



CONTRACT AMENDMENT

1. AMENDMENT NO.: <p style="text-align: center;">4</p>	2. CONTRACT NO.: <p style="text-align: center;">YH18-0001</p>	3. EFFECTIVE DATE OF AMENDMENT: <p style="text-align: center;">October 1, 2017</p>	4. PROGRAM: <p style="text-align: center;">ALTCS E/PD</p>
5. CONTRACTOR NAME AND ADDRESS:			
6. PURPOSE: To amend the Contract for the period October 1, 2017 through September 30, 2018 and to amend Section D, Program Requirements.			
7. THE CONTRACT REFERENCED ABOVE IS AMENDED AS FOLLOWS: <ul style="list-style-type: none"> ➤ Section D, Program Requirements, Paragraph 51, Compensation <u>Reconciliation of Prospective Costs to Reimbursement: AHCCCS will reconcile the Contractor's prospective medical cost expenses to prospective capitation paid to the Contractor across all risk groups. Refer to ACOM Policy 301, ALTCS E/PD Program Prospective Reconciliation – CYE2018 for further details. The reconciliation will limit the Contractor's profits and losses to seven percent of net capitation for all reconciliation risk groups combined. Any losses in excess of seven percent will be reimbursed to the Contractor, and likewise, profits in excess of seven percent will be recouped.</u> <p>Therefore, this Contract is hereby REMOVED IN ITS ENTIRETY, including but not limited to all terms, conditions, requirements, and pricing and is amended, restated and REPLACED with the documents attached hereto as of the Effective Date of this Amendment.</p> <p>8. Authority: AHCCCS is duly authorized to execute and administer agreements pursuant to A.R.S. §36-2903 et seq. and §36-2932 et seq. These contracts/amendments are exempt from the Procurement Code pursuant to A.R.S. §41-2501(H) (as effective on July 1, 2016).</p> <p>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.</p> <p>IN WITNESS WHEREOF THE PARTIES HERETO SIGN THEIR NAMES IN AGREEMENT.</p>			
9. SIGNATURE OF AUTHORIZED REPRESENTATIVE: <p style="text-align: center;">DO NOT SIGN SEE SEPARATE SIGNATURE PAGE</p>		10. SIGNATURE OF AHCCCS CONTRACTING OFFICER: <p style="text-align: center;">DO NOT SIGN SEE SEPARATE SIGNATURE PAGE</p>	
TYPED NAME:		TYPED NAME:	
TITLE		TITLE:	
DATE:		DATE:	