

MID-STATE HEALTH NETWORK
 FISCAL YEAR 2021 NEW AND RENEWING CONTRACTS
 November 2020

CONTRACTING ENTITY	CONTRACT SERVICE DESCRIPTION (Revenue Contract)	CONTRACT TERM	FY21 ORIGINAL CONTRACT AMOUNT	FY21 TOTAL CONTRACT AMOUNT	FY21 INCREASE/ (DECREASE)
PIHP REVENUE CONTRACTS					
Michigan Department of Health & Human Services	Amendment #1 - Medicaid Managed Specialty Supports and Services Program(s), the Healthy Michigan Program and Substance Use Disorder Community Grant Programs	10.1.20 - 9.30.21	-	-	-
			\$ -	\$ -	\$ -



STATE OF MICHIGAN PROCUREMENT

Department of Health and Human Services

235 South Grand Avenue, Lansing, MI 48913

P.O. Box 30037, Lansing, MI 48909

CONTRACT CHANGE NOTICE

Change Notice Number 01

to

Contract Number MA 20000002098

CONTRACTOR	Mid-State Health Network
	530 West Ionia Street, Suite F
	Lansing, MI 48933
	Joseph Sedlock
	517-253-7525
	Joseph.sedlock@midstatehealthnetwork.org
	CV0054910

STATE	Program Manager	Jeff Wieferich	MDHHS
		517-335-0499	
	wieferichj@michigan.gov		
	Contract Administrator	Lance Kingsbury	MDHHS
517-335-8170			
kingsburyl@michigan.gov			

CONTRACT SUMMARY				
DESCRIPTION: Prepaid Inpatient Health Plan (PIHP)				
INITIAL EFFECTIVE DATE	INITIAL EXPIRATION DATE	INITIAL AVAILABLE OPTIONS	EXPIRATION DATE BEFORE CHANGE(S) NOTED BELOW	
October 1, 2020	September 30, 2021	Seven, one-year	September 30, 2021	
PAYMENT TERMS		DELIVERY TIMEFRAME		
Net 45		As Needed		
ALTERNATE PAYMENT OPTIONS			EXTENDED PURCHASING	
<input type="checkbox"/> P-card <input type="checkbox"/> Payment Request (PRC) <input type="checkbox"/> Other			<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
MINIMUM DELIVERY REQUIREMENTS				
N/A				
DESCRIPTION OF CHANGE NOTICE				
OPTION	LENGTH OF OPTION	EXTENSION	LENGTH OF EXTENSION	REVISED EXP. DATE
<input type="checkbox"/>		<input type="checkbox"/>		
CURRENT VALUE		VALUE OF CHANGE NOTICE	ESTIMATED AGGREGATE CONTRACT VALUE	
\$580,891,282.00		\$0.00	\$580,891,282.00	
DESCRIPTION: Effective upon MDHHS signature, the following amendment is incorporated into this Contract per the following language:				
<p>Section 8. Payment Terms; B. State Funding; 9. Temporary Hourly Wage Increase for Direct Care Workers in Response to COVID-19 Pandemic and State of Emergency:</p> <p>The Contractor must implement the temporary hourly wage increase, referred to as Premium Pay, provisions of MSA L-20-67 https://www.michigan.gov/documents/mdhhs/L_20-67-Premium_Pay_706313_7.pdf dated October 28, 2020. BHDDA published "Additional Guidance on Premium Pay Increase" May 22, 2020 which can be found at the following link: https://www.michigan.gov/mdhhs/0,5885,7-339-71545-524138--,00.html.</p>				
MDHHS will provide increased capitation rates or provide sufficient funding if capitation rates cannot be appropriately adjusted due to COVID-19 specific federal regulations during the Premium Pay period to cover the				

actual cost of mandatory premium pay increases. The Contractor must disperse these funds to eligible contracted providers employing individuals that qualify for the increase

All other terms, conditions, specifications and pricing remain the same.

FOR THE CONTRACTOR:

Mid-State Health Network
Company Name

Authorized Agent Signature

Authorized Agent (Print or Type)

Date

FOR THE STATE:

Signature

Christine H. Sanches, Director
Name & Title

**Michigan Department of Health and Human
Services; Bureau of Grants and Purchasing**
Agency

Date