



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

CONTRACT AMENDMENT

1. AMENDMENT #: 31	2. CONTRACT #: YH12-0001-02	3. EFFECTIVE DATE OF AMENDMENT: October 1, 2015	4. PROGRAM DHCM – ALTCS EPD																														
5. CONTRACTOR NAME AND ADDRESS: United Healthcare Community Plan 1 East Washington, Suite 800 Phoenix, AZ 85004																																	
6. PURPOSE: To retroactively amend Capitation Rates for the month of October, 2015.																																	
<p>7. THE ABOVE REFERENCED CONTRACT IS HEREBY AMENDED AS FOLLOWS:</p> <p>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 2015 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.</p> <p>This contract amendment serves to retroactively adjust the October, 2015 capitation rates to include the federal and state income taxes associated with the 2016 Health Insurer Assessment Fee, and amends the following sections of the contract:</p> <ul style="list-style-type: none"> ➤ Section B, Capitation Rates and Contractor Specific Information Capitation Rates (Per Member – Per Month) revised for the month of October, 2015 as shown below: <p>Capitation Rates for 10/01/2015 to 10/31/2015</p> <table border="1" data-bbox="232 1167 1500 1692"> <thead> <tr> <th data-bbox="232 1167 542 1430">County</th> <th data-bbox="542 1167 727 1430">GSA 42 (Yuma and La Paz Counties)</th> <th data-bbox="727 1167 924 1430">GSA 44 (Apache, Coconino, Mohave, Navajo Counties)</th> <th data-bbox="924 1167 1117 1430">GSA 48 (Yavapai County)</th> <th data-bbox="1117 1167 1305 1430">GSA 50 (Pima and Santa Cruz Counties)</th> <th data-bbox="1305 1167 1500 1430">GSA 52 (Maricopa County)</th> </tr> </thead> <tbody> <tr> <td data-bbox="232 1430 542 1507">EPD Long Term Care – Dual-Eligible</td> <td data-bbox="542 1430 727 1507">\$ 2,814.89 3,034.37</td> <td data-bbox="727 1430 924 1507">\$ 2,473.18 2,683.34</td> <td data-bbox="924 1430 1117 1507">\$ 3,117.12 3,342.10</td> <td data-bbox="1117 1430 1305 1507">\$ 2,725.00 2,882.01</td> <td data-bbox="1305 1430 1500 1507">\$ 2,700.60 2,835.02</td> </tr> <tr> <td data-bbox="232 1507 542 1581">EPD Long Term Care – Non-Dual-Eligible</td> <td data-bbox="542 1507 727 1581">\$ 4,823.64 5,625.61</td> <td data-bbox="727 1507 924 1581">\$ 5,153.08 5,968.46</td> <td data-bbox="924 1507 1117 1581">\$ 4,427.02 5,060.43</td> <td data-bbox="1117 1507 1305 1581">\$ 4,437.27 4,945.28</td> <td data-bbox="1305 1507 1500 1581">\$ 4,925.29 5,503.43</td> </tr> <tr> <td data-bbox="232 1581 542 1648">Acute Care Only</td> <td data-bbox="542 1581 727 1648">\$ 494.86 651.72</td> <td data-bbox="727 1581 924 1648">\$ 537.22 707.50</td> <td data-bbox="924 1581 1117 1648">\$ 398.20 524.42</td> <td data-bbox="1117 1581 1305 1648">\$ 363.40 478.59</td> <td data-bbox="1305 1581 1500 1648">\$ 427.52 563.03</td> </tr> <tr> <td data-bbox="232 1648 542 1692">Prior Period Coverage</td> <td data-bbox="542 1648 727 1692">\$ 1,153.16</td> <td data-bbox="727 1648 924 1692">\$ 1,153.16</td> <td data-bbox="924 1648 1117 1692">\$ 1,153.16</td> <td data-bbox="1117 1648 1305 1692">\$ 762.05</td> <td data-bbox="1305 1648 1500 1692">\$ 926.49</td> </tr> </tbody> </table>				County	GSA 42 (Yuma and La Paz Counties)	GSA 44 (Apache, Coconino, Mohave, Navajo Counties)	GSA 48 (Yavapai County)	GSA 50 (Pima and Santa Cruz Counties)	GSA 52 (Maricopa County)	EPD Long Term Care – Dual-Eligible	\$ 2,814.89 3,034.37	\$ 2,473.18 2,683.34	\$ 3,117.12 3,342.10	\$ 2,725.00 2,882.01	\$ 2,700.60 2,835.02	EPD Long Term Care – Non-Dual-Eligible	\$ 4,823.64 5,625.61	\$ 5,153.08 5,968.46	\$ 4,427.02 5,060.43	\$ 4,437.27 4,945.28	\$ 4,925.29 5,503.43	Acute Care Only	\$ 494.86 651.72	\$ 537.22 707.50	\$ 398.20 524.42	\$ 363.40 478.59	\$ 427.52 563.03	Prior Period Coverage	\$ 1,153.16	\$ 1,153.16	\$ 1,153.16	\$ 762.05	\$ 926.49
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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: DO NOT SIGN SEE SEPARATE SIGNATURE PAGE	10. SIGNATURE OF AHCCCS CONTRACTING OFFICER: DO NOT SIGN SEE SEPARATE SIGNATURE PAGE
TYPED NAME:	TYPED NAME:
TITLE:	TITLE:
DATE:	DATE: