



## CONTRACT AMENDMENT

1. AMENDMENT #:  <b>10</b>	2. CONTRACT #:  <b>YH19-0001-02</b>	3. EFFECTIVE DATE OF AMENDMENT:  <b>OCTOBER 1, 2019</b>	4. PROGRAM:  <b>ACC</b>																								
5. CONTRACTOR NAME AND ADDRESS: <div style="text-align: center; margin-top: 10px;"> <b>Care1st Health Plan Arizona, Inc.</b>  <b>2355 E. Camelback Road, Suite 300</b>  <b>Phoenix, AZ 85016</b> </div>																											
6. PURPOSE: To retroactively amend select Capitation Rates for the month of October, 2019.																											
7. THE ABOVE REFERENCED CONTRACT IS HEREBY AMENDED AS FOLLOWS:  <p>The language in Amendment 4 that stated that the Contractor, <i>Care1st Health Plan Arizona, Inc.</i> was changing its name to <i>WellCare of Arizona</i> effective 06/01/19 is removed. There has been no name change for Contractor and name remains as Care1st Health Plan Arizona, Inc.</p> <p><u>Health Insurer Provider Fee</u>          Section 9010 of the Patient Protection and Affordable Care Act (ACA) requires that the Contractor pay a Health Insurer Provider Fee (HIPF) annually based on its respective market share of premium revenues from the preceding year (calendar year 2019 revenue). AHCCCS provides funding to the Contractor for the Health Insurer Provider Fee and associated taxes subject to receipt and review of documentation from the Contractor as required by AHCCCS. This contract amendment serves to retroactively adjust the October, 2019 capitation rates to include the federal and state income taxes associated with the 2020 Health Insurer Provider Fee, and amends the following sections of the contract:</p> <p><b><u>Capitation Rates:</u></b></p> <table border="1" style="width: 100%; border-collapse: collapse; margin-top: 10px;"> <thead> <tr> <th style="width: 15%;">GSA/County</th> <th style="width: 10%;">Age &lt;1</th> <th style="width: 10%;">AGE 1-20</th> <th style="width: 10%;">AGE 21+</th> <th style="width: 10%;">Duals</th> <th style="width: 10%;">SSIWO</th> <th style="width: 10%;">Prop 204 CA</th> <th style="width: 15%;">Expansion Adults</th> </tr> </thead> <tbody> <tr> <td><b>CENTRAL</b> Gila, Maricopa, &amp; Pinal</td> <td>\$723.80</td> <td>\$222.87</td> <td>\$463.95</td> <td>\$174.83</td> <td>\$1,362.03</td> <td>\$841.51</td> <td>\$491.09</td> </tr> <tr> <td><b>NORTH</b> Apache, Coconino, Mohave, Navajo, &amp; Yavapai</td> <td>\$699.30</td> <td>\$253.56</td> <td>\$474.74</td> <td>\$144.07</td> <td>\$1,478.97</td> <td>\$768.67</td> <td>\$595.03</td> </tr> </tbody> </table>				GSA/County	Age <1	AGE 1-20	AGE 21+	Duals	SSIWO	Prop 204 CA	Expansion Adults	<b>CENTRAL</b> Gila, Maricopa, & Pinal	\$723.80	\$222.87	\$463.95	\$174.83	\$1,362.03	\$841.51	\$491.09	<b>NORTH</b> Apache, Coconino, Mohave, Navajo, & Yavapai	\$699.30	\$253.56	\$474.74	\$144.07	\$1,478.97	\$768.67	\$595.03
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8. <b>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.</b>  <b>IN WITNESS WHEREOF THE PARTIES HERETO SIGN THEIR NAMES IN AGREEMENT.</b>																											
9. SIGNATURE OF AUTHORIZED REPRESENTATIVE:  <u>Scott Cummings (Nov 5, 2020 15:16 MST)</u> TYPED NAME: <div style="text-align: center; margin-top: 5px;">Scott Cummings</div>		10. SIGNATURE OF AHCCCS CONTRACTING OFFICER:  <u>Meggan LaPorte (Nov 5, 2020 13:10 MST)</u> TYPED NAME: <div style="text-align: center; margin-top: 5px;">Meggan LaPorte</div>																									
TITLE: <div style="text-align: center; margin-top: 5px;">Care1st Plan President</div>		TITLE: <div style="text-align: center; margin-top: 5px;">Chief Procurement Officer</div>																									