

**STATE OF NORTH CAROLINA
COUNTY OF WAKE**

**AMENDMENT 4
Contract # DMA-MCO-2018-4**

This Amendment 4 amends Contract # DMA-MCO-2018-4 bearing the effective date of July 1, 2017 ("Contract"), between the North Carolina Department of Health and Human Services (the "Department"), Division of Medical Assistance ("Division" or "DMA") and Partners Behavioral Health Management ("Contractor" or "PIHP").

As of August 1, 2018, and pursuant to State law, all functions, powers, duties, obligations and services vested in DMA were vested in the Division of Health Benefits ("Division" or "DHB"). The Parties agree that the nomenclature change from DMA to DHB does not affect the legal obligations of either party that exist under the Contract, this Amendment 4 and any future amendments.

This Amendment 4 shall be legally binding upon execution on behalf of DHB and PIHP, and the commencement of the Effective Period of this Amendment 4 shall be October 1, 2018.

As provided for under the terms of the Contract, DHB and PIHP agree to amend the following Contract provisions:

1. Reference #2-Effective Period (page 2 of Contract). Add the following sentence:

This Amendment 4 extends the Contract through October 12, 2018 or the effective date of Contract amendment 5, whichever is later.

2. Reference #7-Payment Provisions. Delete the second sentence in its entirety and replace with the following:

The total not-to-exceed amount of this Contract is \$544,991,296.

3. Reference APPENDIX Y: MEDICAID PAYMENT AMOUNTS. Appendix Y, as detailed below, shall apply for the period of this Amendment 4 so long as Contract amendment 5 begins on or before June 30, 2019. Appendix Y is incorporated herein by reference.

Other Requirements: All other terms and conditions, unless expressly amended here, shall remain in full force and effect.

Counterparts: This Amendment 4 may be executed in two or more counterparts, each and all of which shall be deemed an original and all of which together shall constitute but one and the same instrument. Any signature page transmitted by electronic mail in portable document format will have the same legal effect as an original executed signature page.

IN WITNESS WHEREOF, the Parties have executed this Amendment 4 in their official capacities to be effective on October 1, 2018.

Partners Behavioral Health Management



Signature

9/28/18

Date

W. Rhett Melton

Printed Name

CEO

Title

ATTEST



Signature

9/28/18

Date

Anita Lingafelt

Printed Name

Executive Assistant

Title

CORPORATE SEAL

North Carolina Department of Health and Human Services
Division of Health Benefits



Signature

10/2/18

Date

Deputy Secretary
NC Department of Health and Human
Services, Division of Health Benefits

APPENDIX Y: MEDICAID PAYMENT AMOUNTS

Below are the rates for Partners Behavioral Health Management (BHM)
July 1, 2018 – June 30, 2019

Partners BHM Medicaid Capitation Rates

CAPITATION RATES (State Plan Services)

Rating Group	Ages	SFY 2019 Contract Rate
AFDC	3+	\$38.88
Foster Children	3+	\$822.72
Aged	65+	\$101.30
Blind/Disabled	3-20	\$311.23
Blind/Disabled	21+	\$284.15
Innovations	All Ages	\$8,310.84
Subtotal (w/o innovations)	All Ages	\$88.71
Total (w/ innovations)	All Ages	\$148.85

CAPITATION RATES (1915(b)(3) Services)

Rating Group	Ages	SFY 2019 Contract Rate
AFDC	3+	\$0.31
Foster Children	3+	\$0.69
Aged	65+	\$0.95
Blind/Disabled	3-20	\$12.82
Blind/Disabled	21+	\$20.80
Innovations	All Ages	\$0.04
Subtotal (w/o innovations)	All Ages	\$4.00
Total (w/ innovations)	All Ages	\$3.87

CAPITATION RATES (TOTAL RATE)

Rating Group	Ages	SFY 2019 Contract Rate
AFDC	3+	\$38.88
Foster Children	3+	\$823.81
Aged	65+	\$102.25
Blind/Disabled	3-20	\$823.85
Blind/Disabled	21+	\$304.95
Innovations	All Ages	\$8,310.88
Subtotal (w/o innovations)	All Ages	\$102.71
Total (w/ innovations)	All Ages	\$149.82

Partners BHM Representative

Approved/Accepted

Date 7/20/18

DHHS Representative

Approved/Accepted

Date 6-28-18

CMS Representative

Approved/Accepted _____

Date _____