

**NON-BINDING LETTER OF INTENT**

This non-binding Letter of Intent (“**LOI**”) between Mississippi True, a Mississippi non-profit corporation, and \_\_\_\_\_ (“**Provider**”) shall be entered into and effective this \_\_\_ day of \_\_\_\_\_, 2016. Mississippi True and Provider shall be referred to below collectively as the “**Parties.**”

1. The undersigned Parties hereby acknowledge and agree that each is interested in entering into a Participating Provider Agreement for Provider to participate in the MississippiCAN Program (Medicaid).
2. The Parties agree to enter into good faith negotiations in order to execute a Participating Provider Agreement by the date required by the Mississippi Division of Medicaid Request for Proposal or as required by other Mississippi regulatory agencies, whichever is the earlier date.
3. By signing below, the Parties do hereby agree that this LOI is a non-binding expression of interest that Mississippi True may present to the applicable state regulatory authorities, including but not limited to the Mississippi Insurance Department and Mississippi Division of Medicaid, with jurisdiction over review and approval of MHCP’s product licensure and filings, for purposes of such product filings.
4. Notwithstanding the non-binding nature of the commitments set forth in this LOI, and except as referenced in Section 3 above, the Parties agree to keep the existence and terms of this LOI confidential.

**Please submit the enclosed Provider Data demographics template and this LOI via fax to the Attention: Network Development to (682.292.2609) or via email to Mississippi@evolenthealth.com. The demographic form may be attached via excel for ease of providers with multiple offices or providers.**

**Agreed and Accepted by:**

**MISSISSIPPI TRUE:**

**PROVIDER:**

Signature: \_\_\_\_\_

Signature: \_\_\_\_\_

Name: Mark Rishell

Name: \_\_\_\_\_

Title: Interim CEO

Title: \_\_\_\_\_

Date: \_\_\_\_\_

Date: \_\_\_\_\_

Email: mississippi@evolenthealth.com

Email: \_\_\_\_\_