



CONTRACT AMENDMENT

1. AMENDMENT #: 05	2. CONTRACT #: YH19-0001R-04	3. EFFECTIVE DATE OF AMENDMENT: OCTOBER 1, 2023	4. PROGRAM: ACC/ACC-RBHA TITLE XIX-XXI
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5. CONTRACTOR NAME AND ADDRESS:

**Health Net Access, Inc. dba
Arizona Complete Health-Complete Care Plan (AZCH-CCP)
1870 W. Rio Salado Parkway
Tempe, AZ 85281**

6. PURPOSE: To amend and revise the table for the reinsurance deductible level found in Section D, Program Requirements, of the Contract for the period October 1, 2023, through September 30, 2024.

7. THE ABOVE REFERENCED CONTRACT IS HEREBY AMENDED AS FOLLOWS:


➤ **Section D, Program Requirements**

REINSURANCE CASE TYPE	DEDUCTIBLE*	COINSURANCE
REGULAR REINSURANCE	\$150,000	75%
CATASTROPHIC REINSURANCE	N/A	85%
TRANSPLANT AND OTHER CASE TYPES	Refer to specific paragraphs below	Refer to specific paragraphs below

**Annual deductible levels apply to all members eligible for reinsurance except for State Only Transplant.*

8. EXCEPT AS PROVIDED FOR HEREIN, ALL TERMS AND CONDITIONS OF THE ORIGINAL CONTRACT NOT HERETOFORE CHANGED AND/OR AMENDED REMAIN UNCHANGED AND IN FULL EFFECT.

IN WITNESS WHEREOF THE PARTIES HERETO SIGN THEIR NAMES IN AGREEMENT.

9. SIGNATURE OF AUTHORIZED REPRESENTATIVE AND DATE:	10. SIGNATURE OF AHCCCS CONTRACTING OFFICER AND DATE: <div style="text-align: center;">  <u>Megan LaPorte (Nov 1, 2023 12:00 PDT)</u> </div>
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TITLE OF AUTHORIZED REPRESENTATIVE: Medicaid Plan President	TITLE OF AHCCCS CONTRACTING OFFICER: CHIEF PROCUREMENT OFFICER
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