

SSPA MUTUAL TERMINATION AGREEMENT

The undersigned Myriad Health Alliance, LLC, (“Myriad”), a limited liability company operating an ACO (“the ACO”), and NORTH SUNFLOWER MEDICAL CENTER (“Participant”) (together “the Parties”) enter this SSPA Mutual Termination Agreement, as follows:

Whereas Participant is a party to that certain Shared Savings Participation Agreement with Myriad under which Participants participates in Myriad’s ACO (“the SSPA”);

WHEREAS, on August 7, 2024, in compliance the unanimous decision of the Myriad Membership on July 15, 2024, Interim Director Kim Hoover, Ph. D., submitted Myriad’s notice of voluntary termination of the Medicare Shared Savings Program (MSSP) Participation Agreement to CMS via the CMS online portal, which termination was ratified by Resolution of the Myriad Membership adopted August 28, 2024; and

Whereas, consistent with the termination of the MSSP Participation Agreement, Myriad and Participant desire to terminate the SSPA effective December 31, 2024, at 11:59 p.m. (“the Effective Date”),

NOW, THEREFORE, the Parties hereby agree as follows:

1. Pursuant to Article VII, Section 7.3.1.a of Exhibit A to the SPPA, the SSPA Agreement shall terminate by mutual agreement as of the Effective Date.

2. Participant acknowledges that, pursuant to the terms of the SSPA, it remains responsible for those obligations that survive termination of the SSPA, which include but are not limited to those obligations regarding data sharing, quality reporting, repayment of shared losses, if any. Nothing in this paragraph limits or expands the scope of any obligation that survives the termination of the SSPA. Participant further agrees to cooperate fully with and assist Myriad as necessary for Myriad to comply with all ACO closeout obligations under applicable CMS laws, rules, and regulations.

3. For the avoidance of doubt, Participant’s entitlement to shared savings distributions, if any, for Performance Year 2024 shall not be affected by the termination of the SSPA.

4. This Mutual Termination Agreement does not terminate, alter, or amend any other agreement between Participant and Myriad.

[Signatures on the following page]

SO AGREED:

PARTICIPANT: NORTH SUNFLOWER MEDICAL CENTER

BY:



Participant Executive Authorized to Sign
Daniel Ceja

11/26/2024
Date

Participant Address and Email Address:

840 N Oak Ave

Ruleville, MS 38771

ACO:

Myriad Health Alliance, LLC:



Kim Hoover, Ph. D.
Interim Executive Director

October 23, 2024
Date