

CONTRACT AMENDMENT

1.	AMENDMENT #:	2.	CONTRACT #:	3.	EFFECTIVE DATE OF AMENDMENT:	4.	PROGRAM:
	20		YH19-0001-06		APRIL 1, 2024		ACC

5. CONTRACTOR NAME AND ADDRESS:

UnitedHealthcare Community Plan 1 E. Washington, Suite 900 Phoenix, AZ 85004

- 6. PURPOSE: To amend Section B, Capitation Rates and Contractor Specific Requirements, due to the changes in the acuity adjustment modeling of the Contract for the period April 1, 2024, through September 30, 2024.
- 7. THE ABOVE REFERENCED CONTRACT IS HEREBY AMENDED AS FOLLOWS:

> Section B, Capitation Rates and Contractor Specific Requirements

EFFECTIVE APRIL 1, 2024								
GSA/ COUNTY	AGE <1	AGE 1-20	AGE 21+	DUALS	SSIWO	PROP 204 CA	EXPANSION ADULTS	DELIVERY SUPPLEMENT
CENTRAL	\$ <u>730.70</u> 741.96	\$ <u>211.58</u> 212.95	\$ <u>433.43</u> 435.44	\$ <u>183.92</u> 183.66	\$ <u>1,332.75</u> 1,316.38	\$ <u>663.89</u>	\$ <u>482.86</u> 455.12	\$ 7,258.84
SOUTH Pima (only)	\$ <u>835.60</u> 860.57	\$ <u>233.18</u> 232.93	\$ <u>445.88</u> 448.84	\$ <u>157.13</u> 157.37	\$ <u>1,372.72</u> 1,373.99	\$ <u>607.42</u> 612.31	\$ <u>461.42</u> 445.78	\$ 7,346.66

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:			
Jean Kathacher April 8, 2024	Meggan LaPorte (Mar 20, 2024 16:26 PDT)			
TITLE OF AUTHORIZED REPRESENTATIVE:	TITLE OF AHCCCS CONTRACTING OFFICER:			
CEO UHCCP AZ	CHIEF PROCURMENT OFFICER			