

**SECOND MODIFICATION TO UNITED HEALTHCARE SERVICES, INC. HEALTH PLAN
ADMINISTRATION AND SERVICES CONTRACT- FUNCTIONAL AREA 2- EXCLUSIVE
PROVIDER ORGANIZATION (EPO)
CONTRACT NO. F10B5400002**

THIS SECOND MODIFICATION AGREEMENT is made effective this 8th day of August 2017, by and between United HealthCare Services, Inc., (the "Contractor") and the State of Maryland, acting through the Department of Budget and Management (the "Department").

WHEREAS, on August 13, 2014, the Department entered into a contract with the Contractor to provide Health Plan Administration and Services – Functional Area 2 EPO pursuant to Request for Proposals for Health Plan Administrations and Services (PPO, EPO, IHM), Project No. F10B3400022 issued November 26, 2103, and all amendments thereto issued in writing by the State (the "Contract"),

IN CONSIDERATION of the Recitals which are hereby made a substantive part hereof, and the promises and the covenants herein contained, the parties agree to modify the Contract as follows:

1. **RFP Technical Proposal Attachment S-9: Compliance Checklist.** To eliminate the following reports for CC-109 and CC-119 as these are duplicative requirements:

CC-109 (Quarterly)	Disease Management activity reports showing:
	<ol style="list-style-type: none"> a) Total number of participants identified as eligible for telephonic outreach by chronic condition and by severity level e.g. moderate or high severity b) Total number of eligible participants who were "reached" telephonically by chronic condition and by severity level c) Total number of those eligible who were "reached" telephonically who "consented" to engage telephonic counseling d) Total number of those eligible who were "reached" telephonically who "declined" to engage telephonic counseling e) Total number of those eligible who were "not reached" telephonically f) Total number of those who "consented" who completed at least 1 counseling call g) Total number of those who "consented" who completed 2-3 calls, 4+ calls h) Total number of those who completed or graduated from the program i) Total number who dropped out before completing the program requirements j) Total number of cases that were closed without making any

	live contact.
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CC-119 (Quarterly)	A quarterly paid claim report showing paid claims, number of enrolled employees /retirees, number of enrolled participants (including employees/retirees and their performance dependents) for the following groups: State actives, State retirees, Direct Pay and Satellite Account.
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*Note: Full revised RFP Attachment S-9: Compliance Checklist attached.

2. **Scope of Modification.** This Second Modification amends the Contract specifically as described herein. Except as specifically revised by the terms of this Modification, all of the terms of the Contract shall remain in full force and effect and are hereby ratified and confirmed.
3. **IN WITNESS WHEREOF**, the parties have executed this Second Modification.

CONTRACTOR:

[Redacted Signature]
 [Redacted Title]
 B [Redacted]
 8/28/17
 [Redacted]
 [Redacted]
 Witness/Attest [Redacted]

STATE OF MARYLAND:

DEPARTMENT OF BUDGET &
 MA [Redacted]
 By: David R. Brinkley, Secretary
 8/18/2017
 [Redacted]
 Witness [Redacted]

Approved for form and legal
 Sufficiency this 2 day of August, 2017.

[Redacted]
 Assistant Attorney General