



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

SECTION A: CONTRACT AMENDMENT

1. AMENDMENT #:	2. CONTRACT #: YH12-0001	3. EFFECTIVE DATE OF AMENDMENT: April 1, 2015	4. PROGRAM: DHCM – ALTCS EPD
5. CONTRACTOR NAME AND ADDRESS:			
6. PURPOSE: To amend the Contract for the period April 1, 2015 through June 30, 2015 and to amend Section B, Capitation Rates and Contractor Specific Requirements.			
<p>7. THE ABOVE REFERENCED CONTRACT IS HEREBY AMENDED AS FOLLOWS:</p> <p style="padding-left: 40px;">➤ Section B, Capitation Rates and Contractor Specific Requirements</p> <p style="padding-left: 80px;">CYE 2015 capitation rates are retroactively amended to include a Nursing Facility (NF) Enhanced Payment to the NF component of the capitation rates. See Section B, Table 3.</p>			
<p>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.</p> <p>IN WITNESS WHEREOF THE PARTIES HERETO SIGN THEIR NAMES IN AGREEMENT.</p>			
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:	