



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 04

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 checked="" type="checkbox"/>	One-year	<input type="checkbox"/>		September 30, 2022
CURRENT VALUE		VALUE OF CHANGE NOTICE	ESTIMATED AGGREGATE CONTRACT VALUE	
\$580,591,282.00		\$580,591,282.00	\$1,161,182,564.00	
DESCRIPTION: Effective October 1, 2021, this amendment exercises an option year and increases the total contract value.				

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