## CONTRACT AMENDMENT

<table>
<thead>
<tr>
<th>1. AMENDMENT NO.:</th>
<th>2. CONTRACT NO.:</th>
<th>3. EFFECTIVE DATE OF AMENDMENT:</th>
<th>4. PROGRAM:</th>
</tr>
</thead>
<tbody>
<tr>
<td>YH14-0001</td>
<td></td>
<td>October 1, 2015</td>
<td>DHCM – ACUTE</td>
</tr>
</tbody>
</table>

5. CONTRACTOR NAME AND ADDRESS:

6. PURPOSE: To retroactively amend the Contract for the period October 1, 2015 through September 30, 2015 and to amend Section B, Capitation Rates and Contractor Specific Information.

7. THE CONTRACT REFERENCED ABOVE IS AMENDED AS FOLLOWS:

   - Section B, Capitation Rates and Contractor Specific Information
     CYE 2016 capitation rates are retroactively adjusted to include updated Risk Adjustment Factors to the capitation rates. See Section B, Capitation Rates and Contractor Specific Requirements.

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:

   **DO NOT SIGN SEE SEPARATE SIGNATURE PAGE**

   TYPED NAME:

   TITLE:

   DATE:

10. SIGNATURE OF AHCCCS CONTRACTING OFFICER:

   **DO NOT SIGN SEE SEPARATE SIGNATURE PAGE**

   TYPED NAME:

   TITLE:

   DATE: