

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

(Molina Healthcare of Mississippi – State Fiscal Year 2020 CHIP Capitation Payment)

THIS AMENDMENT NUMBER ONE 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 **Molina Healthcare of Mississippi, Inc.** (hereinafter “CCO” or “Contractor”).

WHEREAS, DOM is charged with the administration of the Mississippi State Plan for Medical Assistance in accordance with the requirements 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 § 457.1201 and is engaged in the business of providing prepaid comprehensive health care services as defined in 42 CFR § 457.10. 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 a separate child health program in accordance with Section 2102(a)(1) and 42 C.F.R § 457.70 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 One;

WHEREAS, this Amendment Number One, effective upon signature by both parties, establishes the capitation rates per member per month for the time period of November 1, 2019 through June 30, 2020 under this Contract (note: the rates for July 1, 2019 through October 31, 2019 shall be paid under the Contracts effective for that time period).

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:

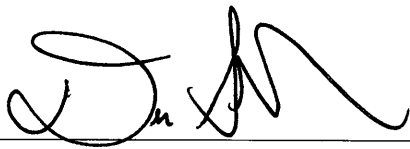
- I. Section 12.A., CAPITATION RATES, is supplemented with the following:

The established Coordinated Care Organization capitation rates per member per month (PMPM) for Children's Health Insurance Program (CHIP) for the period from November 1, 2019 through June 30, 2020 is \$277.59.

- II. All other provisions of the Contract are unchanged and it is further the intent of the parties that any inconsistent provisions not addressed by the above amendments are modified and interpreted to conform with this Amendment # One.

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

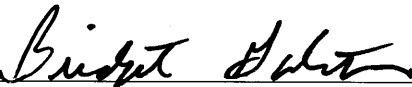
Division of Medicaid:

By: 

Drew L. Snyder
Executive Director

Date: October 1, 2019

Molina Healthcare of Mississippi, Inc.

By: 

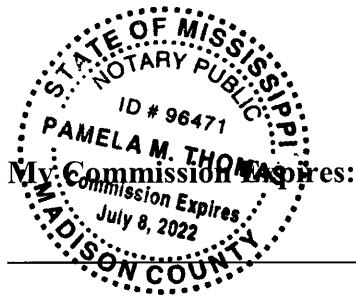
Bridget Galatas
Plan President & Chief Executive Officer

Date: September 12, 2019

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, **Drew L. Snyder**, 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 One** 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 1st day of October, 2019.



NOTARY PUBLIC

Pamela M. Thomas

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, **Bridget Galatas**, in her respective capacity as the **President and Chief Executive Officer of Molina Healthcare 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 One** 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 12th day of September, 2019.



NOTARY PUBLIC

Norma L. Dempsey

My Commission Expires:

June 16, 2023