ARIZONA HEALTH CARE COST CONTAINMENT SYSTEM
DIVISION OF BUSINESS AND FINANCE

CONTRACT AMENDMENT

1. AMENDMENT NUMBER:	2. CONTRACT NO.:	3. EFFECTIVE DATE OF AMENDMENT:	4. PROGRAM
23	**YH09-0001-02**	**September 1, 2013**	**DHCM - ACUTE**

4. CONTRACTOR'S NAME AND ADDRESS:

Bridgeway Health Solutions of Arizona, LLC
1501 W. Fountainhead Parkway, Suite 295
Tempe, AZ 85282

6. PURPOSE: To retroactively amend select Capitation Rates for the month of September, 2013.

7. THE CONTRACT REFERENCED ABOVE IS AMENDED AS FOLLOWS

Section 9010 of the Patient Protection and Affordable Care Act (ACA) requires that the Contractor pay a Health Insurer Assessment Fee (HIF) annually based on its respective market share of premium revenues from the preceding year (calendar year 2013 revenue). AHCCCS provides funding to the Contractor for the Health Insurer Assessment Fee and associated taxes subject to receipt and review of documentation from the Contractor as required by AHCCCS.

Capitation rates were previously amended for the month of September, 2013 to account for the 2014 Health Insurer Assessment Fee exclusive of federal and state income taxes. This contract amendment serves to retroactively adjust the September, 2013 capitation rates to include the federal and state income taxes associated with the 2014 Health Insurer Assessment Fee, and amends the following sections of the contract:

➢ **Section B, Capitation Rates and Contractor Specific Information**
Capitation Rates (Per Member – Per Month) revised for the month of September, 2013 as shown below
September 1, 2013 – September 30, 2013

County	GSA 6 (Yavapai County)
TANF/KC < 1	$587.09 $628.45
TANF/KC 1-13	$138.52 $148.28
TANF/KC 14-44 F	$326.80 $349.82
TANF/KC 14-44 M	$208.41 $223.09
TANF 45+	$517.70 $554.18
SSIW	$126.09 $134.97
SSIWO	$1052.35 $1126.50
*Non-MED	$566.62 $606.54

*This group was known as Non-MED for the September 2013 capitation rate-setting; this is now referred to as Adult Group at or below 106% Federal Poverty Level (Adults </= 106%).

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: **DO NOT SIGN** **SEE SEPARATE SIGNATURE PAGE**	10. SIGNATURE OF AHCCCS CONTRACTING OFFICER: **DO NOT SIGN** **SEE SEPARATE SIGNATURE PAGE**
TYPED NAME:	TYPED NAME:
TITLE:	TITLE:
DATE:	DATE: