form

Benefit			
Stakeholder Impacted (bold all that apply):			
MHBE Operations	DHMH	MIA	
MHBE CIO	DHR	CCIO	
MHBE Plan Management	MXIMUS	CMS	
MHBE Finance	Call Center	IRS	
MHBE Legal & Policy	DOL	DMV	
Applications Impacted: (bold all that apply):			
MHBE	Informatica	CRM	
MMIS/CARES	ISIM/ISAM		
Time to Complete Analysis:	Hours	Date Completed	
Maryland Health Benefit Exchange Information Management Change Request Analysis			
Conducted by: LeeAnn Sapp			
Impact on Project: (bold all that apply)			
Scope	Critical Path	Budget/Cost	Benefits
Quality	Schedule	Resources	
Description of Impact on Project (Scope, Schedule, Quality, Critical Path):			
Stakeholder Impacted (bold all that apply):			
MHBE Operations	DHMH	DMV	
MHBE CIO	DHR	MIA	
MHBE Plan Management	XEROX	CCIO	
MHBE Finance	Call Center	CMS	
MHBE Legal & Policy	DOL	IRS	
Time to Complete Analysis:	Hours	Date Completed:	
Resolution/Approval			
MHBE:	SI:		
Approved: <input checked="" type="checkbox"/>	Approved:		
Denied	Denied		
Deffered	Deffered		
Signature	Signature		
Name/Title	Name/Title		
ANTHONY ARMIGER ^{CFO} _{INTERNAL PROCUREMENT}	Project Director		
Date	Date		
6/21/18	6/20/18		