

**AMENDMENT NUMBER NINE  
TO THE CONTRACT BETWEEN  
THE STATE OF MISSISSIPPI  
DIVISION OF MEDICAID  
OFFICE OF THE GOVERNOR  
AND  
A CARE COORDINATION ORGANIZATION (CCO)**

**(UnitedHealthcare of Mississippi, Inc.)**

**THIS AMENDMENT NUMBER NINE** modifies, revises, and amends the Contract entered into by and between the **Division of Medicaid in the Office of the Governor**, an administrative agency of the **State of Mississippi** (hereinafter “DOM or Division”), and **UnitedHealthcare of Mississippi, Inc.** (hereinafter “CCO”).

**WHEREAS**, DOM is charged with the administration of the Mississippi State Plan for Medical Assistance in accordance with the requirements of Title XIX of the Social Security Act of 1935, as amended, and Miss. Code Ann. § 43-13-101, *et seq.*, (1972, as amended);

**WHEREAS**, CCO is an entity eligible to enter into a comprehensive risk contract in accordance with Section 1903(m) of the Social Security Act and 42 CFR § 438.6(b) and is engaged in the business of providing prepaid comprehensive health care services as defined in 42 CFR § 438.2. The CCO is licensed appropriately as defined by the Department of Insurance of the State of Mississippi pursuant to Miss. Code Ann. § 83-41-305 (1972, as amended);

**WHEREAS**, DOM contracted with the CCO to obtain services for the benefit of certain Medicaid beneficiaries and the CCO has provided to DOM continuing proof of the CCO’s financial responsibility, including adequate protection against the risk of insolvency, and its capability to provide quality services efficiently, effectively, and economically during the term of the Contract, upon which DOM relies in entering into this Amendment Number Nine;

**WHEREAS**, pursuant to Section 1.B of the Contract, no modification or change to any provision of the Contract shall be made unless it is mutually agreed upon in writing by both parties and is signed by a duly authorized representative of the CCO and DOM as an amendment

to the Contract; however, such amendment shall not be effective unless and until the Centers for Medicare & Medicaid Services ("CMS") approves of the change; and,

**WHEREAS**, the parties have previously modified the Contract in Amendments #1, #2, #3, #4; #5, #6, #7, and #8.

**NOW, THEREFORE**, in consideration of the foregoing recitals and of the mutual promises contained herein, DOM and CCO agree the Contract is amended as follows:

I. Section 1.A, TERM, of the Contract is hereby amended to read as follows:

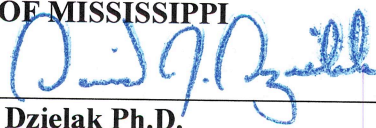
The Contract period begins July 1, 2014, and shall terminate on June 30, 2018. The Division may have, under the same terms and conditions as the existing Contract, an option for one (1) one-year extension.

II. All other terms and conditions shall remain unchanged.

**IN WITNESS WHEREOF**, the parties have executed this Amendment Number Nine by their duly authorized representatives.

**FOR DOM:**

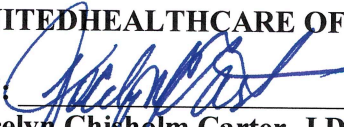
**DIVISION OF MEDICAID  
OFFICE OF THE GOVERNOR  
STATE OF MISSISSIPPI**

BY:   
**David J. Dzielak Ph.D.  
EXECUTIVE DIRECTOR**

DATE: 6/30/17

**FOR CONTRACTOR:**

**UNITEDHEALTHCARE OF MISSISSIPPI, INC.**

BY:   
**Jocelyn Chisholm Carter, J.D.  
PRESIDENT**

DATE: 6/30/17

STATE OF MISSISSIPPI  
COUNTY OF HINDS

THIS DAY personally came and appeared before me, the undersigned authority, in and for the aforesaid jurisdiction, the within named, **David J. Dzielak**, in his official capacity as the duly appointed **Executive Director of the Division of Medicaid in the Office of the Governor**, an administrative agency of the **State of Mississippi**, who acknowledged to me, being first duly authorized by said agency that he signed and delivered the above and foregoing written **Amendment Number Nine** for and on behalf of said agency and as its official act and deed on the day and year therein mentioned.

June GIVEN under my hand and official seal of office on this the 30<sup>th</sup> day of \_\_\_\_\_, 2017.

*Suzanne R. Smith*  
NOTARY PUBLIC



My Commission Expires:

STATE OF Mississippi  
COUNTY OF Madison

THIS DAY personally came and appeared before me, the undersigned authority, in and for the aforesaid jurisdiction, the within named, **Jocelyn Chisholm Carter, J.D.**, in her respective capacity as the **President of UnitedHealthcare of Mississippi, Inc.**, a corporation authorized to do business in Mississippi, who acknowledged to me, being first duly authorized by said corporation that she signed and delivered the above and foregoing written **Amendment Number Nine** for and on behalf of said corporation and as its official act and deed on the day and year therein mentioned.

June GIVEN under my hand and official seal of office on this the 30<sup>th</sup> day of \_\_\_\_\_, 2017.

NOTARY PUBLIC

My Commission Expires:

January 18, 2018

