



CONTRACT AMENDMENT

1. AMENDMENT #: 21	2. CONTRACT #: YH19-0001-01	3. EFFECTIVE DATE OF AMENDMENT: APRIL 1, 2025	4. PROGRAM: ACC
5. CONTRACTOR/PROVIDER NAME AND ADDRESS: <div style="text-align: center; margin-top: 10px;"> Banner - University Family 5255 E. Williams Circle, Suite 2050 Tucson, AZ 85711 </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	\$781.18 <u>783.95</u>	\$228.68 <u>239.26</u>	\$412.46 <u>439.91</u>	\$165.58 <u>170.98</u>	\$1,254.21 <u>1,307.32</u>	\$631.57 <u>701.50</u>	\$464.22 <u>542.62</u>	\$7,025.64
SOUTH	\$850.06 <u>859.88</u>	\$259.13 <u>271.41</u>	\$443.58 <u>474.94</u>	\$165.52 <u>171.07</u>	\$1,387.56 <u>1,439.17</u>	\$623.94 <u>688.68</u>	\$469.27 <u>530.00</u>	\$7,176.93

<i>Electronic Submission: An electronic or portable document file (PDF) copy of this amendment shall serve as the original.</i> 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:
TYPED NAME: James R Stringham	TYPED NAME: Meggan LaPorte
TITLE: Chief Executive Officer	TITLE: Chief Procurement officer
DATE: 4/18/2025	DATE: 4/3/2025