



ARIZONA HEALTH CARE COST CONTAINMENT SYSTEM
 AHCCCS Contract Number: YH17-0100
 CONTRACT AMENDMENT

1. AMENDMENT #: 1	2. CONTRACT #: YH17-0100	3. EFFECTIVE DATE OF AMENDMENT: October 1, 2015	4. PROGRAM DHCM-RBHA GREATER ARIZONA- HCIC
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5. CONTRACTOR NAME AND ADDRESS:
**Health Choice Integrated Care, LLC
 1300 South Yale Street
 Flagstaff, AZ 86001**

6. PURPOSE: **To retroactively amend the Capitation Rates for the period 10/1/15 to 10/31/15**

7. THE ABOVE REFERENCED CONTRACT IS HEREBY AMENDED AS FOLLOWS: **10/1/2015 TO 10/31/2015**

Revised RBHA Capitation Rates	HCIC (North) Apache, Coconino, Mohave, Navajo, Yavapai, Gila
Non-CMDP Children (Title XIX + XXI)	\$ 41.61
CMDP Children	\$ 1,353.59
Title XIX GMH/SA + Title XXI Adult	\$ 41.90
Non-Integrated SMI	\$ 3.10
Integrated SMI	\$ 1,560.43

8. Authority: AHCCCS is duly authorized to execute and administer agreements pursuant to A.R.S. §36-2903 et seq. and §36-2932 et seq. These contracts/amendments are exempt from the Procurement Code pursuant to A.R.S. §41-2501(H) (as effective on July 1, 2016).

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:
TYPED NAME:	TYPED NAME: MEGGAN HARLEY, CPPO, MSW
TITLE:	TITLE: CHIEF PROCUREMENT OFFICER
DATE:	DATE: