



**CONTRACT AMENDMENT**

1. AMENDMENT #: <b>23</b>	2. CONTRACT #: <b>YH19-0001-07</b>	3. EFFECTIVE DATE OF AMENDMENT: <b>APRIL 1, 2025</b>	4. PROGRAM: <b>ACC</b>
5. CONTRACTOR/PROVIDER NAME AND ADDRESS: <b>Molina Healthcare of Arizona, Inc 5055 E. Washington St., Suite 210 Phoenix, AZ 85034</b>			
6. PURPOSE: To adjust the capitation rate due to Behavioral Health Drugs/HCBS Utilization, Member Churn and Acuity for the period April 1, 2025, through September 30, 2025, and as indicated below.			

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

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

**Capitation Rates:**

EFFECTIVE APRIL 1, 2025– SEPTEMBER 30, 2025								
GSA/ COUNTY	AGE <1	AGE 1-20	AGE 21+	DUALS	SSIWO	PROP 204 CA	EXPANSION ADULTS	DELIVERY SUPPLEMEN T
<b>CENTRAL</b>	<del>\$748.33</del> <u>757.50</u>	<del>\$251.29</del> <u>268.49</u>	<del>\$432.09</del> <u>461.29</u>	<del>\$198.00</del> <u>209.01</u>	<del>\$1,347.63</del> <u>1,375.38</u>	<del>\$641.10</del> <u>714.33</u>	<del>\$500.47</del> <u>556.34</u>	\$7,025.64

*Electronic Submission: An electronic or portable document file (PDF) copy of this amendment shall serve as the original.*

**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. NAME OF CONTRACTOR/PROVIDER: <b>Molina Healthcare</b>	10. ARIZONA HEALTH CARE COST CONTAINMENT SYSTEM
SIGNATURE OF AUTHORIZED INDIVIDUAL: 	SIGNATURE: 
TYPED NAME: <b>Minnie Andrade</b>	TYPED NAME: <b>Meggan LaPorte</b>
TITLE: <b>CEO, Plan President</b>	TITLE: <b>Chief Procurement Officer</b>
DATE: <b>04/15/2025</b>	DATE: <b>4/3/2025</b>