



## CONTRACT AMENDMENT

1. AMENDMENT #: <p style="text-align: center;"><b>21</b></p>	2. CONTRACT #: <p style="text-align: center;"><b>YH19-0001-07</b></p>	3. EFFECTIVE DATE OF AMENDMENT: <p style="text-align: center;"><b>APRIL 1, 2024</b></p>	4. PROGRAM: <p style="text-align: center;"><b>ACC</b></p>
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5. CONTRACTOR NAME AND ADDRESS:

**Molina Healthcare of Arizona, Inc  
5055 E. Washington St., Suite 210  
Phoenix, AZ 85034**

6. PURPOSE: To amend Section B, Capitation Rates and Contractor Specific Requirements, due to changes to the acuity adjustment modeling of the Contract for the period April 1, 2024, through September 30, 2024.

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

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

EFFECTIVE APRIL 1, 2024								
GSA/ COUNTY	AGE <1	AGE 1-20	AGE 21+	DUALS	SSIWO	PROP 204 CA	EXPANSION ADULTS	DELIVERY SUPPLEMENT
CENTRAL	<del>\$696.75</del> <del>733.01</del>	<del>\$229.33</del> <del>231.94</del>	<del>\$420.96</del> <del>431.44</del>	<del>\$215.06</del> <del>214.80</del>	<del>\$1,299.89</del> <del>1,307.18</del>	<del>\$653.10</del> <del>649.09</del>	<del>\$480.65</del> <del>456.02</del>	\$7,258.84

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 AND DATE:  	10. SIGNATURE OF AHCCCS CONTRACTING OFFICER AND DATE:   <small>Megan LaPorte (Mar 20, 2024 16:26 PDT)</small>
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TITLE OF AUTHORIZED REPRESENTATIVE:  CEO, Plan President	TITLE OF AHCCCS CONTRACTING OFFICER:  <b>CHIEF PROCURMENT OFFICER</b>
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