



**ARIZONA HEALTH CARE COST CONTAINMENT SYSTEM  
DIVISION OF BUSINESS AND FINANCE**

**CONTRACT AMENDMENT**

1. AMENDMENT #  <b>49</b>	2. CONTRACT #: <b>AHCCCS # YH6-0014 DES # E 2005004</b>	3. EFFECTIVE DATE OF AMENDMENT:  <b>September 1, 2013</b>	4. PROGRAM  <b>DHCM – DES/DDD</b>								
5. CONTRACTOR NAME AND ADDRESS: <p style="text-align: center;"><b>DES/DDD, Site Code 791-A Arizona Department of Economic Security 1789 W. Jefferson Street Phoenix, AZ 85007</b></p>											
6. PURPOSE: To retroactively amend Capitation Rates for the month of September, 2013.											
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 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:  ➤ <b>Section B, Capitation Rates and Contractor Specific Information</b>  Capitation Rates (Per Member – Per Month) revised for the term September 1, 2013 through September 30, 2013 as shown below:  <table style="margin-left: 40px; border: none;"> <tr> <td colspan="2"><b>DDD Rate</b></td> </tr> <tr> <td style="padding-left: 20px;">A. Long Term Care</td> <td style="text-align: right; padding-left: 40px;">\$3184.04 <u>\$3228.23</u></td> </tr> <tr> <td style="padding-left: 20px;">B. Behavioral Health</td> <td style="text-align: right; padding-left: 40px;">\$120.82</td> </tr> <tr> <td style="padding-left: 20px;">C. Targeted Case Management Rate</td> <td style="text-align: right; padding-left: 40px;">\$115.86</td> </tr> </table>				<b>DDD Rate</b>		A. Long Term Care	\$3184.04 <u>\$3228.23</u>	B. Behavioral Health	\$120.82	C. Targeted Case Management Rate	\$115.86
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C. Targeted Case Management Rate	\$115.86										
<b>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.</b>											
<b>IN WITNESS WHEREOF THE PARTIES HERETO SIGN THEIR NAMES IN AGREEMENT</b>											
9. SIGNATURE OF AUTHORIZED REPRESENTATIVE:		10. SIGNATURE OF AHCCCS CONTRACTING OFFICER:									
TYPED NAME:		TYPED NAME: <b>MICHAEL VEIT</b>									
TITLE:		TITLE: <b>CONTRACTS AND PURCHASING ADMINISTRATOR</b>									
DATE:		DATE:									