



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

CONTRACT AMENDMENT

1. AMENDMENT NUMBER: 15	2. CONTRACT NO.: YH14-0001-01	3. EFFECTIVE DATE OF AMENDMENT: October 1, 2015	4. PROGRAM DHCM - ACUTE
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5. CONTRACTOR'S NAME AND ADDRESS:
**UnitedHealthcare Community Plan
1 E. Washington, Suite 900
Phoenix, AZ 85004**

6. PURPOSE: To retroactively amend select Capitation Rates for the month of October, 2015.

7. THE CONTRACT REFERENCED ABOVE IS 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 2015 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 serves to retroactively adjust the October, 2015 prospective capitation rates to include the federal and state income taxes associated with the 2016 Health Insurer Assessment Fee, and amends the following sections of the contract:

➤ **Acute Care Section B, Capitation Rates and Contractor Specific Information**

Prospective Capitation Rates (Per Member – Per Month) revised for the month of October, 2015 as shown below
October 1, 2015 – October 31, 2015

County	GSA 2 (Yuma and La Paz)	GSA 04 (Apache, Coconino, Mohave, and Navajo)	GSA 06 (Yavapai)	GSA 10 (Pima and Santa Cruz)	GSA 12 (Maricopa)	GSA 14 (Cochise, Graham, Greenlee)
TANF/KC < 1	\$428.78 580.46	\$449.74 608.83	\$466.75 631.86	\$488.53 661.35	\$483.76 654.89	\$456.95 618.59
TANF/KC 1-13	\$11.60 151.08	\$104.69 141.72	\$115.27 156.05	\$110.70 149.86	\$114.37 154.83	\$115.63 156.53
TANF/KC 14-44 F	\$221.59 299.98	\$248.31 336.15	\$300.47 406.76	\$247.56 335.13	\$266.15 360.30	\$256.10 346.69
TANF/KC 14-44 M	\$126.25 170.91	\$158.51 214.58	\$187.90 254.37	\$146.34 198.11	\$162.83 220.43	\$163.26 221.01
TANF 45+	\$338.54 458.30	\$383.97 519.80	\$479.72 649.42	\$401.03 542.89	\$464.94 629.41	\$433.85 587.32
SSIW	\$215.70 292.00	\$141.34 191.34	\$146.52 198.35	\$162.32 219.74	\$178.40 241.51	\$182.95 247.67
SSIWO	\$894.33 1,210.70	\$797.77 1,079.98	\$1,023.03 1,384.92	\$899.67 1,217.92	\$916.25 1,240.37	\$1,013.88 1,372.54
*AHCCCS Care	\$368.90 499.40	\$396.91 537.32	\$489.55 662.73	\$387.19 524.16	\$464.14 628.33	\$428.99 580.74
**Newly Eligible Adults	\$327.20 442.95	\$382.81 518.23	\$367.25 497.16	\$336.83 455.98	\$383.87 519.66	\$360.60 488.16

*This group was known as AHCCCS Care for the October 2015 capitation rate-setting; this is now referred to as Adult Group at or below 106% Federal Poverty Level (Adults <= 106%).

**This group was known as Newly Eligible Adults for the October 2015 capitation rate-setting; this is now referred to as Adult Group above 106% Federal Poverty Level (Adults > 106%).

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: DO NOT SIGN SEE SEPARATE SIGNATURE PAGE	10. SIGNATURE OF AHCCCS CONTRACTING OFFICER: DO NOT SIGN SEE SEPARATE SIGNATURE PAGE
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TYPED NAME:	TYPED NAME:
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TITLE:	TITLE:
DATE:	DATE: