

AMENDMENT #8

CONTRACT #0000000000000000000018314

This is an Amendment to the Contract (the "Contract entered into by and between the **Indiana Family and Social Services Administration, Office of Medicaid Policy and Planning** ("FSSA", "OMPP", and/or the "State") and **MDWISE INC** (the "Contractor") approved by the last State signatory on January 18, 2017.

In consideration of the mutual undertakings and covenants hereinafter set forth, the parties agree as follows:

The Contract for providing risk-based managed care services to Medicaid beneficiaries enrolled in the State of Indiana's Health Indiana Plan program is hereby amended to update Exhibit 10.F.

Exhibit 10.F, which lists the State's Capitation Rates for Healthy Indiana Plan, is superseded and replaced by **Exhibit 10.G**, which is attached hereto and incorporated herein.

The consideration of this contract is unchanged. Total remuneration under the Contract is not to exceed **\$4,503,655,423.50**.

All matters set forth in the original Contract and not affected by this Amendment shall remain in full force and effect.

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Non-Collusion and Acceptance

The undersigned attests, subject to the penalties for perjury, that the undersigned is the Contractor, or that the undersigned is the properly authorized representative, agent, member or officer of the Contractor. Further, to the undersigned's knowledge, neither the undersigned nor any other member, employee, representative, agent or officer of the Contractor, directly or indirectly, has entered into or been offered any sum of money or other consideration for the execution of this Amendment other than that which appears upon the face hereof. **Furthermore, if the undersigned has knowledge that a state officer, employee, or special state appointee, as those terms are defined in IC § 4-2-6-1, has a financial interest in the Contract, the Contractor attests to compliance with the disclosure requirements in IC § 4-2-6-10.5.**

Agreement to Use Electronic Signatures

I agree, and it is my intent, to sign this Contract by accessing State of Indiana Supplier Portal using the secure password assigned to me and by electronically submitting this Contract to the State of Indiana. I understand that my signing and submitting this Contract in this fashion is the legal equivalent of having placed my handwritten signature on the submitted Contract and this affirmation. I understand and agree that by electronically signing and submitting this Contract in this fashion I am affirming to the truth of the information contained therein. I understand that this Contract will not become binding on the State until it has been approved by the Department of Administration, the State Budget Agency, and the Office of the Attorney General, which approvals will be posted on the Active Contracts Database:

https://hr.gmis.in.gov/psp/paprd/EMPLOYEE/EMPL/h/?tab=PAPP_GUEST

In Witness Whereof, Contractor and the State have, through their duly authorized representatives, entered into this Amendment. The parties, having read and understood the foregoing terms of this Amendment, do by their respective signatures dated below agree to the terms thereof.

MDWISE INC

**Indiana Family and Social Services Administration,
Office of Medicaid Policy and Planning**

By: *Kathy Kendall*

By: Allison Taylor

Title: CEO

Title: Medicaid Director

Date: 9/5/19

Date: 9/18/2019

| | |
|---|--|
| Electronically Approved by: Indiana Office of Technology By: _____ (for) Dewand Neely, Chief Information Officer <i>Refer to Electronic Approval History found after the final page of the Executed Contract for details.</i> | Electronically Approved by: Department of Administration By: _____ (for) Lesley A. Crane, Commissioner <i>Refer to Electronic Approval History found after the final page of the Executed Contract for details.</i> |
| Electronically Approved by: State Budget Agency By: _____ (for) Zachary Q. Jackson, Director <i>Refer to Electronic Approval History found after the final page of the Executed Contract for details.</i> | Electronically Approved as to Form and Legality: Office of the Attorney General By: _____ (for) Curtis T. Hill, Jr., Attorney General <i>Refer to Electronic Approval History found after the final page of the Executed Contract for details.</i> |

EXHIBIT 10.G

HEALTHY INDIANA PLAN CAPITATION RATES

Note on Capitation Rates:

The capitation rates listed in this exhibit shall apply for the rating period January 1, 2018 through December 31, 2018.

Note on Rates and Rate Adjustment:

To the extent benefits or fee schedules are adjusted, capitation rates will be subject to revision by an equivalent value. This includes, but is not limited to, any change in Medicaid fee-for-service hospital reimbursement, including a change in the hospital adjustment factors.

Note on Risk Adjustment:

Each Contractor's rates have been adjusted based on the relative morbidity of their enrolled members. FSSA reserves the right to change risk adjustment models and tools. Total payments by FSSA will be cost neutral. Risk adjustment was calculated separately for each major rate grouping, using an aggregate approach, and will be applied to age / gender specific rates. FSSA reserves the right to adjust rates retrospectively. Members enrolled for less than six (6) months were risk adjusted according to each Contractor's average risk adjustment factor.

Note on Incentive Payment Withholding:

The capitation rates listed in this exhibit do not reflect any withhold amounts. FSSA will withhold a portion of the approved capitation payments from the Contractor on the following schedule:

- Year 1, 2017 – one point eight two percent (1.82%)
- Year 2, 2018 – two point zero five percent (2.05%)
- Year 3, 2019 – two point zero five percent (2.05%)
- Year 4, 2020 – three point one nine percent (3.19%)
- Year 5, 2021 – three point eight eight percent (3.88%)
- Year 6, 2022 – four point five six percent (4.56%)

The Contractor may be eligible to receive some or all of the withheld funds based on Contractor's performance in the areas outlined in Section B.4.a of Contract Exhibit 4. Withhold payments will be calculated as set forth in Section B.4.a of Contract Exhibit 4.

Note on Section 9010 Health Insurer Fees:

The capitation rates listed in this exhibit do not reflect the health insurer fee (HIF) implemented under Section 9010 of the Affordable Care Act. Actuarial soundness requires all applicable fees and taxes be reflected in the rates, FSSA will adjust rates both retrospectively and prospectively to reflect any HIF paid during the contract year and associated income taxes. FSSA intends retroactive HIF adjustment to be a uniform percentage change to the rates, to be applied to the entire rating period. The amount of the adjustment will be determined after the actual amount of the HIF is known.

Note on Calendar Year 2018 Capitation Rates (Planned Future Rate Adjustments):

The following rate adjustments are anticipated at a future time, but are not reflected in the capitation rates documented in this section:

- Adjustment to reflect expanded access to substance use disorder services such as residential treatment
- Adjustment to reflect coverage of cochlear devices
- Adjustment to include reimbursement for the HIF
- Adjustment to include enhanced reimbursement for the Physician Faculty Access to Care (PFAC) program

EXHIBIT 10.G

HEALTHY INDIANA PLAN CAPITATION RATES

2018 Healthy Indiana Plan Capitation Rates Effective January 1, 2018-July 31, 2018

All rates before adjustment for 2.05% withhold and after risk adjustment.

State Plan Benefits Package

| Male – Basic | | Female – Basic | |
|--------------|-----------|----------------|-----------|
| 19 – 24 | \$ 135.23 | 19 – 24 | \$ 118.72 |
| 25 – 34 | 158.24 | 25 - 34 | 192.59 |
| 35 - 44 | 223.69 | 35 - 44 | 276.18 |
| 45 and Over | 298.99 | 45 and Over | 403.85 |

| Male – Plus | | Female – Plus | |
|-------------|-----------|---------------|-----------|
| 19 - 24 | \$ 246.14 | 19 - 24 | \$ 195.10 |
| 25 - 34 | 311.18 | 25 - 34 | 384.15 |
| 35 - 44 | 500.88 | 35 - 44 | 591.39 |
| 45 and Over | 643.97 | 45 and Over | 714.45 |

Healthy Indiana Plan

| Male – Basic | | Female – Basic | |
|--------------|----------|----------------|----------|
| 19 - 24 | \$ 92.95 | 19 - 24 | \$ 92.19 |
| 25 - 34 | 157.30 | 25 - 34 | 132.34 |
| 35 - 44 | 222.94 | 35 - 44 | 177.12 |
| 45 - 54 | 331.14 | 45 - 54 | 285.16 |
| 55 - 64 | 389.73 | 55 - 64 | 278.50 |

| Male – Plus | | Female – Plus | |
|-------------|-----------|---------------|-----------|
| 19 - 24 | \$ 179.97 | 19 - 24 | \$ 170.02 |
| 25 - 34 | 272.02 | 25 - 34 | 237.19 |
| 35 - 44 | 349.49 | 35 - 44 | 378.01 |
| 45 - 54 | 525.91 | 45 - 54 | 523.59 |
| 55 – 64 | 546.35 | 55 - 64 | 526.83 |

Other HIP Groups

| | |
|----------------------------------|-------------|
| Medically Frail - Basic | \$ 766.77 |
| Medically Frail - Plus | \$ 1,364.95 |
| Pregnant Females - Composite | \$ 608.54 |
| Maternity Case Rate - Composite | \$ 7,492.57 |
| Hospital Presumptive Eligibility | \$ 1,407.42 |

EXHIBIT 10.G

HEALTHY INDIANA PLAN CAPITATION RATES

2018 Healthy Indiana Plan Capitation Rates Effective August 1, 2018-December 31, 2018

All rates before adjustment for 2.05% withhold and after risk adjustment.

State Plan Benefits Package

| Male – Basic | | Female – Basic | |
|--------------|-----------|----------------|-----------|
| 19 – 24 | \$ 143.77 | 19 – 24 | \$ 124.20 |
| 25 – 34 | 168.37 | 25 - 34 | 204.45 |
| 35 - 44 | 237.60 | 35 - 44 | 291.73 |
| 45 and Over | 317.36 | 45 and Over | 430.78 |

| Male – Plus | | Female – Plus | |
|-------------|-----------|---------------|-----------|
| 19 - 24 | \$ 253.91 | 19 - 24 | \$ 204.22 |
| 25 - 34 | 326.65 | 25 - 34 | 402.89 |
| 35 - 44 | 526.46 | 35 - 44 | 621.61 |
| 45 and Over | 676.16 | 45 and Over | 752.20 |

Healthy Indiana Plan

| Male – Basic | | Female – Basic | |
|--------------|----------|----------------|----------|
| 19 - 24 | \$ 98.36 | 19 - 24 | \$ 97.62 |
| 25 - 34 | 168.97 | 25 - 34 | 141.45 |
| 35 - 44 | 241.08 | 35 - 44 | 189.54 |
| 45 - 54 | 360.85 | 45 - 54 | 307.61 |
| 55 - 64 | 422.55 | 55 - 64 | 300.53 |

| Male – Plus | | Female – Plus | |
|-------------|-----------|---------------|-----------|
| 19 - 24 | \$ 187.59 | 19 - 24 | \$ 177.78 |
| 25 - 34 | 288.32 | 25 - 34 | 248.88 |
| 35 - 44 | 371.53 | 35 - 44 | 399.20 |
| 45 - 54 | 561.90 | 45 - 54 | 555.32 |
| 55 – 64 | 587.40 | 55 - 64 | 560.32 |

Other HIP Groups

| | |
|----------------------------------|-------------|
| Medically Frail - Basic | \$ 818.39 |
| Medically Frail - Plus | \$ 1,439.25 |
| Pregnant Females - Composite | \$ 635.61 |
| Maternity Case Rate - Composite | \$ 8,286.61 |
| Hospital Presumptive Eligibility | \$ 1,521.21 |

Electronic Approval History

| | User ID | Approver Name | Datetime | Description |
|---|----------------|-----------------------|-----------------------|---------------------------|
| 1 | P239151 | Bowling,Paul | 09/19/2019 11:28:55AM | Agency Fiscal Approval |
| 2 | T219549 | Messer,Terri | 09/19/2019 12:45:25PM | IOT Approval |
| 3 | J210634 | Snethen,John D | 09/23/2019 1:56:49PM | IDOA Legal Approval |
| 4 | L339901 | Bartlett,Liza | 09/24/2019 4:16:34PM | SBA Approval |
| 5 | J268330 | Habig,Joseph Michael | 09/30/2019 8:55:19AM | SBA Approval |
| 6 | M338811 | Skarbeck,Molly H | 09/30/2019 9:12:06AM | Attorney General Approval |
| 7 | W355166 | Anthony,William H | 10/01/2019 10:36:28AM | Attorney General Approval |
| 8 | D281542 | Johnson,David Patrick | 10/01/2019 10:44:40AM | Attorney General Approval |