



### CONTRACT AMENDMENT

1. AMENDMENT #: <b>09</b>	2. CONTRACT #: <b>YH19-0001R-04</b>	3. EFFECTIVE DATE OF AMENDMENT: <b>APRIL 1, 2025</b>	4. PROGRAM: <b>ACC-RBHA TITLE XIX-XXI</b>
5. CONTRACTOR/PROVIDER NAME AND ADDRESS: <b>Bridgeway Health Solutions of Arizona Inc. dba Arizona Complete Health-Complete Care Plan (AZCH-CCP) 1870 W. Rio Salado Parkway, Suite 211 Tempe, AZ 85281</b>			
6. PURPOSE: To adjust the capitation rate due to Behavioral Health Drugs/HCBS Utilization, Member Churn and Acuity for the period April 1, 2025, through September 30, 2025, and as indicated below.			

7. THE ABOVE REFERENCED CONTRACT IS HEREBY AMENDED AS FOLLOWS:

➤ **Section B, Capitation Rates and Contractor Specific Requirements**

**Capitation Rates:**

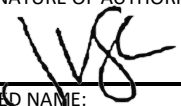
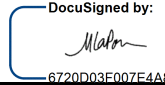
AHCCCS COMPLETE CARE (ACC) EFFECTIVE APRIL 1, 2025 - SEPTEMBER 30, 2025								
GSA/COUNTY	AGE <1	AGE 1-20	AGE 21+	DUALS	SSIWO	PROP 204 CA	EXPANSION ADULTS	DELIVERY SUPPLEMENT
NORTH	<del>\$734.00</del> <u>737.98</u>	<del>\$252.57</del> <u>261.99</u>	<del>\$406.26</del> <u>427.93</u>	<del>\$147.54</del> <u>153.19</u>	<del>\$1,311.28</del> <u>1,348.26</u>	<del>\$604.56</del> <u>678.01</u>	<del>\$458.84</del> <u>521.00</u>	\$7,271.29
CENTRAL	<del>\$758.64</del> <u>761.78</u>	<del>\$231.86</del> <u>242.48</u>	<del>\$419.37</del> <u>447.64</u>	<del>\$167.69</del> <u>173.38</u>	<del>\$1,244.84</del> <u>1,268.07</u>	<del>\$629.33</del> <u>701.69</u>	<del>\$470.58</del> <u>541.37</u>	\$7,025.64
SOUTH	<del>\$787.09</del> <u>796.76</u>	<del>\$255.00</del> <u>265.29</u>	<del>\$435.84</del> <u>464.67</u>	<del>\$167.17</del> <u>173.00</u>	<del>\$1,409.79</del> <u>1,453.85</u>	<del>\$623.54</del> <u>690.24</u>	<del>\$471.98</del> <u>528.50</u>	\$7,176.93

AHCCCS COMPLETE CARE – REGIONAL BEHAVIORAL HEALTH AGREEMENT (ACC-RBHA) EFFECTIVE APRIL 1, 2025 - SEPTEMBER 30, 2025		
GSA/COUNTY	SMI	CRISIS 24 HOUR GROUP
NORTH	<del>\$1,628.83</del> <u>1,717.26</u>	<del>\$6.42</del> <u>6.80</u>
SOUTH	<del>\$1,849.48</del> <u>1,896.63</u>	<del>\$9.10</del> <u>9.59</u>

Electronic Submission: An electronic or portable document file (PDF) copy of this amendment shall serve as the original.

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. NAME OF CONTRACTOR/PROVIDER:	10. ARIZONA HEALTH CARE COST CONTAINMENT SYSTEM
SIGNATURE OF AUTHORIZED INDIVIDUAL: 	SIGNATURE:  6720D03E007E4A8
TYPED NAME: <b>James Stover</b>	TYPED NAME: <b>Meggan LaPorte</b>
TITLE: <b>Medicaid Plan President</b>	TITLE: <b>Chief Procurement officer</b>
DATE: <b>4/14/2025</b>	DATE: <b>4/3/2025</b>