



### INTERGOVERNMENTAL AGREEMENT (IGA) AMENDMENT

1. AMENDMENT #: <b>3</b>	2. AGREEMENT #: <b>YH22-0052-07</b>	3. EFFECTIVE DATE OF AMENDMENT: <b>October 1, 2024</b>	4. PROGRAM: <b>DFSM</b>
5. CONTRACTOR/PROVIDER NAME AND ADDRESS: <p style="text-align: center;">Parker Indian Health Services 12033 W. Agency Avenue Parker, AZ 85344</p>			
6. PURPOSE: To extend the term of the agreement for an additional one-year period.			

7. THE ABOVE REFERENCED AGREEMENT IS HEREBY AMENDED AS FOLLOWS:

- Terms and Conditions, Section 6.1, Term of Agreement, this Agreement is extended for a one-year period October 1, 2024, through September 30, 2025 following AHCCCS' determination that the Contractor is in compliance with the terms of the Agreement.

*Electronic Submission: A portable document file (PDF) copy of this amendment shall serve as the original.*

EXCEPT AS PROVIDED FOR HEREIN, ALL TERMS AND CONDITIONS OF THE ORIGINAL AGREEMENT NOTHERETOFORE CHANGED AND/OR AMENDED REMAIN UNCHANGED AND IN FULL EFFECT.

IN WITNESS THEREOF, the parties have executed this Agreement:

**Parker Indian Health Services**

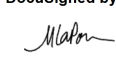
Signature: \_\_\_\_\_

Printed Name:

Title:

Date: \_\_\_\_\_

**Arizona Health Care Cost Containment System (AHCCCS):**

Signed by:   
Signature: \_\_\_\_\_  
6720D03F007E4A8...

Printed Name: Meggan LaPorte, CPPO, MSW

Title: Chief Procurement Officer

Date: 9/27/2024

In accordance with A.R.S. § 11-952, this Agreement is in the proper form and is within the power and authority granted to AHCCCS under A.R.S. §§ 36-2903 et seq. and 36-2932 et seq.

Signed by:   
\_\_\_\_\_  
10F828DCA92C458...  
Nicole Fries, Chief Deputy General Counsel

9/27/2024

**Certificate Of Completion**

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	Phoenix, AZ 85034
	anntonia.cota@azahcccs.gov
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9/27/2024 11:22:02 AM	anntonia.cota@azahcccs.gov	
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**Signer Events**

Nicole Fries  
 nicole.fries@azahcccs.gov  
 Deputy General Counsel  
 Security Level: Email, Account Authentication (None)

**Signature**

Signed by:  
  
 10F828DCA92C458...  
 Signature Adoption: Pre-selected Style  
 Using IP Address: 159.87.17.227

**Timestamp**

Sent: 9/27/2024 11:24:07 AM  
 Viewed: 9/27/2024 11:41:07 AM  
 Signed: 9/27/2024 11:41:16 AM

**Electronic Record and Signature Disclosure:**

Accepted: 10/11/2023 4:56:52 PM  
 ID: 79297826-f052-44dd-8316-a1f63a43e041  
 Company Name: Carahsoft OBO Arizona Health Care Cost Containment System

Meggan LaPorte  
 Meggan.LaPorte@azahcccs.gov  
 Chief Procurement Officer  
 AHCCCS  
 Security Level: Email, Account Authentication (None)

DocuSigned by:  
  
 6720D03F007E4A8...  
 Signature Adoption: Uploaded Signature Image  
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Sent: 9/27/2024 11:41:17 AM  
 Viewed: 9/27/2024 3:31:34 PM  
 Signed: 9/27/2024 3:31:38 PM

**Electronic Record and Signature Disclosure:**

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Editor Delivery Events	Status	Timestamp
Agent Delivery Events	Status	Timestamp
Intermediary Delivery Events	Status	Timestamp
Certified Delivery Events	Status	Timestamp
Carbon Copy Events	Status	Timestamp
Witness Events	Signature	Timestamp
Notary Events	Signature	Timestamp

<b>Envelope Summary Events</b>	<b>Status</b>	<b>Timestamps</b>
Envelope Sent	Hashed/Encrypted	9/27/2024 11:24:08 AM
Certified Delivered	Security Checked	9/27/2024 3:31:34 PM
Signing Complete	Security Checked	9/27/2024 3:31:38 PM
Completed	Security Checked	9/27/2024 3:31:38 PM

<b>Payment Events</b>	<b>Status</b>	<b>Timestamps</b>
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**Electronic Record and Signature Disclosure**

## **ELECTRONIC RECORD AND SIGNATURE DISCLOSURE**

From time to time, Arizona Health Care Cost Containment System (we, us or Company) may be required by law to provide to you certain written notices or disclosures. Described below are the terms and conditions for providing to you such notices and disclosures electronically through the DocuSign system. Please read the information below carefully and thoroughly, and if you can access this information electronically to your satisfaction and agree to this Electronic Record and Signature Disclosure (ERSD), please confirm your agreement by selecting the check-box next to 'I agree to use electronic records and signatures' before clicking 'CONTINUE' within the DocuSign system.

### **Getting paper copies**

At any time, you may request from us a paper copy of any record provided or made available electronically to you by us. You will have the ability to download and print documents we send to you through the DocuSign system during and immediately after the signing session and, if you elect to create a DocuSign account, you may access the documents for a limited period of time (usually 30 days) after such documents are first sent to you. After such time, if you wish for us to send you paper copies of any such documents from our office to you, you will be charged a \$0.00 per-page fee. You may request delivery of such paper copies from us by following the procedure described below.

### **Withdrawing your consent**

If you decide to receive notices and disclosures from us electronically, you may at any time change your mind and tell us that thereafter you want to receive required notices and disclosures only in paper format. How you must inform us of your decision to receive future notices and disclosure in paper format and withdraw your consent to receive notices and disclosures electronically is described below.

### **Consequences of changing your mind**

If you elect to receive required notices and disclosures only in paper format, it will slow the speed at which we can complete certain steps in transactions with you and delivering services to you because we will need first to send the required notices or disclosures to you in paper format, and then wait until we receive back from you your acknowledgment of your receipt of such paper notices or disclosures. Further, you will no longer be able to use the DocuSign system to receive required notices and consents electronically from us or to sign electronically documents from us.

### **All notices and disclosures will be sent to you electronically**

Unless you tell us otherwise in accordance with the procedures described herein, we will provide electronically to you through the DocuSign system all required notices, disclosures, authorizations, acknowledgements, and other documents that are required to be provided or made available to you during the course of our relationship with you. To reduce the chance of you inadvertently not receiving any notice or disclosure, we prefer to provide all of the required notices and disclosures to you by the same method and to the same address that you have given us. Thus, you can receive all the disclosures and notices electronically or in paper format through the paper mail delivery system. If you do not agree with this process, please let us know as described below. Please also see the paragraph immediately above that describes the consequences of your electing not to receive delivery of the notices and disclosures electronically from us.

### **How to contact Arizona Health Care Cost Containment System:**

You may contact us to let us know of your changes as to how we may contact you electronically, to request paper copies of certain information from us, and to withdraw your prior consent to receive notices and disclosures electronically as follows:

To contact us by email send messages to: [anthony.flot@azahcccs.gov](mailto:anthony.flot@azahcccs.gov)

### **To advise Arizona Health Care Cost Containment System of your new email address**

To let us know of a change in your email address where we should send notices and disclosures electronically to you, you must send an email message to us at [anthony.flot@azahcccs.gov](mailto:anthony.flot@azahcccs.gov) and in the body of such request you must state: your previous email address, your new email address. We do not require any other information from you to change your email address.

If you created a DocuSign account, you may update it with your new email address through your account preferences.

### **To request paper copies from Arizona Health Care Cost Containment System**

To request delivery from us of paper copies of the notices and disclosures previously provided by us to you electronically, you must send us an email to [anthony.flot@azahcccs.gov](mailto:anthony.flot@azahcccs.gov) and in the body of such request you must state your email address, full name, mailing address, and telephone number. We will bill you for any fees at that time, if any.

### **To withdraw your consent with Arizona Health Care Cost Containment System**

To inform us that you no longer wish to receive future notices and disclosures in electronic format you may:

- i. decline to sign a document from within your signing session, and on the subsequent page, select the check-box indicating you wish to withdraw your consent, or you may;
- ii. send us an email to [anthony.flot@azahcccs.gov](mailto:anthony.flot@azahcccs.gov) and in the body of such request you must state your email, full name, mailing address, and telephone number. We do not need any other information from you to withdraw consent.. The consequences of your withdrawing consent for online documents will be that transactions may take a longer time to process..

### **Required hardware and software**

The minimum system requirements for using the DocuSign system may change over time. The current system requirements are found here: <https://support.docusign.com/guides/signer-guide-signing-system-requirements>.

### **Acknowledging your access and consent to receive and sign documents electronically**

To confirm to us that you can access this information electronically, which will be similar to other electronic notices and disclosures that we will provide to you, please confirm that you have read this ERSD, and (i) that you are able to print on paper or electronically save this ERSD for your future reference and access; or (ii) that you are able to email this ERSD to an email address where you will be able to print on paper or save it for your future reference and access. Further, if you consent to receiving notices and disclosures exclusively in electronic format as described herein, then select the check-box next to ‘I agree to use electronic records and signatures’ before clicking ‘CONTINUE’ within the DocuSign system.

By selecting the check-box next to ‘I agree to use electronic records and signatures’, you confirm that:

- You can access and read this Electronic Record and Signature Disclosure; and
- You can print on paper this Electronic Record and Signature Disclosure, or save or send this Electronic Record and Disclosure to a location where you can print it, for future reference and access; and
- Until or unless you notify Arizona Health Care Cost Containment System as described above, you consent to receive exclusively through electronic means all notices, disclosures, authorizations, acknowledgements, and other documents that are required to be provided or made available to you by Arizona Health Care Cost Containment System during the course of your relationship with Arizona Health Care Cost Containment System.