

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

(Magnolia Health Plan, 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 **Magnolia Health Plan, 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:

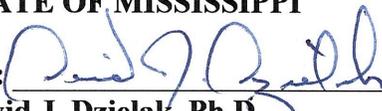
The Contract period begins July 1, 2014, and shall terminate on June 30, 2018. The Division may have, under the same terms and conditions as the existing Contract, an option for one (1) one-year extension.

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: 6/19/17

FOR CONTRACTOR:

MAGNOLIA HEALTH PLAN, INC.

BY: 

Aaron Sisk, J.D.
PRESIDENT & CHIEF EXECUTIVE OFFICER

DATE: 6/29/17

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.

GIVEN under my hand and official seal of office on this the 19th day of June, 2017.



NOTARY PUBLIC

James S. Turbeville

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, **Aaron Sisk**, in his respective capacity as the **President and Chief Executive Officer of Magnolia Health Plan, Inc.**, a corporation authorized to do business in Mississippi, who acknowledged to me, being first duly authorized by said corporation that he 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.

GIVEN under my hand and official seal of office on this the 29th day of JUNE, 2017.



NOTARY PUBLIC

A. Sisk