



CONTRACT AMENDMENT

1. AMENDMENT #: 14	2. CONTRACT #: YH14-0002	3. EFFECTIVE DATE OF AMENDMENT: 10/01/2016	4. PROGRAM DHCM – CRS
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5. CONTRACTOR NAME AND ADDRESS:

**United Healthcare Community Plan
1 E. Washington, Suite 900
Phoenix, AZ 85004**

6. PURPOSE: **To retroactively amend the Capitation Rates for 10/1/16 to 09/30/17**

7. THE FOLLOWING SECTIONS OF ABOVE REFERENCED CONTRACT IS HEREBY AMENDED AS FOLLOWS:

The Contractor shall provide services as described in this Contract. In consideration for these services, the Contractor will be paid Contractor-specific rates per member per month for the term October 1, 2016 through September 30, 2017 unless otherwise modified by contract amendment.

UNITEDHEALTHCARE COMMUNITY PLAN - CRS

Capitation Rates	10/1/16 to 12/31/16	1/1/17 to 3/31/17	4/1/17 to 9/30/17
CRS Fully Integrated	\$ 860.63	\$871.23	\$870.09
CRS Partially-Integrated – Acute	\$ 546.15	\$546.15	\$546.15
CRS Partially-Integrated- Behavioral Health (BH)	\$ 860.74	\$868.79	\$863.11
CRS Only	\$ 494.12	\$500.09	\$500.09

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).
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:	10. SIGNATURE OF AHCCCS CONTRACTING OFFICER:
TYPED NAME:	TYPED NAME: MEGGAN HARLEY, CPPO, MSW
TITLE:	TITLE: CHIEF PROCUREMENT OFFICER
DATE:	DATE: