

CONTRACT AMENDMENT

1.	AMENDMENT #:	2. CONTRACT #:	3. EFFE	3. EFFECTIVE DATE OF AMENDMENT:		4. PROGRAM:
	05 YH19-0001R-05			OCTOBER 1, 2023		ACC/ACC-RBHA TITLE XIX-XXI
5.	CONTRACTOR NAM	E AND ADDRESS:	N			
Mercy Care 4755 S. 44 th Place Phoenix, AZ 85040						
6.	PURPOSE: To amend and revise the table for the reinsurance deductible level found in Section D, Program					
7.	Requirements, of the Contract for the period October 1, 2023, through September 30, 2024. THE ABOVE REFERENCED CONTRACT IS HEREBY AMENDED AS FOLLOWS:					
/.	 Section D, Program Requirements 					
	REINSURANCE CASE TYPE			DUCTIBLE*	COINSURANCE	
	REGULAR REINSURANCE			\$150,000	75%	
	CATASTROPHIC REINSURANCE			N/A	85%	
	TRANSPLANT AND OTHER CASE TYPES		Refer to s	pecific paragraphs below	Refer to specific paragraphs below	
		Transplant.				
8.	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: LOTY BOTTIL LOTY BOTTIL (NOV 7, 2023 16:29 MST)			10. SIGNATURE OF AHCCCS CONTRACTING OFFICER AND DATE:		
TITLE OF AUTHORIZED REPRESENATIVE:			TITLE OF AHCCCS CONTRACTING OFFICER:			
CEO			CHIEF PROCUREMENT OFFICER			