



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

**CONTRACT AMENDMENT**

1. AMENDMENT #:  <b>25</b>	2. CONTRACT #:  <b>YH12-0001-02</b>	3. EFFECTIVE DATE OF AMENDMENT:  <b>September 1, 2013</b>	4. PROGRAM  <b>DHCM – ALTCS EPD</b>
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5. CONTRACTOR NAME AND ADDRESS:  
  
**UnitedHealthcare Community Plan  
1 East Washington, Suite 800  
Phoenix, AZ 85004**

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.

Capitation rates were previously amended for the month of October, 2013 to account for the 2014 Health Insurer Assessment Fee inclusive of federal and state income taxes. This contract amendment serves to retroactively adjust the October, 2013 capitation rates to exclude the state income taxes associated with the 2014 Health Insurer Assessment Fee, and amends the following sections of the contract:

➤ **Section B, Capitation Rates and Contractor Specific Information**

Capitation Rates (Per Member – Per Month) revised for the month of September, 2013 as shown below:

*September 1, 2013 – September 30, 2013*

<b>County</b>	<b>GSA 42 (Yuma and La Paz Counties)</b>	<b>GSA 44 (Apache, Coconino, Mohave, Navajo Counties)</b>	<b>GSA 48 (Yavapai County)</b>	<b>GSA 50 (Pima and Santa Cruz Counties)</b>	<b>GSA 52 (Maricopa County)</b>
Acute Care Only	\$673.70 \$663.69	\$630.03 \$620.66	\$635.16 \$625.72	\$489.25 \$481.98	\$383.79 \$378.09
Prior Period Coverage	\$925.11	\$925.11	\$925.11	\$784.36	\$844.98
EPD Long Term Care – Dual-Eligible	\$3073.11 \$3069.47	\$2615.33 \$2612.29	\$3388.86 \$3385.37	\$2958.48 \$2957.07	\$2942.40 \$2941.53
EPD Long Term Care – Non-Dual-Eligible	\$5010.81 \$4977.43	\$4559.19 \$4530.88	\$4963.94 \$4936.41	\$4625.82 \$4603.37	\$4821.46 \$4804.22

**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.**

<p>9. SIGNATURE OF AUTHORIZED REPRESENTATIVE: <b>DO NOT SIGN SEE SEPARATE SIGNATURE PAGE</b></p>	<p>10. SIGNATURE OF AHCCCS CONTRACTING OFFICER: <b>DO NOT SIGN SEE SEPARATE SIGNATURE PAGE</b></p>
<p>TYPED NAME:</p>	<p>TYPED NAME:</p>
<p>TITLE:</p>	<p>TITLE:</p>
<p>DATE:</p>	<p>DATE:</p>