



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

|                                       |   |   |                                       |
|---------------------------------------|---|---|---------------------------------------|
| 1. AMENDMENT NUMBER:<br><br><b>19</b> | 2. CONTRACT NO.:<br><br><b>YH09-0001-01</b> | 3. EFFECTIVE DATE OF AMENDMENT:<br><br><b>September 1, 2013</b> | 4. PROGRAM<br><br><b>DHCM - ACUTE</b> |
|---------------------------------------|---|---|---------------------------------------|

5. CONTRACTOR'S NAME AND ADDRESS:  
**Arizona Physicians IPA, Inc.  
United Healthcare Community Plan  
1 E. Washington, Suite 900  
Phoenix, AZ 85004**

6. PURPOSE: To retroactively amend select Capitation Rates for the month of September, 2013

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 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. This contract amendment retroactively adjusts the September, 2013 capitation rates to accommodate the 2014 Health Insurer Assessment Fee, exclusive of federal and state income taxes which will be covered under a later amendment, and amends the following sections of the contract:

➤ **Acute Care 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*

| County          | GSA 2<br>(Yuma and La Paz Counties) |                   | GSA 10<br>(Pima and Santa Cruz Counties) |                 | GSA 12<br>(Maricopa County) |                 |
|-----------------|-------------------------------------|-------------------|--|-----------------|-----------------------------|-----------------|
| TANF/KC < 1     | <del>\$403.56</del>                 | <u>\$487.60</u>   | <del>\$475.35</del>                      | <u>\$574.34</u> | <del>\$489.59</del>         | <u>\$591.54</u> |
| TANF/KC 1-13    | <del>\$93.11</del>                  | <u>\$112.50</u>   | <del>\$93.08</del>                       | <u>\$112.46</u> | <del>\$109.10</del>         | <u>\$131.82</u> |
| TANF/KC 14-44 F | <del>\$196.41</del>                 | <u>\$237.31</u>   | <del>\$203.89</del>                      | <u>\$246.35</u> | <del>\$235.50</del>         | <u>\$284.54</u> |
| TANF/KC 14-44 M | <del>\$117.64</del>                 | <u>\$142.14</u>   | <del>\$115.32</del>                      | <u>\$139.33</u> | <del>\$151.79</del>         | <u>\$183.40</u> |
| TANF 45+        | <del>\$317.99</del>                 | <u>\$384.21</u>   | <del>\$348.44</del>                      | <u>\$420.99</u> | <del>\$392.53</del>         | <u>\$474.27</u> |
| SSIW            | <del>\$173.24</del>                 | <u>\$209.32</u>   | <del>\$115.84</del>                      | <u>\$139.96</u> | <del>\$165.53</del>         | <u>\$200.00</u> |
| SSIWO           | <del>\$834.98</del>                 | <u>\$1,008.85</u> | <del>\$705.36</del>                      | <u>\$852.24</u> | <del>\$726.71</del>         | <u>\$878.04</u> |
| *Non-MED        | <del>\$363.04</del>                 | <u>\$438.63</u>   | <del>\$341.43</del>                      | <u>\$412.52</u> | <del>\$414.49</del>         | <u>\$500.80</u> |

\*This group was known as Non-MED for the September 2013 capitation rate-setting; this is now referred to as Adult Group at or below 106% Federal Poverty Level (Adults <= 106%).

**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: