



CONTRACT AMENDMENT

1. AMENDMENT #: 66	2. CONTRACT #: AHCCCS # YH6-0014 DES # E 2005004	3. EFFECTIVE DATE OF AMENDMENT: October 1, 2017	4. PROGRAM: DHCM – DES/DDD
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5. CONTRACTOR NAME AND ADDRESS:
**Arizona Department of Economic Security
 Division of Developmental Disabilities
 DES/DDD, Site Code 2HA1
 1789 W. Jefferson Street
 Phoenix, AZ 85007**

6. PURPOSE: To retroactively amend select Capitation Rates for the month of October 2017.

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 2017 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.

This contract amendment serves to retroactively adjust the October, 2017 capitation rates to include the federal and state income taxes associated with the 2018 Health Insurer Assessment Fee, and amends the following sections of the contract:

- **Section B, Capitation Rates and Contractor Specific Information**
 Capitation Rates (Per Member – Per Month) revised for the month of October 2017

DDD	\$3,765.89 \$3,851.31
Targeted Case Management	\$160.11

8. Authority: AHCCCS is duly authorized to execute and administer agreements pursuant to A.R.S. §36-2903 et seq. and §36-2932 et seq. These contracts/amendments are exempt from the Procurement Code pursuant to A.R.S. §41-2501(H) (as effective on July 1, 2016).

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: SIGNATURE ON FILE	10. SIGNATURE OF AHCCCS CONTRACTING OFFICER: SIGNATURE ON FILE
TYPED NAME:	TYPED NAME:
TITLE:	TITLE:
DATE:	DATE: