



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

CONTRACT AMENDMENT

1. AMENDMENT # 7	2. CONTRACT #: YH14-0002	3. EFFECTIVE DATE OF AMENDMENT: October 1, 2013	4. PROGRAM DHCM - CRS
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5. CONTRACTOR NAME AND ADDRESS:
**UnitedHealthcare Community Plan
1 E. Washington, Suite 900
Phoenix, AZ 85004**

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

7. THE ABOVE REFERENCED CONTRACT IS HEREBY 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.

Capitation rates were previously amended for the month of October, 2013 to account for the 2014 Health Insurer Assessment Fee exclusive of federal and state income taxes. This contract amendment serves to retroactively adjust the October, 2013 capitation rates to include the federal and state income taxes associated with the 2014 Health Insurer Assessment Fee, and amends the following sections of the contract:

➤ **Section B, Capitation Rates and Contractor Specific Information**

The Contractor shall provide services as described in this contract. In consideration for these services, the Contractor will be paid Contractor-specific rates per member per month for the term October 1, 2013 through October 31, 2013.

CRS Fully Integrated	\$854.36 <u>\$927.38</u>
CRS Partially-Integrated – Acute	\$756.63 <u>\$821.30</u>
CRS Partially-Integrated – Behavioral Health (BH)	\$478.75
CRS Only	\$393.96

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: