



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

**SECTION A. CONTRACT AMENDMENT**

<b>1. AMENDMENT NO.:</b>	<b>2. CONTRACT NO.:</b>  <p align="center"><b>YH12-0001</b></p>	<b>3. EFFECTIVE DATE OF AMENDMENT:</b>  <p align="center"><b>October 1, 2016</b></p>	<b>4. PROGRAM:</b>  <p align="center"><b>DHCM – ALTCS EPD</b></p>
<b>5. CONTRACTOR NAME AND ADDRESS:</b>			
<b>6. PURPOSE:</b> To amend the Contract for the period October 1, 2016 through September 30, 2017 and to amend Section B, Capitation Rates and Contractor Specific Information.			
<b>7. THE CONTRACT REFERENCED ABOVE IS AMENDED AS FOLLOWS:</b>  <p>➤ <b>Section B, Capitation Rates and Contractor Specific Information</b></p> <p>CYE 2017 capitation rates are retroactively adjusted to include a Nursing Facility (NF) Enhanced Payment to the NF component of the capitation rates. See Section B, Table 1.</p> <p>Refer to the individual Contract sections for specific changes.</p>			
<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>			
<p align="center"><b>IN WITNESS WHEREOF THE PARTIES HERETO SIGN THEIR NAMES IN AGREEMENT.</b></p>			
<b>9. SIGNATURE OF AUTHORIZED REPRESENTATIVE:</b>  <p align="center"><b>DO NOT SIGN SEE SEPARATE SIGNATURE PAGE</b></p>	<b>10. SIGNATURE OF AHCCCS CONTRACTING OFFICER:</b>  <p align="center"><b>DO NOT SIGN SEE SEPARATE SIGNATURE PAGE</b></p>		
<b>TYPED NAME:</b>	<b>TYPED NAME:</b>		
<b>TITLE</b>	<b>TITLE:</b>		
<b>DATE:</b>	<b>DATE:</b>		