

STATE OF NORTH CAROLINA  
COUNTY OF WAKE

AMENDMENT 1  
Contract # DMA-MCO-2018-6

This Agreement amends the contract 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 Trillium Health Resources ("Contractor" or "PIHP"). This Amendment is hereby effective on July 1, 2017.

As provided for under the terms of this contract, DMA and PIHP agree to amend the following contract provisions:

1. Reference Section 7.5-Grievances and Appeals: Add the following language:

**7.5.9 Informing Providers and Subcontractors:** PIHP shall inform providers and subcontractors, at the time they enter into a contract, about Enrollee grievance, appeal, and fair hearing procedures and timeframes as specified in 42 CFR 438.400 through 42 CFR 438.424.

2. Reference Attachment H-Definitions: Add the following definitions:

**Co-payment:** A fixed amount paid by the patient for a covered health care service after the deductible has been paid.

**Durable Medical Equipment:** Equipment that is primarily and customarily used to serve a medical purpose, is generally not useful to an individual in the absence of a disability, illness or injury, can withstand repeated use, and can be reusable or removable.

**Excluded Services:** Health care services that are not covered or paid for by a health insurer.

**Habilitation Services and Devices:** Training, care, and specialized therapies undertaken to assist a client in maintaining his current level of functioning or in achieving progress in developmental skills areas.

**Health Insurance:** A plan that covers or shares the expenses associated with health care.

**Home Health Care:** Items and services furnished to an individual by a home health agency, or by others under arrangements with such others made by the agency, on a visiting basis, and except for paragraph e., in a place of temporary or permanent residence used as the individual's home as follows: a) Part-time or intermittent nursing care provided by or under the supervision of a registered nurse; b) Physical, occupational or speech therapy; c) Medical social services, home health aide services, and other therapeutic services; d) Medical supplies, other than drugs and biologicals and the use of medical appliances; e) Any of the foregoing items and services which are provided on an outpatient basis under arrangements made by the home health agency at a hospital or nursing home facility or rehabilitation center and the furnishing of which involves the use of equipment of such a nature that the items and services cannot readily be made available to the individual in his home, or which are furnished at such facility while he is there to receive any such item or service, but not including transportation of the individual in connection with any such item or service.

**Hospice Services:** The provision of palliative and supportive medical and other health services to meet the physical, psychological, social, spiritual, and special needs of patients and their families, which are experienced during the final stages of terminal illness and during dying and bereavement.

**Hospitalization:** Admission to hospital – an institution primarily engaged in providing, by or under the supervision of physicians, inpatient, diagnostic and therapeutic services or rehabilitation services.

**Hospital Outpatient Care:** Care in a hospital that usually doesn't require an overnight stay.

**Network:** Facilities, providers and suppliers contracted with a health insurer or plan to provide health care services.

**Non-Participating Provider:** A provider that has not entered into a contractual arrangement for participation in the closed network of any local management entity/managed care organization.

**Participating Provider:** An appropriately credentialed provider of mental health, intellectual or developmental disabilities, and substance abuse services that has entered into a contract for participation in the closed network of one or more local management entity/managed care organizations.

**Physician Services:** Health care services that a licensed medical physician provides or coordinates.

**Plan:** A benefit plan that pays for health care services.

**Premium:** Any premium or other consideration payable for coverage under a group or individual policy.

**Prescription Drug Coverage:** Health insurance or plan that helps pay for prescription drugs and medications.

**Prescription Drugs:** Drugs and medications that, by law, require a prescription.

**Primary Care Physician:** A physician (Medical Doctor or Doctor of Osteopathic Medicine) who directly provides or coordinates a range of health care services for a patient.

**Primary Care Provider:** A physician (Medical Doctor or Doctor of Osteopathic Medicine), nurse practitioner, clinical nurse specialist or physician assistant, as allowed under state law, who provides, coordinates or helps a patient access a range of health care services.

**Rehabilitation Services and Devices:** Health care services and devices that help one keep, get back, or improve skills and functioning for daily living that have been lost or impaired due to illness, injury or disability.

**Skilled Nursing Care:** Nursing care services for individuals who require medical or nursing care.

**Specialist:** A physician who focuses on a specific area of medicine or a group of patients to diagnose, manage, prevent or treat certain types of symptoms and conditions or a non-physician provider who has more training in a specific area of health care.

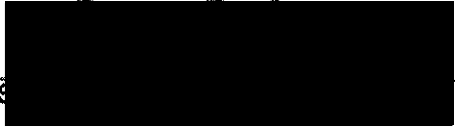
**Urgent Care:** Care for an illness, injury or condition serious enough that a reasonable person would seek care right away, but not so severe that it requires emergency room care.

**Other Requirements:**

All other terms and conditions as set forth in the original contract document shall remain in effect for the duration of this Agreement. Signatures follow on next page.

In Witness Whereof, Division and Contractor have executed this contract in duplicate originals, with one original being retained by each party.

**Trillium Health Resources**



11/8/2017  
Date

Leza Wainwright  
Printed Name

CEO  
Title

**ATTEST**

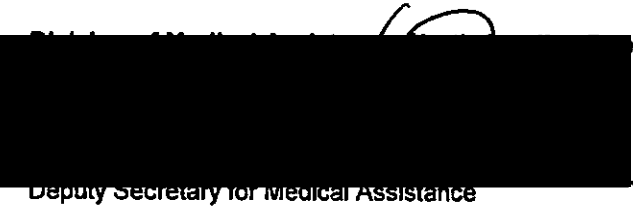


11/8/2017  
Date

Rita Joyner  
Printed Name

Executive Assistant  
Title

**[CORPORATE SEAL]**



Department of Health and Human Services

11/9/2017  
Date

Deputy Secretary for Medical Assistance