

ARIZONA HEALTH CARE COST CONTAINMENT SYSTEM DIVISION OF BUSINESS AND FINANCE

SECTION A: CONTRACT AMENDMENT

1.	AMENDMENT#	2. CONTRACT #:	3. EFFECTIVE DATE OF AMENDMENT:			T: 4.	. PROGRAM	
	8	YH14-0002	October 1, 2014				DHCM - CRS	
5.	5. CONTRACTOR NAME AND ADDRESS:							
UnitedHealthcare Community Plan 1 E. Washington, Suite 900 Phoenix, AZ 85004								
6. PURPOSE: To retroactively amend the contract for the period October 1, 2014 through September 30, 2015 and to amend Section D, CRS Program Requirements.								
7. THE ABOVE REFERENCED CONTRACT IS HEREBY AMENDED AS FOLLOWS:								
 Section D, CRS Program Requirements Paragraph 53, Compensation Reconciliation of Costs to Reimbursement: AHCCCS will reconcile the Contractor's medical cost expenses to net capitation paid to the Contractor. Refer to ACOM Policy 312 CYE 14 AND FORWARD. This reconciliation will limit the Contractor's profits and losses as follows: 								
	Profit	MCO Sha	re	State Share	Max MCO Profit	Cumula MCO P		
	<= 3%	100%		0%	3%	3%	,	
	> 3% and <=	6 % 50%		50%	1.5%	4.5%	%	
	> 6%	0%		100%	0%	4.5%	%	
	Loss	MCO Sha	re	State Share	Max MCO Loss	Cumula MCO I		
	<= 3 1%	100%		0%	3 1%	3 1%	6	
	> 3 1%	0%		100%	0%	3 1%	6	
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:				10. SIGNATURE OF AHCCCS CONTRACTING OFFICER:				
SIGNATURE ON FILE				SIGNATURE ON FILE				
TYPED NAME:				TYPED NAME:				
TITLE: CHIEF EXECUTIVE OFFICER				TITLE: CONTRACTS AND PURCHASING ADMINISTRATOR				
DATE:				DATE:				