

**STATE OF NORTH CAROLINA
COUNTY OF WAKE**

**AMENDMENT 3
Contract # DMA-MCO-2018-6**

This Amendment 3 amends Contract # DMA-MCO-2018-6 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").

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 3 and any future amendments.

This Amendment 3 shall be legally binding upon execution on behalf of DHB and PIHP, and the commencement of the Effective Period of this Amendment 3 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 3 extends the Contract through October 12, 2018 or the effective date of Contract amendment 4, 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 \$779,841,131.

3. Reference APPENDIX Y: MEDICAID PAYMENT AMOUNTS. Appendix Y, as detailed below, shall apply for the period of this Amendment 3 so long as Contract amendment 4 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 3 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 3 in their official capacities to be effective on October 1, 2018.

Trillium Health Resources



Signature

9/28/18

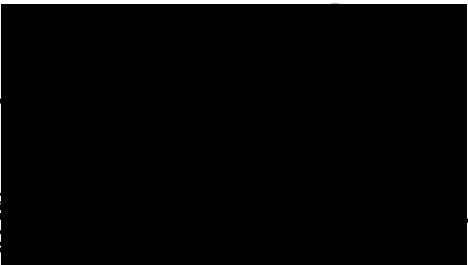
Date

Leza Wainwright

Printed Name

CEO

Title

AT


Signature

9.28.18

Date

Richard P. Leissner, Jr

Printed Name

General Counsel

Title

CORPORATE SEAL

 Health and Human Services

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

9/28/18

Date

APPENDIX Y: MEDICAID PAYMENT AMOUNTS

Below are the rates for Trillium Health Resources
July 1, 2018- June 30, 2019

Trillium Health Resources Medicaid Capitation Rates

CAPITATION RATES (State Plan Services)

| | | |
|----------------------------|----------|------------|
| AFDC | 3+ | \$38.33 |
| Foster Children | 3+ | \$750.01 |
| Aged | 65+ | \$100.92 |
| Blind/Disabled | 3-20 | \$313.37 |
| Blind/Disabled | 21+ | \$290.63 |
| Innovations | All Ages | \$5,944.98 |
| Subtotal (w/o innovations) | All Ages | \$105.19 |
| Total (w/ innovations) | All Ages | \$160.22 |

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

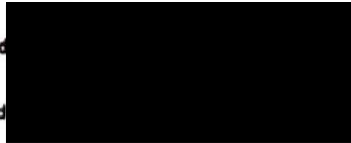
| | | |
|----------------------------|----------|---------|
| AFDC | 3+ | \$1.19 |
| Foster Children | 3+ | \$8.19 |
| Aged | 65+ | \$1.99 |
| Blind/Disabled | 3-20 | \$47.40 |
| Blind/Disabled | 21+ | \$32.53 |
| Innovations | All Ages | \$0.00 |
| Subtotal (w/o innovations) | All Ages | \$8.52 |
| Total (w/ innovations) | All Ages | \$8.45 |

CAPITATION RATES (TOTAL RATE)

| | | |
|----------------------------|----------|------------|
| AFDC | 3+ | \$37.52 |
| Foster Children | 3+ | \$758.20 |
| Aged | 65+ | \$102.91 |
| Blind/Disabled | 3-20 | \$360.77 |
| Blind/Disabled | 21+ | \$323.16 |
| Innovations | All Ages | \$5,944.98 |
| Subtotal (w/o innovations) | All Ages | \$113.71 |
| Total (w/ innovations) | All Ages | \$158.67 |

Trillium Health Representative

Approved/Accepted



4/27/18

DHHS Representative

Approved/Accepted

6-28-18

CMS Representative

Approved/Accepted _____

Date _____