

**STATE OF NORTH CAROLINA
COUNTY OF WAKE**

**AMENDMENT 2
Contract # DMA-MCO-2018-7**

This Agreement amends Contract # DMA-MCO-2018-7 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 Vaya Health ("Contractor" or "PIHP"). This Amendment 2 shall be effective upon execution on behalf of Division and PIHP, and the commencement of the Effective Period of this Amendment 2 shall be July 1, 2018.

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

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

By this Amendment 2, the Effective Period of the Contract shall be extended from July 1, 2018 through September 30, 2018.

2. Reference #7-Payment Provisions (page 2 of Contract). Amend the second sentence by the deletion of the following strike-through numeral and by the addition of the following underlined numeral:

The total not-to-exceed amount of this Contract is ~~\$342,870,449~~ 410,082,851.

3. Reference APPENDIX Y: MEDICAID PAYMENT AMOUNTS. Replace with the attached Appendix Y: Medicaid Payment Amounts. Add the following language:

Appendix Y Capitation Rates shall apply under the Contract for the period July 1, 2018 – September 30, 2018, and Appendix Y is fully incorporated in the Contract by this reference.

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.



6/29/18
Date

BRIAN INORAHAM
Printed Name

CEO
Title

ATTEST



6/29/18
Date

TRACY J. HAYES
Printed Name

GENERAL COUNSEL & CCO
Title

CORPORATE SEAL

Division of Medical Assistance, North Carolina Department of Health and Human Services



6/29/2018
Date

Deputy Secretary for Medical Assistance

APPENDIX Y: MEDICAID PAYMENT AMOUNTS

Below are the rates for Vaya Health
July 1, 2018 – June 30, 2019

Vaya Health Medicaid Capitation Rates

CAPITATION RATES (State Plan Services)

AFDC	3+	\$46.63
Foster Children	3+	\$740.93
Aged	65+	\$53.22
Blind/Disabled	3-20	\$381.54
Blind/Disabled	21+	\$247.14
Innovations	All Ages	\$5,812.84
Subtotal (w/o Innovations)	All Ages	\$107.11
Total (w/ Innovations)	All Ages	\$162.83

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

AFDC	3+	\$0.26
Foster Children	3+	\$3.08
Aged	65+	\$0.51
Blind/Disabled	3-20	\$22.85
Blind/Disabled	21+	\$11.25
Innovations	All Ages	\$0.08
Subtotal (w/o Innovations)	All Ages	\$2.86
Total (w/ Innovations)	All Ages	\$2.84

CAPITATION RATES (TOTAL RATE)

AFDC	3+	\$46.79
Foster Children	3+	\$744.02
Aged	65+	\$53.73
Blind/Disabled	3-20	\$404.39
Blind/Disabled	21+	\$258.39
Innovations	All Ages	\$5,813.02
Subtotal (w/o Innovations)	All Ages	\$109.97
Total (w/ Innovations)	All Ages	\$166.67

Vaya Representative

Approved/Accept

Date

6/5/18

DHHS Representative

Approved/Accept

Date

6-12-18

CMS Representative

Approved/Accept

Date

