

CONTRACT AMENDMENT

1.	AMENDMENT #:	2. CONTRACT #	3. El	FFECT	TIVE DATE OF AMEND	MENT:	4. PROGRAM	1	
	31	YH12-0001-01		January 1, 2017			DHCM – ALTCS/EPD		
5. CONTRACTOR NAME AND ADDRESS:									
Bridgeway Health Solutions of Arizona, LLC 1501 W. Fountainhead Parkway, Suite 295 Tempe, AZ 85282									
6.	6. PURPOSE: To amend the Contract Capitation Rates for the period January 1, 2017 – September 30, 2017								
7. THE ABOVE REFERENCED CONTRACT IS HEREBY AMENDED AS FOLLOWS:									
 Section B, Capitation Rates and Contractor Specific Requirements 									
			GSA 40		GSA 46	GSA 52			
	Count		(Pinal and Gila Counties)		(Cochise, Graham, and Greenlee Counties)	(Mari	icopa County)		
	EPD Long Term (Dual-Eligible	Care – \$	\$3,033.87		\$3,352.20	9	\$2,971.59		
	EPD Long Term (Dual-Eligible	Care – Non- \$	\$5,071.29		\$4,640.46	95	\$5,767.56		
	Acute Care Only		\$579.10		\$516.42		\$585.21		
	Prior Period Cove	erage \$	\$1,207.64		\$1,207.64	9	\$1,013.56		
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: PAUL BARNES				TYPED NAME: MEGGAN HARLEY, CPPO, MSW					
TITLE: CHIEF EXECUTIVE OFFICER				TITLE: CHIEF PROCUREMENT OFFICER					
DATE:					Е:				