

**CONTRACT AMENDMENT**

1. AMENDMENT #: <b>17</b>	2. CONTRACT #: <b>YH19-0001-07</b>	3. EFFECTIVE DATE OF AMENDMENT: <b>October 1, 2022</b>	4. PROGRAM: <b>ACC</b>							
5. CONTRACTOR NAME AND ADDRESS: <b>Molina Healthcare of Arizona, Inc 5055 E. Washington St., Suite 210 Phoenix, AZ 85034</b>										
6. PURPOSE: To amend Section B, Capitation Rates and Contractor Specific Requirements, of the Contract for the period October 01, 2022, through September 30, 2023.										
7. THE ABOVE REFERENCED CONTRACT IS HEREBY AMENDED AS FOLLOWS:										
➤ <b>Section B, Capitation Rates and Contractor Specific Requirements</b>										
<b>EFFECTIVE OCTOBER 1, 2022</b>										
<b>GSA/COUNTY</b>	<b>AGE &lt;1</b>	<b>AGE 1-20</b>	<b>AGE 21+</b>	<b>DUALS</b>	<b>SSIWO</b>	<b>PROP 204 CA</b>	<b>EXPANSIO N ADULTS</b>	<b>DELIVERY SUPPLEMEN T</b>	<b>OPTION 1 TRANSPLANT</b>	<b>OPTION 2 TRANSPLANT</b>
<b>CENTRAL</b>	<b>\$741.32</b>	<b>\$222.59</b>	<b>\$418.79</b>	<b>\$199.27</b>	<b>\$1,326.09</b>	<b>\$697.91</b>	<b>\$492.56</b>	<b>\$7,229.97</b>	<b>\$16.50</b>	<b>\$16.50</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.										
IN WITNESS WHEREOF THE PARTIES HERETO SIGN THEIR NAMES IN AGREEMENT.										
8. SIGNATURE OF AUTHORIZED REPRESENTATIVE AND DATE:  <i>Minnie Andrade</i>  04/04/2023						10. SIGNATURE OF AHCCCS CONTRACTING OFFICER AND DATE:  DocuSigned by: <i>Meghan Laporte</i> 6720D03F007E4A8...				
TITLE OF AUTHORIZED REPRESENTATIVE: <b>CEO, Plan President</b>						TITLE OF AHCCCS CONTRACTING OFFICER: <b>CHIEF PROCUREMENT OFFICER</b>				