



**ARIZONA HEALTH CARE COST CONTAINMENT SYSTEM  
DIVISION OF BUSINESS AND FINANCE**

**SECTION A. CONTRACT AMENDMENT**

1. AMENDMENT NO.:	2. CONTRACT NO.:  <b>YH12-0001</b>	3. EFFECTIVE DATE OF AMENDMENT:  <b>October 1, 2014</b>	4. PROGRAM:  <b>DHCM – ALTCS EPD</b>
5. CONTRACTOR NAME AND ADDRESS:			
6. PURPOSE: To amend the Contract for the period October 1, 2014 through September 30, 2015 and to amend Section B, Capitation Rates and Contractor Specific Information.			
<p>7. THE CONTRACT REFERENCED ABOVE IS AMENDED AS FOLLOWS:</p> <ul style="list-style-type: none"> <li>➤ <b>Section B, Capitation Rates and Contractor Specific Information</b></li> </ul> <p>CYE 2015 capitation rates are retroactively adjusted to include a Nursing Facility (NF) Enhanced Payment to the NF component of the capitation rates. See Section B, Table 1.</p> <p>Refer to the individual Contract sections for specific changes.</p>			
<p>8. <b>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.</b></p> <p><b>IN WITNESS WHEREOF THE PARTIES HERETO SIGN THEIR NAMES IN AGREEMENT.</b></p>			
9. SIGNATURE OF AUTHORIZED REPRESENTATIVE:	10. SIGNATURE OF AHCCCS CONTRACTING OFFICER:		
<b>DO NOT SIGN SEE SEPARATE SIGNATURE PAGE</b>	<b>DO NOT SIGN SEE SEPARATE SIGNATURE PAGE</b>		
TYPED NAME:	TYPED NAME:		
TITLE	TITLE:		
DATE:	DATE:		