



CONTRACT AMENDMENT

<p>1. AMENDMENT NO:</p>	<p>2. CONTRACT NO: YH14-0001</p>	<p>3. EFFECTIVE DATE OF AMENDMENT: January 18, 2017</p>	<p>4. PROGRAM DHCM - ACUTE</p>
<p>5. CONTRACTOR NAME AND ADDRESS:</p>			
<p>6. PURPOSE: To amend the Contract for the period January 18, 2017 through September 30, 2017.</p>			
<p>7. THE CONTRACT REFERENCED ABOVE IS AMENDED AS FOLLOWS:</p> <ul style="list-style-type: none"> ➤ Section D, Compensation AHCCCS adjusts its rates to best match payment to risk. This further ensures the actuarial basis for the capitation rates. AHCCCS utilizes a national episodic/diagnostic risk adjustment model that will be applied to all prospective capitation rates for all risk groups (excluding supplemental payments). AHCCCS' actuaries shall determine if Adults > 106% FPL will or will not be included in risk adjustment. Additional risk factors that may be considered in capitation rate development include: <ol style="list-style-type: none"> a. Reinsurance (as described in Section D, Paragraph 56, Reinsurance) b. Age/Gender c. Medicare enrollment d. Delivery supplemental payment e. Geographic Service Area adjustments f. Risk sharing arrangements for specific populations g. Member specific statistics, e.g. member acuity, member choice, member diagnosis, etc. ➤ Section D, Special Provisions for Payment Targeted Investments: The Targeted Investments (TI) program is authorized under AHCCCS' 1115 Waiver for five years beginning in CYE 17. The TI program is AHCCCS' strategy to provide financial incentives to eligible AHCCCS providers to develop systems for integrated care. The Contractor will provide financial incentives to eligible providers who demonstrate performance improvement by meeting certain benchmarks for integrating and coordinating physical and behavioral health care. AHCCCS will compute the participating provider financial incentives after completion of the contract year and will make available to the Contractor a list of TI providers and associated amounts of financial incentive payments owed for the contract year. Also after completion of the contract year, AHCCCS will adjust capitation rates in the form of a lump sum payment to the Contractor in an amount equal to the financial incentive payments due TI providers plus an administrative payment for the Contractor. Requirements are further delineated in ACOM Policy 324. This delivery system reform initiative: <ol style="list-style-type: none"> (i) Makes participation in the delivery system reform initiative available, using the same terms of performance, to a class of providers providing services under the contract related to the reform initiative; (ii) Uses a common set of performance measures across all payers and providers; (iii) Does not set the amount or frequency of the expenditures; and (iv) Does not allow AHCCCS to recoup any unspent funds allocated for these arrangements from the Contractor.[42 CFR 438.6(c)(1)(ii)] 			
<p>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.</p> <p>IN WITNESS WHEREOF THE PARTIES HERETO SIGN THEIR NAMES IN AGREEMENT</p>			
<p>9. SIGNATURE OF AUTHORIZED REPRESENTATIVE: DO NOT SIGN SEE SEPARATE SIGNATURE PAGE</p>		<p>10. SIGNATURE OF AHCCCS CONTRACTING OFFICER: DO NOT SIGN SEE SEPARATE SIGNATURE PAGE</p>	

TYPED NAME:	TYPED NAME:
TITLE:	TITLE:
DATE:	DATE: