

NOTICE OF CONTRACT AWARD MISSISSIPPI COORDINATED ACCESS NETWORK (MSCAN) MISSISSIPPI CHILDREN'S HEALTH INSURANCE PROGRAM (MSCHIP CONTRACT NUMBER: 8200074451

As identified in Executive Order 1362 (July 31, 2015), each agency awarding, renewing, or amending any professional or personal services contract reported online pursuant to the Mississippi Accountability and Transparency Act of 2008 must also submit by online report an analysis describing the reasons for awarding, renewing, or amending the contract.

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Please se	elect appropriate action:		
☐ Awarding ☐ Renewing ☐ Amending		Amending	
ANALYS	SIS DESCRIBING AWARD, RENEY	WAL OR AMENDMENT OF CON	TRACT
	Vendor Name:	Mississippi True dba TrueCare	
	Vendor Address:	116 Woodgreen Crossing Madison, MS 39110	
	Period of Performance	August 12, 2024 – August 11, 2028	
	Contract Total Value Not to Exceed	\$3,760,809,928	
(MSCAN) Because D ahead of th will be use	octor will provide services for the statewide, a coordinated care program for Mississippo OM is not able to determine the number of the contract period, an estimated value is used as the value at each amendment for infort the initial term is \$3,760,809,928 per CCC	pi Medicaid beneficiaries. f Member Months that will be applicable ed for the initial contract period and an a mational purposes only. The estimated	to each CCO s of spend date contract payment
The initial (2) optiona with a three	contract period is four (4) years beginning I one-year renewal periods. The initial co e (3) year operational period.	August 12, 2024, and will end August 1	1, 2028, with two
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The contract is available for public inspection in the Office of the Chief Procurement Officer. Please contact rfi@medicaid.ms.gov to obtain a copy. Contracts may also be obtained via the MS Transparency website: www.transparency.ms.gov.