

ARIZONA HEALTH CARE COST CONTAINMENT SYSTEM DIVISION OF BUSINESS AND FINANCE

CONTRACT AMENDMENT

1.	AMENDMENT #	2. CONTRACT #:	3. EFFECTIV	'E DATE OF AMENDMENT:	4. PROGRAM	
	49	AHCCCS # YH6-0014 DES # E 2005004	YH6-0014 September 1, 2013		DHCM – DES/DDD	
5.						
DES/DDD, Site Code 791-A Arizona Department of Economic Security						
1789 W. Jefferson Street						
Phoenix, AZ 85007						
6.	PURPOSE: To retroactively amend Capitation Rates for the month of September, 2013.					
7.	THE ABOVE REFERENCED CONTRACT IS HEREBY AMENDED AS FOLLOWS:					
	Section 9010 of the Patient Protection and Affordable Care Act (ACA) requires that the Contractor pay a Health Insurer Assessment Fee (HIF) annually based on its respective market share of premium revenues from the preceding year (calendar year 2013 revenue). AHCCCS provides funding to the Contractor for the Health Insurer Assessment Fee and associated taxes subject to receipt and review of documentation from the Contractor as required by AHCCCS. This contract amendment retroactively adjusts the September, 2013 capitation rates to accommodate the 2014 Health Insurer Assessment Fee, exclusive of federal and state income taxes which will be covered under a later amendment, and amends the following sections of the contract:					
	Section B, Capitation Rates and Contractor Specific Information					
	Capitation Rates (Per Member – Per Month) revised for the term September 1, 2013 through September 30, 2013 as shown below:					
	DDD Rate					
	A. Long Term Care			\$ 3184.04 <u>\$3228.23</u>		
	B. Behavioral Health			\$120.82		
	C. Targeted Case Management Rate \$115.86					
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 A REPRESENTATIV		10. SIGN	ATURE OF AHCCCS CONTRAC	TING OFFICER:	
	DO NOT SIGN			DO NOT SIGN		
	SEE SEPARAT	TE SIGNATURE PAGE		SEE SEPARATE SIGNATUR	E PAGE	
TYPED NAME:			TYPED N	TYPED NAME:		
TITLE:			TITLE:	TITLE:		
DATE:			DATE:			