

Exhibit 3

**MARYLAND DEPARTMENT OF HEALTH
SCHEDULE OF AGREED-UPON PROCEDURES FOR THE MANAGED CARE ORGANIZATIONS
PARTICIPATING
IN THE MARYLAND HEALTHCHOICE PROGRAM
FOR THE YEAR ENDED DECEMBER 31, 2016**

Materiality

1. For procedures to test claims data by rate cell and categories of service, materiality will be set at 5% and \$10,000 for the balance subject to the procedure.
2. For all other procedures, materiality will be set at \$10,000 for the balance subject to the procedure.

Trial Balance

1. Obtain the adjusted trial balance as of December 31, 2016 and agree a sample of descriptions, account numbers and ending balances per the adjusted trial balance to the general ledger for the year ended December 31, 2016.
2. Agree total expenses per the adjusted trial balance as of December 31, 2016 to the HFMR for the year ended December 31, 2016.
3. Agree total expenses per the adjusted trial balance as of December 31, 2016 to the Annual Statement submitted to the Insurance Administration of the State of Maryland (Annual Statement) for the year ended December 31, 2016.
4. Agree total expenses per the adjusted trial balance as of December 31, 2016 to the Audited Financial Statements for the year ended December 31, 2016.

HealthChoice Financial Monitoring Report (HFMR)

For each of the categories on the HFMR for the year ended December 31, 2016, perform the following:

Member Months

1. Agree the line labeled "Total" on each regional HFMR schedule for the column labeled "Member Months" to the Query Reports.
2. Recalculate the line labeled "Grand Total" on the Statewide HFMR for the column labeled "Member Months" based on the amounts reported on the regional HFMRs.
3. Haphazardly select 5 categories for "Member Months" from each regional HFMR schedule and agree the balances to the Query Reports.

Earned Premiums

1. Agree the line labeled "Total" on each regional HFMR schedule for the column labeled "Earned Premiums" to the Query Reports.
2. Recalculate the line labeled "Grand Total" on the Statewide HFMR for the column labeled "Earned Premiums" based on the amounts reported on the regional HFMRs.

Exhibit 3

3. Haphazardly select 5 categories for "Earned Premiums" from each regional HFMR schedule and agree the balances to the Query Reports.
4. Agree the Incentive Payments balance per Section II – Statewide of the HFMR to supporting documentation.
5. Agree the Reinsurance Premiums balance per Section II – Statewide of the HFMR to supporting documentation.
6. Agree the Reinsurance Recoveries balance per Section II – Statewide of the HFMR to supporting documentation.

Expenses

1. Agree the line labeled "Total" on each regional HFMR schedule for the columns labeled "Hospital Inpatient Expenses", "Hospital Outpatient: Other than Emergency Expenses", "Hospital Outpatient: Emergency Expenses", "Primary Care Expenses", "Specialty Care Expenses", "Pharmacy Expenses", "Dental Expenses" and "Other Medical Expenses" to the Query Reports and recalculated to include IBNR amounts.
2. Recalculate the line labeled "Grand Total" on the Statewide HFMR for the columns labeled "Hospital Inpatient Expenses", "Hospital Outpatient: Other than Emergency Expenses", "Hospital Outpatient: Emergency Expenses", "Primary Care Expenses", "Specialty Care Expenses", "Pharmacy Expenses", "Dental Expenses" and "Other Medical Expenses" based on the amounts reported on the regional HFMRs.
3. Haphazardly select 5 Hospital Inpatient categories for "Expenses", 5 Hospital Outpatient: Other than Emergency categories for "Expenses", 5 Hospital Outpatient: Emergency Department categories for "Expenses", 5 Primary Care categories for "Expenses", 5 Specialty Care categories for "Expenses", 5 Pharmacy categories for "Expenses", 5 Dental categories for "Expenses" and 5 Other Medical categories for "Expenses" from each regional HFMR schedule and agree the balances to the Query Reports and recalculated to include IBNR amounts.
4. Haphazardly select 25 transactions from the claims database. Verify the amount of the claim that the transaction was recorded, to the year the claim was incurred, the region, and the RAC classification to the amounts recorded in the Access Database.

Admissions/Days/Visits/Scripts

1. Agree the line labeled "Total" on each regional HFMR schedule for the columns labeled "Visits", "Admissions", "Days" and "Scripts" to the Query Reports.
2. Recalculate the line labeled "Grand Total" on the Statewide HFMR for the columns labeled "Visits", "Admissions", "Days" and "Scripts" for all categories based on the amounts reported on the regional HFMRs.
3. Haphazardly select 5 Hospital Inpatient categories for "Admission", 5 Hospital Inpatient categories for "Days", 5 Hospital Outpatient: Other than Emergency categories for "Visits", 5 Hospital Outpatient: Emergency Department categories for "Visits", 5 Primary Care categories for "Visits", 5 Specialty Care categories for "Visits", 5 Pharmacy categories for "Scripts" and 5 Dental categories for "Visits" from each regional HFMR schedule and agree the balances to the Query Reports.