



CONTRACT AMENDMENT

1. AMENDMENT #: 23	2. CONTRACT #: YH19-0001-07	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;"> Molina Healthcare of Arizona, Inc 5055 E. Washington St., Suite 210 Phoenix, AZ 85034 </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**

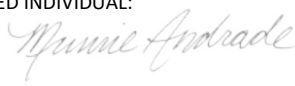

Capitation Rates:

EFFECTIVE APRIL 1, 2025– SEPTEMBER 30, 2025								
GSA/ COUNTY	AGE <1	AGE 1-20	AGE 21+	DUALS	SSIWO	PROP 204 CA	EXPANSION ADULTS	DELIVERY SUPPLEMEN T
CENTRAL	\$748.33 757.50	\$251.29 268.49	\$432.09 461.29	\$198.00 209.01	\$1,347.63 1,375.38	\$641.10 714.33	\$500.47 556.34	\$7,025.64

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: Molina Healthcare	10. ARIZONA HEALTH CARE COST CONTAINMENT SYSTEM
SIGNATURE OF AUTHORIZED INDIVIDUAL: 	SIGNATURE: 
TYPED NAME: Minnie Andrade	TYPED NAME: Megan LaPorte
TITLE: CEO, Plan President	TITLE: Chief Procurement Officer
DATE: 04/15/2025	DATE: 4/3/2025