



CONTRACT AMENDMENT

1. AMENDMENT #: 2	2. CONTRACT YH19-0001-07	3. EFFECTIVE DATE OF AMENDMENT: October 1, 2018	4. PROGRAM DHCM – ACC
5. CONTRACTOR NAME AND ADDRESS: Magellan Complete Care 4800 N Scottsdale Rd., Suite 4400 Scottsdale, AZ 85251			
6. PURPOSE: To amend the Contract for the period October 1, 2018 through September 30, 2019 and to amend Section B, Capitation Rates and Contractor Specific Requirements and Section D, Program Requirements.			
7. THE ABOVE REFERENCED CONTRACT IS HEREBY AMENDED AS FOLLOWS: <ul style="list-style-type: none"> ➤ Section B, Capitation Rates and Contractor Specific Requirements See Separate Rate Sheet ➤ Section D, Program Requirements, Paragraph 3, Enrollment and Disenrollment: American Indians: The American Indian Health Program (AIHP) is responsible for integrated care for American Indian adult and child members who select AIHP and who have not determined to have Seriously Mentally Ill. Integrated care services include both physical and behavioral health services, including services related to a CRS condition. American Indians not determined to be SMI can choose to enroll as follows: <ol style="list-style-type: none"> 1. In an AHCCCS Complete Care Contractor to receive both physical health services and behavioral services (adults 18 and over only), 2. In AIHP for physical and behavioral health services, and 3. In AIHP for physical health services and receive behavioral health services from a TRBHA. <p>American Indian members who are determined to have an SMI will be assigned to the RBHA for all services but will also have a choice of keeping remaining with the RBHA or selecting AIHP for physical health services and the RBHA or TRBHA (when available) for provision of behavioral health services. American Indian members determined to have an SMI will also be permitted to <u>enroll with the AHCCCS Complete Care Contractor and the TRBHA</u> or opt out of the RBHA as specified in ACOM Policy 442 to be served by the AHCCCS Complete Care Contractor for physical health services and the RBHA or TRBHA for behavioral health services.</p> ➤ Section D, Program Requirements, Paragraph 50, Compensation: <ul style="list-style-type: none"> ▪ <u>Fixed Administrative Cost Component Reconciliation:</u> AHCCCS shall complete a reconciliation of the <u>fixed administrative cost component by comparing the actual member months to the assumed members months that were used to calculate the administrative PMPM. If the Contractor’s actual member months are different than assumed member months, AHCCCS shall recoup or reimburse the difference in the administrative PMPM attributable to any material difference in member months, subject to medical loss ratio requirements.</u> ▪ Special Provisions for Payments In accordance with 42 CFR 438.6, the Contractor shall be subject to a withhold arrangement, shall be eligible for incentive payments, shall participate in delivery system and provider payment initiatives, and shall pass-through payments to specified providers. Effective October 1, 2018 AHCCCS may amend the provisions described below. 			



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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: