

This Contract, effective September 24, 2014, re-executed on November 1, 2016 and January 1, 2018, is hereby amended by addendum effective January 1, 2019, is between the United States Department of Health and Human Services, acting by and through the Centers for Medicare & Medicaid Services (CMS), the State of Michigan, acting by and through The Michigan Department of Health and Human Services (MDHHS), and the Michigan Department of Technology, Management and Budget, and _____ the Integrated Care Organization (ICO.) The ICO 's principal place of business is _____.

WHEREAS, CMS is an agency of the United States, Department of Health and Human Services, responsible for the administration of the Medicare, Medicaid, and State Children's Health Insurance Programs under Title XVIII, Title XIX, Title IX, Title XI, and Title XXI of the Social Security Act;

WHEREAS, MDHHS is an agency responsible for operating a program of medical assistance under 42 U.S.C. § 1396 et seq., and the Social Welfare Act, MCL 400.1 et seq., designed to pay for medical, behavioral health, and Long Term Supports and Services (LTSS) for eligible beneficiaries (Enrollee, or Enrollees);

WHEREAS, the ICO is in the business of providing medical services, and CMS and MDHHS desire to purchase such services from the ICO;

WHEREAS, the continued provision of covered services contributes to the health and welfare of Enrollees;

WHEREAS, in accordance with **Section 5.8** of the Contract, EOHHS and the Contractor desire to amend the Contract

WHEREAS, the term of the Contract is being extended pursuant to 801 CMR 21.05(5)(b) for the period necessary for MDHHS to complete its new procurement for the services set forth in the Contract;

WHEREAS, the ICO agrees to furnish these services in accordance with the terms and conditions of this Contract and in compliance with all federal and State laws and regulations;

NOW, THEREFORE, in consideration of the mutual promises set forth in this Contract, the Parties agree as follows:

1. In **Subsection 1.66** this Addendum deletes the number “forty-five (45)” and replaces it with the number “sixty (60)”.
2. This Addendum adds a new definition at **1.87** for Michigan Minimum Operating Standards and adjusts the numbering for the subsequent definitions accordingly. The new definition inserted below:

“Michigan Minimum Operating Standards (MOS) – Guidance issued to the ICOs by MDHHS, applicable to the MI Health Link demonstration program, setting forth minimum standards for implementing the program, as amended from time to time by MDHHS.”

3. This Addendum amends **Subsection 2.3.2.2** by adding **Subsection 2.3.2.2.13** as follows:

“Individuals residing in designated State sanctioned Veterans’ Homes.”

4. This Addendum amends **Subsection 2.3.3** by adding **Subsection 2.3.3.5** as follows:

“Any Enrollee who is disenrolled solely because he or she loses Medicaid eligibility will be automatically re-enrolled into the same ICO in accordance with the processes and timeframes specified in the Medicare-Medicaid Plan Enrollment and Disenrollment Guidance.”

5. This Addendum amends **Subsection 2.3.5.1.1** by adding **Subsection 2.3.5.1.1.7** as follows:

“Individuals identified as at risk or potentially at risk for abuse or overuse of specified prescription drugs per 42 C.F.R. §§ 423.100 and 423.153(f).”

6. This Addendum deletes **Subsection 2.3.7.1** and replaces it with the following **Subsection 2.3.7.1**:

“The ICO shall have a mechanism for receiving timely information about all disenrollments, including the effective date of disenrollment, from CMS and MDHHS or its authorized agent. All disenrollment-related transactions will be performed by CMS, MDHHS or its authorized agent. Subject to 42 C.F.R. § 423.38 and § 423.100, Enrollees can elect to disenroll from the ICO or the Demonstration at any time and enroll in another ICO, a MA-PD plan, PACE (if eligible and the program has capacity); or may elect to receive services through Medicare FFS and a prescription drug plan and to receive Medicaid FFS and any waiver programs (if eligible). CMS and MDHHS may only permit disenrollment if the individual has a Valid Medicare Election Period. (see Appendix K) A disenrollment received by CMS, MDHHS or its authorized agent, either orally or in writing, by the last calendar day of the month will be effective on the first calendar day of the following month.”

7. This Addendum deletes **Subsection 2.4.1.8.1** and replaces it with the following **Subsection 2.4.1.8.1**:

“The 1915(c) services will be described in Minimum Operating Standards prepared and published by MDHHS, as amended from time to time, and the services would be available to Enrollees who meet LOCD and for whom these services are included in the IICSP.”

8. This Addendum deletes **Subsection 2.4.2.4** and replaces it with the following **Subsection 2.4.2.4**:

“Reversal of sterilization procedures and sex change operations (unless the sex change operation is a medically necessary health care service that is evidence-based and provided within generally accepted standards of medical practice to prevent, diagnose or treat an illness, injury, condition, disease or its symptoms).”

9. This Addendum amends the numbering of the following Subsections accordingly:

“Subsection 2.5.2.5. to Subsection 2.5.2.1.”

“Subsection 2.5.2.6. to Subsection 2.5.2.2.”

“Subsection 2.5.2.7. to Subsection 2.5.2.3.”

“Subsection 2.5.2.8. to Subsection 2.5.2.4.”

“Subsection 2.5.2.8.1. to Subsection 2.5.4.1.”

10. This Addendum deletes **Subsections 2.5.2.8.2 to 2.5.2.8.2.7** and replaces them with the following **Subsections 2.5.2.4.2 to 2.5.2.4.3.7**:

“2.5.2.4.2. Membership will include the Enrollee and the Enrollee’s chosen allies, ICO Care Coordinator, PCP, and LTSS Supports Coordinator and/or PIHP Supports Coordinator (as applicable). Additional membership on the ICT may vary at each meeting, depending on the changing needs of the Enrollee.

2.5.2.4.2.1. PCPs may designate a licensed medical professional on their staff who has personal knowledge of the Enrollee’s condition(s) and health care needs, to attend in place of the PCP.

2.5.2.4.3. The ICT may also include the following persons as needed and available:

2.5.2.4.3.1. Family caregivers and natural supports

2.5.2.4.3.2. Primary care nurse care manager

2.5.2.4.3.3. Specialty providers

2.5.2.4.3.4. Personal care providers

2.5.2.4.3.5. Hospital discharge planner

2.5.2.4.3.6. Nursing Facility representative

2.5.2.4.3.7. Others as appropriate”

11. This Addendum deletes **Subsection 2.5.2.9** through **Subsection 2.5.2.9.3** and replaces them with the following **Subsection 2.5.2.5**:

“2.5.2.5. Integrated Care Team Responsibilities.

2.5.2.5.1. The role of ICT is to work collaboratively with the Enrollee and other team members. The ICO Care Coordinator is responsible to assure the completion of these tasks. ICT members will:

2.5.2.5.1.1. Ensure the IICSP is developed, implemented, and revised according to the Person-Centered Planning Process and the Enrollee’s stated goals including making whatever accommodations are appropriate for individuals whose disabilities create obstacles to full participation with the ICT.

2.5.2.5.1.2. Participate in the Person-Centered Planning Process at the Enrollee’s discretion to develop the IICSP;

2.5.2.5.1.3. Collaborate with other ICT members to ensure the Person-Centered Planning Process is maintained;

2.5.2.5.1.4. Assist the Enrollee in meeting his/her goals;

2.5.2.5.1.5. Monitor and ensure that their part of the IICSP is implemented in order to meet the Enrollee’s goals;

2.5.2.5.1.6. Update the ICBR as needed pertinent to the ICT member’s role on the ICT;

2.5.2.5.1.7. Review assessment, test results and other pertinent information in the ICBR;

2.5.2.5.1.8. Address transitions of care when a change between care settings occur;

2.5.2.5.1.9. Ensure continuity of care requirements are met; and

2.5.2.5.1.10. Monitor for issues related to quality of care and quality of life.

2.5.2.5.2. The operations of ICTs will vary depending on the needs and preferences of the Enrollee. An Enrollee with extensive service needs may warrant periodic meetings with all ICT members. An Enrollee with less intense needs may

warrant fewer meetings with selected members of the ICT. The ICO Care Coordinator is responsible for facilitating communication among the ICT members.

2.5.2.5.3. It is the responsibility of the ICO Care Coordinator to make an update regarding the outcome of each meeting available to members of the ICT, within fourteen (14) calendar days of the meeting.

2.5.2.5.4. The ICT will adhere to an Enrollee's determination about the appropriate involvement of his or her medical providers and caregivers at each meeting, according to HIPAA and, for individuals in substance use disorder treatment, C.F.R. 42, Part 2.”

12. This Addendum amends **Subsection 2.5.3.1.3** by adding **Subsection 2.5.3.1.3.7** as follows:

“Limited license Bachelor’s prepared Social worker.”

13. This Addendum deletes **Subsection 2.5.3.2.2.19** and replaces it with the following **Subsection 2.5.3.2.2.19**:

“The ICO Care Coordinator will ensure appropriate assessments are conducted for Enrollees with identified long term care needs, and MDHHS will make final eligibility determinations, unless otherwise directed by the State and CMS.”

14. This Addendum amends the numbering of the following Subsections accordingly:

“Subsection 2.5.3.6.3. to Subsection 2.5.3.3.1.”
“Subsection 2.5.3.6.4. to Subsection 2.5.3.3.2.”
“Subsection 2.5.3.6.5. to Subsection 2.5.3.3.3.”
“Subsection 2.5.3.6.6. to Subsection 2.5.3.3.4.”

15. This Addendum amends the numbering of the following Subsections accordingly:

“Subsection 2.5.3.7. to Subsection 2.5.3.4.”
“Subsection 2.5.3.7.1. to Subsection 2.5.3.4.1.”
“Subsection 2.5.3.7.2. to Subsection 2.5.3.4.2.”

16. This Addendum deletes **Subsection 2.5.4.** and replaces is with the following **Subsection 2.5.4**:

“2.5.4. LTSS Supports Coordinator

2.5.4.1. LTSS Supports Coordinator will be offered to all Enrollees who meet Michigan Medicaid LOCD standards.

2.5.4.2. The LTSS Supports Coordinator must be either a Michigan:

- 2.5.4.2.1. Licensed registered nurse;
- 2.5.4.2.2. Licensed nurse practitioner;
- 2.5.4.2.3. Licensed physician’s assistant;
- 2.5.4.2.4. Licensed Bachelor’s prepared social worker;
- 2.5.4.2.5. Limited license Master’s prepared social worker;
- 2.5.4.2.6. Licensed Master’s prepared social worker; or
- 2.5.4.2.7. Limited license Bachelor’s prepared social worker.”

17. This Addendum amends the numbering of the following Subsections accordingly:

- “Subsection 2.5.4.7. to Subsection 2.5.4.3.”
- “Subsection 2.5.4.7.1. to Subsection 2.5.4.3.1.”
- “Subsection 2.5.4.7.2. to Subsection 2.5.4.3.2.”
- “Subsection 2.5.4.7.3 to Subsection 2.5.4.3.3.”
- “Subsection 2.5.4.7.4. to Subsection 2.5.4.3.4.”
- “Subsection 2.5.4.7.5. to Subsection 2.5.4.3.5.”
- “Subsection 2.5.4.7.6. to Subsection 2.5.4.3.6.”
- “Subsection 2.5.4.7.7. to Subsection 2.5.4.3.7.”

18. This Addendum amends the numbering of the following Subsections accordingly:

- “Subsection 2.5.4.8. to Subsection 2.5.4.4.”
- “Subsection 2.5.4.8.1. to Subsection 2.5.4.4.1.”
- “Subsection 2.5.4.8.1.1. to Subsection 2.5.4.4.1.1.”
- “Subsection 2.5.4.8.1.2. to Subsection 2.5.4.4.1.2.”
- “Subsection 2.5.4.8.1.3. to Subsection 2.5.4.4.1.3.”
- “Subsection 2.5.4.8.1.4. to Subsection 2.5.4.4.1.4.”
- “Subsection 2.5.4.8.1.5. to Subsection 2.5.4.4.1.5.”
- “Subsection 2.5.4.8.1.6. to Subsection 2.5.4.4.1.6.”
- “Subsection 2.5.4.8.1.7. to Subsection 2.5.4.4.1.7.”
- “Subsection 2.5.4.8.1.8. to Subsection 2.5.4.4.1.8.”
- “Subsection 2.5.4.8.1.9. to Subsection 2.5.4.4.1.9.”
- “Subsection 2.5.4.8.1.10. to Subsection 2.5.4.4.1.10.”
- “Subsection 2.5.4.8.1.11. to Subsection 2.5.4.4.1.11.”
- “Subsection 2.5.4.8.1.12. to Subsection 2.5.4.4.1.12.”
- “Subsection 2.5.4.8.1.13. to Subsection 2.5.4.4.1.13.”
- “Subsection 2.5.4.8.2. to Subsection 2.5.4.4.2.”

19. This Addendum amends the numbering of the following Subsections accordingly:

- “Subsection 2.5.6.5. to Subsection 2.5.6.1.”

“Subsection 2.5.6.5.1. to Subsection 2.5.6.1.1.”

“Subsection 2.5.6.5.2. to Subsection 2.5.6.1.2.”

“Subsection 2.5.6.5.3. to Subsection 2.5.6.1.3.”

“Subsection 2.5.6.5.4. to Subsection 2.5.6.1.4.”

20. In **Subsection 2.6.3.1.2.2** this Addendum deletes the number “forty-five (45)” and replaces it with the number “sixty (60)”.

21. This Addendum amends **Subsection 2.6.3.1.2.2** by adding **Subsection 2.6.3.1.2.2.1.** as follows:

“Attempts to contact the Enrollee that occur prior to 20 days before the effective date of enrollment (such as outreach described in 2.3.6.5.1) may not count toward the ICO’s five attempts to complete a Level I Assessment.”

22. In **Subsections 2.6.3.9.1 and 2.6.3.9.2** this Addendum deletes the number “forty-five (45)” and replaces it with the number “sixty (60)”.

23. This Addendum deletes **Subsection 2.6.3.11.1** and replaces it with the following **Subsection 2.6.3.11.1:**

“At least every twelve (12) months after the Level 1 Assessment completion date;”

24. This Addendum deletes **Subsection 2.6.3.11.5** and its subsequent subsections accordingly.

25. In **Subsection 2.6.7.8**, this Addendum deletes the word “conducted” and replaces it with the word “completed”.

26. This Addendum deletes the **Subsection 2.7.1.3.1** and replaces it with the following **Subsection 2.7.1.3.1:**

“For Medicare medical providers and facilities, time, distance and minimum number standards updated annually on the CMS website (<https://www.cms.gov/Medicare-Medicaid-Coordination/Medicare-and-Medicaid-Coordination/Medicare-Medicaid-Coordination-Office/FinancialAlignmentInitiative/MMPInformationandGuidance/MMPApplicationandAnnualRequirements.html>).”

27. This Addendum deletes the **Subsection 2.7.2.10** and replaces it with the following **Subsection 2.7.2.10:**

“Network Provider Enrollment. ICO shall assure that all network providers that provide Medicare Covered Services do not appear on the CMS preclusion list in order to submit Claims for reimbursement or otherwise participate in the Medicare program. ICO shall assure that all network providers, including out-of-State network providers that provide

Medicaid Covered Services are screened and enrolled in the Michigan Medicaid Program, in compliance with 42 C.F.R. § 438.602(b). Payment of a portion of a Medicare Covered Service by an ICO does not constitute a Medicaid Covered Service for the purposes of this section.”

28. This Addendum amends **Subsection 2.7.3.5.1** by adding **Subsection 2.7.3.5.1.4** as follows:

“Furnished by an individual or entity that is included on the preclusion list, as defined in 42 C.F.R. § 422.222.”

29. In **Subsection 2.7.3.5.2.1** this Addendum deletes the punctuation “;” and the word “or” and adds the punctuation “.” after the year “1997”.

30. This Addendum deletes **Subsection 2.7.3.5.2.2**.

31. This Addendum deletes **Subsection 2.10.2.1.1** and replaces it with the following **Subsection 2.10.2.1.1** as follows:

“The ICO must have a formally structured Grievance system, consistent with 42 C.F.R. § 438 Subpart F in place for addressing Enrollee Grievances, including Grievances regarding reasonable accommodations and access to services under the ADA. The ICO must maintain written records of all Grievance activities, and notify CMS and MDHHS of all Grievances. The Grievance record must include the name of the covered person for whom the Grievance was filed; a general description of the reason for the grievance; the date received; the date of each review or, if applicable, review meeting; and resolution information including date of resolution. The Grievance record must be accessible to CMS and MDHHS upon request.”

32. This Addendum deletes **Subsection 2.10.2.1.3.3** and replaces it with the following **Subsection 2.10.2.1.3.3** as follows:

“In addition, within two (2) days of deciding to extend the timeframe, the entity must give the Enrollee written Notice of the reason for the extended timeframe and inform the Enrollee of the right to file a Grievance if he or she disagrees with that decision.”

33. In **Subsection 2.11.2.6.1**, this Addendum deletes the number “twelve (12)” and replaces it with the number “ten (10)”.

34. In **Subsection 2.11.2.8.2**, this Addendum deletes the number “twelve (12)” and replaces it with the number “ten (10)”.

35. In **Subsection 2.11.2.8.3**, this Addendum deletes the numbers “twelve (12)” and replaces it with the numbers “ten (10)”.

36. In **Subsection 2.11.2.8.3.1**, this Addendum deletes the number “twelve (12)” and replaces it with the number “ten (10)”.
37. In **Subsection 2.11.3.6.4.3.1**, this Addendum deletes the number “ninety (90)” and replaces it with the number “one hundred and twenty (120)”.
38. In **Subsection 2.11.3.6.4.3.2**, this Addendum deletes the number “twelve (12)” and replaces it with the number “ten (10)”.
39. The Addendum deletes the **Subsection 2.11.4.2.1.2** and replaces it with the following **Subsection 2.11.4.2.1.2**:
- “Such Appeals may be made orally, or in writing via US Mail, fax transmission, hand-delivery or electronic transmission, and in accordance with 42 C.F.R. § 431.221.”
40. In **Subsection 2.14.1.1.12** this Addendum deletes the word, “Annually” and replaces it with “Upon request,”.
41. This Addendum deletes **Subsection 2.14.4.1.2.5**.
42. This Addendum deletes **Subsection 2.17.1.4.5** and replaces it with the following **Subsection 2.17.1.4.5**:
- “Submit complete, timely, reasonable and accurate Encounter Data to CMS and to MDHHS no less than monthly and in the form and manner specified by MDHHS and CMS.”
43. This Addendum amends **Subsection 3.2.1** by adding **Subsection 3.2.1.2**. as follows:
- “Will maintain systems to identify individuals determined as at risk or potentially at risk for abuse or overuse of specified prescription drugs per 42 C.F.R. §§ 423.100 and 423.153(f).”
44. This Addendum deletes Subsections 4.2.3.1.3, 4.2.3.1.4, and 4.2.3.1.5 and replaces it with the following Subsections 4.2.3.1.3, 4.2.3.1.4, and 4.2.3.1.5:
- “4.2.3.1.3 Demonstration Year 3: 3%
4.2.3.1.4 Demonstration Year 4: 3%
4.2.3.1.5 Demonstration Year 5: 3%”
45. This Addendum deletes **Subsections 4.3.2.6 and 4.3.2.7** and replaces them with the following **Subsection 4.3.2.6 and 4.3.2.7**:
- “4.3.2.6 Data Submission. The ICO shall submit to MDHHS and CMS, in the form and manner as well as on a schedule, prescribed by MDHHS and CMS, the necessary data to calculate and verify the MLR after the end of the coverage year.

4.3.2.7 Medical Loss Ratio Calculation. Following the submission of the MLR report, MDHHS and CMS will have sixty (60) days to review and finalize the MLR calculation. MDHHS and CMS shall calculate the MLR by dividing the benefit expense by the revenue. The MLR shall be expressed as a percentage rounded to the second decimal point. Subsequently, the ICO shall have sixty (60) calendar days to review the MLR calculation. Each party shall have the right to review all data and methodologies used to calculate the MLR.”

46. This Addendum deletes **Subsection 4.4.4.8.2** and replaces it with the following **Subsection 4.4.4.8.2** :

“4.4.4.8.2 Payment will be based on performance on the quality withhold measures listed in Exhibit 7 below. The ICO must report these measures based on the prevailing technical specifications for the applicable measurement year.”

47. The Addendum deletes “**Exhibit 7 Quality Withhold Measures for Demonstration Years 2-5**” and replaces it with the following:
Exhibit 7 Quality Withhold Measures for Demonstration Years 2-5
 “

Measure	Source	CMS Core Withhold Measure	Michigan Withhold Measure
Encounter data	CMS/State defined measure	X	
Plan all-cause readmissions	NCQA/HEDIS	X	
Annual flu vaccine	AHRQ/CAHPS	X	
Follow-up after hospitalization for mental illness	NCQA/HEDIS	X	
Reducing the risk of falling	NCQA/HEDIS/HOS	X	
Controlling blood pressure	NCQA/HEDIS	X	
Part D medication adherence for diabetes medications	CMS	X	
Care transition record transmitted to health care professional	CMS/State defined measure		X
Medication review – all populations	State-defined (HEDIS-like)		X

Measure	Source	CMS Core Withhold Measure	Michigan Withhold Measure
Documentation of care goals	CMS/State defined measure		X
Urinary tract infection (DY 2-3 only)	CMS/State defined measure		X
Annual dental visit (DY 4-5 only)	CMS/State defined measure		X

”

48. This Addendum deletes **Subsection 4.5.1.3** and amends the numbering of “Subsection 4.5.1.4” by renumbering it to “**Subsection 4.5.1.3**”.

49. This Addendum deletes **Subsection 5.5.7.2.1** and replaces is with the following **Subsection 5.5.7.2.1**:

“If CMS or MDHHS, or both, elect to terminate the Contract, CMS and MDHHS will be responsible for notifying all Enrollees covered under this Contract of the date of termination and the process by which those Enrollees will continue to receive care. If the ICO elects to terminate or not renew the Contract, the ICO will be responsible for notifying all Enrollees and the general public, in accordance with federal and State requirements;”

50. This Addendum deletes **Appendix A. Subsection A.5.4** and replaces it with the following **Appendix A. Subsection A.5.4**:

“Reversal of sterilization procedures, and sex change operations(unless the sex change operation is a medically necessary health care service that is evidence-based and provided within generally accepted standards of medical practice to prevent, diagnose or treat an illness, injury, condition, disease or its symptoms).”

51. This Addendum deletes **Appendix D. Article II. Subsection H.4** and replaces it with the following **Appendix D. Article II. Subsection H.4**:

“ICO agrees to contract with any pharmacy that meets ICO’s reasonable and relevant standard terms and conditions according to 42 C.F.R. §423.505(b)(18), including making standard contracts available on request in accordance with the timelines specified in the regulation.”

52. This Addendum deletes **Appendix D. Article V. Subsection B.1.(a)** and replaces it with the following **Appendix D. Article V. Subsection B.1.(a)**:

“ICO has not provided CMS or MDHHS with a Notice of intention not to renew in accordance with Article VII of this addendum.”

53. This Addendum deletes **Appendix D. Article VI** and replaces it with the following **Appendix D. Article VI**:

**“ARTICLE VI
NONRENEWAL OF ADDENDUM BY ICO**

A. ICO may non-renew this addendum in accordance with 42 C.F.R. § 423.507(a).”

54. This Addendum adds **Appendix K** to read:

“Appendix K: Additional Medicare Waivers

In addition to the waivers granted for the MI Health Link demonstration in the MOU, CMS hereby waives Section 1860-D1 of the Social Security Act, as implemented in 42 C.F.R. § 423.38(c)((4)(i), and extend Sections 1851(a), (c), (e), and (g) of the Social Security Act, as implemented in 42 C.F.R. Part 422, Subpart B only insofar as such provisions are inconsistent with allowing dually eligible beneficiaries to change enrollment on a monthly basis.”

Signatures

In Witness Whereof, CMS, The State of Michigan, and <Entity> (the ICO) have caused this Agreement to be executed by their respective authorized officers:

TYPE NAME AND TITLE HERE

Date

<Entity>

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In Witness Whereof, CMS, the State of Michigan, and the ICO have caused this Agreement to be executed by their respective authorized officers:

Chelsea Lugibihl, Category Manager, Services

Date

Central Procurement Services - Enterprise Sourcing

State of Michigan

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In Witness Whereof, CMS, the State of Michigan, and the ICO have caused this Agreement to be executed by their respective authorized officers:

Kathy Stiffler, Acting Medicaid Director

Medical Services Administration

Date

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In Witness Whereof, CMS, the State of Michigan, and the ICO have caused this Agreement to be executed by their respective authorized officers:

Ruth A.Hughes

Date

Deputy Director

Division of Medicaid Field Operations North

Centers for Medicare & Medicaid Services

United States Department of Health and Human Services

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In Witness Whereof, CMS, the State of Michigan, and the ICO have caused this Agreement to be executed by their respective authorized officers:

Kathryn Coleman

Date

Director

Medicare Drug & Health Plan Contract Administration Group

Centers for Medicare & Medicaid Services

United States Department of Health and Human Services

