

AMENDED AND RESTATED

Contract No. [State specific contract no]

**United States Department of Health and Human Services
Centers for Medicare & Medicaid Services**

**In Partnership with
Texas Health and Human Services Commission**

And

[MMP Legal Entity Name]

Amendment No. 8

Effective:

November 1, 2024

This Contract amended effective August 1, 2017, and amended by addendums effective November 1, 2020, December 1, 2021, December 1, 2022, December 1, 2023 and April 1, 2024 hereby amended effective November 1, 2024, and denominated HHSC Contract No. [state contract number] and CMS Contract No. [Hxxxxx]; 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 Texas, acting by and through the Health and Human Services Commission (HHSC), and [name of health plan] (STAR+PLUS MMP), collectively referred to as “Parties”. The Contractor’s principal place of business is [MMP’s address].

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 XI, and Title XXI of the Social Security Act;

WHEREAS, Section 1115A of the Social Security Act provides CMS the authority to test innovative payment and service delivery models to reduce program expenditures while preserving or enhancing the quality of care furnished to individuals under such titles, including allowing states to test and evaluate fully integrating care for dual eligible individuals in the State;

WHEREAS HHSC is an agency responsible for operating a program of medical assistance under 42 U.S.C. § 1396 et seq. designed to pay for medical, behavioral health, and long-term services and supports (LTSS) for eligible beneficiaries. Texas Government Code Chapter 531 provides HHSC with the authority to contract with managed care organizations to carry out the duties and functions of the Medicaid managed care system implemented under Texas Government Code Chapter 533;

WHEREAS the STAR+PLUS MMP is in the business of providing or arranging for health-related services, and CMS and HHSC want to purchase such services from the STAR+PLUS MMP;

WHEREAS, the STAR+PLUS MMP 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;

WHEREAS, the Parties originally executed this Contract on November 14, 2014 and subsequently amended the Contract on December 15, 2015, August 1, 2017, November 1, 2020, December 1, 2021, December 1, 2022, December 1, 2023, and April 1, 2024 respectively.

WHEREAS, in accordance with Section 5.9 of the Contract, CMS, HHSC and the Entity desire to amend the Contract.

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

1. This Amendment adds a new **Subsection 2.17.2.1.10** with the following language:
2.17.2.1.10. STAR+PLUS MMP shall share data and Enrollee information as necessary to ensure a smooth transition from the demonstration with the necessary parties (CMS, HHSC, and/or any receiving health plan(s)) as determined by HHSC and CMS. Such data and Enrollee information may include, but is not limited to prior authorization data, care plans, health risk assessments, and provider network information.
2. This Amendment adds **Subsection 4.1.2.1.11** with the following language:
4.1.2.1.11. Demonstration Year 10: January 1 – December 31, 2025.
3. This Amendment adds **Subsection 4.2.4.1.11** with the following language:
4.2.4.1.11. Demonstration Year 10: 5.5%
4. This Amendment deletes and replaces the language in **Subsection 5.8.1.1** with the following:
5.8.1.1 This Contract shall be in effect through December 31, 2025. The Dual Demonstration Program will end on December 31, 2025.
5. This Amendment deletes and replaces the language in **Appendix I, I1**, with the following language:
I1. Section 1860D-1 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 in a Medicare-Medicaid Plan.
6. This Amendment adds a new provision in **Appendix I, I6**, with the following language:
I6. Section 1851(c) of the Social Security Act and the implementing regulations at 42 C.F.R. § 422.60(g) insofar as such provisions are inconsistent with transitioning STAR+PLUS beneficiaries into a D-SNP (as applicable) at the end of the Demonstration.

In Witness Whereof, CMS, HHSC, and the STAR+PLUS MMP have caused this Agreement to be executed by their respective authorized officers:

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In Witness Whereof, CMS, HHSC, and the STAR+PLUS MMP have caused this Agreement to be executed by their respective authorized officers:

Lindsay Barnette

(Date)

Director

Models, Demonstrations and Analysis Group

Medicare-Medicaid Coordination Office

Centers for Medicare & Medicaid Services

United States Department of Health and Human Services

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In Witness Whereof, CMS, EOHHS, and the STAR+PLUS MMP 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 Service

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In Witness Whereof, CMS, HHSC, and the STAR+PLUS MMP have caused this Agreement to be executed by their respective authorized officers:

Cecile Young

(Date)

Executive Commissioner

Texas Health and Human Services Commission