



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

SECTION A: CONTRACT AMENDMENT

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| 1. AMENDMENT #: | 2. CONTRACT #: YH12-0001 | 3. EFFECTIVE DATE OF AMENDMENT: July 1, 2015 | 4. PROGRAM: DHCM – ALTCS EPD |
| 5. CONTRACTOR NAME AND ADDRESS: | | | |
| 6. PURPOSE: To amend the Contract for the period July 1, 2015 through September 30, 2015 and to amend Section B, Capitation Rates and Contractor Specific Requirements. | | | |
| <p>7. THE ABOVE REFERENCED CONTRACT IS HEREBY AMENDED AS FOLLOWS:</p> <p style="padding-left: 40px;">➤ Section B, Capitation Rates and Contractor Specific Requirements</p> <p style="padding-left: 80px;">CYE 2015 capitation rates are retroactively amended to include a Nursing Facility (NF) Enhanced Payment to the NF component of the capitation rates. See Section B, Table 3.</p> | | | |
| <p>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.</p> <p>IN WITNESS WHEREOF THE PARTIES HERETO SIGN THEIR NAMES IN AGREEMENT.</p> | | | |
| 9. SIGNATURE OF AUTHORIZED REPRESENTATIVE: | 10. SIGNATURE OF AHCCCS CONTRACTING OFFICER: | | |
| DO NOT SIGN SEE SEPARATE SIGNATURE PAGE | DO NOT SIGN SEE SEPARATE SIGNATURE PAGE | | |
| TYPED NAME: | TYPED NAME: | | |
| TITLE | TITLE: | | |
| DATE: | DATE: | | |