

1. AMENDMENT #: <b style="text-align: center;">8	2. CONTRACT #: <b style="text-align: center;">YH19-0001	3. EFFECTIVE DATE OF AMENDMENT: <b style="text-align: center;">APRIL 1, 2020	4. PROGRAM: <b style="text-align: center;">ACC
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5. CONTRACTOR NAME AND ADDRESS:

6. PURPOSE: To amend Section B, Capitation Rates and Contractor Specific Requirements.

7. THE ABOVE REFERENCED CONTRACT IS HEREBY AMENDED AS FOLLOWS:

- Section B, Capitation Rates and Contractor Specific Requirements

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 period April 1, 2020 through September 30, 2020 unless otherwise modified by contract amendment.

Capitation Rates: [\(Refer to Contractor-Specific Capitation Rates\)](#)

GSA/County	Age <1	AGE 1-20	AGE 21+	Duals	SSIWO	Prop 204 CA	Expansion Adults	Delivery Supplement	Option 1 Transplant	Option 2 Transplant

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:	10. SIGNATURE OF AHCCCS CONTRACTING OFFICER:
TYPED NAME:	MEGGAN LaPORTE, CPPO, MSW
TITLE:	CHIEF PROCUREMENT OFFICER
DATE:	DATE: