



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

SECTION A. CONTRACT AMENDMENT

1. AMENDMENT NO.:	2. CONTRACT NO.: <p align="center">YH12-0001</p>	3. EFFECTIVE DATE OF AMENDMENT: <p align="center">January 1, 2017</p>	4. PROGRAM: <p align="center">DHCM – ALTCS EPD</p>
5. CONTRACTOR NAME AND ADDRESS:			
6. PURPOSE: To amend the Contract for the period January 1, 2017 through September 30, 2017 and to amend Section B, Capitation Rates and Contractor Specific Information.			
7. THE CONTRACT REFERENCED ABOVE IS AMENDED AS FOLLOWS: <ul style="list-style-type: none"> ➤ Section B, Capitation Rates and Contractor Specific Information <p>CYE 2017 capitation rates are retroactively adjusted to include a Nursing Facility (NF) Enhanced Payment to the NF component of the capitation rates. See Section B, Table 1.</p> <p>Refer to the individual Contract sections for specific changes.</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.			
IN WITNESS WHEREOF THE PARTIES HERETO SIGN THEIR NAMES IN AGREEMENT.			
9. SIGNATURE OF AUTHORIZED REPRESENTATIVE: <p align="center">DO NOT SIGN SEE SEPARATE SIGNATURE PAGE</p>	10. SIGNATURE OF AHCCCS CONTRACTING OFFICER: <p align="center">DO NOT SIGN SEE SEPARATE SIGNATURE PAGE</p>		
TYPED NAME:	TYPED NAME:		
TITLE	TITLE:		
DATE:	DATE:		