

**CONTRACT AMENDMENT**

1. AMENDMENT #: 02	2. CONTRACT #: YH19-0001R-04	3. EFFECTIVE DATE OF AMENDMENT: OCTOBER 1, 2022	4. PROGRAM: ACC/TITLE XIX-XXI ACC-RBHA
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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, Ste 211,
Tempe, AZ 85281**

6. PURPOSE: To amend Section B, Capitation Rates and Contractor Specific Requirements, and Section D, Program Requirements, of the Contract for the period October 01, 2022, through September 30, 2023.

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

➤ **Section B, Capitation Rates and Contractor Specific Requirements**

AHCCCS COMPLETE CARE (ACC) EFFECTIVE OCTOBER 1, 2022										
GSA/COUNTY	AGE <1	AGE 1-20	AGE 21+	DUALS	SSIWO	PROP 204 CA	EXPANSIO N ADULTS	DELIVERY SUPPLEMENT	OPTION 1 TRANSPLANT	OPTION 2 TRANSPLANT
CENTRAL	\$702.17	\$186.71	\$416.06	\$174.54	\$1,160.42	\$671.98	\$447.93	\$7,229.97	\$16.50	\$16.50
SOUTH	\$672.63	\$205.21	\$411.66	\$149.38	\$1,329.60	\$622.75	\$435.39	\$7,418.52	\$16.50	\$16.50

**AHCCCS COMPLETE CARE – REGIONAL
BEHAVIORAL HEALTH AGREEMENT (ACC-RBHA)
EFFECTIVE OCTOBER 1, 2022**

GSA/COUNTY	SMI	CRISIS 24 HOUR GROUP
SOUTH	\$1,615.68	\$7.87

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:

James Stover

10. SIGNATURE OF AHCCCS CONTRACTING OFFICER AND DATE:

DocuSigned by:
Meghan LaPorte
678092012002F440

TITLE OF AUTHORIZED REPRESENTATIVE:

Medicaid Plan President
3.24.2023

TITLE OF AHCCCS CONTRACTING OFFICER:

CHIEF PROCUREMENT OFFICER