Amendment to Molina Healthcare of Washington, Inc. (Formerly Qualmed Washington Healthplan, Inc.) Hospital Agreement

This Amendment to Hospital Services Agreement (the "Amendment") is made and entered into by and between Molina Healthcare of Washington, Inc. (MHW) (formerly QualMed Washington Health Plan, Inc. (QM)), and University of Washington Medical Center (Hospital), under which Hospital provides Healthcare Services to MHW Members.

RECITALS

- A. Whereas, Provider is a component of UW Medicine, a clinical enterprise of the University of Washington, an institution of higher education and agency of the state of Washington, consisting of the following components: University of Washington Medical Center, Harborview Medical Center, Northwest Hospital and Medical Center, Valley Medical Center, UW Physicians, the University of Washington School of Medicine, UW Neighborhood Clinics, and Airlift Northwest (collectively, "UW Medicine Component Units");
- B. The parties have previously entered into that certain Hospital Services Agreement dated September 1, 1994 (the "Agreement").
- C. The parties hereby agree to amend the Agreement in accordance with the terms and conditions of this Amendment.

NOW, THEREFORE, in consideration of the promises, covenants and warranties stated herein, Health Plan and Provider agree as follows:

- To extend the reimbursement rates contained in Attachment A from July 1, 2013 through August 31, 2013.
- Use of Defined Terms. Capitalized terms utilized in this Amendment shall have the same meanings ascribed to such terms in the Agreement.
- Agreement Remains in Full Force and Effect. Except As set forth in this Amendment, the Agreement
 is unaffected and shall continue in full force and effect in accordance with its terms. If there is a
 conflict between this Amendment and the Agreement or an earlier Amendment, the terms of this
 Amendment will prevail.

IN WITNESS WHEREOF, the parties hereto have agreed to and executed this Amendment by their duly authorized officers.

Provider Signature: Molina Signature:

Signatory Name
(Printed): Signatory Title
(Printed): Signature: Signatory Title
(Printed): Signature: Signature: Signatory Title
(Printed): Signature Date: O70213 Signature Date: 7-3-13

Provider or authorized representative's initials.