



## CONTRACT AMENDMENT

1. AMENDMENT #:  <b>16</b>	2. CONTRACT #:  <b>YH19-0001-06</b>	3. EFFECTIVE DATE OF AMENDMENT:  <b>OCTOBER 1, 2022</b>	4. PROGRAM:  <b>ACC</b>							
5. CONTRACTOR NAME AND ADDRESS:  <b>UnitedHealthcare Community Plan 1 E. Washington, Suite 900 Phoenix, AZ 85004</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>										
GSA/COUNTY	AGE <1	AGE 1-20	AGE 21+	DUALS	SSIWO	PROP 204 CA	EXPANSIO N ADULTS	DELIVERY SUPPLEMENT	OPTION 1 TRANSPLANT	OPTION 2 TRANSPLANT
CENTRAL	\$651.67	\$195.55	\$444.70	\$169.99	\$1,331.48	\$701.71	\$474.83	\$7,229.97	\$16.50	\$16.50
SOUTH Pima (only)	\$743.13	\$217.74	\$448.55	\$144.73	\$1,371.11	\$648.98	\$461.66	\$7,418.52	\$16.50	\$16.50
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 AND DATE:  4/3/23						10. SIGNATURE OF AHCCCS CONTRACTING OFFICER AND DATE:  				
TITLE OF AUTHORIZED REPRESENTATIVE:  <b>CEO</b>						TITLE OF AHCCCS CONTRACTING OFFICER:  <b>CHIEF PROCUREMENT OFFICER</b>				