



CONTRACT AMENDMENT

1. AMENDMENT #: <p style="text-align: center;">01</p>	2. CONTRACT #: <p style="text-align: center;">AHCCCS # YH24-0001-01</p>	3. EFFECTIVE DATE OF AMENDMENT: <p style="text-align: center;">September 13, 2024</p>	4. PROGRAM: <p style="text-align: center;">ALTCS E/PD</p>
5. CONTRACTOR NAME AND ADDRESS: <p style="text-align: center;">Arizona Physicians IPA, Inc. dba UnitedHealthcare Community Plan 1 E. Washington Street, Suite 800 Phoenix, AZ 85004</p>			
6. PURPOSE: To amend the Contract term.			
7. THE ABOVE REFERENCED CONTRACT IS HEREBY AMENDED AS FOLLOWS: <p>A. The term of this Contract is hereby amended as follows:</p> <ul style="list-style-type: none"> • Initial three years: October 1, 2025 – September 30, 2028 <p>Options to Extend:</p> <ul style="list-style-type: none"> • Contract Year four: October 1, 2028 – September 30, 2029 • Contract Year five: October 1, 2029 – September 30, 2030 • Contract Year six: October 1, 2030 – September 30, 2031 • Contract Year seven: October 1, 2031 – September 30, 2032 			
8. IN WITNESS WHEREOF THE PARTIES HERETO SIGN THEIR NAMES IN AGREEMENT.			
SIGNATURE OF AUTHORIZED REPRESENTATIVE AND DATE: <p style="text-align: right; margin-right: 20px;">9/18/2024</p>		SIGNATURE OF AHCCCS CONTRACTING OFFICER AND DATE: <p style="text-align: right; margin-right: 20px;">9/13/2024</p>	
TITLE OF AUTHORIZED REPRESENTATIVE: <p style="text-align: center;">CHIEF EXECUTIVE OFFICER</p>		TITLE OF AHCCCS CONTRACTING OFFICER: <p style="text-align: center;">CHIEF PROCUREMENT OFFICER</p>	