

## **CONTRACT AMENDMENT**

1. AMENDMENT #:	2. CONTRACT #:	3. EFFECTIVE DATE OF AMENDMENT:	4. PROGRAM:
20	YH19-0001-03	APRIL 1, 2024	ACC

**CONTRACTOR NAME AND ADDRESS:** 

**Health Choice Arizona** 410 N. 44th Street, Suite 900 Phoenix, AZ 85008

- 6. PURPOSE: To amend Section B, Capitation Rates and Contractor Specific Requirements, due to changes to the acuity adjustment modeling of the Contract for the period April 1, 2024, through September 30, 2024.
- 7. THE ABOVE REFERENCED CONTRACT IS HEREBY AMENDED AS FOLLOWS:

## > Section B, Capitation Rates and Contractor Specific Requirements

EFFECTIVE APRIL 1, 2024								
GSA/ COUNTY AGE <	ACE <1 ACE 1	AGE 1-20	AGE 21+	DUALS	SSIWO	PROP	EXPANSION	DELIVERY
	AGE <1	AGE 1-20				204 CA	ADULTS	SUPPLEMENT
CENTRAL	\$ <u>761.95</u>	\$ <u>213.24</u>	\$ <u>424.36</u>	\$ <u>189.24</u>	\$ <u>1,211.56</u>	\$ <u>645.43</u>	\$ <u>447.99</u>	¢ 7 2E0 04
CENTRAL	<del>758.78</del>	<del>214.55</del>	<del>430.65</del>	<del>188.97</del>	<del>1,250.68</del>	<del>640.99</del>	<del>428.29</del>	\$ 7,258.84
NORTH	\$ <u>731.75</u>	\$ <u>216.20</u>	\$ <u>382.80</u>	\$ <u>134.90</u>	\$ <u>1,206.89</u>	\$ <u>598.37</u>	\$ <u>464.48</u>	\$ 7,157.44
NORTH	<del>744.59</del>	<del>216.57</del>	<del>386.05</del>	<del>135.22</del>	<del>1,231.25</del>	<del>600.09</del>	<del>451.66</del>	۶ /,15/. <del>44</del>

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 AND DATE:	10. SIGNATURE OF AHCCCS CONTRACTING OFFICER AND DATE:		
Shawn Nau	Meggan LaPorte (Mar 20, 2024 16:26 PDT)		
TITLE OF AUTHORIZED REPRESENTATIVE:	TITLE OF AHCCCS CONTRACTING OFFICER:		
Chief Executive Officer	CHIEF PROCUREMENT OFFICER		

Signature:



Email: shawn.nau@azblue.com