

ARIZONA HEALTH CARE COST CONTAINMENT SYSTEM DIVISION OF BUSINESS AND FINANCE

CONTRACT AMENDMENT

1.	AMENDMENT #	2. CONTRACT #:	3. EFFECTIVE DATE OF AMENDMENT:	4. PROGRAM	
	13	YH14-0002	October 1, 2015	DHCM - CRS	
5.	5. CONTRACTOR 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 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 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 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:				
	 Section B, Capitation Rates and Contractor Specific Information The Contractor shall provide services as described in this contract. In consideration for these services, the Contractor will be paid Contractor-specific rates per member per month for the term October 1, 2015 through October 31, 2015. Capitation Rates for October 1, 2015 to October 31, 2015 				
	CRS Fully Integrated		\$ 807.38 1,157.28		
	CRS Partially-Integrated – Acute		\$777.04 1,113.79		
	CRS Partially-Integrated- Behavioral Health (BH)		\$737.16		
	CRS Only		\$463.80		
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 CONT	10. SIGNATURE OF AHCCCS CONTRACTING OFFICER:	
TYPED NAME: JOSEPH GAUDIO			TYPED NAME: MEGGAN HARLEY, CI	TYPED NAME: MEGGAN HARLEY, CPPO, MSW	
TITLE: ADMINISTRATOR/CEO		STRATOR/CEO	TITLE: CHIEF PROCUREMENT	CHIEF PROCUREMENT OFFICER	
DATE:			DATE:	DATE:	