



CONTRACT AMENDMENT

1. AMENDMENT #: 22	2. CONTRACT #: YH19-0001-03	3. EFFECTIVE DATE OF AMENDMENT: APRIL 1, 2025	4. PROGRAM: ACC
5. CONTRACTOR/PROVIDER NAME AND ADDRESS: <div>Health Choice Arizona 410 N. 44th Street, Suite 900 Phoenix, AZ 85008</div>			
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:

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
CENTRAL	\$819.05	\$238.84	\$427.37	\$169.89	\$1,299.92	\$625.41	\$458.86	\$7,025.64
	823.07	249.34	454.36	176.04	1,338.96	697.05	545.03	
NORTH	\$748.93	\$250.98	\$402.55	\$149.84	\$1,329.33	\$604.79	\$463.80	\$7,271.29
	753.91	262.66	427.61	155.99	1,339.36	678.37	517.52	

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: <div>DocuSigned by: Heather Carter</div>	SIGNATURE: <div>DocuSigned by: Megan LaPorte</div>
TYPED NAME: Heather Carter	TYPED NAME: Meggan LaPorte
TITLE: Chief Executive Officer, Health Choice Arizona	TITLE: Chief Procurement Officer
DATE: 4/18/2025 1:13 PM MST	DATE: 4/3/2025

Certificate Of Completion

Envelope Id: 6D1D7C70-AA5C-480C-8620-83F71039EDCE

Status: Completed

Subject: Complete with Docusign: 2024_04_17 AHCCCS HCA Contract Amendment YH19-0001-03_EFF040125.pdf

Contract Name:

Contract Description:

Contract TIN:

Document Type: Provider-HCA

Contract Related/Base ID:

Source Envelope:

Document Pages: 1

Signatures: 1

Envelope Originator:

Certificate Pages: 1

Initials: 0

Cathy Morgan

AutoNav: Enabled

8220 N 23rd Avenue

Envelopeld Stamping: Enabled

Phoenix, AZ 85021

Time Zone: (UTC-07:00) Arizona

Cathy.Morgan@azblue.com

IP Address: 172.56.80.127

Record Tracking

Status: Original

Holder: Cathy Morgan

Location: DocuSign

4/17/2025 2:22:15 PM

Cathy.Morgan@azblue.com

Signer Events

Heather Carter
heather.carter@azblue.com
GM- Medicaid
Blue Cross Blue Shield of AZ
Security Level: Email, Account Authentication (None)

Signature

DocuSigned by:

38F4F57BECBC476...

Signature Adoption: Pre-selected Style
Using IP Address: 98.174.194.53
Signed using mobile

Timestamp

Sent: 4/17/2025 2:28:12 PM
Viewed: 4/18/2025 1:03:28 PM
Signed: 4/18/2025 1:13:34 PM

Electronic Record and Signature Disclosure:
Not Offered via Docusign

In Person Signer Events

Signature

Timestamp

Editor Delivery Events

Status

Timestamp

Agent Delivery Events

Status

Timestamp

Intermediary Delivery Events

Status

Timestamp

Certified Delivery Events

Status

Timestamp

Carbon Copy Events

Status

Timestamp

Witness Events

Signature

Timestamp

Notary Events

Signature

Timestamp

Envelope Summary Events

Status

Timestamps

Envelope Sent	Hashed/Encrypted	4/17/2025 2:28:12 PM
Certified Delivered	Security Checked	4/18/2025 1:03:28 PM
Signing Complete	Security Checked	4/18/2025 1:13:34 PM
Completed	Security Checked	4/18/2025 1:13:34 PM

Payment Events

Status

Timestamps