

CONTRACT AMENDMENT

1. AMENDMENT #: 2. CONTRACT #: 3. EFFECTIVE E YH17-0001-03			ENDMENT: 16	4. PROG	4. PROGRAM DHCM – RBHA Maricopa		
CONTRACTOR	NAME AND ADDRESS: Mercy M	aricopa Integrated Care 4350 E	Cotton Center	Blvd, Building D	Phoenix, AZ 8504	0	
5. PURPOSE: To retroact	ively amend the Capitation Rat	es for the period 10/1/16 to 0	9/30/17				
7. THE FOLLOWING SECTION	IS OF ABOVE REFERENCED CONTRAC	CT IS HEREBY AMENDED AS FOLLOW	/S:				
	e services as described in this Confor the period October 1, 2016 t		less otherwise r			r-specific	
<u>Capitation Rates</u> :			10/1/16 to 12/31/16	01/01/17 to 03/31/17	04/01/17 to 09/30/17		
Title XIX eligible children, under the age of 18 (represents the cost of providing covered behavioral health services to children), not enrolled in CMDP:			\$30.03	\$30.07	\$29.29		
Title XIX eligible children, under the age of 18 (represents the cost of providing covered behavioral health services to children), enrolled in CMDP:			\$737.35	\$ 737.63	\$ 737.58		
Title XIX eligible adults, age 18 and older (represents the cost of providing covered behavioral health services to adult members without serious mental illness):			\$53.43	\$53.43	\$51.91		
Title XIX eligible adults, age 18 and older (represents the cost of providing covered behavioral health services to adult members with serious mental illness, who are not receiving physical health services under this contract):			\$1,808.28	\$1,809.14	\$1,774.97		
Title XIX eligible adults, age 18 and older (represents the cost of providing covered behavioral health services to adult members with serious mental illness, who are receiving physical health services under this contract):			\$2,394.76	\$2,396.17	\$2,368.59		
Title XXI eligible children (represents the cost of providing covered behavioral health services to TXXI children):			\$30.03	\$30.07	\$29.29		
Title XXI eligible adults (represents the cost of providing covered behavioral health services to TXXI adults):			\$53.43	\$53.43	\$51.91		
DES DD ALTCS eligible children representing the cost of providing covered behavioral health services to DES DD ALTCS children:			\$187.69	\$187.78	\$178.26		
DES DD ALTCS eligible adults representing the cost of providing covered behavioral health services to DES DD ALTCS adults:			\$135.03	\$135.03	\$120.28		
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contracts/amendment EXCEPT AS PROVIDED	luly authorized to execute and a s are exempt from the Procurer D FOR HEREIN, ALL TERMS ANI NCHANGED AND IN FULL EFFEC	ment Code pursuant to A.R.S. § D CONDITIONS OF THE ORIGI	41-2501(H) (as	effective on July	, 1, 2016). FORE CHANGED .	AND/OR	
9. SIGNATURE OF AUTHORIZED REPRESENTATIVE:		10. SIGNATURE OF AHCCO	10. SIGNATURE OF AHCCCS CONTRACTING OFFICER:				
TYPED NAME:		TYPED NAME: MEGGAN I	TYPED NAME: MEGGAN HARLEY, CPPO, MSW				
TITLE:		TITLE: CHIEF PROCUREM	IENT OFFICER				
DATE:		DATE:					