

AMENDMENT FOUR  
TO THE MOLINA HEALTHCARE OF  
TEXAS, INC. HOSPITAL SERVICES  
AGREEMENT  
Health Benefit Exchange  
Reimbursement for Professional Services

THIS HEALTH BENEFIT EXCHANGE AMENDMENT TO THE HOSPITAL SERVICES AGREEMENT ("Amendment") is made and entered by and between Molina Healthcare of Texas, Inc. ("Health Plan") and **Dallas County Hospital District, dba Parkland Health & Hospital System, a political subdivision of the State of Texas and Hospital District of Dallas County, Texas** ("Provider").

- A. Whereas, Health Plan and Provider have entered into a Hospital Services Agreement, or other corresponding health care services agreement or contract, as may have been amended from time to time ("Agreement"); and
- B. Whereas, Provider agrees to contract with Health Plan for Health Plan's Health Benefit Exchange products;

Now therefore, in consideration of the rights and obligations contained herein, Health Plan and Provider agree to amend the previously executed Health Benefits Exchange Amendment (Amendment Two) as follows:

1. Attachment D-2 Compensation Schedule for Molina Health Benefit Exchange Product – Professional Services is added and details the reimbursement terms for the services rendered by UTSW practitioners in a Parkland Clinic setting.
  - Parkland Health & Hospital System, where appropriate and where authorized by University of Texas Southwestern Medical School (UTSW), will bill on behalf of those UTSW practitioners providing services to Molina Members in a Parkland Clinic setting. Parkland will compensate UTSW directly for the professional services rendered via their executed Service Agreement with UTSW.
2. **Section 15 (Effective Date) is amended.**
  - This Amendment will become effective on **January 1, 2016**, and renew with and under the terms of the Agreement for so long as the UTSW practitioners agree to provide their professional services per the terms of this Amendment.


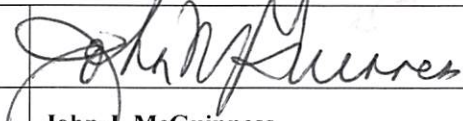
\* \* \* SIGNATURE AUTHORIZATION \* \* \*

IN WITNESS WHEREOF, the parties hereto have agreed to and executed this Amendment by their officers thereunto duly authorized as of the Effective Date set forth in the Amendment. The individual signing below on behalf of Provider acknowledges, warrants, and represents that said individual has the

authority and proper authorization to execute this Amendment on behalf of Provider , if any, and does so freely with the intent to fully bind Provider if any, to the provisions of this Amendment.

**Parkland Health & Hospital System**  
**("Provider")**

**Molina Healthcare of Texas, Inc.,**  
**("Health Plan")**

Provider Signature:			
Signatory Name (Printed):	John Moore	Signatory Name (Printed):	<b>John J. McGuinness</b>
Signatory Title (Printed):	Chief Financial Officer	Signatory Title (Printed):	COO
Signature Date:	6/9/16	Signature Date:	6/15/16
		Effective Date:	1/1/16

**ATTACHMENT D-2**  
**COMPENSATION SCHEDULE FOR MOLINA**  
**HEALTH BENEFIT EXCHANGE PRODUCT**  
**PHYSICIAN SERVICES**

Health Plan agrees to compensate Provider for Clean Claims for Covered Services rendered to Members, in accordance with the Molina Health Benefit Exchange Product, on a fee-for-service basis, at the lesser of: (i) Provider's billed charges (the amount written on the claim), or (ii) the amounts set forth below; less any applicable Member co-payments, deductibles, co-insurance, or amounts paid by other liable third parties, if any:

**Compensation for Health Insurance Marketplace (Professional Services).** Health Plan agrees to compensate Provider for Covered Services provided under the Health Insurance Marketplace Product, that are submitted on a Clean Claim (as defined by Texas law), on a fee-for-service basis, less any applicable Member co-payments, deductibles, co-insurance, or amounts paid by other liable third parties, if any, at the lesser of: (i) Provider's billed charges; or (ii) at One Hundred Forty-Five (145%) percent of the Medicare Fee-For-Service Program allowable payment rates for Dallas County, as of the Date of Service. In the event that there is no payment rate in the Medicare Fee-For-Service Program fee schedule as of the Date of Service, Covered Services submitted on a Clean Claim will be paid on a fee-for-service basis less any applicable Member co-payments, deductibles, co-insurance, or amounts paid by other liable third parties, if any, at the lesser of: (i) Provider's billed charges; or (ii) at an amount equivalent to the allowable rate under the applicable Medicaid Fee-For-Service Program fee schedule set forth by the State of Texas, in effect on the Date of Service.

***Note: The above reimbursement will be reimbursed to Parkland Health & Hospital System for services rendered by a UTSW practitioner in a Parkland Clinic setting where appropriate and agreed to by Parkland and UTSW.***