

ARIZONA HEALTH CARE COST CONTAINMENT SYSTEM DIVISION OF BUSINESS AND FINANCE

CONTRACT AMENDMENT

1.	AM	ENDMENT #	2. CONTRACT #:	3. EFFECTIVE DATE OF AMENDMENT:	4. PROGRAM	
		52	YH8-0002 ADHS # 832007	September 1, 2013	DHCM - ADHS/DBHS	
5.	COl	CONTRACTOR NAME AND ADDRESS:				
Arizona Department of Health Services Division of Behavioral Services 150 N. 18 th Avenue, 2 nd Floor Phoenix, AZ 85007						
6.	PU	PURPOSE: To retroactively amend Capitation Rates for the month of September, 2013.				
7.	TH	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 2013 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 retroactively adjusts the September, 2013 capitation rates to accommodate the 2014 Health Insurer Assessment Fee, exclusive of federal and state income taxes which will be covered under a later amendment, and amends the following sections of the contract: Section B, Capitation Rates and Contractor Specific Information					
	Title XIX and Title XIX waiver group eligible children, under the age of 18 (represents \$39.14 \$43.48 pmpm					
	the cost of providing covered behavioral health services to Non-CMDP children):					
	Title XIX and Title XIX waiver group eligible children, under the age of 18 (represents the cost of providing covered behavioral health services to CMDP children):			\$ 996.38		
	Title XIX and Title XIX waiver group eligible adults, age 18 and older (represents the cost of providing covered behavioral health services to SMI adults):		\$ 77.62 <u>\$86.23</u> pmpm			
		Title XIX and Title XIX waiver group eligible adults, age 18 and older (represents th cost of providing covered behavioral health services to non-SMI adults):		\$44 .0 4 <u>\$48.92</u> pmpm		
		Title XXI eligibles services to TXX		e cost of providing covered behavioral health	\$ 26.35	
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:	
TYPED NAME:				TYPED NAME:	TYPED NAME: MICHAEL VEIT	
TITLE:					TITLE:	
					CONTRACTS AND PURCHASING ADMINISTRATOR	
DATE:				DATE:		