



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

**SECTION A. CONTRACT AMENDMENT**

|   |   |   |   |
|---|---|---|---|
| <b>1. AMENDMENT NO.:</b>  | <b>2. CONTRACT NO.:</b><br><br><p align="center"><b>YH12-0001</b></p> | <b>3. EFFECTIVE DATE OF AMENDMENT:</b><br><br><p align="center"><b>January 1, 2016</b></p>  | <b>4. PROGRAM:</b><br><br><p align="center"><b>DHCM – ALTCS EPD</b></p> |
| <b>5. CONTRACTOR NAME AND ADDRESS:</b>  |   |   |   |
| <b>6. PURPOSE:</b> To amend the Contract for the period January 1, 2016 through March 31, 2016 and to amend Section B, Capitation Rates and Contractor Specific Information.  |   |   |   |
| <b>7. THE CONTRACT REFERENCED ABOVE IS AMENDED AS FOLLOWS:</b><br><br><p>➤ <b>Section B, Capitation Rates and Contractor Specific Information</b></p> <p>CYE 2016 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 3.</p> <p>Refer to the individual Contract sections for specific changes.</p> |   |   |   |
| <b>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.</b>   |   |   |   |
| <p align="center"><b>IN WITNESS WHEREOF THE PARTIES HERETO SIGN THEIR NAMES IN AGREEMENT.</b></p>   |   |   |   |
| <b>9. SIGNATURE OF AUTHORIZED REPRESENTATIVE:</b><br><br><p align="center"><b>DO NOT SIGN<br/>SEE SEPARATE SIGNATURE PAGE</b></p>   |   | <b>10. SIGNATURE OF AHCCCS CONTRACTING OFFICER:</b><br><br><p align="center"><b>DO NOT SIGN<br/>SEE SEPARATE SIGNATURE PAGE</b></p> |   |
| <b>TYPED NAME:</b>  |   | <b>TYPED NAME:</b>  |   |
| <b>TITLE</b>  |   | <b>TITLE:</b>   |   |
| <b>DATE:</b>  |   | <b>DATE:</b>  |   |