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Agreement Number 12-89361	Amendment Number A01
Registration Number:	

- This Agreement is entered into between the State Agency and Contractor named below:
 State Agency's Name (Also known as DHCS, CDHS, DHS or the State)
Department of Health Care Services
 Contractor's Name (Also referred to as Contractor)
El Dorado County Health and Human Services Agency
- The term of this Agreement is: **May 1, 2013**
 through **June 30, 2017**
- The maximum amount of this **\$ 8,113,337,000**
 Agreement after this amendment is: **Eight Billion, One Hundred Thirteen Million, Three Hundred Thirty-Seven Thousand Dollars.**
- The parties mutually agree to this amendment as follows. All actions noted below are by this reference made a part of the Agreement and incorporated herein:

- The effective date of this amendment is **June 30, 2017.**
- Whereas, the Centers for Medicare and Medicaid Services (CMS) promulgated revisions to the managed care regulations applicable to Prepaid Inpatient Health Plans (PIHPs) in the Federal Register, Vol. 81, No. 88, May 6, 2016;

 Whereas, Contractor is a PIHP;



 Whereas, some of the revised managed care plan regulations applicable to PIHPs became effective July 1, 2017;

 Whereas, the CMS requires all PIHPs to enter into a contract, which contains revised managed care regulations applicable to PIHPs, with their respective state Medicaid agency effective July 1, 2017 as a condition of payment of federal financial participation (42 C.F.R. 438.802(a));

(Continued on next page)

All other terms and conditions shall remain the same.

IN WITNESS WHEREOF, this Agreement has been executed by the parties hereto.

CONTRACTOR		CALIFORNIA Department of General Services Use Only
Contractor's Name (If other than an individual, state whether a corporation, partnership, etc.) El Dorado County, Health and Human Services Agency		
By (Authorized Signature) 	Date Signed (Do not type)	
Printed Name and Title of Person Signing Michael Ranalli, Chair, Board of Supervisors		
Address 3057 Briw Road, Suite B Placerville, Ca 95667		
STATE OF CALIFORNIA		
Agency Name Department of Health Care Services		<input checked="" type="checkbox"/> Exempt per: W&I Code §14703
By (Authorized Signature) 	Date Signed (Do not type)	
Printed Name and Title of Person Signing		
Address 1501 Capitol Avenue, Suite 71.2048, MS 1400, P.O. Box 997413, Sacramento, CA 95899-7413		

Whereas, Agreement 17-94580 contains the required revised managed care regulations applicable to PIHPs and is effective as of July 1, 2017;

Whereas, this Agreement is currently effective until June 30, 2018;

Whereas, the parties wish to avoid having a period where this Agreement and Agreement 17-94580 are simultaneously effective;

Therefore, the parties wish to have this Agreement expire effective June 30, 2017.

- III. This Agreement is amended to expire effective June 30, 2017.
- IV. All other terms and conditions shall remain the same.