



**Contract Year Ending 2024
Capitation Rate Certification
AHCCCS Complete Care and
AHCCCS Complete Care – Regional
Behavioral Health Agreement
Program**

October 1, 2023 through September 30, 2024

**Prepared for:
The Centers for Medicare & Medicaid Services**

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Introduction and Limitations

The purpose of this rate certification is to provide documentation for compliance with the applicable provisions of 42 CFR Part 438. This includes the data, assumptions, and methodologies used in the development of the actuarially sound capitation rates for Contract Year Ending 2024 (CYE 24) for the Arizona Health Cost Containment System (AHCCCS) Complete Care (ACC) and AHCCCS Complete Care – Regional Behavioral Health Agreement (ACC-RBHA) Program. Programs under AHCCCS and their respective contracts have been aligned with the federal fiscal year since October 1, 2018. All contract years referenced below cover the timeframe from October 1 of one year through September 30 of the following year (e.g., CYE 24 covers the timeframe between October 1, 2023, through September 30, 2024).

This rate certification was prepared for the Centers for Medicare & Medicaid Services (CMS), or its actuaries, for review and approval of the actuarially sound certified capitation rates contained herein. This rate certification may not be appropriate for any other purpose. The actuarially sound capitation rates represent projections of future events. Actual results may vary from the projections.

This rate certification may also be made available publicly on the AHCCCS website or distributed to other parties. If this rate certification is made available to third parties, then this rate certification should be provided in its entirety. Any third party reviewing this rate certification should be familiar with the AHCCCS Medicaid managed care program, the provisions of 42 CFR Part 438 applicable to this rate certification, the 2023-2024 Medicaid Managed Care Rate Development Guide (2024 Guide), Actuarial Standards of Practice and generally accepted actuarial principles and practices.

The 2024 Guide describes the rate development standards and appropriate documentation to be included within Medicaid managed care rate certifications. This rate certification has been organized to follow the 2024 Guide to help facilitate the review of this rate certification by CMS.

Section I Medicaid Managed Care Rates

The capitation rates included with this rate certification are considered actuarially sound according to the following criteria from 42 CFR § 438.4(a) and 42 CFR § 438.4(b). The state did not opt to develop capitation rate ranges, therefore adherence to 42 CFR § 438.4(c) is not required.

- § 438.4(a) Actuarially sound capitation rates defined. Actuarially sound capitation rates are projected to provide for all reasonable, appropriate, and attainable costs that are required under the terms of the contract and for the operation of the MCO, PIHP, or PAHP for the time period and the population covered under the terms of the contract, and such capitation rates are developed in accordance with the requirements in paragraph (b) of this section.
- § 438.4(b) CMS review and approval of actuarially sound capitation rates. Capitation rates for MCOs, PIHPs, and PAHPs must be reviewed and approved by CMS as actuarially sound. To be approved by CMS, capitation rates must:
 - § 438.4(b)(1) Have been developed in accordance with standards specified in § 438.5 and generally accepted actuarial principles and practices. Any differences in the assumptions, methodologies, or factors used to develop capitation rates for covered populations must be based on valid rate development standards that represent actual cost differences in providing covered services to the covered populations. Any differences in the assumptions, methodologies, or factors used to develop capitation rates must not vary with the rate of Federal financial participation (FFP) associated with the covered populations in a manner that increases Federal costs. The determination that differences in the assumptions, methodologies, or factors used to develop capitation rates for MCOs, PIHPs, and PAHPs increase Federal costs and vary with the rate of FFP associated with the covered populations must be evaluated for the entire managed care program and include all managed care contracts for all covered populations. CMS may require a State to provide written documentation and justification that any differences in the assumptions, methodologies, or factors used to develop capitation rates for covered populations or contracts represent actual cost differences based on the characteristics and mix of the covered services or the covered populations.
 - § 438.4(b)(2) Be appropriate for the populations to be covered and the services to be furnished under the contract.
 - § 438.4(b)(3) Be adequate to meet the requirements on MCOs, PIHPs, and PAHPs in §§ 438.206, 438.207, and 438.208.
 - § 438.4(b)(4) Be specific to payments for each rate cell under the contract.
 - § 438.4(b)(5) Payments from any rate cell must not cross-subsidize or be cross-subsidized by payments for any other rate cell.
 - § 438.4(b)(6) Be certified by an actuary as meeting the applicable requirements of this part, including that the rates have been developed in accordance with the requirements specified in § 438.3(c)(1)(ii) and (e).
 - § 438.4(b)(7) Meet any applicable special contract provisions as specified in § 438.6.
 - § 438.4(b)(8) Be provided to CMS in a format and within a timeframe that meets requirements in § 438.7.

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- § 438.4(b)(9) Be developed in such a way that the MCO, PIHP, or PAHP would reasonably achieve a medical loss ratio standard, as calculated under § 438.8, of at least 85 percent for the rate year. The capitation rates may be developed in such a way that the MCO, PIHP, or PAHP would reasonably achieve a medical loss ratio standard greater than 85 percent, as calculated under § 438.8, as long as the capitation rates are adequate for reasonable, appropriate, and attainable non-benefit costs.

The actuaries have followed generally accepted actuarial practices and regulatory requirements, including published guidance from the American Academy of Actuaries (AAA), the Actuarial Standards Board (ASB), CMS, and federal regulations. In particular, the actuaries referenced the below during the development of the actuarially sound capitation rates:

- Actuarial Standards of Practice (ASOPs) applicable to Medicaid managed care rate setting which were effective before the start date of the rating period:
 - ASOP No. 1 - Introductory Actuarial Standard of Practice,
 - ASOP No. 5 - Incurred Health and Disability Claims,
 - ASOP No. 12 - Risk Classification (for All Practice Areas),
 - ASOP No. 23 - Data Quality,
 - ASOP No. 25 - Credibility Procedures,
 - ASOP No. 41 - Actuarial Communications,
 - ASOP No. 45 - The Use of Health Status Based Risk Adjustment Methodologies,
 - ASOP No. 49 - Medicaid Managed Care Capitation Rate Development and Certification, and
 - ASOP No. 56 - Modeling.
- The 2016 and 2020 Medicaid and CHIP Managed Care Final Rules (CMS-2390-F and CMS-2408-F)
- FAQs related to payments to MCOs and PIHPs for IMD stays
- The 2023-2024 Medicaid Managed Care Rate Development Guide (2024 Guide) published by CMS

Throughout this actuarial certification, the term “actuarially sound” will be defined as in ASOP 49 (consistent with the definition at 42 CFR § 438.4(a)):

“Medicaid capitation rates are “actuarially sound” if, for business for which the certification is being prepared and for the period covered by the certification, projected capitation rates and other revenue sources provide for all reasonable, appropriate, and attainable costs. For purposes of this definition, other revenue sources include, but are not limited to, expected reinsurance and governmental stop-loss cash flows, governmental risk adjustment cash flows, and investment income. For purposes of this definition, costs include, but are not limited to, expected health benefits, health benefit settlement expenses, administrative expenses, the cost of capital, and government-mandated assessments, fees, and taxes.”

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As stated on pages 2 and 3 of the 2024 Guide, CMS will also use these three principles in applying the regulation standards:

- the capitation rates are reasonable and comply with all applicable laws (statutes and regulations) for Medicaid managed care;
- the rate development process complies with all applicable laws (statutes and regulations) for the Medicaid program, including but not limited to eligibility, benefits, financing, any applicable waiver or demonstration requirements, and program integrity; and
- the documentation is sufficient to demonstrate that the rate development process meets the requirements of 42 CFR Part 438 and generally accepted actuarial principles and practices.

I.1. General Information

This section provides documentation for the General Information section of the 2024 Guide.

The ACC and ACC-RBHA Program has four Contractors who serve only the ACC populations under the ACC contract and three Contractors, one Contractor per geographic service area (GSA), who also serve the ACC populations and have expanded contractual responsibilities over and above those of the ACC contract.

The additional responsibilities are covered under a Regional Behavioral Health Agreement (RBHA), awarded as the result of a competitive contract expansion (CCE) to the ACC contracts, and are incorporated into a specific ACC-RBHA contract; the Contractors with additional responsibilities will be referred to as ACC-RBHA Contractors.

The ACC and ACC-RBHA Contractors serve the ACC populations. The ACC-RBHA Contractors additionally serve members with Serious Mental Illness (SMI), provide the first 24 hours of crisis intervention services for all Title XIX and Title XXI eligible members within their GSA (including those members not enrolled with the ACC-RBHA Contractor for the rest of their Medicaid services), and provide behavioral health services prior period coverage (BH PPC) for non-Title XIX (state only) eligibility members who transition to Title XIX eligibility.

The ACC and ACC-RBHA contracts are both addressed in this certification.

As part of the CCE bid process, the Offerors submitted bids for the administrative costs per member per month (PMPM) to cover members with SMI and the first 24 hours of crisis intervention services (Crisis 24 Hour Group). As part of the CCE bid process, each Offeror was required to submit administrative cost bid amounts by GSA and an actuarial certification documenting the data, assumptions, and methodologies for the administrative cost bids. Additional documentation on administrative components of the capitation rates for both ACC and ACC-RBHA Contractors, including the actuaries' review of the actuarial certifications of the awarded ACC-RBHA Contractors' administrative cost bid amounts, can be found below in Section I.5.B.i.(a).

Table 1 on the following page provides a glossary with key phrases to assist when reading the capitation rate certification for the ACC and ACC-RBHA Program.

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Table 1: Glossary of Key Phrases

Key Phrase	Describing	Covers
Rate cell	Specific	Population and set of benefits at the certified capitation rate level including risk adjustment, defined at 42 CFR § 438.2 “Rate cell”
Risk group	General	Population and set of benefits at a general level
ACC populations	Population	all risk groups except SMI, Crisis 24 Hour Group
RBHA populations	Population	SMI, Crisis 24 Hour Group
ACC Contract	Contract	ACC Contract in CYE 24 rating period
ACC-RBHA Contract	Contract	ACC-RBHA Contract in CYE 24 rating period
ACC Contractors	Contractors	Banner – University Family Care, Health Choice Arizona, Molina Healthcare of Arizona, UnitedHealthcare Community Plan
ACC-RBHA Contractors	Contractors	Arizona Complete Health – Complete Care Plan, Care1st Health Plan Arizona, Mercy Care
ACC and ACC-RBHA Contractors	Contractors	all Contractors for the CYE 24 rating period
Prior RBHA Contractors	Contractors (in past)	RBHA Contractors effective until September 30, 2022, Arizona Complete Health – Complete Care Plan, Health Choice Arizona, Mercy Care
ACC services	Services	base set of services
RBHA services	Services	additional SMI services and first 24 hours of crisis intervention services
ACC and ACC-RBHA Program	Program	effective for CYE 23 through CYE 27 rating periods

I.1.A. Rate Development Standards

I.1.A.i. Standards and Documentation for Rate Ranges

This section of the 2024 Guide notes that standards and documentation expectations are not different for capitation rates and capitation rate ranges, except where otherwise stated.

I.1.A.ii. Rating Period

The CYE 24 capitation rates for the ACC and ACC-RBHA Program are effective for the 12-month time period from October 1, 2023, through September 30, 2024.

I.1.A.iii. Required Elements

I.1.A.iii.(a) Letter from Certifying Actuary

The actuarial certification letter for the CYE 24 capitation rates for the ACC and ACC-RBHA Program, signed by Matthew C. Varitek, FSA, MAAA and Erica Johnson, ASA, MAAA, is in Appendix 1. Mr. Varitek and Ms. Johnson meet the requirements for the definition of an Actuary described at 42 CFR § 438.2 which is provided below for reference.

Actuary means an individual who meets the qualification standards established by the American Academy of Actuaries for an actuary and follows the practice standards established by the Actuarial Standards Board. In this part, Actuary refers to an individual who is acting on behalf of the State when used in reference to the development and certification of capitation rates.

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Mr. Varitek and Ms. Johnson certify that the CYE 24 capitation rates for the ACC and ACC-RBHA Program contained in this rate certification are actuarially sound and meet the standards within the applicable provisions of 42 CFR Part 438.

I.1.A.iii.(b) Final and Certified Capitation Rates

The final and certified capitation rates by rate cell are located in Appendix 2. Additionally, the ACC and ACC-RBHA Program contract includes the final and certified capitation rates by rate cell in accordance with 42 CFR § 438.3(c)(1)(i). The ACC and ACC-RBHA Program contract uses the term risk group instead of rate cell. This rate certification will use the term rate cell when identifying a population at the certified capitation rate level (as shown in Appendix 2, Appendix 7, and Appendix 8b) and will use the term risk group when identifying a population not at the certified capitation rate level, e.g., the AGE < 1 risk group represents children under age 1 in the ACC and ACC-RBHA Program.

I.1.A.iii.(c) Program Information

This section of the rate certification provides a summary of information about the ACC and ACC-RBHA Program.

I.1.A.iii.(c)(i) Summary of Program

I.1.A.iii.(c)(i)(A) Type and Number of Managed Care Plans

The ACC and ACC-RBHA Program contracts with seven managed care organizations. The number of managed care organizations contracted with the Program varies by Geographical Service Area (GSA). Each ACC and ACC-RBHA Program Contractor must have a dual eligible special needs plan (D-SNP) certified by either AHCCCS or Arizona Department of Insurance (ADOI).

Table 2a below provides the counties and zip codes covered in each GSA. Table 2b provides information about the GSAs each Contractor is responsible for, as well as the associated D-SNP for each Contractor.

Table 2a: GSA and Counties

GSA	Counties
North	Apache, Coconino, Mohave, Navajo, and Yavapai
Central	Gila, Maricopa, and Pinal (excluding zip codes 85542, 85192, and 85550)
South	Cochise, Graham, Greenlee, La Paz, Pima, Santa Cruz, and Yuma (including zip codes 85542, 85192, and 85550)

Table 2b: GSA and D-SNP Information by Contractor

Contractor	GSAs	D-SNP
Arizona Complete Health – Complete Care Plan [†]	Central, South [†]	Bridgeway Health Solutions of Arizona
Banner – University Family Care	Central, South	Banner – University Care Advantage
Care1st Health Plan Arizona, Inc. [†]	North [†]	Bridgeway Health Solutions of Arizona
Health Choice Arizona, Inc.	North, Central	Health Choice Arizona
Molina Healthcare of Arizona, Inc.	Central	Molina Healthcare of Arizona
Mercy Care [†]	Central [†]	Mercy Care
UnitedHealthcare Community Plan	Central, South (Pima County Only)	Arizona Physicians IPA

[†]Contractor responsible for RBHA Services for the GSA

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I.1.A.iii.(c)(i)(B) General Description of Benefits

This certification covers the ACC and ACC-RBHA Program which offers physical and behavioral services to AHCCCS members who are Title XIX or Title XXI eligible and who do not qualify for another AHCCCS program. Additional information regarding covered services can be found in the ACC and ACC-RBHA contracts. All tables in this certification, unless specifically stated otherwise, do not include any impacts to the Crisis 24 Hour Group rate cells. When there are impacts to the Crisis 24 Hour Group rate cells, the tables will note that the Crisis 24 Hour Group rate cells are included.

For the CYE 24 rating period, the projected expenses associated with the administration of COVID-19 vaccines are not included in the capitation rates; all COVID-19 vaccine costs in the base data period were removed as part of rate development, described below in Section I.2.B.iii.(d). AHCCCS Contractors are responsible for these expenses and will be reimbursed for these expenses on a non-risk basis via periodic cost-settlement payments based upon adjudicated/approved encounter data subject to the two-year claiming rule, as noted in contract and below in Section I.1.B.x.(c).

I.1.A.iii.(c)(i)(C) Areas of State Covered and Length of Time Program in Operation

The ACC Program began providing integrated services to a majority of Arizona Medicaid members on October 1, 2018. At its implementation, the ACC Program expanded on the Acute Care Program, which had operated on a statewide basis in the State of Arizona since 1982, by bringing behavioral health services and Children’s Rehabilitative Services (CRS) from other separate distinct programs under an integrated services umbrella. With the addition of RBHA populations and services effective October 1, 2022, the ACC and ACC-RBHA Program has continued the tradition of integration of services for more Arizona Medicaid members.

I.1.A.iii.(c)(ii) Rating Period Covered

The rate certification for the CYE 24 capitation rates for the ACC and ACC-RBHA Program is effective for the 12-month time period from October 1, 2023, through September 30, 2024.

I.1.A.iii.(c)(iii) Covered Populations

The ACC and ACC-RBHA Program has ten risk groups which cover Title XIX and Title XXI eligible members, two of which are specific to the ACC-RBHA contracts (SMI and Crisis 24 Hour Group). The Delivery Supplemental Payment risk group covers the cost of delivery, prenatal, and postpartum care and is only paid when a prospective ACC population member gives birth and the Contractors report that birth to AHCCCS. This risk group does not receive an administrative rate and any reinsurance that might be needed for the parent or baby would fall under the individual’s risk group and not the Delivery Supplemental Payment risk group. The member counts in this risk group represent the number of members whose Contractor received a delivery supplemental payment. Instead of being a per member per month (PMPM) amount, the Delivery Supplement Payment capitation rate is, in practice, a per member per delivery (PMPD) amount. The certification may at times refer to the delivery supplemental members as member months (MMs) and the PMPD as PMPM. Members who are part of the RBHA SMI risk group are not eligible for a Delivery Supplemental Payment, and the capitation rates for the RBHA SMI risk group include the experience for the small number of births for that risk group. More information about the populations covered under the ACC and ACC-RBHA Program can be found in the

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Eligibility section of the ACC and ACC-RBHA contracts. Table 3 below displays the risk groups and a brief description of the covered populations within each risk group.

Table 3: Covered Populations by Risk Group

Risk Groups	Covered Populations
AGE < 1	Title XIX and Title XXI eligible children, under the age of 1
AGE 1-20	Title XIX and Title XXI eligible children, aged 1-20
AGE 21+	Title XIX eligible adults, aged 21+
Duals	Title XIX eligible members with Medicare
SSIWO	Title XIX eligible SSI members without Medicare
Prop 204 Childless Adults	Title XIX eligible adults aged 19-64, without Medicare, with income at or below 106% of the Federal Poverty Level
Expansion Adults	Title XIX eligible adults aged 19-64, without Medicare, with income above 106% through 133% of the Federal Poverty Level
Delivery Supplemental Payments	One-time capitation payment to cover the cost of a delivery, prenatal and postpartum care for Title XIX and Title XXI eligible ACC population members
SMI	Title XIX eligible adults diagnosed with a Serious Mental Illness, enrolled with an ACC-RBHA Contractor
Crisis 24 Hour Group	All Title XIX and Title XXI eligible AHCCCS members

I.1.A.iii.(c)(iv) Eligibility or Enrollment Criteria

AHCCCS operates as a mandatory managed care program. Information regarding eligibility and enrollment criteria can be found in the Enrollment and Disenrollment section of the ACC and ACC-RBHA Program contracts.

Under the maintenance of effort (MOE) requirements included in the Families First Coronavirus Response Act (FFCRA), with a few exceptions as noted in the law, members who were eligible at the beginning of the COVID-19 public health emergency (PHE), or who became eligible during the PHE, remained treated as eligible for such benefits through March 31, 2023, or later, based on the Arizona renewal plan submitted to CMS. Under the Consolidated Appropriations Act, 2023 (CAA) which ended the Medicaid continuous coverage protection as of March 31, 2023, states were allowed to resume disenrollment of people who are no longer eligible for Medicaid eligibility after a complete redetermination of each person’s eligibility for all categories of Medicaid, with the timeline expected for all renewals to be completed within 14 months of the start of the state’s renewal plan. The CYE 24 capitation rate development reflects the March 31, 2023, end date to the Medicaid continuous coverage requirement, with Arizona’s renewal plan starting redeterminations in February 2023, with the first disenrollments due to ineligibility effective in April 2023.

I.1.A.iii.(c)(v) Summary of Special Contract Provisions Related to Payment

This rate certification includes special contract provisions related to payment as defined in 42 CFR § 438.6. The special contract provisions related to payment included in the CYE 24 capitation rates are:

- Risk Corridor Arrangement (42 CFR § 438.6(b)(1))

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- Reinsurance Arrangement (42 CFR § 438.6(b)(1))
- Alternative Payment Model (APM) Initiative – Performance Based Payments (Incentive Arrangement) (42 CFR § 438.6(b)(2))
- APM Initiative – Quality Measure Performance (Incentive Arrangement) (42 CFR § 438.6(b)(2))
- APM Initiative – Quality Measure Performance (Withhold Arrangement) (42 CFR § 438.6(b)(3))
- Federally Qualified Health Centers and Rural Hospital Clinics (FQHC/RHC) (42 CFR § 438.6(c)(1)(iii)(A))
- Differential Adjusted Payments (DAP) (42 CFR § 438.6(c)(1)(iii)(C))
- Access to Professional Services Initiative (APSI) (42 CFR § 438.6(c)(1)(iii)(C))
- Pediatric Services Initiative (PSI) (42 CFR § 438.6(c)(1)(iii)(C))
- Hospital Enhanced Access Leading to Health Improvements Initiative (HEALTHII) (42 CFR § 438.6(c)(1)(iii)(C))

Documentation on these special contract provisions related to payment can be found in Section I.4 of this rate certification.

I.1.A.iii.(c)(vi) Retroactive Capitation Rate Adjustments – Not Applicable

Not applicable. This rate certification does not cover retroactive adjustments for previous capitation rates.

I.1.A.iv. Rate Development Standards and Federal Financial Participation (FFP)

All proposed differences among the CYE 24 capitation rates for the ACC and ACC-RBHA Program are based on valid rate development standards and are not based on the rate of FFP for the populations covered under the ACC and ACC-RBHA Program.

I.1.A.v. Rate Cell Cross-Subsidization

The CYE 24 capitation rates were developed at the rate cell level. Payments from rate cells do not cross-subsidize payments from other rate cells.

I.1.A.vi. Effective Dates of Changes

The effective dates of changes to the ACC and ACC-RBHA Program are consistent with the assumptions used to develop the CYE 24 capitation rates for the ACC and ACC-RBHA Program.

I.1.A.vii. Minimum Medical Loss Ratio

The capitation rates were developed so each Contractor would reasonably achieve a medical loss ratio, as calculated under 42 CFR § 438.8, of at least 85 percent for CYE 24.

I.1.A.viii. Conditions for Certifying Capitation Rate Range – Not Applicable

Not applicable. The actuaries are not certifying capitation rate ranges.

I.1.A.ix. Certifying Actuarially Sound Capitation Rate Range – Not Applicable

Not applicable. The actuaries are not certifying capitation rate ranges.

I.1.A.x. Generally Accepted Actuarial Principles and Practices

I.1.A.x.(a) Reasonable, Appropriate, and Attainable Costs

In the actuaries' judgement, all adjustments to the capitation rates or to any portion of the capitation rates reflect reasonable, appropriate, and attainable costs. To the actuaries' knowledge, there are no reasonable, appropriate, and attainable costs which have not been included in the rate certification.

I.1.A.x.(b) Rate Setting Process

Adjustments to the rates that are performed outside of the rate setting process described in the rate certification are not considered actuarially sound under 42 CFR § 438.4. There are no adjustments to the rates performed outside the rate setting process.

I.1.A.x.(c) Contracted Rates

Consistent with 42 CFR § 438.7(c), the final contracted rates in each cell must match the capitation rates in the rate certification. This is required in total and for each and every rate cell. The CYE 24 capitation rates certified in this report represent the contracted rates by rate cell.

I.1.A.xi. Rates from Previous Rating Periods – Not Applicable

Not applicable. Capitation rates from previous rating periods are not used in the development of the CYE 24 capitation rates for the ACC and ACC-RBHA Program.

I.1.A.xii. Evaluation of COVID-19 PHE and Unwinding

This section of the 2024 Guide includes CMS recommendations for risk mitigation strategies for rating periods impacted by the PHE and continuing after the end of the PHE until enrollment is expected to stabilize. All risk mitigation strategies are addressed in the contract and below in Section I.4.C. and will be submitted to CMS prior to the start of the rating period in accordance with the specific documentation requirements under 42 CFR § 438.6(b)(1).

This section also requests description of evaluations conducted, and the rationale for any applicable assumptions included or not included in rate development related to the COVID-19 PHE and related unwinding within the rate certification. Information on all assumptions included in the rate development, based on the available and applicable state specific, as well as nationally and regionally applicable, data (outlined below in Section I.1.B.x.(a)), to address the direct and indirect impacts of the COVID-19 PHE and related unwinding are described in each of the sections below:

- I.1.A.iii.(c)(i)(B) General Description of Benefits
- I.1.A.iii.(c)(iv) Eligibility or Enrollment Criteria
- I.1.B.viii.(a) Comparison to Previous Rate Certification
- I.1.B.x.(a) Available Applicable Data
- I.1.B.x.(b) Accounting for Direct and Indirect Impacts
- I.1.B.x.(c) COVID-19 Costs Paid Outside of Capitation Rates (Non-Risk)
- I.1.B.x.(d) Risk Mitigation Strategies
- I.2.B.ii.(b)(ii) Actuary's Assessment of the Data
- I.2.B.iii.(d) Changes in the Program

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- I.2.B.iii.(e) Exclusions of Payments or Services
- I.3.B.ii.(a) Description of the Data, Assumptions, and Methodologies
- I.3.B.iii.(a)(i) Projected Benefit Cost Trends Data
- I.3.B.iii.(a)(iii) Projected Benefit Cost Trends Comparisons
- I.7.B.i.(b) Acuity Adjustment Model
- I.7.B.i.(d) Relationship
- I.7.B.i.(e) Frequency
- III.1.B.iii. Actual Experience vs. Projected Experience
- III.1.B.iv. Adjustments Based Upon Actual Experience vs Projected Experience
- III.2.A.iii. Key Assumptions

Additional evaluation conducted related to the COVID-19 PHE and related unwinding which did not result in adjustments to the rate development for CYE 24 varies by program. For the ACC and ACC-RBHA Program, there were no specific categories of service in the base data experience period which were impacted by the PHE to the point of being unreasonable for use as the base data without adjustment. The level of COVID-19 vaccinations within the AHCCCS membership was reviewed and did not result in adjustments to the rate development. Changes in Arizona COVID-19 case rates were reviewed both in general and with respect to the different COVID-19 variants in the base data time period, and more recently, but no adjustments for expected new variants were included in capitation rate development.

I.1.A.xiii. Rate Certification Procedures

I.1.A.xiii.(a) Timely Filing for Claiming Federal Financial Participation

This section of the 2024 Guide reminds states of the responsibility to comply with the time limit for filing claims for FFP specified in section 1132 of the Social Security Act and implementing regulations at 45 CFR part 95. Timely filing of rate certifications to CMS will help mitigate timely filing concerns.

I.1.A.xiii.(b) CMS Rate Certification Requirement for Rate Change

This is a new rate certification that documents that the ACC and ACC-RBHA Program capitation rates are changing effective October 1, 2023.

I.1.A.xiii.(c) CMS Rate Certification Requirement for No Rate Change – Not Applicable

Not applicable. This rate certification will change the ACC and ACC-RBHA Program capitation rates effective October 1, 2023.

I.1.A.xiii.(d) CMS Rate Certification Circumstances

This section of the 2024 Guide provides information on when CMS would not require a new rate certification which includes increasing or decreasing capitation rates up to 1.5% per rate cell for certified rates per rate cell, in accordance with 42 CFR §§ 438.7(c)(3) and 438.4(b)(4), increasing or decreasing capitation rates up to 1% within a certified rate range, in accordance with 42 CFR § 438.4(c)(2), and applying risk scores to capitation rates paid to plans under a risk adjustment methodology described in the rate certification for that rating period and contract in accordance with 42 CFR § 438.7(b)(5)(iii).

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I.1.A.xiii.(e) CMS Contract Amendment Requirement

CMS requires a contract amendment be submitted whenever capitation rates change for any reason other than application of an approved payment term (e.g., risk adjustment methodology) which was included in the initial managed care contract. The state will submit a contract amendment to CMS as required.

I.1.A.xiii.(f) CMS Contract and Rate Amendment Requirement for Changes in Law

CMS requires a contract amendment and capitation rate amendment in the event that any State Medicaid program feature is invalidated by a court of law, or a change in federal statute, regulation, or approval. The rate amendment adjusting the capitation rates must remove costs specific to any program or activity no longer authorized by law, taking into account the effective date of the loss of program authority.

I.1.B. Appropriate Documentation

I.1.B.i. Capitation Rates or Rate Ranges

The actuaries are certifying capitation rates for each rate cell.

I.1.B.ii. Elements

This rate certification documents all the elements (data, assumptions, and methodologies) used to develop the CYE 24 capitation rates for the ACC and ACC-RBHA Program.

I.1.B.iii. Capitation Rate Cell Assumptions

This section of the 2024 Guide notes that the certification must disclose and support the specific assumptions that underlie the certified rates for each rate cell. To the extent assumptions or adjustments underlying the capitation rates varies between managed care plans, the certification must also describe the basis for the variation.

All such assumptions and adjustments are described in the rate certification.

I.1.B.iv. Capitation Rate Range Assumptions – Not Applicable

Not applicable. The actuaries did not develop capitation rate ranges.

I.1.B.v. Rate Certification Index

The table of contents that follows the cover page within this rate certification serves as the index. The table of contents includes relevant section numbers from the 2024 Guide. Sections of the 2024 Guide that do not apply will be marked as “Not Applicable”; any section wherein all subsections are not applicable will be collapsed to the section heading.

I.1.B.vi. Assurance Rate Assumptions Do Not Differ by Federal Financial Participation

All proposed differences in the assumptions, methodologies, or factors used to develop the certified CYE 24 capitation rates for the covered populations under the ACC and ACC-RBHA Program are based on valid rate development standards that represent actual cost differences in providing covered services to

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the covered populations, and these differences do not vary with the rate of FFP associated with the covered populations in a manner that increases federal costs, in compliance with 42 CFR § 438.4(b)(1). CMS may request additional documentation and justification that any differences in the assumptions, methodologies, or factors used in the development of the capitation rates represent actual cost assumptions based on the characteristics and mix of the covered services or the covered populations.

I.1.B.vii. Differences in Federal Medical Assistance Percentage

The ACC and ACC-RBHA Program includes populations for which the State receives a different Federal Medical Assistance Percentage (FMAP).

The percentages of costs by the various populations which received different FMAP for CYE 22 for the ACC and ACC-RBHA Program are provided below in Table 4a, along with the associated FMAP as of October 1, 2023. The FMAPs shown below do not incorporate any increased FMAP associated with the PHE.

Table 4a: Percentage of Costs by Population and Associated FMAP

Population	CYE 22 Percentage of Costs	FMAP
Adult Expansion	6.98%	90.00%
Child Expansion	1.57%	77.45%
Childless Adult Restoration	36.05%	90.00%
KidsCare (Title XXI)	1.43%	77.45%
Breast and Cervical Cancer	0.06%	77.45%
Populations not listed above	53.91%	67.79%

In addition, the ACC and ACC-RBHA Program includes family planning services that are embedded within the capitation rate development. Family planning services have historically been claimed at 90% FMAP. The projected portion of the CYE 24 capitation rates that are family planning services by risk group are provided below in Table 4b.

Table 4b: Portion of Family Planning Services in CYE 24 Capitation Rates

Risk Groups	Percentage of Capitation Rates
AGE < 1	0.00%
AGE 1-20	0.26%
AGE 21+	2.56%
Duals	0.15%
SSIWO	0.11%
Prop 204 Childless Adults	0.26%
Expansion Adults	0.81%
Delivery Supplemental Payments	0.00%
SMI	0.12%
Crisis 24 Hour Group	0.00%

I.1.B.viii. Comparison to Prior Rates

I.1.B.viii.(a) Comparison to Previous Rate Certification

The 2024 Guide requests a comparison to the final certified rates in the previous rate certification. Those comparisons are included in Appendix 3.

The 2024 Guide also requires descriptions of what is leading to large or negative changes in rates from the previous rating period. Because capitation rate development is done at a risk group and GSA level until the risk adjustment step (shown in Appendix 7), any changes to Contractor specific capitation rates for ACC populations are due primarily to an updated risk adjustment time frame. For the purposes of the CYE 24 certification, the actuaries compared the weighted CYE 23 capitation rates by risk group and GSA to the weighted CYE 24 capitation rates by risk group and GSA rather than comparing the individual unweighted rate cells year over year. As in past years, the AHCCCS DBF Actuarial Team has thus defined a large change as any weighted capitation rate which is 10% greater than the previous rating period's weighted capitation rate and defined a negative change as any weighted capitation rate that is less than the previous rating period's weighted capitation rate. The actuaries compared the CYE 24 certified capitation rates to the CYE 23 certified capitation rates, applying the same weights applicable to CYE 24, as specified above and as shown in Appendix 3, as the measurement of change.

For the Central and South GSAs, the AGE < 1 weighted capitation rates have increased more than 10% when compared to the CYE 23 weighted capitation rates. These increased rates are driven by large increases in the base data PMPMs in CYE 22 over the CYE 21 base data used for the prior year's rate development.

For the North and Central GSAs, the AGE 21+ weighted capitation rates reflect a negative change from the CYE 23 weighted capitation rate. This negative is primarily driven by a decrease in the base data encounters with completion and adjustments for appropriate program and fee schedule changes for the different base years, accompanied by lower aggregate trend assumptions in the CYE 24 rates than those assumed in the CYE 23 rates.

For the North GSA, the Duals weighted capitation rate is lower than the CYE 23 weighted capitation rate. This negative change is primarily driven by a decrease in the base data encounters with completion and adjustments for appropriate program and fee schedule changes for the different base years. Additionally, the aggregated PMPM expense trends assumed for the Duals risk group in the North GSA are lower than assumed in the CYE 23 rates.

For the North and Central GSAs, the SSIWO weighted capitation rates reflect a negative change from the CYE 23 weighted capitation rate. The negative change is primarily driven by a decrease in the base data encounters with completion and adjustments for appropriate program and fee schedule changes for the different base years. In the North GSA, lower aggregate trend projections in the CYE 24 rate development also contribute to the decrease in the capitation rate compared to the CYE 23 rating period.

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The Prop 204 Childless Adults weighted capitation rates have a negative change when comparing to the CYE 23 weighted capitation rate in all GSAs. These rate decreases are driven primarily by reductions in the base data after adjustments for completion, and programmatic and fee schedule changes. The aggregate trend assumptions for this risk group in each GSA are also lower than projected for the prior year's rate development.

For every GSA, the CYE 24 Expansion Adults weighted capitation rate is lower than the CYE 23 weighted capitation rate, based on large decreases in the base data PMPMs in CYE 22 compared to CYE 21, and somewhat lower aggregate trend assumptions in the CYE 24 capitation rate development than included for CYE 23.

For the North and South GSA, the Delivery Supplemental Payment weighted capitation rates reflect a negative change compared to the CYE 23 weighted capitation rate. This negative is primarily driven by lower projected trend assumptions in the CYE 24 rate development than in the prior year.

As noted in Section I.2.B.ii.(c)(i), the projected expenses for crisis intervention services for CYE 24 are higher than projected for CYE 23. It should be noted, that if there were no change in the projected block payment amounts for crisis intervention services, the CYE 24 capitation rate PMPMs would still show an increase over the prior rating period due to lower projected enrollment in CYE 24. In addition to the projected increases associated with higher utilization of crisis services since the implementation of 988, increases for the expansion of services and capacity noted earlier, and the projected decreases in membership, for the Central and South GSAs, the final driver leading to the large rate change from CYE 23 is attributable to increases in the block payment amounts for a crisis stabilization services provider contracted with both the Central and South ACC-RBHA Contractors necessary to ensure access to these critical services is not interrupted. Please see Section I.2.B.ii.(c)(i) for additional detail on the development of the CYE 24 Crisis 24 Hour Group capitation rates.

I.1.B.viii.(b) Material Changes to Capitation Rate Development

There have been no material changes since the last rate certification other than those described elsewhere in the certification.

I.1.B.viii.(c) De Minimis Changes to Previous Period Capitation Rates

The state did not adjust the actuarially sound capitation rates in the previous rating period by a *de minimis* amount using the authority in 42 CFR § 438.7(c)(3).

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I.1.B.ix. Future Rate Amendments

The list of possible amendments which would impact capitation rates in the future are shown in Table 5 below, along with the potential submission date, and the reason why the current certification cannot account for the changes anticipated to be made to the rates.

Table 5: Future Rate Amendments

Possible Amendment	Potential Submission Date	Reason for Not Including in Current Certification
Risk Adjustment	No earlier than March 2024	AHCCCS will be calculating updated risk factors mid-year to include a more recent Marker Study Period and Member Snapshot Period that include part of the unwinding.
Targeted Investments 2.0	No earlier than January 2024	AHCCCS is preparing to submit the preprint for CYE 23 (year 1) of Targeted Investments 2.0 in August 2023 and will submit the preprint for the subsequent years after the first year is approved.
Acuity Adjustments	No earlier than March 2024	The acuity adjustment factors are dependent on the assumed volume and acuity of disenrollments associated with the end of the PHE. Modification of the acuity factors may be necessary depending on materiality of variance from current assumptions.

I.1.B.x. Addressing COVID-19 PHE and Unwinding Impacts

I.1.B.x.(a) Available Applicable Data

The AHCCCS DBF Actuarial Team and AHCCCS DBF financial analysts have reviewed data, regulations, and information from a variety of applicable sources to address the COVID-19 PHE and related unwinding in rate setting. For CYE 24 rate development, AHCCCS DBF Actuarial Team has incorporated information regarding the end date of the Medicaid continuous coverage protection, including Arizona’s plan for renewals as submitted to CMS, and disenrollment information available through June. The progress of redeterminations and subsequent disenrollments for ineligibility will continue to be monitored by the AHCCCS DBF Actuarial Team. Further details about state specific and national data sources are listed below.

- State Data Sources
 - AHCCCS historical and current encounter data including utilization and costs by category of service, risk group, GSA, and program
 - AHCCCS telehealth utilization and cost data by risk group, GSA, and program
 - AHCCCS non-emergency transportation (NEMT) utilization and cost data by risk group, GSA, and program
 - AHCCCS historical and current enrollment by risk group, GSA, and program
 - Historical and ongoing COVID-19 case rates for Arizona (not restricted to Medicaid populations)
 - AHCCCS COVID-19 testing by risk group, GSA, and program
 - AHCCCS COVID-19 vaccination rates by risk group, GSA, and program

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- AHCCCS child and adolescent well-care visit rates
- Information on AHCCCS member eligibility during the PHE, see Section I.7. for additional detail
- Arizona Medicaid eligibility information, provided by the AHCCCS Division of Member and Provider Services (DMPS), which identified members who, if not for the MOE, would have been determined ineligible and disenrolled; this information was used in evaluating potential changes in acuity of the population covered under the ACC and ACC-RBHA Program population after March 31, 2023, when states could disenroll people no longer eligible for Medicaid
- National Data Sources
 - Daily case rate, death rate, and vaccination rate data for Arizona collated and cleaned by the Centers for Disease Control
 - Consumer and Producer price inflation data published by the Bureau of Labor Statistics
 - National webinars discussing various impacts of the response to the COVID-19 PHE and the end of continuous coverage protections
 - Policy memoranda and newsletters related to available PHE unwinding flexibilities and considerations published by various universities and government agencies (examples below):
 - [State Health Official Letter 23-002](#)
 - Princeton University State Health and Value Strategies (SHVS):
 - [Planning for the end of the Continuous Coverage Requirement](#)
 - [Best Practices for Publicly Reporting State Unwinding Data](#)
 - [State Reporting to Monitor the Unwinding of the Medicaid Continuous Coverage Requirement](#)
 - [CMS Policy Guidance FAQ dated May 12, 2023, on unwinding the continuous enrollment requirement](#)
 - [State Medicaid Director Letter 23-004](#)

I.1.B.x.(b) Accounting for Direct and Indirect Impacts

The list above in I.1.A.xii. details the sections of the certification which describe assumptions included in the rate development to address the direct and indirect impacts of the COVID-19 PHE and related unwinding. A brief narrative summary of how the capitation rates account for the direct and indirect impacts of the COVID-19 PHE and related unwinding through the incorporation of the assumptions in the rate development, described in those sections of the certification, is provided below.

The CYE 24 capitation rates account for the direct and indirect impacts of the COVID-19 PHE and related unwinding by developing most risk groups' trend assumptions using the historical utilization and cost experience of members not on the COVID-19 override list (i.e., members who were not found to be ineligible at any point during the PHE), by removing COVID-19 vaccine costs from the base data since AHCCCS has a non-risk based cost settlement with the Contractors for COVID-19 vaccines, by removing COVID-19 test experience from the base data period and modeling projected COVID-19 testing costs for the rating period, and by addressing projected changes in population acuity due to the unwinding and

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actual and projected disenrollment activity by risk group with an acuity adjustment as described below in Section I.7. The CYE 24 capitation rates also account for the impacts of the COVID-19 PHE by using a base data experience period that reflects changes in service delivery expected to continue beyond the pandemic, such as increased telehealth usage. AHCCCS will continue to monitor encounters and may adjust the acuity factors if disenrollments resulting from the end of the continuous enrollment condition and eligibility redeterminations under the state’s renewal plan result in different impacts to PMPM expenditures than assumed.

I.1.B.x.(c) COVID-19 Costs Paid Outside of Capitation Rates (Non-Risk)

Costs for COVID-19 vaccines and administration of COVID-19 vaccines are covered on a non-risk basis outside of the capitation rates. Covering these COVID-19 costs on a non-risk basis outside of the capitation rates required removing related costs from the base data period, as described in Section I.2.B.iii.(d).

I.1.B.x.(d) Risk Mitigation Strategies

AHCCCS has a long-standing program policy of including risk corridors within the managed care programs to protect the State against excessive Contractor profits and to protect Contractors from excessive losses. This risk-sharing arrangement also contributes to Contractor sustainability and program continuity, which is an additional intangible benefit to the stability of the Medicaid member. The CYE 24 contracts will continue AHCCCS’ long-standing program policy and will include risk corridors. For the CYE 24 rating period, AHCCCS is continuing the cost-settlement for administration of COVID-19 vaccines and carving these costs out of the capitation rates. This is the only risk mitigation strategy utilized specifically for COVID-19.

I.2. Data

This section provides documentation for the Data section of the 2024 Guide.

I.2.A. Rate Development Standards

I.2.A.i. Compliance with 42 CFR § 438.5(c)

AHCCCS actuaries have followed the rate development standards related to base data in accordance with 42 CFR § 438.5(c). The data types, sources, validation methodologies, material adjustments, and other information related to the documentation standards required by CMS are documented in the subsections of I.2.B.

I.2.B. Appropriate Documentation

I.2.B.i. Data Request

Since AHCCCS employs their own actuaries, a formal data request was not needed between the AHCCCS DBF Actuarial Team and the State. The AHCCCS DBF Actuarial Team worked with the appropriate teams at AHCCCS to obtain the primary sources of data in accordance with 42 CFR § 438.5(c).

I.2.B.ii. Data Used for Rate Development

I.2.B.ii.(a) Description of Data

I.2.B.ii.(a)(i) Types of Data Used

The primary data sources used or reviewed for the development of the CYE 24 capitation rates for the ACC and ACC-RBHA Program were:

- Adjudicated and approved encounter data submitted by the ACC and RBHA Contractors and provided from the AHCCCS Prepaid Medical Management Information System (PMMIS) mainframe
 - Incurred from October 2018 through February 2023
 - Adjudicated and approved through the second February 2023 encounter cycle
- Reinsurance payments made to the ACC and prior RBHA Contractors for services
 - Incurred from October 2018 through September 2022 paid through April 2023
- Enrollment data for ACC, and RBHA Programs from the AHCCCS PMMIS mainframe
 - October 2018 through February 2023
- Annual and quarterly financial statements submitted by the ACC and prior RBHA Contractors and reviewed by the AHCCCS DBF Finance & Reinsurance Team
 - October 2018 through December 2022
- AHCCCS Fee-for-Service (FFS) fee schedules developed and maintained by AHCCCS DBF Rates & Reimbursement Team
- Data from AHCCCS DBF Rates & Reimbursement Team related to DAP, see Section I.4.D
- Data from AHCCCS DBF financial analysts related to program changes, see Sections I.2.B.iii.(d) and I.3.B.ii.(a)

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Additional sources of data used or reviewed were:

- Supplemental historical and projected data associated with benefit costs, non-benefit costs, and membership provided by the Contractors, including additional detail on claims runout and prior period adjustments included in financial statements
- Data provided by the CCE Offerors in regard to administrative components for the RBHA populations
- Adjudicated and approved encounter data from the AHCCCS PMMIS mainframe for use in the Institution for Mental Disease (IMD) analysis, incurred in CYE 22
- Adjudicated and approved encounter data from the AHCCCS PMMIS mainframe for use in risk adjustment, incurred from August 2021 through July 2022
- Contractors' enrollment as of June 2023 for use in risk adjustment
- Projected CYE 24 enrollment data provided by AHCCCS DBF Budget Team
- Any additional data used and not identified here will be identified in their applicable sections below

I.2.B.ii.(a)(ii) Age of Data

The age of the data are listed above in Section I.2.B.ii.(a)(i).

I.2.B.ii.(a)(iii) Sources of Data

The sources of the data are listed above in Section I.2.B.ii.(a)(i).

I.2.B.ii.(a)(iv) Sub-capitated Arrangements

AHCCCS Contractors sometimes use sub-capitated/block purchasing arrangements for some services. The sub-capitated and block purchasing arrangements between the Contractors and their providers require that the providers submit claims for services provided, which go through the same encounter edit and adjudication process as other claims which are not sub-capitated. These claims come into the system with a CN1 code = 05, which is an indicator for sub-capitated/block purchased encounters, and health plan paid amount equaling zero. After the encounter has been adjudicated and approved, there are repricing methodologies (i.e., formulas) for sub capitated/block purchased encounters to estimate a health plan valued amount in place of the health plan paid amount of zero. Different repricing methodologies have historically been used for different services based on comparisons between total reported medical expenses on the Contractor financial statements and the total encounters available to the actuaries, as submitted through the system for both regular and sub-capitated/block purchased services after completion factors. The units of service data from the encounters and the repriced amounts were used as the basis for calculating utilization per 1000 and unit cost values.

I.2.B.ii.(a)(v) Base Data Exception – Not Applicable

Not applicable. No exception to the base data requirements was necessary for capitation rate development.

I.2.B.ii.(b) Availability and Quality of the Data

I.2.B.ii.(b)(i) Data Validation Steps

Guidelines and formats for submitting individual encounters generally follow health insurance industry standards used by commercial insurance companies and Medicare; however, some requirements are specific to the AHCCCS program. All encounter submissions are subject to translation and validation using standards and custom business rules (guidelines). Once translation has occurred and the encounters pass validation, they are passed to the AHCCCS PMMIS mainframe and are subject to approximately 500 claims type edits resulting in the approval, denial, or pend of each encounter. This process occurs for both regular and sub-capitated encounters.

The AHCCCS DBF Actuarial Team regularly reviews monthly adjudicated and approved encounters by form type on a cost basis and a PMPM basis looking for anomalous patterns in encounter, unit or cost totals, such as incurred months where totals are unusually low or high. If any anomalies are found, the AHCCCS DBF Actuarial Team reports the findings to the AHCCCS Information Services Division (ISD) Data Management and Oversight (DMO) Team, who then works with the Contractors to identify causes. In addition, the AHCCCS ISD DMO Team performs their own checks and validations on the encounters and monitors the number of encounters that are adjudicated and approved each month.

AHCCCS Contractors know encounters are used for capitation rate setting, reconciliations (risk corridors), and reinsurance payments and thus are cognizant of the importance of timely and accurate encounter submissions. AHCCCS provides the Contractors with the “Encounter Monthly Data File” (aka the “magic” file) which contains the previous 36 months of encounter data. Data fields contained in this file include, but are not limited to, adjudication status, AHCCCS ID, Claim Reference Number (CRN), Provider ID, and costs amounts. The adjudication status has five types: adjudicated/approved, adjudicated/plan denied, adjudicated/AHCCCS denied, pending, and adjudicated/void. Generally, the capitation rate setting process only uses the adjudicated/approved encounters but providing this file to the Contractors allows them to compare to their claim payments to identify discrepancies and evaluate the need for new or revised submissions.

All of these processes create confidence in the quality of the encounter data.

I.2.B.ii.(b)(i)(A) Completeness of the Data

The AHCCCS ISD DMO Team performs encounter data validation studies to evaluate the completeness, accuracy, and timeliness of the collected encounter data.

I.2.B.ii.(b)(i)(B) Accuracy of the Data

AHCCCS has an additional encounter process which ensures that each adjudicated and approved encounter contains a valid AHCCCS member ID for an individual enrolled on the date that the service was provided. The process also checks to ensure that each adjudicated and approved encounter is for a covered service under the state plan and contains the codes necessary to map it into one of the categories of service used in the rate development process.

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The AHCCCS DBF Actuarial Team reviewed the encounter data provided from the AHCCCS PMMIS mainframe. The AHCCCS DBF Actuarial Team ensured that only encounter data with valid AHCCCS member IDs was used in developing the CYE 24 capitation rates for the ACC and ACC-RBHA Program. Additionally, the AHCCCS DBF Actuarial Team ensured that only services covered under the state plan were included.

I.2.B.ii.(b)(i)(C) Consistency of the Data

The AHCCCS DBF Actuarial Team compared the CYE 22 encounter data for all services provided by the ACC and prior RBHA Contractors to the financial statement data for the same entities for CYE 22. The actuaries also compared the CYE 22 encounter data to the yearly supplemental data request from the ACC and prior RBHA Contractors. After adjustments to the encounter data for completion and encounter issues, the financial statements, the AHCCCS encounter data, and the ACC and prior RBHA Contractors' encounter data were judged to be consistent for capitation rate setting.

I.2.B.ii.(b)(ii) Actuary's Assessment of the Data

As required by ASOP No. 23, the AHCCCS DBF Actuarial Team discloses that the rate development process has relied upon encounter data submitted by the Contractors and provided from the AHCCCS PMMIS mainframe. Additionally, the rate development process has relied upon the audited annual and unaudited quarterly financial statement data submitted by the Contractors and reviewed by the AHCCCS DBF Finance & Reinsurance Team. The AHCCCS DBF Actuarial Team did not audit the data or financial statements and the rate development is dependent upon this reliance. The actuaries note additional reliance on the following:

- data provided by the AHCCCS DBF Rates & Reimbursement Team with regard to DAP and fee schedule impacts
- data provided by the AHCCCS DBF financial analysts with regard to some program changes
- information and data provided by Milliman consultants with regard to the HEALTHII program
- information and data provided by Wakely Consulting Group with regard to risk adjustment
- information and data provided by AHCCCS Division of Member and Provider Services (DMPS) with regard to data used for acuity adjustment
- data provided by ACC and ACC-RBHA Contractors in the yearly supplemental data request with regards to administrative components
- data provided by the CCE Offerors in regard to administrative components
- data provided by the prior RBHA Contractors and the ACC-RBHA Contractors with regard to historical and projected crisis block payments and crisis vendor subcontracts and additional analysis of the projected crisis block payments and crisis vendor subcontracts by the AHCCCS Division of Grants and Innovation (DGI) Crisis Team
- data provided by the AHCCCS DBF Budget Team with regard to projected enrollment

The AHCCCS DBF Actuarial Team has found the encounter data in total, with adjustments for encounter issues, and inclusion of additional data on contracted block payments for crisis intervention services, to be appropriate for the purposes of developing the CYE 24 capitation rates for the ACC and ACC-RBHA

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Program. The development of the encounter issue adjustments are described below in Section I.2.B.iii.(c).

I.2.B.ii.(b)(iii) Data Concerns

The AHCCCS DBF Actuarial Team identified an issue with the financial statement reporting of sub-capitated/block purchased service costs, which led to the discovery of an additional issue with the methodologies for repricing sub-capitated/block purchased encounters. The actuaries have made a specific adjustment in the development of the capitation rates which addresses the issue for CYE 24 and will be considering different methods for future rate development cycles. Other concerns related to potential fraud, waste, and abuse being included within the encounter data were identified, and specific adjustments to address those concerns have also been made within the rate development process. More detail on these concerns and adjustments are included below in Section I.2.B.iii.(d). Besides the encounter issue noted in the previous section, there were no other material concerns identified with the availability or quality of the data.

I.2.B.ii.(c) Appropriate Data for Rate Development

The AHCCCS DBF Actuarial Team determined that the CYE 22 encounter data in total, after adjustments noted in I.2.B.ii.(b)(iii), was appropriate to use as the base data for developing the CYE 24 capitation rates for the ACC populations and the RBHA SMI population with the encounter issue adjustments previously noted. The AHCCCS DBF Actuarial Team additionally determined that the CYE 22 encounter data, and contracted block payment information for CYE 22, CYE 23, and CYE 24, were appropriate to use as the base data for developing the CYE 24 capitation rates for the RBHA Crisis 24 Hour Group rate cells covering the first 24 hours of crisis intervention services for all Arizona Medicaid populations.

I.2.B.ii.(c)(i) Not Using Encounter or Fee-for-Service Data

As described above in Section I.2.B.ii.(c), managed care encounters served as the primary data source for the development of the CYE 24 capitation rates for the ACC populations and the RBHA SMI population.

For the Crisis 24 Hour Group risk group, both encounter data and contracted block payment amounts are used for the development of the CYE 24 capitation rates. The inclusion of data other than encounters for developing the CYE 24 capitation rates is due to the nature of the crisis intervention service model. Crisis intervention services are based on a “firehouse” model, in which costs are incurred for staffing 24/7 crisis phone lines (CPLs), 24/7 crisis mobile teams (CMTs), and 24/7 crisis stabilization units (CSUs), whether or not there are services provided. The ACC-RBHA Contractors therefore contract and pay for these staffing costs primarily through block payment arrangements, which keeps the system running smoothly, since the numbers of people seeking crisis in any given year can be very different and trying to price fee schedules to account for those differences could under or over fund the services in any given year if the projections turn out different than reality. The actuaries and the DGI Crisis Team reviewed contracts and projected expenses for the block payments for the various crisis intervention services. The projected expenses for crisis intervention services for CYE 24 are higher than projected for CYE 23 for multiple reasons. The national implementation of the three-digit dialing code 988 and the public information campaign introducing the new number has raised awareness of the crisis system,

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contributing to increased utilization across all three of the main crisis categories of service. Increased calls to the crisis phone line have led to increased dispatch of crisis mobile teams for help, reducing the need for engagement by other emergency personnel. Crisis stabilization units have also shown increased utilization, both based on more people being engaged by the crisis system through a phone call or a CMT dispatch, but also based on the expansion of CSU facilities that are licensed to serve children, which has been an area of unmet need within the system. While the “firehouse” model generally means that changes in membership do not impact the expense projections for providing 24/7 access to crisis intervention services, it also means that staffing expenses are a significant portion of the costs, and some block payments have grown to account for wage increases required to ensure that access to these necessary services continues without interruption. The capitation rates also include cost projections related to additional ancillary crisis services which are provided alongside the main CPL, CMT, and CSU services. The ancillary crisis cost projections were developed using the base period encounters with completion and base period membership projected forward to the rating period.

I.2.B.ii.(c)(ii) Not Using Managed Care Encounter Data – Not Applicable

Not applicable. As described above in Section I.2.B.ii.(c), managed care encounters are used in the rate development for all rate cells in the CYE 24 capitation rates for the ACC and ACC-RBHA Program.

I.2.B.ii.(d) Use of a Data Book – Not Applicable

Not applicable. The AHCCCS DBF Actuarial Team did not rely on a data book to develop the CYE 24 capitation rates for the ACC and ACC-RBHA Program.

I.2.B.iii. Adjustments to the Data

This section describes adjustments made to the CYE 22 encounter data that was used as the base data for developing the CYE 24 capitation rates for the ACC and ACC-RBHA Program.

I.2.B.iii.(a) Credibility of the Data – Not Applicable

Not applicable. No credibility adjustments were made to the CYE 22 encounter data.

I.2.B.iii.(b) Completion Factors

Completion Factors

The AHCCCS DBF Actuarial Team developed completion factors to apply to the CYE 22 encounter data. Completion factors were calculated using the development method with monthly encounter data incurred from October 2018 through February 2023 and adjudicated and approved through the second encounter cycle for February 2023. The completion factors were developed by GSA, major category of service and by month of service. The major categories of service are based upon the AHCCCS form type, which indicates the type of form used to submit a claim. AHCCCS has six form types: Professional and Other Services (form type A), Prescription Drug (form type C), Dental Services (form type D), Inpatient Hospital (form type I), Nursing Facility (form type L), and Outpatient Hospital (form type O). Dental Services (2.22% of CYE 22 payments) were combined with Professional and Other Services. Nursing Facility Services (0.89% of CYE 22 payments) were combined with Inpatient Hospital. The monthly completion factors for CYE 22 were applied to the CYE 22 encounter data. Aggregate completion factors

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by risk group, GSA, and rate setting category of service can be found in Appendix 4. Table 6 below displays the aggregate impact of completion by GSA.

Table 6: Impact of Completion Factors

GSA	Before Completion	After Completion	Impact
North	\$337.26	\$348.56	3.4%
Central	\$366.98	\$382.92	4.3%
South	\$346.32	\$362.02	4.5%
Total	\$359.01	\$374.44	4.3%

I.2.B.iii.(c) Errors Found in the Data

Encounter Issues

During the rate development process, it was determined that during the base data year (CYE 22) some Contractors incorrectly submitted the CN1 Code for the sub-capitated encounters for their ADA – Dental Services (form type D). To correct for these submission errors, the incorrectly submitted dental encounters were repriced in line with reported financial statement information for dental services for CYE 22. Table 7 below displays the aggregate impact of the encounter issue by GSA.

Table 7: Impact of Encounter Issue Adjustment

GSA	Before Adjustment	After Adjustment	Impact
North	\$348.56	\$348.56	0.0%
Central	\$382.92	\$384.61	0.4%
South	\$362.02	\$362.47	0.1%
Total	\$374.44	\$375.65	0.3%

I.2.B.iii.(d) Changes in the Program

All adjustments to the base data for program and fee schedule changes which occurred during the base period (October 1, 2021, through September 30, 2022) are described below, or in Section I.3.A.v. for base data adjustments required with respect to IMD in lieu of services. Adjustments to address the concerns noted by the actuary in Section I.2.B.ii.(b)(iii) are also described in this section. Additional adjustments to the base data for projected acuity changes are described below in Section I.1.7.B.i. All other program and fee schedule changes which occurred or are effective on or after October 1, 2022, are described in Section I.3.B.ii.(a).

If a base data adjustment change had an impact of 0.2% or less on the gross medical component of the rate for every individual risk group at the GSA level, that adjustment was deemed non-material and has been grouped in the other base data adjustment subset below.

Some of the impacts for base data adjustment changes described below (indicated by an asterisk *) were developed by AHCCCS DBF financial analysts, as noted above in Section I.2.B.ii.(b)(ii), with oversight from the AHCCCS Division of Health Care Services (DHCS) Clinical Quality Management (CQM) Team and the Office of the Director’s Chief Medical Officer. The actuaries relied upon the professional

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judgment of the AHCCCS DBF financial analysts with regard to the reasonableness and appropriateness of the data, assumptions, and methodologies that were used to develop the estimated amounts. The actuaries met with the AHCCCS DBF financial analysts to understand at a high level how the estimated amounts were derived, and the data used for the amounts. The actuaries were unable to judge the reasonableness of the data, assumptions, and methodologies without performing a substantial amount of additional work.

Removal of Differential Adjusted Payments from Base Data

CYE 22 capitation rates funded DAP made from October 1, 2021, through September 30, 2022, to distinguish providers who committed to supporting designated actions that improve the patient care experience, improve member health, and reduce cost of care growth. As these payments expired September 30, 2022, AHCCCS has removed the impact of CYE 22 DAP from the base period. To remove the impact, the AHCCCS DBF Actuarial Team requested provider IDs for the qualifying providers for the CYE 22 DAP by specific measure from the AHCCCS DBF Rates & Reimbursement Team. Encounter costs submitted by these providers under DAP provisions during CYE 22 were then adjusted downward by the appropriate percentage bump specific to the DAP measure. The associated costs removed from the base data are displayed below in Table 8a. Totals may not add up due to rounding.

See Section I.4.D. for information on adjustments included in CYE 24 capitation rates for DAP that are effective from October 1, 2023, through September 30, 2024.

Table 8a: Removal of DAP from Base Data

GSA	Dollar Impact	PMPM Impact
North	(\$8,560,173)	(\$3.96)
Central	(\$57,877,586)	(\$3.96)
South	(\$21,749,647)	(\$3.97)
Total	(\$88,187,406)	(\$3.97)

Removal of Ancillary Crisis Services from Base Data

While the ACC and ACC-RBHA Program covers most member behavioral health services, the first 24 hours of crisis intervention services for all TXIX and TXXI eligible members are the responsibility of a single ACC-RBHA Contractor within each GSA. In addition to the main crisis services (crisis phone lines, mobile crisis teams, and crisis stabilization services), the ACC-RBHA Contractor also covers some ancillary crisis services, such as non-emergency transportation to a crisis stabilization unit or laboratory services provided in the first 24 hours of a crisis episode. These services are not exclusively used by AHCCCS members experiencing a crisis episode, and so, while the base data obtained by the actuaries for rate development removed the main crisis services, an additional process was needed to identify those services which were ancillary crisis services based on the property of having been provided to a member during the first 24 hours of crisis services and paid for by the Contractor responsible for the first 24 hours of crisis services. These expenses are included in the development of the Crisis 24 Hour Group capitation rates. The impacts of removing the costs from the base data for these identified ancillary crisis services provided to ACC and ACC-RBHA population are displayed below in Table 8b. Totals may not add up due to rounding.

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Table 8b: Removal of Ancillary Crisis Services from Base Data

GSA	Dollar Impact	PMPM Impact
North	(\$1,115,850)	(\$0.52)
Central	(\$11,386,355)	(\$0.78)
South	(\$3,781,896)	(\$0.69)
Total	(\$16,284,101)	(\$0.73)

Removal of COVID-19 Tests from Base Data

As part of monitoring experience throughout the PHE, the AHCCCS DBF Actuarial Team reviewed utilization associated with COVID-19 testing each month. Similar to CYE 23 capitation rate development, this review indicated that it would be more appropriate to model these specific services as a COVID-19 specific adjustment than including the utilization and costs in the base data and proceeding as if no further adjustment would be needed to accurately project costs in the rating period. To that end, as part of the rate development process, all utilization and expenses associated with COVID-19 tests were removed from the base data, as well as from the data used to develop trends, and analyzed separately. The impacts of removing COVID-19 tests are displayed below in Table 8c. Totals may not add up due to rounding.

The impact of the specific adjustment for including COVID-19 tests in the rating period is addressed below in Section I.3.B.ii.(a).

Table 8c: Removal of COVID-19 Tests from Base Data

GSA	Dollar Impact	PMPM Impact
North	(\$3,101,667)	(\$1.44)
Central	(\$45,809,623)	(\$3.14)
South	(\$8,935,194)	(\$1.63)
Total	(\$57,846,484)	(\$2.60)

Removal of COVID-19 Vaccines from Base Data

As noted above in Section I.1.B.x.(c), there is a separate mechanism to reimburse the Contractor for COVID-19 vaccines on a non-risk basis, so associated costs have been removed from the base encounter data. The impacts of removing COVID-19 vaccine expenses are displayed below in Table 8d. Totals may not add up due to rounding.

Table 8d: Removal of COVID-19 Vaccines from Base Data

GSA	Dollar Impact	PMPM Impact
North	(\$1,306,121)	(\$0.60)
Central	(\$13,441,644)	(\$0.92)
South	(\$4,303,958)	(\$0.79)
Total	(\$19,051,723)	(\$0.86)

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Fraud, Waste, and Abuse Adjustment

The AHCCCS Office of Inspector General (OIG) and the Arizona Attorney General’s Office became aware of potential fraudulent billing practices including significant increases in billing for outpatient behavioral health services. These circumstances triggered a multi-agency review and investigation of potential fraud, waste, and abuse. Ultimately, this led AHCCCS to connect the irregular billing of these services with alleged criminal activity targeting American Indian/Alaskan Native (AI/AN), Indigenous peoples, and other vulnerable Arizonans. These investigations led to the May 2023 announcement that the AHCCCS OIG suspended payments to more than 100 unique, registered behavioral health providers of Medicaid services based on Credible Allegations of Fraud (CAF) related to billing activities. Since that time, there have been additional CAF provider suspensions. More information related to this matter can be found on the AHCCCS website at <https://azahcccs.gov/shared/News/PressRelease/PaymentSuspensions.html>.

While most of the services billed by CAF suspended providers were for AI/AN members enrolled in Arizona’s Fee-For-Service program, some of the services were billed for members enrolled in AHCCCS managed care programs. The AHCCCS DBF Actuarial team has reviewed MCO encounters, with the exception of H0015 procedure codes, submitted by providers suspended as of June 23, 2023, per the Provider Terminations & Active Suspensions list, for unit cost and quantity characteristics which are substantially different from the characteristics of encounters submitted by providers not identified on the publicly posted CAF list, and adjusted the irregular encounters to bring them into alignment with reasonable utilization and cost patterns. In response to concerns about abusive billing practices using the H0015 procedure code, AHCCCS set a specific fee schedule rate for H0015 in May 2023. Additional information about the development of the impact of the H0015 fee schedule change for all programs is provided below in Section I.3.B.ii.(a).

The impacts to the ACC and ACC-RBHA Program for the fraud, waste, and abuse adjustment are displayed below in Table 8e. Totals may not add up due to rounding.

Table 8e: Fraud, Waste, and Abuse Adjustment to Base Data

GSA	Dollar Impact	PMPM Impact
North	(\$7,135)	(\$0.00)
Central	(\$14,127,957)	(\$0.97)
South	(\$1,205,235)	(\$0.22)
Total	(\$15,340,326)	(\$0.69)

Physician Administered Drugs (PADs) Repricing

Effective October 1, 2023, AHCCCS will implement quarterly rate adjustments for physician administered drugs (PADs) priced using the CMS Average Sales Price (ASP) file, instead of the prior methodology of adjusting once annually to the most recent quarterly ASP file at the same time as other fee schedule changes are made. Consequently, the AHCCCS DBF Actuarial Team has repriced PADs in the base year by taking each quarter’s adjudicated and approved encounters with PAD utilization, matching the PADs HCPCS/CPT level data against the quarterly CMS ASP files, and repricing the units to the relevant quarter’s ASP rate. The delta between what was paid in the base year, and what would have been paid if this methodology had been in place during the base year, is included as an adjustment to the base data.

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The impacts to the ACC and ACC-RBHA Program of repricing historical PAD utilization based on the future quarterly rate adjustment methodology are displayed below in Table 8f. Totals may not add up due to rounding.

Table 8f: Adjustment to Base Data for Repricing of PAD

GSA	Dollar Impact	PMPM Impact
North	(\$31,118)	(\$0.01)
Central	\$1,856,277	\$0.13
South	\$990,854	\$0.18
Total	\$2,816,013	\$0.13

Sub-capitated/Block Purchase Administrative Expense Removal

During CYE 24 capitation rate setting, the AHCCCS actuaries learned that some non-claims cost dollars which should have been reported as sub-capitated/block purchase administrative expenses per AHCCCS financial reporting guidelines and 42 CFR § 438.8(e)(2)(v)(A) were instead included in the medical expenses reported in the Contractors' historical financial statements. To adjust for this issue for CYE 24 rate development, the AHCCCS actuaries requested information from the Contractors on the total amounts that should have been reported as sub-capitated/block purchase administrative expenses in CYE 22 and compared those values to the amounts that were reported as sub-capitated/block purchase administrative expenses in CYE 22 to discern the magnitude of the non-claims costs dollars which were included as medical expenses in the CYE 22 financial statements and adjusted the base data for these amounts. The AHCCCS actuaries incorporated a corresponding adjustment to the administrative component to reflect the proper allocation of these expenses in the capitation rates, addressed in Section I.5.B.i.(a) below.

The impacts to the gross medical component of the capitation rate(s) for this adjustment are displayed below in Table 8g. Totals may not add up due to rounding.

Table 8g: Sub-capitated/Block Purchase Administrative Expense Removal

GSA	Dollar Impact	PMPM Impact
North	(\$1,564,522)	(\$0.72)
Central	(\$30,758,369)	(\$2.11)
South	(\$9,324,765)	(\$1.70)
Total	(\$41,647,656)	(\$1.87)

Other Base Data Adjustments

The rate development process includes every individual program change as a separate adjustment. However, as noted earlier in this section, if an individual program change had an impact of 0.2% or less on the gross medical component of the rate for every individual risk group at the GSA level, that program change was deemed non-material for the purpose of the actuarial rate certification. Thus, the impacts were aggregated for the certification by summing the dollar impacts for each non-material adjustment across risk groups within a GSA and dividing through by the projected membership by GSA for the PMPMs listed below. The combined overall impact by GSA is illustrated below in Table 8h. Totals

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may not add up due to rounding. Brief descriptions of the individual program changes requiring base data adjustment are provided below.

- Pharmacy and Therapeutics Committee Recommendations ***
 On the recommendations of the Pharmacy and Therapeutics (P&T) Committee, AHCCCS adopted policy changes during CYE 22 that impacted utilization and unit costs of Contractors' pharmacy costs in the base period. The P&T Committee evaluates scientific evidence on the relative safety, efficacy, effectiveness and clinical appropriateness of prescription drugs and reviews how the State can minimize the net cost of pharmaceuticals when considering the value of drug rebates.
- Reimbursement for Discarded Drugs ***
 Effective January 1, 2022, AHCCCS began requiring Contractors to reimburse discarded amounts of medication products that can only be used once, also known as single use vials.
- Routine Care for Members Participating in Clinical Trials ***
 AHCCCS will conform with federal guidance that routine care that is otherwise covered be covered for members participating in a clinical research study.
- N95 Masks ***
 In March 2022, AHCCCS advised Contractors that providers could bill and receive reimbursement for N95 masks issued to members with immunocompromised conditions.

Table 8h: Other Base Data Adjustments

GSA	Dollar Impact	PMPM Impact
North	\$106,047	\$0.05
Central	\$908,033	\$0.06
South	\$647,799	\$0.12
Total	\$1,661,879	\$0.07

I.2.B.iii.(e) Exclusions of Payments or Services

The AHCCCS DBF Actuarial Team ensured that all non-covered services were excluded from the encounter data used for developing the CYE 24 capitation rates. Other base data adjustments which excluded services from the data (i.e., crisis removal and COVID-19 vaccine removal) are described above in Section I.2.B.iii.(d).

I.3. Projected Benefit Costs and Trends

This section provides documentation for the Projected Benefit Costs and Trends section of the 2024 Guide.

I.3.A. Rate Development Standards

I.3.A.i. Compliance with 42 CFR § 438.3(c)(1)(ii) and 42 CFR § 438.3(e)

The final capitation rates are based only upon services allowed under 42 CFR § 438.3(c)(1)(ii) and 42 CFR § 438.3(e).

I.3.A.ii. Projected Benefit Cost Trend Assumptions

Projected benefit cost trend assumptions are developed in accordance with generally accepted actuarial principles and practices. The actual experience of the covered populations was the primary data source used to develop the projected benefit cost trend assumptions.

I.3.A.iii. In Lieu Of Services or Settings (ILOS)

There are no in lieu of services or settings (ILOS) allowed under the contract, except for enrollees aged 21-64 who may receive treatment in an Institution for Mental Disease (IMD) in lieu of services in an inpatient hospital. For enrollees aged 21-64, for inpatient psychiatric or substance use disorder services provided in an IMD setting, the rate development has complied with the requirements of 42 CFR § 438.6(e) and this is described below in Section I.3.A.v.

I.3.A.iv. ILOS Cost Percentage – Not Applicable

Not applicable. There are no ILOS under the ACC and ACC-RBHA Program, except for short term stays in an IMD which are addressed in Section I.3.A.v. below.

I.3.A.v. Institution for Mental Disease

The projected benefit costs include costs for members aged 21-64 that have a stay of no more than 15 cumulative days within a month in an IMD in accordance with 42 CFR § 438.6(e).

Costs Associated with an Institution for Mental Disease Stay

The AHCCCS DBF Actuarial Team adjusted the base data to reprice the costs associated with stays in an IMD for enrollees aged 21-64 in accordance with 42 CFR § 438.6(e). The AHCCCS DBF Actuarial Team repriced all utilization of an IMD at the cost of the same services through providers included under the State plan, regardless of length of stay. The AHCCCS DBF Actuarial Team then removed costs for members aged 21-64 for stays in an IMD exceeding 15 cumulative days in a month, whether through a single stay or multiple within the month. Additionally, the AHCCCS DBF Actuarial Team removed all associated medical costs that were provided to the member during the IMD stay(s) that exceeded 15 cumulative days in a month.

The data used to determine the base data adjustment was the CYE 22 encounter data for members who had an institutional stay at an IMD. To identify IMDs within the CYE 22 encounter data, the AHCCCS DBF Actuarial Team relied upon a list of IMDs by the Provider ID, Provider Type ID, and Provider Name. The costs associated with an institutional stay at an IMD were repriced to the Non-IMD price-per-day. The

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Non-IMD price-per-day used in the analysis was \$888.97 and was derived from the CYE 22 encounter data for similar IMD services that occurred within a Non-IMD setting. The encounter data was used for the repricing analysis rather than the AHCCCS FFS fee schedule. This was selected because payments made by the health plans better reflect the intensity of the services within a Non-IMD setting which may not be fully captured within the AHCCCS FFS fee schedule per diem rate. The costs associated with institutional stays at an IMD that were repriced in the base data are displayed by GSA below in Table 9a. Totals may not add up due to rounding.

Table 9a: Reprice of Costs for all IMD Stays

GSA	Dollar Impact	PMPM Impact
North	\$551,307	\$0.26
Central	\$7,888,140	\$0.54
South	\$2,224,692	\$0.41
Total	\$10,664,138	\$0.48

The AHCCCS DBF Actuarial Team identified all members aged 21-64 who had IMD stays which exceeded 15 cumulative days in a month and removed from the base data the aggregate repriced amounts of these disallowed stays. If a stay crossed months, only the costs associated with a month in which there were more than 15 cumulative days in a month were removed, in accordance with the guidance from CMS released August 17, 2017 (Q4). The repriced costs removed from the base data are displayed by GSA below in Table 9b. Totals may not add up due to rounding.

Table 9b: Removal of Repriced Stays More Than 15 Cumulative Days in a Month

GSA	Dollar Impact	PMPM Impact
North	(\$606,917)	(\$0.28)
Central	(\$9,529,723)	(\$0.65)
South	(\$1,896,107)	(\$0.35)
Total	(\$12,032,747)	(\$0.54)

Once a member was identified as having an IMD stay(s) greater than 15 cumulative days in a month, all encounter data for the member was pulled for the timeframe(s) they were in the IMD in order to remove those additional medical service costs from rate development. The associated costs removed from the base data are displayed by GSA below in Table 9c. Totals may not add up due to rounding.

Table 9c: Removal of Related Costs for IMD Stays of More Than 15 Cumulative Days in a Month

GSA	Dollar Impact	PMPM Impact
North	(\$135,328)	(\$0.06)
Central	(\$1,828,732)	(\$0.13)
South	(\$296,386)	(\$0.05)
Total	(\$2,260,446)	(\$0.10)

I.3.B. Appropriate Documentation

I.3.B.i. Projected Benefit Costs

The final projected benefit costs by GSA and risk group are detailed in Appendix 6.

I.3.B.ii. Projected Benefit Cost Development

The section provides information on the projected benefit costs included in the CYE 24 capitation rates for the ACC and ACC-RBHA Program.

I.3.B.ii.(a) Description of the Data, Assumptions, and Methodologies

The base data described in Section I.2.B.ii. was summarized by GSA and risk group. Adjustments were made to the base data to reflect the completion, and all base data changes described in Section I.2.B.iii. Further base data adjustments for required IMD changes are described in Section I.3.A.v. The adjusted base data PMPMs were trended forward 24 months, from the midpoint of the CYE 22 time period to the midpoint of the CYE 24 rating period. The projected PMPMs were then adjusted for prospective programmatic and fee schedule changes, described below. Appendix 4 contains the base data and base data adjustments by GSA and risk group. Appendix 5 contains the projected benefit cost trends by GSA and risk group. Appendix 6 contains the development of the gross medical expense from the adjusted base data, including all prospective programmatic and fee schedule changes, by GSA and risk group, including the impact of the DAP. Appendix 7 contains the development of the certified capitation rates from the projected gross medical expense, including risk adjustment factors, reinsurance offsets, underwriting (UW) gain, administrative expense, and premium tax by rate cell.

The capitation rates were adjusted for all program and reimbursement changes. If a program or reimbursement change had an impact of 0.2% or less on the gross medical component of the rate for every individual risk group at the GSA level, that program or reimbursement change was deemed non-material and has been grouped in the combined miscellaneous subset below.

Some of the impacts for projected benefits costs described below (indicated by an asterisk *) were developed by AHCCCS DBF financial analysts, as noted above in Section I.2.B.ii.(b)(ii), with oversight from the AHCCCS DHCS CQM Team and the Office of the Director's Chief Medical Officer. The actuaries relied upon the professional judgment of the AHCCCS DBF financial analysts with regard to the reasonableness and appropriateness of the data, assumptions, and methodologies that were used to develop the estimated amounts. The actuaries met with the AHCCCS DBF financial analysts to understand at a high level how the estimated amounts were derived, and the data used for the amounts. The actuaries were unable to judge the reasonableness of the data, assumptions, and methodologies without performing a substantial amount of additional work.

AHCCCS FFS Fee Schedule Updates

AHCCCS typically makes annual updates to provider fee schedules used for AHCCCS FFS programs. The AHCCCS DBF Rates & Reimbursement Team and the AHCCCS DBF Actuarial Team have typically determined impacts that the change in fees would have on the managed care programs and have applied these impacts to the managed care capitation rates. Although it is not mandated through the health plan contracts except where authorized under applicable law, regulation or waiver, the health

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plans typically update their provider fee schedules to reflect changes in the AHCCCS provider fee schedules because the health plans tend to benchmark against the AHCCCS provider fee schedules. This information is known through health plan surveys conducted by the AHCCCS DBF Finance & Reinsurance Team regarding health plan fee schedules.

Additionally, the contract has requirements that the Contractors reimburse FQHCs/RHCs at the Prospective Payment System (PPS) rates. The AHCCCS FFS fee schedule updates include adjustments to bring the base FQHC/RHC encounter data up to the projected CYE 24 FQHC/RHC PPS rates.

Effective October 1 of each year, AHCCCS updates provider fee schedules for certain providers based on access to care needs, Medicare/ADHS fee schedule rate changes, and/or legislative mandates. The CYE 24 capitation rates have been adjusted to reflect these fee schedule changes. The AHCCCS DBF Rates & Reimbursement Team used the CYE 22 encounter data to develop the impacts of fee schedule changes between the base year and the rating period. The AHCCCS DBF Rates & Reimbursement Team applied AHCCCS provider fee schedule changes as a unit cost change to calculate the adjustment to the CYE 22 base data. The AHCCCS DBF Actuarial Team then reviewed the results and applied aggregated percentage impacts by program, GSA, risk group, and rate setting category of service.

Beyond the regular provider fee schedule updates which are effective on October 1 of each year, the October 2022 fee schedule changes incorporated mandated increases for global OBGYN codes and for home and community based services (HCBS) and nursing facility (NF) providers passed by the legislature during the 2022 legislative session, and also increased the All Patients Refined Diagnosis Related Group (APR-DRG) base rate for rural hospitals.

AHCCCS also increases some fee schedule rates effective January 1 of each year to recognize the annual minimum wage increase resulting from the passing of Proposition 206. The increased costs for this change have been included with the fee schedule changes already discussed.

Effective May 1, 2023, AHCCCS set a fixed fee schedule rate for billing code H0015 of \$157.86 for one unit of billable service, a change from the prior “by report” rate methodology which paid 58.66% of the billed amount. The AHCCCS DBF Actuarial Team worked with the Contractors to obtain information about which providers would be expected to see changes in their payments or payment structure based on contract status during the base period and/or the rating period. Using that information, the AHCCCS DBF Actuarial Team re-priced H0015 encounter data incurred during the base data year, at the health plan level, for those providers expected to see changes in their payments for the service based on the new fixed fee schedule rate and included the impact of the repricing with the other fee schedule adjustment changes.

The overall impact of the AHCCCS Fee-for-Service fee schedule updates by GSA is illustrated below in Table 10a. Totals may not add up due to rounding.

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Table 10a: Aggregate Fee Schedule Updates

GSA	Dollar Impact	PMPM Impact
North	\$23,051,017	\$10.67
Central	\$76,996,284	\$5.27
South	\$43,211,335	\$7.89
Total	\$143,258,636	\$6.44

Adult Chiropractic Services *

Pursuant to HB2863, AHCCCS added chiropractic services ordered by a primary care physician as a covered service for adult members, effective October 1, 2022. Prior to the law, coverage of chiropractic services was limited to children under the age of 21 years.

The overall impact of the adult chiropractic services and primary care visit by GSA are displayed below in Table 10b. Totals may not add up due to rounding.

Table 10b: Adult Chiropractic Services

GSA	Dollar Impact	PMPM Impact
North	\$91,625	\$0.04
Central	\$612,744	\$0.04
South	\$153,472	\$0.03
Total	\$857,841	\$0.04

Maternal Postpartum Depression Screening *

Effective October 1, 2022, the revised AMPM 430 to recommend postpartum depression screens be provided to caretakers during a child’s EPSDT for 6 months following birth. The change aligned with screening recommendations from Bright Futures. The caretaker’s depression screen will be billed on the infant’s claim.

The overall impact of the additional postpartum depression screenings by GSA is displayed below in Table 10c. Totals may not add up due to rounding.

Table 10c: Maternal Postpartum Depression Screening

GSA	Dollar Impact	PMPM Impact
North	\$112,461	\$0.05
Central	\$995,213	\$0.07
South	\$283,910	\$0.05
Total	\$1,391,584	\$0.06

Newborn Screening Fee *

Laws 2021, Chapter 409 required the Arizona Department of Health Services (ADHS) to expand the number of disorders screened for under the state’s Newborn Screening Program. The law additionally authorized ADHS to increase fees charged for performing the expanded screening panel. The department consolidated the two prior fees (\$101 combined) into one larger fee (\$171) that is charged to the delivering provider following delivery. Effective October 1, 2022, AHCCCS increased hospital rates to incorporate the modification to ADHS fees. To estimate the impact, the AHCCCS DBF financial analysts

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assumed that ADHS will charge a fee of \$171 for each AHCCCS newborn child, which would represent a \$70 increase above the prior ADHS combined fees of \$101. In reviewing pre-pandemic utilization of newborn screening services during calendar year (CY) 2019, the analysts determined that the full \$101 combined fee charged by ADHS during the time period was not charged for 14.8% of member births. This represented the 14.8% of instances in which the child did not receive a follow up visit and screen after the delivery. The estimated impact of reimbursing the increased ADHS fee of \$171 assumes the full fee will be charged to screen each AHCCCS newborn. The overall impact of the change by GSA is displayed below in Table 10d. Totals may not add up due to rounding.

Table 10d: Newborn Screening Fee

GSA	Dollar Impact	PMPM Impact
North	\$279,140	\$0.13
Central	\$2,195,011	\$0.15
South	\$718,967	\$0.13
Total	\$3,193,118	\$0.14

North GSA Contractor Change – Assertive Community Treatment (ACT) Teams

The North GSA ACC-RBHA Contractor committed to adding Assertive Community Treatment (ACT) teams for the SMI population that were not in place with the prior RBHA Contractor. ACT teams are available 24 hours per day, 7 days per week for those members with SMI who have been assigned to an ACT team. ACT teams provide individualized, flexible services to those living in the community, and each team includes no less than 10 professional health care workers with varied experience, including: a psychiatrist, nurse, social worker, substance abuse specialist, vocational rehabilitation specialist, and a peer specialist. The addition of the ACT teams in the North GSA will bring that region closer in alignment for available services to the other two GSAs which already have ACT teams for their SMI population. The projected costs for each new ACT team are consistent with the costs of ACT teams in the other GSAs. The impact of this change on the North GSA SMI rate cell is approximately \$2.2 million.

North GSA Contractor Change – Health Homes

Effective October 1, 2022, the ACC-RBHA Contractor in the North GSA changed how the health homes in that GSA are paid, from the block purchasing arrangements that were in place during CYE 22 with a previous Contractor to a fee-for-service reimbursement model under the new Contractor. The change in payment arrangements is expected to increase claim levels from some, but not all, of the health homes. The actuaries reviewed utilization for the SMI population for each health home in the North GSA and adjusted the projected costs for the rating period based on differences between the previous block payment amounts and the level of encountering for each health home. The expected increase for each health home was then allocated across the categories of service provided by that health home, and the amounts by category of service were then aggregated for inclusion into the capitation rate build up. The impact of this change on the North GSA SMI rate cell is approximately \$2.7 million.

Carvytki *

Carvytki is a CAR-T therapy for adult patients, used as treatment for multiple myeloma. It is used after the patient has tried 4 or more other lines of therapy. AHCCCS is changing the method of

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reimbursement for Carvytki from hospital DRG payments to a separately payable service that is reinsurable on its own, similar to other CAR-T drugs. This reimbursement methodology change is expected to enable hospitals to provide this drug.

The overall impact of the change in reimbursement for Carvytki by GSA is illustrated below in Table 10e. Totals may not add up due to rounding.

Table 10e: Addition of Carvytki

GSA	Dollar Impact	PMPM Impact
North	\$105,283	\$0.05
Central	\$1,097,283	\$0.08
South	\$449,208	\$0.08
Total	\$1,651,774	\$0.07

COVID-19 Tests

As noted above in Section I.2.B.iii.(d), the AHCCCS DBF Actuarial Team has reviewed utilization associated with COVID-19 testing each month. As part of the rate development process, the AHCCCS DBF Actuarial Team modeled projected utilization and costs for COVID-19 tests for the rating period. The projected utilization per 1000 was developed by reviewing utilization, unit costs, and distribution of tests by type during the CYE 22 base period and during the first quarter of CYE 23. The unit cost for different types of COVID-19 tests (lab/physician testing versus at-home test kits) was calculated with data specific to each type, and the distribution of tests by type provided the blend for an overall projected unit cost in the rating period. Combining projected utilization and unit cost into an overall PMPM for each program, the actuaries then applied utilization and unit cost relativities by each risk group in the program to the overall PMPM to calculate appropriate PMPM adjustments for each risk group. This modeling specifically incorporates more recent data than the base period in order to recognize that new variants and reduced public mitigation efforts have impacted the need for COVID-19 testing differently by population. No assumptions regarding vaccination rates were incorporated into the projections for use of tests. The overall impact of the change by GSA is displayed below in Table 10f. Totals may not add up due to rounding.

Table 10f: COVID-19 Tests

GSA	Dollar Impact	PMPM Impact
North	\$1,311,966	\$0.61
Central	\$18,835,921	\$1.29
South	\$4,036,254	\$0.74
Total	\$24,184,141	\$1.09

Diabetic Drug Class Utilization Changes

Glucagon-like peptide-1 (GLP-1) receptor agonists and sodium-glucose co-transporter-2 inhibitors (SGLT2) play a key role in the treatment of type 2 diabetes mellitus. These drugs may also lead to weight loss, and a reduced need for insulins. The AHCCCS DBF Actuarial Team viewed all historical adjudicated and approved encounters for these drug classes as well as the projected pharmacy trend assumptions to determine if the changing utilization patterns of these drug classes was appropriately accounted for by

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the trend assumptions, or if a specific adjustment would be more appropriate. After review, the AHCCCS actuaries judged a separate, specific adjustment to be appropriate, except for specific risk groups made up of only Dual eligible members.

The impacts to the ACC and ACC-RBHA Program of the separate, specific adjustments, accounting for the changing utilization of the three diabetic drug classes, are displayed below in Table 10g. Totals may not add up due to rounding.

Table 10g: Diabetic Drug Class Utilization Changes

GSA	Dollar Impact	PMPM Impact
North	\$3,455,454	\$1.60
Central	\$33,282,020	\$2.28
South	\$10,276,126	\$1.88
Total	\$47,013,601	\$2.11

Pharmacy and Therapeutics Committee Recommendations *

On the recommendations of the P&T Committee, AHCCCS adopted policy changes after the base period that are expected to impact the utilization and unit costs of Contractors’ pharmacy costs in CYE 24. The P&T Committee evaluates scientific evidence on the relative safety, efficacy, effectiveness and clinical appropriateness of prescription drugs and reviews how the State can minimize the net cost of pharmaceuticals when considering the value of drug rebates.

To estimate the impact of adopted P&T Committee changes, the AHCCCS DBF financial analysts largely relied on projections of drug utilization prepared by Magellan Rx Management, the agency’s provider of drug rebate administrative services. Magellan has a nationwide vantage point that was drawn from in projecting how recommendations would impact drug utilization by AHCCCS members. For CYE 24 rate development, the aggregate impact of adopted changes was allocated across risk groups and GSAs using CYE 22 encounter data for the affected drug classes.

For CYE 24 rate development, the actuaries also included other drug coverage decision impacts with the P&T Committee recommendations. These include the removal of substance use remission requirements before receiving Hepatitis C direct acting antiviral medications, the removal of prior authorization requirements for Hepatitis C preferred drugs, and the removal of prior authorization requirements for continuous glucose monitoring (CGM) devices in certain circumstances. Additionally, any drugs added to the covered drug list for AHCCCS’ biologics reinsurance case type, and the impacts to the reinsurance offset due to their inclusion are discussed in section I.4.C.ii.(c)(iv).

The combined impacts to the gross medical component of the ACC and ACC-RBHA capitation rates of the adopted P&T Committee recommendations are displayed below in Table 10h. Totals may not add up due to rounding.

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Table 10h: Pharmacy and Therapeutics Committee Recommendations

GSA	Dollar Impact	PMPM Impact
North	\$689,985	\$0.32
Central	\$3,598,338	\$0.25
South	\$1,197,423	\$0.22
Total	\$5,485,746	\$0.25

Rx Rebates Adjustment

An adjustment was made to reflect the impact of Rx Rebates reported within the Contractors’ financial statements, as pharmacy encounter data does not include these adjustments. The data that the AHCCCS DBF Actuarial Team reviewed was the financial statement reports (from ACC and prior RBHA Contractors) listed in I.2.B.ii.(a)(i), and the CYE 22 supplemental rebate information provided by the ACC and prior RBHA Contractors. From this review, the AHCCCS DBF Actuarial Team determined that it would be reasonable to apply an adjustment to the Pharmacy data to reflect an average level of reported Rx Rebates. From the review of the above data, the AHCCCS DBF Actuarial Team assumed 1.2% for Rx Rebates for the ACC population, and 0.3% for Rx Rebates for the RBHA SMI population, which was applied to the projected CYE 24 Pharmacy category of service. The overall impact of the Rx Rebates adjustment program change by GSA is displayed below in Table 10i. Totals may not add up due to rounding.

Table 10i: Rx Rebates Adjustment

GSA	Dollar Impact	PMPM Impact
North	(\$1,941,249)	(\$0.90)
Central	(\$13,609,823)	(\$0.93)
South	(\$4,639,695)	(\$0.85)
Total	(\$20,190,767)	(\$0.91)

Combined Miscellaneous Program Changes

The rate development spreadsheet includes every individual program change as a separate adjustment. However, as noted earlier in this section, if an individual program change had an impact of 0.2% or less on the gross medical component of the rate for every individual risk group at the GSA level, that program change was deemed non-material for the purpose of the actuarial rate certification. Thus, the impacts were aggregated for the certification by summing the dollar impacts for each non-material adjustment across risk groups within a GSA and dividing through by the projected membership by GSA for the PMPMs listed below. The combined overall impact by GSA is illustrated below in Table 10j. Totals may not add up due to rounding. Brief descriptions of the individual program changes are provided below.

- ***Child Depression Screening ****

Effective October 1, 2022, the agency revised the AHCCCS Medical Policy Manual (AMPM) 430 to recommend depression and suicide risk screens be provided to children ages 12 to 20 years during EPSDT visits. The change aligns with screening recommendations from the American Academy of Pediatrics.

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- **Diabetes Self-Management Training ***
Pursuant to HB2083, AHCCCS added 10 hours per year of diabetes self-management training as a covered service for diabetic members, effective October 1, 2022.
- **Infant Dental Visits ***
Effective October 1, 2022, AHCCCS revised AMPM 431 to expand coverage of preventive dental services to infants 6 – 12 months of age. The change is consistent with recommendations from Bright Futures and the American Academy of Pediatrics.
- **Sleep Study ***
Effective October 1, 2022, AHCCCS added the WatchPAT system as a billable service, using CPT code 95800 (an unattended sleep study with analysis of airflow or peripheral arterial tone and recording of sleep time). The WatchPAT algorithm detects respiratory (apnea/hypopnea) events, sleep/wake status, and determines sleep stages.
- **Unilateral Cochlear Implants ***
AHCCCS has historically allowed either unilateral or bilateral cochlear devices to be implanted for those with bilateral hearing loss. Based on new research which indicates that this should be expanded to children with unilateral hearing loss, AHCCCS expanded cochlear device coverage to include this group of children effective October 1, 2022.
- **Dental Cone Beam CT Capture ***
AHCCCS began reimbursing for cone beam CT capture for dental imaging, beginning January 1, 2023. Cone-beam CT capture emits an x-ray beam shaped like a cone as opposed to the conventional fan-shaped beam. This procedure is expected to be used for any tooth extraction as well as for endodontic procedures such as molar and premolar root canals. This type of imaging would be done in addition to current X-ray imaging. AHCCCS requires prior authorization for fee-for-service coverage of cone beam CT capture.
- **Esketamine Evaluation and Management codes ***
Effective January 1, 2023, AHCCCS adopted billing and coding guidance from CMS to fund two hours of patient observation after the administration of esketamine nasal spray. This product is indicated for use in conjunction with an oral antidepressant for treatment-resistant depression in adults. The product is administered under the direct supervision of a healthcare provider in a certified healthcare setting because of the risks of serious adverse outcomes.
- **Long-Acting Reversible Contraception (LARC) ***
Effective February 1, 2023, AHCCCS revised reimbursement rates for LARCs to equal the Wholesale Acquisition Cost (WAC) which reflects the costs providers pay for these medications.
- **Community Health Workers/Community Health Representatives ***
Effective April 1, 2023, AHCCCS implemented a new Community Health Worker (CHW) / Community Health Representative (CHR) benefit. A CHW/CHR is a frontline public health worker who is a trusted member of the community with a close understanding of the community served. This trusting relationship enables the CHW to serve as a liaison between health and social services and the community to facilitate access to services and improve the quality and cultural competence of service delivery.

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- Back to School Initiative ***

AHCCCS child and adolescent well-care visit rates have historically been lower than the CMS Medicaid median and these rates have declined as a result of the COVID-19 PHE. To address this issue, AHCCCS implemented a Back-to-School campaign beginning July 2023 to encourage child and adolescent well-care visits which is expected to raise awareness and increase child and adolescent well-care visits beyond the campaign.
- Adolescent SUD Screening ***

The American Academy of Pediatrics encourages primary care clinicians to follow the Screening, Brief Intervention and Referral to Treatment (SBIRT) model and recommends universal screening for substance use disorder (SUD) for adolescents. Effective October 1, 2023, AHCCCS will offer SUD screening for all 12 to 20 year-olds during EPSDT well-child visits.
- Adult SUD Screening ***

Effective October 1, 2023, AHCCCS will implement universal screening for SUD for adults ages 21 and older using the Screening, Brief Intervention and Referral to Treatment (SBIRT) model recommended by the Substance Abuse and Mental Health Services Administration (SAMHSA).
- Dental Varnish ***

Currently AHCCCS covers fluoride varnish for up to 4 times per year in Primary Care Physician (PCP) offices for children up to age 2. Effective October 1, 2023, AHCCCS will expand the use of fluoride varnishes in primary care offices beyond the currently eligible 0-2 year olds to include 3, 4 and 5 year old children in compliance with recommendations from the U.S. Preventive Services Task Force and the American Academy of Pediatrics.
- Group Prenatal Care ***

Group prenatal care is an alternative model of prenatal care delivery where a small cohort of pregnant women with similar due dates participate in a structured prenatal care program facilitated by a clinician. Effective October 1, 2023, AHCCCS is adding this as an additional service available to its members.

Table 10j: Combined Miscellaneous

GSA	Dollar Impact	PMPM Impact
North	\$1,055,320	\$0.49
Central	\$9,200,015	\$0.63
South	\$2,972,360	\$0.54
Total	\$13,227,694	\$0.59

I.3.B.ii.(b) Material Changes to the Data, Assumptions, and Methodologies

Any changes to the data, assumptions, or methodologies used to develop the projected benefit costs since the last rating period have been described within the relevant subsections of this certification.

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I.3.B.ii.(c) Recoveries of Overpayments to Providers

The AHCCCS Contractors are contractually required to adjust or void specific encounters, in full or in part, to reflect recoupments of overpayments to providers. The base data received and used by the actuaries to set the CYE 24 capitation rates therefore includes those adjustments.

I.3.B.iii. Projected Benefit Cost Trends

In accordance with 42 CFR § 438.7(b)(2), this section provides documentation on the projected benefit cost trends.

I.3.B.iii.(a) Requirements

I.3.B.iii.(a)(i) Projected Benefit Cost Trends Data

The data used for development of the projected benefit cost trends was the encounter data incurred from October 2018 through December 2022 and adjudicated and approved through the through the second February 2023 encounter cycle. The data for most risk groups was adjusted to account for anticipated disenrollments following the end of the PHE, by using the historical utilization and cost experience of members not on the COVID-19 override list (i.e., members who were not found to be ineligible at any point during the PHE), as the observed trends during the experience period when all experience was considered were dampened by significant numbers of enrollees utilizing less care than those who are expected to remain enrolled in the program throughout the rating year. The trend was developed primarily with actual experience from the Medicaid population.

I.3.B.iii.(a)(ii) Projected Benefit Cost Trends Methodologies

The encounter data was summarized by GSA, risk group, month, and category of service, and by utilization per 1000, unit cost, and PMPM values. The encounter data was adjusted for completion and the encounter data issues described in Section I.2.B.iii.(c). Additionally, the encounter data was adjusted to normalize for previous program and reimbursement changes. Projected benefit cost trends were developed to project the base data forward 24 months, from the midpoint of CYE 22 (April 1, 2022) to the midpoint of the rating period for CYE 24 (April 1, 2024). The projected benefit cost trends were not based upon a formula-driven approach using historical benefit cost trends. Projected benefit cost trends were based upon actuarial judgment after reviewing multiple moving averages and several linear regression lines for each of the utilization per 1000, unit cost and resulting PMPM trend assumptions.

For all GSAs and ACC population risk groups, except Delivery Supplemental Payment, projected benefit cost trends were developed for the following trend categories of service (Physical Health Inpatient and LTC, Physical Health Practitioners, Behavioral Health Practitioners, Other Professional Services, Pharmacy, and Outpatient and Emergency Facilities) at a GSA and risk group level. For the following trend categories of service (Behavioral Health Inpatient and LTC, Transportation, Laboratory and Radiology Services, Dental, and FQHC/RHC) the projected benefit costs trends were developed by GSA but not at the risk group level.

For the Delivery Supplemental Payment risk group, the following rate setting categories of service (Transportation, Other Professional Services, Pharmacy, Outpatient, Laboratory and Radiology Services, Dental, and FQHC/RHC) were aggregated to develop the projected benefit costs trends at a GSA level.

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For the RBHA SMI risk groups, six of the fifteen rate setting categories of service were aggregated with one or more other rate setting categories of service for the purposes of developing projected benefit cost trends. The aggregated trend categories of service are as follows: Outpatient and Emergency Facilities (Outpatient Facility, Emergency Facility), and Other Professional Services (Dental, FQHC/RHC, Laboratory and Radiology, Other Professional Services). In CYE 23 trend development, the Case Management category of service was aggregated with the Behavioral Health Practitioners category of service; for CYE 24, trend assumptions for Case Management services were developed separately from Behavioral Health Practitioners. The remaining rate setting categories of service were analyzed without further aggregation for projected benefit cost trend development. There was no trend applied to the Crisis 24 Hour Group risk groups as the contracted block payment projections for CYE 24 for CPL, CMT, and CSU already incorporated expected increases in utilization and cost. Additional details on the development of the Crisis 24 Hour Group risk group capitation rates are above in Section I.3.B.ii.(a).

The different methodologies were determined to be reasonable given the volume of services and variation within the trend category of services.

I.3.B.iii.(a)(iii) Projected Benefit Cost Trends Comparisons

No comparisons were made against other AHCCCS programs due to the unique aspects of the ACC and ACC-RBHA Program. All PMPM trend assumptions were compared to similar assumptions made in CYE 23 capitation rates and judged reasonable to assume for projection to CYE 24, considering the change in the base data time period, the rating period, the intervening COVID-19 pandemic and the current unwinding process. Trends were also compared between GSAs and variances were determined to be reasonable and appropriate.

I.3.B.iii.(a)(iv) Supporting Documentation for Trends

The 2024 Guide requires explanation of outlier or negative trends. As in past years, the AHCCCS DBF Actuarial Team has defined outlier trends as utilization and unit cost trend combinations which resulted in a PMPM trend greater than 7%. No trends in the CYE 24 capitation rate development crossed the outlier threshold.

In explaining negative trends below, references to all risk groups or all ACC risk groups exclude the delivery supplemental payment trend development, as there were no negative trend assumptions included for the delivery supplement rate cells. The actuaries assumed negative trends for the unit cost trend for the following combinations of COS, GSA, and risk group:

- the Transportation category of service in the North GSA for all risk groups
- the Dental category of service in the North and South GSAs for all ACC risk groups and in the North GSA for SMI
- the FQHC/RHC category of service in the South GSA for all ACC risk groups and in the North GSA for SMI
- the Physical Health Practitioners category of service in the South GSA for the AGE 1-20, AGE 21+, Duals, and Prop 204 Childless Adults risk groups and in the Central GSA for the Duals risk group

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- the Physical Health Inpatient and LTC category of service in the North GSA for the AGE 1-20 and SSIWO risk groups and in the Central GSA for the AGE 1-20 risk group
- the Laboratory and Radiology Services and Other Professional Services categories of service in the North GSA for the SMI risk group
- and the Outpatient Facility category of service in the South GSA for the SMI risk group.

Each of the negative trend assumptions were based upon actuarial judgment after reviewing multiple moving averages and several linear regression lines. For all COS, GSA, and risk group combinations where a negative unit cost trend is assumed, all regression lines for the unit cost data are negatively sloped and the negative slopes are, by and large, more extreme than the unit cost trend rate assumed in capitation rate development. It is further noted that the trend assumed for changes in utilization for each combination of COS, GSA, and risk group identified above is a positive value of equal or greater magnitude than the corresponding unit cost trend assumption, such that the negative unit cost trends are generally more reflective of changes in service mix than decreases in projected expenses.

I.3.B.iii.(b) Projected Benefit Cost Trends by Component

I.3.B.iii.(b)(i) Changes in Price and Utilization

The projected benefit cost trends by GSA, risk group and category of service for utilization per 1000, unit cost, and PMPM values are included in Appendix 5. The aggregate projected benefit cost trends, excluding the Delivery Supplemental Payment risk group, by GSA for utilization per 1000, unit cost, and PMPM values are included below in Table 11.

Table 11: CYE 24 Annualized Trends

GSA	Utilization Per 1000	Unit Cost	PMPM
North	1.28%	1.02%	2.31%
Central	1.42%	1.15%	2.59%
South	1.97%	0.78%	2.76%
Total	1.53%	1.06%	2.60%

I.3.B.iii.(b)(ii) Alternative Methods – Not Applicable

Not applicable. The projected benefit cost trends were developed using utilization per 1000 and unit cost components.

I.3.B.iii.(b)(iii) Other Components

The projected benefit cost trends were developed by GSA, implicitly addressing regional differences in utilization and unit cost data.

I.3.B.iii.(c) Variation in Trend

Variations within the projected benefit cost trends are driven by the underlying utilization and unit cost data for each GSA and risk group.

I.3.B.iii.(d) Any Other Material Adjustments

There were no other material adjustments made to the projected benefit cost trends.

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I.3.B.iii.(e) Any Other Adjustments

There were no other adjustments made to the projected benefit cost trends.

I.3.B.iv. Mental Health Parity and Addiction Equity Act Compliance

AHCCCS has completed a Mental Health Parity and Addiction Equity Act (MHPAEA) analysis and the AHCCCS DHCS Medical Management Team reviews updated Contractor analysis to determine if additional services are necessary to comply with parity standards. As of August 11, 2023, no additional services have been identified as necessary services to comply with MHPAEA.

I.3.B.v. ILOS

There are no ILOS allowed under the contract, except for enrollees aged 21-64 who may receive treatment in an Institution for Mental Disease (IMD) in lieu of services in an inpatient hospital. For inpatient psychiatric or substance use disorder services provided in an IMD setting, the capitation rate development has complied with the requirements of 42 CFR § 438.6(e) described above in Section I.3.A.v.

I.3.B.vi. Retrospective Eligibility Periods

I.3.B.vi.(a) Managed Care Plan Responsibility

AHCCCS provides PPC for the period of time prior to the member's enrollment during which the member is eligible for covered services. PPC refers to the time frame from the effective date of eligibility (usually the first day of the month of application) until the date the member is enrolled with an AHCCCS Contractor. The Contractors receive notification from AHCCCS of a member's enrollment. The ACC and ACC-RBHA Contractors are responsible for payment of all claims for medically necessary services covered by the ACC and ACC-RBHA Program and provided to ACC or ACC-RBHA members during PPC, with the exception of members transitioning to Title XIX from non-Title XIX (state-only) eligibility, as noted in Sections I.1.A.iii.(c)(i)(B) and I.2.B.iii.(d).

I.3.B.vi.(b) Claims Data Included in Base Data

Encounter data related to PPC is included with the base data and is included in the capitation rate development process.

I.3.B.vi.(c) Enrollment Data Included in Base Data

Enrollment data related to PPC is included with the base data and is included in the capitation rate development process.

I.3.B.vi.(d) Adjustments, Assumptions and Methodology

No specific adjustments are made to the CYE 24 capitation rates for the ACC and ACC-RBHA Program for the PPC time frame, given that the encounter and enrollment data are already included within the base data used for capitation rate development.

I.3.B.vii. Impact of All Material Changes to Covered Benefits or Services

This section provides documentation on impacts to projected benefit costs made since the last rate certification.

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I.3.B.vii.(a) Covered Benefits

Material adjustments related to covered benefits are discussed in Section I.3.B.ii. of this rate certification.

I.3.B.vii.(b) Recoveries of Overpayments

As noted in Section I.3.B.ii.(c), base period data was not adjusted to reflect recoveries of overpayments made to providers because Contractors are required to adjust encounters for recovery of overpayments, per the following contract requirement:

“The Contractor shall void encounters for claims that are recouped in full. For recoupments that result in a reduced claim value or adjustments that result in an increased claim value, replacement encounters shall be submitted.”

I.3.B.vii.(c) Provider Payment Requirements

Material adjustments related to provider payment requirements under State Directed Payments are discussed in Section I.4.D of this rate certification. Additionally, provider payment requirements related to FQHCs/RHCs are described in Section I.3.B.ii.

I.3.B.vii.(d) Applicable Waivers

There were no material changes since the last certification related to waiver requirements or conditions.

I.3.B.vii.(e) Applicable Litigation

There were no material adjustments made related to litigation.

I.3.B.viii. Impact of All Material and Non-Material Changes

All material and non-material changes have been included in the capitation rate development process and all requirements in this section of the 2024 Guide are documented in Section I.3.B.ii.(a) above.

I.4. Special Contract Provisions Related to Payment

I.4.A. Incentive Arrangements

I.4.A.i. Rate Development Standards

An incentive arrangement, as defined in 42 CFR § 438.6(a), is any payment mechanism under which a health plan may receive additional funds over and above the capitation rate it was paid for meeting targets specified in the contract.

I.4.A.ii. Appropriate Documentation

I.4.A.ii.(a) Description of Any Incentive Arrangements

Alternative Payment Model Initiative – Performance Based Payments

The CYE 24 capitation rates for the ACC and ACC-RBHA Program include an incentive arrangement, as described under 42 CFR § 438.6(b)(2), called the APM Initiative – Performance Based Payments. The APM Initiative – Performance Based Payments incentive arrangement is a special provision for payment where the Contractors may receive additional funds over and above the capitation rates for implementing APM arrangements with providers who successfully meet targets established by the Contractors that are aimed at quality improvement such as reducing costs, improving health outcomes, or improving access to care.

Alternative Payment Model Initiative – Quality Measure Performance

The incentive arrangement for the APM Initiative – Quality Measure Performance is a special provision for payment where Contractors may receive additional funds over and above the capitation rates for performance on a select subset of AHCCCS performance measures. An incentive pool is determined by the portion of the withhold described below that is not returned to the Contractors under the terms of the withhold arrangement. The incentive arrangement uses a ranked score to distribute available incentive dollars by AHCCCS performance measure, but Contractors will not be ranked if they did not earn either a performance achievement score or a performance improvement score for that measure. The maximum incentive pool possible is approximately \$86 million, which is the amount that would be available if every Contractor earned exactly 0% of the withhold described below. This is not anticipated to happen; thus, the incentive pool will be determined by the portion of the withhold which is not earned across all Contractors.

I.4.A.ii.(a)(i) Time Period

The time period of the incentive arrangements described herein is twelve months.

I.4.A.ii.(a)(ii) Enrollees, Services, and Providers Covered

Alternative Payment Model Initiative – Performance Based Payments

All enrollees, children and adults may be covered by this incentive arrangement. Likewise, all network providers have the opportunity to participate in the APM arrangements and all covered services are eligible for inclusion. The Contractors' provider contracts must include performance measures for quality and/or cost effectiveness. The Contractors are mandated to utilize the APM strategies in the

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Health Care Payment Learning and Action Network (LAN) Alternative Payment Model Framework with a focus on Categories 2, 3, and 4 as defined at <https://hcp-lan.org/workproducts/apm-whitepaper.pdf>.

Alternative Payment Model Initiative – Quality Measure Performance

The incentive arrangement includes performance measures impacting well visits for children and adolescents, prenatal and postpartum care, breast cancer screening, follow-up after hospitalization for mental illness, and hospital readmissions. All adult and child enrollees utilizing the services addressed in the performance measures, and providers of these services, are covered by the incentive arrangement unless specifically stated otherwise in contract or policy.

I.4.A.ii.(a)(iii) Purpose

Alternative Payment Model Initiative – Performance Based Payments

The purpose of the APM Initiative – Performance Based Payments incentive arrangement is to align incentives between the Contractors and providers to the quality and efficiency of care provided by rewarding providers for their measured performance across the dimensions of quality to achieve cost savings and quantifiably improved outcomes.

Alternative Payment Model Initiative – Quality Measure Performance

The purpose of the APM Initiative – Quality Measure Performance incentive arrangement is to encourage Contractor activity in the area of quality improvement, particularly those initiatives that are conducive to improved health outcomes and cost savings.

I.4.A.ii.(a)(iv) Attestation to Limit on Incentive Payments

The total payments under the incentive arrangements for the ACC and ACC-RBHA Program (i.e., capitation rate payments plus incentive payments) will not exceed 105% of the capitation payments to comply with 42 CFR § 438.6(b)(2).

I.4.A.ii.(a)(v) Effect on Capitation Rate Development

Alternative Payment Model Initiative – Performance Based Payments

Incentive payments for the APM Initiative – Performance Based Payments incentive arrangement are not included in the CYE 24 capitation rates and had no effect on the development of the capitation rates for the ACC and ACC-RBHA Program. The incentive payments will be paid by AHCCCS to the Contractors through lump sum payments after the completion of the CYE 24 contract year.

Alternative Payment Model Initiative – Quality Measure Performance

Incentive payments for the APM Initiative – Quality Measure Performance incentive arrangement are not included in the CYE 24 capitation rates and had no effect on the development of the capitation rates for the ACC and ACC-RBHA Program. Incentive payments will be paid by AHCCCS to the Contractors through lump sum payments after the completion of the contract year and the computation of the performance measures, and after the withhold payments are distributed and the value of the incentive pool determined.

I.4.B. Withhold Arrangements

I.4.B.i. Rate Development Standards

This section of the 2024 Guide provides information on the definition and requirements of a withhold arrangement.

I.4.B.ii. Appropriate Documentation

I.4.B.ii.(a) Description of Any Withhold Arrangements

The ACC and ACC-RBHA Program includes a percentage of capitation withhold arrangement which the Contractor may earn back. Each Contractor's earnings are based on their performance achievement score, using a threshold benchmark and a high-performance benchmark, and/or performance improvement score by measure.

I.4.B.ii.(a)(i) Time Period

The time period of the withhold arrangements described herein is twelve months.

I.4.B.ii.(a)(ii) Enrollees, Services, and Providers Covered

All enrollees, services, and providers are covered by this withhold arrangement unless specifically stated otherwise in contract or policy.

I.4.B.ii.(a)(iii) Purpose of the Withhold

The purpose of the ACC and ACC-RBHA Program withhold is to encourage Contractor activity in the area of quality improvement, particularly those initiatives that are conducive to improved health outcomes and cost savings, and those related to child and adolescent health.

I.4.B.ii.(a)(iv) Description of Percentage of Capitation Rates Withheld

AHCCCS has established a quality withhold of 1% of the Contractor's capitation and a percentage (up to 100%) of the withheld amount will be paid to the Contractor for performance on select performance measures. AHCCCS will determine the portion of the withheld amount to be returned based on a review of each Contractor's data and the Contractor's compliance with these performance measures.

I.4.B.ii.(a)(v) Percentage of the Withheld Amount Not Reasonably Achievable

It is unlikely that a Contractor will not receive some portion of the withhold back. However, the AHCCCS DBF Actuarial Team does not have the information needed to develop an estimate of the withheld amount that is not reasonably achievable, as a new policy governing the performance measure results became effective October 1, 2022, for CYE 23 and forward. The DBF Actuarial Team expects to have the first estimate of withhold not reasonably achievable under the new policy in the summer of 2025.

I.4.B.ii.(a)(vi) Description of Reasonableness of Withhold Arrangement

The actuaries relied upon the AHCCCS DBF Finance & Reinsurance Team's review. Their review indicated that the total withhold percentage of 1% of capitation revenue does not have a detrimental impact on the Contractors' financial operating needs and capital reserves. The AHCCCS DBF Finance & Reinsurance Team's interpretation of financial operating needs relates to cash flow needs for the Contractors to pay claims and administer benefits for its covered populations. The AHCCCS DBF Finance & Reinsurance

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Team evaluated the reasonableness of the withhold within this context by reviewing the Contractors' cash available to cover operating expenses, as well as the capitation rate payment mechanism utilized by AHCCCS. To evaluate the reasonableness of the withhold in relation to capitalization levels, the AHCCCS DBF Finance & Reinsurance Team reviewed the surplus above the equity per member requirement, the performance bond amounts, and the financial stability of each Contractor to pay all obligations. The AHCCCS DBF Finance & Reinsurance Team reviewed cash and cash equivalent levels in relation to the withhold arrangement and has indicated the withhold arrangement is reasonable based on current cash levels.

I.4.B.ii.(a)(vii) Effect on Capitation Rate Development

The capitation rates shown in this rate certification are illustrated before offset for the withhold amount. The withhold amount is not considered within capitation rate development.

I.4.B.ii.(b) Certifying Rates less Expected Unachieved Withhold as Actuarially Sound

The CYE 24 capitation rates documented in this rate certification are actuarially sound even if none of the withhold is earned back.

I.4.C. Risk-Sharing Mechanisms

I.4.C.i. Rate Development Standards

This section of the 2024 Guide provides information on the requirements for risk-sharing mechanisms. For information on the COVID-19 costs covered on a non-risk basis, see Section I.1.B.x.(c).

In accordance with 42 CFR § 438.6(b)(1), all risk-sharing mechanisms have been developed in accordance with 42 CFR § 438.4, the rate development standards in 42 CFR § 438.5, and generally accepted actuarial principles and practices. Additionally, all risk-sharing mechanisms are documented in the contracts and capitation rate certification for the rating period which will be submitted to CMS before the start of the rating period and will not be modified or added after the start of the rating period.

I.4.C.ii. Appropriate Documentation

I.4.C.ii.(a) Description of Risk-Sharing Mechanisms

The CYE 24 contracts for the ACC and ACC-RBHA Program will include risk corridors.

I.4.C.ii.(a)(i) Rationale for Risk-Sharing Mechanisms

AHCCCS has a long-standing program policy of including risk corridors within the managed care programs to protect the State against excessive Contractor profits and to protect Contractors from excessive losses. This risk-sharing arrangement also contributes to Contractor sustainability and program continuity, which is an additional intangible benefit to the stability of the Medicaid member. The CYE 24 contracts will continue AHCCCS' long-standing program policy and will include risk corridors. This rate certification will use the term risk corridor to be consistent with the 2024 Guide. The ACC and ACC-RBHA contracts refer to the risk corridors as reconciliations.

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I.4.C.ii.(a)(ii) Description of Risk-Sharing Mechanism Implementation

There are two risk corridor type arrangements in the ACC and ACC-RBHA Program. The first is a reconciliation of costs to reimbursement (tiered reconciliation) and the second is a fixed administrative cost component reconciliation associated with projected versus actual enrollment.

The tiered risk corridor will reconcile each Contractor’s medical cost expenses to the net capitation paid to each Contractor. Net capitation is equal to the capitation rates paid less the administrative component and premium tax, plus any reinsurance payments. Each Contractor’s medical cost expenses are equal to the Contractor’s fully adjudicated encounters (excluding COVID-19 vaccine expenses for CYE 24) and sub-capitated/block purchase medical expenses as reported by the Contractor’s financial statements with dates of service during the contract year. Initial reconciliations are typically performed no sooner than 6 months after the end of the contract year and final reconciliations are typically computed no sooner than 15 months after the contract year. This risk corridor will limit each Contractor’s statewide profits and losses as listed in Table 12 below.

Table 12: Tiered Risk Corridor Risk Bands

Profit	MCO Share	State Share	Max MCO Profit	Cumulative MCO Profit
<= 2%	100%	0%	2%	2%
> 2% and <= 6%	50%	50%	2%	4%
> 6%	0%	100%	0%	4%
Loss	MCO Share	State Share	Max MCO Loss	Cumulative MCO Loss
<= 2%	100%	0%	2%	2%
> 2%	0%	100%	0%	2%

The fixed administrative cost component reconciliation will reconcile each ACC and ACC-RBHA Contractor’s fixed administrative cost component by comparing the actual member months for their ACC populations to the ACC population member months that were assumed in the calculation of the administrative PMPM. If the Contractor’s actual member months are different than assumed member months, AHCCCS will recoup or reimburse the difference in the fixed administrative PMPM attributable to any difference in member months, subject to medical loss ratio requirements. This risk corridor has no limits in either direction and will be performed as described above. The threshold is zero, a reimbursement or recoupment will happen for all levels of discrepancy between actual ACC population member months and assumed ACC population member months.

Additional information regarding the risk corridors can be found in the Compensation section of the ACC and ACC-RBHA Program contracts.

I.4.C.ii.(a)(iii) Effect of Risk-Sharing Mechanisms on Capitation Rates

The risk corridors did not have any effect on the development of the CYE 24 capitation rates for the ACC and ACC-RBHA Program.

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I.4.C.ii.(a)(iv) Development in Accordance with Generally Accepted Actuarial Principles and Practices

Risk-sharing mechanisms are developed in accordance with generally accepted actuarial principles and practices. The threshold amounts for the risk corridors was set using actuarial judgment with consideration of conversations between the AHCCCS DBF Actuarial Team, the AHCCCS DBF Finance & Reinsurance Team, and the AHCCCS Office of the Director.

I.4.C.ii.(a)(v) Risk-Sharing Arrangements Consistent with Pricing Assumptions

The inclusion of risk corridors as part of the contract is independent of the pricing assumptions used in capitation rate development. If the contract did not include risk corridors, the pricing assumptions used in capitation rate development would be unchanged.

Please see Section I.4.C.ii.(c) for documentation of reinsurance risk-sharing arrangements and the resulting impacts on capitation rate development.

I.4.C.ii.(a)(vi) Expected Remittance/Payment from Risk-Sharing Arrangements

If experience in the rating period aligns with pricing assumptions used in capitation rate development, there will be no remittance/payment between AHCCCS and the Contractors associated with the risk corridors. The risk corridors protect the State against excessive Contractor profits and protect Contractors from excessive losses when experience in the rating period materially differs from the pricing assumptions. For the medical costs, there is no remittance/payment when profits and losses associated with medical costs compared to medical revenue are between the first +/- 2%, as shown in the table in Section I.4.C.ii.(a)(ii), which is consistent with pricing assumptions used in capitation rate development. For the fixed administrative cost component, there is no remittance/payment when actual member months match pricing member months assumed in capitation rate development, which is consistent with pricing assumptions used in capitation rate development.

See Section I.4.C.ii.(c) for reinsurance risk-sharing arrangements.

I.4.C.ii.(b) Remittance/Payment Requirements for Specified Medical Loss Ratio – Not Applicable

Not applicable. The ACC and ACC-RBHA Program contracts do not include a medical loss ratio remittance or payment requirement.

I.4.C.ii.(c) Reinsurance Requirements

I.4.C.ii.(c)(i) Description of Reinsurance Requirements

AHCCCS provides a reinsurance program to AHCCCS Contractors for the partial reimbursement of covered medical services incurred during the contract year. This reinsurance program is similar to what you would see in commercial reinsurance programs with a few differences. The deductible is lower than a standard commercial reinsurance program. AHCCCS has different reinsurance case types - with the majority of the reinsurance cases falling into the Regular reinsurance case type. Regular reinsurance cases cover partial reimbursement (anything above the deductible and the coinsurance percentage amounts) of inpatient facility medical services. Most of the other reinsurance cases fall under Catastrophic, including reinsurance for biologic drugs. Additionally, rather than the Contractors paying a

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premium, the capitation rates are instead adjusted by subtracting the reinsurance offset from the gross medical expenses. One could view the reinsurance offset as a premium.

The AHCCCS reinsurance program has been in place since 1982 and is funded with State Match and Federal Matching authority. AHCCCS is self-insured for the reinsurance program, which is characterized by an initial deductible level and a subsequent coinsurance percentage. The coinsurance percentage is the rate at which AHCCCS reimburses ACC and ACC-RBHA Contractors for covered services incurred above the deductible. The deductible is the responsibility of the ACC and ACC-RBHA Contractors. The deductible for CYE 24 Regular reinsurance cases is \$150,000, an increase from the CYE 23 Regular reinsurance case deductible. The limit on High Dollar Catastrophic reinsurance is \$1,000,000. Once a reinsurance case hits this limit, the Contractor is reimbursed 100% for all medically necessary covered expenses. All reinsurance deductibles are applied at the member level.

The actual reinsurance case amounts are paid to the ACC and ACC-RBHA Contractors whether the actual amount is above or below the reinsurance offset in the capitation rates. This can result in a loss or gain by an ACC or ACC-RBHA Contractor based on actual reinsurance payments versus expected reinsurance payments.

For additional information on the reinsurance program, refer to the Reinsurance section of the ACC and ACC-RBHA Program contracts.

I.4.C.ii.(c)(ii) Effect on Development of Capitation Rates

The reinsurance offset (expected PMPM of reinsurance payments for the rate setting period) is subtracted from the gross medical expense PMPM calculated for the rate setting period. It is a separate calculation and does not affect the methodologies for development of the gross medical expense component of the capitation rates.

I.4.C.ii.(c)(iii) Development in Accordance with Generally Accepted Actuarial Principles and Practices

Projected reinsurance offsets are developed in accordance with generally accepted actuarial principles and practices.

I.4.C.ii.(c)(iv) Data, Assumptions, Methodology to Develop the Reinsurance Offset

The methodology for setting the reinsurance offset has not changed from the CYE 23 capitation rates except to reflect the increase in the Regular reinsurance deductible for CYE 24. The data used to develop the reinsurance offset for CYE 24 are historical reinsurance payments to the Contractors for services incurred during CYE 22. For the Biologic and Catastrophic reinsurance case types, these reinsurance payments were divided by the CYE 22 member months to develop a PMPM offset before completion. This was done at the risk group and GSA level. For the Regular reinsurance case type, the actuaries first repriced, at the case level, all reinsurance payments in the Regular reinsurance data set based on the increase from \$50,000 (the base year deductible) to \$150,000 (the rating period deductible). Reinsurance cases which were below the higher deductible threshold were removed (repriced to zero), and reinsurance cases which were above the higher deductible were repriced using the AHCCCS coinsurance percentage responsibility for the remaining costs above the deductible. These revised

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regular reinsurance payments were then divided by the CYE 22 member months to develop a PMPM offset before completion. The reinsurance PMPMs were then completed and adjusted for any adjustments that impacted CYE 22 base encounter data as described above in Section I.2.B.iii.(d). The adjusted reinsurance PMPMs for each risk group and GSA were trended forward to CYE 24 using the assumed medical trend rates, as described above in Section I.3.B.iii.(a), by risk group and GSA for the appropriate categories. The Regular reinsurance case type used the dollar weighted blend of trends for the Physical Health Inpatient and LTC and the Behavioral Health Inpatient and LTC rate setting categories of service, the Biologic reinsurance case type used the Pharmacy category of service trend, and the Catastrophic reinsurance case type used aggregated trend rates across all categories of service.

The adjusted and trended reinsurance PMPMs were then further modified to account for changes to the reinsurance program from CYE 22 to CYE 24, to account for similar adjustments as those described above in Section I.3.B.(ii)(a), and for deductible leveraging to arrive at the CYE 24 reinsurance PMPMs. Other changes to the reinsurance program from CYE 22 to CYE 24 included adding several drugs to the list of drugs covered by the AHCCCS reinsurance program.

The projected costs of drugs added to the biologic case type after the base period were calculated by taking the projected costs for CYE 24 for those drugs and applying a zero dollar deductible and coinsurance limit of 85% to get the dollar impact to the reinsurance offset. The combined dollar impact to the reinsurance offsets for the additional drugs added to the biologic case type for the ACC and ACC-RBHA Program is \$7.8 million.

Appendix 7 displays the reinsurance offset PMPMs included in the capitation rates by rate cell.

I.4.D. State Directed Payments

I.4.D.i. Rate Development Standards

This section of the 2024 Guide provides information on delivery system and provider payment initiatives (i.e., state directed payments) authorized under 42 CFR § 438.6(c).

I.4.D.ii. Appropriate Documentation

I.4.D.ii.(a) Description of State Directed Payments

The only state directed payments addressed in this certification are the ones related to the ACC and ACC-RBHA Program. The contract requires the adoption of a minimum fee schedule for FQHC/RHC providers using State plan approved rates, as defined in 42 CFR § 438.6(a), as allowed under 42 CFR § 438.6(c)(1)(iii)(A). This state directed payment for FQHC/RHC providers does not require written approval prior to implementation per 42 CFR § 438.6(c)(2)(ii). The state directed payments which require preprints for prior approval are DAP, APSI, PSI, and HEALTHII. The 2024 Guide requires a specifically formatted table in addition to the information provided here. This CMS prescribed table can be found in Appendix 8a.

I.4.D.ii.(a)(i) Type and Description of Directed Payment Arrangements

Federally Qualified Health Centers and Rural Health Clinics

Contractors are required to adopt Prospective Payment System (PPS) rates as defined in the Medicaid State plan as a minimum fee schedule for FQHC/RHC providers. The Medicaid State plan describes the methodology for the calculation of PPS rates in Attachment 4.19-B starting on Page 3a.

Differential Adjusted Payments

The DAP initiative delivers a uniform percentage increase to registered providers who provide a particular service under the contract and who meet specific criteria established by AHCCCS. All providers were notified via a proposed and a final Public Notice of the criteria required to qualify for the DAP. The potential rate increases range from 0.5% to 20.0%, depending on the provider type.

Access to Professional Services Initiative

The APSI provides a uniform percentage increase of 75% to otherwise contracted rates for eligible practitioners, critical to professional training and education efforts, who deliver services to AHCCCS members. The uniform percentage increase is applicable only to services covered under the AHCCCS APSI policy. The rate increase is intended to supplement, not supplant, payments to eligible providers.

Pediatric Services Initiative

The PSI provides a uniform percentage increase for inpatient and outpatient services provided by the state's freestanding children's hospitals with more than 100 licensed beds. The PSI uniform percentage increase is based on a fixed total payment amount and is expected to fluctuate based on utilization in the contract year. The increase is intended to supplement, not supplant, payments to eligible hospitals or pediatric units.

Hospital Enhanced Access Leading to Health Improvements Initiative

The HEALTHII delivers a uniform percentage increase to hospitals for acute inpatient and ambulatory outpatient contracted Medicaid Managed Care services. The HEALTHII uniform percentage increases are based on a fixed payment pool that is allocated to each hospital class based on the additional funding needed to achieve each class's aggregate targeted pay-to-cost ratio for Medicaid Managed care services. The increase is intended to supplement, not supplant, payments to eligible providers.

I.4.D.ii.(a)(ii) Directed Payments Incorporated in Capitation Rates

The FQHC/RHC minimum fee schedule and the DAP initiative are the only directed payments incorporated in the capitation rates. The 2024 Guide requires a specifically formatted table in addition to the information provided here. This CMS prescribed table can be found in Appendix 8a.

I.4.D.ii.(a)(ii)(A) Rate Cells Affected

The FQHC/RHC minimum fee schedule state directed payment impacts all ACC and ACC-RBHA rate cells except for the Crisis 24 Hour Group and Delivery Supplemental Payment. The DAP initiative impacts all ACC and ACC-RBHA rate cells.

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I.4.D.ii.(a)(ii)(B) Impact on the Rate Cells

The FQHC/RHC minimum fee schedule impact is included as part of the aggregate fee schedule changes shown in Appendix 6. See Appendix 8b for the total impact by rate cell for the FQHC/RHC minimum fee schedule. For DAP, see Appendix 6 for medical impact by rate cell and Appendix 8b for total impact by rate cell.

I.4.D.ii.(a)(ii)(C) Data, Assumptions, Methodology to Develop Directed Payment Adjustment Federally Qualified Health Centers and Rural Health Clinics

The impact of the minimum fee schedule requirement for FQHC/RHC providers is addressed as part of the fee schedule updates, described above in Section I.3.B.ii.(a).

Differential Adjusted Payments

The AHCCCS DBF Rates & Reimbursement Team provided the AHCCCS DBF Actuarial Team with data for the impact of DAP. The data used to develop the DAP impacts was the CYE 22 encounter data across all programs for the providers who qualify for DAP. The AHCCCS DBF Rates & Reimbursement Team applied the percentage increase earned under DAP to the AHCCCS provider payments resulting from the fee schedule changes, for all services subject to DAP, to determine what the impacts would be for the CYE 24 time period. The AHCCCS DBF Actuarial Team then reviewed the results and applied the percentage impacts by program and risk group to the applicable categories of service to come to the final dollar impact for CYE 24 (the data provided by the AHCCCS DBF Rates & Reimbursement Team was at a detailed rate code and category of service level which the AHCCCS DBF Actuarial Team then aggregated to the specific risk groups for each program).

I.4.D.ii.(a)(ii)(D) Preprint Acknowledgement

AHCCCS has submitted the DAP 42 CFR § 438.6(c) preprint to CMS but has not yet received approval. The actuaries received and reviewed each state directed payment preprint at the time the rates were certified. The DAP payment arrangement accounted for in the capitation rates, and described in the preceding sections, is included in the capitation rates in a manner consistent with the preprint under CMS review.

I.4.D.ii.(a)(ii)(E) Maximum Fee Schedule – Not Applicable

Not applicable. None of the directed payments for the ACC and ACC-RBHA Program are based on maximum fee schedules.

I.4.D.ii.(a)(iii) Directed Payments Under Separate Payment Arrangement

The APSI, PSI, and HEALTHII are not included in the ACC and ACC-RBHA certified capitation rates and will be paid out via lump sum payments. The 2024 Guide requires a specifically formatted table in addition to the information provided here. This CMS prescribed table can be found in Appendix 8a.

I.4.D.ii.(a)(iii)(A) Aggregate Amount

Access to Professional Services Initiative

Anticipated payments, including premium tax, for APSI are approximately \$218.09 million. AHCCCS will distribute the total payment via four quarterly lump sum payments equal to 20% of the estimated amount to the Contractors, and a final lump sum payment after the completion of the contract year

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which will equal the difference between the quarterly payments and the actual annual rate increase calculated based on encounter data for the contract year.

Pediatric Services Initiative

Anticipated payments, including premium tax, for PSI are approximately \$54.45 million. AHCCCS will distribute the total payment via four interim quarterly lump sum payments to the Contractors. After the completion of the contract year, CYE 24 utilization will be used to redistribute the payments.

Hospital Enhanced Access Leading to Health Improvements Initiative

Anticipated payments, including premium tax, for HEALTHH are approximately \$2.14 billion. AHCCCS will distribute the total payment via four interim quarterly lump sum payments to the Contractors. After the completion of the contract year, CYE 24 utilization will be used to redistribute the payments.

I.4.D.ii.(a)(iii)(B) Actuarial Certification of the Amount of the Separate Payment Term

Access to Professional Services Initiative

The actuaries certify the aggregate directed payment estimates as actuarially sound according to 42 CFR § 438.4. These estimates are based on projections of future events. The actual payments will differ from estimates based on actual utilization, and once final amounts are known, a notification document will be sent to CMS with that information.

Pediatric Services Initiative

The actuaries certify the aggregate directed payment estimates as actuarially sound according to 42 CFR § 438.4. These estimates are based on projections of future events. The actual payments will differ from estimates based on actual utilization, and once final amounts are known, a notification document will be sent to CMS with that information.

Hospital Enhanced Access Leading to Health Improvements Initiative

The actuaries certify the aggregate directed payment estimates as actuarially sound according to 42 CFR § 438.4. These estimates are based on projections of future events. The actual payments will differ from estimates based on actual utilization, and once final amounts are known, a notification document will be sent to CMS with that information.

I.4.D.ii.(a)(iii)(C) Estimated Impact by Rate Cell

Appendix 8b contains estimated PMPMs, including premium tax, by rate cell for informational purposes only; these payments are not made on a PMPM basis.

I.4.D.ii.(a)(iii)(D) Preprint Acknowledgement

Access to Professional Services Initiative

AHCCCS has submitted the APSI 42 CFR § 438.6(c) preprint to CMS but has not yet received approval. The actuaries received and reviewed each state directed payment preprint at the time the rates were certified. The payment arrangement is accounted for in a manner consistent with the preprint that is under CMS review.

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Pediatric Services Initiative

AHCCCS has submitted the PSI 42 CFR § 438.6(c) preprint to CMS but has not yet received approval. The actuaries received and reviewed each state directed payment preprint at the time the rates were certified. The payment arrangement is accounted for in a manner consistent with the preprint that is under CMS review.

Hospital Enhanced Access Leading to Health Improvements Initiative

AHCCCS has submitted the HEALTHII 42 CFR § 438.6(c) preprint to CMS but has not yet received approval. The actuaries received and reviewed each state directed payment preprint at the time the rates were certified. The payment arrangement is accounted for in a manner consistent with the preprint that is under CMS review.

I.4.D.ii.(a)(iii)(E) Future Documentation Requirements

Access to Professional Services Initiative

After the rating period is complete and the final APSI payment is made, AHCCCS will submit documentation to CMS which incorporates the total amount of the APSI payments into the rate certification's rate cells, consistent with the distribution methodology included in the approved state directed payment preprint, and as if the payment information had been fully known when the rates were initially developed.

Pediatric Services Initiative

After the rating period is complete and the final PSI payment is made, AHCCCS will submit documentation to CMS which incorporates the total amount of the PSI payments into the rate certification's rate cells, consistent with the distribution methodology included in the approved state directed payment preprint, and as if the payment information had been fully known when the rates were initially developed.

Hospital Enhanced Access Leading to Health Improvements Initiative

After the rating period is complete and the final HEALTHII payment is made, AHCCCS will submit documentation to CMS which incorporates the total amount of the HEALTHII payments into the rate certification's rate cells, consistent with the distribution methodology included in the approved state directed payment preprint, and as if the payment information had been fully known when the rates were initially developed.

I.4.D.ii.(b) Confirmation of No Other Directed Payments

There are not any additional directed payments in the program that are not addressed in the rate certification, including minimum fee schedules using State plan approved rates as defined in 42 CFR § 438.6(a).

I.4.D.ii.(c) Confirmation Regarding Required Reimbursement Rates

There are not any requirements regarding reimbursement rates the plans must pay to providers unless specifically specified in the certification as a directed payment or authorized under applicable law, regulation, or waiver.

I.4.E. Pass-Through Payments – Not Applicable

Not applicable. There are no pass-through payments for the ACC and ACC-RBHA Program.

I.5. Projected Non-Benefit Costs

I.5.A. Rate Development Standards

This section of the 2024 Guide provides information on the non-benefit component of the capitation rates.

I.5.B. Appropriate Documentation

I.5.B.i. Description of the Development of Projected Non-Benefit Costs

I.5.B.i.(a) Data, Assumptions, and Methodology

The primary data source used to develop the administrative component of the CYE 24 capitation rates for the ACC populations was the historical and projected administrative expense data submitted by the Contractors per a supplemental data request, as noted in Section I.2.B.ii.(b)(ii). The primary data source used to develop the administrative component of the CYE 24 capitation rates for the RBHA populations was the administrative expense PMPM submitted by the Offerors during the CYE 24 CCE, as noted in Section I.2.B.ii.(b)(ii). As part of the CCE, the Offerors were required to bid actuarially sound administrative costs by GSA and risk group with detailed administrative category of service information for five years (CYE 23 through CYE 27) as well as provide the projected member months assumed for each of the years by GSA and risk group.

The ACC and ACC-RBHA Contractors' supplemental administrative data request included amounts for administrative expenses for CYE 23 Q1 (through December 31, 2022) actuals, actual/projected amounts for CYE 23, and projected amounts for CYE 24. The Contractors also provided CYE 22 actuals for the ACC risk groups. This data request included administrative breakouts into different categories, breakdowns of fixed and variable administrative costs for the ACC populations, and the ACC and ACC-RBHA Contractors' member months for each of the time frames. The CYE 22 financial statements and CYE 23 Q1 financial statements for all ACC and ACC-RBHA risk groups were also reviewed. Other sources of data reviewed and utilized in the development of the non-benefit cost projections were trends and forecasts for various Consumer Price Indices (CPI) and Employment Cost Indices (ECI) data from S&P Global Market Intelligence Healthcare Cost Review.

For the ACC population, the actuaries developed and reviewed several methodologies for projecting administrative expenses, comparing the results across the methodologies, reviewing the results as a percentage of capitation rates, and comparing the results to national information¹ on Medicaid administrative costs. The ACC population administrative PMPMs included in the capitation rates were developed primarily using the Contractors' supplemental administrative data and CYE 24 projected member months from both the Contractors and AHCCCS. For the fixed administrative expenses, the PMPM was developed by using each Contractor's projected costs divided by AHCCCS projected member months. For variable administrative costs, the PMPM was developed by using each Contractor's

¹ For comparable statistics of national Medicaid information including administrative costs, the actuaries referred to the Milliman research reports titled "Medicaid managed care financial results for 2020" and "Medicaid managed care financial results for 2021" available at: <https://us.milliman.com/en/insight/medicaid-managed-care-financial-results-for-2020> and <https://us.milliman.com/en/insight/medicaid-managed-care-financial-results-2021>

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projected costs and member months for CYE 24, with limits imposed on any Contractor whose administrative expenses were not reasonable when compared to the various combinations of data, assumptions and methodologies reviewed by the actuaries and other members of the AHCCCS DBF Actuarial Team. To complete the process for addressing the data concern regarding the misallocation issue in the financial statement reporting of sub-capitated/block purchase arrangement administrative expenses in the medical lines of the financials, as noted in Section I.2.B.ii.(b)(iii), the actuaries added the non-claims costs amounts removed from the base data, adjusted for wage inflation using CPI, onto the added variable PMPM for each of the Contractors, using the specific information by Contractor from the requested information described in Section I.2.B.iii.(d).

For the RBHA populations, the actuaries used the awarded ACC-RBHA Contractors' final administrative bids with a similar adjustment for the sub-capitated/block purchased administrative expense adjustment as described above. The actuaries reviewed the administrative cost components of the bids against other administrative information as listed above and the actuarial certifications submitted with the bids. The actuaries found the bid administrative PMPMs and documented assumptions for the development of the bid administrative PMPMs, along with the noted adjustment, to be reasonable and appropriate for inclusion in the capitation rates for the RBHA populations.

I.5.B.i.(b) Changes Since the Previous Rate Certification

With the exception of the noted adjustment in the previous section, there have been no material changes to the data, assumptions, and methodology used to develop the projected administrative costs since the last rate certification.

I.5.B.i.(c) Any Other Material Adjustments

No other material adjustments were applied to the projected non-benefit expenses included in the capitation rate.

I.5.B.ii. Projected Non-Benefit Costs by Category

I.5.B.ii.(a) Administrative Costs

The administrative component of the CYE 24 capitation rates for the ACC and ACC-RBHA Program is described above in Section I.5.B.i.(a). The PMPM amounts can be found in Appendix 7.

I.5.B.ii.(b) Taxes and Other Fees

The CYE 24 capitation rates for the ACC and ACC-RBHA Program include a provision for premium tax of 2.0% of capitation. The premium tax is applied to the total capitation. No other taxes, fees, or assessments are applicable for this filing.

I.5.B.ii.(c) Contribution to Reserves, Risk Margin, and Cost of Capital

The CYE 24 capitation rates for the ACC and ACC-RBHA Program include an increased provision (denoted as underwriting (UW) gain and expressed as a percentage) for contributions to reserves, risk margin, and cost of capital, compared to the CYE 23 capitation rates UW gain assumption. The increase is attributable to changes for each of the contributing factors listed above. Since the start of the ACC Program, the required equity per member thresholds have increased, thus requiring larger contributions to reserves over time, while the cost of capital has also increased, particularly in the year since the

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previous capitation rate development cycle. In addition to those two changes, and as noted throughout this certification, there is significant uncertainty associated with the unwinding of the PHE for the ACC and ACC-RBHA populations, the projected acuity of members during and after the “return to normal” redetermination phase, rates of churn associated with members disenrolling and re-enrolling within a few months based on changes in eligibility or non-responsiveness to efforts on the part of the agency to complete the renewal process, and the potential for more volatile expenses associated with higher enrollment with prior period coverage as members start enrolling again when they have immediate health care needs. For CYE 24, the actuaries have built in a provision of 1.65% for the UW gain to address the changes listed above.

I.5.B.ii.(d) Other Material Non-Benefit Costs

No other material or non-material non-benefit costs not already addressed in previous sections are reflected in the CYE 24 capitation rates for the ACC and ACC-RBHA Program.

I.5.B.iii. Historical Non-Benefit Costs

Historical non-benefit cost data is provided by the AHCCCS Contractors via financial statements and additional data requests. The audited financial statements can be found on the AHCCCS website at: <https://www.azahcccs.gov/Resources/OversightOfHealthPlans/contractedhealthplan.html>. Historical non-benefit cost data was considered and used in the non-benefit cost assumptions as described in Section I.5.B.i.(a) above.

I.6. Risk Adjustment

I.6.A. Rate Development Standards

I.6.A.i. Risk Adjustment

AHCCCS contracted with Wakely Consulting Group to assist in the development of the AHCCCS risk adjustment model. For CYE 24, AHCCCS developed the risk adjustment model in parallel with Wakely Consulting Group early on in the rate development cycle to validate all aspects of the model. The risk adjustment methodology and factors certified in this capitation rate certification were then updated by AHCCCS to include more recent enrollment information for the non-AGE < 1 risk groups. As part of the changes implemented by AHCCCS to the risk adjustment methodology the AHCCCS DBF Actuarial Team has standardized some of our language to be more specific. We are including the three standardized terms here for reference.

Table 13: Definitions of Time Periods for Risk Adjustment

Time Period	Definition
Cost Relativity Period	The period of time from which member cost data is gathered for the purpose of formulating an observed cost relativity risk score. This can be set equal to the Marker Study Period (for concurrent risk adjustment) or after the Marker Study Period (for prospective risk adjustment).
Marker Study Period	The period of time from which member diagnostic and NDC information is gathered to formulate CDPS+Rx, social determinants of health (SDOH), and LT1 (for the Age < 1 risk group) diagnostic markers used as indicator variables in the risk score models. This is also the period of time from which enrollment data (in the form of member months) is gathered for identifying members as part of the long cohort or the short cohort.
Member Snapshot Period	The period of time from which member enrollment characteristics and associated demographic markers are gathered for assigning members into their prospective MCO-GSA-risk group categories for risk score aggregation.

The CYE 24 capitation rates have risk adjustment factors applied to them. The AGE < 1 risk group is modeled differently than the other risk groups that receive risk adjustment factors. The non-AGE < 1 risk groups use a prospective model, and the AGE < 1 risk group uses a concurrent model.

For the non-AGE < 1 risk groups, the risk adjustment factors in this certification are based on a June 2023 Member Snapshot Period and a Marker Study Period of August 2021 through July 2022. For the AGE < 1 risk group, the risk adjustment factors in this certification are based on a Member Snapshot Period and Marker Study Period of August 2021 through July 2022.

AHCCCS intends to update the risk adjustment factors during the contract period. If AHCCCS updates the capitation rates only for a risk adjustment update, AHCCCS does not intend to submit a revised rate certification as referenced in 42 CFR § 438.7(b)(5)(iii) since the documentation below describes the risk adjustment process. A new contract with the revised capitation rates will be submitted as required under 42 CFR § 438.7(b)(5)(iii).

I.6.A.ii. Budget Neutrality

In accordance with 42 CFR § 438.5(g), risk adjustment will be applied in a budget neutral manner.

I.6.B. Appropriate Documentation

I.6.B.i. Prospective Risk Adjustment

I.6.B.i.(a) Data and Data Adjustments

Encounter and member data are used for the risk adjustment factors. AHCCCS regularly performs testing on encounters to identify any potential areas of concern. If AHCCCS identifies any encounter gaps, AHCCCS contacts the Contractor and works with them to improve encounter submissions. AHCCCS monitors the encounters by reviewing encounter data by date of service and form type to identify potential issues. The results of these analyses assist in determining if any encounter data is deemed unusable for the risk adjustment process and if any adjustments to the encounter data are required.

I.6.B.i.(b) Model and Model Adjustments

AHCCCS is using risk scores resulting from Combined Chronic Illness and Disability Payment System and Medicaid Rx (CDPS+Rx) Version 6.5 prospective risk adjustment model. CDPS+Rx is developed by the University of California, San Diego, to assign the condition markers to each enrollee based on a combination of the diagnoses and National Drug Code (NDC) data.

The CDPS+Rx model assigns one or more of the condition-based categories based on diagnostic and procedural information available on medical and pharmacy claims, as well as demographic categories based on age and gender. A relative health status weight is associated with each age, gender, and condition category.

The weights used in the prospective risk adjustment model were calibrated to be Arizona state specific by Wakely Consulting Group in 2022 for the ACC and ACC-RBHA Program using a Marker Study Period of September 2019 through August 2021 and Cost Relativity Period of September 2019 through August 2020.

The following costs were not reflected in the condition or demographic weights in the calibrated AHCCCS risk adjustment model:

- Costs above reinsurance thresholds for which the Contractors were not at risk
- Maternity costs covered by the Delivery Supplement payment
- Costs that were offset by pharmacy rebates

The diagnosis codes on all encounters, except all laboratory and radiology codes, are used for purposes of identifying conditions, but the costs not at risk (identified above) were excluded for purposes of determining the risk weights. This process captures the additional complexity/cost for at-risk conditions due to the presence of an underlying not-at-risk condition.

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The AHCCCS risk adjustment model combines CDPS+Rx version 6.5 with social determinants of health as additional risk markers in order to more equitably account for risk and cost differences for socially vulnerable cohorts. Two additional markers were included to capture PPC and CRS designated members.

Risk weights were developed by age and gender category, each CDPS+Rx condition category, and the additional markers. Three sets of risk weights were developed for the state specific markers covering the following risk groups: 1) AGE 1-20, 2) AGE 21+, Expansion Adults, Prop 204 Childless Adults, and 3) SSI without Medicare. Only members with at least six months of experience in the Marker Study Period and at least one month of enrollment in the Cost Relativity Period were used in the calibration. Each member's contribution to the regression model, and therefore the risk weights, was weighted according to the number of months that member was enrolled during the Cost Relativity Period. The AHCCCS risk adjustment model weights were based on statewide data.

When aggregating risk scores for each MCO, the risk scores calculated from the Marker Study Period (August 2021 through July 2022) will follow the individual during the rating period.

A credibility adjustment was applied to the CYE 24 risk adjustment factors, where applicable. To be fully credible, a rate cell had to have greater than 1,500 members during the Member Snapshot (June 2023). For any rate cell that is not fully credible, the risk factor is set to 1.00.

I.6.B.i.(c) Relative Risk Factor Methodology

The risk adjustment method described below is reasonable and appropriate in measuring the risk factors of the respective population.

Risk groups that will not be risk adjusted are Duals, Delivery Supplemental Payments, SMI, and Crisis 24 Hour Group.

Risk Adjustment for Each Risk Adjusted Risk Group, except AGE < 1

Only members with at least six months of enrollment during the Marker Study Period ("long" cohort) are given a diagnosis-based risk adjustment factor (average State Specific risk score). Members with less than six months of enrollment during the Marker Study Period ("short" cohort) are given a risk factor that is equal to 50% of their pure age and gender factor plus 50% of an adjusted plan factor. The adjusted plan factor is calculated by taking the average Contractor Specific risk score of the long cohort and dividing by the pure age and gender factor of the long cohort (relative health factor) and then multiplying by the pure age and gender factor of the short cohort. The weighted average of the long cohort and the short cohort results in the average risk score for each Contractor, which is then divided by the GSA average risk score to calculate the relative risk score. The relative risk score is adjusted for budget neutrality to calculate the risk score used to adjust the capitation rates.

I.6.B.i.(d) Magnitude of Adjustment by MCO

The magnitude of risk adjustment on the CYE 24 capitation rates is displayed by Contractor below in Table 14. These values may change whenever risk adjustment is updated.

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Table 14: Magnitude of Risk Adjustment

Contractor	Magnitude of Risk Adjustment
Arizona Complete Health - Complete Care Plan	(2.57%)
Banner - University Family Care	(1.96%)
Care 1st Health Plan Arizona, Inc.	(0.20%)
Molina Healthcare of Arizona, Inc.	(4.00%)
Mercy Care	1.84%
Health Choice Arizona, Inc.	(0.68%)
UnitedHealthcare Community Plan	2.31%

I.6.B.i.(e) Predictive Value Assessment

Wakely Consulting Group used R-squared statistics to evaluate the predictive value of the recalibrated model. The R-squared statistics calculated during the model calibration process by population are shown below.

Table 15: CDPS+RX 6.5 Recalibration R-Squared Results

Aggregated Risk Groups	R-Squared
AGE 1-20	0.173
Adults	0.260
SSIWO	0.299

The R-squared statistics presented above are considered in the upper range for such types of models consistent with similar models in the industry² for the specific populations in question. As the Arizona state specific weights were calibrated in 2022 for the ACC and ACC-RBHA Program, these results are unchanged from the prior rating period’s actuarial certification. The “Adults” label shown above aggregates the following risk groups: AGE 21+, Prop 204 Childless Adults, and Expansion Adults.

I.6.B.i.(f) Actuarial Concerns

The actuaries have no concerns with the risk adjustment process.

I.6.B.ii. Retrospective Risk Adjustment

I.6.B.ii.(a) The Party Calculating

Wakely Consulting Group developed the AHCCCS risk adjustment model for the AGE < 1 risk group. For CYE 24, AHCCCS executed the risk adjustment factor calculations for the AGE < 1 risk group with simultaneous running and testing by Wakely.

I.6.B.ii.(b) Data and Data Adjustments

Encounter and member data are used for the risk adjustment factors. AHCCCS regularly performs testing on encounters to identify any potential areas of concern. If AHCCCS identifies any encounter gaps,

² For comparable statistics of other risk adjustment models in the industry, please refer to the Society of Actuaries 2016 research report titled “Accuracy of Claims-Based Risk Scoring Models”, Table 4.2.2: R-Squared and MAE, Prospective Models, available at: <https://www.soa.org/globalassets/assets/Files/Research/research-2016-accuracy-claims-based-risk-scoring-models.pdf>

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AHCCCS contacts the Contractor and works with them to improve encounter submissions. AHCCCS monitors the encounters by reviewing encounter data by date of service and form type to identify potential issues. The results of these analyses assist in determining if any encounter data is deemed unusable for the risk adjustment process and if any adjustments to the encounter data are required.

I.6.B.ii.(c) Model and Model Adjustments

Risk adjustment for the AGE < 1 risk group (i.e., newborns) is necessarily different than risk adjustment for other risk groups. Instead of an individual approach where risk adjustment factors follow individual members, an aggregate, concurrent approach is used. This approach assumes that historic relationships in newborn risk will continue into the future. While the specific newborns in any Contractor will change from the Marker Study Period to the rating period, this approach assumes that Contractors attract newborns with a consistent health status mix.

Based on Arizona data for the newborn Medicaid populations, a series of conditions that resulted in material variations among newborns due to the frequency, cost, and nature of those conditions were identified. This analysis resulted in 11 general risk marker categories that are used to differentiate the health status, and therefore risk, of newborns. Calibration of the weights for the 11 selected newborn risk markers is based on a concurrent, rather than prospective, methodology. The newborn risk marker weights were calibrated by Wakely in 2020.

Newborns with sufficient experience during the Marker Study Period (August 2021 through July 2022) are assigned a risk score. Sufficient experience is defined as newborns enrolled in the Marker Study Period for at least three months of life in any combination of Contractors. Encounters incurred within the first 12 months of life were analyzed for the newborns meeting these criteria. The data excluded those enrolled under PPC.

Newborns not meeting the enrollment criteria described above are assigned 50% of the average risk adjustment for those meeting the eligibility criteria and 50% of 1.00, the 'no adjustment' factor. Each Contractor's risk score for newborns within a GSA is calculated as the weighted average of the risk scores for newborns who met the above eligibility criteria during the Marker Study Period, and those who did not, to develop the relative risk score. The relative risk score is adjusted for budget neutrality to calculate the risk score used to adjust the capitation rates.

I.6.B.ii.(d) Timing and Frequency

The CYE 24 capitation rates have risk adjustment factors applied to them. AHCCCS intends to update the risk adjustment factors during the contract period. If AHCCCS updates the capitation rates only for a risk adjustment update, AHCCCS does not intend to submit a revised rate certification as referenced in 42 CFR § 438.7(b)(5)(iii) since the documentation below describes the risk adjustment process. A new contract with the revised capitation rates will be submitted as required under 42 CFR § 438.7(b)(5)(iii).

I.6.B.ii.(e) Actuarial Concerns

The actuaries have no concerns with the risk adjustment process.

I.6.B.iii. Additional Items on Risk Adjustment

I.6.B.iii.(a) Model Changes Since Last Rating Period

The AHCCCS DBF Actuarial Team calculated the risk adjustment factors from the models for CYE 24 capitation rates, instead of using risk adjustment factors calculated by Wakely as has been done in past years. The number of enrolled members required to be fully credible was increased from 1,000 members to 1,500 members. The time frame of the data was changed to update the Marker Study Periods and the Member Snapshot Periods for each of the models. All other assumptions and methodology have not changed from the last rating period.

I.6.B.iii.(b) Budget Neutrality

The model is budget neutral in accordance with 42 CFR § 438.5(g). The budget neutrality adjustment is the last step to calculate the final risk adjustment factor. To calculate the final risk adjustment factor, the relative risk score is divided by the budget neutrality adjustment for each risk group and GSA. The budget neutrality adjustment is calculated by taking the rating period capitation rates before risk adjustment times the rating period member months and dividing by the rating period capitation rates times the relative risk score times the rating period member months.

I.7. Acuity Adjustments

I.7.A. Rate Development Standards

This section of the 2024 Guide provides information on acuity adjustments which account for significant uncertainty about the health status or risk of a population, which are permissible adjustments to the capitation rates under 42 CFR § 438.5(f).

I.7.B. Appropriate Documentation

I.7.B.i. Acuity Adjustment Description

The CYE 24 capitation rates include acuity adjustments developed and applied to the base data medical expenses to prospectively account for changes in the health status of the ACC and ACC-RBHA populations during and after the unwinding period for the COVID-19 PHE.

I.7.B.i.(a) Reason for Acuity Adjustment

The CYE 24 capitation rates use CYE 22 encounter data and enrollment information as the basis for the development of the capitation rates. The FFCRA included MOE requirements under which Arizona did not disenroll anyone who was eligible at the start of, or became eligible during the PHE from AHCCCS programs, except in limited instances as allowed by the FFCRA. This growth in enrollment influenced the average PMPMs in each risk group in different ways. The CAA decoupled the MOE requirements from the end of the PHE, and Arizona began the process of redeterminations in February 2023, with the first disenrollments due to ineligibility happening in April 2023, as allowed under CAA. The acuity adjustment described here is intended to reverse some of the influence of the increased enrollment, account for changes in the average risk and health status of the members who will be enrolled during the rating period compared to those who were enrolled during the base period, and hopefully, reduce the likelihood of significant mismatches in projected medical expenses and actual medical expenses during the rating period.

The actuaries reviewed the base data with the expectation that the total average PMPMs would be lower when considering all members in a risk group than when considering members in the same risk group who are likely to still be enrolled after all redeterminations have been completed for the AHCCCS population, under the a priori assumption that members who may no longer be eligible for Medicaid have the potential to be otherwise insured, or healthier on average than an “ordinary” Medicaid member. Using information obtained from AHCCCS DMPS, described more in Section I.7.B.i.(b), the actuaries compared the base data for each risk group using all membership to a smaller subset of the base data which removed potentially ineligible members and observed a lower PMPM average in the total set compared to the smaller subset. This was done both before and after redeterminations and disenrollments began. After disenrollments began, an additional review was done which looked at members who had already been disenrolled due to the redetermination process to ensure that the assumption that disenrolling members would have lower PMPM expenses on average was a reasonable assumption to make, which was confirmed. It should be noted, and is a driver for including an acuity adjustment, that preliminary results of a few months should not be considered indicative of total results,

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and so significant uncertainty remains as to how the overall PMPMs will be impacted by the end of the redetermination process.

The acuity adjustment factors included in the capitation rates project an increase in the health needs of the population in a return towards pre-pandemic acuity levels. The acuity adjustment model and resulting factors are based on several assumptions which may prove to be incorrect as more information is obtained during the disenrollment process. If the actual experience and the assumptions included about the projected experience, including disenrollment rates, appeal rates, health status of leaving or remaining members, etc., differ significantly enough, the actuaries may incorporate an update to the acuity adjustment factors for the latter half of the rating period to address material differences in either direction. If capitation rates are adjusted, a new contract with the revised capitation rates will be submitted, and if the change results in a capitation rate for any rate cell changing by more than the +/- 1.5% *de minimis* allowable without recertification, an amended actuarial certification will be submitted.

I.7.B.i.(b) Acuity Adjustment Model

Throughout the PHE, the AHCCCS DMPS continued the regular process of making initial eligibility determinations and renewals without disenrolling anyone (except those allowed under FFCRA) in accordance with MOE requirements in the FFCRA. AHCCCS DMPS kept records for all eligibility decisions by date, and categorized members who, if not for the MOE, would have been ineligible. There are two main categories, or groupings, of members on, what has been referred to by the agency as, the “COVID-19 override” list. These categories are eligibility failure (EF) for members who are potentially factually ineligible, meaning that at some point between March 2020 and December 2022 AHCCCS received information indicating that the member was no longer eligible, and verification failure (VF) for members who were non-compliant or not respondent to requests for information. In February 2023, AHCCCS DMPS began implementing the state renewal plan as submitted to CMS, which includes processing renewals for all AHCCCS members, based on their annual enrollment date with a prioritization added to members on the COVID-19 override list so that those members are redetermined during the first nine months of the process. The process prioritizes the EF group and then the VF group, and within both groups, the agency is working from the oldest to the newest in terms of how long the member’s eligibility has been extended, with modifications to process redeterminations of households together to reduce administrative burden.

The AHCCCS DMPS provided the AHCCCS DBF Actuarial Team with the list of override members and their categorization as of January 2023. The AHCCCS DBF Actuarial Team has used this list as the primary data source in a model developed to estimate appropriate acuity adjustment factors by risk group and GSA to account for the disenrollment of measurably less acute members starting in April 2023.

Using the COVID-19 override list, the AHCCCS DBF Actuarial Team extracted adjudicated and approved encounter data for all members on the provided COVID-19 override list as well as membership information. The dates being used correspond to the base data time period (CYE 22), paid through February 2023. The AHCCCS DBF Actuarial Team also extracted all adjudicated and approved encounter data for all members (not just those on the COVID-19 override list), paid through February 2023, as well as membership information for the same time frame.

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The model developed to estimate acuity adjustment factors by risk group and GSA includes several assumptions that impact the resulting acuity factors, most of which were developed in conjunction with input from subject matter experts from AHCCCS DMPS (indicated by a tilde ~) and available historical data (indicated by a ‡ symbol). These assumptions include the beginning of the renewal process, the start of disenrollments, an assumed percentage of members that will be found ineligible from the EF group (58%‡, based on three months of data from the AHCCCS COVID-19 Renewals Dashboard, reduced from 81%~ assumed in the CYE 23 original acuity modeling), an assumed percentage of members that will be found ineligible from the VF group (56%~), an assumed percentage of members that will appeal an adverse redetermination (2.15%~‡), and a distribution across the number of days between eligibility redetermination and removal after considering the timing of appeals, including notification and appeal deadlines provided by AHCCCS DMPS. This model also incorporates an additional assumption/factor applied to only the VF group when calculating the costs associated with a member found to be ineligible after redetermination.

The additional assumption/factor is built from a secondary model which attempts to adjust for the fact that not all members on the COVID-19 override list have similar expenses. The secondary model includes three a priori assumptions: (1) it is less likely that unhealthy members will have exceeded the income requirements for remaining on Medicaid, (2) a member who has had higher expenses in the past is expected to be more likely to appeal an adverse eligibility decision, and (3) given the first two assumptions, lower cost members are more likely to fall off than higher cost members when compared to the average COVID-19 override list member. The secondary model therefore develops a factor to adjust the cost removal associated with the redetermination of an ineligible member downward. That is, the assumed remaining cost left after removal of ineligible members is higher for the group than it would otherwise be if all members within the COVID-19 override list had similar expenses. The factor developed for this assumption is different by risk group and GSA as it is based on the encounter data for each risk group and GSA and is calculated by taking the ratio of the PMPMs of the members on the COVID-19 override list to the PMPMs of the members not on the COVID-19 override list. The actuaries applied this additional factor only to the VF group based on the original reduced expectancy of ineligibility of the VF group over the EF group, included per AHCCCS DMPS in the prior year model, i.e., these members were expected to be more likely to remain on the rolls, which aligned with the three a priori assumptions of the model. The actual disenrollments through June 2023 have reduced the ineligibility percent assumption included for the EF group, but data is not yet available to evaluate actual disenrollments for the VF group, and this assumption has not been revised.

I.7.B.i.(c) Data and Source of Data

The sources of the data are listed above in Section I.7.B.i.(b).

I.7.B.i.(d) Relationship

The acuity adjustment factors are calculated independently of the capitation rate setting process and are incorporated in such a way that the only potential interaction that could change the result is the order of their inclusion within the rate development process. The application of the acuity factors at an earlier step in the process could result in a different result because the encounter data (for all members, not just those on the COVID-19 override list) used to develop the acuity factors was not modified for

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completion factors or any of the other base data adjustments applied to the rate setting data. The decision to not include these base data adjustments for the acuity factor encounter data could have an impact on the overall capitation rate by rate cell. The actuaries do not believe it would have been practical or advisable to develop separate adjustments for the encounter data associated with the members on the COVID-19 override list since the list only provides a snapshot of who had been redetermined as potentially ineligible between March 2020 and December 2022, while the final change in acuity will ultimately be different than modeled.

I.7.B.iv.(e) Frequency

As noted in I.7.B.iv.(a), if the actual experience and the assumptions included about the projected experience, including disenrollment rates, appeal rates, health status of leaving or remaining members, etc., differ significantly enough, the actuaries may incorporate an update to the acuity adjustment factors for the latter half of the rating period to address material differences in either direction. The AHCCCS DBF Actuarial Team will continue monitoring the experience and disenrollments, in comparison with the assumptions included within the model, and determine whether the acuity factors certified here are still appropriate, or if adjustments need to be made. With disenrollments beginning in April 2023, the actuaries will wait for at least six months of actual disenrollment experience to be available before making any revisions to the acuity factor model, in the event that revisions are determined to be appropriate after review.

I.7.B.i.(f) Description of Use of Acuity Adjustment Scores in Capitation Rates

The acuity adjustment factors are applied to the base data after adjustments and before trend as shown in Appendix 4. The acuity adjustment factors differ by risk group and GSA but are applied equally at the detailed category of service level.

The impacts to the ACC and ACC-RBHA Program of the acuity adjustment are displayed below in Table 16. Totals may not add up due to rounding.

Table 16: Impact of Acuity Adjustment on Benefit Costs

GSA	Dollar Impact	PMPM Impact
North	\$30,646,904	\$14.18
Central	\$246,739,495	\$16.90
South	\$83,346,658	\$15.23
Total	\$360,733,058	\$16.23

I.7.B.i.(g) Development in Accordance with Generally Accepted Actuarial Principles and Practices

The acuity adjustment factors have been developed in accordance with generally accepted actuarial principles and practices. There does not exist an actuarial standard of practice which specifically governs the development of acuity adjustment factors, but ASOP 49 Section 3.2.8. addresses Other Base Data Adjustments which the actuary should consider, and subsection c. addresses population adjustments which modify the base data to reflect differences between the population underlying the base period and the population expected to be covered during the rating period. The actuaries developed the acuity

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model using their professional judgement in determining what was appropriate for modeling the nature of the impact of the unwinding of the MOE on the populations covered by the capitation rates. The data used is specific to the Medicaid population, is consistent with the timing of the base period and incorporates information gathered since the start of disenrollments in April 2023, and has been reviewed for accuracy, completeness, quality, and consistency with the data used as the basis of the capitation rates and the model incorporates all known flexibilities that Arizona has opted into as part of its renewal plan as submitted to CMS through June 2023. The actuaries have relied on subject matter experts from AHCCCS DMPS with respect to anticipated final ineligibility determination percentage for the VF group, recent data regarding ineligibility determination percentage for the EF group, as well as historical data regarding appeal rates and allowed days for members to respond to renewal letters and/or appeal discontinuances from AHCCCS DMPS. The assumptions used in the model are consistent with the expected timing of redeterminations between the development of the capitation rates continuing into the rating period. The actuaries also requested and received technical assistance for a reasonability assessment from CMS with regard to the model development during the development cycle for the CYE 23 rating period.

Section II Medicaid Managed Care Rates with Long-Term Services and Supports – Not Applicable

Section II of the 2024 Medicaid Managed Care Rate Development Guide is not applicable to the ACC and ACC-RBHA Program. Managed long-term services and supports, as defined at 42 CFR § 438.2, are not covered services under the ACC and ACC-RBHA Program. The ACC and ACC-RBHA Program does cover nursing facility services, and related HCBS, for 90 days of short-term convalescent care.

Section III New Adult Group Capitation Rates

Section III of the 2024 Medicaid Managed Care Rate Development Guide is applicable to the ACC and ACC-RBHA Program.

AHCCCS expanded coverage for childless adults up to 100% of the federal poverty level (FPL) in 2000 under Proposition 204. In July 2011, this population was subject to an enrollment freeze. Effective January 1, 2014, AHCCCS opted to expand Medicaid eligibility for all adults up to 133% FPL (Adult Expansion) and restored coverage for the childless adults up to 100% FPL population (Childless Adult Restoration). Collectively, these two populations will be referred to as the new adult group.

The ACC and ACC-RBHA Program capitation rate development includes separate risk groups for the Childless Adult Restoration and Adult Expansion populations which are labeled throughout this certification as “Prop 204 Childless Adults” (formerly Adults \leq 106% FPL) and “Expansion Adults” (formerly Adults $>$ 106% FPL) respectively, with the exception of some members who would otherwise be categorized as part of the new adult group, except for having an SMI diagnosis and being enrolled with an ACC-RBHA Contractor in the SMI risk group. The capitation rates for the Childless Adult Restoration and Adult Expansion populations are developed the same way as the rates for other risk groups. The new adult group risk groups represent approximately 34.7% of expenditures for the ACC and ACC-RBHA Program. See Section I for the rate development of the ACC and ACC-RBHA Program capitation rates. The risk groups that make up the new adult group have been treated the same as any other ACC and ACC-RBHA Program risk group.

III.1. Data

III.1.A. Description of Data for Rate Development

The CYE 24 capitation rates for the new adult group rely on the same types and sources of data used for all risk groups as described in Section I.2.

III.1.B. Documentation

III.1.B.i. New Data

All data related to the CYE 24 capitation rates for all risk groups for the ACC and ACC-RBHA Program is described in Section I.2.

III.1.B.ii. Monitoring of Costs and Experience

The AHCCCS DBF Actuarial Team, along with the AHCCCS DBF Finance & Reinsurance Team, monitors the costs and experience for all AHCCCS programs. AHCCCS did not develop plans to monitor costs and experience specifically for the new adult group beyond the monitoring done for the ACC and ACC-RBHA Program.

III.1.B.iii. Actual Experience vs. Projected Experience

Table 17 below displays the projected gross medical expense (GME) PMPM from CYE 22 capitation rate development for the new adult group risk groups and the actual CYE 22 encounter data with completion and adjusted for the encounter data issues addressed in Section I.2.B.iii.(c) for those same risk groups. Actual CYE 22 encounter data includes impacts of COVID-19 and the MOE requirements due to the PHE; the CYE 22 encounter data information below has not been adjusted for those impacts.

Table 17: Projected and Actual Gross Medical Expense (GME) PMPM for CYE 22

GSA	Risk Group	Projected GME in CYE 22 Cap Rates	Actual CYE 22 GME from Completed Encounter Data	Percentage Impact
North	Prop 204 Childless Adults	\$570.67	\$485.38	(14.95%)
North	Expansion Adults	\$475.79	\$331.70	(30.28%)
Central	Prop 204 Childless Adults	\$668.60	\$548.86	(17.91%)
Central	Expansion Adults	\$471.76	\$345.30	(26.80%)
South	Prop 204 Childless Adults	\$571.26	\$485.97	(14.93%)
South	Expansion Adults	\$412.45	\$334.08	(19.00%)

III.1.B.iv. Adjustments Based Upon Actual Experience vs. Projected Experience

As described throughout Section I, the CYE 24 capitation rates were developed as a rebase using CYE 22 as the starting point for projections to CYE 24. Besides the base data adjustments described in I.2.B.iii.(d) and acuity adjustments as described in I.7.B.i., no other specific adjustments were made to the CYE 24 capitation rates for the ACC and ACC-RBHA Program, or the new adult group in particular, to reflect differences between projected and actual experience from previous rating periods of the ACC and

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ACC-RBHA Program. Due to the rebase, differences between projected and actual experience for the new adult group, and all risk groups within the ACC and ACC-RBHA Program, are implicitly adjusted for, in CYE 24 rate development, as CYE 22 actual experience is used as the base data for the capitation rates, and adjusted as described in Section I.

III.2. Projected Benefit Costs

III.2.A. Description of Projected Benefit Costs

III.2.A.i. Documentation if State Previously Covered the New Adult Group

III.2.A.i.(a) Previous Data and Experience Used

The projected benefit costs for the CYE 24 capitation rates for the ACC and ACC-RBHA Program are described in Section I.3. The capitation rates for each GSA and risk group were developed using the CYE 22 encounter data specific to each GSA and risk group as the base. Only data specific to the new adult group risk groups was used to develop the rates for the new adult group risk groups.

III.2.A.i.(b) Changes in Data Sources, Assumptions, and Methodologies

The projected benefit costs for the CYE 24 capitation rates for the ACC and ACC-RBHA Program are described in Section I.3. The data and assumptions used were specific to each GSA and risk group and the same methodology was used to develop projected benefit costs for all risk groups. Any changes in data sources, assumptions or methodologies have already been addressed in Section I.

III.2.A.i.(c) Change in Key Assumptions

All variations in assumptions used to develop the projected benefit costs for all covered populations are based upon valid capitation rate development standards and not based on the rate of federal financial participation for any covered population. There was an adjustment made for acuity, described above in Section I.7.B.i., due to the anticipated impacts of the ending of the PHE. There are no changes since the last rating period with respect to pent-up demand, adverse selection, or for the demographics of the new adult group. The AHCCCS fee schedule does not include any differences based on risk group. All changes or adjustments, including any changes to the new adult group, for programmatic and fee schedule changes in the base data period through the rating period have been addressed above in Section I, as the new adult group risk groups are not treated any differently in rate development than any other risk groups.

III.2.A.ii. Documentation if State Did Not Previously Cover the New Adult Group – Not Applicable

Not applicable. The new adult group was covered in previous rate setting periods.

III.2.A.iii. Key Assumptions

The CYE 24 capitation rates for the ACC and ACC-RBHA Program used a base data time period of CYE 22. This time period has 12 months of actual experience for the new adult group. Additionally, the beginning of CYE 22 (October 1, 2021) is seven years and nine months past the effective date of the Adult Expansion population for Arizona. The CYE 24 capitation rates for the ACC and ACC-RBHA Program do not include any of the following adjustments to specifically address the new adult group population: acuity or health status (comparing the new adult group enrollees to other Medicaid adult enrollees), pent-up demand, adverse selection, demographics, provider reimbursement rates, or any other material adjustments to specifically address the new adult group population. There is an acuity adjustment, described above in Section I.7.B.i., which is applied to nearly all risk groups, including the new adult

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group risk groups, but the comparison is between members on the COVID-19 override list in each risk group and GSA to members not on the COVID-19 override list in the same risk group and GSA.

III.2.B. Any Other Material Changes

Any other material changes or adjustments to projected benefit costs are described in Section I.3.

III.3. Projected Non-Benefit Costs

III.3.A. Description of Issues

III.3.A.i. Changes in Data Sources, Assumptions, Methodologies

The development of the projected non-benefit costs, including any changes in data, assumptions, or methodologies since the last rate certification, for the CYE 24 capitation rates for the ACC and ACC-RBHA Program, including the new adult group, are described in Section I.5.

III.3.A.ii. Changes in Assumptions from Previous Rating Period

No changes in assumptions were made to the new adult group for any item in this section, except those changes in assumptions made to all rate cells, as described above in Section I.5.

III.3.B. Differences between Populations – Not Applicable

Not applicable. There are no differences in administrative costs assumptions, care coordination and care management assumptions, UW gain assumptions, or premium tax assumptions between populations for the CYE 24 capitation rates for the ACC and ACC-RBHA Program. There are no other material non-benefit costs to specifically address the new adult group population.

III.4. Final Certified Rates

III.4.A. Documentation

III.4.A.i. Comparison of Rates

The comparisons to certified rates from the previous rating period are shown in Appendix 3.

III.4.A.ii. Description of Material Changes

There are no other material changes to specifically address the new adult group population in the CYE 24 capitation rates for the ACC and ACC-RBHA Program.

III.5. Risk Mitigation Strategies

III.5.A. New Adult Rates Risk Mitigation

Risk mitigation strategies for new adult group population are the same as all other rate cells. There are no risk mitigation strategies specific to the new adult group population.

III.5.B. Documentation

Changes to the risk mitigation strategies from the previous rating period, for all populations, including the new adult group population, are documented above in Section I.4.C.

Appendix 1: Actuarial Certification

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We, Matthew C. Varitek, FSA, MAAA and Erica Johnson, ASA, MAAA, are employees of AHCCCS. We meet the qualification standards established by the American Academy of Actuaries and have followed generally accepted actuarial practices and regulatory requirements, including published guidance from the American Academy of Actuaries, the Actuarial Standards Board, CMS, and federal regulations.

The capitation rates included with this rate certification are considered actuarially sound according to the following criteria from 42 CFR § 438.4(a) and 42 CFR § 438.4(b). The state did not opt to develop capitation rate ranges, therefore adherence to 42 CFR § 438.4(c) is not required.

- § 438.4(a) Actuarially sound capitation rates defined. Actuarially sound capitation rates are projected to provide for all reasonable, appropriate, and attainable costs that are required under the terms of the contract and for the operation of the MCO, PIHP, or PAHP for the time period and the population covered under the terms of the contract, and such capitation rates are developed in accordance with the requirements in paragraph (b) of this section.
- § 438.4(b) CMS review and approval of actuarially sound capitation rates. Capitation rates for MCOs, PIHPs, and PAHPs must be reviewed and approved by CMS as actuarially sound. To be approved by CMS, capitation rates must:
 - § 438.4(b)(1) Have been developed in accordance with standards specified in § 438.5 and generally accepted actuarial principles and practices. Any differences in the assumptions, methodologies, or factors used to develop capitation rates for covered populations must be based on valid rate development standards that represent actual cost differences in providing covered services to the covered populations. Any differences in the assumptions, methodologies, or factors used to develop capitation rates must not vary with the rate of Federal financial participation (FFP) associated with the covered populations in a manner that increases Federal costs. The determination that differences in the assumptions, methodologies, or factors used to develop capitation rates for MCOs, PIHPs, and PAHPs increase Federal costs and vary with the rate of FFP associated with the covered populations must be evaluated for the entire managed care program and include all managed care contracts for all covered populations. CMS may require a State to provide written documentation and justification that any differences in the assumptions, methodologies, or factors used to develop capitation rates for covered populations or contracts represent actual cost differences based on the characteristics and mix of the covered services or the covered populations.
 - § 438.4(b)(2) Be appropriate for the populations to be covered and the services to be furnished under the contract.
 - § 438.4(b)(3) Be adequate to meet the requirements on MCOs, PIHPs, and PAHPs in §§ 438.206, 438.207, and 438.208.
 - § 438.4(b)(4) Be specific to payments for each rate cell under the contract.
 - § 438.4(b)(5) Payments from any rate cell must not cross-subsidize or be cross-subsidized by payments for any other rate cell.
 - § 438.4(b)(6) Be certified by an actuary as meeting the applicable requirements of this part, including that the rates have been developed in accordance with the requirements specified in § 438.3(c)(1)(ii) and (e).
 - § 438.4(b)(7) Meet any applicable special contract provisions as specified in § 438.6.
 - § 438.4(b)(8) Be provided to CMS in a format and within a timeframe that meets requirements in § 438.7.
 - § 438.4(b)(9) Be developed in such a way that the MCO, PIHP, or PAHP would reasonably achieve a medical loss ratio standard, as calculated under § 438.8, of at least 85 percent for the

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rate year. The capitation rates may be developed in such a way that the MCO, PIHP, or PAHP would reasonably achieve a medical loss ratio standard greater than 85 percent, as calculated under § 438.8, as long as the capitation rates are adequate for reasonable, appropriate, and attainable non-benefit costs.

Additionally, the term actuarially sound is defined in Actuarial Standard of Practice (ASOP) 49, “Medicaid Managed Care Capitation Rate Development and Certification,” as:

“Medicaid capitation rates are “actuarially sound” if, for business for which the certification is being prepared and for the period covered by the certification, projected capitation rates and other revenue sources provide for all reasonable, appropriate, and attainable costs. For purposes of this definition, other revenue sources include, but are not limited to, expected reinsurance and governmental stop-loss cash flows, governmental risk adjustment cash flows, and investment income. For purposes of this definition, costs include, but are not limited to, expected health benefits, health benefit settlement expenses, administrative expenses, the cost of capital, and government-mandated assessments, fees, and taxes.”

The data, assumptions, and methodologies used to develop the CYE 24 capitation rates for the ACC and ACC-RBHA Program have been documented according to the guidelines established by CMS in the 2024 Guide. The CYE 24 capitation rates for the ACC and ACC-RBHA Program are effective for the 12-month time period from October 1, 2023, through September 30, 2024.

The actuarially sound capitation rates are based on projections of future events. Actual results may vary from the projections. In developing the actuarially sound capitation rates, we have relied upon data and information provided by teams at AHCCCS and the Contractors. We have relied upon AHCCCS and the Contractors for the accuracy of the data and we have accepted the data without audit, after checking the data for reasonableness and consistency unless stated otherwise.

SIGNATURE ON FILE

August 11, 2023

Matthew C. Varitek

Date

Fellow, Society of Actuaries

Member, American Academy of Actuaries

SIGNATURE ON FILE

August 11, 2023

Erica Johnson

Date

Associate, Society of Actuaries

Member, American Academy of Actuaries

Appendix 2: Certified Capitation Rates

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Appendix 2: Certified Capitation Rates

GSA	Contractor	AGE < 1	AGE 1-20	AGE 21+	Duals	SSIWO	Prop 204 Childless Adults	Expansion Adults	Delivery Supplemental Payments	SMI	Crisis 24 Hour Group
North	Care 1st Health Plan Arizona, Inc.	\$714.67	\$228.06	\$390.42	\$141.63	\$1,187.94	\$606.89	\$452.09	\$7,157.44	\$1,711.41	\$6.62
North	Health Choice Arizona, Inc.	\$744.59	\$216.57	\$386.05	\$135.22	\$1,231.25	\$600.09	\$451.66	\$7,157.44	NA	NA
Central	Arizona Complete Health - Complete Care Plan	\$735.61	\$203.57	\$413.97	\$184.79	\$1,196.82	\$641.10	\$425.32	\$7,258.84	NA	NA
Central	Banner - University Family Care	\$746.72	\$207.81	\$406.72	\$184.41	\$1,223.09	\$640.10	\$444.49	\$7,258.84	NA	NA
Central	Molina Healthcare of Arizona, Inc.	\$733.01	\$231.94	\$431.44	\$214.80	\$1,307.18	\$649.09	\$456.02	\$7,258.84	NA	NA
Central	Mercy Care	\$740.28	\$207.66	\$452.44	\$178.32	\$1,385.38	\$690.36	\$458.22	\$7,258.84	\$2,722.96	\$9.40
Central	Health Choice Arizona, Inc.	\$758.78	\$214.55	\$430.65	\$188.97	\$1,250.68	\$640.99	\$428.29	\$7,258.84	NA	NA
Central	UnitedHealthcare Community Plan	\$741.96	\$212.95	\$435.44	\$183.66	\$1,316.38	\$668.75	\$455.12	\$7,258.84	NA	NA
South	Arizona Complete Health - Complete Care Plan	\$811.72	\$214.66	\$416.97	\$158.25	\$1,351.96	\$592.79	\$426.63	\$7,346.66	\$1,758.18	\$8.68
South	Banner - University Family Care	\$846.79	\$221.01	\$424.00	\$158.32	\$1,336.96	\$596.85	\$428.36	\$7,346.66	NA	NA
South	UnitedHealthcare Community Plan (Pima Only)	\$860.57	\$232.93	\$448.84	\$157.37	\$1,373.99	\$612.31	\$445.78	\$7,346.66	NA	NA

Appendix 3: Fiscal Impact Summary and Comparison to Prior Rates

CYE 24 Capitation Rate Certification – ACC and ACC-RBHA Program

Appendix 3: Fiscal Impact Summary

GSA	Risk Group	CYE 24 Projected MMs	Weighted CYE 23 Cap Rate	CYE 23 Projected Expenditures	Weighted CYE 24 Cap Rate	CYE 24 Projected Expenditures	Percentage Impact
North	AGE < 1	43,426	\$667.21	\$28,974,183	\$732.48	\$31,808,786	9.78%
North	AGE 1-20	803,868	\$204.93	\$164,733,387	\$221.74	\$178,250,923	8.21%
North	AGE 21+	354,544	\$394.08	\$139,718,656	\$387.94	\$137,540,904	(1.56%)
North	Duals	186,947	\$149.25	\$27,902,100	\$138.37	\$25,868,257	(7.29%)
North	SSIWO	69,861	\$1,258.08	\$87,890,637	\$1,211.43	\$84,631,138	(3.71%)
North	Prop 204 Childless Adults	506,146	\$644.70	\$326,310,258	\$603.09	\$305,249,806	(6.45%)
North	Expansion Adults	126,543	\$478.77	\$60,584,568	\$451.85	\$57,178,359	(5.62%)
North	Delivery Supplemental Payments	2,822	\$7,376.47	\$20,816,393	\$7,157.44	\$20,198,306	(2.97%)
North	SMI	69,669	\$1,659.79	\$115,635,880.05	\$1,711.41	\$119,231,937	3.11%
North	Crisis 24 Hour Group	2,922,841	\$6.30	\$18,421,349	\$6.62	\$19,353,176	5.06%
North	Total ^{1,2}	2,161,005		\$990,987,413		\$979,311,592	(1.18%)
Central	AGE < 1	372,387	\$673.20	\$250,689,459	\$742.04	\$276,327,643	10.23%
Central	AGE 1-20	6,338,007	\$195.54	\$1,239,327,284	\$209.83	\$1,329,872,562	7.31%
Central	AGE 21+	2,386,826	\$440.76	\$1,052,006,729	\$433.86	\$1,035,540,962	(1.57%)
Central	Duals	842,491	\$172.61	\$145,419,632	\$183.89	\$154,925,719	6.54%
Central	SSIWO	410,927	\$1,305.32	\$536,393,729	\$1,299.71	\$534,085,510	(0.43%)
Central	Prop 204 Childless Adults	3,130,514	\$705.37	\$2,208,170,411	\$662.97	\$2,075,429,505	(6.01%)
Central	Expansion Adults	760,494	\$471.31	\$358,430,932	\$446.92	\$339,882,874	(5.17%)
Central	Delivery Supplemental Payments	21,658	\$7,229.97	\$156,586,688	\$7,258.84	\$157,211,971	0.40%
Central	SMI	356,530	\$2,482.31	\$885,018,686	\$2,722.96	\$970,818,121	9.69%
Central	Crisis 24 Hour Group	14,724,104	\$8.40	\$123,667,847	\$9.40	\$138,428,496	11.94%
Central	Total ^{1,2}	14,598,176		\$6,955,711,396		\$7,012,523,363	0.82%
South	AGE < 1	119,310	\$701.05	\$83,641,801	\$837.74	\$99,950,968	19.50%
South	AGE 1-20	2,058,253	\$210.08	\$432,391,799	\$221.95	\$456,823,002	5.65%
South	AGE 21+	931,666	\$422.70	\$393,819,716	\$427.92	\$398,677,858	1.23%
South	Duals	489,721	\$148.66	\$72,801,763	\$158.02	\$77,387,954	6.30%
South	SSIWO	178,995	\$1,328.88	\$237,863,690	\$1,351.97	\$241,995,441	1.74%
South	Prop 204 Childless Adults	1,209,901	\$631.25	\$763,748,224	\$599.72	\$725,597,476	(5.00%)
South	Expansion Adults	330,963	\$447.09	\$147,971,229	\$432.46	\$143,129,250	(3.27%)
South	Delivery Supplemental Payments	7,774	\$7,418.52	\$57,671,600	\$7,346.66	\$57,112,928	(0.97%)
South	SMI	154,704	\$1,615.68	\$249,951,768	\$1,758.18	\$271,997,313	8.82%
South	Crisis 24 Hour Group	5,564,574	\$7.87	\$43,803,311	\$8.68	\$48,294,739	10.25%
South	Total ^{1,2}	5,473,514		\$2,483,664,901		\$2,520,966,929	1.50%
Total	AGE < 1	535,123	\$678.92	\$363,305,444	\$762.60	\$408,087,397	12.33%
Total	AGE 1-20	9,200,128	\$199.61	\$1,836,452,470	\$213.58	\$1,964,946,487	7.00%
Total	AGE 21+	3,673,036	\$431.67	\$1,585,545,101	\$427.92	\$1,571,759,724	(0.87%)
Total	Duals	1,519,160	\$162.01	\$246,123,496	\$169.95	\$258,181,930	4.90%
Total	SSIWO	659,783	\$1,306.71	\$862,148,056	\$1,304.54	\$860,712,090	(0.17%)
Total	Prop 204 Childless Adults	4,846,560	\$680.53	\$3,298,228,893	\$640.92	\$3,106,276,788	(5.82%)
Total	Expansion Adults	1,218,001	\$465.51	\$566,986,729	\$443.51	\$540,190,482	(4.73%)
Total	Delivery Supplemental Payments	32,254	\$7,288.23	\$235,074,681	\$7,271.14	\$234,523,205	(0.23%)
Total	SMI	580,903	\$2,152.87	\$1,250,606,334	\$2,344.71	\$1,362,047,371	8.91%
Total	Crisis 24 Hour Group	23,211,519	\$8.01	\$185,892,507	\$8.88	\$206,076,411	10.86%
Total	Total ^{1,2}	22,232,694		\$10,430,363,710		\$10,512,801,884	0.79%

1) Total Projected MMs doesn't include Delivery Supplemental Payment members or Crisis 24 Hour Group member months

2) Totals may not add up due to rounding

Appendix 4: Base Data and Base Data Adjustments

Appendix 4: Base Data and Base Data Adjustments

GSA: North
 Rate Cell: AGE < 1
 Base Period: October 1, 2021, through September 30, 2022
 Projection Period: October 1, 2023, through September 30, 2024
 Base Period Member Months: 42,617
 Projection Period Member Months: 43,426

	I.2.B.ii.(a)	I.2.B.iii.(b)	I.2.B.iii.(c)	Subtotal	I.2.B.iii.(d)	I.2.B.iii.(d)	I.2.B.iii.(d)	I.2.B.iii.(d)	I.2.B.iii.(d)	I.2.B.iii.(d)	I.2.B.iii.(d)	I.2.B.iii.(d)	I.3.A.v.	I.3.A.v.	I.3.A.v.	I.7.B.i	Subtotal
Category of Service	Base PMPM	Completion Factors	Encounter Issue Adjustment	Adjusted PMPM	Removal of DAP	Removal of Ancillary Crisis	Removal of COVID-19 Tests	Removal of COVID-19 Vaccines	Fraud, Waste, and Abuse	PAD Repricing	Subcap Admin Expense Removal	Other Base Data Adjustments	IMD (Reprice Stays of all Lengths)	IMD (Remove Stays > 15)	IMD (Remove Related Expenses > 15)	Acuity Adjustment	Adjusted Base PMPM
Physical Health Inpatient and LTC	\$329.79	0.9175	1.0000	\$359.46	(2.47%)	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.01%	\$350.63
Behavioral Health Inpatient and LTC	\$1.10	0.8618	1.0000	\$1.28	(1.49%)	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.01%	\$1.26
Outpatient Facility	\$15.09	0.9575	1.0000	\$15.76	(2.93%)	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.01%	\$15.30
Emergency Facility	\$26.03	0.9581	1.0000	\$27.17	(3.44%)	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.01%	\$26.24
Pharmacy	\$5.95	0.9993	1.0000	\$5.95	0.00%	0.00%	(0.01%)	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.01%	\$5.95
Transportation	\$23.69	0.9810	1.0000	\$24.15	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	(0.09%)	0.00%	0.00%	0.00%	0.00%	0.01%	\$24.13
Dental	\$0.35	0.9775	1.0000	\$0.36	(0.36%)	0.00%	0.00%	0.00%	0.00%	0.00%	(8.18%)	0.00%	0.00%	0.00%	0.00%	0.01%	\$0.33
FQHC/RHC	\$30.28	0.9798	1.0000	\$30.90	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.01%	\$30.91
Laboratory and Radiology Services	\$6.53	0.9810	1.0000	\$6.65	(0.05%)	0.00%	(19.55%)	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.01%	\$5.35
Other Professional Services	\$15.50	0.9827	1.0000	\$15.77	(0.01%)	0.00%	0.00%	0.00%	0.00%	0.00%	(0.28%)	0.00%	0.00%	0.00%	0.00%	0.01%	\$15.73
Physical Health Practitioners	\$124.68	0.9795	1.0000	\$127.29	(0.13%)	0.00%	0.00%	(0.02%)	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.01%	\$127.12
Behavioral Health Practitioners	\$0.74	0.9814	1.0000	\$0.76	(1.97%)	0.00%	0.00%	0.00%	0.00%	0.00%	(0.17%)	0.00%	0.00%	0.00%	0.00%	0.01%	\$0.74
Gross Medical	\$579.73			\$615.51													\$603.68

Appendix 4: Base Data and Base Data Adjustments

GSA: North
 Rate Cell: AGE 1-20
 Base Period: October 1, 2021, through September 30, 2022
 Projection Period: October 1, 2023, through September 30, 2024
 Base Period Member Months: 831,824
 Projection Period Member Months: 803,868

	I.2.B.ii.(a)	I.2.B.iii.(b)	I.2.B.iii.(c)	Subtotal	I.2.B.iii.(d)	I.2.B.iii.(d)	I.2.B.iii.(d)	I.2.B.iii.(d)	I.2.B.iii.(d)	I.2.B.iii.(d)	I.2.B.iii.(d)	I.2.B.iii.(d)	I.3.A.v.	I.3.A.v.	I.3.A.v.	I.7.B.i	Subtotal
Category of Service	Base PMPM	Completion Factors	Encounter Issue Adjustment	Adjusted PMPM	Removal of DAP	Removal of Ancillary Crisis	Removal of COVID-19 Tests	Removal of COVID-19 Vaccines	Fraud, Waste, and Abuse	PAD Repricing	Subcap Admin Expense Removal	Other Base Data Adjustments	IMD (Reprice Stays of all Lengths)	IMD (Remove Stays > 15)	IMD (Remove Related Expenses > 15)	Acuity Adjustment	Adjusted Base PMPM
Physical Health Inpatient and LTC	\$13.81	0.9094	1.0000	\$15.19	(2.82%)	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	3.82%	\$15.32
Behavioral Health Inpatient and LTC	\$9.82	0.9092	1.0000	\$10.80	(1.79%)	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	3.82%	\$11.01
Outpatient Facility	\$9.79	0.9570	1.0000	\$10.23	(2.84%)	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	3.82%	\$10.32
Emergency Facility	\$11.98	0.9563	1.0000	\$12.53	(3.64%)	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	3.82%	\$12.53
Pharmacy	\$23.16	0.9993	1.0000	\$23.18	0.00%	0.00%	(0.03%)	(1.53%)	0.00%	0.00%	0.00%	(0.08%)	0.00%	0.00%	0.00%	3.82%	\$23.67
Transportation	\$6.02	0.9797	1.0000	\$6.15	(0.25%)	0.00%	0.00%	0.00%	0.00%	0.00%	(0.53%)	0.00%	0.00%	0.00%	0.00%	3.82%	\$6.33
Dental	\$18.53	0.9791	1.0000	\$18.92	(0.31%)	0.00%	0.00%	0.00%	0.00%	0.00%	(7.10%)	0.00%	0.00%	0.00%	0.00%	3.82%	\$18.19
FQHC/RHC	\$7.75	0.9792	1.0000	\$7.91	0.00%	0.00%	0.00%	0.00%	0.00%	0.05%	0.00%	0.00%	0.00%	0.00%	0.00%	3.82%	\$8.22
Laboratory and Radiology Services	\$3.21	0.9822	1.0000	\$3.27	(0.11%)	0.00%	(41.01%)	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	3.82%	\$2.00
Other Professional Services	\$11.38	0.9800	1.0000	\$11.61	(0.91%)	(1.39%)	0.00%	(0.01%)	0.00%	(0.06%)	(0.15%)	0.00%	0.00%	0.00%	0.00%	3.82%	\$11.75
Physical Health Practitioners	\$21.93	0.9796	1.0000	\$22.38	(0.21%)	0.00%	0.00%	(0.70%)	0.00%	0.10%	0.00%	0.00%	0.00%	0.00%	0.00%	3.82%	\$23.05
Behavioral Health Practitioners	\$25.48	0.9797	1.0000	\$26.01	(2.03%)	(0.11%)	0.00%	0.00%	0.00%	0.00%	(0.16%)	0.00%	0.00%	0.00%	0.00%	3.82%	\$26.38
Gross Medical	\$162.85			\$168.17													\$168.79

Appendix 4: Base Data and Base Data Adjustments

GSA: North
 Rate Cell: AGE 21+
 Base Period: October 1, 2021, through September 30, 2022
 Projection Period: October 1, 2023, through September 30, 2024
 Base Period Member Months: 380,424
 Projection Period Member Months: 354,544

	I.2.B.ii.(a)	I.2.B.iii.(b)	I.2.B.iii.(c)	Subtotal	I.2.B.iii.(d)	I.2.B.iii.(d)	I.2.B.iii.(d)	I.2.B.iii.(d)	I.2.B.iii.(d)	I.2.B.iii.(d)	I.2.B.iii.(d)	I.2.B.iii.(d)	I.3.A.v.	I.3.A.v.	I.3.A.v.	I.7.B.i	Subtotal
Category of Service	Base PMPM	Completion Factors	Encounter Issue Adjustment	Adjusted PMPM	Removal of DAP	Removal of Ancillary Crisis	Removal of COVID-19 Tests	Removal of COVID-19 Vaccines	Fraud, Waste, and Abuse	PAD Repricing	Subcap Admin Expense Removal	Other Base Data Adjustments	IMD (Reprice Stays of all Lengths)	IMD (Remove Stays > 15)	IMD (Remove Related Expenses > 15)	Acuity Adjustment	Adjusted Base PMPM
Physical Health Inpatient and LTC	\$33.36	0.9191	1.0000	\$36.30	(3.54%)	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	5.70%	\$37.01
Behavioral Health Inpatient and LTC	\$5.68	0.9101	1.0000	\$6.24	(2.18%)	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	1.51%	0.00%	0.00%	5.70%	\$6.55
Outpatient Facility	\$34.69	0.9564	1.0000	\$36.27	(2.74%)	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.10%	0.00%	0.00%	0.00%	5.70%	\$37.32
Emergency Facility	\$26.92	0.9563	1.0000	\$28.15	(3.45%)	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	5.70%	\$28.72
Pharmacy	\$67.25	0.9992	1.0000	\$67.30	0.00%	0.00%	(0.03%)	(0.81%)	0.00%	0.00%	0.00%	(0.02%)	0.00%	0.00%	0.00%	5.70%	\$70.53
Transportation	\$11.85	0.9795	1.0000	\$12.10	(0.02%)	0.00%	0.00%	0.00%	0.00%	0.00%	(0.47%)	0.00%	0.00%	0.00%	0.00%	5.70%	\$12.73
Dental	\$1.31	0.9803	1.0000	\$1.33	(0.47%)	0.00%	0.00%	0.00%	0.00%	0.00%	(4.98%)	0.00%	0.00%	0.00%	0.00%	5.70%	\$1.33
FQHC/RHC	\$11.78	0.9797	1.0000	\$12.02	0.00%	0.00%	0.00%	0.00%	0.00%	0.06%	0.00%	0.00%	0.00%	0.00%	0.00%	5.70%	\$12.71
Laboratory and Radiology Services	\$13.71	0.9791	1.0000	\$14.01	(0.11%)	0.00%	(14.90%)	0.00%	0.00%	0.01%	0.00%	0.00%	0.00%	0.00%	0.00%	5.70%	\$12.58
Other Professional Services	\$6.08	0.9800	1.0000	\$6.20	(0.08%)	(2.64%)	0.00%	(0.01%)	0.00%	0.00%	(0.46%)	0.02%	0.00%	0.00%	0.00%	5.70%	\$6.35
Physical Health Practitioners	\$49.48	0.9797	1.0000	\$50.50	(0.28%)	0.00%	0.00%	(0.10%)	0.00%	0.46%	0.00%	0.10%	0.00%	0.00%	0.00%	5.70%	\$53.47
Behavioral Health Practitioners	\$27.58	0.9793	1.0000	\$28.16	(0.99%)	(0.22%)	0.00%	0.00%	0.00%	0.00%	(0.12%)	0.00%	0.00%	0.00%	0.00%	5.70%	\$29.37
Gross Medical	\$289.69			\$298.59													\$308.68

Appendix 4: Base Data and Base Data Adjustments

GSA: North
 Rate Cell: Duals
 Base Period: October 1, 2021, through September 30, 2022
 Projection Period: October 1, 2023, through September 30, 2024
 Base Period Member Months: 190,010
 Projection Period Member Months: 186,947

	I.2.B.ii.(a)	I.2.B.iii.(b)	I.2.B.iii.(c)	Subtotal	I.2.B.iii.(d)	I.2.B.iii.(d)	I.2.B.iii.(d)	I.2.B.iii.(d)	I.2.B.iii.(d)	I.2.B.iii.(d)	I.2.B.iii.(d)	I.2.B.iii.(d)	I.3.A.v.	I.3.A.v.	I.3.A.v.	I.7.B.i	Subtotal
Category of Service	Base PMPM	Completion Factors	Encounter Issue Adjustment	Adjusted PMPM	Removal of DAP	Removal of Ancillary Crisis	Removal of COVID-19 Tests	Removal of COVID-19 Vaccines	Fraud, Waste, and Abuse	PAD Repricing	Subcap Admin Expense Removal	Other Base Data Adjustments	IMD (Reprice Stays of all Lengths)	IMD (Remove Stays > 15)	IMD (Remove Related Expenses > 15)	Acuity Adjustment	Adjusted Base PMPM
Physical Health Inpatient and LTC	\$12.85	0.9280	1.0000	\$13.85	(2.10%)	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	1.68%	\$13.79
Behavioral Health Inpatient and LTC	\$1.67	0.9310	1.0000	\$1.79	(1.51%)	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	6.53%	(0.58%)	0.00%	1.68%	\$1.90
Outpatient Facility	\$19.39	0.9585	1.0000	\$20.23	(2.30%)	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.14%	0.00%	0.00%	0.00%	1.68%	\$20.13
Emergency Facility	\$4.28	0.9575	1.0000	\$4.47	(3.76%)	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	1.68%	\$4.38
Pharmacy	\$3.82	0.9993	1.0000	\$3.82	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	(0.11%)	0.00%	0.00%	0.00%	1.68%	\$3.88
Transportation	\$10.61	0.9808	1.0000	\$10.81	(0.07%)	0.00%	0.00%	0.00%	0.00%	0.00%	(2.95%)	0.00%	0.00%	0.00%	0.00%	1.68%	\$10.66
Dental	\$0.34	0.9822	1.0000	\$0.34	(0.50%)	0.00%	0.00%	0.00%	0.00%	0.00%	(10.46%)	0.00%	0.00%	0.00%	0.00%	1.68%	\$0.31
FQHC/RHC	\$1.74	0.9808	1.0000	\$1.77	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	1.68%	\$1.80
Laboratory and Radiology Services	\$3.93	0.9799	1.0000	\$4.01	(0.08%)	0.00%	(1.23%)	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	1.68%	\$4.03
Other Professional Services	\$3.11	0.9806	1.0000	\$3.17	(0.45%)	(3.75%)	0.00%	(0.03%)	0.00%	0.00%	(0.34%)	0.21%	0.00%	0.00%	0.00%	1.68%	\$3.08
Physical Health Practitioners	\$23.63	0.9819	1.0000	\$24.07	(0.20%)	0.00%	0.00%	(0.02%)	0.00%	0.00%	0.00%	0.17%	0.00%	0.00%	0.00%	1.68%	\$24.46
Behavioral Health Practitioners	\$14.11	0.9796	1.0000	\$14.40	(1.71%)	(0.21%)	0.00%	0.00%	0.00%	0.00%	(0.14%)	0.00%	0.00%	0.00%	(0.06%)	1.68%	\$14.34
Gross Medical	\$99.48			\$102.75													\$102.76

Appendix 4: Base Data and Base Data Adjustments

GSA: North
 Rate Cell: SSIWO
 Base Period: October 1, 2021, through September 30, 2022
 Projection Period: October 1, 2023, through September 30, 2024
 Base Period Member Months: 71,022
 Projection Period Member Months: 69,861

	I.2.B.ii.(a)	I.2.B.iii.(b)	I.2.B.iii.(c)	Subtotal	I.2.B.iii.(d)	I.2.B.iii.(d)	I.2.B.iii.(d)	I.2.B.iii.(d)	I.2.B.iii.(d)	I.2.B.iii.(d)	I.2.B.iii.(d)	I.2.B.iii.(d)	I.3.A.v.	I.3.A.v.	I.3.A.v.	I.7.B.i	Subtotal
Category of Service	Base PMPM	Completion Factors	Encounter Issue Adjustment	Adjusted PMPM	Removal of DAP	Removal of Ancillary Crisis	Removal of COVID-19 Tests	Removal of COVID-19 Vaccines	Fraud, Waste, and Abuse	PAD Repricing	Subcap Admin Expense Removal	Other Base Data Adjustments	IMD (Reprice Stays of all Lengths)	IMD (Remove Stays > 15)	IMD (Remove Related Expenses > 15)	Acuity Adjustment	Adjusted Base PMPM
Physical Health Inpatient and LTC	\$179.46	0.9120	1.0000	\$196.78	(2.27%)	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	1.16%	\$194.55
Behavioral Health Inpatient and LTC	\$21.68	0.9041	1.0000	\$23.98	(1.99%)	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	1.10%	(4.15%)	0.00%	1.16%	\$23.04
Outpatient Facility	\$98.90	0.9564	1.0000	\$103.41	(2.11%)	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.11%	0.00%	0.00%	0.00%	1.16%	\$102.52
Emergency Facility	\$42.48	0.9561	1.0000	\$44.44	(3.09%)	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	1.16%	\$43.57
Pharmacy	\$358.50	0.9993	1.0000	\$358.77	0.00%	0.00%	(0.01%)	(0.29%)	0.00%	0.00%	0.00%	(0.01%)	0.00%	0.00%	0.00%	1.16%	\$361.82
Transportation	\$47.79	0.9796	1.0000	\$48.79	(0.08%)	0.00%	0.00%	0.00%	0.00%	0.00%	(0.82%)	0.00%	0.00%	0.00%	0.00%	1.16%	\$48.91
Dental	\$4.44	0.9787	1.0000	\$4.53	(0.37%)	0.00%	0.00%	0.00%	0.00%	0.00%	(6.52%)	0.00%	0.00%	0.00%	0.00%	1.16%	\$4.27
FQHC/RHC	\$14.59	0.9799	1.0000	\$14.89	0.00%	0.00%	0.00%	0.00%	0.00%	0.02%	0.00%	0.00%	0.00%	0.00%	0.00%	1.16%	\$15.06
Laboratory and Radiology Services	\$22.26	0.9789	1.0000	\$22.74	(0.06%)	0.00%	(8.60%)	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	1.16%	\$21.01
Other Professional Services	\$41.21	0.9802	1.0000	\$42.04	(0.18%)	(1.18%)	0.00%	(0.00%)	0.00%	0.00%	(0.48%)	0.02%	0.00%	0.00%	0.00%	1.16%	\$41.76
Physical Health Practitioners	\$140.89	0.9799	1.0000	\$143.78	(0.17%)	0.00%	0.00%	(0.10%)	0.00%	(1.69%)	0.00%	0.12%	0.00%	0.00%	0.00%	1.16%	\$142.78
Behavioral Health Practitioners	\$47.34	0.9797	1.0000	\$48.32	(1.41%)	(0.30%)	0.00%	0.00%	0.00%	0.00%	(0.15%)	0.00%	0.00%	0.00%	(0.50%)	1.16%	\$47.74
Gross Medical	\$1,019.54			\$1,052.46													\$1,047.03

Appendix 4: Base Data and Base Data Adjustments

GSA: North
 Rate Cell: Prop 204 Childless Adults
 Base Period: October 1, 2021, through September 30, 2022
 Projection Period: October 1, 2023, through September 30, 2024
 Base Period Member Months: 554,281
 Projection Period Member Months: 506,146

	I.2.B.ii.(a)	I.2.B.iii.(b)	I.2.B.iii.(c)	Subtotal	I.2.B.iii.(d)	I.2.B.iii.(d)	I.2.B.iii.(d)	I.2.B.iii.(d)	I.2.B.iii.(d)	I.2.B.iii.(d)	I.2.B.iii.(d)	I.2.B.iii.(d)	I.3.A.v.	I.3.A.v.	I.3.A.v.	I.7.B.i	Subtotal
Category of Service	Base PMPM	Completion Factors	Encounter Issue Adjustment	Adjusted PMPM	Removal of DAP	Removal of Ancillary Crisis	Removal of COVID-19 Tests	Removal of COVID-19 Vaccines	Fraud, Waste, and Abuse	PAD Repricing	Subcap Admin Expense Removal	Other Base Data Adjustments	IMD (Reprice Stays of all Lengths)	IMD (Remove Stays > 15)	IMD (Remove Related Expenses > 15)	Acuity Adjustment	Adjusted Base PMPM
Physical Health Inpatient and LTC	\$79.53	0.9111	1.0000	\$87.29	(2.28%)	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	4.14%	\$88.83
Behavioral Health Inpatient and LTC	\$19.99	0.9045	1.0000	\$22.10	(2.06%)	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	2.58%	(2.71%)	0.00%	4.14%	\$22.50
Outpatient Facility	\$44.08	0.9565	1.0000	\$46.08	(2.59%)	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.10%	0.00%	0.00%	0.00%	4.14%	\$46.79
Emergency Facility	\$29.30	0.9563	1.0000	\$30.64	(3.21%)	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	4.14%	\$30.88
Pharmacy	\$107.95	0.9993	1.0000	\$108.03	0.00%	0.00%	(0.02%)	(0.73%)	0.00%	0.00%	0.00%	(0.01%)	0.00%	0.00%	0.00%	4.14%	\$111.64
Transportation	\$24.23	0.9795	1.0000	\$24.74	(0.06%)	0.00%	0.00%	0.00%	0.00%	0.00%	(0.67%)	0.00%	0.00%	0.00%	0.00%	4.14%	\$25.58
Dental	\$1.78	0.9796	1.0000	\$1.82	(0.41%)	0.00%	0.00%	0.00%	0.00%	0.00%	(5.84%)	0.00%	0.00%	0.00%	0.00%	4.14%	\$1.78
FQHC/RHC	\$9.95	0.9796	1.0000	\$10.16	0.00%	0.00%	0.00%	0.00%	0.00%	0.08%	0.00%	0.00%	0.00%	0.00%	0.00%	4.14%	\$10.59
Laboratory and Radiology Services	\$13.90	0.9790	1.0000	\$14.19	(0.06%)	0.00%	(10.02%)	0.00%	0.00%	0.01%	0.00%	0.00%	0.00%	0.00%	0.00%	4.14%	\$13.29
Other Professional Services	\$10.43	0.9788	1.0000	\$10.66	(0.19%)	(4.01%)	0.00%	(0.00%)	0.00%	(0.00%)	(0.40%)	0.03%	0.00%	0.00%	0.00%	4.14%	\$10.59
Physical Health Practitioners	\$65.15	0.9798	1.0000	\$66.49	(0.18%)	0.00%	0.00%	(0.10%)	0.00%	(0.04%)	0.00%	0.10%	0.00%	0.00%	0.00%	4.14%	\$69.09
Behavioral Health Practitioners	\$61.82	0.9786	1.0000	\$63.17	(0.66%)	(0.28%)	0.00%	(0.00%)	0.00%	0.01%	(0.09%)	0.00%	0.00%	0.00%	(0.18%)	4.14%	\$64.99
Gross Medical	\$468.11			\$485.38													\$496.55

Appendix 4: Base Data and Base Data Adjustments

GSA: North
 Rate Cell: Expansion Adults
 Base Period: October 1, 2021, through September 30, 2022
 Projection Period: October 1, 2023, through September 30, 2024
 Base Period Member Months: 171,313
 Projection Period Member Months: 126,543

	I.2.B.ii.(a)	I.2.B.iii.(b)	I.2.B.iii.(c)	Subtotal	I.2.B.iii.(d)	I.2.B.iii.(d)	I.2.B.iii.(d)	I.2.B.iii.(d)	I.2.B.iii.(d)	I.2.B.iii.(d)	I.2.B.iii.(d)	I.2.B.iii.(d)	I.3.A.v.	I.3.A.v.	I.3.A.v.	I.7.B.i	Subtotal
Category of Service	Base PMPM	Completion Factors	Encounter Issue Adjustment	Adjusted PMPM	Removal of DAP	Removal of Ancillary Crisis	Removal of COVID-19 Tests	Removal of COVID-19 Vaccines	Fraud, Waste, and Abuse	PAD Repricing	Subcap Admin Expense Removal	Other Base Data Adjustments	IMD (Reprice Stays of all Lengths)	IMD (Remove Stays > 15)	IMD (Remove Related Expenses > 15)	Acuity Adjustment	Adjusted Base PMPM
Physical Health Inpatient and LTC	\$37.26	0.9157	1.0000	\$40.69	(2.45%)	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	11.69%	\$44.33
Behavioral Health Inpatient and LTC	\$5.21	0.9128	1.0000	\$5.71	(2.47%)	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	2.44%	(3.46%)	0.00%	11.69%	\$6.15
Outpatient Facility	\$42.44	0.9569	1.0000	\$44.35	(2.56%)	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.04%	0.00%	0.00%	0.00%	11.69%	\$48.28
Emergency Facility	\$19.52	0.9576	1.0000	\$20.39	(3.07%)	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	11.69%	\$22.07
Pharmacy	\$96.77	0.9993	1.0000	\$96.84	0.00%	0.00%	(0.02%)	(0.86%)	0.00%	0.00%	0.00%	(0.02%)	0.00%	0.00%	0.00%	11.69%	\$107.19
Transportation	\$9.67	0.9807	1.0000	\$9.86	(0.05%)	0.00%	0.00%	0.00%	0.00%	0.00%	(0.31%)	0.00%	0.00%	0.00%	0.00%	11.69%	\$10.97
Dental	\$1.28	0.9803	1.0000	\$1.30	(0.35%)	0.00%	0.00%	0.00%	0.00%	0.00%	(5.76%)	0.00%	0.00%	0.00%	0.00%	11.69%	\$1.37
FQHC/RHC	\$10.14	0.9804	1.0000	\$10.35	0.00%	0.00%	0.00%	0.00%	0.00%	0.11%	0.00%	0.00%	0.00%	0.00%	0.00%	11.69%	\$11.57
Laboratory and Radiology Services	\$13.17	0.9805	1.0000	\$13.43	(0.08%)	0.00%	(14.42%)	0.00%	0.00%	0.01%	0.00%	0.00%	0.00%	0.00%	0.00%	11.69%	\$12.83
Other Professional Services	\$7.92	0.9795	1.0000	\$8.08	(0.24%)	(1.65%)	0.00%	(0.00%)	0.00%	0.02%	(0.43%)	0.04%	0.00%	0.00%	0.00%	11.69%	\$8.82
Physical Health Practitioners	\$57.42	0.9802	1.0000	\$58.58	(0.21%)	0.00%	0.00%	(0.10%)	0.00%	2.15%	0.00%	0.05%	0.00%	0.00%	0.00%	11.69%	\$66.65
Behavioral Health Practitioners	\$21.67	0.9793	1.0000	\$22.13	(1.02%)	(0.18%)	0.00%	(0.00%)	0.00%	0.00%	(0.12%)	0.00%	0.00%	0.00%	(0.35%)	11.69%	\$24.30
Gross Medical	\$322.46			\$331.70													\$364.55

Appendix 4: Base Data and Base Data Adjustments

GSA: North
 Rate Cell: Delivery Supplemental Payments
 Base Period: October 1, 2021, through September 30, 2022
 Projection Period: October 1, 2023, through September 30, 2024
 Base Period Member Months: 2,748
 Projection Period Member Months: 2,822

	I.2.B.ii.(a)	I.2.B.iii.(b)	I.2.B.iii.(c)	Subtotal	I.2.B.iii.(d)	I.2.B.iii.(d)	I.2.B.iii.(d)	I.2.B.iii.(d)	I.2.B.iii.(d)	I.2.B.iii.(d)	I.2.B.iii.(d)	I.2.B.iii.(d)	I.3.A.v.	I.3.A.v.	I.3.A.v.	I.7.B.i	Subtotal
Category of Service	Base PMPM	Completion Factors	Encounter Issue Adjustment	Adjusted PMPM	Removal of DAP	Removal of Ancillary Crisis	Removal of COVID-19 Tests	Removal of COVID-19 Vaccines	Fraud, Waste, and Abuse	PAD Repricing	Subcap Admin Expense Removal	Other Base Data Adjustments	IMD (Reprice Stays of all Lengths)	IMD (Remove Stays > 15)	IMD (Remove Related Expenses > 15)	Acuity Adjustment	Adjusted Base PMPD
Inpatient	\$3,324.69	0.9076	1.0000	\$3,663.28	(0.76%)	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	\$3,635.29
Outpatient Facility	\$12.44	0.9574	1.0000	\$12.99	(0.97%)	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	\$12.86
Pharmacy	\$12.97	0.9992	1.0000	\$12.98	0.00%	0.00%	(0.04%)	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	\$12.98
Transportation	\$121.32	0.9796	1.0000	\$123.84	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	(0.02%)	0.00%	0.00%	0.00%	0.00%	0.00%	\$123.83
FQHC/RHC	\$2.32	0.9763	1.0000	\$2.38	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	\$2.38
Laboratory and Radiology Services	\$35.18	0.9803	1.0000	\$35.88	0.00%	0.00%	(0.08%)	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	\$35.85
Other Professional Services	\$0.13	0.9554	1.0000	\$0.14	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	(0.32%)	0.00%	0.00%	0.00%	0.00%	0.00%	\$0.14
Physician	\$1,661.39	0.9795	1.0000	\$1,696.18	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	\$1,696.18
Gross Medical	\$5,170.44			\$5,547.67													\$5,519.50

Appendix 4: Base Data and Base Data Adjustments

GSA: North
 Rate Cell: SMI
 Base Period: October 1, 2021, through September 30, 2022
 Projection Period: October 1, 2023, through September 30, 2024
 Base Period Member Months: 71,451
 Projection Period Member Months: 69,669

	I.2.B.ii.(a)	I.2.B.iii.(b)	I.2.B.iii.(c)	Subtotal	I.2.B.iii.(d)	I.2.B.iii.(d)	I.2.B.iii.(d)	I.2.B.iii.(d)	I.2.B.iii.(d)	I.2.B.iii.(d)	I.2.B.iii.(d)	I.2.B.iii.(d)	I.3.A.v.	I.3.A.v.	I.3.A.v.	I.7.B.i	Subtotal
Category of Service	Base PMPM	Completion Factors	Encounter Issue Adjustment	Adjusted PMPM	Removal of DAP	Removal of Ancillary Crisis	Removal of COVID-19 Tests	Removal of COVID-19 Vaccines	Fraud, Waste, and Abuse	PAD Repricing	Subcap Admin Expense Removal	Other Base Data Adjustments	IMD (Reprice Stays of all Lengths)	IMD (Remove Stays > 15)	IMD (Remove Related Expenses > 15)	Acuity Adjustment	Adjusted Base PMPM
Physical Health Inpatient and LTC	\$71.81	0.9479	1.0000	\$75.76	(2.54%)	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	4.32%	\$77.02
Behavioral Health Inpatient and LTC	\$127.06	0.9413	1.0000	\$134.99	(2.76%)	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	1.82%	(2.07%)	0.00%	4.32%	\$136.54
Outpatient Facility	\$41.44	0.9416	1.0000	\$44.01	(2.74%)	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.18%	0.00%	0.00%	0.00%	4.32%	\$44.73
Emergency Facility	\$44.27	0.9431	1.0000	\$46.95	(3.41%)	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	4.32%	\$47.30
Pharmacy	\$293.10	0.9995	1.0000	\$293.24	0.00%	0.00%	(0.01%)	(0.25%)	0.00%	0.00%	0.00%	(0.01%)	0.00%	0.00%	0.00%	4.32%	\$305.09
Transportation	\$72.99	0.9930	1.0000	\$73.50	(0.51%)	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	4.32%	\$76.28
Dental	\$1.80	0.9923	1.0000	\$1.81	(0.50%)	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	4.32%	\$1.88
FQHC/RHC	\$13.83	0.9928	1.0000	\$13.94	0.00%	(0.00%)	0.00%	0.00%	0.00%	0.01%	0.00%	0.00%	0.00%	0.00%	0.00%	4.32%	\$14.54
Laboratory and Radiology Services	\$13.58	0.9919	1.0000	\$13.69	(0.00%)	0.00%	(10.01%)	0.00%	0.00%	0.01%	0.00%	0.00%	0.00%	0.00%	0.00%	4.32%	\$12.85
Other Professional Services	\$51.42	0.9925	1.0000	\$51.81	(0.96%)	(7.49%)	0.00%	(0.00%)	(0.04%)	0.00%	0.00%	0.01%	0.00%	0.00%	0.00%	4.32%	\$49.50
Physical Health Practitioners	\$73.96	0.9928	1.0000	\$74.50	(0.00%)	0.00%	0.00%	0.00%	0.00%	(2.22%)	0.00%	0.15%	0.00%	0.00%	0.00%	4.32%	\$76.11
Behavioral Health Practitioners	\$80.65	0.9926	1.0000	\$81.24	(1.14%)	0.00%	0.00%	0.00%	(0.04%)	0.00%	0.00%	0.00%	0.00%	0.00%	(0.88%)	4.32%	\$83.01
Case Management	\$72.10	0.9928	1.0000	\$72.63	(2.45%)	(4.01%)	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	4.32%	\$70.95
Rehabilitation Services	\$82.77	0.9931	1.0000	\$83.34	(2.73%)	(0.37%)	0.00%	0.00%	(0.06%)	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	4.32%	\$84.20
Residential Services	\$220.59	0.9928	1.0000	\$222.18	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	4.32%	\$231.77
Gross Medical	\$1,261.36			\$1,283.58													\$1,311.78

Appendix 4: Base Data and Base Data Adjustments

GSA: Central
 Rate Cell: AGE < 1
 Base Period: October 1, 2021, through September 30, 2022
 Projection Period: October 1, 2023, through September 30, 2024
 Base Period Member Months: 360,007
 Projection Period Member Months: 372,387

	I.2.B.ii.(a)	I.2.B.iii.(b)	I.2.B.iii.(c)	Subtotal	I.2.B.iii.(d)	I.2.B.iii.(d)	I.2.B.iii.(d)	I.2.B.iii.(d)	I.2.B.iii.(d)	I.2.B.iii.(d)	I.2.B.iii.(d)	I.2.B.iii.(d)	I.3.A.v.	I.3.A.v.	I.3.A.v.	I.7.B.i	Subtotal
Category of Service	Base PMPM	Completion Factors	Encounter Issue Adjustment	Adjusted PMPM	Removal of DAP	Removal of Ancillary Crisis	Removal of COVID-19 Tests	Removal of COVID-19 Vaccines	Fraud, Waste, and Abuse	PAD Repricing	Subcap Admin Expense Removal	Other Base Data Adjustments	IMD (Reprice Stays of all Lengths)	IMD (Remove Stays > 15)	IMD (Remove Related Expenses > 15)	Acuity Adjustment	Adjusted Base PMPM
Physical Health Inpatient and LTC	\$330.56	0.9118	1.0000	\$362.56	(2.64%)	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.01%	\$353.03
Behavioral Health Inpatient and LTC	\$2.49	0.8918	1.0000	\$2.80	(0.98%)	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.01%	\$2.77
Outpatient Facility	\$19.34	0.9371	1.0000	\$20.64	(2.76%)	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.01%	\$20.07
Emergency Facility	\$27.77	0.9371	1.0000	\$29.64	(2.86%)	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.01%	\$28.80
Pharmacy	\$16.24	0.9990	1.0000	\$16.26	0.00%	0.00%	(0.01%)	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.01%	\$16.26
Transportation	\$5.11	0.9667	1.0000	\$5.29	(0.00%)	0.00%	0.00%	0.00%	0.00%	0.00%	(0.21%)	0.00%	0.00%	0.00%	0.00%	0.01%	\$5.28
Dental	\$0.39	0.9649	0.8193	\$0.49	(0.58%)	0.00%	0.00%	0.00%	0.00%	0.00%	(9.50%)	0.00%	0.00%	0.00%	0.00%	0.01%	\$0.44
FQHC/RHC	\$39.86	0.9662	1.0000	\$41.25	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.01%	\$41.26
Laboratory and Radiology Services	\$8.09	0.9687	1.0000	\$8.35	(0.03%)	0.00%	(27.65%)	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.01%	\$6.04
Other Professional Services	\$19.17	0.9662	1.0000	\$19.84	(0.03%)	0.00%	0.00%	0.00%	0.00%	0.00%	(1.27%)	0.00%	0.00%	0.00%	0.00%	0.01%	\$19.58
Physical Health Practitioners	\$142.50	0.9668	1.0000	\$147.40	(0.16%)	0.00%	0.00%	(0.05%)	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.01%	\$147.11
Behavioral Health Practitioners	\$0.91	0.9660	1.0000	\$0.94	(1.04%)	0.00%	0.00%	0.00%	0.00%	0.00%	(1.01%)	0.00%	0.00%	0.00%	0.00%	0.01%	\$0.92
Gross Medical	\$612.43			\$655.44													\$641.55

Appendix 4: Base Data and Base Data Adjustments

GSA: Central
 Rate Cell: AGE 1-20
 Base Period: October 1, 2021, through September 30, 2022
 Projection Period: October 1, 2023, through September 30, 2024
 Base Period Member Months: 6,600,175
 Projection Period Member Months: 6,338,007

	I.2.B.ii.(a)	I.2.B.iii.(b)	I.2.B.iii.(c)	Subtotal	I.2.B.iii.(d)	I.2.B.iii.(d)	I.2.B.iii.(d)	I.2.B.iii.(d)	I.2.B.iii.(d)	I.2.B.iii.(d)	I.2.B.iii.(d)	I.2.B.iii.(d)	I.3.A.v.	I.3.A.v.	I.3.A.v.	I.7.B.i	Subtotal
Category of Service	Base PMPM	Completion Factors	Encounter Issue Adjustment	Adjusted PMPM	Removal of DAP	Removal of Ancillary Crisis	Removal of COVID-19 Tests	Removal of COVID-19 Vaccines	Fraud, Waste, and Abuse	PAD Repricing	Subcap Admin Expense Removal	Other Base Data Adjustments	IMD (Reprice Stays of all Lengths)	IMD (Remove Stays > 15)	IMD (Remove Related Expenses > 15)	Acuity Adjustment	Adjusted Base PMPM
Physical Health Inpatient and LTC	\$12.68	0.9089	1.0000	\$13.95	(2.97%)	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	4.14%	\$14.10
Behavioral Health Inpatient and LTC	\$7.30	0.9075	1.0000	\$8.04	(2.97%)	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	4.14%	\$8.13
Outpatient Facility	\$9.86	0.9350	1.0000	\$10.55	(2.93%)	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	4.14%	\$10.66
Emergency Facility	\$12.01	0.9366	1.0000	\$12.82	(2.79%)	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	4.14%	\$12.98
Pharmacy	\$24.05	0.9983	1.0000	\$24.09	0.00%	0.00%	(0.05%)	(1.99%)	0.00%	0.00%	0.00%	(0.01%)	0.00%	0.00%	0.00%	4.14%	\$24.57
Transportation	\$2.23	0.9657	1.0000	\$2.31	(0.09%)	0.00%	0.00%	0.00%	0.00%	0.00%	(0.83%)	0.00%	0.00%	0.00%	0.00%	4.14%	\$2.39
Dental	\$14.17	0.9650	0.8351	\$17.58	(0.59%)	0.00%	0.00%	0.00%	0.00%	0.00%	(9.26%)	0.00%	0.00%	0.00%	0.00%	4.14%	\$16.51
FQHC/RHC	\$10.18	0.9661	0.9998	\$10.54	0.00%	(0.01%)	0.00%	(0.01%)	0.00%	0.02%	0.00%	0.00%	0.00%	0.00%	0.00%	4.14%	\$10.98
Laboratory and Radiology Services	\$6.09	0.9723	1.0000	\$6.26	(0.04%)	0.00%	(51.91%)	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	4.14%	\$3.13
Other Professional Services	\$11.44	0.9662	1.0000	\$11.84	(0.28%)	(1.03%)	0.00%	(0.02%)	(0.06%)	(0.02%)	(1.48%)	0.00%	0.00%	0.00%	0.00%	4.14%	\$11.98
Physical Health Practitioners	\$28.68	0.9665	1.0000	\$29.67	(0.17%)	0.00%	0.00%	(1.61%)	0.00%	(0.19%)	0.00%	0.00%	0.00%	0.00%	0.00%	4.14%	\$30.29
Behavioral Health Practitioners	\$22.42	0.9651	1.0000	\$23.23	(1.48%)	(0.73%)	0.00%	(0.00%)	(0.29%)	0.00%	(2.93%)	0.00%	0.00%	0.00%	0.00%	4.14%	\$22.90
Gross Medical	\$161.10			\$170.88													\$168.62

Appendix 4: Base Data and Base Data Adjustments

GSA: Central
 Rate Cell: AGE 21+
 Base Period: October 1, 2021, through September 30, 2022
 Projection Period: October 1, 2023, through September 30, 2024
 Base Period Member Months: 2,544,994
 Projection Period Member Months: 2,386,826

	I.2.B.ii.(a)	I.2.B.iii.(b)	I.2.B.iii.(c)	Subtotal	I.2.B.iii.(d)	I.2.B.iii.(d)	I.2.B.iii.(d)	I.2.B.iii.(d)	I.2.B.iii.(d)	I.2.B.iii.(d)	I.2.B.iii.(d)	I.2.B.iii.(d)	I.3.A.v.	I.3.A.v.	I.3.A.v.	I.7.B.i	Subtotal
Category of Service	Base PMPM	Completion Factors	Encounter Issue Adjustment	Adjusted PMPM	Removal of DAP	Removal of Ancillary Crisis	Removal of COVID-19 Tests	Removal of COVID-19 Vaccines	Fraud, Waste, and Abuse	PAD Repricing	Subcap Admin Expense Removal	Other Base Data Adjustments	IMD (Reprice Stays of all Lengths)	IMD (Remove Stays > 15)	IMD (Remove Related Expenses > 15)	Acuity Adjustment	Adjusted Base PMPM
Physical Health Inpatient and LTC	\$36.61	0.9128	1.0000	\$40.11	(3.62%)	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	6.35%	\$41.11
Behavioral Health Inpatient and LTC	\$6.38	0.9067	1.0000	\$7.04	(2.74%)	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	3.45%	(2.18%)	0.00%	6.35%	\$7.37
Outpatient Facility	\$29.13	0.9391	1.0000	\$31.01	(2.58%)	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.09%	0.00%	0.00%	0.00%	6.35%	\$32.16
Emergency Facility	\$26.14	0.9360	1.0000	\$27.93	(2.62%)	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	6.35%	\$28.92
Pharmacy	\$77.41	0.9982	1.0000	\$77.55	0.00%	0.00%	(0.04%)	(1.03%)	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	6.35%	\$81.59
Transportation	\$6.18	0.9658	1.0000	\$6.40	(0.01%)	0.00%	0.00%	0.00%	0.00%	0.00%	(0.92%)	0.00%	0.00%	0.00%	0.00%	6.35%	\$6.74
Dental	\$1.49	0.9661	0.8346	\$1.85	(0.58%)	0.00%	0.00%	0.00%	0.00%	0.00%	(9.54%)	0.00%	0.00%	0.00%	0.00%	6.35%	\$1.77
FQHC/RHC	\$17.91	0.9659	1.0000	\$18.54	0.00%	(0.01%)	0.00%	(0.01%)	0.00%	0.05%	0.00%	0.00%	0.00%	0.00%	0.00%	6.35%	\$19.72
Laboratory and Radiology Services	\$27.05	0.9674	1.0000	\$27.96	(0.05%)	0.00%	(14.91%)	0.00%	0.00%	0.01%	0.00%	0.00%	0.00%	0.00%	0.00%	6.35%	\$25.29
Other Professional Services	\$11.26	0.9658	1.0000	\$11.66	(0.06%)	(1.08%)	0.00%	(0.02%)	(0.54%)	(0.06%)	(0.56%)	0.02%	0.00%	0.00%	0.00%	6.35%	\$12.11
Physical Health Practitioners	\$70.39	0.9663	1.0000	\$72.84	(0.18%)	0.00%	0.00%	(0.19%)	0.00%	(0.22%)	0.00%	0.06%	0.00%	0.00%	0.00%	6.35%	\$77.06
Behavioral Health Practitioners	\$24.83	0.9646	1.0000	\$25.74	(0.81%)	(0.54%)	0.00%	(0.00%)	(2.07%)	0.08%	(3.26%)	0.00%	0.00%	0.00%	(0.11%)	6.35%	\$25.57
Gross Medical	\$334.77			\$348.62													\$359.42

Appendix 4: Base Data and Base Data Adjustments

GSA: Central
 Rate Cell: Duals
 Base Period: October 1, 2021, through September 30, 2022
 Projection Period: October 1, 2023, through September 30, 2024
 Base Period Member Months: 865,361
 Projection Period Member Months: 842,491

	I.2.B.ii.(a)	I.2.B.iii.(b)	I.2.B.iii.(c)	Subtotal	I.2.B.iii.(d)	I.2.B.iii.(d)	I.2.B.iii.(d)	I.2.B.iii.(d)	I.2.B.iii.(d)	I.2.B.iii.(d)	I.2.B.iii.(d)	I.2.B.iii.(d)	I.3.A.v.	I.3.A.v.	I.3.A.v.	I.7.B.i	Subtotal
Category of Service	Base PMPM	Completion Factors	Encounter Issue Adjustment	Adjusted PMPM	Removal of DAP	Removal of Ancillary Crisis	Removal of COVID-19 Tests	Removal of COVID-19 Vaccines	Fraud, Waste, and Abuse	PAD Repricing	Subcap Admin Expense Removal	Other Base Data Adjustments	IMD (Reprice Stays of all Lengths)	IMD (Remove Stays > 15)	IMD (Remove Related Expenses > 15)	Acuity Adjustment	Adjusted Base PMPM
Physical Health Inpatient and LTC	\$20.88	0.9097	1.0000	\$22.95	(2.27%)	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	2.06%	\$22.89
Behavioral Health Inpatient and LTC	\$1.52	0.9111	1.0000	\$1.67	(2.94%)	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	14.12%	(4.56%)	0.00%	2.06%	\$1.81
Outpatient Facility	\$14.11	0.9358	1.0000	\$15.07	(1.66%)	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.30%	0.00%	0.00%	0.00%	2.06%	\$15.18
Emergency Facility	\$4.49	0.9360	1.0000	\$4.80	(2.96%)	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	2.06%	\$4.75
Pharmacy	\$3.15	0.9982	1.0000	\$3.16	0.00%	0.00%	(0.01%)	(0.04%)	0.00%	0.00%	0.00%	(0.08%)	0.00%	0.00%	0.00%	2.06%	\$3.22
Transportation	\$10.39	0.9655	1.0000	\$10.76	(0.01%)	0.00%	0.00%	0.00%	0.00%	0.00%	(3.26%)	0.00%	0.00%	0.00%	0.00%	2.06%	\$10.62
Dental	\$6.38	0.9671	0.6193	\$10.66	(0.46%)	0.00%	0.00%	0.00%	0.00%	0.00%	(8.02%)	0.00%	0.00%	0.00%	0.00%	2.06%	\$9.96
FQHC/RHC	\$4.57	0.9666	0.9951	\$4.75	0.00%	(0.01%)	0.00%	(0.00%)	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	2.06%	\$4.85
Laboratory and Radiology Services	\$8.10	0.9672	1.0000	\$8.38	(0.04%)	0.00%	(2.52%)	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	2.06%	\$8.33
Other Professional Services	\$9.57	0.9657	1.0000	\$9.91	(0.18%)	(2.22%)	0.00%	(0.01%)	(1.60%)	0.00%	(0.58%)	0.08%	0.00%	0.00%	0.00%	2.06%	\$9.67
Physical Health Practitioners	\$39.92	0.9677	1.0000	\$41.26	(0.11%)	0.00%	0.00%	(0.05%)	0.00%	0.00%	0.00%	0.16%	0.00%	0.00%	0.00%	2.06%	\$42.11
Behavioral Health Practitioners	\$15.23	0.9633	1.0000	\$15.81	(1.16%)	(0.62%)	0.00%	0.00%	(7.07%)	0.00%	(4.21%)	0.00%	0.00%	0.00%	(0.09%)	2.06%	\$14.09
Gross Medical	\$138.32			\$149.18													\$147.48

Appendix 4: Base Data and Base Data Adjustments

GSA: Central
 Rate Cell: SSIWO
 Base Period: October 1, 2021, through September 30, 2022
 Projection Period: October 1, 2023, through September 30, 2024
 Base Period Member Months: 417,829
 Projection Period Member Months: 410,927

	I.2.B.ii.(a)	I.2.B.iii.(b)	I.2.B.iii.(c)	Subtotal	I.2.B.iii.(d)	I.2.B.iii.(d)	I.2.B.iii.(d)	I.2.B.iii.(d)	I.2.B.iii.(d)	I.2.B.iii.(d)	I.2.B.iii.(d)	I.2.B.iii.(d)	I.3.A.v.	I.3.A.v.	I.3.A.v.	I.7.B.i	Subtotal
Category of Service	Base PMPM	Completion Factors	Encounter Issue Adjustment	Adjusted PMPM	Removal of DAP	Removal of Ancillary Crisis	Removal of COVID-19 Tests	Removal of COVID-19 Vaccines	Fraud, Waste, and Abuse	PAD Repricing	Subcap Admin Expense Removal	Other Base Data Adjustments	IMD (Reprice Stays of all Lengths)	IMD (Remove Stays > 15)	IMD (Remove Related Expenses > 15)	Acuity Adjustment	Adjusted Base PMPM
Physical Health Inpatient and LTC	\$210.30	0.9118	1.0000	\$230.63	(2.49%)	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	2.34%	\$230.14
Behavioral Health Inpatient and LTC	\$17.05	0.9043	1.0000	\$18.86	(3.21%)	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	2.64%	(4.84%)	0.00%	2.34%	\$18.24
Outpatient Facility	\$111.10	0.9366	1.0000	\$118.62	(2.22%)	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.16%	0.00%	0.00%	0.00%	2.34%	\$118.90
Emergency Facility	\$38.79	0.9362	1.0000	\$41.43	(2.72%)	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	2.34%	\$41.25
Pharmacy	\$331.12	0.9983	1.0000	\$331.69	0.00%	0.00%	(0.01%)	(0.37%)	0.00%	0.00%	0.00%	(0.00%)	0.00%	0.00%	0.00%	2.34%	\$338.15
Transportation	\$26.04	0.9662	1.0000	\$26.95	(0.02%)	0.00%	0.00%	0.00%	0.00%	0.00%	(1.40%)	0.00%	0.00%	0.00%	0.00%	2.34%	\$27.19
Dental	\$4.50	0.9652	0.8357	\$5.58	(0.61%)	0.00%	0.00%	0.00%	0.00%	0.00%	(9.35%)	0.00%	0.00%	0.00%	0.00%	2.34%	\$5.15
FQHC/RHC	\$24.84	0.9666	0.9999	\$25.70	0.00%	(0.02%)	0.00%	(0.02%)	0.00%	0.01%	0.00%	0.00%	0.00%	0.00%	0.00%	2.34%	\$26.29
Laboratory and Radiology Services	\$33.64	0.9664	1.0000	\$34.80	(0.04%)	0.00%	(7.63%)	0.00%	0.00%	0.01%	0.00%	0.00%	0.00%	0.00%	0.00%	2.34%	\$32.89
Other Professional Services	\$54.24	0.9668	1.0000	\$56.10	(0.22%)	(1.03%)	0.00%	(0.01%)	(0.30%)	0.05%	(1.25%)	0.01%	0.00%	0.00%	0.00%	2.34%	\$55.85
Physical Health Practitioners	\$179.79	0.9662	1.0000	\$186.09	(0.14%)	0.00%	0.00%	(0.14%)	0.00%	(0.05%)	0.00%	0.15%	0.00%	0.00%	0.00%	2.34%	\$190.10
Behavioral Health Practitioners	\$61.34	0.9649	1.0000	\$63.57	(0.96%)	(0.83%)	0.00%	(0.00%)	(1.91%)	(0.00%)	(3.43%)	0.00%	0.00%	0.00%	(0.42%)	2.34%	\$60.27
Gross Medical	\$1,092.74			\$1,140.03													\$1,144.41

Appendix 4: Base Data and Base Data Adjustments

GSA: Central
 Rate Cell: Prop 204 Childless Adults
 Base Period: October 1, 2021, through September 30, 2022
 Projection Period: October 1, 2023, through September 30, 2024
 Base Period Member Months: 3,317,372
 Projection Period Member Months: 3,130,514

	I.2.B.ii.(a)	I.2.B.iii.(b)	I.2.B.iii.(c)	Subtotal	I.2.B.iii.(d)	I.2.B.iii.(d)	I.2.B.iii.(d)	I.2.B.iii.(d)	I.2.B.iii.(d)	I.2.B.iii.(d)	I.2.B.iii.(d)	I.2.B.iii.(d)	I.3.A.v.	I.3.A.v.	I.3.A.v.	I.7.B.i	Subtotal
Category of Service	Base PMPM	Completion Factors	Encounter Issue Adjustment	Adjusted PMPM	Removal of DAP	Removal of Ancillary Crisis	Removal of COVID-19 Tests	Removal of COVID-19 Vaccines	Fraud, Waste, and Abuse	PAD Repricing	Subcap Admin Expense Removal	Other Base Data Adjustments	IMD (Reprice Stays of all Lengths)	IMD (Remove Stays > 15)	IMD (Remove Related Expenses > 15)	Acuity Adjustment	Adjusted Base PMPM
Physical Health Inpatient and LTC	\$88.06	0.9096	1.0000	\$96.81	(2.50%)	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	4.75%	\$98.88
Behavioral Health Inpatient and LTC	\$26.25	0.9066	1.0000	\$28.96	(2.87%)	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	3.46%	(3.87%)	0.00%	4.75%	\$29.30
Outpatient Facility	\$31.97	0.9353	1.0000	\$34.18	(2.46%)	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.12%	0.00%	0.00%	0.00%	4.75%	\$34.97
Emergency Facility	\$28.21	0.9354	1.0000	\$30.16	(2.67%)	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	4.75%	\$30.75
Pharmacy	\$122.87	0.9982	1.0000	\$123.09	0.00%	0.00%	(0.02%)	(0.74%)	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	4.75%	\$127.95
Transportation	\$13.78	0.9655	1.0000	\$14.27	(0.01%)	0.00%	0.00%	0.00%	0.00%	0.00%	(1.09%)	0.00%	0.00%	0.00%	0.00%	4.75%	\$14.79
Dental	\$2.06	0.9648	0.8381	\$2.55	(0.63%)	0.00%	0.00%	0.00%	0.00%	0.00%	(9.41%)	0.00%	0.00%	0.00%	0.00%	4.75%	\$2.40
FQHC/RHC	\$17.19	0.9659	1.0000	\$17.80	0.00%	(0.02%)	0.00%	(0.01%)	0.00%	0.02%	0.00%	0.00%	0.00%	0.00%	0.00%	4.75%	\$18.64
Laboratory and Radiology Services	\$23.03	0.9668	1.0000	\$23.82	(0.04%)	0.00%	(12.12%)	0.00%	0.00%	0.01%	0.00%	0.00%	0.00%	0.00%	0.00%	4.75%	\$21.92
Other Professional Services	\$19.43	0.9655	1.0000	\$20.13	(0.06%)	(3.08%)	0.00%	(0.01%)	(1.76%)	(0.02%)	(1.13%)	0.02%	0.00%	0.00%	0.00%	4.75%	\$19.83
Physical Health Practitioners	\$84.46	0.9660	1.0000	\$87.43	(0.17%)	0.00%	0.00%	(0.14%)	0.00%	0.54%	0.00%	0.07%	0.00%	0.00%	0.00%	4.75%	\$91.86
Behavioral Health Practitioners	\$67.13	0.9637	1.0000	\$69.67	(0.44%)	(0.79%)	0.00%	(0.00%)	(4.18%)	0.03%	(3.20%)	0.00%	0.00%	0.00%	(0.33%)	4.75%	\$66.66
Gross Medical	\$524.45			\$548.86													\$557.96

Appendix 4: Base Data and Base Data Adjustments

GSA: Central
 Rate Cell: Expansion Adults
 Base Period: October 1, 2021, through September 30, 2022
 Projection Period: October 1, 2023, through September 30, 2024
 Base Period Member Months: 1,057,115
 Projection Period Member Months: 760,494

	I.2.B.ii.(a)	I.2.B.iii.(b)	I.2.B.iii.(c)	Subtotal	I.2.B.iii.(d)	I.2.B.iii.(d)	I.2.B.iii.(d)	I.2.B.iii.(d)	I.2.B.iii.(d)	I.2.B.iii.(d)	I.2.B.iii.(d)	I.2.B.iii.(d)	I.3.A.v.	I.3.A.v.	I.3.A.v.	I.7.B.i	Subtotal
Category of Service	Base PMPM	Completion Factors	Encounter Issue Adjustment	Adjusted PMPM	Removal of DAP	Removal of Ancillary Crisis	Removal of COVID-19 Tests	Removal of COVID-19 Vaccines	Fraud, Waste, and Abuse	PAD Repricing	Subcap Admin Expense Removal	Other Base Data Adjustments	IMD (Reprice Stays of all Lengths)	IMD (Remove Stays > 15)	IMD (Remove Related Expenses > 15)	Acuity Adjustment	Adjusted Base PMPM
Physical Health Inpatient and LTC	\$39.50	0.9153	1.0000	\$43.16	(2.65%)	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	10.84%	\$46.57
Behavioral Health Inpatient and LTC	\$5.86	0.9104	1.0000	\$6.44	(2.89%)	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	4.26%	(2.66%)	0.00%	10.84%	\$7.04
Outpatient Facility	\$25.80	0.9370	1.0000	\$27.53	(2.43%)	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.12%	0.00%	0.00%	0.00%	10.84%	\$29.81
Emergency Facility	\$18.70	0.9379	1.0000	\$19.94	(2.66%)	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	10.84%	\$21.51
Pharmacy	\$98.01	0.9983	1.0000	\$98.18	0.00%	0.00%	(0.03%)	(1.00%)	0.00%	0.00%	0.00%	0.01%	0.00%	0.00%	0.00%	10.84%	\$107.71
Transportation	\$4.99	0.9671	1.0000	\$5.16	(0.00%)	0.00%	0.00%	0.00%	0.00%	0.00%	(0.93%)	0.00%	0.00%	0.00%	0.00%	10.84%	\$5.67
Dental	\$1.88	0.9674	0.8129	\$2.40	(0.61%)	0.00%	0.00%	0.00%	0.00%	0.00%	(9.34%)	0.00%	0.00%	0.00%	0.00%	10.84%	\$2.39
FQHC/RHC	\$14.79	0.9670	0.9999	\$15.30	0.00%	(0.02%)	0.00%	(0.01%)	0.00%	0.03%	0.00%	0.00%	0.00%	0.00%	0.00%	10.84%	\$16.95
Laboratory and Radiology Services	\$22.15	0.9687	1.0000	\$22.86	(0.04%)	0.00%	(16.95%)	0.00%	0.00%	0.02%	0.00%	0.00%	0.00%	0.00%	0.00%	10.84%	\$21.04
Other Professional Services	\$12.57	0.9669	1.0000	\$13.00	(0.04%)	(0.59%)	0.00%	(0.01%)	(0.24%)	(0.00%)	(0.63%)	0.03%	0.00%	0.00%	0.00%	10.84%	\$14.20
Physical Health Practitioners	\$69.16	0.9673	1.0000	\$71.50	(0.17%)	0.00%	0.00%	(0.19%)	0.00%	1.65%	0.00%	0.07%	0.00%	0.00%	0.00%	10.84%	\$80.31
Behavioral Health Practitioners	\$19.15	0.9659	1.0000	\$19.83	(0.81%)	(0.63%)	0.00%	(0.00%)	(1.18%)	0.10%	(3.09%)	0.00%	0.00%	0.00%	(0.12%)	10.84%	\$20.74
Gross Medical	\$332.59			\$345.30													\$373.95

Appendix 4: Base Data and Base Data Adjustments

GSA: Central
 Rate Cell: Delivery Supplemental Payments
 Base Period: October 1, 2021, through September 30, 2022
 Projection Period: October 1, 2023, through September 30, 2024
 Base Period Member Months: 21,432
 Projection Period Member Months: 21,658

	I.2.B.ii.(a)	I.2.B.iii.(b)	I.2.B.iii.(c)	Subtotal	I.2.B.iii.(d)	I.2.B.iii.(d)	I.2.B.iii.(d)	I.2.B.iii.(d)	I.2.B.iii.(d)	I.2.B.iii.(d)	I.2.B.iii.(d)	I.2.B.iii.(d)	I.2.B.iii.(d)	I.3.A.v.	I.3.A.v.	I.3.A.v.	I.7.B.i	Subtotal
Category of Service	Base PMPM	Completion Factors	Encounter Issue Adjustment	Adjusted PMPM	Removal of DAP	Removal of Ancillary Crisis	Removal of COVID-19 Tests	Removal of COVID-19 Vaccines	Fraud, Waste, and Abuse	PAD Repricing	Subcap Admin Expense Removal	Other Base Data Adjustments	IMD (Reprice Stays of all Lengths)	IMD (Remove Stays > 15)	IMD (Remove Related Expenses > 15)	Acuity Adjustment	Adjusted Base PMPD	
Inpatient	\$3,318.45	0.9098	1.0000	\$3,647.57	(0.57%)	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	\$3,626.82
Outpatient Facility	\$11.36	0.9358	1.0000	\$12.14	(0.38%)	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	\$12.09
Pharmacy	\$8.57	0.9983	1.0000	\$8.59	0.00%	0.00%	(0.04%)	(0.05%)	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	\$8.58
Transportation	\$34.71	0.9678	1.0000	\$35.86	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	(0.03%)	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	\$35.85
FQHC/RHC	\$3.76	0.9699	1.0000	\$3.88	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	\$3.88
Laboratory and Radiology Services	\$31.43	0.9678	1.0000	\$32.48	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	\$32.48
Other Professional Services	\$2.60	0.9670	1.0000	\$2.69	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	(0.80%)	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	\$2.67
Physician	\$1,811.75	0.9673	1.0000	\$1,873.07	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	\$1,873.07
Gross Medical	\$5,222.63			\$5,616.28														\$5,595.44

Appendix 4: Base Data and Base Data Adjustments

GSA: Central
 Rate Cell: SMI
 Base Period: October 1, 2021, through September 30, 2022
 Projection Period: October 1, 2023, through September 30, 2024
 Base Period Member Months: 352,870
 Projection Period Member Months: 356,530

	I.2.B.ii.(a)	I.2.B.iii.(b)	I.2.B.iii.(c)	Subtotal	I.2.B.iii.(d)	I.2.B.iii.(d)	I.2.B.iii.(d)	I.2.B.iii.(d)	I.2.B.iii.(d)	I.2.B.iii.(d)	I.2.B.iii.(d)	I.2.B.iii.(d)	I.3.A.v.	I.3.A.v.	I.3.A.v.	I.7.B.i	Subtotal
Category of Service	Base PMPM	Completion Factors	Encounter Issue Adjustment	Adjusted PMPM	Removal of DAP	Removal of Ancillary Crisis	Removal of COVID-19 Tests	Removal of COVID-19 Vaccines	Fraud, Waste, and Abuse	PAD Repricing	Subcap Admin Expense Removal	Other Base Data Adjustments	IMD (Reprice Stays of all Lengths)	IMD (Remove Stays > 15)	IMD (Remove Related Expenses > 15)	Acuity Adjustment	Adjusted Base PMPM
Physical Health Inpatient and LTC	\$125.97	0.9290	1.0000	\$135.60	(2.46%)	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	4.40%	\$138.08
Behavioral Health Inpatient and LTC	\$286.03	0.9302	1.0000	\$307.49	(3.08%)	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	3.25%	(4.36%)	0.00%	4.40%	\$307.23
Outpatient Facility	\$36.74	0.9681	1.0000	\$37.95	(2.70%)	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.09%	0.00%	0.00%	0.00%	4.40%	\$38.59
Emergency Facility	\$50.46	0.9681	1.0000	\$52.12	(2.71%)	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	4.40%	\$52.94
Pharmacy	\$485.64	0.9999	1.0000	\$485.70	0.00%	0.00%	(0.00%)	(0.20%)	0.00%	0.00%	0.00%	(0.00%)	0.00%	0.00%	0.00%	4.40%	\$506.04
Transportation	\$106.47	0.9721	1.0000	\$109.53	(0.15%)	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	4.40%	\$114.18
Dental	\$1.43	0.9739	1.0000	\$1.47	(0.67%)	0.00%	0.00%	0.00%	0.00%	0.00%	(4.54%)	0.00%	0.00%	0.00%	0.00%	4.40%	\$1.46
FQHC/RHC	\$19.93	0.9724	1.0000	\$20.50	0.00%	(0.06%)	0.00%	(0.00%)	0.00%	0.02%	0.00%	0.00%	0.00%	0.00%	0.00%	4.40%	\$21.39
Laboratory and Radiology Services	\$25.99	0.9724	1.0000	\$26.73	(0.01%)	0.00%	(9.22%)	0.00%	0.00%	0.01%	0.00%	0.00%	0.00%	0.00%	0.00%	4.40%	\$25.33
Other Professional Services	\$102.11	0.9719	1.0000	\$105.07	(0.91%)	(4.40%)	0.00%	(0.00%)	(0.07%)	0.00%	(0.00%)	0.00%	0.00%	0.00%	0.00%	4.40%	\$103.83
Physical Health Practitioners	\$102.38	0.9726	1.0000	\$105.27	(0.03%)	0.00%	0.00%	0.00%	0.00%	0.25%	0.00%	0.05%	0.00%	0.00%	0.00%	4.40%	\$110.19
Behavioral Health Practitioners	\$185.81	0.9728	1.0000	\$191.00	(0.63%)	0.00%	0.00%	0.00%	(0.01%)	0.03%	0.00%	0.00%	0.00%	0.00%	(1.32%)	4.40%	\$195.57
Case Management	\$174.75	0.9730	1.0000	\$179.61	(1.90%)	(4.05%)	0.00%	0.00%	(0.05%)	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	4.40%	\$176.40
Rehabilitation Services	\$125.26	0.9719	1.0000	\$128.88	(1.86%)	(0.46%)	0.00%	0.00%	(0.74%)	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	4.40%	\$130.47
Residential Services	\$234.63	0.9731	1.0000	\$241.11	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	4.40%	\$251.72
Gross Medical	\$2,063.62			\$2,128.03													\$2,173.43

Appendix 4: Base Data and Base Data Adjustments

GSA: South
 Rate Cell: AGE < 1
 Base Period: October 1, 2021, through September 30, 2022
 Projection Period: October 1, 2023, through September 30, 2024
 Base Period Member Months: 114,038
 Projection Period Member Months: 119,310

	I.2.B.ii.(a)	I.2.B.iii.(b)	I.2.B.iii.(c)	Subtotal	I.2.B.iii.(d)	I.2.B.iii.(d)	I.2.B.iii.(d)	I.2.B.iii.(d)	I.2.B.iii.(d)	I.2.B.iii.(d)	I.2.B.iii.(d)	I.2.B.iii.(d)	I.3.A.v.	I.3.A.v.	I.3.A.v.	I.7.B.i	Subtotal
Category of Service	Base PMPM	Completion Factors	Encounter Issue Adjustment	Adjusted PMPM	Removal of DAP	Removal of Ancillary Crisis	Removal of COVID-19 Tests	Removal of COVID-19 Vaccines	Fraud, Waste, and Abuse	PAD Repricing	Subcap Admin Expense Removal	Other Base Data Adjustments	IMD (Reprice Stays of all Lengths)	IMD (Remove Stays > 15)	IMD (Remove Related Expenses > 15)	Acuity Adjustment	Adjusted Base PMPM
Physical Health Inpatient and LTC	\$354.18	0.9107	1.0000	\$388.93	(2.62%)	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.03%	\$378.85
Behavioral Health Inpatient and LTC	\$0.99	0.9099	1.0000	\$1.08	(2.34%)	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.03%	\$1.06
Outpatient Facility	\$13.04	0.9447	1.0000	\$13.80	(2.73%)	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.03%	\$13.43
Emergency Facility	\$21.47	0.9540	1.0000	\$22.50	(3.48%)	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.03%	\$21.73
Pharmacy	\$28.22	0.9985	1.0000	\$28.27	0.00%	0.00%	(0.03%)	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.03%	\$28.27
Transportation	\$9.86	0.9597	1.0000	\$10.27	(0.00%)	0.00%	0.00%	0.00%	0.00%	0.00%	(0.37%)	0.00%	0.00%	0.00%	0.00%	0.03%	\$10.24
Dental	\$0.37	0.9536	0.9569	\$0.40	(0.45%)	0.00%	0.00%	0.00%	0.00%	0.00%	(7.59%)	0.00%	0.00%	0.00%	0.00%	0.03%	\$0.37
FQHC/RHC	\$95.92	0.9565	1.0000	\$100.28	0.00%	0.00%	0.00%	(0.00%)	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.03%	\$100.31
Laboratory and Radiology Services	\$7.38	0.9588	1.0000	\$7.70	(0.05%)	0.00%	(21.28%)	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.03%	\$6.06
Other Professional Services	\$15.41	0.9547	1.0000	\$16.14	(0.38%)	0.00%	0.00%	0.00%	0.00%	0.00%	(0.37%)	0.00%	0.00%	0.00%	0.00%	0.03%	\$16.02
Physical Health Practitioners	\$124.18	0.9570	1.0000	\$129.76	(0.35%)	0.00%	0.00%	(0.12%)	0.00%	(0.00%)	0.00%	0.00%	0.00%	0.00%	0.00%	0.03%	\$129.16
Behavioral Health Practitioners	\$0.99	0.9575	1.0000	\$1.03	(2.58%)	0.00%	0.00%	0.00%	0.00%	0.00%	(0.64%)	0.00%	0.00%	0.00%	0.00%	0.03%	\$1.00
Gross Medical	\$672.00			\$720.17													\$706.49

Appendix 4: Base Data and Base Data Adjustments

GSA: South
 Rate Cell: AGE 1-20
 Base Period: October 1, 2021, through September 30, 2022
 Projection Period: October 1, 2023, through September 30, 2024
 Base Period Member Months: 2,130,860
 Projection Period Member Months: 2,058,253

	I.2.B.ii.(a)	I.2.B.iii.(b)	I.2.B.iii.(c)	Subtotal	I.2.B.iii.(d)	I.2.B.iii.(d)	I.2.B.iii.(d)	I.2.B.iii.(d)	I.2.B.iii.(d)	I.2.B.iii.(d)	I.2.B.iii.(d)	I.2.B.iii.(d)	I.3.A.v.	I.3.A.v.	I.3.A.v.	I.7.B.i	Subtotal
Category of Service	Base PMPM	Completion Factors	Encounter Issue Adjustment	Adjusted PMPM	Removal of DAP	Removal of Ancillary Crisis	Removal of COVID-19 Tests	Removal of COVID-19 Vaccines	Fraud, Waste, and Abuse	PAD Repricing	Subcap Admin Expense Removal	Other Base Data Adjustments	IMD (Reprice Stays of all Lengths)	IMD (Remove Stays > 15)	IMD (Remove Related Expenses > 15)	Acuity Adjustment	Adjusted Base PMPM
Physical Health Inpatient and LTC	\$9.53	0.9098	1.0000	\$10.48	(2.92%)	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	4.17%	\$10.60
Behavioral Health Inpatient and LTC	\$6.72	0.9108	1.0000	\$7.38	(2.29%)	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	4.17%	\$7.51
Outpatient Facility	\$7.82	0.9519	1.0000	\$8.22	(2.96%)	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.01%	0.00%	0.00%	0.00%	4.17%	\$8.31
Emergency Facility	\$9.75	0.9515	1.0000	\$10.25	(3.85%)	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	4.17%	\$10.27
Pharmacy	\$22.98	0.9977	1.0000	\$23.04	0.00%	0.00%	(0.09%)	(1.88%)	0.00%	0.00%	0.00%	(0.00%)	0.00%	0.00%	0.00%	4.17%	\$23.52
Transportation	\$3.15	0.9564	1.0000	\$3.29	(0.15%)	0.00%	0.00%	0.00%	0.00%	0.00%	(1.07%)	0.00%	0.00%	0.00%	0.00%	4.17%	\$3.39
Dental	\$13.61	0.9562	0.9596	\$14.84	(0.43%)	0.00%	0.00%	0.00%	0.00%	0.00%	(7.61%)	0.00%	0.00%	0.00%	0.00%	4.17%	\$14.22
FQHC/RHC	\$31.06	0.9566	0.9999	\$32.47	0.00%	(0.00%)	0.00%	(0.01%)	0.00%	0.02%	0.00%	0.00%	0.00%	0.00%	0.00%	4.17%	\$33.83
Laboratory and Radiology Services	\$4.26	0.9627	1.0000	\$4.43	(0.08%)	0.00%	(39.19%)	0.00%	0.00%	(0.00%)	0.00%	0.00%	0.00%	0.00%	0.00%	4.17%	\$2.80
Other Professional Services	\$11.54	0.9572	1.0000	\$12.06	(0.85%)	(0.72%)	0.00%	(0.01%)	(0.01%)	0.00%	(0.63%)	0.00%	0.00%	0.00%	0.00%	4.17%	\$12.29
Physical Health Practitioners	\$21.61	0.9570	1.0000	\$22.58	(0.49%)	0.00%	0.00%	(2.05%)	0.00%	(0.03%)	0.00%	0.01%	0.00%	0.00%	0.00%	4.17%	\$22.92
Behavioral Health Practitioners	\$23.53	0.9556	1.0000	\$24.62	(1.58%)	(0.36%)	0.00%	(0.00%)	(0.05%)	0.08%	(2.46%)	0.00%	0.00%	0.00%	0.00%	4.17%	\$24.54
Gross Medical	\$165.58			\$173.65													\$174.18

Appendix 4: Base Data and Base Data Adjustments

GSA: South
 Rate Cell: AGE 21+
 Base Period: October 1, 2021, through September 30, 2022
 Projection Period: October 1, 2023, through September 30, 2024
 Base Period Member Months: 994,176
 Projection Period Member Months: 931,666

	I.2.B.ii.(a)	I.2.B.iii.(b)	I.2.B.iii.(c)	Subtotal	I.2.B.iii.(d)	I.2.B.iii.(d)	I.2.B.iii.(d)	I.2.B.iii.(d)	I.2.B.iii.(d)	I.2.B.iii.(d)	I.2.B.iii.(d)	I.2.B.iii.(d)	I.3.A.v.	I.3.A.v.	I.3.A.v.	I.7.B.i	Subtotal
Category of Service	Base PMPM	Completion Factors	Encounter Issue Adjustment	Adjusted PMPM	Removal of DAP	Removal of Ancillary Crisis	Removal of COVID-19 Tests	Removal of COVID-19 Vaccines	Fraud, Waste, and Abuse	PAD Repricing	Subcap Admin Expense Removal	Other Base Data Adjustments	IMD (Reprice Stays of all Lengths)	IMD (Remove Stays > 15)	IMD (Remove Related Expenses > 15)	Acuity Adjustment	Adjusted Base PMPM
Physical Health Inpatient and LTC	\$33.01	0.9203	1.0000	\$35.87	(3.80%)	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	6.03%	\$36.59
Behavioral Health Inpatient and LTC	\$4.59	0.9085	1.0000	\$5.05	(2.35%)	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	3.41%	(1.77%)	0.00%	6.03%	\$5.32
Outpatient Facility	\$37.50	0.9496	1.0000	\$39.49	(2.83%)	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.10%	0.00%	0.00%	0.00%	6.03%	\$40.73
Emergency Facility	\$23.37	0.9516	1.0000	\$24.55	(3.67%)	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	6.03%	\$25.08
Pharmacy	\$67.36	0.9977	1.0000	\$67.51	0.00%	0.00%	(0.07%)	(0.95%)	0.00%	0.00%	0.00%	0.01%	0.00%	0.00%	0.00%	6.03%	\$70.86
Transportation	\$7.11	0.9578	1.0000	\$7.42	(0.00%)	0.00%	0.00%	0.00%	0.00%	0.00%	(1.35%)	0.00%	0.00%	0.00%	0.00%	6.03%	\$7.76
Dental	\$0.80	0.9572	0.9726	\$0.86	(0.24%)	0.00%	0.00%	0.00%	0.00%	0.00%	(7.70%)	0.00%	0.00%	0.00%	0.00%	6.03%	\$0.84
FQHC/RHC	\$34.70	0.9569	1.0000	\$36.26	0.00%	(0.00%)	0.00%	(0.00%)	0.00%	0.08%	0.00%	0.00%	0.00%	0.00%	0.00%	6.03%	\$38.47
Laboratory and Radiology Services	\$20.71	0.9584	1.0000	\$21.61	(0.10%)	0.00%	(9.79%)	0.00%	0.00%	(0.00%)	0.00%	0.00%	0.00%	0.00%	0.00%	6.03%	\$20.65
Other Professional Services	\$8.84	0.9575	1.0000	\$9.24	(0.13%)	(1.22%)	0.00%	(0.02%)	(0.08%)	(0.05%)	(0.36%)	0.02%	0.00%	0.00%	0.00%	6.03%	\$9.62
Physical Health Practitioners	\$52.62	0.9572	1.0000	\$54.97	(0.48%)	0.00%	0.00%	(0.22%)	0.00%	(1.32%)	0.00%	0.11%	0.00%	0.00%	0.00%	6.03%	\$57.18
Behavioral Health Practitioners	\$28.88	0.9571	1.0000	\$30.17	(1.07%)	(0.30%)	0.00%	(0.00%)	(0.32%)	0.00%	(2.59%)	0.00%	0.00%	0.00%	(0.06%)	6.03%	\$30.62
Gross Medical	\$319.49			\$333.01													\$343.70

Appendix 4: Base Data and Base Data Adjustments

GSA: South
 Rate Cell: Duals
 Base Period: October 1, 2021, through September 30, 2022
 Projection Period: October 1, 2023, through September 30, 2024
 Base Period Member Months: 495,368
 Projection Period Member Months: 489,721

	I.2.B.ii.(a)	I.2.B.iii.(b)	I.2.B.iii.(c)	Subtotal	I.2.B.iii.(d)	I.2.B.iii.(d)	I.2.B.iii.(d)	I.2.B.iii.(d)	I.2.B.iii.(d)	I.2.B.iii.(d)	I.2.B.iii.(d)	I.2.B.iii.(d)	I.3.A.v.	I.3.A.v.	I.3.A.v.	I.7.B.i	Subtotal
Category of Service	Base PMPM	Completion Factors	Encounter Issue Adjustment	Adjusted PMPM	Removal of DAP	Removal of Ancillary Crisis	Removal of COVID-19 Tests	Removal of COVID-19 Vaccines	Fraud, Waste, and Abuse	PAD Repricing	Subcap Admin Expense Removal	Other Base Data Adjustments	IMD (Reprice Stays of all Lengths)	IMD (Remove Stays > 15)	IMD (Remove Related Expenses > 15)	Acuity Adjustment	Adjusted Base PMPM
Physical Health Inpatient and LTC	\$14.09	0.9182	1.0000	\$15.34	(2.31%)	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	1.64%	\$15.24
Behavioral Health Inpatient and LTC	\$1.16	0.9066	1.0000	\$1.27	(2.15%)	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	35.27%	(8.51%)	0.00%	1.64%	\$1.57
Outpatient Facility	\$14.49	0.9529	1.0000	\$15.21	(2.29%)	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.33%	0.00%	0.00%	0.00%	1.64%	\$15.15
Emergency Facility	\$3.69	0.9556	1.0000	\$3.87	(4.97%)	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	1.64%	\$3.73
Pharmacy	\$3.88	0.9976	1.0000	\$3.89	0.00%	0.00%	(0.13%)	(0.03%)	0.00%	0.00%	0.00%	(0.02%)	0.00%	0.00%	0.00%	1.64%	\$3.95
Transportation	\$9.45	0.9561	1.0000	\$9.89	(0.01%)	0.00%	0.00%	0.00%	0.00%	0.00%	(5.83%)	0.00%	0.00%	0.00%	0.00%	1.64%	\$9.46
Dental	\$3.47	0.9565	0.6636	\$5.46	(0.32%)	0.00%	0.00%	0.00%	0.00%	0.00%	(5.26%)	0.00%	0.00%	0.00%	0.00%	1.64%	\$5.24
FQHC/RHC	\$14.23	0.9537	0.9837	\$15.17	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	1.64%	\$15.42
Laboratory and Radiology Services	\$5.74	0.9580	1.0000	\$5.99	(0.13%)	0.00%	(1.10%)	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	1.64%	\$6.02
Other Professional Services	\$5.82	0.9588	1.0000	\$6.07	(0.37%)	(2.66%)	0.00%	0.00%	(0.16%)	0.00%	(0.31%)	0.12%	0.00%	0.00%	0.00%	1.64%	\$5.96
Physical Health Practitioners	\$26.81	0.9584	1.0000	\$27.97	(0.38%)	0.00%	0.00%	(0.04%)	0.00%	0.00%	0.00%	0.28%	0.00%	0.00%	0.00%	1.64%	\$28.39
Behavioral Health Practitioners	\$15.47	0.9566	1.0000	\$16.17	(1.27%)	(0.49%)	0.00%	0.00%	(0.21%)	0.00%	(2.79%)	0.00%	0.00%	0.00%	(0.04%)	1.64%	\$15.66
Gross Medical	\$118.30			\$126.30													\$125.79

Appendix 4: Base Data and Base Data Adjustments

GSA: South
 Rate Cell: SSIWO
 Base Period: October 1, 2021, through September 30, 2022
 Projection Period: October 1, 2023, through September 30, 2024
 Base Period Member Months: 177,953
 Projection Period Member Months: 178,995

	I.2.B.ii.(a)	I.2.B.iii.(b)	I.2.B.iii.(c)	Subtotal	I.2.B.iii.(d)	I.2.B.iii.(d)	I.2.B.iii.(d)	I.2.B.iii.(d)	I.2.B.iii.(d)	I.2.B.iii.(d)	I.2.B.iii.(d)	I.2.B.iii.(d)	I.3.A.v.	I.3.A.v.	I.3.A.v.	I.7.B.i	Subtotal
Category of Service	Base PMPM	Completion Factors	Encounter Issue Adjustment	Adjusted PMPM	Removal of DAP	Removal of Ancillary Crisis	Removal of COVID-19 Tests	Removal of COVID-19 Vaccines	Fraud, Waste, and Abuse	PAD Repricing	Subcap Admin Expense Removal	Other Base Data Adjustments	IMD (Reprice Stays of all Lengths)	IMD (Remove Stays > 15)	IMD (Remove Related Expenses > 15)	Acuity Adjustment	Adjusted Base PMPM
Physical Health Inpatient and LTC	\$206.63	0.9062	1.0000	\$228.03	(2.48%)	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	2.09%	\$227.01
Behavioral Health Inpatient and LTC	\$16.80	0.9152	1.0000	\$18.36	(2.69%)	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	3.49%	(5.39%)	0.00%	2.09%	\$17.86
Outpatient Facility	\$123.90	0.9522	1.0000	\$130.13	(2.27%)	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.28%	0.00%	0.00%	0.00%	2.09%	\$130.19
Emergency Facility	\$39.03	0.9532	1.0000	\$40.94	(3.87%)	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	2.09%	\$40.18
Pharmacy	\$341.71	0.9978	1.0000	\$342.47	0.00%	0.00%	(0.02%)	(0.26%)	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	2.09%	\$348.65
Transportation	\$36.11	0.9573	1.0000	\$37.72	(0.03%)	0.00%	0.00%	0.00%	0.00%	0.00%	(2.37%)	0.00%	0.00%	0.00%	0.00%	2.09%	\$37.59
Dental	\$3.74	0.9576	0.9556	\$4.09	(0.42%)	0.00%	0.00%	0.00%	0.00%	0.00%	(7.58%)	0.00%	0.00%	0.00%	0.00%	2.09%	\$3.84
FQHC/RHC	\$48.66	0.9567	0.9999	\$50.86	0.00%	(0.00%)	0.00%	(0.01%)	0.00%	0.04%	0.00%	0.00%	0.00%	0.00%	0.00%	2.09%	\$51.94
Laboratory and Radiology Services	\$30.61	0.9577	1.0000	\$31.97	(0.09%)	0.00%	(5.17%)	0.00%	0.00%	(0.00%)	0.00%	0.00%	0.00%	0.00%	0.00%	2.09%	\$30.92
Other Professional Services	\$62.51	0.9574	1.0000	\$65.29	(0.60%)	(0.88%)	0.00%	(0.00%)	(0.10%)	(0.04%)	(0.54%)	0.01%	0.00%	0.00%	0.00%	2.09%	\$65.23
Physical Health Practitioners	\$145.50	0.9570	1.0000	\$152.04	(0.34%)	0.00%	0.00%	(0.16%)	0.00%	(2.75%)	0.00%	0.36%	0.00%	0.00%	0.00%	2.09%	\$150.73
Behavioral Health Practitioners	\$75.73	0.9542	1.0000	\$79.37	(1.00%)	(0.53%)	0.00%	(0.00%)	(0.83%)	0.01%	(2.23%)	0.00%	0.00%	0.00%	(0.25%)	2.09%	\$77.17
Gross Medical	\$1,130.95			\$1,181.27													\$1,181.31

Appendix 4: Base Data and Base Data Adjustments

GSA: South
 Rate Cell: Prop 204 Childless Adults
 Base Period: October 1, 2021, through September 30, 2022
 Projection Period: October 1, 2023, through September 30, 2024
 Base Period Member Months: 1,304,218
 Projection Period Member Months: 1,209,901

	I.2.B.ii.(a)	I.2.B.iii.(b)	I.2.B.iii.(c)	Subtotal	I.2.B.iii.(d)	I.2.B.iii.(d)	I.2.B.iii.(d)	I.2.B.iii.(d)	I.2.B.iii.(d)	I.2.B.iii.(d)	I.2.B.iii.(d)	I.2.B.iii.(d)	I.3.A.v.	I.3.A.v.	I.3.A.v.	I.7.B.i	Subtotal
Category of Service	Base PMPM	Completion Factors	Encounter Issue Adjustment	Adjusted PMPM	Removal of DAP	Removal of Ancillary Crisis	Removal of COVID-19 Tests	Removal of COVID-19 Vaccines	Fraud, Waste, and Abuse	PAD Repricing	Subcap Admin Expense Removal	Other Base Data Adjustments	IMD (Reprice Stays of all Lengths)	IMD (Remove Stays > 15)	IMD (Remove Related Expenses > 15)	Acuity Adjustment	Adjusted Base PMPM
Physical Health Inpatient and LTC	\$71.73	0.9124	1.0000	\$78.62	(2.54%)	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	4.77%	\$80.28
Behavioral Health Inpatient and LTC	\$19.17	0.9098	1.0000	\$21.07	(2.48%)	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	3.18%	(2.71%)	0.00%	4.77%	\$21.61
Outpatient Facility	\$39.19	0.9513	1.0000	\$41.20	(2.69%)	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.17%	0.00%	0.00%	0.00%	4.77%	\$42.07
Emergency Facility	\$24.19	0.9512	1.0000	\$25.43	(3.48%)	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	4.77%	\$25.72
Pharmacy	\$98.08	0.9977	1.0000	\$98.30	0.00%	0.00%	(0.04%)	(0.78%)	0.00%	0.00%	0.00%	0.01%	0.00%	0.00%	0.00%	4.77%	\$102.15
Transportation	\$14.93	0.9570	1.0000	\$15.60	(0.01%)	0.00%	0.00%	0.00%	0.00%	0.00%	(1.75%)	0.00%	0.00%	0.00%	0.00%	4.77%	\$16.06
Dental	\$1.37	0.9564	0.9553	\$1.50	(0.37%)	0.00%	0.00%	0.00%	0.00%	0.00%	(7.57%)	0.00%	0.00%	0.00%	0.00%	4.77%	\$1.45
FQHC/RHC	\$29.40	0.9566	1.0000	\$30.74	0.00%	(0.00%)	0.00%	(0.01%)	0.00%	0.06%	0.00%	0.00%	0.00%	0.00%	0.00%	4.77%	\$32.22
Laboratory and Radiology Services	\$19.31	0.9575	1.0000	\$20.17	(0.07%)	0.00%	(7.65%)	0.00%	0.00%	(0.00%)	0.00%	0.00%	0.00%	0.00%	0.00%	4.77%	\$19.50
Other Professional Services	\$16.24	0.9561	1.0000	\$16.99	(0.29%)	(2.69%)	0.00%	(0.01%)	(0.44%)	0.07%	(0.55%)	0.02%	0.00%	0.00%	0.00%	4.77%	\$17.11
Physical Health Practitioners	\$62.78	0.9565	1.0000	\$65.63	(0.35%)	0.00%	0.00%	(0.16%)	0.00%	2.98%	0.00%	0.16%	0.00%	0.00%	0.00%	4.77%	\$70.56
Behavioral Health Practitioners	\$67.56	0.9552	1.0000	\$70.73	(0.69%)	(0.60%)	0.00%	(0.00%)	(0.73%)	0.00%	(2.43%)	0.00%	0.00%	0.00%	(0.14%)	4.77%	\$70.75
Gross Medical	\$463.95			\$485.97													\$499.48

Appendix 4: Base Data and Base Data Adjustments

GSA: South
 Rate Cell: Expansion Adults
 Base Period: October 1, 2021, through September 30, 2022
 Projection Period: October 1, 2023, through September 30, 2024
 Base Period Member Months: 441,921
 Projection Period Member Months: 330,963

	I.2.B.ii.(a)	I.2.B.iii.(b)	I.2.B.iii.(c)	Subtotal	I.2.B.iii.(d)	I.2.B.iii.(d)	I.2.B.iii.(d)	I.2.B.iii.(d)	I.2.B.iii.(d)	I.2.B.iii.(d)	I.2.B.iii.(d)	I.2.B.iii.(d)	I.3.A.v.	I.3.A.v.	I.3.A.v.	I.7.B.i	Subtotal
Category of Service	Base PMPM	Completion Factors	Encounter Issue Adjustment	Adjusted PMPM	Removal of DAP	Removal of Ancillary Crisis	Removal of COVID-19 Tests	Removal of COVID-19 Vaccines	Fraud, Waste, and Abuse	PAD Repricing	Subcap Admin Expense Removal	Other Base Data Adjustments	IMD (Reprice Stays of all Lengths)	IMD (Remove Stays > 15)	IMD (Remove Related Expenses > 15)	Acuity Adjustment	Adjusted Base PMPM
Physical Health Inpatient and LTC	\$35.37	0.9212	1.0000	\$38.39	(2.73%)	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	9.52%	\$40.90
Behavioral Health Inpatient and LTC	\$3.82	0.9110	1.0000	\$4.19	(2.79%)	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	4.21%	(1.99%)	0.00%	9.52%	\$4.56
Outpatient Facility	\$37.41	0.9516	1.0000	\$39.31	(2.76%)	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.20%	0.00%	0.00%	0.00%	9.52%	\$41.95
Emergency Facility	\$16.07	0.9529	1.0000	\$16.87	(3.65%)	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	9.52%	\$17.80
Pharmacy	\$86.80	0.9978	1.0000	\$86.99	0.00%	0.00%	(0.05%)	(0.91%)	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	9.52%	\$94.36
Transportation	\$5.72	0.9583	1.0000	\$5.96	(0.00%)	0.00%	0.00%	0.00%	0.00%	0.00%	(1.14%)	0.00%	0.00%	0.00%	0.00%	9.52%	\$6.46
Dental	\$1.17	0.9575	0.9158	\$1.33	(0.35%)	0.00%	0.00%	0.00%	0.00%	0.00%	(7.26%)	0.00%	0.00%	0.00%	0.00%	9.52%	\$1.35
FQHC/RHC	\$31.35	0.9582	0.9999	\$32.72	0.00%	(0.00%)	0.00%	(0.01%)	0.00%	0.07%	0.00%	0.00%	0.00%	0.00%	0.00%	9.52%	\$35.86
Laboratory and Radiology Services	\$17.56	0.9590	1.0000	\$18.31	(0.08%)	0.00%	(10.45%)	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	9.52%	\$17.94
Other Professional Services	\$10.30	0.9591	1.0000	\$10.73	(0.10%)	(0.79%)	0.00%	(0.02%)	(0.02%)	0.01%	(0.37%)	0.03%	0.00%	0.00%	0.00%	9.52%	\$11.61
Physical Health Practitioners	\$55.31	0.9575	1.0000	\$57.76	(0.35%)	0.00%	0.00%	(0.20%)	0.00%	(0.08%)	0.00%	0.20%	0.00%	0.00%	0.00%	9.52%	\$62.99
Behavioral Health Practitioners	\$20.61	0.9582	1.0000	\$21.51	(0.94%)	(0.50%)	0.00%	0.00%	(0.05%)	0.00%	(2.33%)	0.00%	0.00%	0.00%	(0.10%)	9.52%	\$22.64
Gross Medical	\$321.47			\$334.08													\$358.40

Appendix 4: Base Data and Base Data Adjustments

GSA: South
 Rate Cell: Delivery Supplemental Payments
 Base Period: October 1, 2021, through September 30, 2022
 Projection Period: October 1, 2023, through September 30, 2024
 Base Period Member Months: 7,513
 Projection Period Member Months: 7,774

	I.2.B.ii.(a)	I.2.B.iii.(b)	I.2.B.iii.(c)	Subtotal	I.2.B.iii.(d)	I.2.B.iii.(d)	I.2.B.iii.(d)	I.2.B.iii.(d)	I.2.B.iii.(d)	I.2.B.iii.(d)	I.2.B.iii.(d)	I.2.B.iii.(d)	I.3.A.v.	I.3.A.v.	I.3.A.v.	I.7.B.i	Subtotal
Category of Service	Base PMPM	Completion Factors	Encounter Issue Adjustment	Adjusted PMPM	Removal of DAP	Removal of Ancillary Crisis	Removal of COVID-19 Tests	Removal of COVID-19 Vaccines	Fraud, Waste, and Abuse	PAD Repricing	Subcap Admin Expense Removal	Other Base Data Adjustments	IMD (Reprice Stays of all Lengths)	IMD (Remove Stays > 15)	IMD (Remove Related Expenses > 15)	Acuity Adjustment	Adjusted Base PMPD
Inpatient	\$3,405.12	0.9132	1.0000	\$3,728.75	(0.77%)	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	\$3,699.94
Outpatient Facility	\$16.28	0.9474	1.0000	\$17.19	(0.96%)	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	\$17.02
Pharmacy	\$9.78	0.9978	1.0000	\$9.80	0.00%	0.00%	(0.37%)	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	\$9.77
Transportation	\$57.60	0.9544	1.0000	\$60.36	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	(0.11%)	0.00%	0.00%	0.00%	0.00%	0.00%	\$60.29
FQHC/RHC	\$7.23	0.9557	1.0000	\$7.57	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	\$7.57
Laboratory and Radiology Services	\$21.20	0.9602	1.0000	\$22.07	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	\$22.07
Other Professional Services	\$2.03	0.9586	1.0000	\$2.12	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	(0.43%)	0.00%	0.00%	0.00%	0.00%	0.00%	\$2.11
Physician	\$1,774.06	0.9594	1.0000	\$1,849.11	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	\$1,849.11
Gross Medical	\$5,293.31			\$5,696.96													\$5,667.88

Appendix 4: Base Data and Base Data Adjustments

GSA: South
 Rate Cell: SMI
 Base Period: October 1, 2021, through September 30, 2022
 Projection Period: October 1, 2023, through September 30, 2024
 Base Period Member Months: 156,749
 Projection Period Member Months: 154,704

	I.2.B.ii.(a)	I.2.B.iii.(b)	I.2.B.iii.(c)	Subtotal	I.2.B.iii.(d)	I.2.B.iii.(d)	I.2.B.iii.(d)	I.2.B.iii.(d)	I.2.B.iii.(d)	I.2.B.iii.(d)	I.2.B.iii.(d)	I.2.B.iii.(d)	I.3.A.v.	I.3.A.v.	I.3.A.v.	I.7.B.i	Subtotal
Category of Service	Base PMPM	Completion Factors	Encounter Issue Adjustment	Adjusted PMPM	Removal of DAP	Removal of Ancillary Crisis	Removal of COVID-19 Tests	Removal of COVID-19 Vaccines	Fraud, Waste, and Abuse	PAD Repricing	Subcap Admin Expense Removal	Other Base Data Adjustments	IMD (Reprice Stays of all Lengths)	IMD (Remove Stays > 15)	IMD (Remove Related Expenses > 15)	Acuity Adjustment	Adjusted Base PMPM
Physical Health Inpatient and LTC	\$106.68	0.9438	1.0000	\$113.03	(2.48%)	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	3.65%	\$114.25
Behavioral Health Inpatient and LTC	\$144.54	0.9444	1.0000	\$153.05	(2.56%)	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	3.64%	(3.31%)	0.00%	3.65%	\$154.89
Outpatient Facility	\$31.12	0.9490	1.0000	\$32.79	(2.62%)	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.26%	0.00%	0.00%	0.00%	3.65%	\$33.18
Emergency Facility	\$37.85	0.9494	1.0000	\$39.87	(3.13%)	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	3.65%	\$40.03
Pharmacy	\$273.16	0.9990	1.0000	\$273.44	0.00%	0.00%	(0.01%)	(0.35%)	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	3.65%	\$282.41
Transportation	\$49.65	0.9716	1.0000	\$51.10	(0.01%)	0.00%	0.00%	0.00%	0.00%	0.00%	(0.45%)	0.00%	0.00%	0.00%	0.00%	3.65%	\$52.73
Dental	\$1.03	0.9715	1.0000	\$1.06	(0.24%)	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	3.65%	\$1.10
FQHC/RHC	\$40.72	0.9696	1.0000	\$42.00	0.00%	(0.00%)	0.00%	(0.00%)	0.00%	0.09%	0.00%	0.00%	0.00%	0.00%	0.00%	3.65%	\$43.57
Laboratory and Radiology Services	\$20.48	0.9713	1.0000	\$21.09	(0.12%)	0.00%	(6.67%)	0.00%	0.00%	(0.01%)	0.00%	0.00%	0.00%	0.00%	0.00%	3.65%	\$20.37
Other Professional Services	\$82.24	0.9707	1.0000	\$84.72	(0.81%)	(7.56%)	0.00%	(0.01%)	(0.19%)	(0.00%)	(4.22%)	0.01%	0.00%	0.00%	0.00%	3.65%	\$76.98
Physical Health Practitioners	\$73.15	0.9708	1.0000	\$75.36	(0.54%)	0.00%	0.00%	0.00%	0.00%	(0.43%)	0.00%	0.17%	0.00%	0.00%	0.00%	3.65%	\$77.49
Behavioral Health Practitioners	\$120.58	0.9676	1.0000	\$124.61	(0.96%)	0.00%	0.00%	0.00%	(0.13%)	0.06%	0.00%	0.00%	0.00%	0.00%	(0.56%)	3.65%	\$127.12
Case Management	\$124.90	0.9691	1.0000	\$128.89	(1.64%)	(3.38%)	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	3.65%	\$126.96
Rehabilitation Services	\$86.44	0.9685	1.0000	\$89.26	(1.20%)	(1.24%)	0.00%	0.00%	(1.34%)	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	3.65%	\$89.06
Residential Services	\$149.94	0.9705	1.0000	\$154.49	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	(0.12%)	0.00%	0.00%	0.00%	0.00%	3.65%	\$159.94
Gross Medical	\$1,342.49			\$1,384.77													\$1,400.08

Appendix 5: Projected Benefit Cost Trends

Appendix 5: Projected Benefit Cost Trends

North				
Risk Group	Trend COS	Utilization per 1000	Unit Cost	PMPM
AGE < 1	Physical Health Inpatient and LTC	0.00%	0.00%	0.00%
AGE < 1	Behavioral Health Inpatient and LTC	5.00%	1.00%	6.05%
AGE < 1	Outpatient and Emergency Facilities	2.00%	0.00%	2.00%
AGE < 1	Pharmacy	2.00%	0.00%	2.00%
AGE < 1	Transportation	4.00%	(1.00%)	2.96%
AGE < 1	Dental	3.50%	(0.50%)	2.98%
AGE < 1	FQHC/RHC	2.00%	0.00%	2.00%
AGE < 1	Laboratory and Radiology Services	1.00%	0.50%	1.50%
AGE < 1	Other Professional Services	0.50%	0.00%	0.50%
AGE < 1	Physical Health Practitioners	2.00%	1.00%	3.02%
AGE < 1	Behavioral Health Practitioners	2.00%	1.00%	3.02%
AGE 1-20	Physical Health Inpatient and LTC	4.00%	(1.00%)	2.96%
AGE 1-20	Behavioral Health Inpatient and LTC	5.00%	1.00%	6.05%
AGE 1-20	Outpatient and Emergency Facilities	2.00%	1.00%	3.02%
AGE 1-20	Pharmacy	3.00%	3.00%	6.09%
AGE 1-20	Transportation	4.00%	(1.00%)	2.96%
AGE 1-20	Dental	3.50%	(0.50%)	2.98%
AGE 1-20	FQHC/RHC	2.00%	0.00%	2.00%
AGE 1-20	Laboratory and Radiology Services	1.00%	0.50%	1.50%
AGE 1-20	Other Professional Services	0.50%	0.00%	0.50%
AGE 1-20	Physical Health Practitioners	1.00%	0.00%	1.00%
AGE 1-20	Behavioral Health Practitioners	2.50%	0.00%	2.50%
AGE 21+	Physical Health Inpatient and LTC	0.00%	0.00%	0.00%
AGE 21+	Behavioral Health Inpatient and LTC	5.00%	1.00%	6.05%
AGE 21+	Outpatient and Emergency Facilities	0.00%	1.00%	1.00%
AGE 21+	Pharmacy	0.00%	4.00%	4.00%
AGE 21+	Transportation	4.00%	(1.00%)	2.96%
AGE 21+	Dental	3.50%	(0.50%)	2.98%
AGE 21+	FQHC/RHC	2.00%	0.00%	2.00%
AGE 21+	Laboratory and Radiology Services	1.00%	0.50%	1.50%
AGE 21+	Other Professional Services	0.50%	0.00%	0.50%
AGE 21+	Physical Health Practitioners	0.00%	0.00%	0.00%
AGE 21+	Behavioral Health Practitioners	2.00%	2.00%	4.04%

Appendix 5: Projected Benefit Cost Trends

North				
Risk Group	Trend COS	Utilization per 1000	Unit Cost	PMPM
Duals	Physical Health Inpatient and LTC	2.00%	0.00%	2.00%
Duals	Behavioral Health Inpatient and LTC	5.00%	1.00%	6.05%
Duals	Outpatient and Emergency Facilities	0.00%	0.00%	0.00%
Duals	Pharmacy	2.00%	2.00%	4.04%
Duals	Transportation	4.00%	(1.00%)	2.96%
Duals	Dental	3.50%	(0.50%)	2.98%
Duals	FQHC/RHC	2.00%	0.00%	2.00%
Duals	Laboratory and Radiology Services	1.00%	0.50%	1.50%
Duals	Other Professional Services	0.50%	0.00%	0.50%
Duals	Physical Health Practitioners	0.00%	0.00%	0.00%
Duals	Behavioral Health Practitioners	0.00%	2.00%	2.00%
SSIWO	Physical Health Inpatient and LTC	3.00%	(1.00%)	1.97%
SSIWO	Behavioral Health Inpatient and LTC	5.00%	1.00%	6.05%
SSIWO	Outpatient and Emergency Facilities	1.00%	0.00%	1.00%
SSIWO	Pharmacy	0.00%	4.00%	4.00%
SSIWO	Transportation	4.00%	(1.00%)	2.96%
SSIWO	Dental	3.50%	(0.50%)	2.98%
SSIWO	FQHC/RHC	2.00%	0.00%	2.00%
SSIWO	Laboratory and Radiology Services	1.00%	0.50%	1.50%
SSIWO	Other Professional Services	0.50%	0.00%	0.50%
SSIWO	Physical Health Practitioners	0.00%	0.00%	0.00%
SSIWO	Behavioral Health Practitioners	3.00%	1.00%	4.03%
Prop 204 Childless Adults	Physical Health Inpatient and LTC	0.00%	0.00%	0.00%
Prop 204 Childless Adults	Behavioral Health Inpatient and LTC	5.00%	1.00%	6.05%
Prop 204 Childless Adults	Outpatient and Emergency Facilities	0.00%	1.00%	1.00%
Prop 204 Childless Adults	Pharmacy	0.00%	3.00%	3.00%
Prop 204 Childless Adults	Transportation	4.00%	(1.00%)	2.96%
Prop 204 Childless Adults	Dental	3.50%	(0.50%)	2.98%
Prop 204 Childless Adults	FQHC/RHC	2.00%	0.00%	2.00%
Prop 204 Childless Adults	Laboratory and Radiology Services	1.00%	0.50%	1.50%
Prop 204 Childless Adults	Other Professional Services	0.50%	0.00%	0.50%
Prop 204 Childless Adults	Physical Health Practitioners	0.00%	0.00%	0.00%
Prop 204 Childless Adults	Behavioral Health Practitioners	4.00%	0.00%	4.00%

Appendix 5: Projected Benefit Cost Trends

North				
Risk Group	Trend COS	Utilization per 1000	Unit Cost	PMPM
Expansion Adults	Physical Health Inpatient and LTC	0.00%	0.00%	0.00%
Expansion Adults	Behavioral Health Inpatient and LTC	5.00%	1.00%	6.05%
Expansion Adults	Outpatient and Emergency Facilities	1.00%	0.00%	1.00%
Expansion Adults	Pharmacy	0.00%	5.00%	5.00%
Expansion Adults	Transportation	4.00%	(1.00%)	2.96%
Expansion Adults	Dental	3.50%	(0.50%)	2.98%
Expansion Adults	FQHC/RHC	2.00%	0.00%	2.00%
Expansion Adults	Laboratory and Radiology Services	1.00%	0.50%	1.50%
Expansion Adults	Other Professional Services	0.50%	0.00%	0.50%
Expansion Adults	Physical Health Practitioners	0.00%	0.00%	0.00%
Expansion Adults	Behavioral Health Practitioners	1.00%	2.00%	3.02%
Delivery Supplemental Payments	Inpatient	1.00%	0.00%	1.00%
Delivery Supplemental Payments	Outpatient Facility	3.00%	0.00%	3.00%
Delivery Supplemental Payments	Pharmacy	3.00%	0.00%	3.00%
Delivery Supplemental Payments	Transportation	3.00%	0.00%	3.00%
Delivery Supplemental Payments	FQHC/RHC	3.00%	0.00%	3.00%
Delivery Supplemental Payments	Laboratory and Radiology Services	3.00%	0.00%	3.00%
Delivery Supplemental Payments	Other Professional Services	3.00%	0.00%	3.00%
Delivery Supplemental Payments	Physician	0.00%	0.00%	0.00%
SMI	Physical Health Inpatient and LTC	1.00%	0.00%	1.00%
SMI	Behavioral Health Inpatient and LTC	3.00%	1.00%	4.03%
SMI	Outpatient and Emergency Facilities	2.00%	0.00%	2.00%
SMI	Pharmacy	0.50%	5.00%	5.52%
SMI	Transportation	3.00%	(1.00%)	1.97%
SMI	Dental	5.00%	(1.00%)	3.95%
SMI	FQHC/RHC	5.00%	(1.00%)	3.95%
SMI	Laboratory and Radiology Services	5.00%	(1.00%)	3.95%
SMI	Other Professional Services	5.00%	(1.00%)	3.95%
SMI	Physical Health Practitioners	0.00%	1.00%	1.00%
SMI	Behavioral Health Practitioners	0.00%	4.50%	4.50%
SMI	Case Management	2.00%	2.00%	4.04%
SMI	Rehabilitation Services	1.00%	0.00%	1.00%
SMI	Residential Services	4.00%	0.00%	4.00%

Appendix 5: Projected Benefit Cost Trends

Central				
Risk Group	Trend COS	Utilization per 1000	Unit Cost	PMPM
AGE < 1	Physical Health Inpatient and LTC	0.00%	1.00%	1.00%
AGE < 1	Behavioral Health Inpatient and LTC	4.00%	0.00%	4.00%
AGE < 1	Outpatient and Emergency Facilities	2.00%	0.00%	2.00%
AGE < 1	Pharmacy	2.50%	0.00%	2.50%
AGE < 1	Transportation	0.00%	2.00%	2.00%
AGE < 1	Dental	3.00%	0.00%	3.00%
AGE < 1	FQHC/RHC	0.00%	1.00%	1.00%
AGE < 1	Laboratory and Radiology Services	1.00%	0.50%	1.51%
AGE < 1	Other Professional Services	0.50%	2.00%	2.51%
AGE < 1	Physical Health Practitioners	2.00%	0.00%	2.00%
AGE < 1	Behavioral Health Practitioners	2.00%	0.00%	2.00%
AGE 1-20	Physical Health Inpatient and LTC	5.00%	(1.00%)	3.95%
AGE 1-20	Behavioral Health Inpatient and LTC	4.00%	0.00%	4.00%
AGE 1-20	Outpatient and Emergency Facilities	3.00%	1.00%	4.03%
AGE 1-20	Pharmacy	2.00%	3.00%	5.06%
AGE 1-20	Transportation	0.00%	2.00%	2.00%
AGE 1-20	Dental	3.00%	0.00%	3.00%
AGE 1-20	FQHC/RHC	0.00%	1.00%	1.00%
AGE 1-20	Laboratory and Radiology Services	1.00%	0.50%	1.51%
AGE 1-20	Other Professional Services	0.50%	2.00%	2.51%
AGE 1-20	Physical Health Practitioners	1.00%	1.00%	2.01%
AGE 1-20	Behavioral Health Practitioners	3.50%	0.00%	3.50%
AGE 21+	Physical Health Inpatient and LTC	1.00%	0.00%	1.00%
AGE 21+	Behavioral Health Inpatient and LTC	4.00%	0.00%	4.00%
AGE 21+	Outpatient and Emergency Facilities	1.00%	1.00%	2.01%
AGE 21+	Pharmacy	0.00%	3.50%	3.50%
AGE 21+	Transportation	0.00%	2.00%	2.00%
AGE 21+	Dental	3.00%	0.00%	3.00%
AGE 21+	FQHC/RHC	0.00%	1.00%	1.00%
AGE 21+	Laboratory and Radiology Services	1.00%	0.50%	1.51%
AGE 21+	Other Professional Services	0.50%	2.00%	2.51%
AGE 21+	Physical Health Practitioners	0.00%	0.00%	0.00%
AGE 21+	Behavioral Health Practitioners	4.00%	2.00%	6.08%

Appendix 5: Projected Benefit Cost Trends

Central				
Risk Group	Trend COS	Utilization per 1000	Unit Cost	PMPM
Duals	Physical Health Inpatient and LTC	1.00%	0.00%	1.00%
Duals	Behavioral Health Inpatient and LTC	4.00%	0.00%	4.00%
Duals	Outpatient and Emergency Facilities	2.00%	0.00%	2.00%
Duals	Pharmacy	2.00%	4.00%	6.08%
Duals	Transportation	0.00%	2.00%	2.00%
Duals	Dental	3.00%	0.00%	3.00%
Duals	FQHC/RHC	0.00%	1.00%	1.00%
Duals	Laboratory and Radiology Services	1.00%	0.50%	1.51%
Duals	Other Professional Services	0.50%	2.00%	2.51%
Duals	Physical Health Practitioners	3.00%	(1.00%)	1.97%
Duals	Behavioral Health Practitioners	0.50%	3.00%	3.51%
SSIWO	Physical Health Inpatient and LTC	0.00%	0.00%	0.00%
SSIWO	Behavioral Health Inpatient and LTC	4.00%	0.00%	4.00%
SSIWO	Outpatient and Emergency Facilities	3.00%	0.00%	3.00%
SSIWO	Pharmacy	0.00%	3.00%	3.00%
SSIWO	Transportation	0.00%	2.00%	2.00%
SSIWO	Dental	3.00%	0.00%	3.00%
SSIWO	FQHC/RHC	0.00%	1.00%	1.00%
SSIWO	Laboratory and Radiology Services	1.00%	0.50%	1.51%
SSIWO	Other Professional Services	0.50%	2.00%	2.51%
SSIWO	Physical Health Practitioners	0.00%	0.00%	0.00%
SSIWO	Behavioral Health Practitioners	5.00%	1.00%	6.05%
Prop 204 Childless Adults	Physical Health Inpatient and LTC	0.00%	0.00%	0.00%
Prop 204 Childless Adults	Behavioral Health Inpatient and LTC	4.00%	0.00%	4.00%
Prop 204 Childless Adults	Outpatient and Emergency Facilities	1.00%	0.00%	1.00%
Prop 204 Childless Adults	Pharmacy	0.00%	4.00%	4.00%
Prop 204 Childless Adults	Transportation	0.00%	2.00%	2.00%
Prop 204 Childless Adults	Dental	3.00%	0.00%	3.00%
Prop 204 Childless Adults	FQHC/RHC	0.00%	1.00%	1.00%
Prop 204 Childless Adults	Laboratory and Radiology Services	1.00%	0.50%	1.51%
Prop 204 Childless Adults	Other Professional Services	0.50%	2.00%	2.51%
Prop 204 Childless Adults	Physical Health Practitioners	0.00%	1.00%	1.00%
Prop 204 Childless Adults	Behavioral Health Practitioners	5.00%	0.00%	5.00%

Appendix 5: Projected Benefit Cost Trends

Central				
Risk Group	Trend COS	Utilization per 1000	Unit Cost	PMPM
Expansion Adults	Physical Health Inpatient and LTC	0.00%	0.00%	0.00%
Expansion Adults	Behavioral Health Inpatient and LTC	4.00%	0.00%	4.00%
Expansion Adults	Outpatient and Emergency Facilities	1.00%	0.00%	1.00%
Expansion Adults	Pharmacy	0.00%	2.00%	2.00%
Expansion Adults	Transportation	0.00%	2.00%	2.00%
Expansion Adults	Dental	3.00%	0.00%	3.00%
Expansion Adults	FQHC/RHC	0.00%	1.00%	1.00%
Expansion Adults	Laboratory and Radiology Services	1.00%	0.50%	1.51%
Expansion Adults	Other Professional Services	0.50%	2.00%	2.51%
Expansion Adults	Physical Health Practitioners	0.00%	0.00%	0.00%
Expansion Adults	Behavioral Health Practitioners	4.00%	2.50%	6.60%
Delivery Supplemental Payments	Inpatient	2.00%	0.00%	2.00%
Delivery Supplemental Payments	Outpatient Facility	0.50%	0.00%	0.50%
Delivery Supplemental Payments	Pharmacy	0.50%	0.00%	0.50%
Delivery Supplemental Payments	Transportation	0.50%	0.00%	0.50%
Delivery Supplemental Payments	FQHC/RHC	0.50%	0.00%	0.50%
Delivery Supplemental Payments	Laboratory and Radiology Services	0.50%	0.00%	0.50%
Delivery Supplemental Payments	Other Professional Services	0.50%	0.00%	0.50%
Delivery Supplemental Payments	Physician	0.00%	2.00%	2.00%
SMI	Physical Health Inpatient and LTC	3.50%	2.00%	5.57%
SMI	Behavioral Health Inpatient and LTC	4.00%	0.00%	4.00%
SMI	Outpatient and Emergency Facilities	1.00%	0.00%	1.00%
SMI	Pharmacy	2.50%	2.50%	5.06%
SMI	Transportation	4.00%	0.00%	4.00%
SMI	Dental	0.00%	5.00%	5.00%
SMI	FQHC/RHC	0.00%	5.00%	5.00%
SMI	Laboratory and Radiology Services	0.00%	5.00%	5.00%
SMI	Other Professional Services	0.00%	5.00%	5.00%
SMI	Physical Health Practitioners	1.00%	1.00%	2.01%
SMI	Behavioral Health Practitioners	2.50%	2.00%	4.55%
SMI	Case Management	0.00%	4.00%	4.00%
SMI	Rehabilitation Services	3.00%	0.50%	3.51%
SMI	Residential Services	3.50%	2.50%	6.09%

Appendix 5: Projected Benefit Cost Trends

South				
Risk Group	Trend COS	Utilization per 1000	Unit Cost	PMPM
AGE < 1	Physical Health Inpatient and LTC	0.00%	2.00%	2.00%
AGE < 1	Behavioral Health Inpatient and LTC	5.00%	0.00%	5.00%
AGE < 1	Outpatient and Emergency Facilities	2.00%	3.00%	5.06%
AGE < 1	Pharmacy	1.00%	1.00%	2.01%
AGE < 1	Transportation	1.50%	0.00%	1.50%
AGE < 1	Dental	4.00%	(1.00%)	2.96%
AGE < 1	FQHC/RHC	2.50%	(0.50%)	1.99%
AGE < 1	Laboratory and Radiology Services	1.50%	0.00%	1.50%
AGE < 1	Other Professional Services	0.00%	0.00%	0.00%
AGE < 1	Physical Health Practitioners	3.00%	0.00%	3.00%
AGE < 1	Behavioral Health Practitioners	3.00%	0.00%	3.00%
AGE 1-20	Physical Health Inpatient and LTC	2.00%	0.00%	2.00%
AGE 1-20	Behavioral Health Inpatient and LTC	5.00%	0.00%	5.00%
AGE 1-20	Outpatient and Emergency Facilities	2.00%	1.00%	3.02%
AGE 1-20	Pharmacy	3.00%	3.00%	6.09%
AGE 1-20	Transportation	1.50%	0.00%	1.50%
AGE 1-20	Dental	4.00%	(1.00%)	2.96%
AGE 1-20	FQHC/RHC	2.50%	(0.50%)	1.99%
AGE 1-20	Laboratory and Radiology Services	1.50%	0.00%	1.50%
AGE 1-20	Other Professional Services	0.00%	0.00%	0.00%
AGE 1-20	Physical Health Practitioners	4.00%	(1.00%)	2.96%
AGE 1-20	Behavioral Health Practitioners	4.00%	0.00%	4.00%
AGE 21+	Physical Health Inpatient and LTC	0.00%	0.00%	0.00%
AGE 21+	Behavioral Health Inpatient and LTC	5.00%	0.00%	5.00%
AGE 21+	Outpatient and Emergency Facilities	1.00%	3.00%	4.03%
AGE 21+	Pharmacy	0.00%	4.00%	4.00%
AGE 21+	Transportation	1.50%	0.00%	1.50%
AGE 21+	Dental	4.00%	(1.00%)	2.96%
AGE 21+	FQHC/RHC	2.50%	(0.50%)	1.99%
AGE 21+	Laboratory and Radiology Services	1.50%	0.00%	1.50%
AGE 21+	Other Professional Services	0.00%	0.00%	0.00%
AGE 21+	Physical Health Practitioners	2.50%	(0.50%)	1.99%
AGE 21+	Behavioral Health Practitioners	3.50%	2.00%	5.57%

Appendix 5: Projected Benefit Cost Trends

South				
Risk Group	Trend COS	Utilization per 1000	Unit Cost	PMPM
Duals	Physical Health Inpatient and LTC	2.00%	0.00%	2.00%
Duals	Behavioral Health Inpatient and LTC	5.00%	0.00%	5.00%
Duals	Outpatient and Emergency Facilities	0.00%	0.00%	0.00%
Duals	Pharmacy	2.00%	4.00%	6.08%
Duals	Transportation	1.50%	0.00%	1.50%
Duals	Dental	4.00%	(1.00%)	2.96%
Duals	FQHC/RHC	2.50%	(0.50%)	1.99%
Duals	Laboratory and Radiology Services	1.50%	0.00%	1.50%
Duals	Other Professional Services	0.00%	0.00%	0.00%
Duals	Physical Health Practitioners	2.00%	(1.00%)	0.98%
Duals	Behavioral Health Practitioners	2.00%	2.00%	4.04%
SSIWO	Physical Health Inpatient and LTC	0.00%	0.00%	0.00%
SSIWO	Behavioral Health Inpatient and LTC	5.00%	0.00%	5.00%
SSIWO	Outpatient and Emergency Facilities	3.00%	0.00%	3.00%
SSIWO	Pharmacy	0.00%	5.00%	5.00%
SSIWO	Transportation	1.50%	0.00%	1.50%
SSIWO	Dental	4.00%	(1.00%)	2.96%
SSIWO	FQHC/RHC	2.50%	(0.50%)	1.99%
SSIWO	Laboratory and Radiology Services	1.50%	0.00%	1.50%
SSIWO	Other Professional Services	0.00%	0.00%	0.00%
SSIWO	Physical Health Practitioners	1.00%	0.00%	1.00%
SSIWO	Behavioral Health Practitioners	6.00%	0.00%	6.00%
Prop 204 Childless Adults	Physical Health Inpatient and LTC	0.00%	0.00%	0.00%
Prop 204 Childless Adults	Behavioral Health Inpatient and LTC	5.00%	0.00%	5.00%
Prop 204 Childless Adults	Outpatient and Emergency Facilities	0.00%	1.00%	1.00%
Prop 204 Childless Adults	Pharmacy	0.00%	3.00%	3.00%
Prop 204 Childless Adults	Transportation	1.50%	0.00%	1.50%
Prop 204 Childless Adults	Dental	4.00%	(1.00%)	2.96%
Prop 204 Childless Adults	FQHC/RHC	2.50%	(0.50%)	1.99%
Prop 204 Childless Adults	Laboratory and Radiology Services	1.50%	0.00%	1.50%
Prop 204 Childless Adults	Other Professional Services	0.00%	0.00%	0.00%
Prop 204 Childless Adults	Physical Health Practitioners	3.00%	(1.00%)	1.97%
Prop 204 Childless Adults	Behavioral Health Practitioners	4.00%	2.00%	6.08%

Appendix 5: Projected Benefit Cost Trends

South				
Risk Group	Trend COS	Utilization per 1000	Unit Cost	PMPM
Expansion Adults	Physical Health Inpatient and LTC	0.00%	0.00%	0.00%
Expansion Adults	Behavioral Health Inpatient and LTC	5.00%	0.00%	5.00%
Expansion Adults	Outpatient and Emergency Facilities	2.00%	0.00%	2.00%
Expansion Adults	Pharmacy	0.00%	3.00%	3.00%
Expansion Adults	Transportation	1.50%	0.00%	1.50%
Expansion Adults	Dental	4.00%	(1.00%)	2.96%
Expansion Adults	FQHC/RHC	2.50%	(0.50%)	1.99%
Expansion Adults	Laboratory and Radiology Services	1.50%	0.00%	1.50%
Expansion Adults	Other Professional Services	0.00%	0.00%	0.00%
Expansion Adults	Physical Health Practitioners	1.00%	0.00%	1.00%
Expansion Adults	Behavioral Health Practitioners	2.50%	3.00%	5.58%
Delivery Supplemental Payments	Inpatient	0.00%	2.00%	2.00%
Delivery Supplemental Payments	Outpatient Facility	0.50%	0.00%	0.50%
Delivery Supplemental Payments	Pharmacy	0.50%	0.00%	0.50%
Delivery Supplemental Payments	Transportation	0.50%	0.00%	0.50%
Delivery Supplemental Payments	FQHC/RHC	0.50%	0.00%	0.50%
Delivery Supplemental Payments	Laboratory and Radiology Services	0.50%	0.00%	0.50%
Delivery Supplemental Payments	Other Professional Services	0.50%	0.00%	0.50%
Delivery Supplemental Payments	Physician	2.00%	0.00%	2.00%
SMI	Physical Health Inpatient and LTC	1.00%	1.00%	2.01%
SMI	Behavioral Health Inpatient and LTC	4.00%	0.00%	4.00%
SMI	Outpatient and Emergency Facilities	1.50%	(0.50%)	0.99%
SMI	Pharmacy	2.00%	4.50%	6.59%
SMI	Transportation	0.00%	0.00%	0.00%
SMI	Dental	2.00%	1.00%	3.02%
SMI	FQHC/RHC	2.00%	1.00%	3.02%
SMI	Laboratory and Radiology Services	2.00%	1.00%	3.02%
SMI	Other Professional Services	2.00%	1.00%	3.02%
SMI	Physical Health Practitioners	1.00%	1.00%	2.01%
SMI	Behavioral Health Practitioners	2.50%	2.00%	4.55%
SMI	Case Management	0.00%	5.00%	5.00%
SMI	Rehabilitation Services	1.00%	3.00%	4.03%
SMI	Residential Services	5.00%	1.50%	6.58%

Appendix 6: Development of Gross Medical Component

CYE 24 Capitation Rate Certification – ACC and ACC-RBHA Program

Appendix 6: Development of Gross Medical Component

GSA: North Rate Cell: AGE < 1 Base Period: October 1, 2021, through September 30, 2022 Projection Period: October 1, 2023, through September 30, 2024 Base Period Member Months: 42,617 Projection Period Member Months: 43,426
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	Appendix 4	I.3.B.iii.	I.3.B.ii.(a)	I.3.B.ii.(a)	I.3.B.ii.(a)	I.3.B.ii.(a)	I.3.B.ii.(a)	I.3.B.ii.(a)	I.3.B.ii.(a)	I.3.B.ii.(a)	I.3.B.ii.(a)	I.3.B.ii.(a)	I.3.B.ii.(a)	I.3.B.ii.(a)	Subtotal
Category of Service	Adjusted Base PMPM	Trend	Aggregate Fee Schedule Changes	Adult Chiropractic Services	Maternal Postpartum Depression Screening	Newborn Screening Fee	North GSA Contractor Change - Health Homes	North GSA Contractor Change - ACT Teams	Carvytki	COVID-19 Tests	Diabetes Drug Class Changes	P & T Committee	Rx Rebates	Combined Misc. Changes	Gross Medical
Physical Health Inpatient and LTC	\$350.63	0.00%	5.56%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	\$370.11
Behavioral Health Inpatient and LTC	\$1.26	6.05%	0.95%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	\$1.43
Outpatient Facility	\$15.30	2.00%	(0.13%)	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	\$15.89
Emergency Facility	\$26.24	2.00%	(0.13%)	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	\$27.26
Pharmacy	\$5.95	2.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.05%	0.00%	(0.01%)	(1.22%)	0.00%	\$6.12
Transportation	\$24.13	2.96%	8.86%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	\$27.84
Dental	\$0.33	2.98%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	22.59%	\$0.43
FQHC/RHC	\$30.91	2.00%	28.29%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	\$41.25
Laboratory and Radiology Services	\$5.35	1.50%	0.21%	0.00%	0.00%	116.60%	0.00%	0.00%	0.00%	4.20%	0.00%	0.00%	0.00%	0.00%	\$12.47
Other Professional Services	\$15.73	0.50%	2.59%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.50%	\$16.38
Physical Health Practitioners	\$127.12	3.02%	(1.30%)	0.00%	1.92%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	\$135.72
Behavioral Health Practitioners	\$0.74	3.02%	1.57%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	\$0.80
Gross Medical	\$603.68														\$655.70

DAP PMPM	\$11.94
Gross Medical Plus DAP PMPM	\$667.64

CYE 24 Capitation Rate Certification – ACC and ACC-RBHA Program

Appendix 6: Development of Gross Medical Component

GSA: North
Rate Cell: AGE 1-20
Base Period: October 1, 2021, through September 30, 2022
Projection Period: October 1, 2023, through September 30, 2024
Base Period Member Months: 831,824
Projection Period Member Months: 803,868

	Appendix 4	I.3.B.iii.	I.3.B.ii.(a)	I.3.B.ii.(a)	I.3.B.ii.(a)	I.3.B.ii.(a)	I.3.B.ii.(a)	I.3.B.ii.(a)	I.3.B.ii.(a)	I.3.B.ii.(a)	I.3.B.ii.(a)	I.3.B.ii.(a)	I.3.B.ii.(a)	I.3.B.ii.(a)	Subtotal
Category of Service	Adjusted Base PMPM	Trend	Aggregate Fee Schedule Changes	Adult Chiropractic Services	Maternal Postpartum Depression Screening	Newborn Screening Fee	North GSA Contractor Change - Health Homes	North GSA Contractor Change - ACT Teams	Carvytki	COVID-19 Tests	Diabetes Drug Class Changes	P & T Committee	Rx Rebates	Combined Misc. Changes	Gross Medical
Physical Health Inpatient and LTC	\$15.32	2.96%	2.27%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	\$16.61
Behavioral Health Inpatient and LTC	\$11.01	6.05%	0.02%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	\$12.38
Outpatient Facility	\$10.32	3.02%	(0.12%)	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	\$10.94
Emergency Facility	\$12.53	3.02%	(0.13%)	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	\$13.28
Pharmacy	\$23.67	6.09%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.09%	(0.46%)	0.06%	(1.22%)	0.00%	\$26.24
Transportation	\$6.33	2.96%	12.16%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	\$7.53
Dental	\$18.19	2.98%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.82%	\$19.45
FQHC/RHC	\$8.22	2.00%	29.38%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	\$11.06
Laboratory and Radiology Services	\$2.00	1.50%	(0.94%)	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	25.48%	0.00%	0.00%	0.00%	0.00%	\$2.56
Other Professional Services	\$11.75	0.50%	2.29%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.27%	\$12.18
Physical Health Practitioners	\$23.05	1.00%	(0.50%)	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	1.18%	\$23.67
Behavioral Health Practitioners	\$26.38	2.50%	2.24%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.27%	\$28.42
Gross Medical	\$168.79														\$184.33

DAP PMPM	\$2.34
Gross Medical Plus DAP PMPM	\$186.66

CYE 24 Capitation Rate Certification – ACC and ACC-RBHA Program

Appendix 6: Development of Gross Medical Component

GSA: North Rate Cell: AGE 21+ Base Period: October 1, 2021, through September 30, 2022 Projection Period: October 1, 2023, through September 30, 2024 Base Period Member Months: 380,424 Projection Period Member Months: 354,544
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	Appendix 4	I.3.B.iii.	I.3.B.ii.(a)	I.3.B.ii.(a)	I.3.B.ii.(a)	I.3.B.ii.(a)	I.3.B.ii.(a)	I.3.B.ii.(a)	I.3.B.ii.(a)	I.3.B.ii.(a)	I.3.B.ii.(a)	I.3.B.ii.(a)	I.3.B.ii.(a)	I.3.B.ii.(a)	I.3.B.ii.(a)	Subtotal
Category of Service	Adjusted Base PMPM	Trend	Aggregate Fee Schedule Changes	Adult Chiropractic Services	Maternal Postpartum Depression Screening	Newborn Screening Fee	North GSA Contractor Change - Health Homes	North GSA Contractor Change - ACT Teams	Carvytki	COVID-19 Tests	Diabetes Drug Class Changes	P & T Committee	Rx Rebates	Combined Misc. Changes	Gross Medical	
Physical Health Inpatient and LTC	\$37.01	0.00%	5.81%	0.00%	0.00%	0.00%	0.00%	0.00%	0.05%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	\$39.18
Behavioral Health Inpatient and LTC	\$6.55	6.05%	0.68%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	\$7.42
Outpatient Facility	\$37.32	1.00%	(0.09%)	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	\$38.03
Emergency Facility	\$28.72	1.00%	(0.13%)	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	\$29.26
Pharmacy	\$70.53	4.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.09%	3.04%	0.37%	(1.22%)	0.00%	\$78.00	
Transportation	\$12.73	2.96%	14.33%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	\$15.43
Dental	\$1.33	2.98%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	1.36%	\$1.43
FQHC/RHC	\$12.71	2.00%	31.54%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	\$17.40
Laboratory and Radiology Services	\$12.58	1.50%	(1.95%)	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	6.36%	0.00%	0.00%	0.00%	0.00%	0.00%	\$13.52
Other Professional Services	\$6.35	0.50%	0.78%	0.19%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	2.74%	\$6.65
Physical Health Practitioners	\$53.47	0.00%	0.80%	0.02%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.57%	\$54.22
Behavioral Health Practitioners	\$29.37	4.04%	1.91%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.93%	\$32.70	
Gross Medical	\$308.68															\$333.25

DAP PMPM	\$3.86
Gross Medical Plus DAP PMPM	\$337.11

Appendix 6: Development of Gross Medical Component

GSA: North
 Rate Cell: Duals
 Base Period: October 1, 2021, through September 30, 2022
 Projection Period: October 1, 2023, through September 30, 2024
 Base Period Member Months: 190,010
 Projection Period Member Months: 186,947

	Appendix 4	I.3.B.iii.	I.3.B.ii.(a)	I.3.B.ii.(a)	I.3.B.ii.(a)	I.3.B.ii.(a)	I.3.B.ii.(a)	I.3.B.ii.(a)	I.3.B.ii.(a)	I.3.B.ii.(a)	I.3.B.ii.(a)	I.3.B.ii.(a)	I.3.B.ii.(a)	I.3.B.ii.(a)	Subtotal
Category of Service	Adjusted Base PMPM	Trend	Aggregate Fee Schedule Changes	Adult Chiropractic Services	Maternal Postpartum Depression Screening	Newborn Screening Fee	North GSA Contractor Change - Health Homes	North GSA Contractor Change - ACT Teams	Carvytki	COVID-19 Tests	Diabetes Drug Class Changes	P & T Committee	Rx Rebates	Combined Misc. Changes	Gross Medical
Physical Health Inpatient and LTC	\$13.79	2.00%	4.55%	0.00%	0.00%	0.00%	0.00%	0.00%	1.92%	0.00%	0.00%	0.00%	0.00%	0.00%	\$15.28
Behavioral Health Inpatient and LTC	\$1.90	6.05%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	\$2.14
Outpatient Facility	\$20.13	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	\$20.13
Emergency Facility	\$4.38	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	\$4.38
Pharmacy	\$3.88	4.04%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	12.23%	(1.22%)	0.00%	\$4.66
Transportation	\$10.66	2.96%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	\$11.30
Dental	\$0.31	2.98%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	1.94%	\$0.34
FQHC/RHC	\$1.80	2.00%	7.25%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	\$2.01
Laboratory and Radiology Services	\$4.03	1.50%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.45%	0.00%	0.00%	0.00%	0.00%	\$4.17
Other Professional Services	\$3.08	0.50%	0.01%	5.17%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	4.65%	\$3.43
Physical Health Practitioners	\$24.46	0.00%	(4.59%)	0.72%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.01%	\$23.51
Behavioral Health Practitioners	\$14.34	2.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.11%	\$14.93
Gross Medical	\$102.76														\$106.28

DAP PMPM	\$0.10
Gross Medical Plus DAP PMPM	\$106.38

CYE 24 Capitation Rate Certification – ACC and ACC-RBHA Program

Appendix 6: Development of Gross Medical Component

GSA: North Rate Cell: SSIWO Base Period: October 1, 2021, through September 30, 2022 Projection Period: October 1, 2023, through September 30, 2024 Base Period Member Months: 71,022 Projection Period Member Months: 69,861
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	Appendix 4	I.3.B.iii.	I.3.B.ii.(a)	I.3.B.ii.(a)	I.3.B.ii.(a)	I.3.B.ii.(a)	I.3.B.ii.(a)	I.3.B.ii.(a)	I.3.B.ii.(a)	I.3.B.ii.(a)	I.3.B.ii.(a)	I.3.B.ii.(a)	I.3.B.ii.(a)	I.3.B.ii.(a)	Subtotal
Category of Service	Adjusted Base PMPM	Trend	Aggregate Fee Schedule Changes	Adult Chiropractic Services	Maternal Postpartum Depression Screening	Newborn Screening Fee	North GSA Contractor Change - Health Homes	North GSA Contractor Change - ACT Teams	Carvytki	COVID-19 Tests	Diabetes Drug Class Changes	P & T Committee	Rx Rebates	Combined Misc. Changes	Gross Medical
Physical Health Inpatient and LTC	\$194.55	1.97%	4.28%	0.00%	0.00%	0.00%	0.00%	0.00%	0.10%	0.00%	0.00%	0.00%	0.00%	0.00%	\$211.15
Behavioral Health Inpatient and LTC	\$23.04	6.05%	0.50%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	\$26.04
Outpatient Facility	\$102.52	1.00%	0.42%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	\$105.02
Emergency Facility	\$43.57	1.00%	(0.13%)	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	\$44.38
Pharmacy	\$361.82	4.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.02%	1.82%	0.24%	(1.22%)	0.00%	\$394.66
Transportation	\$48.91	2.96%	13.39%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	\$58.79
Dental	\$4.27	2.98%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	1.14%	\$4.58
FQHC/RHC	\$15.06	2.00%	30.73%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	\$20.49
Laboratory and Radiology Services	\$21.01	1.50%	(1.58%)	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	3.52%	0.00%	0.00%	0.00%	0.00%	\$22.06
Other Professional Services	\$41.76	0.50%	1.56%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	1.20%	\$43.35
Physical Health Practitioners	\$142.78	0.00%	11.72%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.05%	\$159.59
Behavioral Health Practitioners	\$47.74	4.03%	1.98%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.03%	\$52.71
Gross Medical	\$1,047.03														\$1,142.82

DAP PMPM	\$10.69
Gross Medical Plus DAP PMPM	\$1,153.50

CYE 24 Capitation Rate Certification – ACC and ACC-RBHA Program

Appendix 6: Development of Gross Medical Component

GSA: North Rate Cell: Prop 204 Childless Adults Base Period: October 1, 2021, through September 30, 2022 Projection Period: October 1, 2023, through September 30, 2024 Base Period Member Months: 554,281 Projection Period Member Months: 506,146
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	Appendix 4	I.3.B.iii.	I.3.B.ii.(a)	I.3.B.ii.(a)	I.3.B.ii.(a)	I.3.B.ii.(a)	I.3.B.ii.(a)	I.3.B.ii.(a)	I.3.B.ii.(a)	I.3.B.ii.(a)	I.3.B.ii.(a)	I.3.B.ii.(a)	I.3.B.ii.(a)	I.3.B.ii.(a)	I.3.B.ii.(a)	Subtotal
Category of Service	Adjusted Base PMPM	Trend	Aggregate Fee Schedule Changes	Adult Chiropractic Services	Maternal Postpartum Depression Screening	Newborn Screening Fee	North GSA Contractor Change - Health Homes	North GSA Contractor Change - ACT Teams	Carvytki	COVID-19 Tests	Diabetes Drug Class Changes	P & T Committee	Rx Rebates	Combined Misc. Changes	Gross Medical	
Physical Health Inpatient and LTC	\$88.83	0.00%	3.04%	0.00%	0.00%	0.00%	0.00%	0.00%	0.03%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	\$91.56
Behavioral Health Inpatient and LTC	\$22.50	6.05%	0.47%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	\$25.42
Outpatient Facility	\$46.79	1.00%	(0.03%)	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	\$47.72
Emergency Facility	\$30.88	1.00%	(0.13%)	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	\$31.46
Pharmacy	\$111.64	3.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.05%	2.57%	0.45%	(1.22%)	0.00%	0.00%	\$120.61
Transportation	\$25.58	2.96%	13.12%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	\$30.67
Dental	\$1.78	2.98%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	1.15%	\$1.91
FQHC/RHC	\$10.59	2.00%	31.13%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	\$14.44
Laboratory and Radiology Services	\$13.29	1.50%	(1.81%)	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	4.09%	0.00%	0.00%	0.00%	0.00%	0.00%	\$14.00
Other Professional Services	\$10.59	0.50%	1.31%	0.09%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	2.16%	0.00%	\$11.08
Physical Health Practitioners	\$69.09	0.00%	0.96%	0.01%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.05%	\$69.79
Behavioral Health Practitioners	\$64.99	4.00%	2.04%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.03%	0.00%	\$71.76
Gross Medical	\$496.55															\$530.43

DAP PMPM	\$5.87
Gross Medical Plus DAP PMPM	\$536.29

CYE 24 Capitation Rate Certification – ACC and ACC-RBHA Program

Appendix 6: Development of Gross Medical Component

GSA: North
 Rate Cell: Expansion Adults
 Base Period: October 1, 2021, through September 30, 2022
 Projection Period: October 1, 2023, through September 30, 2024
 Base Period Member Months: 171,313
 Projection Period Member Months: 126,543

	Appendix 4	I.3.B.iii.	I.3.B.ii.(a)	I.3.B.ii.(a)	I.3.B.ii.(a)	I.3.B.ii.(a)	I.3.B.ii.(a)	I.3.B.ii.(a)	I.3.B.ii.(a)	I.3.B.ii.(a)	I.3.B.ii.(a)	I.3.B.ii.(a)	I.3.B.ii.(a)	I.3.B.ii.(a)	Subtotal
Category of Service	Adjusted Base PMPM	Trend	Aggregate Fee Schedule Changes	Adult Chiropractic Services	Maternal Postpartum Depression Screening	Newborn Screening Fee	North GSA Contractor Change - Health Homes	North GSA Contractor Change - ACT Teams	Carvytki	COVID-19 Tests	Diabetes Drug Class Changes	P & T Committee	Rx Rebates	Combined Misc. Changes	Gross Medical
Physical Health Inpatient and LTC	\$44.33	0.00%	3.70%	0.00%	0.00%	0.00%	0.00%	0.00%	0.29%	0.00%	0.00%	0.00%	0.00%	0.00%	\$46.10
Behavioral Health Inpatient and LTC	\$6.15	6.05%	0.88%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	\$6.98
Outpatient Facility	\$48.28	1.00%	(0.03%)	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	\$49.24
Emergency Facility	\$22.07	1.00%	(0.13%)	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	\$22.48
Pharmacy	\$107.19	5.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.05%	2.94%	0.43%	(1.22%)	0.00%	\$120.75
Transportation	\$10.97	2.96%	14.48%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	\$13.32
Dental	\$1.37	2.98%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	1.86%	\$1.48
FQHC/RHC	\$11.57	2.00%	31.86%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	\$15.87
Laboratory and Radiology Services	\$12.83	1.50%	(1.82%)	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	5.79%	0.00%	0.00%	0.00%	0.00%	\$13.73
Other Professional Services	\$8.82	0.50%	1.08%	0.39%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	3.81%	\$9.39
Physical Health Practitioners	\$66.65	0.00%	2.80%	0.05%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.13%	\$68.64
Behavioral Health Practitioners	\$24.30	3.02%	1.85%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.02%	\$26.27
Gross Medical	\$364.55														\$394.25

DAP PMPM	\$3.70
Gross Medical Plus DAP PMPM	\$397.95

Appendix 6: Development of Gross Medical Component

GSA: North
 Rate Cell: Delivery Supplemental Payments
 Base Period: October 1, 2021, through September 30, 2022
 Projection Period: October 1, 2023, through September 30, 2024
 Base Period Member Months: 2,748
 Projection Period Member Months: 2,822

	Appendix 4	I.3.B.iii.	I.3.B.ii.(a)	I.3.B.ii.(a)	I.3.B.ii.(a)	I.3.B.ii.(a)	I.3.B.ii.(a)	I.3.B.ii.(a)	I.3.B.ii.(a)	I.3.B.ii.(a)	I.3.B.ii.(a)	I.3.B.ii.(a)	I.3.B.ii.(a)	I.3.B.ii.(a)	I.3.B.ii.(a)	Subtotal
Category of Service	Adjusted Base PMPM	Trend	Aggregate Fee Schedule Changes	Adult Chiropractic Services	Maternal Postpartum Depression Screening	Newborn Screening Fee	North GSA Contractor Change - Health Homes	North GSA Contractor Change - ACT Teams	Carvytki	COVID-19 Tests	Diabetes Drug Class Changes	P & T Committee	Rx Rebates	Combined Misc. Changes	Gross Medical	
Inpatient	\$3,635.29	1.00%	5.54%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	\$3,913.83
Outpatient Facility	\$12.86	3.00%	(0.10%)	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	\$13.63
Pharmacy	\$12.98	3.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	(1.22%)	0.00%	0.00%	\$13.60
Transportation	\$123.83	3.00%	14.04%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	\$149.82
FQHC/RHC	\$2.38	3.00%	31.14%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	\$3.31
Laboratory and Radiology Services	\$35.85	3.00%	(1.82%)	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	\$37.34
Other Professional Services	\$0.14	3.00%	0.78%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	\$0.15
Physician	\$1,696.18	0.00%	56.56%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	\$2,655.48
Gross Medical	\$5,519.50															\$6,787.15

DAP PMPM	\$111.40
Gross Medical Plus DAP PMPM	\$6,898.56

CYE 24 Capitation Rate Certification – ACC and ACC-RBHA Program

Appendix 6: Development of Gross Medical Component

GSA: North Rate Cell: SMI Base Period: October 1, 2021, through September 30, 2022 Projection Period: October 1, 2023, through September 30, 2024 Base Period Member Months: 71,451 Projection Period Member Months: 69,669
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	Appendix 4	I.3.B.iii.	I.3.B.ii.(a)	I.3.B.ii.(a)	I.3.B.ii.(a)	I.3.B.ii.(a)	I.3.B.ii.(a)	I.3.B.ii.(a)	I.3.B.ii.(a)	I.3.B.ii.(a)	I.3.B.ii.(a)	I.3.B.ii.(a)	I.3.B.ii.(a)	I.3.B.ii.(a)	I.3.B.ii.(a)	Subtotal
Category of Service	Adjusted Base PMPM	Trend	Aggregate Fee Schedule Changes	Adult Chiropractic Services	Maternal Postpartum Depression Screening	Newborn Screening Fee	North GSA Contractor Change - Health Homes	North GSA Contractor Change - ACT Teams	Carvytki	COVID-19 Tests	Diabetes Drug Class Changes	P & T Committee	Rx Rebates	Combined Misc. Changes	Gross Medical	
Physical Health Inpatient and LTC	\$77.02	1.00%	5.65%	0.00%	0.00%	0.00%	0.00%	0.00%	0.04%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	\$83.04
Behavioral Health Inpatient and LTC	\$136.54	4.03%	0.12%	0.00%	0.00%	0.00%	5.10%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	\$155.50
Outpatient Facility	\$44.73	2.00%	0.13%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	\$46.60
Emergency Facility	\$47.30	2.00%	(0.12%)	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	\$49.15
Pharmacy	\$305.09	5.52%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.03%	1.17%	0.33%	(0.33%)	0.00%	0.00%	\$343.81
Transportation	\$76.28	1.97%	10.28%	0.00%	0.00%	0.00%	1.73%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	\$88.99
Dental	\$1.88	3.95%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	1.14%	0.00%	\$2.05
FQHC/RHC	\$14.54	3.95%	27.90%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	\$20.09
Laboratory and Radiology Services	\$12.85	3.95%	(1.31%)	0.00%	0.00%	0.00%	0.09%	0.00%	0.00%	6.17%	0.00%	0.00%	0.00%	0.00%	0.00%	\$14.56
Other Professional Services	\$49.50	3.95%	1.09%	0.00%	0.00%	0.00%	3.05%	13.59%	0.00%	0.00%	0.00%	0.00%	0.00%	0.46%	0.00%	\$63.58
Physical Health Practitioners	\$76.11	1.00%	1.51%	0.00%	0.00%	0.00%	0.27%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.07%	0.00%	\$79.08
Behavioral Health Practitioners	\$83.01	4.50%	2.10%	0.00%	0.00%	0.00%	5.34%	13.59%	0.00%	0.00%	0.00%	0.00%	0.00%	0.15%	0.00%	\$110.91
Case Management	\$70.95	4.04%	1.46%	0.00%	0.00%	0.00%	7.58%	13.59%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	\$95.21
Rehabilitation Services	\$84.20	1.00%	1.51%	0.00%	0.00%	0.00%	8.60%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	\$94.69
Residential Services	\$231.77	4.00%	1.46%	0.00%	0.00%	0.00%	2.60%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	\$260.97
Gross Medical	\$1,311.78															\$1,508.25

DAP PMPM	\$13.50
Gross Medical Plus DAP PMPM	\$1,521.75

Appendix 6: Development of Gross Medical Component

GSA: North
 Rate Cell: Crisis 24 Hour Group
 Base Period: October 1, 2021, through September 30, 2022
 Projection Period: October 1, 2023, through September 30, 2024
 Base Period Member Months: 3,295,362
 Projection Period Member Months: 2,922,841

	I.2.B.ii.(a)	I.2.B.iii.(b)	Subtotal		Subtotal
Category of Service	PMPM	Base Completion	Adjusted Base PMPM	Expansion of Services, 9-8-8 Impact, Crisis Rate Increases	Gross Medical PMPM
Crisis Mobile Teams	\$0.52	0.9928	\$0.53	\$1.38	\$1.90
Crisis Phone Line	\$0.15	0.9928	\$0.15	\$0.65	\$0.80
Crisis Stabilization Units	\$0.66	0.9928	\$0.66	\$2.04	\$2.70
Ancillary Crisis Services	\$0.46	0.9928	\$0.46	\$0.00	\$0.46
Gross Medical	\$1.79		\$1.80	\$4.06	\$5.87

DAP PMPM	\$0.03
Gross Medical Plus DAP PMPM	\$5.89

CYE 24 Capitation Rate Certification – ACC and ACC-RBHA Program

Appendix 6: Development of Gross Medical Component

GSA: Central Rate Cell: AGE < 1 Base Period: October 1, 2021, through September 30, 2022 Projection Period: October 1, 2023, through September 30, 2024 Base Period Member Months: 360,007 Projection Period Member Months: 372,387
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	Appendix 4	I.3.B.iii.	I.3.B.ii.(a)	I.3.B.ii.(a)	I.3.B.ii.(a)	I.3.B.ii.(a)	I.3.B.ii.(a)	I.3.B.ii.(a)	I.3.B.ii.(a)	I.3.B.ii.(a)	I.3.B.ii.(a)	I.3.B.ii.(a)	I.3.B.ii.(a)	I.3.B.ii.(a)	Subtotal
Category of Service	Adjusted Base PMPM	Trend	Aggregate Fee Schedule Changes	Adult Chiropractic Services	Maternal Postpartum Depression Screening	Newborn Screening Fee	North GSA Contractor Change - Health Homes	North GSA Contractor Change - ACT Teams	Carvytki	COVID-19 Tests	Diabetes Drug Class Changes	P & T Committee	Rx Rebates	Combined Misc. Changes	Gross Medical
Physical Health Inpatient and LTC	\$353.03	1.00%	2.32%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	\$368.47
Behavioral Health Inpatient and LTC	\$2.77	4.00%	0.41%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	\$3.01
Outpatient Facility	\$20.07	2.00%	(0.09%)	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	\$20.86
Emergency Facility	\$28.80	2.00%	(0.13%)	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	\$29.92
Pharmacy	\$16.26	2.50%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.03%	(0.00%)	0.00%	(1.22%)	0.00%	\$16.88
Transportation	\$5.28	2.00%	13.30%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	\$6.22
Dental	\$0.44	3.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	26.91%	\$0.60
FQHC/RHC	\$41.26	1.00%	6.89%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	\$44.99
Laboratory and Radiology Services	\$6.04	1.51%	(0.20%)	0.00%	0.00%	94.76%	0.00%	0.00%	0.00%	7.33%	0.00%	0.00%	0.00%	0.00%	\$12.98
Other Professional Services	\$19.58	2.51%	0.55%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.67%	\$20.83
Physical Health Practitioners	\$147.11	2.00%	(1.12%)	0.00%	1.75%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	\$153.98
Behavioral Health Practitioners	\$0.92	2.00%	0.66%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	\$0.97
Gross Medical	\$641.55														\$679.70

DAP PMPM	\$13.74
Gross Medical Plus DAP PMPM	\$693.44

Appendix 6: Development of Gross Medical Component

GSA: Central
 Rate Cell: AGE 1-20
 Base Period: October 1, 2021, through September 30, 2022
 Projection Period: October 1, 2023, through September 30, 2024
 Base Period Member Months: 6,600,175
 Projection Period Member Months: 6,338,007

	Appendix 4	I.3.B.iii.	I.3.B.ii.(a)	I.3.B.ii.(a)	I.3.B.ii.(a)	I.3.B.ii.(a)	I.3.B.ii.(a)	I.3.B.ii.(a)	I.3.B.ii.(a)	I.3.B.ii.(a)	I.3.B.ii.(a)	I.3.B.ii.(a)	I.3.B.ii.(a)	I.3.B.ii.(a)	Subtotal
Category of Service	Adjusted Base PMPM	Trend	Aggregate Fee Schedule Changes	Adult Chiropractic Services	Maternal Postpartum Depression Screening	Newborn Screening Fee	North GSA Contractor Change - Health Homes	North GSA Contractor Change - ACT Teams	Carvytki	COVID-19 Tests	Diabetes Drug Class Changes	P & T Committee	Rx Rebates	Combined Misc. Changes	Gross Medical
Physical Health Inpatient and LTC	\$14.10	3.95%	(0.07%)	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	\$15.22
Behavioral Health Inpatient and LTC	\$8.13	4.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	\$8.79
Outpatient Facility	\$10.66	4.03%	(0.12%)	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	\$11.53
Emergency Facility	\$12.98	4.03%	(0.13%)	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	\$14.03
Pharmacy	\$24.57	5.06%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.16%	(0.49%)	0.04%	(1.22%)	0.00%	\$26.71
Transportation	\$2.39	2.00%	12.24%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	\$2.79
Dental	\$16.51	3.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.64%	\$17.63
FQHC/RHC	\$10.98	1.00%	7.79%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	\$12.07
Laboratory and Radiology Services	\$3.13	1.51%	(1.39%)	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	39.36%	0.00%	0.00%	0.00%	0.00%	\$4.44
Other Professional Services	\$11.98	2.51%	2.63%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.37%	\$12.96
Physical Health Practitioners	\$30.29	2.01%	1.35%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	1.25%	\$32.34
Behavioral Health Practitioners	\$22.90	3.50%	1.75%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.50%	\$25.09
Gross Medical	\$168.62														\$183.61

DAP PMPM	\$2.14
Gross Medical Plus DAP PMPM	\$185.75

CYE 24 Capitation Rate Certification – ACC and ACC-RBHA Program

Appendix 6: Development of Gross Medical Component

GSA: Central
Rate Cell: AGE 21+
Base Period: October 1, 2021, through September 30, 2022
Projection Period: October 1, 2023, through September 30, 2024
Base Period Member Months: 2,544,994
Projection Period Member Months: 2,386,826

	Appendix 4	I.3.B.iii.	I.3.B.ii.(a)	I.3.B.ii.(a)	I.3.B.ii.(a)	I.3.B.ii.(a)	I.3.B.ii.(a)	I.3.B.ii.(a)	I.3.B.ii.(a)	I.3.B.ii.(a)	I.3.B.ii.(a)	I.3.B.ii.(a)	I.3.B.ii.(a)	I.3.B.ii.(a)	Subtotal
Category of Service	Adjusted Base PMPM	Trend	Aggregate Fee Schedule Changes	Adult Chiropractic Services	Maternal Postpartum Depression Screening	Newborn Screening Fee	North GSA Contractor Change - Health Homes	North GSA Contractor Change - ACT Teams	Carvytki	COVID-19 Tests	Diabetes Drug Class Changes	P & T Committee	Rx Rebates	Combined Misc. Changes	Gross Medical
Physical Health Inpatient and LTC	\$41.11	1.00%	(2.22%)	0.00%	0.00%	0.00%	0.00%	0.00%	0.07%	0.00%	0.00%	0.00%	0.00%	0.00%	\$41.04
Behavioral Health Inpatient and LTC	\$7.37	4.00%	0.07%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	\$7.97
Outpatient Facility	\$32.16	2.01%	(0.11%)	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	\$33.43
Emergency Facility	\$28.92	2.01%	(0.13%)	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	\$30.06
Pharmacy	\$81.59	3.50%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.13%	4.62%	0.28%	(1.22%)	0.00%	\$90.70
Transportation	\$6.74	2.00%	11.52%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	\$7.82
Dental	\$1.77	3.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	1.17%	\$1.90
FQHC/RHC	\$19.72	1.00%	6.82%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	\$21.49
Laboratory and Radiology Services	\$25.29	1.51%	(2.22%)	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	6.32%	0.00%	0.00%	0.00%	0.00%	\$27.09
Other Professional Services	\$12.11	2.51%	0.74%	0.19%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	1.75%	\$13.07
Physical Health Practitioners	\$77.06	0.00%	2.21%	0.03%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.49%	\$79.17
Behavioral Health Practitioners	\$25.57	6.08%	1.62%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	1.65%	\$29.72
Gross Medical	\$359.42														\$383.47

DAP PMPM	\$3.51
Gross Medical Plus DAP PMPM	\$386.98

CYE 24 Capitation Rate Certification – ACC and ACC-RBHA Program

Appendix 6: Development of Gross Medical Component

GSA: Central
Rate Cell: Duals
Base Period: October 1, 2021, through September 30, 2022
Projection Period: October 1, 2023, through September 30, 2024
Base Period Member Months: 865,361
Projection Period Member Months: 842,491

	Appendix 4	I.3.B.iii.	I.3.B.ii.(a)	I.3.B.ii.(a)	I.3.B.ii.(a)	I.3.B.ii.(a)	I.3.B.ii.(a)	I.3.B.ii.(a)	I.3.B.ii.(a)	I.3.B.ii.(a)	I.3.B.ii.(a)	I.3.B.ii.(a)	I.3.B.ii.(a)	I.3.B.ii.(a)	Subtotal
Category of Service	Adjusted Base PMPM	Trend	Aggregate Fee Schedule Changes	Adult Chiropractic Services	Maternal Postpartum Depression Screening	Newborn Screening Fee	North GSA Contractor Change - Health Homes	North GSA Contractor Change - ACT Teams	Carvytki	COVID-19 Tests	Diabetes Drug Class Changes	P & T Committee	Rx Rebates	Combined Misc. Changes	Gross Medical
Physical Health Inpatient and LTC	\$22.89	1.00%	2.54%	0.00%	0.00%	0.00%	0.00%	0.00%	2.32%	0.00%	0.00%	0.00%	0.00%	0.00%	\$24.50
Behavioral Health Inpatient and LTC	\$1.81	4.00%	0.44%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	\$1.96
Outpatient Facility	\$15.18	2.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	\$15.79
Emergency Facility	\$4.75	2.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	\$4.94
Pharmacy	\$3.22	6.08%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.04%	0.00%	16.19%	(1.22%)	0.00%	\$4.16
Transportation	\$10.62	2.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	\$11.05
Dental	\$9.96	3.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.31%	\$10.60
FQHC/RHC	\$4.85	1.00%	0.11%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	\$4.95
Laboratory and Radiology Services	\$8.33	1.51%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.95%	0.00%	0.00%	0.00%	0.00%	\$8.67
Other Professional Services	\$9.67	2.51%	1.07%	1.53%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	1.82%	\$10.62
Physical Health Practitioners	\$42.11	1.97%	0.00%	0.37%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.01%	\$43.95
Behavioral Health Practitioners	\$14.09	3.51%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.07%	\$15.11
Gross Medical	\$147.48														\$156.30

DAP PMPM	\$0.26
Gross Medical Plus DAP PMPM	\$156.56

CYE 24 Capitation Rate Certification – ACC and ACC-RBHA Program

Appendix 6: Development of Gross Medical Component

GSA: Central Rate Cell: SSIWO Base Period: October 1, 2021, through September 30, 2022 Projection Period: October 1, 2023, through September 30, 2024 Base Period Member Months: 417,829 Projection Period Member Months: 410,927
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	Appendix 4	I.3.B.iii.	I.3.B.ii.(a)	I.3.B.ii.(a)	I.3.B.ii.(a)	I.3.B.ii.(a)	I.3.B.ii.(a)	I.3.B.ii.(a)	I.3.B.ii.(a)	I.3.B.ii.(a)	I.3.B.ii.(a)	I.3.B.ii.(a)	I.3.B.ii.(a)	I.3.B.ii.(a)	Subtotal
Category of Service	Adjusted Base PMPM	Trend	Aggregate Fee Schedule Changes	Adult Chiropractic Services	Maternal Postpartum Depression Screening	Newborn Screening Fee	North GSA Contractor Change - Health Homes	North GSA Contractor Change - ACT Teams	Carvytki	COVID-19 Tests	Diabetes Drug Class Changes	P & T Committee	Rx Rebates	Combined Misc. Changes	Gross Medical
Physical Health Inpatient and LTC	\$230.14	0.00%	0.92%	0.00%	0.00%	0.00%	0.00%	0.00%	0.16%	0.00%	0.00%	0.00%	0.00%	0.00%	\$232.63
Behavioral Health Inpatient and LTC	\$18.24	4.00%	0.11%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	\$19.75
Outpatient Facility	\$118.90	3.00%	0.14%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	\$126.31
Emergency Facility	\$41.25	3.00%	(0.13%)	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	\$43.70
Pharmacy	\$338.15	3.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.04%	2.11%	0.20%	(1.22%)	0.00%	\$362.73
Transportation	\$27.19	2.00%	9.66%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	\$31.02
Dental	\$5.15	3.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.94%	\$5.51
FQHC/RHC	\$26.29	1.00%	10.16%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	\$29.54
Laboratory and Radiology Services	\$32.89	1.51%	(1.89%)	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	3.08%	0.00%	0.00%	0.00%	0.00%	\$34.27
Other Professional Services	\$55.85	2.51%	1.28%	0.03%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.97%	\$60.03
Physical Health Practitioners	\$190.10	0.00%	4.55%	0.01%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.06%	\$198.88
Behavioral Health Practitioners	\$60.27	6.05%	1.52%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.06%	\$68.85
Gross Medical	\$1,144.41														\$1,213.25

DAP PMPM	\$12.09
Gross Medical Plus DAP PMPM	\$1,225.33

CYE 24 Capitation Rate Certification – ACC and ACC-RBHA Program

Appendix 6: Development of Gross Medical Component

GSA: Central
Rate Cell: Prop 204 Childless Adults
Base Period: October 1, 2021, through September 30, 2022
Projection Period: October 1, 2023, through September 30, 2024
Base Period Member Months: 3,317,372
Projection Period Member Months: 3,130,514

	Appendix 4	I.3.B.iii.	I.3.B.ii.(a)	I.3.B.ii.(a)	I.3.B.ii.(a)	I.3.B.ii.(a)	I.3.B.ii.(a)	I.3.B.ii.(a)	I.3.B.ii.(a)	I.3.B.ii.(a)	I.3.B.ii.(a)	I.3.B.ii.(a)	I.3.B.ii.(a)	I.3.B.ii.(a)	Subtotal
Category of Service	Adjusted Base PMPM	Trend	Aggregate Fee Schedule Changes	Adult Chiropractic Services	Maternal Postpartum Depression Screening	Newborn Screening Fee	North GSA Contractor Change - Health Homes	North GSA Contractor Change - ACT Teams	Carvytki	COVID-19 Tests	Diabetes Drug Class Changes	P & T Committee	Rx Rebates	Combined Misc. Changes	Gross Medical
Physical Health Inpatient and LTC	\$98.88	0.00%	(4.70%)	0.00%	0.00%	0.00%	0.00%	0.00%	0.10%	0.00%	0.00%	0.00%	0.00%	0.00%	\$94.32
Behavioral Health Inpatient and LTC	\$29.30	4.00%	0.05%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	\$31.71
Outpatient Facility	\$34.97	1.00%	(0.01%)	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	\$35.67
Emergency Facility	\$30.75	1.00%	(0.13%)	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	\$31.33
Pharmacy	\$127.95	4.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.07%	3.50%	0.33%	(1.22%)	0.00%	\$142.06
Transportation	\$14.79	2.00%	10.56%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	\$17.01
Dental	\$2.40	3.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	1.06%	\$2.58
FQHC/RHC	\$18.64	1.00%	8.05%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	\$20.55
Laboratory and Radiology Services	\$21.92	1.51%	(2.11%)	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	5.03%	0.00%	0.00%	0.00%	0.00%	\$23.22
Other Professional Services	\$19.83	2.51%	0.95%	0.09%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	1.14%	\$21.29
Physical Health Practitioners	\$91.86	1.00%	3.01%	0.02%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.05%	\$96.60
Behavioral Health Practitioners	\$66.66	5.00%	1.56%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.04%	\$74.66
Gross Medical	\$557.96														\$591.00

DAP PMPM	\$5.89
Gross Medical Plus DAP PMPM	\$596.88

CYE 24 Capitation Rate Certification – ACC and ACC-RBHA Program

Appendix 6: Development of Gross Medical Component

GSA: Central
Rate Cell: Expansion Adults
Base Period: October 1, 2021, through September 30, 2022
Projection Period: October 1, 2023, through September 30, 2024
Base Period Member Months: 1,057,115
Projection Period Member Months: 760,494

	Appendix 4	I.3.B.iii.	I.3.B.ii.(a)	I.3.B.ii.(a)	I.3.B.ii.(a)	I.3.B.ii.(a)	I.3.B.ii.(a)	I.3.B.ii.(a)	I.3.B.ii.(a)	I.3.B.ii.(a)	I.3.B.ii.(a)	I.3.B.ii.(a)	I.3.B.ii.(a)	I.3.B.ii.(a)	Subtotal
Category of Service	Adjusted Base PMPM	Trend	Aggregate Fee Schedule Changes	Adult Chiropractic Services	Maternal Postpartum Depression Screening	Newborn Screening Fee	North GSA Contractor Change - Health Homes	North GSA Contractor Change - ACT Teams	Carvytki	COVID-19 Tests	Diabetes Drug Class Changes	P & T Committee	Rx Rebates	Combined Misc. Changes	Gross Medical
Physical Health Inpatient and LTC	\$46.57	0.00%	(2.12%)	0.00%	0.00%	0.00%	0.00%	0.00%	0.26%	0.00%	0.00%	0.00%	0.00%	0.00%	\$45.70
Behavioral Health Inpatient and LTC	\$7.04	4.00%	0.13%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	\$7.62
Outpatient Facility	\$29.81	1.00%	(0.05%)	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	\$30.39
Emergency Facility	\$21.51	1.00%	(0.13%)	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	\$21.92
Pharmacy	\$107.71	2.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.10%	5.38%	0.43%	(1.22%)	0.00%	\$117.27
Transportation	\$5.67	2.00%	11.47%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	\$6.57
Dental	\$2.39	3.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	1.50%	\$2.58
FQHC/RHC	\$16.95	1.00%	6.64%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	\$18.44
Laboratory and Radiology Services	\$21.04	1.51%	(2.10%)	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	7.06%	0.00%	0.00%	0.00%	0.00%	\$22.72
Other Professional Services	\$14.20	2.51%	0.94%	0.21%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	2.42%	\$15.46
Physical Health Practitioners	\$80.31	0.00%	2.67%	0.04%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.16%	\$82.62
Behavioral Health Practitioners	\$20.74	6.60%	1.37%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.18%	\$23.93
Gross Medical	\$373.95														\$395.22

DAP PMPM	\$3.20
Gross Medical Plus DAP PMPM	\$398.42

CYE 24 Capitation Rate Certification – ACC and ACC-RBHA Program

Appendix 6: Development of Gross Medical Component

GSA: Central Rate Cell: Delivery Supplemental Payments Base Period: October 1, 2021, through September 30, 2022 Projection Period: October 1, 2023, through September 30, 2024 Base Period Member Months: 21,432 Projection Period Member Months: 21,658

	Appendix 4	I.3.B.iii.	I.3.B.ii.(a)	I.3.B.ii.(a)	I.3.B.ii.(a)	I.3.B.ii.(a)	I.3.B.ii.(a)	I.3.B.ii.(a)	I.3.B.ii.(a)	I.3.B.ii.(a)	I.3.B.ii.(a)	I.3.B.ii.(a)	I.3.B.ii.(a)	I.3.B.ii.(a)	Subtotal
Category of Service	Adjusted Base PMPM	Trend	Aggregate Fee Schedule Changes	Adult Chiropractic Services	Maternal Postpartum Depression Screening	Newborn Screening Fee	North GSA Contractor Change - Health Homes	North GSA Contractor Change - ACT Teams	Carvytki	COVID-19 Tests	Diabetes Drug Class Changes	P & T Committee	Rx Rebates	Combined Misc. Changes	Gross Medical
Inpatient	\$3,626.82	2.00%	0.77%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	\$3,802.44
Outpatient Facility	\$12.09	0.50%	(0.11%)	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	\$12.20
Pharmacy	\$8.58	0.50%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	(1.22%)	0.00%	\$8.56
Transportation	\$35.85	0.50%	11.43%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	\$40.35
FQHC/RHC	\$3.88	0.50%	7.08%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	\$4.19
Laboratory and Radiology Services	\$32.48	0.50%	(2.11%)	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	\$32.11
Other Professional Services	\$2.67	0.50%	0.88%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	\$2.72
Physician	\$1,873.07	2.00%	53.13%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	\$2,984.19
Gross Medical	\$5,595.44														\$6,886.76

DAP PMPM	\$109.53
Gross Medical Plus DAP PMPM	\$6,996.29

CYE 24 Capitation Rate Certification – ACC and ACC-RBHA Program

Appendix 6: Development of Gross Medical Component

GSA: Central
 Rate Cell: SMI
 Base Period: October 1, 2021, through September 30, 2022
 Projection Period: October 1, 2023, through September 30, 2024
 Base Period Member Months: 352,870
 Projection Period Member Months: 356,530

	Appendix 4	I.3.B.iii.	I.3.B.ii.(a)	I.3.B.ii.(a)	I.3.B.ii.(a)	I.3.B.ii.(a)	I.3.B.ii.(a)	I.3.B.ii.(a)	I.3.B.ii.(a)	I.3.B.ii.(a)	I.3.B.ii.(a)	I.3.B.ii.(a)	I.3.B.ii.(a)	I.3.B.ii.(a)	I.3.B.ii.(a)	Subtotal
Category of Service	Adjusted Base PMPM	Trend	Aggregate Fee Schedule Changes	Adult Chiropractic Services	Maternal Postpartum Depression Screening	Newborn Screening Fee	North GSA Contractor Change - Health Homes	North GSA Contractor Change - ACT Teams	Carvytki	COVID-19 Tests	Diabetes Drug Class Changes	P & T Committee	Rx Rebates	Combined Misc. Changes	Gross Medical	
Physical Health Inpatient and LTC	\$138.08	5.57%	2.75%	0.00%	0.00%	0.00%	0.00%	0.00%	0.05%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	\$158.20
Behavioral Health Inpatient and LTC	\$307.23	4.00%	0.62%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	\$334.35
Outpatient Facility	\$38.59	1.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	\$39.36
Emergency Facility	\$52.94	1.00%	(0.12%)	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	\$53.94
Pharmacy	\$506.04	5.06%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.02%	0.95%	0.17%	(0.33%)	0.00%	\$563.11	
Transportation	\$114.18	4.00%	5.16%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	\$129.87	
Dental	\$1.46	5.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	1.80%	\$1.64	
FQHC/RHC	\$21.39	5.00%	10.43%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	\$26.04	
Laboratory and Radiology Services	\$25.33	5.00%	(1.94%)	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	5.50%	0.00%	0.00%	0.00%	0.00%	\$28.90	
Other Professional Services	\$103.83	5.00%	4.74%	0.05%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.23%	\$120.24	
Physical Health Practitioners	\$110.19	2.01%	1.37%	0.05%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.04%	\$116.34	
Behavioral Health Practitioners	\$195.57	4.55%	1.30%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.02%	\$216.61	
Case Management	\$176.40	4.00%	1.67%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	\$193.98	
Rehabilitation Services	\$130.47	3.51%	1.10%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	\$141.35	
Residential Services	\$251.72	6.09%	1.52%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	\$287.60	
Gross Medical	\$2,173.43														\$2,411.51	

DAP PMPM	\$22.78
Gross Medical Plus DAP PMPM	\$2,434.30

Appendix 6: Development of Gross Medical Component

GSA: Central
 Rate Cell: Crisis 24 Hour Group
 Base Period: October 1, 2021, through September 30, 2022
 Projection Period: October 1, 2023, through September 30, 2024
 Base Period Member Months: 16,392,755
 Projection Period Member Months: 14,724,104

	I.2.B.ii.(a)	I.2.B.iii.(b)	Subtotal		Subtotal
Category of Service	PMPM	Base Completion	Adjusted Base PMPM	Expansion of Services, 9-8-8 Impact, Crisis Rate Increases	Gross Medical PMPM
Crisis Mobile Teams	\$0.97	0.9726	\$0.99	\$0.17	\$1.16
Crisis Phone Line	\$0.19	0.9726	\$0.19	\$0.60	\$0.79
Crisis Stabilization Units	\$1.99	0.9726	\$2.05	\$3.45	\$5.50
Ancillary Crisis Services	\$0.95	0.9726	\$0.98	\$0.00	\$0.98
Gross Medical	\$4.10		\$4.21	\$4.22	\$8.43

DAP PMPM	\$0.06
Gross Medical Plus DAP PMPM	\$8.49

CYE 24 Capitation Rate Certification – ACC and ACC-RBHA Program

Appendix 6: Development of Gross Medical Component

GSA: South Rate Cell: AGE < 1 Base Period: October 1, 2021, through September 30, 2022 Projection Period: October 1, 2023, through September 30, 2024 Base Period Member Months: 114,038 Projection Period Member Months: 119,310
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	Appendix 4	I.3.B.iii.	I.3.B.ii.(a)	I.3.B.ii.(a)	I.3.B.ii.(a)	I.3.B.ii.(a)	I.3.B.ii.(a)	I.3.B.ii.(a)	I.3.B.ii.(a)	I.3.B.ii.(a)	I.3.B.ii.(a)	I.3.B.ii.(a)	I.3.B.ii.(a)	I.3.B.ii.(a)	Subtotal
Category of Service	Adjusted Base PMPM	Trend	Aggregate Fee Schedule Changes	Adult Chiropractic Services	Maternal Postpartum Depression Screening	Newborn Screening Fee	North GSA Contractor Change - Health Homes	North GSA Contractor Change - ACT Teams	Carvytki	COVID-19 Tests	Diabetes Drug Class Changes	P & T Committee	Rx Rebates	Combined Misc. Changes	Gross Medical
Physical Health Inpatient and LTC	\$378.85	2.00%	3.16%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	\$406.63
Behavioral Health Inpatient and LTC	\$1.06	5.00%	1.79%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	\$1.19
Outpatient Facility	\$13.43	5.06%	(0.13%)	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	\$14.80
Emergency Facility	\$21.73	5.06%	(0.13%)	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	\$23.95
Pharmacy	\$28.27	2.01%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.12%	0.00%	(0.00%)	(1.22%)	0.00%	\$29.09
Transportation	\$10.24	1.50%	11.09%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	\$11.71
Dental	\$0.37	2.96%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	106.64%	\$0.81
FQHC/RHC	\$100.31	1.99%	16.04%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	\$121.06
Laboratory and Radiology Services	\$6.06	1.50%	(0.21%)	0.00%	0.00%	96.52%	0.00%	0.00%	0.00%	5.11%	0.00%	0.00%	0.00%	0.00%	\$12.87
Other Professional Services	\$16.02	0.00%	0.47%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.76%	\$16.22
Physical Health Practitioners	\$129.16	3.00%	(1.49%)	0.00%	1.74%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	\$137.34
Behavioral Health Practitioners	\$1.00	3.00%	2.22%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	\$1.08
Gross Medical	\$706.49														\$776.75

DAP PMPM	\$17.12
Gross Medical Plus DAP PMPM	\$793.87

CYE 24 Capitation Rate Certification – ACC and ACC-RBHA Program

Appendix 6: Development of Gross Medical Component

GSA: South
 Rate Cell: AGE 1-20
 Base Period: October 1, 2021, through September 30, 2022
 Projection Period: October 1, 2023, through September 30, 2024
 Base Period Member Months: 2,130,860
 Projection Period Member Months: 2,058,253

	Appendix 4	I.3.B.iii.	I.3.B.ii.(a)	I.3.B.ii.(a)	I.3.B.ii.(a)	I.3.B.ii.(a)	I.3.B.ii.(a)	I.3.B.ii.(a)	I.3.B.ii.(a)	I.3.B.ii.(a)	I.3.B.ii.(a)	I.3.B.ii.(a)	I.3.B.ii.(a)	I.3.B.ii.(a)	I.3.B.ii.(a)	Subtotal
Category of Service	Adjusted Base PMPM	Trend	Aggregate Fee Schedule Changes	Adult Chiropractic Services	Maternal Postpartum Depression Screening	Newborn Screening Fee	North GSA Contractor Change - Health Homes	North GSA Contractor Change - ACT Teams	Carvytki	COVID-19 Tests	Diabetes Drug Class Changes	P & T Committee	Rx Rebates	Combined Misc. Changes	Gross Medical	
Physical Health Inpatient and LTC	\$10.60	2.00%	0.43%	0.00%	0.00%	0.00%	0.00%	0.00%	0.02%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	\$11.08
Behavioral Health Inpatient and LTC	\$7.51	5.00%	0.03%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	\$8.29
Outpatient Facility	\$8.31	3.02%	(0.13%)	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	\$8.81
Emergency Facility	\$10.27	3.02%	(0.13%)	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	\$10.88
Pharmacy	\$23.52	6.09%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.29%	(0.25%)	0.05%	(1.22%)	0.00%	0.00%	\$26.18
Transportation	\$3.39	1.50%	11.54%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	\$3.89
Dental	\$14.22	2.96%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.91%	0.00%	\$15.21
FQHC/RHC	\$33.83	1.99%	11.09%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	\$39.09
Laboratory and Radiology Services	\$2.80	1.50%	(1.88%)	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	23.57%	0.00%	0.00%	0.00%	0.00%	0.00%	\$3.50
Other Professional Services	\$12.29	0.00%	2.70%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.13%	0.00%	\$12.64
Physical Health Practitioners	\$22.92	2.96%	(0.32%)	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	1.24%	0.00%	\$24.52
Behavioral Health Practitioners	\$24.54	4.00%	2.63%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.35%	0.00%	\$27.33
Gross Medical	\$174.18															\$191.40

DAP PMPM	\$1.97
Gross Medical Plus DAP PMPM	\$193.37

CYE 24 Capitation Rate Certification – ACC and ACC-RBHA Program

Appendix 6: Development of Gross Medical Component

GSA: South Rate Cell: AGE 21+ Base Period: October 1, 2021, through September 30, 2022 Projection Period: October 1, 2023, through September 30, 2024 Base Period Member Months: 994,176 Projection Period Member Months: 931,666
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	Appendix 4	I.3.B.iii.	I.3.B.ii.(a)	I.3.B.ii.(a)	I.3.B.ii.(a)	I.3.B.ii.(a)	I.3.B.ii.(a)	I.3.B.ii.(a)	I.3.B.ii.(a)	I.3.B.ii.(a)	I.3.B.ii.(a)	I.3.B.ii.(a)	I.3.B.ii.(a)	I.3.B.ii.(a)	Subtotal
Category of Service	Adjusted Base PMPM	Trend	Aggregate Fee Schedule Changes	Adult Chiropractic Services	Maternal Postpartum Depression Screening	Newborn Screening Fee	North GSA Contractor Change - Health Homes	North GSA Contractor Change - ACT Teams	Carvytki	COVID-19 Tests	Diabetes Drug Class Changes	P & T Committee	Rx Rebates	Combined Misc. Changes	Gross Medical
Physical Health Inpatient and LTC	\$36.59	0.00%	(1.46%)	0.00%	0.00%	0.00%	0.00%	0.00%	0.03%	0.00%	0.00%	0.00%	0.00%	0.00%	\$36.07
Behavioral Health Inpatient and LTC	\$5.32	5.00%	0.89%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	\$5.91
Outpatient Facility	\$40.73	4.03%	(0.11%)	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	\$44.03
Emergency Facility	\$25.08	4.03%	(0.13%)	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	\$27.10
Pharmacy	\$70.86	4.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.22%	3.34%	0.31%	(1.22%)	0.00%	\$78.65
Transportation	\$7.76	1.50%	11.18%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	\$8.89
Dental	\$0.84	2.96%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	1.35%	\$0.90
FQHC/RHC	\$38.47	1.99%	10.53%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	\$44.23
Laboratory and Radiology Services	\$20.65	1.50%	(2.60%)	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	3.94%	0.00%	0.00%	0.00%	0.00%	\$21.53
Other Professional Services	\$9.62	0.00%	0.53%	0.07%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	2.24%	\$9.89
Physical Health Practitioners	\$57.18	1.99%	3.14%	0.01%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.59%	\$61.72
Behavioral Health Practitioners	\$30.62	5.57%	2.27%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	1.16%	\$35.30
Gross Medical	\$343.70														\$374.22

DAP PMPM	\$4.20
Gross Medical Plus DAP PMPM	\$378.42

CYE 24 Capitation Rate Certification – ACC and ACC-RBHA Program

Appendix 6: Development of Gross Medical Component

GSA: South
Rate Cell: Duals
Base Period: October 1, 2021, through September 30, 2022
Projection Period: October 1, 2023, through September 30, 2024
Base Period Member Months: 495,368
Projection Period Member Months: 489,721

	Appendix 4	I.3.B.iii.	I.3.B.ii.(a)	I.3.B.ii.(a)	I.3.B.ii.(a)	I.3.B.ii.(a)	I.3.B.ii.(a)	I.3.B.ii.(a)	I.3.B.ii.(a)	I.3.B.ii.(a)	I.3.B.ii.(a)	I.3.B.ii.(a)	I.3.B.ii.(a)	I.3.B.ii.(a)	I.3.B.ii.(a)	Subtotal
Category of Service	Adjusted Base PMPM	Trend	Aggregate Fee Schedule Changes	Adult Chiropractic Services	Maternal Postpartum Depression Screening	Newborn Screening Fee	North GSA Contractor Change - Health Homes	North GSA Contractor Change - ACT Teams	Carvytki	COVID-19 Tests	Diabetes Drug Class Changes	P & T Committee	Rx Rebates	Combined Misc. Changes	Gross Medical	
Physical Health Inpatient and LTC	\$15.24	2.00%	2.12%	0.00%	0.00%	0.00%	0.00%	0.00%	2.68%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	\$16.62
Behavioral Health Inpatient and LTC	\$1.57	5.00%	1.15%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	\$1.75
Outpatient Facility	\$15.15	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	\$15.15
Emergency Facility	\$3.73	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	\$3.73
Pharmacy	\$3.95	6.08%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.40%	0.00%	6.92%	(1.22%)	0.00%	0.00%	\$4.71
Transportation	\$9.46	1.50%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	\$9.75
Dental	\$5.24	2.96%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.37%	0.00%	\$5.58
FQHC/RHC	\$15.42	1.99%	1.10%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	\$16.21
Laboratory and Radiology Services	\$6.02	1.50%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.41%	0.00%	0.00%	0.00%	0.00%	0.00%	\$6.22
Other Professional Services	\$5.96	0.00%	0.25%	1.68%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	2.77%	0.00%	\$6.24
Physical Health Practitioners	\$28.39	0.98%	0.00%	0.36%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.02%	0.00%	\$29.06
Behavioral Health Practitioners	\$15.66	4.04%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	\$16.95
Gross Medical	\$125.79															\$131.98

DAP PMPM	\$0.12
Gross Medical Plus DAP PMPM	\$132.10

CYE 24 Capitation Rate Certification – ACC and ACC-RBHA Program

Appendix 6: Development of Gross Medical Component

GSA: South Rate Cell: SSIWO Base Period: October 1, 2021, through September 30, 2022 Projection Period: October 1, 2023, through September 30, 2024 Base Period Member Months: 177,953 Projection Period Member Months: 178,995
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	Appendix 4	I.3.B.iii.	I.3.B.ii.(a)	I.3.B.ii.(a)	I.3.B.ii.(a)	I.3.B.ii.(a)	I.3.B.ii.(a)	I.3.B.ii.(a)	I.3.B.ii.(a)	I.3.B.ii.(a)	I.3.B.ii.(a)	I.3.B.ii.(a)	I.3.B.ii.(a)	I.3.B.ii.(a)	Subtotal
Category of Service	Adjusted Base PMPM	Trend	Aggregate Fee Schedule Changes	Adult Chiropractic Services	Maternal Postpartum Depression Screening	Newborn Screening Fee	North GSA Contractor Change - Health Homes	North GSA Contractor Change - ACT Teams	Carvytki	COVID-19 Tests	Diabetes Drug Class Changes	P & T Committee	Rx Rebates	Combined Misc. Changes	Gross Medical
Physical Health Inpatient and LTC	\$227.01	0.00%	1.35%	0.00%	0.00%	0.00%	0.00%	0.00%	0.17%	0.00%	0.00%	0.00%	0.00%	0.00%	\$230.47
Behavioral Health Inpatient and LTC	\$17.86	5.00%	0.60%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	\$19.80
Outpatient Facility	\$130.19	3.00%	0.08%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	\$138.23
Emergency Facility	\$40.18	3.00%	(0.13%)	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	\$42.57
Pharmacy	\$348.65	5.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.05%	1.82%	0.18%	(1.22%)	0.00%	\$387.49
Transportation	\$37.59	1.50%	9.56%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	\$42.43
Dental	\$3.84	2.96%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.93%	\$4.11
FQHC/RHC	\$51.94	1.99%	11.76%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	\$60.38
Laboratory and Radiology Services	\$30.92	1.50%	(2.19%)	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	2.04%	0.00%	0.00%	0.00%	0.00%	\$31.79
Other Professional Services	\$65.23	0.00%	1.08%	0.01%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.80%	\$66.47
Physical Health Practitioners	\$150.73	1.00%	7.12%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.06%	\$164.82
Behavioral Health Practitioners	\$77.17	6.00%	1.56%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.04%	\$88.09
Gross Medical	\$1,181.31														\$1,276.66

DAP PMPM	\$13.61
Gross Medical Plus DAP PMPM	\$1,290.27

CYE 24 Capitation Rate Certification – ACC and ACC-RBHA Program

Appendix 6: Development of Gross Medical Component

GSA: South
 Rate Cell: Prop 204 Childless Adults
 Base Period: October 1, 2021, through September 30, 2022
 Projection Period: October 1, 2023, through September 30, 2024
 Base Period Member Months: 1,304,218
 Projection Period Member Months: 1,209,901

	Appendix 4	I.3.B.iii.	I.3.B.ii.(a)	I.3.B.ii.(a)	I.3.B.ii.(a)	I.3.B.ii.(a)	I.3.B.ii.(a)	I.3.B.ii.(a)	I.3.B.ii.(a)	I.3.B.ii.(a)	I.3.B.ii.(a)	I.3.B.ii.(a)	I.3.B.ii.(a)	I.3.B.ii.(a)	Subtotal
Category of Service	Adjusted Base PMPM	Trend	Aggregate Fee Schedule Changes	Adult Chiropractic Services	Maternal Postpartum Depression Screening	Newborn Screening Fee	North GSA Contractor Change - Health Homes	North GSA Contractor Change - ACT Teams	Carvytki	COVID-19 Tests	Diabetes Drug Class Changes	P & T Committee	Rx Rebates	Combined Misc. Changes	Gross Medical
Physical Health Inpatient and LTC	\$80.28	0.00%	(7.22%)	0.00%	0.00%	0.00%	0.00%	0.00%	0.11%	0.00%	0.00%	0.00%	0.00%	0.00%	\$74.57
Behavioral Health Inpatient and LTC	\$21.61	5.00%	0.57%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	\$23.96
Outpatient Facility	\$42.07	1.00%	(0.09%)	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	\$42.88
Emergency Facility	\$25.72	1.00%	(0.13%)	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	\$26.20
Pharmacy	\$102.15	3.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.12%	3.75%	0.34%	(1.22%)	0.00%	\$111.58
Transportation	\$16.06	1.50%	10.98%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	\$18.36
Dental	\$1.45	2.96%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	1.21%	\$1.55
FQHC/RHC	\$32.22	1.99%	11.68%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	\$37.43
Laboratory and Radiology Services	\$19.50	1.50%	(2.44%)	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	3.03%	0.00%	0.00%	0.00%	0.00%	\$20.19
Other Professional Services	\$17.11	0.00%	0.87%	0.06%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	1.40%	\$17.51
Physical Health Practitioners	\$70.56	1.97%	2.83%	0.01%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.07%	\$75.50
Behavioral Health Practitioners	\$70.75	6.08%	1.70%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.03%	\$80.99
Gross Medical	\$499.48														\$530.72

DAP PMPM	\$5.54
Gross Medical Plus DAP PMPM	\$536.27

CYE 24 Capitation Rate Certification – ACC and ACC-RBHA Program

Appendix 6: Development of Gross Medical Component

GSA: South
 Rate Cell: Expansion Adults
 Base Period: October 1, 2021, through September 30, 2022
 Projection Period: October 1, 2023, through September 30, 2024
 Base Period Member Months: 441,921
 Projection Period Member Months: 330,963

	Appendix 4	I.3.B.iii.	I.3.B.ii.(a)	I.3.B.ii.(a)	I.3.B.ii.(a)	I.3.B.ii.(a)	I.3.B.ii.(a)	I.3.B.ii.(a)	I.3.B.ii.(a)	I.3.B.ii.(a)	I.3.B.ii.(a)	I.3.B.ii.(a)	I.3.B.ii.(a)	I.3.B.ii.(a)	Subtotal
Category of Service	Adjusted Base PMPM	Trend	Aggregate Fee Schedule Changes	Adult Chiropractic Services	Maternal Postpartum Depression Screening	Newborn Screening Fee	North GSA Contractor Change - Health Homes	North GSA Contractor Change - ACT Teams	Carvytki	COVID-19 Tests	Diabetes Drug Class Changes	P & T Committee	Rx Rebates	Combined Misc. Changes	Gross Medical
Physical Health Inpatient and LTC	\$40.90	0.00%	(1.10%)	0.00%	0.00%	0.00%	0.00%	0.00%	0.19%	0.00%	0.00%	0.00%	0.00%	0.00%	\$40.53
Behavioral Health Inpatient and LTC	\$4.56	5.00%	0.74%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	\$5.06
Outpatient Facility	\$41.95	2.00%	(0.11%)	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	\$43.59
Emergency Facility	\$17.80	2.00%	(0.13%)	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	\$18.50
Pharmacy	\$94.36	3.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.16%	4.05%	0.32%	(1.22%)	0.00%	\$103.38
Transportation	\$6.46	1.50%	11.82%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	\$7.44
Dental	\$1.35	2.96%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	1.49%	\$1.45
FQHC/RHC	\$35.86	1.99%	11.12%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	\$41.44
Laboratory and Radiology Services	\$17.94	1.50%	(2.54%)	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	4.09%	0.00%	0.00%	0.00%	0.00%	\$18.75
Other Professional Services	\$11.61	0.00%	0.74%	0.16%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	3.04%	\$12.07
Physical Health Practitioners	\$62.99	1.00%	3.34%	0.03%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.20%	\$66.55
Behavioral Health Practitioners	\$22.64	5.58%	2.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.16%	\$25.78
Gross Medical	\$358.40														\$384.54

DAP PMPM	\$3.73
Gross Medical Plus DAP PMPM	\$388.26

CYE 24 Capitation Rate Certification – ACC and ACC-RBHA Program

Appendix 6: Development of Gross Medical Component

GSA: South Rate Cell: Delivery Supplemental Payments Base Period: October 1, 2021, through September 30, 2022 Projection Period: October 1, 2023, through September 30, 2024 Base Period Member Months: 7,513 Projection Period Member Months: 7,774

	Appendix 4	I.3.B.iii.	I.3.B.ii.(a)	I.3.B.ii.(a)	I.3.B.ii.(a)	I.3.B.ii.(a)	I.3.B.ii.(a)	I.3.B.ii.(a)	I.3.B.ii.(a)	I.3.B.ii.(a)	I.3.B.ii.(a)	I.3.B.ii.(a)	I.3.B.ii.(a)	I.3.B.ii.(a)	Subtotal
Category of Service	Adjusted Base PMPM	Trend	Aggregate Fee Schedule Changes	Adult Chiropractic Services	Maternal Postpartum Depression Screening	Newborn Screening Fee	North GSA Contractor Change - Health Homes	North GSA Contractor Change - ACT Teams	Carvytki	COVID-19 Tests	Diabetes Drug Class Changes	P & T Committee	Rx Rebates	Combined Misc. Changes	Gross Medical
Inpatient	\$3,699.94	2.00%	1.59%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	\$3,910.73
Outpatient Facility	\$17.02	0.50%	(0.12%)	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	\$17.17
Pharmacy	\$9.77	0.50%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	(1.22%)	0.00%	\$9.74
Transportation	\$60.29	0.50%	11.17%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	\$67.70
FQHC/RHC	\$7.57	0.50%	10.78%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	\$8.47
Laboratory and Radiology Services	\$22.07	0.50%	(2.50%)	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	\$21.74
Other Professional Services	\$2.11	0.50%	0.95%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	\$2.15
Physician	\$1,849.11	2.00%	51.83%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	\$2,920.90
Gross Medical	\$5,667.88														\$6,958.60

DAP PMPM	\$122.33
Gross Medical Plus DAP PMPM	\$7,080.93

CYE 24 Capitation Rate Certification – ACC and ACC-RBHA Program

Appendix 6: Development of Gross Medical Component

GSA: South
 Rate Cell: SMI
 Base Period: October 1, 2021, through September 30, 2022
 Projection Period: October 1, 2023, through September 30, 2024
 Base Period Member Months: 156,749
 Projection Period Member Months: 154,704

	Appendix 4	I.3.B.iii.	I.3.B.ii.(a)	I.3.B.ii.(a)	I.3.B.ii.(a)	I.3.B.ii.(a)	I.3.B.ii.(a)	I.3.B.ii.(a)	I.3.B.ii.(a)	I.3.B.ii.(a)	I.3.B.ii.(a)	I.3.B.ii.(a)	I.3.B.ii.(a)	I.3.B.ii.(a)	I.3.B.ii.(a)	Subtotal
Category of Service	Adjusted Base PMPM	Trend	Aggregate Fee Schedule Changes	Adult Chiropractic Services	Maternal Postpartum Depression Screening	Newborn Screening Fee	North GSA Contractor Change - Health Homes	North GSA Contractor Change - ACT Teams	Carvytki	COVID-19 Tests	Diabetes Drug Class Changes	P & T Committee	Rx Rebates	Combined Misc. Changes	Gross Medical	
Physical Health Inpatient and LTC	\$114.25	2.01%	2.15%	0.00%	0.00%	0.00%	0.00%	0.00%	0.11%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	\$121.58
Behavioral Health Inpatient and LTC	\$154.89	4.00%	0.70%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	\$168.71
Outpatient Facility	\$33.18	0.99%	(0.00%)	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	\$33.85
Emergency Facility	\$40.03	0.99%	(0.13%)	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	\$40.77
Pharmacy	\$282.41	6.59%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.03%	1.21%	0.26%	(0.33%)	0.00%	\$324.58	
Transportation	\$52.73	0.00%	11.19%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	\$58.63
Dental	\$1.10	3.02%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	1.12%	\$1.18	
FQHC/RHC	\$43.57	3.02%	10.65%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	\$51.17	
Laboratory and Radiology Services	\$20.37	3.02%	(1.48%)	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	4.19%	0.00%	0.00%	0.00%	0.00%	\$22.19	
Other Professional Services	\$76.98	3.02%	0.33%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.33%	\$82.25	
Physical Health Practitioners	\$77.49	2.01%	1.16%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.07%	\$81.63	
Behavioral Health Practitioners	\$127.12	4.55%	1.46%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.04%	\$141.03	
Case Management	\$126.96	5.00%	1.62%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	\$142.24	
Rehabilitation Services	\$89.06	4.03%	1.37%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	\$97.70	
Residential Services	\$159.94	6.58%	1.76%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	\$184.87	
Gross Medical	\$1,400.08														\$1,552.36	

DAP PMPM	\$14.42
Gross Medical Plus DAP PMPM	\$1,566.78

Appendix 6: Development of Gross Medical Component

GSA: South Rate Cell: Crisis 24 Hour Group Base Period: October 1, 2021, through September 30, 2022 Projection Period: October 1, 2023, through September 30, 2024 Base Period Member Months: 6,224,609 Projection Period Member Months: 5,564,574

	I.2.B.ii.(a)	I.2.B.iii.(b)	Subtotal		Subtotal
Category of Service	PMPM	Base Completion	Adjusted Base PMPM	Expansion of Services, 9-8-8 Impact, Crisis Rate Increases	Gross Medical PMPM
Crisis Mobile Teams	\$1.06	0.9694	\$1.09	\$0.36	\$1.45
Crisis Phone Line	\$0.37	0.9694	\$0.38	\$0.49	\$0.88
Crisis Stabilization Units	\$2.64	0.9694	\$2.73	\$1.80	\$4.53
Ancillary Crisis Services	\$0.92	0.9694	\$0.95	\$0.00	\$0.95
Gross Medical	\$4.99		\$5.14	\$2.66	\$7.80

DAP PMPM	\$0.08
Gross Medical Plus DAP PMPM	\$7.88

Appendix 7: Capitation Rate Development

Appendix 7: Capitation Rate Development

Risk Group: AGE < 1

GSA	MCO	Before Risk Adjustment			After Risk Adjustment		Subtotal	I.5.B.i.(a)	I.5.B.ii.(c)	I.5.B.ii.(c)	I.5.B.ii.(b)	Total
		Appendix 6	I.4.C.ii.(c)	I.6.B.ii.	Product	Product						
		Gross Medical Plus DAP	RI Offset	Risk Adj Factor	Gross Medical Plus DAP	RI Offset	Net Medical	Admin PMPM	UW Gain Percent	UW Gain PMPM	Premium Tax	Capitation Rate PMPM
North	Care 1st Health Plan Arizona, Inc.	\$667.64	(\$15.81)	0.9674	\$645.88	(\$15.29)	\$630.59	\$58.23	1.65%	\$11.56	\$14.29	\$714.67
North	Health Choice Arizona, Inc.	\$667.64	(\$15.81)	1.0222	\$682.44	(\$16.16)	\$666.29	\$51.37	1.65%	\$12.04	\$14.89	\$744.59
Central	Arizona Complete Health - Complete Care Plan	\$693.44	(\$34.67)	0.9893	\$686.04	(\$34.30)	\$651.74	\$57.26	1.65%	\$11.89	\$14.71	\$735.61
Central	Banner - University Family Care	\$693.44	(\$34.67)	1.0018	\$694.68	(\$34.73)	\$659.95	\$59.76	1.65%	\$12.07	\$14.93	\$746.72
Central	Molina Healthcare of Arizona, Inc.	\$693.44	(\$34.67)	0.9610	\$666.38	(\$33.31)	\$633.07	\$73.43	1.65%	\$11.85	\$14.66	\$733.01
Central	Mercy Care	\$693.44	(\$34.67)	0.9915	\$687.58	(\$34.37)	\$653.20	\$60.30	1.65%	\$11.97	\$14.81	\$740.28
Central	Health Choice Arizona, Inc.	\$693.44	(\$34.67)	1.0303	\$714.46	(\$35.72)	\$678.74	\$52.60	1.65%	\$12.27	\$15.18	\$758.78
Central	UnitedHealthcare Community Plan	\$693.44	(\$34.67)	1.0121	\$701.83	(\$35.09)	\$666.74	\$48.38	1.65%	\$12.00	\$14.84	\$741.96
South	Arizona Complete Health - Complete Care Plan	\$793.87	(\$49.30)	0.9671	\$767.75	(\$47.68)	\$720.07	\$62.29	1.65%	\$13.13	\$16.23	\$811.72
South	Banner - University Family Care	\$793.87	(\$49.30)	1.0027	\$796.01	(\$49.43)	\$746.58	\$69.58	1.65%	\$13.69	\$16.94	\$846.79
South	UnitedHealthcare Community Plan (Pima Only)	\$793.87	(\$49.30)	1.0423	\$827.42	(\$51.38)	\$776.04	\$53.40	1.65%	\$13.92	\$17.21	\$860.57

Notes

Underwriting (UW) Gain is equal to 1.65% of the pre-tax capitation rate. Premium Tax is 2.0% of the final capitation rate.

Appendix 7: Capitation Rate Development

Risk Group: AGE 1-20

GSA	MCO	Before Risk Adjustment			After Risk Adjustment			Subtotal	I.5.B.i.(a)	I.5.B.ii.(c)	I.5.B.ii.(c)	I.5.B.ii.(b)	Total
		Appendix 6	I.4.C.ii.(c)	I.6.B.i.	Product	Product	Product						
		Gross Medical Plus DAP	RI Offset	Risk Adj Factor	Gross Medical Plus DAP	RI Offset	Net Medical	Admin PMPM	UW Gain Percent	UW Gain PMPM	Premium Tax	Capitation Rate PMPM	
North	Care 1st Health Plan Arizona, Inc.	\$186.66	(\$3.88)	1.0130	\$189.09	(\$3.93)	\$185.16	\$34.65	1.65%	\$3.69	\$4.56	\$228.06	
North	Health Choice Arizona, Inc.	\$186.66	(\$3.88)	0.9894	\$184.68	(\$3.84)	\$180.84	\$27.90	1.65%	\$3.50	\$4.33	\$216.57	
Central	Arizona Complete Health - Complete Care Plan	\$185.75	(\$6.82)	0.9628	\$178.84	(\$6.57)	\$172.27	\$23.93	1.65%	\$3.29	\$4.07	\$203.57	
Central	Banner - University Family Care	\$185.75	(\$6.82)	0.9856	\$183.06	(\$6.72)	\$176.34	\$23.96	1.65%	\$3.36	\$4.16	\$207.81	
Central	Molina Healthcare of Arizona, Inc.	\$185.75	(\$6.82)	0.9571	\$177.78	(\$6.53)	\$171.25	\$52.30	1.65%	\$3.75	\$4.64	\$231.94	
Central	Mercy Care	\$185.75	(\$6.82)	1.0132	\$188.21	(\$6.91)	\$181.29	\$18.85	1.65%	\$3.36	\$4.15	\$207.66	
Central	Health Choice Arizona, Inc.	\$185.75	(\$6.82)	1.0000	\$185.74	(\$6.82)	\$178.92	\$27.87	1.65%	\$3.47	\$4.29	\$214.55	
Central	UnitedHealthcare Community Plan	\$185.75	(\$6.82)	1.0186	\$189.20	(\$6.95)	\$182.25	\$22.99	1.65%	\$3.44	\$4.26	\$212.95	
South	Arizona Complete Health - Complete Care Plan	\$193.37	(\$3.92)	0.9636	\$186.33	(\$3.78)	\$182.55	\$24.34	1.65%	\$3.47	\$4.29	\$214.66	
South	Banner - University Family Care	\$193.37	(\$3.92)	0.9912	\$191.66	(\$3.88)	\$187.78	\$25.24	1.65%	\$3.57	\$4.42	\$221.01	
South	UnitedHealthcare Community Plan (Pima Only)	\$193.37	(\$3.92)	1.0612	\$205.20	(\$4.16)	\$201.04	\$23.47	1.65%	\$3.77	\$4.66	\$232.93	

Notes

Underwriting (UW) Gain is equal to 1.65% of the pre-tax capitation rate. Premium Tax is 2.0% of the final capitation rate.

Appendix 7: Capitation Rate Development

Risk Group: AGE 21+

GSA	MCO	Before Risk Adjustment			After Risk Adjustment			Subtotal	I.5.B.i.(a)	I.5.B.ii.(c)	I.5.B.ii.(c)	I.5.B.ii.(b)	Total
		Appendix 6	I.4.C.ii.(c)	I.6.B.i.	Product	Product	Product						
		Gross Medical Plus DAP	RI Offset	Risk Adj Factor	Gross Medical Plus DAP	RI Offset	Net Medical	Admin PMPM	UW Gain Percent	UW Gain PMPM	Premium Tax	Capitation Rate PMPM	
North	Care 1st Health Plan Arizona, Inc.	\$337.11	(\$1.39)	0.9952	\$335.48	(\$1.39)	\$334.09	\$42.21	1.65%	\$6.31	\$7.81	\$390.42	
North	Health Choice Arizona, Inc.	\$337.11	(\$1.39)	1.0037	\$338.34	(\$1.40)	\$336.94	\$35.14	1.65%	\$6.24	\$7.72	\$386.05	
Central	Arizona Complete Health - Complete Care Plan	\$386.98	(\$5.45)	0.9505	\$367.83	(\$5.18)	\$362.65	\$36.35	1.65%	\$6.69	\$8.28	\$413.97	
Central	Banner - University Family Care	\$386.98	(\$5.45)	0.9321	\$360.71	(\$5.08)	\$355.62	\$36.39	1.65%	\$6.58	\$8.13	\$406.72	
Central	Molina Healthcare of Arizona, Inc.	\$386.98	(\$5.45)	0.9321	\$360.71	(\$5.08)	\$355.62	\$60.21	1.65%	\$6.98	\$8.63	\$431.44	
Central	Mercy Care	\$386.98	(\$5.45)	1.0464	\$404.94	(\$5.71)	\$399.23	\$36.84	1.65%	\$7.32	\$9.05	\$452.44	
Central	Health Choice Arizona, Inc.	\$386.98	(\$5.45)	0.9907	\$383.36	(\$5.40)	\$377.96	\$37.11	1.65%	\$6.96	\$8.61	\$430.65	
Central	UnitedHealthcare Community Plan	\$386.98	(\$5.45)	1.0134	\$392.17	(\$5.53)	\$386.65	\$33.05	1.65%	\$7.04	\$8.71	\$435.44	
South	Arizona Complete Health - Complete Care Plan	\$378.42	(\$2.25)	0.9721	\$367.88	(\$2.19)	\$365.69	\$36.19	1.65%	\$6.74	\$8.34	\$416.97	
South	Banner - University Family Care	\$378.42	(\$2.25)	0.9840	\$372.37	(\$2.21)	\$370.16	\$38.50	1.65%	\$6.86	\$8.48	\$424.00	
South	UnitedHealthcare Community Plan (Pima Only)	\$378.42	(\$2.25)	1.0625	\$402.06	(\$2.39)	\$399.67	\$32.94	1.65%	\$7.26	\$8.98	\$448.84	

Notes

Underwriting (UW) Gain is equal to 1.65% of the pre-tax capitation rate. Premium Tax is 2.0% of the final capitation rate.

Appendix 7: Capitation Rate Development

Risk Group: Duals

GSA	MCO	Before Risk Adjustment			After Risk Adjustment							
		Appendix 6	I.4.C.ii.(c)	I.6.B.i.(c)	Product	Product	Subtotal	I.5.B.i.(a)	I.5.B.ii.(c)	I.5.B.ii.(c)	I.5.B.ii.(b)	Total
		Gross Medical Plus DAP	RI Offset	Risk Adj Factor	Gross Medical Plus DAP	RI Offset	Net Medical	Admin PMPM	UW Gain Percent	UW Gain PMPM	Premium Tax	Capitation Rate PMPM
North	Care 1st Health Plan Arizona, Inc.	\$106.38	(\$0.25)	1.0000	\$106.38	(\$0.25)	\$106.13	\$30.38	1.65%	\$2.29	\$2.83	\$141.63
North	Health Choice Arizona, Inc.	\$106.38	(\$0.25)	1.0000	\$106.38	(\$0.25)	\$106.13	\$24.20	1.65%	\$2.19	\$2.70	\$135.22
Central	Arizona Complete Health - Complete Care Plan	\$156.56	(\$0.92)	1.0000	\$156.56	(\$0.92)	\$155.64	\$22.47	1.65%	\$2.99	\$3.70	\$184.79
Central	Banner - University Family Care	\$156.56	(\$0.92)	1.0000	\$156.56	(\$0.92)	\$155.64	\$22.10	1.65%	\$2.98	\$3.69	\$184.41
Central	Molina Healthcare of Arizona, Inc.	\$156.56	(\$0.92)	1.0000	\$156.56	(\$0.92)	\$155.64	\$51.39	1.65%	\$3.47	\$4.30	\$214.80
Central	Mercy Care	\$156.56	(\$0.92)	1.0000	\$156.56	(\$0.92)	\$155.64	\$16.23	1.65%	\$2.88	\$3.57	\$178.32
Central	Health Choice Arizona, Inc.	\$156.56	(\$0.92)	1.0000	\$156.56	(\$0.92)	\$155.64	\$26.50	1.65%	\$3.06	\$3.78	\$188.97
Central	UnitedHealthcare Community Plan	\$156.56	(\$0.92)	1.0000	\$156.56	(\$0.92)	\$155.64	\$21.37	1.65%	\$2.97	\$3.67	\$183.66
South	Arizona Complete Health - Complete Care Plan	\$132.10	(\$0.38)	1.0000	\$132.10	(\$0.38)	\$131.72	\$20.80	1.65%	\$2.56	\$3.16	\$158.25
South	Banner - University Family Care	\$132.10	(\$0.38)	1.0000	\$132.10	(\$0.38)	\$131.72	\$20.87	1.65%	\$2.56	\$3.17	\$158.32
South	UnitedHealthcare Community Plan (Pima Only)	\$132.10	(\$0.38)	1.0000	\$132.10	(\$0.38)	\$131.72	\$19.96	1.65%	\$2.54	\$3.15	\$157.37

Notes

Underwriting (UW) Gain is equal to 1.65% of the pre-tax capitation rate. Premium Tax is 2.0% of the final capitation rate.

Appendix 7: Capitation Rate Development

Risk Group: SSI Without Medicare

GSA	MCO	Before Risk Adjustment			After Risk Adjustment			Subtotal	I.5.B.i.(a)	I.5.B.ii.(c)	I.5.B.ii.(c)	I.5.B.ii.(b)	Total
		Appendix 6	I.4.C.ii.(c)	I.6.B.i.	Product	Product	Product						
		Gross Medical Plus DAP	RI Offset	Risk Adj Factor	Gross Medical Plus DAP	RI Offset	Net Medical	Admin PMPM	UW Gain Percent	UW Gain PMPM	Premium Tax	Capitation Rate PMPM	
North	Care 1st Health Plan Arizona, Inc.	\$1,153.50	(\$64.39)	0.9751	\$1,124.81	(\$62.79)	\$1,062.02	\$82.95	1.65%	\$19.21	\$23.76	\$1,187.94	
North	Health Choice Arizona, Inc.	\$1,153.50	(\$64.39)	1.0210	\$1,177.73	(\$65.74)	\$1,111.98	\$74.74	1.65%	\$19.91	\$24.63	\$1,231.25	
Central	Arizona Complete Health - Complete Care Plan	\$1,225.33	(\$63.04)	0.9184	\$1,125.31	(\$57.89)	\$1,067.42	\$86.12	1.65%	\$19.35	\$23.94	\$1,196.82	
Central	Banner - University Family Care	\$1,225.33	(\$63.04)	0.9356	\$1,146.46	(\$58.98)	\$1,087.47	\$91.38	1.65%	\$19.78	\$24.46	\$1,223.09	
Central	Molina Healthcare of Arizona, Inc.	\$1,225.33	(\$63.04)	1.0000	\$1,225.33	(\$63.04)	\$1,162.29	\$97.60	1.65%	\$21.14	\$26.14	\$1,307.18	
Central	Mercy Care	\$1,225.33	(\$63.04)	1.0538	\$1,291.30	(\$66.43)	\$1,224.87	\$110.41	1.65%	\$22.40	\$27.71	\$1,385.38	
Central	Health Choice Arizona, Inc.	\$1,225.33	(\$63.04)	0.9727	\$1,191.83	(\$61.32)	\$1,130.51	\$74.93	1.65%	\$20.22	\$25.01	\$1,250.68	
Central	UnitedHealthcare Community Plan	\$1,225.33	(\$63.04)	1.0263	\$1,257.55	(\$64.70)	\$1,192.85	\$75.91	1.65%	\$21.29	\$26.33	\$1,316.38	
South	Arizona Complete Health - Complete Care Plan	\$1,290.27	(\$81.48)	0.9984	\$1,288.16	(\$81.35)	\$1,206.81	\$96.26	1.65%	\$21.86	\$27.04	\$1,351.96	
South	Banner - University Family Care	\$1,290.27	(\$81.48)	0.9800	\$1,264.50	(\$79.85)	\$1,184.65	\$103.95	1.65%	\$21.62	\$26.74	\$1,336.96	
South	UnitedHealthcare Community Plan (Pima Only)	\$1,290.27	(\$81.48)	1.0313	\$1,330.71	(\$84.04)	\$1,246.68	\$77.61	1.65%	\$22.22	\$27.48	\$1,373.99	

Notes

Underwriting (UW) Gain is equal to 1.65% of the pre-tax capitation rate. Premium Tax is 2.0% of the final capitation rate.

Appendix 7: Capitation Rate Development

Risk Group: Prop 204 Childless Adults

GSA	MCO	Before Risk Adjustment			After Risk Adjustment			Subtotal	I.5.B.i.(a)	I.5.B.ii.(c)	I.5.B.ii.(c)	I.5.B.ii.(b)	Total
		Appendix 6	I.4.C.ii.(c)	I.6.B.i.	Product	Product	Product						
		Gross Medical Plus DAP	RI Offset	Risk Adj Factor	Gross Medical Plus DAP	RI Offset	Net Medical	Admin PMPM	UW Gain Percent	UW Gain PMPM	Premium Tax	Capitation Rate PMPM	
North	Care 1st Health Plan Arizona, Inc.	\$536.29	(\$3.06)	0.9985	\$535.47	(\$3.06)	\$532.41	\$52.53	1.65%	\$9.81	\$12.14	\$606.89	
North	Health Choice Arizona, Inc.	\$536.29	(\$3.06)	1.0012	\$536.94	(\$3.07)	\$533.87	\$44.51	1.65%	\$9.70	\$12.00	\$600.09	
Central	Arizona Complete Health - Complete Care Plan	\$596.88	(\$8.39)	0.9650	\$575.98	(\$8.10)	\$567.89	\$50.03	1.65%	\$10.37	\$12.82	\$641.10	
Central	Banner - University Family Care	\$596.88	(\$8.39)	0.9612	\$573.72	(\$8.07)	\$565.65	\$51.30	1.65%	\$10.35	\$12.80	\$640.10	
Central	Molina Healthcare of Arizona, Inc.	\$596.88	(\$8.39)	0.9458	\$564.52	(\$7.94)	\$556.58	\$69.03	1.65%	\$10.50	\$12.98	\$649.09	
Central	Mercy Care	\$596.88	(\$8.39)	1.0378	\$619.45	(\$8.71)	\$610.74	\$54.65	1.65%	\$11.16	\$13.81	\$690.36	
Central	Health Choice Arizona, Inc.	\$596.88	(\$8.39)	0.9712	\$579.67	(\$8.15)	\$571.52	\$46.29	1.65%	\$10.36	\$12.82	\$640.99	
Central	UnitedHealthcare Community Plan	\$596.88	(\$8.39)	1.0209	\$609.33	(\$8.57)	\$600.76	\$43.80	1.65%	\$10.81	\$13.38	\$668.75	
South	Arizona Complete Health - Complete Care Plan	\$536.27	(\$4.42)	0.9864	\$529.00	(\$4.36)	\$524.64	\$46.71	1.65%	\$9.59	\$11.86	\$592.79	
South	Banner - University Family Care	\$536.27	(\$4.42)	0.9876	\$529.59	(\$4.36)	\$525.23	\$50.03	1.65%	\$9.65	\$11.94	\$596.85	
South	UnitedHealthcare Community Plan (Pima Only)	\$536.27	(\$4.42)	1.0339	\$554.46	(\$4.57)	\$549.89	\$40.27	1.65%	\$9.90	\$12.25	\$612.31	

Notes

Underwriting (UW) Gain is equal to 1.65% of the pre-tax capitation rate. Premium Tax is 2.0% of the final capitation rate.

Appendix 7: Capitation Rate Development

Risk Group: Expansion Adults

GSA	MCO	Before Risk Adjustment			After Risk Adjustment		Subtotal	I.5.B.i.(a)	I.5.B.ii.(c)	I.5.B.ii.(c)	I.5.B.ii.(b)	Total
		Appendix 6	I.4.C.ii.(c)	I.6.B.i.	Product	Product						
		Gross Medical Plus DAP	RI Offset	Risk Adj Factor	Gross Medical Plus DAP	RI Offset	Net Medical	Admin PMPM	UW Gain Percent	UW Gain PMPM	Premium Tax	Capitation Rate PMPM
North	Care 1st Health Plan Arizona, Inc.	\$397.95	(\$3.64)	0.9903	\$394.11	(\$3.60)	\$390.50	\$45.23	1.65%	\$7.31	\$9.04	\$452.09
North	Health Choice Arizona, Inc.	\$397.95	(\$3.64)	1.0074	\$400.90	(\$3.66)	\$397.23	\$38.09	1.65%	\$7.30	\$9.03	\$451.66
Central	Arizona Complete Health - Complete Care Plan	\$398.42	(\$5.08)	0.9481	\$377.75	(\$4.82)	\$372.93	\$37.00	1.65%	\$6.88	\$8.51	\$425.32
Central	Banner - University Family Care	\$398.42	(\$5.08)	0.9906	\$394.68	(\$5.03)	\$389.64	\$38.77	1.65%	\$7.19	\$8.89	\$444.49
Central	Molina Healthcare of Arizona, Inc.	\$398.42	(\$5.08)	0.9619	\$383.23	(\$4.89)	\$378.34	\$61.19	1.65%	\$7.37	\$9.12	\$456.02
Central	Mercy Care	\$398.42	(\$5.08)	1.0281	\$409.63	(\$5.22)	\$404.41	\$37.23	1.65%	\$7.41	\$9.16	\$458.22
Central	Health Choice Arizona, Inc.	\$398.42	(\$5.08)	0.9554	\$380.67	(\$4.85)	\$375.81	\$36.98	1.65%	\$6.93	\$8.57	\$428.29
Central	UnitedHealthcare Community Plan	\$398.42	(\$5.08)	1.0290	\$409.96	(\$5.23)	\$404.73	\$33.93	1.65%	\$7.36	\$9.10	\$455.12
South	Arizona Complete Health - Complete Care Plan	\$388.26	(\$8.26)	0.9844	\$382.20	(\$8.13)	\$374.07	\$37.13	1.65%	\$6.90	\$8.53	\$426.63
South	Banner - University Family Care	\$388.26	(\$8.26)	0.9834	\$381.80	(\$8.12)	\$373.68	\$39.19	1.65%	\$6.93	\$8.57	\$428.36
South	UnitedHealthcare Community Plan (Pima Only)	\$388.26	(\$8.26)	1.0436	\$405.19	(\$8.62)	\$396.56	\$33.09	1.65%	\$7.21	\$8.92	\$445.78

Notes

Underwriting (UW) Gain is equal to 1.65% of the pre-tax capitation rate. Premium Tax is 2.0% of the final capitation rate.

Appendix 7: Capitation Rate Development

Risk Group: Delivery Supplemental Payments

GSA	MCO	Before Risk Adjustment			After Risk Adjustment							
		Appendix 6	I.4.C.ii.(c)	I.6.B.i.(c)	Product	Product	Subtotal	I.5.B.i.(a)	I.5.B.ii.(c)	I.5.B.ii.(c)	I.5.B.ii.(b)	Total
		Gross Medical Plus DAP	RI Offset	Risk Adj Factor	Gross Medical Plus DAP	RI Offset	Net Medical	Admin PMPD	UW Gain Percent	UW Gain PMPD	Premium Tax	Capitation Rate PMPD
North	Care 1st Health Plan Arizona, Inc.	\$6,898.56	\$0.00	1.0000	\$6,898.56	\$0.00	\$6,898.56	\$0.00	1.65%	\$115.74	\$143.15	\$7,157.44
North	Health Choice Arizona, Inc.	\$6,898.56	\$0.00	1.0000	\$6,898.56	\$0.00	\$6,898.56	\$0.00	1.65%	\$115.74	\$143.15	\$7,157.44
Central	Arizona Complete Health - Complete Care Plan	\$6,996.29	\$0.00	1.0000	\$6,996.29	\$0.00	\$6,996.29	\$0.00	1.65%	\$117.38	\$145.18	\$7,258.84
Central	Banner - University Family Care	\$6,996.29	\$0.00	1.0000	\$6,996.29	\$0.00	\$6,996.29	\$0.00	1.65%	\$117.38	\$145.18	\$7,258.84
Central	Molina Healthcare of Arizona, Inc.	\$6,996.29	\$0.00	1.0000	\$6,996.29	\$0.00	\$6,996.29	\$0.00	1.65%	\$117.38	\$145.18	\$7,258.84
Central	Mercy Care	\$6,996.29	\$0.00	1.0000	\$6,996.29	\$0.00	\$6,996.29	\$0.00	1.65%	\$117.38	\$145.18	\$7,258.84
Central	Health Choice Arizona, Inc.	\$6,996.29	\$0.00	1.0000	\$6,996.29	\$0.00	\$6,996.29	\$0.00	1.65%	\$117.38	\$145.18	\$7,258.84
Central	UnitedHealthcare Community Plan	\$6,996.29	\$0.00	1.0000	\$6,996.29	\$0.00	\$6,996.29	\$0.00	1.65%	\$117.38	\$145.18	\$7,258.84
South	Arizona Complete Health - Complete Care Plan	\$7,080.93	\$0.00	1.0000	\$7,080.93	\$0.00	\$7,080.93	\$0.00	1.65%	\$118.80	\$146.93	\$7,346.66
South	Banner - University Family Care	\$7,080.93	\$0.00	1.0000	\$7,080.93	\$0.00	\$7,080.93	\$0.00	1.65%	\$118.80	\$146.93	\$7,346.66
South	UnitedHealthcare Community Plan (Pima Only)	\$7,080.93	\$0.00	1.0000	\$7,080.93	\$0.00	\$7,080.93	\$0.00	1.65%	\$118.80	\$146.93	\$7,346.66

Notes

Underwriting (UW) Gain is equal to 1.65% of the pre-tax capitation rate. Premium Tax is 2.0% of the final capitation rate.

Appendix 7: Capitation Rate Development

Risk Group: SMI

GSA	MCO	Before Risk Adjustment			After Risk Adjustment							
		Appendix 6	I.4.C.ii.(c)	I.6.B.i.(c)	Product	Product	Subtotal	I.5.B.i.(a)	I.5.B.ii.(c)	I.5.B.ii.(c)	I.5.B.ii.(b)	Total
		Gross Medical Plus DAP	RI Offset	Risk Adj Factor	Gross Medical Plus DAP	RI Offset	Net Medical	Admin PMPM	UW Gain Percent	UW Gain PMPM	Premium Tax	Capitation Rate PMPM
North	Care 1st Health Plan Arizona, Inc.	\$1,521.75	(\$0.28)	1.0000	\$1,521.75	(\$0.28)	\$1,521.47	\$128.03	1.65%	\$27.67	\$34.23	\$1,711.41
North	Health Choice Arizona, Inc.	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA
Central	Arizona Complete Health - Complete Care Plan	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA
Central	Banner - University Family Care	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA
Central	Molina Healthcare of Arizona, Inc.	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA
Central	Mercy Care	\$2,434.30	(\$12.76)	1.0000	\$2,434.30	(\$12.76)	\$2,421.53	\$202.94	1.65%	\$44.03	\$54.46	\$2,722.96
Central	Health Choice Arizona, Inc.	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA
Central	UnitedHealthcare Community Plan	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA
South	Arizona Complete Health - Complete Care Plan	\$1,566.78	(\$0.23)	1.0000	\$1,566.78	(\$0.23)	\$1,566.55	\$128.03	1.65%	\$28.43	\$35.16	\$1,758.18
South	Banner - University Family Care	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA
South	UnitedHealthcare Community Plan (Pima Only)	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA

Notes

Underwriting (UW) Gain is equal to 1.65% of the pre-tax capitation rate. Premium Tax is 2.0% of the final capitation rate.

Appendix 7: Capitation Rate Development

Risk Group: Crisis 24 Hour Group

GSA	MCO	Before Risk Adjustment			After Risk Adjustment							
		Appendix 6	I.4.C.ii.(c)	I.6.B.i.(c)	Product	Product	Subtotal	I.5.B.i.(a)	I.5.B.ii.(c)	I.5.B.ii.(c)	I.5.B.ii.(b)	Total
		Gross Medical Plus DAP	RI Offset	Risk Adj Factor	Gross Medical Plus DAP	RI Offset	Net Medical	Admin PMPM	UW Gain Percent	UW Gain PMPM	Premium Tax	Capitation Rate PMPM
North	Care 1st Health Plan Arizona, Inc.	\$5.89	\$0.00	1.0000	\$5.89	\$0.00	\$5.89	\$0.49	1.65%	\$0.11	\$0.13	\$6.62
North	Health Choice Arizona, Inc.	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA
Central	Arizona Complete Health - Complete Care Plan	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA
Central	Banner - University Family Care	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA
Central	Molina Healthcare of Arizona, Inc.	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA
Central	Mercy Care	\$8.49	\$0.00	1.0000	\$8.49	\$0.00	\$8.49	\$0.57	1.65%	\$0.15	\$0.19	\$9.40
Central	Health Choice Arizona, Inc.	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA
Central	UnitedHealthcare Community Plan	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA
South	Arizona Complete Health - Complete Care Plan	\$7.88	\$0.00	1.0000	\$7.88	\$0.00	\$7.88	\$0.49	1.65%	\$0.14	\$0.17	\$8.68
South	Banner - University Family Care	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA
South	UnitedHealthcare Community Plan (Pima Only)	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA

Notes

Underwriting (UW) Gain is equal to 1.65% of the pre-tax capitation rate. Premium Tax is 2.0% of the final capitation rate.

Appendix 8a: State Directed Payments – CMS Prescribed Tables

CYE 24 Capitation Rate Certification – ACC and ACC-RBHA Program

Appendix 8a: State Directed Payments - CMS Prescribed Tables

CMS Prescribed Table for I.4.D.ii.(a)(i)

Control name of the state directed payment	Type of payment Section I.4.D.ii.(a)(i)(A)	Brief description Section I.4.D.ii.(a)(i)(B)	Is the payment included as a rate adjustment or separate payment term? Sections I.4.D.ii.(a)(ii) and I.4.D.ii.(a)(iii)
Federally Qualified Health Centers and Rural Health Clinics	Minimum Fee Schedule	Contractors are required to adopt Prospective Payment System (PPS) rates as defined in the Medicaid State plan as a minimum fee schedule for FQHC/RHC providers.	Rate Adjustment
AZ_Fee_IPH.OPH.PC.SP.NF.HSBS.BHI.BHO.D_Renewal_20231001-20240930 (DAP)	Uniform Percentage Increase	Uniform percentage increase (which varies by provider class and qualifications met) to otherwise contracted rates. All providers were notified via a proposed and a final Public Notice of the criteria required to qualify for the DAP.	Rate Adjustment
AZ_Fee_AMC_Renewal_20231001-20240930 (APSI)	Uniform Percentage Increase	75% increase to otherwise contracted rates for professional services provided by eligible practitioners, applicable only to services covered under the AHCCCS APSI policy.	Separate Payment Term
AZ_Fee_IPH.OPH1_Renewal_20231001-20240930 (PSI)	Uniform Percentage Increase	Uniform percentage increase for inpatient and outpatient services provided by the state's freestanding children's hospitals with more than 100 beds. The uniform percentage increase is based on a fixed total payment amount, and is expected to fluctuate based on utilization in the contract year.	Separate Payment Term
AZ_Fee_IPH.OPH2_Renewal_20231001-20240930 (HEALTHII)	Uniform Percentage Increase	Uniform percentage increase for acute inpatient and ambulatory outpatient contracted Medicaid Managed Care services. The uniform percentage increases are based on a fixed payment pool that is allocated to each hospital class based on the additional funding needed to achieve each class' aggregate targeted pay to cost ratio for Medicaid Managed Care services.	Separate Payment Term

Appendix 8a: State Directed Payments - CMS Prescribed Tables

CMS Prescribed Table for I.4.D.ii.(a)(ii)

Control name of the state directed payment	Rate cells affected Section I.4.D.ii.(a)(ii)(A)	Impact Section I.4.D.ii.(a)(ii)(B)	Description of the adjustment Section I.4.D.ii.(a)(ii)(C)	Confirmation the rates are consistent with the preprint Section I.4.D.ii.(a)(ii)(D)	For maximum fee schedules, requested information Section I.4.D.ii.(a)(ii)(E)
Federally Qualified Health Centers and Rural Health Clinics (FQHC/RHC)	All rate cells, except the Crisis 24 Hour Group rate cells, are affected.	See Appendix 8b for total impact by rate cell.	The impact of the minimum fee schedule requirement for FQHC/RHC providers is addressed as part of the fee schedule updates. The AHCCCS DBF Rates & Reimbursement Team developed the impacts of bringing the base FQHC/RHC encounter data up to the projected CYE 24 FQHC/RHC PPS rates, by applying the change in PPS rates as a unit cost change to the CYE 22 base data. The AHCCCS DBF Actuarial Team then reviewed the FQHC/RHC results and applied aggregated percentage impacts by program, GSA, risk group, and rate setting category of service as part of the overall fee schedule update.	Not applicable.	Not applicable.
AZ_Fee_IP.OP.PC.SP.NF.HC BS.BHI.BHO.D_Renewal_20 231001-20240930 (DAP)	All rate cells are affected.	See Appendix 6 for medical impact by risk group. See Appendix 8b for total impact by rate cell.	The AHCCCS DBF Rates & Reimbursement Team provided the AHCCCS DBF Actuarial Team with data for the impact of DAP. The data used to develop the DAP impacts was the CYE 22 encounter data across all programs for the providers who qualify for DAP. The AHCCCS DBF Rates & Reimbursement Team applied the percentage increase earned under DAP to the AHCCCS provider payments resulting from the fee schedule changes, for all services subject to DAP, to determine what the impacts would be for the CYE 24 time period. The AHCCCS DBF Actuarial Team then reviewed the results and applied the percentage impacts by program and rate cell to the applicable categories of service to come to the final dollar impact for CYE 24 (the data provided by the AHCCCS DBF Rates & Reimbursement Team was at a detailed rate code and category of service level which the AHCCCS DBF Actuarial Team then aggregated to the specific rate cells for each program).	AHCCCS has submitted the DAP \$438.6(c) preprint to CMS but has not yet received approval. The DAP payment arrangement accounted for in the capitation rates, and described here, is included in the capitation rates in a manner consistent with the preprint under CMS review.	Not applicable.

Appendix 8a: State Directed Payments - CMS Prescribed Tables

CMS Prescribed Table for I.4.D.ii.(a)(iii)

Control name of the state directed payment	Aggregate amount included in the certification Section I.4.D.ii.(a)(iii)(A)	Statement that the actuary is certifying the separate payment term Section I.4.D.ii.(a)(iii)(B)	The magnitude on a PMPM basis Section I.4.D.ii.(a)(iii)(C)	Confirmation the rate development is consistent with the preprint Section I.4.D.ii.(a)(iii)(D)	Confirmation that the state and actuary will submit required documentation at the end of the rating period (as applicable) Section I.4.D.ii.(a)(iii)(E)
AZ_Fee_AMC_Renewal_20231001-20240930 (APSI)	\$218,088,546	The actuaries certify the aggregate directed payment estimates as actuarially sound according to 42 CFR § 438.4.	See Appendix 8b.	AHCCCS has submitted the Access to Professional Services Initiative (APSI) 42 CFR § 438.6(c) preprint to CMS, but has not yet received approval. The APSI payment arrangement is accounted for in a manner consistent with the preprint under CMS review.	After the rating period is complete and the final APSI payment is made, AHCCCS will submit documentation to CMS which incorporates the total amount of the APSI payments into the rate certification's rate cells, consistent with the distribution methodology included in the approved state directed payment preprint, and as if the payment information had been fully known when the rates were initially developed.
AZ_Fee_IP.OP1_Renewal_20231001-20240930 (PSI)	\$54,446,126	The actuaries certify the aggregate directed payment estimates as actuarially sound according to 42 CFR § 438.4.	See Appendix 8b.	AHCCCS has submitted the Pediatric Service Initiative (PSI) 42 CFR § 438.6(c) preprint to CMS, but has not yet received approval. The PSI payment arrangement is accounted for in a manner consistent with the preprint under CMS review.	After the rating period is complete and the final PSI payment is made, AHCCCS will submit documentation to CMS which incorporates the total amount of the PSI payments into the rate certification's rate cells, consistent with the distribution methodology included in the approved state directed payment preprint, and as if the payment information had been fully known when the rates were initially developed.
AZ_Fee_IP.OP2_Renewal_20231001-20240930 (HEALTHII)	\$2,137,165,368	The actuaries certify the aggregate directed payment estimates as actuarially sound according to 42 CFR § 438.4.	See Appendix 8b.	AHCCCS has submitted the Hospital Enhanced Access Leading to Health Improvements Initiative (HEALTHII) 42 CFR § 438.6(c) preprint to CMS, but has not yet received approval. The HEALTHII payment arrangement is accounted for in a manner consistent with the preprint under CMS review.	After the rating period is complete and the final HEALTHII payment is made, AHCCCS will submit documentation to CMS which incorporates the total amount of the HEALTHII payments into the rate certification's rate cells, consistent with the distribution methodology included in the approved state directed payment preprint, and as if the payment information had been fully known when the rates were initially developed.

Appendix 8b: State Directed Payments – Estimated PMPMs

CYE 24 Capitation Rate Certification – ACC and ACC-RBHA Program

Appendix 8b: State Directed Payments - Estimated PMPMs

		CYE 24 FQHC/RHC PPS PMPM ¹									
GSA	MCO	Age < 1	AGE 1-20	Age 21+	Duals	SSIWO	Prop 204 Childless Adults	Expansion Adults	Delivery Supplemental Payments	SMI	Crisis 24 Hour Group
North	Care1st Health Plan Arizona, Inc.	\$9.13	\$2.64	\$4.31	\$0.14	\$4.87	\$3.55	\$3.94	\$0.82	\$4.55	\$0.00
North	Health Choice Arizona, Inc.	\$9.65	\$2.58	\$4.34	\$0.14	\$5.10	\$3.56	\$4.01	\$0.82	NA	NA
Central	Arizona Complete Health - Complete Care Plan	\$2.98	\$0.87	\$1.35	\$0.01	\$2.60	\$1.53	\$1.13	\$0.29	NA	NA
Central	Banner - University Family Care	\$3.01	\$0.89	\$1.33	\$0.01	\$2.64	\$1.53	\$1.18	\$0.29	NA	NA
Central	Molina Healthcare of Arizona, Inc.	\$2.89	\$0.87	\$1.33	\$0.01	\$2.83	\$1.50	\$1.15	\$0.29	NA	NA
Central	Mercy Care	\$2.98	\$0.92	\$1.49	\$0.01	\$2.98	\$1.65	\$1.23	\$0.29	\$2.55	\$0.00
Central	Health Choice Arizona, Inc.	\$3.10	\$0.91	\$1.41	\$0.01	\$2.75	\$1.54	\$1.14	\$0.29	NA	NA
Central	UnitedHealthcare Community Plan	\$3.05	\$0.92	\$1.44	\$0.01	\$2.90	\$1.62	\$1.23	\$0.29	NA	NA
South	Arizona Complete Health - Complete Care Plan	\$16.79	\$3.90	\$4.25	\$0.18	\$6.58	\$4.01	\$4.24	\$0.85	\$5.11	\$0.00
South	Banner - University Family Care	\$17.41	\$4.01	\$4.30	\$0.18	\$6.46	\$4.01	\$4.23	\$0.85	NA	NA
South	UnitedHealthcare Community Plan (Pima County Only)	\$18.09	\$4.30	\$4.65	\$0.18	\$6.80	\$4.20	\$4.49	\$0.85	NA	NA

1) The PMPMs here are inclusive of premium tax, underwriting gain and risk adjustment and represent the change in PPS rates from CYE 22 to CYE 24.

CYE 24 Capitation Rate Certification – ACC and ACC-RBHA Program

Appendix 8b: State Directed Payments - Estimated PMPMs

		CYE 24 DAP PMPM ¹									
GSA	MCO	Age < 1	AGE 1-20	Age 21+	Duals	SSIWO	Prop 204 Childless Adults	Expansion Adults	Delivery Supplemental Payments	SMI	Crisis 24 Hour Group
North	Care1st Health Plan Arizona, Inc.	\$11.98	\$2.46	\$3.98	\$0.10	\$10.81	\$6.08	\$3.80	\$115.59	\$14.01	\$0.00
North	Health Choice Arizona, Inc.	\$12.66	\$2.40	\$4.02	\$0.10	\$11.32	\$6.09	\$3.87	\$115.59	NA	NA
Central	Arizona Complete Health - Complete Care Plan	\$14.10	\$2.14	\$3.46	\$0.27	\$11.52	\$5.89	\$3.15	\$113.64	NA	NA
Central	Banner - University Family Care	\$14.28	\$2.19	\$3.39	\$0.27	\$11.74	\$5.87	\$3.29	\$113.64	NA	NA
Central	Molina Healthcare of Arizona, Inc.	\$13.70	\$2.13	\$3.39	\$0.27	\$12.54	\$5.78	\$3.19	\$113.64	NA	NA
Central	Mercy Care	\$14.14	\$2.25	\$3.81	\$0.27	\$13.22	\$6.34	\$3.41	\$113.64	\$23.64	\$0.00
Central	Health Choice Arizona, Inc.	\$14.69	\$2.22	\$3.61	\$0.27	\$12.20	\$5.93	\$3.17	\$113.64	NA	NA
Central	UnitedHealthcare Community Plan	\$14.43	\$2.26	\$3.69	\$0.27	\$12.87	\$6.24	\$3.41	\$113.64	NA	NA
South	Arizona Complete Health - Complete Care Plan	\$17.18	\$1.97	\$4.23	\$0.13	\$14.10	\$5.67	\$3.80	\$126.92	\$14.96	\$0.00
South	Banner - University Family Care	\$17.81	\$2.02	\$4.28	\$0.13	\$13.84	\$5.68	\$3.80	\$126.92	NA	NA
South	UnitedHealthcare Community Plan (Pima County Only)	\$18.51	\$2.16	\$4.62	\$0.13	\$14.57	\$5.94	\$4.03	\$126.92	NA	NA

1) The PMPMs here are inclusive of premium tax, underwriting gain and risk adjustment. These PMPMs will not match the medical PMPMs in Appendix 6.

CYE 24 Capitation Rate Certification – ACC and ACC-RBHA Program

Appendix 8b: State Directed Payments - Estimated PMPMs

GSA	MCO	CYE 24 Estimated APSI PMPM ¹									
		Age < 1	AGE 1-20	Age 21+	Duals	SSIWO	Prop 204 Childless Adults	Expansion Adults	Delivery Supplemental Payments	SMI	Crisis 24 Hour Group
North	Care1st Health Plan Arizona, Inc.	\$24.63	\$3.37	\$1.69	\$0.18	\$6.31	\$2.42	\$1.53	\$0.00	\$3.37	\$0.00
North	Health Choice Arizona, Inc.	\$16.19	\$2.44	\$1.15	\$0.13	\$6.20	\$2.59	\$1.96	\$0.00	NA	NA
Central	Arizona Complete Health - Complete Care Plan	\$37.83	\$6.30	\$7.35	\$1.24	\$24.14	\$10.40	\$7.99	\$0.00	NA	NA
Central	Banner - University Family Care	\$38.60	\$6.99	\$9.14	\$1.46	\$27.73	\$13.98	\$12.43	\$0.00	NA	NA
Central	Molina Healthcare of Arizona, Inc.	\$30.05	\$5.67	\$8.69	\$1.24	\$27.43	\$13.33	\$10.63	\$0.00	NA	NA
Central	Mercy Care	\$47.75	\$7.36	\$10.11	\$1.83	\$29.58	\$12.83	\$10.68	\$0.00	\$21.72	\$0.00
Central	Health Choice Arizona, Inc.	\$45.16	\$6.79	\$8.07	\$1.24	\$25.73	\$10.41	\$8.71	\$0.00	NA	NA
Central	UnitedHealthcare Community Plan	\$45.08	\$7.32	\$8.21	\$1.31	\$29.32	\$10.54	\$8.56	\$0.00	NA	NA
South	Arizona Complete Health - Complete Care Plan	\$55.06	\$4.97	\$9.74	\$1.20	\$29.21	\$12.20	\$9.59	\$0.00	\$27.93	\$0.00
South	Banner - University Family Care	\$56.44	\$6.20	\$13.73	\$1.59	\$34.18	\$16.61	\$13.46	\$0.00	NA	NA
South	UnitedHealthcare Community Plan (Pima County Only)	\$80.07	\$8.38	\$17.92	\$1.63	\$40.40	\$16.53	\$14.86	\$0.00	NA	NA

1) The PMPMs here are inclusive of premium tax.

CYE 24 Capitation Rate Certification – ACC and ACC-RBHA Program

Appendix 8b: State Directed Payments - Estimated PMPMs

GSA	MCO	CYE 24 Estimated PSI PMPM ¹									
		Age < 1	AGE 1-20	Age 21+	Duals	SSIWO	Prop 204 Childless Adults	Expansion Adults	Delivery Supplemental Payments	SMI	Crisis 24 Hour Group
North	Care1st Health Plan Arizona, Inc.	\$16.59	\$3.57	\$0.02	\$0.00	\$10.23	\$0.10	\$0.36	\$0.00	\$0.01	NA
North	Health Choice Arizona, Inc.	\$12.88	\$2.65	\$0.01	\$0.04	\$3.44	\$0.18	\$0.01	\$0.00	NA	NA
Central	Arizona Complete Health - Complete Care Plan	\$20.05	\$3.66	\$0.06	\$0.05	\$8.52	\$0.45	\$0.04	\$0.00	NA	NA
Central	Banner - University Family Care	\$16.60	\$3.66	\$0.02	\$0.00	\$8.34	\$0.24	\$0.13	\$0.00	NA	NA
Central	Molina Healthcare of Arizona, Inc.	\$10.01	\$3.82	\$0.03	\$0.27	\$8.47	\$0.21	\$0.09	\$0.00	NA	NA
Central	Mercy Care	\$27.86	\$5.15	\$0.04	\$0.00	\$11.05	\$0.33	\$0.17	\$0.00	\$0.12	NA
Central	Health Choice Arizona, Inc.	\$17.01	\$4.77	\$0.16	\$0.00	\$31.76	\$1.69	\$0.26	\$0.00	NA	NA
Central	UnitedHealthcare Community Plan	\$32.24	\$5.58	\$0.05	\$0.00	\$17.30	\$0.30	\$0.21	\$0.00	NA	NA
South	Arizona Complete Health - Complete Care Plan	\$15.09	\$0.81	\$0.01	\$0.00	\$4.24	\$0.09	\$0.06	\$0.00	\$0.03	NA
South	Banner - University Family Care	\$6.65	\$0.90	\$0.00	\$0.00	\$2.00	\$0.02	\$0.00	\$0.00	NA	NA
South	UnitedHealthcare Community Plan (Pima County Only)	\$22.63	\$0.38	\$0.00	\$0.00	\$2.07	\$0.00	\$0.00	\$0.00	NA	NA

1) The PMPMs here are inclusive of premium tax.

CYE 24 Capitation Rate Certification – ACC and ACC-RBHA Program

Appendix 8b: State Directed Payments - Estimated PMPMs

		CYE 24 Estimated HEALTHII PMPM ¹									
GSA	MCO	Age < 1	AGE 1-20	Age 21+	Duals	SSIWO	Prop 204 Childless Adults	Expansion Adults	Delivery Supplemental Payments	SMI	Crisis 24 Hour Group
North	Care1st Health Plan Arizona, Inc.	\$381.65	\$35.63	\$160.30	\$28.36	\$293.35	\$182.81	\$160.06	\$0.00	\$201.07	\$0.00
North	Health Choice Arizona, Inc.	\$298.26	\$34.90	\$134.25	\$37.08	\$322.62	\$188.59	\$148.52	\$0.00	NA	NA
Central	Arizona Complete Health - Complete Care Plan	\$167.21	\$16.25	\$81.19	\$13.44	\$187.42	\$111.81	\$76.00	\$0.00	NA	NA
Central	Banner - University Family Care	\$191.75	\$23.62	\$100.57	\$20.52	\$247.21	\$140.77	\$116.27	\$0.00	NA	NA
Central	Molina Healthcare of Arizona, Inc.	\$200.42	\$22.97	\$106.96	\$15.76	\$292.34	\$172.05	\$136.90	\$0.00	NA	NA
Central	Mercy Care	\$317.66	\$25.23	\$154.52	\$42.54	\$340.81	\$179.75	\$141.44	\$0.00	\$259.02	\$0.00
Central	Health Choice Arizona, Inc.	\$307.69	\$26.86	\$124.72	\$36.14	\$296.91	\$143.02	\$120.65	\$0.00	NA	NA
Central	UnitedHealthcare Community Plan	\$260.15	\$22.89	\$127.50	\$19.41	\$314.33	\$151.60	\$117.48	\$0.00	NA	NA
South	Arizona Complete Health - Complete Care Plan	\$191.62	\$29.07	\$121.91	\$24.25	\$304.99	\$139.34	\$119.30	\$0.00	\$211.07	\$0.00
South	Banner - University Family Care	\$252.90	\$33.23	\$139.25	\$23.72	\$343.78	\$171.02	\$145.22	\$0.00	NA	NA
South	UnitedHealthcare Community Plan (Pima County Only)	\$407.42	\$30.19	\$133.13	\$22.55	\$356.21	\$147.50	\$127.66	\$0.00	NA	NA

1) The PMPMs here are inclusive of premium tax.