ARIZONA HEALTH CARE COST CONTAINMENT SYSTEM
DIVISION OF BUSINESS AND FINANCE

CONTRACT AMENDMENT

1. AMENDMENT #:	2. CONTRACT #:	3. EFFECTIVE DATE OF AMENDMENT:	4. PROGRAM:
55	**AHCCCS # YH6-0014 DES # E 2005004**	**October 1, 2014**	**DHCM – DES/DDD**

5. CONTRACTOR NAME AND ADDRESS:

DES/DDD, Site Code 791-A
Arizona Department of Economic Security
1789 W. Jefferson Street
Phoenix, AZ 85007

6. PURPOSE: To retroactively amend Capitation Rates for the month of October, 2014.

7. THE CONTRACT REFERENCED ABOVE IS 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 revenue from the preceding year (calendar year 2014 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 serves to retroactively adjust the October, 2014 capitation rates to include the federal and state income taxes associated with the 2015 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 term October 1, 2014 through October 31, 2014 as shown below:

DDD Rate	
Long Term Care	~~$3345.48~~ $3434.92
Behavioral Health	$122.38
Targeted Case Management Rate	$123.61

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:
DO NOT SIGN **SEE SEPARATE SIGNATURE PAGE**	**DO NOT SIGN** **SEE SEPARATE SIGNATURE PAGE**
TYPED NAME:	TYPED NAME:
TITLE	TITLE:
DATE:	DATE: