

**AMENDMENT NUMBER FOUR
TO THE CONTRACT BETWEEN
THE STATE OF MISSISSIPPI
DIVISION OF MEDICAID
OFFICE OF THE GOVERNOR
AND
A CARE COORDINATION ORGANIZATION (CCO)
(Capitated Rate Adjustment for Jan-June, 2014)**

THIS AMENDMENT NUMBER FOUR 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"), 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 full risk capitated 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;

WHEREAS, pursuant to Section 13.15 of the Contract, no modification or change to any provision of the Contract shall be effective unless it is in writing, has the prior approval of CMS, and is signed by a duly authorized representative of the CCO and DOM as an amendment to the Contract; and

WHEREAS, This Amendment, effective January 1, 2014, establishes the capitation rates per member per month for the time period of January 1, 2014 through June 30, 2014.

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

- I. Section 9.9 Capitation Rates is supplemented with the following:

The table below includes the capitation rates per member per month (PMPM) effective January 1, 2014 – June 30, 2014 varying by region and rate cell. Each CCO will be paid

based on the distribution of members they have in each rate cell. In addition, CCO capitation payments will vary based on their members' county of residence. Each county has been assigned to one of the following regions: north, central, or south.

MississippiCAN Capitation Rates Per Member Per Month (PMPM) Original Population Effective January 1, 2014 – June 30, 2014				
Region	SSI / Disabled	Foster Care	Breast / Cervical Cancer	SSI / Disabled Newborn
North	\$580.26	\$257.39	\$1,892.73	\$1,243.88
Central	\$660.57	\$290.72	\$2,137.82	\$1,404.94
South	\$658.45	\$293.52	\$2,158.42	\$1,418.48

The capitation rates for the SSI / Disabled rate cell will be further adjusted for each CCO using the combined Chronic Illness and Disability Payment System and Medicaid Rx risk adjuster (CDPS + Rx). The CDPS + Rx risk adjuster will be used to adjust for the acuity differences of the MississippiCAN population compared to the FFS children population opting out of managed care, as well as acuity differences between the enrolled populations of each CCO. The CDPS + Rx demographic and disease category weights are specific to the non-inpatient services covered by MississippiCAN and calculated using Mississippi FFS data.

MississippiCAN Capitation Rates Per Member Per Month (PMPM) Expansion Population Effective January 1, 2014 – June 30, 2014			
Expansion Rate Cell	North	Central	South
MA Adults - 19-39 Male	\$220.81	\$240.30	\$234.71
MA Adults - 40+ Male	\$411.48	\$414.67	\$413.11
MA Adults - 19-39 Female	\$279.72	\$287.78	\$292.03
MA Adults-40+ Female	\$387.97	\$403.95	\$411.13
Pregnant Women	\$356.30	\$366.93	\$377.20
Newborns 0-2 Months	\$420.97	\$433.53	\$445.66
Newborns 3-12 Months	\$197.12	\$203.00	\$208.68
Delivery Kick Payment	\$1,439.98	\$1,482.95	\$1,524.43

The capitation rates for the Medical Assistance (MA) Adult rate cells will be adjusted for each CCO using the combined Chronic Illness and Disability Payment System and Medicaid Rx risk adjuster (CDPS + Rx). The CDPS + Rx risk adjuster will be used to adjust for the acuity differences between the enrolled populations of each CCO. The CDPS + Rx demographic and disease category weights are specific to the non-inpatient services covered by MississippiCAN and calculated using Mississippi FFS data.

II. All other terms and conditions shall remain unchanged.

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

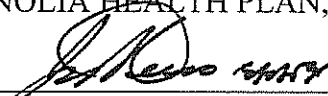
DIVISION OF MEDICAID
OFFICE OF THE GOVERNOR
STATE OF MISSISSIPPI

BY: 

DAVID J. DZIELAK
EXECUTIVE DIRECTOR

DATE: 2/10/14

MAGNOLIA HEALTH PLAN, INC.

BY: 

JASON DEES, D.O.
PRESIDENT

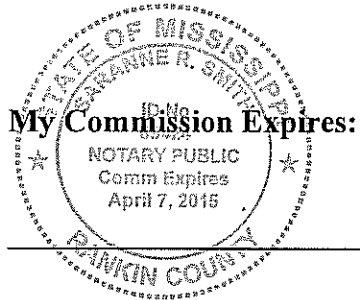
DATE: 2/10/14

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 Division that he signed and delivered the above and foregoing written **Amendment Number Four** for and on behalf of said Division 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 10th day of February, 2014.

[Handwritten Signature]
NOTARY PUBLIC



My Commission Expires:

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, **Jason Dees**, in his respective capacity as the **President 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 Four** 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 10th day of February, 2014.

[Handwritten Signature]
NOTARY PUBLIC

My Commission Expires:

