AHCCCS
Arizona Health Care Cost Containment System

Contract Year Ending 2020
AHCCCS Complete Care Program
Capitation Rate Certification

October 1, 2019 through September 30, 2020

Prepared for:
The Centers for Medicare & Medicaid Services

Prepared by:
AHCCCS Division of Health Care Management

August 15, 2019

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Arizona Health Care Cost Containment System

Table of Contents

Introduction and Limitations

The purpose of this rate certification is to provide documentation for compliance with the applicable provisions of 42 CFR Part 438 at 81 FR 27497 (published May 6, 2016 and effective July 5, 2016). This includes the data, assumptions, and methodologies used in the development of the October 1, 2019 through September 30, 2020 (Contract Year Ending 2020 or CYE 20) actuarially sound capitation rates for the AHCCCS Complete Care (ACC) program. 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 Arizona Health Care Cost Containment System (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 at 81 FR 27497 applicable to this rate certification, the 2020 Medicaid Managed Care Rate Development Guide, Actuarial Standards of Practice and generally accepted actuarial principles and practices.

The 2020 Medicaid Managed Care Rate Development Guide (2020 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 2020 Guide to help facilitate the review of this rate certification by CMS.

The ACC program began October 1, 2018; the program provides integrated services to a majority of Arizona Medicaid members and will further AHCCCS' strategic objective of integrating all physical and behavioral health services for our members. Utilizing a holistic approach to healthcare, the ACC program is an important step in reducing fragmentation in the Medicaid delivery system by recognizing that wellness does not separate the mind from the body. This program was competitively bid per a request for proposal (RFP).

One aspect of the RFP was the elimination of a "carved-out" program, the Children's Rehabilitative Services (CRS) program, for children with special healthcare needs. Rather, children diagnosed with a CRS condition who would have previously received specialty services via CRS and regular physical health services via a Contractor in the Acute Care program now have the choice of any ACC Contractor in their geographic region. All ACC Contractors provide fully integrated care, including physical healthcare both related and unrelated to the CRS condition, as well as behavioral healthcare.

As part of the RFP, each Offeror was required to submit a non-benefit cost bid and an actuarial certification was required as part of this bid request. The Offerors submitted bids for the administrative per member per month (PMPM) and the underwriting gain percentage for the first three years of the contract. Per the Non-Benefit Costs Bid Requirements Documentation of the RFP: "The actuarial certification must describe the development (data, assumptions, and methodologies) of the non-benefit

costs (administrative and underwriting gain bids) in enough detail so an actuary applying generally accepted actuarial principles and practices can identify each type of non-benefit cost bid and evaluate the reasonableness of the cost assumptions underlying each expense in accordance with 42 CFR § 438.7(b)(3). The actuarial certification must include a statement and a description of why the Offeror has no concern with meeting the capitalization requirements with the underwriting gain bid. Further clarification on documentation can be found in the 2017-2018 Medicaid Managed Care Rate Development Guide.“ Additional documentation on these two non-benefit components can be found below in Section I.5.B.i.(a) and I.5.B.ii.(c).

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 at 81 FR 27858:

- § 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 proposed differences among capitation rates according to covered populations must be based on valid rate development standards and not based on the rate of Federal financial participation associated with 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 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."

As stated on page 2 of the 2020 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 2020 Guide.

I.1.A. Rate Development Standards

I.1.A.i. Rating Period

The CYE 20 capitation rates for the ACC program are effective for the twelve month time period from October 1, 2019 through September 30, 2020.

I.1.A.ii. Required Elements

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

The actuarial certification letter for the CYE 20 capitation rates for the ACC program, signed by Windy J. Marks, FSA, MAAA and Erica Johnson, ASA, MAAA, is in Appendix 1. Ms. Marks and Ms. Johnson meet the requirements for the definition of an Actuary described at 42 CFR § 438.2 at 81 FR 27854 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.

Ms. Marks and Ms. Johnson certify that the CYE 20 capitation rates for the ACC program contained in this rate certification are actuarially sound and meet the standards within the applicable provisions of 42 CFR Part 438 at 81 FR 27497.

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

The final and certified capitation rates by rate cell are located in Appendix 2. Additionally, the ACC program contract includes the final and certified capitation rates by rate cell in accordance with 42 CFR § 438.3(c)(1)(i) at 81 FR 27856. The ACC contract uses the term risk group instead of rate cell. This rate certification will use the term rate cell to be consistent with the applicable provisions of 42 CFR Part 438 at 81 FR 27497 and the 2020 Guide.

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

This section of the rate certification provides a summary of information about the ACC program.

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

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

The ACC program contracts with seven managed care plans. The number of managed care plans contracted with the Program varies by Geographical Service Area (GSA). The GSAs, along with the Contractors within the GSAs and the counties, are listed in Table 1 below.

Table 1: Contractors by GSA and Counties

GSA	Counties	Contractors
North	Apache, Coconino, Mohave, Navajo and Yavapai	WellCare of Arizona (formerly Care 1st Health Plan) Steward Health Choice Arizona
Central	Gila, Maricopa and Pinal	Arizona Complete Health – Complete Care Plan Banner – University Family Care WellCare of Arizona (formerly Care 1st Health Plan) Magellan Complete Care Mercy Care Steward Health Choice Arizona United Healthcare Community Plan
South	Cochise, Graham, Greenlee, LaPaz, Pima, Santa Cruz and Yuma	Arizona Complete Health – Complete Care Plan Banner University Family Care United Healthcare Community Plan (Pima County Only)

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

This certification covers the ACC 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. Services excluded are crisis intervention services and prior period coverage (PPC) behavioral health services for non-Title XIX (state only) eligibility members who shift to TXIX members). Both of these services are offered to the ACC members through the Regional Behavioral Health Authority (RBHA) program. Additional information regarding covered services can be found in the ACC contract.

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

The ACC program began October 1, 2018 and provides integrated services to a majority of Arizona Medicaid members. When the ACC program was implemented, it expanded on the Acute Care program, which had operated on a statewide basis in the State of Arizona since 1982, bringing behavioral health services that were a part of the Regional Behavioral Health Authority (RBHA) program as well as Child Rehabilitative Services (CRS) that were part of the CRS program under an integrated services umbrella.

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

The rate certification for the CYE 20 capitation rates for the ACC program is effective for the twelve month time period from October 1, 2019 through September 30, 2020.

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

The ACC program has eight rate cells to cover Title XIX and Title XXI members. The Delivery Supplemental Payment rate cell covers the cost of delivery, prenatal and postpartum care and is only paid when a prospective member gives birth and the Contractors report that birth to AHCCCS. This rate cell will not receive an administrative rate and any reinsurance that might be needed for the mom or baby would fall under the individual's rate cell and not the Delivery Supplemental Payment rate cell. The member months in this rate cell 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. More information about the populations covered under the ACC program can be found in the Eligibility Categories section of the ACC contracts.

Table 2 below displays the rate cells and a brief description of the covered populations within each rate cell.

Table 2: Covered Populations by Rate Cell

Rate Cells	Covered Populations
AGE < 1	Title XIX and Title XXI eligible children, under 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 TXIX/TXXI eligible members

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

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 program contract.

There are no expected changes to the eligibility and enrollment criteria during CYE 20 that would impact the populations to be covered under the ACC program.

I.1.A.ii.(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 at 81 FR 27859. The special contract provisions related to payment included in the CYE 20 capitation rates are:

- Risk Corridor Arrangement (42 CFR § 438.6(b)(1) at 81 FR 27859)
- Reinsurance Arrangement (42 CFR § 438.6(b)(1) at 81 FR 27859)
- Alternative Payment Model (APM) Initiative – Quality Measure Performance (Incentive Arrangement) (42 CFR § 438.6(b)(2) at 81 FR 27859)
- APM Initiative – Performance Based Payments (Incentive Arrangement) (42 CFR § 438.6(b)(2) at 81 FR 27859)
- APM Initiative – Quality Measure Performance (Withhold Arrangement) (42 CFR § 438.6(b)(3) at 81 FR 27859)
- Targeted Investments Program (42 CFR § 438.6(c)(1)(ii) at 81 FR 27860)

- Differential Adjusted Payments (DAP) (42 CFR § 438.6(c)(1)(iii)(B) at 81 FR 27860)
- Access to Professional Services Initiative (APSI) (42 CFR § 438.6(c)(1)(iii)(B) at 81 FR 27860)
- Pediatric Services Initiative (PSI) (42 CFR § 438.6(c)(1)(iii)(B) at 81 FR 27860)
- Rural Hospital Payments (42 CFR § 438.6(d) at 81 FR 27860)

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

I.1.A.ii.(c)(vi) Retroactive Capitation Rate Adjustments

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

I.1.A.iii. Rate Development Standards and Federal Financial Participation

Proposed differences among the CYE 20 capitation rates for the ACC program are based on valid rate development standards and are not based on the rate of Federal Financial Participation for the populations covered under the ACC program.

I.1.A.iv. Rate Cell Cross-subsidization

The 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.v. Effective Dates of Changes

The effective dates of changes to the ACC program are consistent with the assumptions used to develop the CYE 20 capitation rates for the ACC program.

I.1.A.vi. 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 20.

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

I.1.A.vii.(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.vii.(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.vii.(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 20 capitation rates certified in this report represent the contracted rates by rate cell.

I.1.A.viii. Rates from Previous Rating Periods

Not applicable. Capitation rates from previous rating periods are not used in the development of the CYE 20 capitation rates for the ACC program.

I.1.A.ix. Rate Certification Procedures

I.1.A.ix.(a) CMS Rate Certification Requirement for Rate Change

This is a new rate certification that documents that the ACC program capitation rates are changing effective October 1, 2019.

I.1.A.ix.(b) CMS Rate Certification Requirement for No Rate Change

Not applicable. This rate certification will change the ACC program capitation rates effective October 1, 2019.

I.1.A.ix.(c) CMS Rate Certification Circumstances

This section of the 2020 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 in accordance with 42 CFR § 438.7(c)(3) 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).

I.1.A.ix.(d) 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.

I.1.B. Appropriate Documentation

I.1.B.i. Elements

This rate certification documents all the elements (data, assumptions, and methodologies) used to develop the CYE 20 capitation rates for the ACC program.

I.1.B.ii. 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 2020 Guide. Sections of the 2020 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.iii. Differences in Federal Medical Assistance Percentage

The ACC program includes populations for which the State receives a different Federal Medical Assistance Percentage (FMAP). The populations, FMAPs, and the percentage of costs for October 1, 2017 through September 30, 2018 (CYE 18) are provided below in Table 3. The FMAPs shown below are for the time period of January 1, 2019 through September 30, 2019.

Table 3: FMAP and Percentage of Costs by Population

Population	FMAP	CYE 18 Percentage of Costs
Adult Expansion	93.00%	5.83%
Child Expansion	100.00%	2.13%
Childless Adult Restoration	93.00%	32.17%
KidsCare (Title XXI)	100.00%	0.92%
Populations not listed above	69.81%	58.95%

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

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

The CYE 19 capitation rates included the § 438.6(c) pre-print item Access to Professional Services Initiative (APSI) in the certified capitation rates to be paid monthly to each Contractor. The CYE 20 capitation rates do not include APSI in the certified capitation rates to be paid monthly as the § 438.6(c) pre-print for APSI for CYE 20 is using a quarterly lump sum payment methodology as opposed to a PMPM payment methodology. The 2020 Guide requests a comparison to the final certified rates in the previous rate certification. Those comparisons are included in Appendix 3. Please note that due to the change in methodology for APSI payments, the comparisons between certified capitation rates in this rating period and the previous rating period are not "apples to apples" comparisons and should not be treated as such.

The 2020 Guide also requires descriptions of what is leading to large, or negative changes in rates from the previous rating period. Since capitation rates are set at a rate cell and GSA level, and any changes to Contractor specific capitation rates are due primarily to an updated risk adjustment time frame, for the purposes of the CYE 20 certification, the actuaries compared the weighted CYE 19 GSA rate cell capitation rates to the weighted CYE 20 GSA rate cell capitation rates rather than rate cells at the Contractor specific level. Thus, for the purposes of the CYE 20 certification, the actuaries defined any weighted GSA rate cell capitation rate which is 10% greater than the previous rating period's weighted GSA rate cell capitation rate to be a large change, while any weighted GSA rate cell capitation rate less than the previous rating period's weighted GSA rate cell capitation rate is defined as a negative change. The actuaries compared the CYE 20 certified capitation rates to the CYE 19 certified capitation rates, applying the same weights applicable to CYE 20, as specified above and included in Appendix 3, as the measurement of change.

The AHCCCS Actuarial Team reviews encounter data throughout the year using data validation methods described in Section I.2.B.ii.(b)(i). During the rate development process, the actuaries review multiple years of data (by month, category of service and rate cell), including emerging experience beyond the base data year. The actuaries review the data for potential holes or outliers in the data, as well as judging whether any specific time periods seem anomalous, to make any necessary adjustments when developing capitation rates.

For all GSAs, Duals rate cells reflect negative changes from the CYE 19 capitation rates. These negatives are driven primarily by the decrease in rebased encounters. In order to understand this large decrease

year over year, the actuaries reviewed the last 41 months of encounter data (October 2015 through February 2019) to verify that the decrease in CYE 18 was not an anomalous year. Reviewing month by month normalized encounters for the Duals rate cells, the actuaries observed that the encounters have been decreasing over time, and the change from base encounters in CYE 17 to base encounters in CYE 18 is a continuation of that trend. In the development of the CYE 19 capitation rates, the actuaries reviewed this year over year decline and, rather than building in the expectation that the large decline in expenditures would continue, judged that a slowing or leveling off of expenditures was a more likely outcome in CYE 19. The data shows continued downward trends and the actuaries have assumed lower trends for CYE 20 for the dual populations than were assumed in CYE 19. The combination of lower base data and lower trend assumptions are driving the negative changes to these rate cells year over year.

For all GSAs, SSIWO rate cells reflect negative changes from the CYE 19 capitation rates. These negatives are driven primarily by the decrease in rebased encounters, but also the change in APSI payment methodology. If APSI was removed from the CYE 19 capitation rates the Central and South would not reflect negative changes from the CYE 19 capitation rates. In order to understand this decrease year over year, the actuaries reviewed the last 41 months of encounter data (October 2015 through February 2019) to verify that the decrease in CYE 18 was not an anomalous year. Reviewing month by month normalized encounters for these rate cells, the actuaries observed that the SSIWO encounters have been slightly decreasing over time, and the change from base encounters in CYE 17 to base encounters in CYE 18 is a continuation of that trend. In the development of the CYE 19 capitation rates, the actuaries reviewed this year over year decline and, rather than building in the expectation that the decline in expenditures would continue, using the same decision-making process as used for the Duals rate cells, judged that a slowing or leveling off of expenditures was a more likely outcome in CYE 19. The more recent months of CYE 19 indicate a flattening rather than a continued decline and the actuaries have assumed similar trends for CYE 20 for the SSIWO populations as those assumed in CYE 19.

Delivery Supplemental Payments (South GSA) reflect a large increase driven by a combination of factors. An increase in rebased encounters, higher program/FFS change impacts, and larger trend impact all contributed to the year over year increase in the CYE 20 rates as compared to the CYE 19 rates. The main factor behind the increase is inpatient costs associated with deliveries went up 18.7% between the previous rating period's base data (CYE 17) and this rating period's base data (CYE 18). In order to understand this large increase year over year, the actuaries reviewed the last 41 months of encounter data (October 2015 through February 2019) to verify that the increase in CYE 18 was not an anomalous year. Reviewing month by month normalized encounters for this rate cell and inpatient categories of service, the actuaries observed that the inpatient costs on a per member per delivery basis were fairly level from October 2015 through October 2017, after which time a steady increase was observed which continued through the most recent data available (February 2019) for rate development. Due to the year over year capitation rate increase for the Delivery Supplemental Payments in the South GSA, there is a closer alignment across GSAs for inpatient delivery costs, making the increase less concerning than if it was bringing the GSAs out of alignment.

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

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

I.2. Data

This section provides documentation for the Data section of the 2020 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 Division of Health Care Management (DHCM) Actuarial Team and the State. The AHCCCS DHCM Actuarial Team worked with the appropriate teams at AHCCCS to obtain the primary sources of data in accordance with 42 CFR § 438.5(c) at 81 FR 27858.

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 20 capitation rates for the ACC program were:

- Adjudicated and approved encounter data submitted by the ACC, Acute Care, RBHA and CRS Contractors from the AHCCCS PMMIS mainframe
  - Incurred from October 1, 2015 through February 28, 2019
  - Adjudicated and approved through February 28, 2019
- Reinsurance payments made to the Acute Care and CRS Contractors for services
  - Incurred from October 1, 2015 through September 30, 2018 paid through March 31, 2019
- Enrollment data for ACC, Acute Care and CRS program from the AHCCCS PMMIS mainframe
  - October 1, 2015 through February 28, 2019
- Annual and quarterly financial statements submitted by the ACC, Acute Care, RBHA and CRS Contractors and reviewed by the AHCCCS DHCM Finance & Reinsurance Team
  - October 1, 2015 through September 30, 2016 (CYE 16 or FFY 16)
  - October 1, 2016 through September 30, 2017 (CYE 17 or FFY 17)
  - October 1, 2017 through September 30, 2018 (CYE 18 or FFY 18)
  - October 1, 2018 through March 31, 2019 (CYE 19 or FFY 19)
- AHCCCS Fee-for-Service (FFS) fee schedules developed and maintained by AHCCCS DHCM Rates & Reimbursement Team
- Data from AHCCCS DHCM Rates & Reimbursement Team related to DAP, see Section I.4.D

- Data from AHCCCS Financial Analysts related to program changes, see Sections I.2.B.iii.(d) and I.3.B.ii.(a)

Additional sources of data used or reviewed were:

- Supplemental information from the ACC RFP bids
- Supplemental historical and projected data associated with benefit costs, non-benefit costs, and membership for current and previous rate cells provided by the Contractors
- Adjudicated and approved encounter data from the AHCCCS PMMIS mainframe for use in the IMD analysis, incurred in CYE 18
- Adjudicated and approved encounter data from the AHCCCS PMMIS mainframe for use in risk adjustment, incurred from November 1, 2017 through October 31, 2018
- Contractors' membership as of July 1, 2019 for use in risk adjustment
- Projected CYE 20 enrollment data provided by AHCCCS Division of Business and Finance (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

The Acute Care, CRS and RBHA Contractors use sub-capitated/block purchasing arrangements for some services. During CYE 18, the encounter data showed that approximately 11.2% of total medical expenditures moving to the ACC program were paid through sub-capitated arrangements. The sub-capitated arrangements between the Contractors and their providers still require that the providers submit claims, 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 subcapitated encounters, and health plan paid amount equaling zero. After the encounter has been adjudicated and approved, there is a repricing methodology (i.e. formula) for those (CN1 code = 05 and health plan paid of zero (i.e. subcapitated)) encounters to estimate a health plan valued amount for these encounters. The repricing methodology differs if the encounter was submitted by RBHA Contractors or Acute Care/CRS Contractors. For RBHA Contractors, the repricing methodology uses the health plan allowed amount (i.e. the RBHA's fee schedule amount for the service), less any third party insurance amounts. For the Acute Care/CRS Contractors, the repricing methodology uses the minimum of AHCCCS fee schedule, the health plan billed amount and the health plan allowed amount, less any third party insurance amounts. These different repricing methodologies have been tested and found to be the most appropriate for capturing accurate costs by the different Contractors. The units of

service data from the encounters and the estimated health plan valued amounts were used for the basis of calculating utilization and unit cost.

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.

The AHCCCS 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 Actuarial Team reports the findings to the AHCCCS Data Analysis & Research (DAR) Team, which then works with the Contractors to identify determinants. In addition, the AHCCCS DAR 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, pended and adjudicated/void. Generally, the capitation rate setting process only uses the adjudicated/approved encounters, but providing this file to our 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 DHCM DAR 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.

Through the DHCM Actuarial team review of the encounter data provided from the AHCCCS PMMIS mainframe. The AHCCCS DHCM Actuarial Team ensured that only encounter data with valid AHCCCS member IDs was used in developing the CYE 20 capitation rates for the ACC program. Additionally, the AHCCCS DHCM 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 DHCM Actuarial Team reviewed the encounter data for all services provided by Acute Contractors, the CRS Contractors and the RBHA Contractors to the annual financial statement data for the same entities for CYE 18. After adjustments to the encounter data for completion, the comparisons showed that the financial statements and the encounter data were consistent.

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

As required by ASOP No. 23, the AHCCCS DHCM 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 DHCM Finance & Reinsurance Team. The AHCCCS DHCM 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 data provided by the AHCCCS Rates & Reimbursement Team with regards to DAP and fee schedule impacts, on data provided by the AHCCCS financial analysts with regards to some program changes, on information and data provided by Mercer consultants with regards to mental health parity and pharmacy reimbursement savings, on data provided by ACC Offerors in regards to administrative and underwriting gain components, and on data provided by the AHCCCS DBF Budget Team with regards to projected enrollment.

The AHCCCS DHCM Actuarial Team has found the encounter data, with adjustment for an encounter issue from two Contractors, to be appropriate for the purposes of developing the CYE 20 capitation rates for the ACC program. The development of the encounter issue adjustment is described below in Section I.2.B.iii.(c).

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

The AHCCCS DHCM Actuarial Team did not identify any material concerns with the availability or quality of the data, with the exception of the encounter issue noted in the previous section.

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

The AHCCCS DHCM Actuarial Team determined that the CYE 18 encounter data was appropriate to use as the base data for developing the CYE 20 capitation rates for the ACC program with the encounter issue adjustment previously noted.

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

Not applicable. 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 20 capitation rates for the ACC program.

I.2.B.ii.(c)(ii) Not using Managed Care Encounter Data

Not applicable. 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 20 capitation rates for the ACC program.

I.2.B.ii.(d) Use of a Data Book

The rate development process of the capitation rates relied primarily on data extracted from the AHCCCS PMMIS mainframe and provided to the AHCCCS DHCM Actuarial Team via a data book. The data book contained but not limited to, summarized monthly enrollment data by rate cell, county, GSA and FFY, and monthly encounter data by rate cell, county, GSA, FFY and COS.

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

This section describes adjustments made to the CYE 18 encounter data that was used as the base data for developing the CYE 20 capitation rates for the ACC program.

I.2.B.iii.(a) Credibility of the Data

Not applicable. No credibility adjustments were made to the CYE 18 encounter data.

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

Completion Factors

The AHCCCS DHCM Actuarial Team developed completion factors to apply to the CYE 18 encounter data. Completion factors were calculated using the development method with monthly encounter data incurred from October 1, 2014 through February 28, 2019 and adjudicated and approved through February 2019. The completion factors were developed by GSA, major category of service and by month of service. The major category of service was 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 (2.11% of CYE 18 payments) were combined with Professional and Other Services. Nursing Facility Services (0.86% of CYE 18 payments) were combined with Inpatient Hospital. The monthly completion factors for CYE 18 were applied to the CYE 18 encounter data. Aggregate completion factors by rate cell and category of service can be found in Appendix 4. Table 4 below displays the aggregate impact of completion by GSA.

Table 4: Impact of CYE 18 Completion Factors

GSA	Before Completion	After Completion	Impact
North	$295.15	$316.51	7.2%
Central	$304.80	$324.36	6.4%
South	$293.20	$312.31	6.5%
Total	$300.90	$320.53	6.5%

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

Encounter Issue

During the rate development process, it was determined that two Contractors incorrectly submitted the CN1 Code for the sub-capitated encounters for their ADA – Dental Services (form type D) during the base data year (CYE 18). To correct for this issue, the encounters were repriced using the sub-capitated repricing methodology described in Section I.2.B.ii.(a)(iv). The actuaries were confident in the suitability of the re-priced data and viewed the re-priced data in comparisons to financials and also compared unit cost across all Contractors. No other errors were found in the data. Table 5 below displays the aggregate impact of the encounter issue by GSA. Totals may not add up due to rounding.

Table 5: CYE 18 Encounter Issue

GSA	Before Adjustment	After Adjustment	Impact
North	$316.51	$316.62	0.0%
Central	$324.36	$327.53	1.0%
South	$312.31	$313.30	0.3%
Total	$320.53	$322.85	0.7%

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, 2017 through September 30, 2018) are described below, or in Section I.3.A.v. for base data adjustments required with respect to IMD in-lieu-of services. All program and fee schedule changes which occurred or are effective on or after October 1, 2018 are described in Section I.3.B.ii.(a).

If a base data adjustment change had an impact of 0.2% or less for every individual rate cell, 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 financial analysts, as noted above in Section I.2.B.ii.(b)(ii), with oversight from the DHCM Clinical Quality Management Team and the Office of the Director's Chief Medical Officer. The actuaries relied upon the professional judgment of the 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 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 Crisis Services from Base Data

While the ACC program covers most behavioral health services of members, the RBHA program will continue to cover crisis intervention services provided to all members during the first 24 hours following a crisis event. This includes coverage of crisis hotlines, mobile crisis teams and stabilization services

along with some ancillary services that are in relation to the crisis episode. The ancillary services, such as transportation and laboratory services provided within 24 hours of a crisis episode, were expected to be the responsibility of the ACC plans in the development of CYE 19 capitation rates. It was brought to the attention of the actuaries during CYE 20 rate development that this has not been the practice in effect, and so CYE 20 rate development makes an additional adjustment to align practice with payment. The actuaries removed the cost of these services for ACC members from the base data. The associated costs removed from the base data are displayed below in Table 6a. Totals may not add up due to rounding.

Table 6a: Removal of Crisis Services from Base Data

GSA	Dollar Impact	PMPM Impact
North	($3,116,385)	($1.76)
Central	($35,772,834)	($3.09)
South	($23,865,753)	($5.30)
Total	**($62,718,631)**	**($3.52)**

Removal of Differential Adjusted Payments from Base Data

CYE 18 capitation rates for the various AHCCCS programs being integrated into the ACC program funded Differential Adjusted Payments (DAP) made from October 1, 2017 through September 30, 2018 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, 2018, AHCCCS has removed the impact of CYE 18 DAP from the base period. To remove the impact, the AHCCCS DHCM Actuarial Team requested provider IDs for the qualifying providers for the CYE 18 DAP by specific measure from the AHCCCS Rates & Reimbursement Team. Encounter costs submitted by these providers under DAP provisions during CYE 18 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 6b. Totals may not add up due to rounding.

See Section I.4.D. for information on adjustments included in CYE 20 capitation rates for DAP that are effective from October 1, 2019 through September 30, 2020.

Table 6b: Removal of DAP from Base Data

GSA	Dollar Impact	PMPM Impact
North	($732,864)	($0.41)
Central	($7,170,614)	($0.62)
South	($1,846,053)	($0.41)
Total	**($9,748,791)**	**($0.55)**

Removal of Access to Professional Services Initiative (APSI)

CYE 18 capitation rates for the various AHCCCS programs being integrated into the ACC program funded Access to Professional Services Initiative (APSI) fee schedule increases for claim payments made from October 1, 2017 through September 30, 2018. The enhanced fee schedule was used to provide enhanced support to certain professionals in order to (1) preserve and enhance access to these professionals who deliver essential services to Medicaid recipients in Arizona and (2) support

professionals who are critical to professional training and education efforts. As these enhanced fee schedule payments expired September 30, 2018, AHCCCS has removed the impact of CYE 18 APSI from the base period. To remove the impact, the AHCCCS DHCM Actuarial Team extracted adjudicated and approved encounter data (submitted on form CMS-1500s and dental encounters) for the qualifying providers, identified by Billing Provider Tax ID, excluded any subcapitated/block purchasing arrangements (identified by CN1 Code 05 on the encounters) and any encounters for which AHCCCCS was not the primary payer, and calculated the increase due to the enhanced fee scheduled to remove from the base data. The encounter data included relevant rate cell and program information to be able to distribute into the individual rate cells. The associated costs removed from the base data are displayed below in Table 6c. Totals may not add up due to rounding.

Table 6c: Removal of APSI from Base Data

GSA	Dollar Impact	PMPM Impact
North	($1,315,770)	($0.74)
Central	($27,116,161)	($2.35)
South	($16,817,635)	($3.74)
Total	**($45,220,301)**	**($2.54)**

Pharmacy Reimbursement Savings

Analysis of pharmacy claims for all AHCCCS managed care programs and AHCCCS Fee-for-Service (FFS) program has identified significant variability across all Contractors, and analysis of repriced claims data compared to CMS National Average Drug Acquisition Cost (NADAC), AHCCCS FFS pricing, and industry benchmark pricing identified that valuing claims data to the lesser of Health Plan Paid amounts or AHCCCS FFS repriced amounts would result in an annual savings of $68.2 million or 5.6% of pharmacy spend for FFY 18 across all programs. AHCCCS Contractors should reasonably be able to achieve pharmacy pricing that is at or near that achieved by the AHCCCS FFS program. However, AHCCCS recognizes that the full savings amount may not be reasonably achievable in a single year, and is therefore adjusting the base pharmacy data of each program by 33% of the savings that could be achieved in that program by repricing to the lesser of current health plan pricing and AHCCCS FFS pricing. Based on continued analysis, further adjustments may be made to phase-in larger savings amounts in subsequent contract periods.

The amount of the base data adjustment for pharmacy reimbursement savings for the ACC program is displayed below in Table 6d. Totals may not add up due to rounding.

Table 6d: Pharmacy Reimbursement Savings

GSA	Dollar Impact	PMPM Impact
North	($1,158,675)	($0.65)
Central	($9,919,652)	($0.86)
South	($2,727,140)	($0.61)
Total	**($13,804,641)**	**($0.77)**

Hepatitis C (HCV) Treatment

In 2017, the AHCCCS Pharmacy and Therapeutics (P&T) Committee reviewed the HCV Direct Acting Antiviral Agents (DAA) and recommended Mavyret as the sole preferred agent to treat HCV based on both clinical efficacy and cost effectiveness. AHCCCS has accepted the P&T's recommendation and also removed the fibrosis level requirements that were previously necessary in order to access treatment and removed the one treatment per lifetime limitation effective January 1, 2018. The base data adjustment reflects the fact that three quarters of CYE 18 was impacted by the policy, and adjusts the first quarter in a similar fashion.

The AHCCCS DHCM Actuarial Team estimated and incorporated the impact of these changes to HCV Treatment in CYE 18 capitation rates. The method used to develop the CYE 18 capitation rates was deemed appropriate for continued use in developing CYE 20 capitation rates. The only adjustment from the method used to develop the CYE 18 capitation rates was to extract new data and view actual utilization and make adjustments based off of that. The method description from the CYE 18 revised actuarial certification is included below for convenience of review.

> "The actuary extracted data for encounters and enrollment, grouped by rate cell and GSA for dates of service from October 1, 2016 through June 30, 2017. It was assumed that the encounter data required no adjustment for completion given historical run out patterns specific to HCV DAAs. The actuaries then applied the anticipated unit cost for Mavyret treatment as provided by AHCCCS, in conjunction with the P&T Committee, to the encounter data to calculate a revised expenditure for the existing utilization. The actuaries inflated the expected Mavyret utilization by 50%, relying on an assumption from the P&T Committee regarding the impact of removing the liver fibrosis requirement, to calculate a revised expenditure for the time period of encounter data and used the enrollment data from the time period of the encounter data to convert to the PMPM. The adjustment to ACC capitation rates is therefore the calculated PMPM expenditure by rate cell and GSA using the new assumptions less the observed PMPM expenditure by rate cell and GSA from encounter data."

The overall impact used to adjust the first quarter of the base year for the HCV Treatment program change by GSA is displayed below in Table 6e. Totals may not add up due to rounding.

Table 6e: HCV Treatment

GSA	Dollar Impact	PMPM Impact
North	($1,135,786)	($0.64)
Central	($3,761,536)	($0.33)
South	($1,682,304)	($0.37)
Total	**($6,582,281)**	**($0.37)**

DRG Reimbursement Rate Changes

AHCCCS transitioned from version 31 to version 34 of the All Patient Refined Diagnostic Related Groups (APR-DRG) payment classification system on January 1, 2018. To make the APR-DRG grouper fully ICD-10

code compliant, AHCCCS rebased the inpatient system by updating the DRG grouper version, relative weights and DRG base rates via payment simulation modeling using more recent data. The base data adjustment reflects the fact that three quarters of CYE 18 was impacted by the policy, and adjusts the first quarter in a similar fashion.

The AHCCCS DHCM Rates & Reimbursement Team updated the DRG rebase impact using more recent encounter data. The estimates were in align with prior estimates and the AHCCCS DHCM Actuarial Team deemed they were appropriate to use. These estimates had all data fields needed to breakout the impact to ACC program and the rate cells.

The overall impact used to adjust the first quarter of the base year for the DRG reimbursement program change by GSA is displayed below in Table 6f. Totals may not add up due to rounding.

Table 6f: DRG Reimbursement Rate Changes

GSA	Dollar Impact	PMPM Impact
North	$235,700	$0.13
Central	$4,409,764	$0.38
South	$3,945,272	$0.88
Total	**$8,583,886**	**$0.48**

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 for every individual rate cell across all GSAs, 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 rate cells 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 6g. Totals may not add up due to rounding. Brief descriptions of the individual program changes requiring base data adjustment are provided below.

- ***BH PPC/State Only Removal***
  PPC members who are transitioning to Title XIX from RBHA non-Title XIX (state only) eligibility do not receive behavioral health services during the PPC timeframe from the ACC plans. The RBHAs are responsible for these members' behavioral health services in the PPC timeframe and those behavioral health costs are thus removed from the base period data.
- ***Medication-Assisted Treatment (MAT)***
  AHCCCS implemented a policy change, effective January 1, 2018, mandating Contractors to reimburse PCPs who are providing medication management of opioid use disorder (OUD) within their scope of practice. The PCP must refer the member to a behavioral health provider for the psychological and/or behavioral therapy component of the MAT model and coordinate care with the behavioral health provider. The Contractor shall include the AHCCCS preferred drugs on the Contractor's drug list for the treatment of OUD.

- ***Genetic Testing ****
  Effective January 1, 2018, AHCCCS policy guidance clarified that covered genetic testing services include specific chromosomal tests for diagnosing developmental delays in infants and children. The policy guidance is expected to increase use of these currently covered services.
- ***Banner Desert Incorrect PGM***
  Effective May 1, 2018, Banner Desert Medical Center became a Level 1 trauma center and should have received an increase in their peer group modifier (PGM). This was corrected, but the correction was after the base period encounter data was extracted so an adjustment was made to the base period encounter data to reflect correct PGM.
- **Out-of-Network Inpatient Behavioral Health Services ***
  As part of the 2018 Legislative session, the Arizona Legislature passed HB 2659 which limits AHCCCS reimbursement of inpatient behavioral health services provided at a facility that does not contract with the member's Contractor to 90% of AHCCCS fee schedule rates, beginning July 1, 2018. Prior to the law's implementation, AHCCCS reimbursed these non-contracted services at 100% of fee schedule rates.
- ***Behavioral Health Non-emergency Transportation to Community-Based Support Programs ****
  Policy guidance effective July 1, 2018, clarified that non-emergency medical transportation (NEMT) may be provided for transporting an individual to community-based support programs (CBSP), in addition to registered providers. The policy specifies select qualifying CBSP, such as Alcoholics Anonymous and National Alliance on Mental Illness Family Support.

Table 6g: Other Base Data Adjustments

GSA	Dollar Impact	PMPM Impact
North	$296,625	$0.17
Central	$3,871,583	$0.33
South	$776,845	$0.17
Total	**$4,944,384**	**$0.28**

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

The data book ensured that all non-covered services were excluded from the encounter data used for developing the CYE 20 capitation rates. Other base data adjustments which excluded services from the data (i.e. crisis removal and BH PPC/state only 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 2020 Guide.

I.3.A. Rate Development Standards

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

The final capitation rates are based only upon services allowed under 42 CFR § 438.3(c)(1)(ii) at 81 FR 27856 and 42 CFR § 438.3(e) at 81 FR 27861.

I.3.A.ii. Variations in Assumptions

Any variation in assumptions for covered populations is based upon valid rate development standards and is not based upon the rate of federal financial participation associated with the covered populations.

I.3.A.iii. 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.iv. In-Lieu-Of Services

Any in-lieu-of services (and the specific utilization and unit costs associated with such) provided in the base period have been included in the rate development as is, and treated in the same manner as all other State Plan approved services, with the exception of IMD in-lieu-of services provided to enrollees age 21 to 64. For enrollees age 21 to 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.v. Institution for Mental Disease

The projected benefit costs include costs for members age 21 to 64 that have a stay of no more than 15 cumulative days within a month in an Institution for Mental Disease (IMD) in accordance with 42 CFR § 438.6(e) at 81 FR 27861.

Costs Associated with an Institution for Mental Disease stay

The AHCCCS DHCM Actuarial Team adjusted the base data to reprice the costs associated with stays in an IMD for enrollees age 21 to 64 in accordance with 42 CFR § 438.6(e) at 81 FR 27861. The AHCCCS DHCM 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 DHCM Actuarial Team then removed costs for members age 21 to 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 DHCM 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 18 encounter data for members who had an institutional stay at an IMD. To identify IMDs within the CYE 18 encounter data, the AHCCCS DHCM Actuarial Team relied upon a list of IMDs by the Provider ID, Provider Type ID and Provider Name. This list of IMDs was updated during the CYE 20 rate development in a collaborative effort between the health plans and the AHCCCS DHCM Actuarial Team. The costs associated with an institutional stay at an IMD were repriced to the Non-IMD price-per-day. The Non-IMD price-per-day used in the analysis was $864.51 and was derived from the CYE 18 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 Fee-for-Service 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 Fee-for-Service 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 7a. Totals may not add up due to rounding.

Table 7a: Reprice of Costs for all IMD Stays

GSA	Dollar Impact	PMPM Impact
North	$111,902	$0.06
Central	$6,402,591	$0.55
South	$540,624	$0.12
Total	**$7,052,558**	**$0.40**

The AHCCCS DHCM Actuarial Team identified all members age 21 to 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 7b. Totals may not add up due to rounding.

Table 7b: Removal of Repriced Stays More Than 15 Cumulative Days in a Month

GSA	Dollar Impact	PMPM Impact
North	($101,650)	($0.06)
Central	($2,440,325)	($0.21)
South	($496,960)	($0.11)
Total	**($3,037,771)**	**($0.17)**

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 7c. Totals may not add up due to rounding.

Table 7c: Removal of Related Costs for IMD Stays of More Than 15 Cumulative Days in a Month

GSA	Dollar Impact	PMPM Impact
North	($38,654)	($0.02)
Central	($593,632)	($0.05)
South	($93,079)	($0.02)
Total	**($725,217)**	**($0.04)**

I.3.B. Appropriate Documentation

I.3.B.i. Projected Benefit Costs

The final projected benefit costs by GSA and rate cell are included in Appendix 6.

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

The section provides information on the projected benefit costs included in the CYE 20 capitation rates for the ACC 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 rate cell. 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 I.3.A.v. The adjusted base data PMPMs were trended forward 24 months, from the midpoint of the CYE 18 time period to the midpoint of the CYE 20 rating period. The projected PMPMs were then adjusted for prospective program changes described within this section of the 2020 Guide. Appendix 4 contains the base data and base data adjustments by GSA and rate cell. Appendix 5 contains the projected benefit cost trends by GSA and rate cell. 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 rate cell, including the impact of the Differential Adjusted Payments. Appendix 7 contains the development of the certified capitation rates from the projected gross medical expense, including risk adjustment factors, reinsurance offsets, underwriting gain, administrative expense, and premium tax by GSA, Contractor and rate cell.

The capitation rates were adjusted for all program changes. If a program change had an impact of 0.2% or less for every individual rate cell, that program 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 financial analysts, as noted above in Section I.2.B.ii.(b)(ii), with oversight from the DHCM Clinical Quality Management Team and the Office of the Director's Chief Medical Officer. The actuaries relied upon the professional judgment of the 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 financial analyst 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.

Hemophilia Factor Pricing Change

AHCCCS competitively bid and awarded a contract for specialty drugs provided to members with Hemophilia and other blood disorders beginning in FFY 19. A change from 340B drug pricing methodology used by the previous Contractor to wholesale acquisition cost pricing used by the awarded Contractor will increase drug reimbursement costs. For October 1, 2019 rate development, the impact was allocated across risk cells and GSAs using repriced FFY 18 encounter data for the specialty drugs.

The overall impact of the Hemophilia Drug Pricing program change by GSA is displayed below in Table 8a. Totals may not add up due to rounding.

Table 8a: Hemophilia Factor Pricing Change

GSA	Dollar Impact	PMPM Impact
North	$142,453	$0.08
Central	$3,492,732	$0.30
South	$1,161,777	$0.26
Total	**$4,794,549**	**$0.27**

Behavioral Health Services in Schools *

The Arizona Legislature passed SB 1520 during the 2018 Legislative session which included an appropriation to fund increased behavioral health services in schools. The targeted services are in addition to any existing behavioral health services provided, including those provided to students with disabilities under the state's School Based Services program. AHCCCS adjusted CYE 19 capitation rates effective October 1, 2018 for the additional costs of services that will be provided in schools. HB 2747 passed during the 2019 Legislative session continues to fund behavioral health services in schools. For CYE 20 rate development, the overall impact was allocated using YTD FFY 19 encounter data of Medicaid behavioral health services provided in schools.

The impact of the Behavioral Health Services in Schools program change by GSA is displayed below in Table 8b. Totals may not add up due to rounding.

Table 8b: Behavioral Health Services in Schools

GSA	Dollar Impact	PMPM Impact
North	$283,361	$0.16
Central	$7,682,098	$0.66
South	$727,729	$0.16
Total	**$8,692,026**	**$0.49**

Applied Behavior Analysis *

AHCCCS policy is updated effective October 1, 2019 to include clarifying language on the requirement for the AHCCCS Complete Care and Regional Behavioral Health Authority programs to provide covered Applied Behavior Analysis (ABA) services to children not receiving these services through another

program. The policy clarification is consistent with CMS guidance dated July 7, 2014, which directs states to cover medically necessary services for treatment of autism spectrum disorder as part of the Early and Periodic Screening, Diagnostic and Treatment (EPSDT) program for children under 21 years of age.

The AHCCCS DHCM Actuarial Team estimated and incorporated the impact of the Applied Behavior Analysis change in CYE 19 capitation rates. The policy effective date was delayed from October 1, 2018 after CYE 19 rate development was completed, and while the actuaries were not made aware of the delay until CYE 20 rate development had begun, the CYE 19 capitation rates are still actuarially sound and do not need to be adjusted for this delay. The method used to develop the CYE 19 capitation rates was deemed appropriate for continued use in developing CYE 20 capitation rates. This method was described in the CYE 19 certification and the language has been copied here for convenience of review.

> "Use of these currently covered services during the 3 most recent years of the rating period was limited. The policy guidance is expected to raise awareness and increase utilization of these covered ABA services in FFY 19.
>
> To estimate the impact of the change, a summary of encounter data provided by the Oregon Health Authority (OHA) was reviewed. Effective July 1, 2016, the Oregon Medicaid agency clarified the specific coverage of ABA services in its Prioritized List of Health Services, similar to the AHCCCS clarification that will be effective October 1, 2018. Therefore, the experience of Oregon is anticipated to be similar to and predictive of the anticipated increase in ABA utilization that will be experienced by AHCCCS. Upon review of the data, the AHCCCS DHCM Actuarial Team determined it would be reasonable to use the Oregon experience in estimating the impact on ABA services covered by AHCCCS. The team summed encounters paid for ABA during the first 12 months that OHA plans covered the services from July 2016 to June 2017. The encounter total was then increased to account for increased child enrollment counts in AHCCCS compared to OHA in May 2018. The adjusted cost was then divided by the projected FFY 19 member months of the appropriate child populations to calculate PMPM adjustments."

The impact of the ABA program change by GSA is displayed below in Table 8c. Totals may not add up due to rounding.

Table 8c: Applied Behavior Analysis

GSA	Dollar Impact	PMPM Impact
North	$517,702	$0.29
Central	$4,019,470	$0.35
South	$1,354,627	$0.30
Total	**$5,891,799**	**$0.33**

Pharmacy & Therapeutics Committee Decisions *

On the recommendations of the Pharmacy and Therapeutics (P&T) Committee, AHCCCS adopted policy changes during CYE 19 that are expected to impact the utilization and unit costs of Contractors' pharmacy costs in CYE 20. 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 changes, the 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. In instances where Magellan did not provide a projected impact of an adopted change, the actuaries relied upon the judgement of DHCM financial analysts to project the impact. For October 1, 2019 rate development, the aggregate impact of adopted changes was allocated across risk cells and GSAs using FFY 18 encounter data for the affected drug classes.

The combined impacts to the ACC program of the adopted P&T Committee recommendations by GSA ae displayed below in Table 8c. Totals may not add up due to rounding.

Table 8d: Pharmacy & Therapeutics Committee Decisions

GSA	Dollar Impact	PMPM Impact
North	($1,305,197)	($0.74)
Central	($2,833,520)	($0.25)
South	($898,385)	($0.20)
Total	**($5,043,001)**	**($0.28)**

Telehealth for Rural and Urban Access to Care*

Effective October 1, 2019, AHCCCS policy is revised to improve access to telehealth services. The revision to policy eliminates restrictions on service categories for which telehealth can be used, removes place of service requirements for the distant site provider, and clarifies that telehealth services may be used in urban and rural settings.

Distance to a provider may act as a barrier to care for remotely located individuals. As a result, elimination of restrictions on service categories for which telehealth can be used is expected to reduce differences in use across service areas. To estimate the impact, utilization rates by county were reviewed for services that were expected to be affected by the change. It was assumed that utilization rates by county would gradually increase to a level that is at least 1 standard deviation below the statewide average in the base data.

Removal of place of service requirements for distant site providers and clarification that telehealth service are permitted in urban and rural settings are expected to increase service use more broadly across service areas. The changes were collectively estimated to gradually increase statewide use of affected services by 1% over base period use.

Greater availability of telehealth services is also expected to reduce use of non-emergency medical transportation (NEMT) services to distant providers. To estimate the reduction in NEMT services, the DHCM Actuarial Team first estimated the size of the shift from "in-office" service use to telehealth

services resulting from the policy change. One study reviewed found that 88% of increases to telehealth use represent a net increase in services while 12% represent a shift from current in-office use. Using these findings, the amount of shifted services was estimated in relation to the estimated net increase to services described in the preceding paragraphs. Encounters of services affected by the policy were then analyzed and it was determined that 7.7% of in-office service use was accompanied by a NEMT trip on the same day of service. The capitation rates were therefore adjusted for a reduction in NEMT costs equal to 7.7% of the estimated shift to telehealth service use.

Due to data limitations experienced in preparing the estimate and uncertainty about provider and member responses to the change, the DHCM Actuarial Team assumed that the full impact will be phased in over the 3 years of FFY 20 to FFY 22. As a result, the CYE 20 capitation rates have been adjusted to include one-third of the phased in estimate for changes to telehealth services.

For October 1, 2019 rate development, the projected change was allocated across risk cells and GSAs using encounter data of medical and NEMT services expected to be affected by the change. The overall impact of the Telehealth program change by GSA is displayed below in Table 8e. Totals may not add up due to rounding.

Table 8e: Telehealth

GSA	Dollar Impact	PMPM Impact
North	$1,669,891	$0.94
Central	$899,078	$0.08
South	$888,264	$0.20
Total	**$3,465,957**	**$0.19**

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 DHCM Actuarial Team reviewed was the CYE 16, CYE 17 and CYE 18 annual financial statement reports (from the Acute, CRS, and RBHA Contractors in those contract years), the CYE 19 Q1 and Q2 financial statement reports (from ACC Contractors), and the CYE 18 supplemental rebate information provided by the Contractors (Acute, CRS, and RBHAs). From this review, the AHCCCS DHCM Actuarial Team determined that it would be reasonable to apply an adjustment to the Pharmacy data to reflect a level of reported Rx Rebates. From the review of the above data, the AHCCCS DHCM Actuarial Team assumed the same percentage (2%) that was assumed in CYE 19 capitation rates for Rx Rebates and applied that to the projected CYE 20 Pharmacy category of service.

The overall impact of the Rx Rebates adjustment program change by GSA is displayed below in Table 8f. Totals may not add up due to rounding.

Table 8f: Rx Rebates Adjustment

GSA	Dollar Impact	PMPM Impact
North	($2,001,417)	($1.13)
Central	($14,958,568)	($1.29)
South	($5,092,648)	($1.13)
Total	**($22,051,222)**	**($1.24)**

AHCCCS Fee-for-Service Fee Schedule Updates

AHCCCS typically makes annual updates to provider fee schedules used for AHCCCS Fee-for-Service (FFS) programs. The AHCCCS DHCM Rates & Reimbursement Team and the AHCCCS DHCM 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, the health 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 DHCM Finance & Reinsurance Team regarding their fee schedules.

Additionally, the contract has requirements that the Contractors reimburse Federally Qualified Health Centers (FQHCs) at the Prospective Payment System (PPS) rates. This contract requirement was effective April 1, 2015. The AHCCCS Fee-for-Service Fee Schedule Updates program change includes a fee schedule adjustment to bring the encounter base data from CYE 18 FQHC PPS rates up to projected CYE 20 FQHC PPS rates.

Effective October 1, 2019, AHCCCS will be updating provider fee schedules for certain providers based either on access to care needs, Medicare/ADHS fee schedule rate changes and/or legislative mandates. The CYE 20 capitation rates have been adjusted to reflect these fee schedule changes. The AHCCCS DHCM Rates & Reimbursement Team use the CYE 18 encounter data to develop the adjustment to the CYE 20 capitation rates. The AHCCCS DHCM Rates & Reimbursement Team applied AHCCCS provider fee schedule changes as a unit cost change to determine what the impacts would be for the CYE 20 time period. The AHCCCS DHCM Actuarial Team then reviewed the results and applied the impacts by program.

AHCCCS will additionally be increasing some fee schedule rates effective January 1, 2020 to recognize the next 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 as the minimum wage change is non-material for the ACC program when considered alone.

Effective January 1, 2020, the DRG adjustor for burns is increasing. The increased costs for this change have been included with the fee schedule changes already discussed as the DRG burn adjustor is non-material for the ACC program when considered alone.

The overall impact of the AHCCCS Fee-for-Service fee schedule updates and minimum wage increase program change by GSA is illustrated below in Table 8g. Totals may not add up due to rounding.

Table 8g: AHCCCS FFS Fee Schedule Updates, Minimum Wage Increase, and DRG Adjustor Updates

GSA	Dollar Impact	PMPM Impact
North	$4,141,555	$2.34
Central	$19,297,997	$1.67
South	$10,427,228	$2.32
Total	**$33,868,059**	**$1.90**

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 for every individual rate cell across all GSAs, 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 rate cells 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 may not add up due to rounding. Brief descriptions of the individual program changes are provided below.

- ***Social Determinants of Health ****
  The Targeted Investments Program has benchmarks for screening members for the presence of social determinants of health (SDOH). These benchmarks are expected to result in increased use of the covered screening services in CYE 19 and CYE 20.
- ***SSI/SSDI Outreach, Access and Recovery (SOAR) ****
  Effective October 1, 2018, AHCCCS began recognizing SOAR as a distinct reimbursable case management service. Through SOAR, providers assist individuals who are homeless or at risk of becoming homeless and who have a serious mental illness in applying for federal SSI/SSDI benefits.
- ***Substance Use Disorder Assessment ****
  Effective October 1, 2018, AHCCCS updated provider fee schedules to include a targeted increase to providers who conduct a computer-guided, structured interview utilizing American Society of Addiction Medicine (ASAM) software. The service enables providers to determine the appropriate level of treatment based upon a set of medically accepted criteria.
- ***Universal Blood Lead Screening ****
  Effective October 1, 2018, AHCCCS policy guidance required that all enrolled children receive blood lead screenings at 12 and 24 months of age, or at least once before the age of 6 years if a child did not receive the scheduled screenings. Upon CMS approval, AHCCCS issued requirements in April 2015 that only children residing in certain zip codes must receive scheduled blood screenings. The October 1, 2018 policy change effectively restores universal blood lead screens for all children, regardless of location of residence in the state.
- ***Advanced Practice Nurse MAT ****
  The Federal Substance Use-Disorder Prevention that Promotes Opioid Recovery and Treatment for Patients and Communities Act (SUPPORT Act) permits Nurse Specialists, Certified Nurse Midwives, and Certified Registered Nurse Anesthetists to administer Buprenorphine for medication assisted treatment (MAT). The federal law is expected to increase use of MAT and costs to the program.

- ***3D Mammography ****
  Effective June 1, 2019, upon recommendation of the AHCCCS Quality Management Team, AHCCCS began covering digital breast tomosynthesis (3D mammograms) for preventive screening and diagnosis of adults 21 years of age and older. The AHCCCS Quality Management Team made the recommendation in recognition of studies that find use of 3D mammograms in addition to or in place of 2D services has at times improved detection of breast cancer in some populations. Contractors are permitted to use prior authorization criteria in evaluating medical necessity of 3D services for members.
- ***Transportation Network Companies for NEMT ****
  Beginning May 1, 2019, AHCCCS established a Transportation Network Company (TNC) provider type that delivers non-emergency medical transportation (NEMT) services through a ride-sharing model. The TNC-specific fee schedule is lower than ordinary NEMT base rates. The expansion of providers that can deliver NEMT services to members is also expected to reduce missed medical appointments and thus increase medical utilization. The estimated cost reduction associated with lower priced NEMT services provided by TNCs exceeds the estimated cost increase of additional office visits and NEMT rides associated with additional office visits.
- ***Behavioral Health Residential Facilities ****
  Effective October 1, 2019, the AHCCCS DHCM Rates & Reimbursement Team will establish a differentiated Fee For Service rate for Behavioral Health Residential Facilities (BHRF) that are licensed by ADHS to provide personal care services.
- ***Naturopathic Physicians Providing EPSDT ****
  In CYE 19, AHCCCS began accepting applications for Doctors of Naturopathic Medicine (ND) to provide Early and Periodic Screening, Diagnostic, and Treatment (EPSDT) services to children under 21 years of age. The AHCCCS Office of Administrative and Legal Services (OALS) has interpreted federal and state laws to require the State to cover “medical care, or any other type of remedial care recognized under State law” provided by an ND as EPSDT services to “correct or ameliorate” any physical or mental conditions of the member. Use of services provided by NDs to members will largely replace existing use of services provided by other registered physician provider types. State law, however, places some limitations on the medications NDs may prescribe while many of the practitioners use pharmacological interventions sparingly. As a result, a number of ND office visits will require additional follow-up visits to a prescribing provider, which will increase use of services.
- ***LISAC Mental Health Assessments ****
  Effective November 1, 2018, AHCCCS included Licensed Independent Substance Abuse Counselors (LISAC) among qualifying providers that will be reimbursed for non-physician mental health assessments. The scope of practice for LISAC includes evaluation and treatment of substance abuse disorders, which can require use of mental health assessments. After unintendedly removing the permission for LISAC to bill for these services during the period from July 1, 2017 to October 31, 2018, the change restored that billing authority.
- ***Bilateral Cochlear Implants ****
  Effective March 1, 2019, AHCCCS revised policy to specify coverage of bilateral cochlear impacts for children 20 years of age or younger. The change recognizes the latest standard of care and a CMS

decision memo regarding the appropriateness of bilateral cochlear implants. Prior to the change, policy specified coverage of unilateral cochlear implants for children.

- ***Prenatal Syphilis Screening ****

  In September 2018, the Arizona Department of Health Services (ADHS) declared a syphilis outbreak for women and babies in Arizona. In response to the outbreak, AHCCCS issued a joint position statement with ADHS on February 28, 2019 to clarify that AHCCCS covers 3 prenatal syphilis screens during a member's pregnancy. The statement aligns with screening recommendations from the Centers for Disease Control and Prevention (CDC) that all pregnant women receive a screen during their first prenatal visit, and again early in the third trimester and at the time of delivery if they are at high risk of syphilis.

Table 8h: Combined Miscellaneous

GSA	Dollar Impact	PMPM Impact
North	$174,708	$0.10
Central	$1,180,894	$0.10
South	$612,950	$0.14
Total	**$1,968,223**	**$0.11**

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

There were no material changes to the data, assumptions or methodologies used to develop the projected benefit costs since the last rating period.

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

The ACC Program 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 20 capitation rates therefore includes those adjustments.

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

In accordance with 42 CFR § 438.7(b)(2) at 81 FR 27861, 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 to development the projected benefit cost trends was the encounter data incurred from October 1, 2015 through February 28, 2019 and adjudicated and approved through February 28, 2019. The trend is 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, rate cell, 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 issue described in Section I.2.B.iii.(c). Additionally, the encounter data was adjusted to normalize for previous program changes. Projected benefit cost trends were developed to project the base data forward 24 months, from the midpoint of CYE 18 (April 1, 2018) to the midpoint of the rating

period for CYE 20 (April 1, 2020). 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 with consideration of 3-month, 6-month, and 12-month moving averages, and with 12-month, 24-month and 36-month linear regression results.

For all GSAs and rate cells, except Delivery Supplemental Payment, projected benefit cost trends were developed for the following categories of service (Inpatient and LTC, Physician, Other Professional Services, Pharmacy and Outpatient) at a GSA and rate cell level. For the following categories of service (Transportation, Lab and Radiology Services, Dental and FQHC) the projected benefit costs trends were developed by GSA but not at the rate cell level.

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

The different methodologies were determined to be reasonable given the volume of services and variation within the major 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 program. Pharmacy trends were compared against several different sources (Medimpact, Express Scripts, Prime Script). Comparisons were made against the trends used in the previous rating period, and the change in trends by categories of service was deemed reasonable considering the change in the base data time period.

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

The 2020 Guide requires explanation of outlier or negative trends. For the purposes of this rate certification, the actuaries defined outlier trends as utilization and unit cost trend combinations which resulted in a PMPM trend greater than 7%.

The actuaries assumed negative utilization trends in each GSA for FQHC category of service. This was based upon actuarial judgment with consideration of 3-month, 6-month, and 12-month moving averages, and with 12-month, 24-month and 36-month linear regression results. For every rate cell with a negative FQHC utilization trend assumption, all regression lines for the FQHC utilization data are negatively sloped and the negative slopes are more extreme than the utilization trend rate assumed in capitation rate development.

Four rate cells have PMPM trend assumptions above 7% and thus are outliers. All four are for the Pharmacy category of service. Two are for Age 21+ in the Central and South GSAs and the other two are for Expansion State Adults in the Central and North GSAs. The trends are based upon actuarial judgment with consideration of 3-month, 6-month, and 12-month moving averages, and with 12-month, 24-month and 36-month linear regression results. The AHCCCS DHCM Actuarial Team viewed several different sources (Medimpact, Express Scripts, Prime Script) of expected pharmacy trends and the trends assumed are also in alignment with those sources.

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, rate cell and major category of service for utilization per 1000, unit cost and PMPM values are included in Appendix 5. The aggregate projected benefit cost, excluding the Delivery Supplemental Payment rate cell, trends by GSA for utilization per 1000, unit cost and PMPM values are included below in Table 9.

Table 9: CYE 20 Annualized Trends

GSA	Utilization Per 1000	Unit Cost	PMPM
North	1.78%	1.99%	3.81%
Central	1.94%	2.21%	4.19%
South	1.64%	2.33%	4.02%
Total	**1.86%**	**2.21%**	**4.11%**

I.3.B.iii.(b)(ii) Alternative Methods

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 rate cell.

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

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

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

The AHCCCS DHCM Medical Management Team, the AHCCCS Office of Administrative Legal Services (OALS) Legal Counsel Team and the AHCCCS Office of the Director, in coordination with AHCCCS managed care contractors and Mercer consultants, have completed a Mental Health Parity and Addiction Equity Act (MHPAEA) analysis to determine if additional services are necessary to comply with parity standards. No additional services have been identified as necessary services to comply with MHPAEA. Updates to program analysis will be reviewed throughout the year for continued compliance.

I.3.B.v. In-Lieu-Of Services

The following types of services can be provided as in-lieu-of-services: home and community based services (HCBS) covered in lieu of a nursing facility and services in alternative inpatient settings licensed

by ADHS/DLS in lieu of services in an inpatient hospital (distinct and disparate from in-lieu-of services provided in an IMD). These services are then included in the ACC program's capitation rate development categories of service. Encounters which are in-lieu-of-services are not identified separately in the data. Thus, the actuaries cannot define the percentage of cost that in-lieu-of services represented in the capitation rate development categories of service. However, the in-lieu-of services are treated exactly the same as all other State Plan approved services in capitation rate development. 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 prior period coverage for the period of time prior to the member's enrollment during which the member is eligible for covered services. Prior period coverage 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 the ACC Contractor. The ACC Contractor receives notification from AHCCCS of the member's enrollment. The ACC Contractor is responsible for payment of all claims for medically necessary services covered by the ACC program and provided to members during prior period coverage, with the exception of members transitioning to Title XIX from RBHA non-Title XIX (state-only) eligibility, as noted in sections I.1.A.ii.(c)(i)(B) and I.2.B.iii.(d).

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

Encounter data related to prior period coverage 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 prior period coverage 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 20 capitation rates for the ACC program, 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.

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 must 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 must be submitted."

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

Material adjustments related to provider payment requirements under Delivery System and Provider Payment Initiatives are discussed in Section I.4.D of this rate certification. Additionally, provider payment requirements related to FQHCs are described in Section I.3.B.ii.

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

There were no material adjustments made 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 2020 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 (APM) Initiative – Quality Measure Performance

The incentive arrangement for the Alternative Payment Model (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 quality 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 maximum incentive pool possible is approximately $63 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, and thus the incentive pool will be determined by the portion of the withhold which is not earned across all Contractors.

APM Initiative – Performance Based Payments

The CYE 20 capitation rates for the ACC program include an incentive arrangement, as described under 42 CFR § 438.6(b)(2) at 81 FR 27589, called the Alternative Payment Model (APM) Initiative – Performance Based Payments. The APM Initiative – Performance Based Payments incentive arrangement is a special provision for payment where the ACC Contractors may receive additional funds over and above the capitation rates for implementing APM arrangements with providers who successfully meet targets established by ACC Contractors that are aimed at quality improvement, such as reducing costs, improving health outcomes or improving access to care. For reference, across all programs which have been integrated into the ACC program, whether in full or in part, the CYE 18 APM Initiative – Performance Based Payment amounts were $27.6 million.

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

The time period of the incentive arrangements described herein coincides with the rating period.

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

APM Initiative – Quality Measure Performance

The incentive arrangement includes quality measures impacting emergency department and inpatient hospital services, well visits for children and dental visits for children. All adult and child enrollees and providers utilizing/providing these services, respectively, are covered by the incentive arrangement unless specifically stated otherwise.

APM 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 ACC Contractors are mandated to utilize the APM strategies in the 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.

The ACC Contractors provider contracts must include performance measures for quality and/or cost efficiency.

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

APM 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. Contractors are required to meet a targeted percentage of total expenses under an APM contract arrangement in order to participate in the APM Initiative incentive.

APM Initiative – Performance Based Payments

The purpose of the APM Initiative – Performance Based Payments incentive arrangement is to align incentives between the Contractor 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 quantifiable improved outcomes.

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

All ACC program incentive arrangements combined 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

APM Initiative – Quality Measure Performance

Incentive payments are not included in the certified capitation rates and had no effect on the development of the capitation rates. AHCCCS does not have analysis on the amount of the anticipated incentive payment, since it is dependent on the amount of unearned withhold across all Contractors, and that has yet to be determined. Incentive payments for the APM Initiative will be paid by AHCCCS to the Contractors through lump sum payments after the completion of the contract year and the computation of the quality measures, and after the withhold payments are distributed and the value of the incentive pool determined.

APM Initiative – Performance Based Payments

Incentive payments for the APM Initiative – Performance Based Payments incentive arrangement are not included in the CYE 20 capitation rates for the ACC program. Additionally, incentive payments for the APM Initiative – Performance Based Payments incentive arrangement had no impact on the development of the CYE 20 capitation rates for the ACC program. The anticipated incentive payment

amount will be paid by AHCCCS to the ACC Contractors through lump sum payments after the completion of the CYE 20 contract year.

I.4.B. Withhold Arrangements

I.4.B.i. Rate Development Standards

This section of the 2020 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 purpose of the ACC 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. Contractors are required to engage in a minimally-set targeted percentage of total expenses under an APM purchasing arrangement in order to receive any payment from the APM payment withhold.

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

The time period of the withhold arrangements coincides with the rating period.

I.4.B.ii.(a)(ii) 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 quality 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 quality measures.

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

It is highly unlikely that a Contractor will not receive some portion of the withhold back. The only scenario where a Contractor would earn none of the withhold back is if they failed to meet the targeted percentage of total expenses under an APM purchasing arrangement. However, the AHCCCS DHCM Actuarial Team does not have the information they need to develop an estimate of the withheld amount that is not reasonably achievable.

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

The actuaries relied upon the AHCCCS DHCM Finance & Reinsurance Team's review. That review of the total withhold percentage of 1% of capitation revenue indicated that it is reasonable within the context of the capitation rate development and that the magnitude of the withhold does not have a detrimental impact on the Contractors' financial operation needs and capital reserves. The AHCCCS DHCM 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 DHCM Finance & Reinsurance 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 DHCM 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 DHCM 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)(v) 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 20 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 2020 Guide provides information on the requirements for risk-sharing mechanisms.

I.4.C.ii. Appropriate Documentation

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

The CYE 20 capitation rates for the ACC 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 20 capitation rates 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 2020 Guide. The ACC Contract refers to the risk corridors as either a risk corridor or reconciliation.

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

There are two risk corridor type arrangements in the ACC 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 premium tax, the health insurance provider fee (if applicable), the quality contribution, and the administrative component plus the reinsurance payments. Each Contractor's medical cost expenses are equal to the Contractor's fully adjudicated encounters and subcapitated/block purchase 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 ACC statewide profits and losses as follows:

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 Contractor's fixed administrative cost component by comparing the actual member months to the members 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, the reimbursement or recoupment will happen for all levels of discrepancy between actual member months and assumed member months.

Additional information regarding the risk corridors can be found in the Compensation section of the ACC program contract.

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 20 capitation rates for the ACC program.

I.4.C.ii.(a)(iv) Risk-Sharing Mechanisms Documentation

The threshold amount for the risk corridors was set using actuarial judgment with consideration of conversations and input between the AHCCCS DHCM Actuarial Team, the AHCCCS DHCM Finance & Reinsurance Team and the AHCCCS Office of the Director.

I.4.C.ii.(b) Remittance/Payment Requirements for Specified Medical Loss Ratio

Not applicable. The ACC program contract does not include a remittance/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 the ACC 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 biological drugs. Additionally, rather than the Contractors paying a 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 for more than twenty years 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 Contractors for covered services incurred above the deductible. The deductible is the responsibility of the ACC Contractors. The deductible for regular reinsurance cases is $35,000. The limit on other 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 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 Contractor based on actual reinsurance payments versus expected reinsurance payments.

For additional information on the reinsurance program, including all deductibles and coinsurance amounts and covered biological drugs, refer to the Reinsurance section of the ACC program contract.

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 capitation PMPM rate.

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 data used to develop the reinsurance offset are historical reinsurance payments to the Contractors for services incurred during CYE 18. These reinsurance payments were divided by the CYE 18 member months to develop a PMPM offset, before completion. This was done at the rate cell, GSA and major reinsurance case type level (Regular, Biological and Catastrophic). The reinsurance PMPMs were then completed and adjusted for any adjustments that impacted CYE 18 base encounter data as described above in Section I.2.B.iii.(d). The adjusted reinsurance PMPMs were trended forward to CYE 20 using medical trend rates for the appropriate categories. Regular reinsurance case type used hospital inpatient category of service trend, Biological reinsurance case type used pharmacy category of service

trend, and Catastrophic reinsurance case type used aggregated trend rates by rate cell and GSA 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 18 to CYE 20, 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 20 reinsurance PMPMs. Changes to the reinsurance program from CYE 18 to CYE 20 included a change in the catastrophic limit ($650,000 to $1,000,000) and in the Regular reinsurance deductible levels (for reinsurance from Acute program moving from $25,000 to $35,000 deductible limit, and for reinsurance from CRS program moving from $75,000 to $35,000), and the move to integrated care.

The reinsurance offset development is based off historical reinsurance payments which have case types associated with them based on the type of reinsurance. This is how the actuaries identified which historical reinsurance payments were based on the old catastrophic limits of $650,000 to reprice those cases at the new limit of $1,000,000.

The change to deductible levels and the move to integrated care couldn't be approached in the same way as the change in the catastrophic limit. One reason is that any CRS member who had an inpatient stay less than the CRS reinsurance deductible of $75,000 would not be included in the historical reinsurance payments. Another reason is that any behavioral health inpatient costs for a member for a psychiatric hospital would not be included in AHCCCS' historical reinsurance payments since the RBHA program did not have reinsurance historically through AHCCCS. Additionally, since ACC members now have all services under one Contractor, only one deductible applies for all services, whereas before members could have received services from a Contractor in the Acute program, services from the CRS Contractor for the CRS program, and services from a RBHA Contractor for the RBHA program in which separate deductibles (if the program had reinsurance) would apply for each. To develop the factors to apply to historical reinsurance payments, the actuaries extracted CYE 18 inpatient encounters for the provider types that qualify for Regular reinsurance. This data set was then priced at the appropriate reinsurance levels for the year of the encounter; for purposes of this response we will define this as "base data reinsurance levels." The data set was also repriced changing deductibles to CYE 20 deductible levels, including behavioral health inpatient stays and combining member experience; we will define this as "ACC reinsurance levels." The factors were developed at the rate cell level by taking the "ACC reinsurance levels" divided by the "base data reinsurance levels." These factors were applied to the adjusted and trended reinsurance PMPMs for Regular reinsurance case types. Appendix 7 displays the reinsurance PMPMs by Contractor, GSA and rate cell.

I.4.D. Delivery System and Provider Payment Initiatives

I.4.D.i. Rate Development Standards

This section of the 2020 Guide provides information on delivery system and provider payment initiatives authorized under 42 CFR § 438.6(c).

I.4.D.ii. Appropriate Documentation

I.4.D.ii.(a) Description of Delivery System and Provider Payment Initiatives

The only pre-prints addressed in this certification are the ones related to ACC. Those pre-prints are FQHC Differential Adjusted Payments, Differential Adjusted Payments, Targeted Investments PCPs, Targeted Investments Behavioral Health, Targeted Investments Hospitals, Targeted Investments Criminal Justice, Access to Professional Services Initiative, and Pediatric Service Initiative. This certification combines the FQHC Differential Adjusted Payments under the Differential Adjusted Payments language and all Targeted Investments under Targeted Investments.

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

Differential Adjusted Payments

The Differential Adjusted Payment (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. The purpose of the DAP is to distinguish providers which have committed to supporting designated actions that improve patients' care experience, improve members' health and reduce cost of care growth. The rate increase is intended to supplement, not supplant, payments to eligible providers. The rate increases range from 0.5% to 28.5%, depending on the provider type.

Targeted Investments Program

The Targeted Investments Program is designed to provide a uniform dollar increase to eligible AHCCCS providers to develop systems for integrated care and support ongoing efforts to improve care coordination, increase efficiencies in service delivery and reduce fragmentation between behavioral health and physical health care.

Access to Professional Services Initiative

The Access to Professional Services Initiative (APSI) seeks to provide enhanced support to certain professionals in order to (1) preserve and enhance access to these professionals who deliver essential services to Medicaid recipients in Arizona and (2) support professionals who are critical to professional training and education efforts. APSI is a program to preserve and promote access to medical services through a uniform percentage increase to the Contractors' rates for professional services provided by qualified physicians and non-physician professionals affiliated with designated hospitals who meet the following definition:

- A hospital facility with an ACGME-accredited teaching program and which is operated pursuant to the authority in Arizona Statute Title 48, Chapter 31; or,
- A hospital facility with:
  - An ACGME-accredited teaching program with a state university, and
  - AHCCCS inpatient discharge utilization volume greater than or equal to 30 percent as calculated by the Arizona Department of Health Services for calendar year 2014; or,
- A freestanding children's hospital or a pediatric unit of a general acute care hospital with greater than one hundred (100) licensed pediatric beds, excluding nursery beds.

The APSI provides a uniform percentage increase of 85% to otherwise contracted rates for qualified practitioners–for all claims for which AHCCCS is the primary payer. The rate increase is intended to supplement, not supplant, payments to eligible providers.

Pediatric Service Initiative

The Pediatric Service Initiative (PSI) seeks to provide enhanced support to ensure financial viability of the state's freestanding children's hospitals, or pediatric units of a general acute care hospital with more than 100 beds, excluding nursery beds. In 2014, as the Arizona legislature expanded coverage for adults, it authorized AHCCCS to make uncompensated care payments to the state's freestanding children's hospitals or pediatric units of a general acute care hospital with more than 100 beds, excluding nursery beds. CMS approved an extension of the Safety Net Care Pool (SNCP) for freestanding children's hospitals or pediatric units of a general acute care hospital with more than 100 beds, excluding nursery beds, only, "in light of their critical role in Medicaid delivery and as a transition to reforming the current payment system" (CMS demonstration approval letter, Dec. 26, 2013). Independent evaluations of the SNCP confirmed the need for enhanced funding for freestanding children's hospitals or pediatric units of a general acute care hospital with more than 100 beds, excluding nursery beds and recommended that AHCCCS "consider additional policy changes to direct funding to Phoenix Children's Hospital (PCH) and the recipients it serves" should PCH continue to experience uncompensated costs (*Evaluation of Safety Net Care Pool Payments for Phoenix Children's Hospital*, Navigant, March 29, 2018). The PSI is consistent with AHCCCS' and CMS' shared goals of ensuring financial support through payment rates rather than separate funding pools.

The PSI provides a uniform percentage increase of 36% to otherwise contracted rates for inpatient and outpatient services provided by the state's freestanding children's hospitals, or pediatric units of a general acute care hospital with more than 100 beds, excluding nursery beds. The rate increase is intended to supplement, not supplant, payments to eligible hospitals or pediatric units.

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

Differential Adjusted Payments are the only directed payments incorporated in the capitation rates.

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

All ACC rate cells are affected. See Appendix 6 for medical impact by rate cell. See Appendix 8 for total impact by rate cell.

I.4.D.ii.(a)(ii)(B) Data, Assumptions, Methodology to Develop Directed Payment Adjustment

The qualifying providers receiving the payments include hospitals subject to APR-DRG reimbursement (eligible for up to 4.0% increase), Critical Access Hospitals (eligible for up to 28.5% increase), other hospitals and inpatient facilities (eligible for up to 4.0% increase), nursing facilities (eligible for up to 2.0% increase), integrated clinics (eligible for a 10.0% increase on a limited set of codes), behavioral health outpatient clinics and integrated clinics (eligible for up to 7.0% increase on all services provided), physicians, physician assistants, registered nurse practitioners, dental providers (all eligible for a 1.0% increase), home and community based services providers (eligible for a 1.0% increase on specified services at specified places of service) and Federally Qualified Health Centers (FQHCs) (eligible for up to

a 1.5% increase). All providers were notified via a proposed and a final Public Notice of the criteria required to qualify for the DAP.

The AHCCCS DHCM Rates & Reimbursement Team provided the AHCCCS DHCM Actuarial Team with data for the impact of DAP. The data used by the AHCCCS DHCM Rates & Reimbursement Team to develop the DAP impacts was the CYE 18 encounter data across all programs for the providers who qualify for DAP. The AHCCCS DHCM 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 20 time period. The AHCCCS DHCM Actuarial Team then reviewed the results and applied the impacts by program and rate cell (the data provided by the AHCCCS DHCM Rates & Reimbursement Team was at a detailed rate code level which the AHCCCS DHCM Actuarial Team then aggregated to the specific rate cells for each program).

The amount of increased medical payments for the DAP included in the CYE 20 capitation rates for the ACC program are displayed below in Table 10. These projected medical payments do not include underwriting gain or premium tax. Totals may not add up due to rounding.

Table 10: AHCCCS Differential Adjusted Payments

GSA	Non-FQHC Dollar Impact	FQHC Dollar Impact	Total Dollar Impact
North	$6,349,205	$141,843	$6,491,047
Central	$45,590,095	$1,203,737	$46,793,832
South	$16,104,382	$917,000	$17,021,382
Total	**$68,043,682**	**$2,262,580**	**$70,306,262**

I.4.D.ii.(a)(ii)(C) Pre-Print Acknowledgement

AHCCCS has submitted the Differential Adjusted Payments § 438.6(c) pre-prints to CMS, but has not yet received approval. 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 pre-prints under CMS review.

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

The Targeted Investments Program, Access to Professional Services Initiative, and Pediatric Service Initiative are not included in the ACC certified capitation rates and will be paid out via lump sum payments.

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

Targeted Investments Program

Table 11 below includes the CYE 20 anticipated payments including premium tax for each of the Targeted Investment pre-prints. AHCCCS will distribute the final amounts in the form of annual lump sum payment to the Contractors after the completion of the contract year. The estimated PMPM amounts provided in the certification appendix are for informational purposes only.

Table 11: Targeted Investments Program

GSA	TI PCPs	TI Hospitals	TI Behavioral Health	TI Criminal Justice	Total TI
North	$2,369,799	$151,716	$1,111,645	$0	$3,633,160
Central	$18,202,776	$1,083,441	$5,681,829	$0	$24,968,046
South	$5,713,380	$104,584	$1,910,830	$0	$7,728,794
Total	**$26,285,955**	**$1,339,741**	**$8,704,304**	**$0**	**$36,330,000**

Access to Professional Services Initiative

Anticipated payments including premium tax for APSI are approximately $160.6 million. AHCCCS will distribute the total payment via three quarterly lump sum payments to the Contractors, and a final lump sum payment after the completion of the contract year. The estimated PMPM amounts provided in the certification appendix are for informational purposes only.

Pediatric Service Initiative

Anticipated payments including premium tax for PSI are approximately $75.4 million. AHCCCS will distribute the total payment via three quarterly lump sum payments to the Contractors, and a final lump sum payment after the completion of the contract year. The estimated PMPM amounts provided in the certification appendix are for informational purposes only.

I.4.D.ii.(a)(iii)(B) Providers Receiving Payment

Targeted Investments Program

The providers receiving the payments include primary care physicians, Integrated Clinic providers, Behavioral Health Outpatient Clinics and hospitals which qualify for the Targeted Investments Program and who demonstrate performance improvement by meeting certain benchmarks for integrating and coordinating physical and behavioral health care.

Access to Professional Services Initiative

The qualifying providers receiving the uniform percentage increase include the following practitioners: physicians, including doctors of medicine and doctors of osteopathic medicine; certified registered nurse anesthetists; certified registered nurse practitioners; physician assistants; certified nurse midwives; clinical social workers; clinical psychologists; dentists; optometrists; and other providers that bill under Form Type A (Form 1500) and D (Dental).

Pediatric Service Initiative

The qualifying providers receiving the uniform percentage increase for inpatient and outpatient hospital services are freestanding children's hospitals, or pediatric units of a general acute care hospital with more than 100 beds, excluding nursery beds.

I.4.D.ii.(a)(iii)(C) Distribution Methodology

Targeted Investments Program

The distribution methodology for the TI program for CYE 20 will be based on the utilization of services by members with providers participating in the TI program. Adjudicated and approved encounter data will be used to allocate the TI payments by capitation rate cell. The encounter data that will be used for this distribution includes: billing provider tax IDs (TINs) that were eligible and received payments for the TI program, relevant claim health plan information, relevant rate cell information, and health plan paid (HPP) information. The encounter HPP data for these TINs and claim health plans could exceed the amount that each TIN would receive in TI payments. The encounter data is therefore only used for distribution purposes to calculate the distribution percentage at the capitation rate cell level per TIN and claim health plan. This distribution percentage will then be applied to the actual TI amounts by TIN and claim health plan to derive the amount per capitation rate cell level. Member month data is also utilized to develop the PMPMs for TI payments associated with each rate cell. The estimated amount for CYE 20 TI was developed by using CYE 18 encounter data. The same definition of eligible services was applied for the estimated amount.

Access to Professional Services Initiative

The distribution methodology for the CYE 20 APSI payments will be based on members' utilization of services from APSI qualified providers. The 85 percent uniform percentage increase will be applied to eligible services performed by APSI qualified providers. Eligible services are those submitted on Form CMS-1500s and dental encounters, excluding any subcapitated/block purchase arrangements (identified by CN1 Code 05 on the encounter), and excluding services where AHCCCS is not the primary payer. The estimated amount for CYE 20 APSI was developed by applying the 85 percent uniform increase to CYE 18 utilization of eligible services based on encounters for the CYE 18 APSI qualified providers. The same definition of eligible services was applied for the estimated amount. The APSI qualified providers were identified by Billing Provider Tax IDs in AHCCCS encounter system. The encounter data used to distribute the final payment amounts will include relevant rate cell and program information to determine utilization, and thus distribution into the individual rate cells. The CYE 18 utilization is used as the basis for where to distribute the first three quarterly lump sum payments. The final quarterly lump sum payment will use CYE 20 encounter data for APSI qualified providers. The CYE 20 encounter data used to distribute the final lump sum payment amount will include relevant rate cell and program information to determine utilization, and thus distribution into the individual rate cells, and will adjust any change in utilization from CYE 18, and thus distribution used to make the three initial quarterly lump sum payments.

Pediatric Service Initiative

The distribution methodology for the CYE 20 PSI will be based on members' utilization of inpatient and outpatient services at freestanding children's hospitals, or pediatric units of a general acute care hospital with more than 100 beds, excluding nursery beds. The 36 percent uniform percentage increase will be applied to eligible services performed by providers eligible for the Pediatric Service Initiative. Eligible services are those submitted on UB-04 Inpatient Hospital and UB-04 Outpatient Hospital. The estimated amount for CYE 20 PSI was developed by applying the 36 percent uniform increase to CYE 18

utilization of eligible services based on encounters for the providers eligible for the Pediatric Services Initiative. The same definition of eligible services was applied for the estimated amount. The providers were identified by Servicing Provider Tax IDs in AHCCCS encounter system. The encounter data used to distribute the final payment amounts will include relevant rate cell and program information to determine utilization, and thus distribution into the individual rate cells. The CYE 18 utilization is used as the basis for where to distribute the first three quarterly lump sum payments. The final quarterly lump sum payments will use CYE 20 encounter data for eligible providers. The CYE 20 encounter data used to distribute the final lump sum payment amount will include relevant rate cell and program information to determine utilization, and thus distribution into the individual rate cells, and will adjust any change in utilization from CYE 18, and thus distribution used to make the three initial quarterly lump sum payments.

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

Appendix 8 contains estimated PMPMs including premium tax by rate cell.

I.4.D.ii.(a)(iii)(E) Pre-Print Acknowledgement

Targeted Investments Program

These payments are being made under the approved Targeted Investment Program § 438.6(c) payment arrangements in a manner consistent with the pre-prints reviewed by CMS.

Access to Professional Services Initiative

AHCCCS has submitted the APSI § 438.6(c) pre-print to CMS, but has not yet received approval. The pre-print will be amended and re-submitted to CMS to include the definition of eligible services listed above in the distribution methodology. The payment arrangement is accounted for in a manner consistent with the amended pre-print.

Pediatric Service Initiative

AHCCCS has submitted the PSI § 438.6(c) pre-print to CMS, but has not yet received approval. The payment arrangement is accounted for in a manner consistent with the pre-print that is under CMS review.

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

Targeted Investments Program

After the rating period is complete and the final TI payments are made, AHCCCS will submit documentation to CMS which incorporates the total amount of the TI payments into the rate certification's rate cells, consistent with the distribution methodology described in Section I.4.D.ii.(a)(iii)(C), and as if the payment information had been fully known when the rates were initially developed.

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 described in Section

I.4.D.ii.(a)(iii)(C), and as if the payment information had been fully known when the rates were initially developed.

Pediatric Service 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 described in Section I.4.D.ii.(a)(iii)(C), and as if the payment information had been fully known when the rates were initially developed.

I.4.E. Pass-Through Payments

I.4.E.i. Rate Development Standards

This section of the 2020 Guide provides information on the pass-through payments, as defined in 42 CFR § 438.6(a), including information on the transition periods, base amount calculations and allowable pass-through payments under 42 CFR § 438.6(d).

I.4.E.ii. Appropriate Documentation

I.4.E.ii.(a) Existing Pass-Through Payments

The ACC program includes an existing pass-through payment for rural hospitals.

I.4.E.ii.(a)(i) Description of Pass-Through Payments

The Rural Hospital Inpatient Fund was established in Arizona Revised Statute (A.R.S.) § 36-2905.02 by the Arizona State Legislature in 2005 in response to a 2002 hospital inpatient study that showed rural hospital inpatient cost structures were higher than urban hospital cost structures for inpatient services. The Rural Hospital Inpatient Fund was designed to supplement rural hospital inpatient payments and is paid out by the Contractors to the rural hospitals as a pass-through payment. Additional information regarding the pass-through payment for rural hospitals can be found in the A.R.S. § 36-2905.02 and in the Arizona Administrative Code (A.A.C.) R9-22-712.07.

- A.R.S.§36-2905.02: http://www.azleg.gov/viewdocument/?docName=http://www.azleg.gov/ars/36/02905-02.htm
- A.A.C. R9-22-712.07: http://apps.azsos.gov/public_services/Title_09/9-22.pdf

I.4.E.ii.(a)(ii) Amount of Pass-Through Payments

The total amount before premium tax of the pass-through payment for rural hospitals is $12,158,100. The total amount with 2% premium tax is $12,406,224.

I.4.E.ii.(a)(iii) Providers Receiving Pass-Through Payments

The providers receiving the pass-through payment are the rural hospitals that meet the state regulatory definition of a rural hospital. For the purpose of this payment, a rural hospital is defined in the A.A.C. R9-22-712.07 as, "*A health care institution that is licensed as an acute care hospital by the Arizona Department of Health Services for the previous state fiscal year and is not an IHS hospital or a tribally*

owned or operated facility and: a. Has 100 or fewer PPS beds, not including beds reported as sub provider beds on the hospital's Medicare Cost Report, and is located in a county with a population of less than 500,000 persons, or b. Is designated as a critical access hospital for the majority of the previous state fiscal year."

I.4.E.ii.(a)(iv) Financing Mechanism Pass-Through Payments

The rural hospital supplemental payments are financed through a state General Fund appropriation as specified in A.R.S. § 36-2905.02 and the annual appropriation bill.

I.4.E.ii.(a)(v) Amount of Pass-Through Payments in Previous Rating Period

The total amount before premium tax of the pass-through payment for rural hospitals in the previous ACC CYE 19 capitation rates was $12,158,100.

I.4.E.ii.(a)(vi) Documentation of Historical Pass-Through Amounts

The total amount before premium tax of the pass-through payment for rural hospitals in the Acute Care CYE 16 capitation rates was $12,158,100. The CYE 16 contract and certification for rural hospitals was submitted to CMS on February 29, 2016. The Acute Care CYE 16 capitation rates covered the period from October 1, 2015 through September 30, 2016 and therefore included the date of July 5, 2016 and were submitted to CMS prior to July 5, 2016 as required by 42 CFR § 438.6(d) at 81 FR 27860 and later amended by 42 CFR Part § 438 at 82 FR 5415 (published January 18, 2017 and effective March 20, 2017).

I.4.E.ii.(b) Base Amount Information

This section documents the data, assumptions, and methodology to calculate the base amount. All amounts listed in this section are before premium tax.

I.4.E.ii.(b)(i) Data, Assumptions, Methodology to Develop Base Amount

The data, assumptions, and methodology align with the requirements of 42 CFR § 438.6(d) at 81 FR 27860 and later amended at 42 CFR § 438.6(d) at 82 FR 5428. The base amount is calculated on an annual basis and is recalculated annually in accordance with 42 CFR § 438.6(d)(2)(iii).

The CYE 18 encounter and Fee-for-Service (FFS) claims data for inpatient services incurred at the rural hospitals was used for the base amount calculation. The AHCCCS DHCM Actuarial Team also used CMS 2552 Hospital Cost Reports provided by the AHCCCS DHCM Rate & Reimbursement Team. The CMS 2552 Hospital Cost Reports were used to get the Medicare FFS inpatient charge and payment amounts to calculate a Medicare FFS payment-to-charge ratio for each rural hospital.

The Medicare FFS inpatient charge amounts were from Worksheet D, Part IV, Line 200, Column 10 of the CMS 2552 Hospital Cost Reports. The Medicare FFS inpatient payment amounts were from Worksheet E, Part A, Lines 1.00 through 2.02, Column 1 and Worksheet E-3, Part V, Line 4, Column 1 of the CMS 2552 Hospital Cost Reports. The Medicare FFS payment-to-charge ratios were applied to the CYE 18 inpatient encounter data and the CYE 18 inpatient FFS claims data for each rural hospital to get estimates of what would had been paid had Medicare FFS paid for the inpatient services.

I.4.E.ii.(b)(ii) Aggregate Amounts

The aggregate amounts for the base amount calculation are provided below.

- For Section I.4.E.i.(d).(ii).(A) of the 2020 Guide - $60,517,642 (this section of the 2020 Guide aligns with 42 CFR § 438.6(d)(2)(i)(A) at 81 FR 27860).
- For Section I.4.E.i.(d).(ii).(B) of the 2020 Guide - $31,979,964 (this section of the 2020 Guide aligns with 42 CFR § 438.6(d)(2)(i)(B) at 81 FR 27860).
- For Section I.4.E.i.(d).(iii).(A) of the 2020 Guide - $21,870,906 (this section of the 2020 Guide aligns with 42 CFR § 438.6(d)(2)(ii)(A) at 81 FR 27860).
- For Section I.4.E.i.(d).(iii).(B) of the 2020 Guide - $8,508,302 (this section of the 2020 Guide aligns with 42 CFR § 438.6(d)(2)(ii)(B) at 81 FR 27860).

The difference between $60,571,642 and $31,979,964 is $28,537,678. The difference between $21,870,906 and $8,508,302 is $13,362,604. The base amount is the sum of these differences and is $41,900,282.

I.4.E.ii.(b)(iii) Calculated Base Amount Applicable Percentage

The resulting base amount was estimated to be $41,900,282 and 80% of the base amount was estimated to be $33,520,226. As described at 42 CFR § 438.6(d) at 82 FR 5428, the total dollar amount of the pass-through payment for rural hospitals for the CYE 20 capitation rates may not exceed the lesser of 80% of the base amount and the pass-through payment for rural hospitals in the CYE 16 capitation rates. The result from this lesser of calculation is that pass-through payment for rural hospitals may not exceed $12,158,100 for the CYE 20 capitation rates.

I.5. Projected Non-Benefit Costs

I.5.A. Rate Development Standards

This section of the 2020 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 20 capitation rates for the ACC program was the administrative expense PMPM submitted by the Offerors during the CYE 19 RFP, as noted in Section I.2.B.ii.(b)(ii). As part of the RFP, the Offerors were required to bid an administrative PMPM per GSA. Each Offeror was required to provide the percentage of bid administrative costs that are fixed and the percentage that are variable and to break out the total administrative expense PMPM into detailed categories.

All Offerors were required to bid assuming a set number of member months per region, which were adjusted for CYE 19 capitation rate development to projected member months based on each Offerors (i.e. Contractors) awarded regions and number of Contractors in each region These were also split into fixed and variable PMPM components. This was the starting point for developing the CYE 20 ACC administrative expense PMPMs. The DHCM Actuarial Team viewed administrative component detail categories for each Contractor and calculated, by Contractor, a percentage of the total administrative expenses associated with the administrative component detail categories that AHCCCS assumed would change with inflation (i.e. wage earners). These were inflated by the estimated change from FFY 20 over FFY 19 from IHS Global Insight for Consumer Price Indices (CPI) for wage earners. The same assumptions were applied to both the fixed and variable administrative PMPM components.

The DHCM Actuarial Team then adjusted the fixed PMPM component to account for the number of members projected to be served by the Contractor during CYE 20. This adjustment was done by multiplying the inflated fixed administrative PMPM by the member months projected for the CYE 19 contract year per Contractor to get fixed administrative dollars, and then dividing by AHCCCS projected CYE 20 member months per Contractor to develop the fixed administrative PMPM per Contractor for CYE 20. The total variable PMPMs were not adjusted for changes in member months.

Projected CYE 20 member months per Contractor were developed by multiplying DBF projected ACC member months by the Contractor's assumed member percentage distribution. The Contractor's assumed member percentage distribution was calculated by projecting CYE 20 member months by Contractor based on actual enrollment in CYE 19 and assumptions for enhanced auto assignment and dividing by the total projected membership in the ACC program.

The variable administrative PMPM per Contractor is the CYE 19 variable administrative expense PMPM inflated to CYE 20, as described above. This variable administrative PMPM per Contractor was then

distributed by rate cell using a variable administrative percent per GSA per Contractor. The variable administrative percentage was calculated by dividing the variable administrative PMPM by the gross medical and fixed administrative PMPM. To develop the variable administrative PMPM by rate cell, the variable administrative percent was applied to each rate cells gross medical and fixed administrative PMPM.

The CYE 20 administrative cost projections for each Contractor were compared to the expenditure projections provided by Contractors and the first two quarters of Contractors' CYE 19 financials. The CYE 20 administrative cost projections developed as described above were determined to be the most appropriate to use given the recency of the ACC program, and the limited and varied experience by which to compare.

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

The data, assumptions, and methodology used to develop the CYE 20 projected administrative costs are slightly different than the previous rating period and have been documented above. The previous methodology is documented in the CYE 19 actuarial rate certification. The DHCM Actuarial Team determined that the change in methodology was reasonable given that the previous methodology would not account for wage inflation going into the second year of the ACC program.

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 20 capitation rates for the ACC program is described above in Section I.5.B.i.(a). The PMPM amounts assumed can be found in Appendix 7.

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

The CYE 20 capitation rates for the ACC program include a provision for premium tax of 2.0% of capitation. The premium tax is applied to the total capitation. The Health Insurance Providers Fee (HIPF) is discussed below in I.5.B.iii. 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 20 capitation rate for the ACC program includes a provision for margin (i.e. underwriting gain). The underwriting (UW) gain was bid by the Contractors, as noted in Section I.2.B.ii.(b)(ii). The underwriting gain percentages and PMPM amounts assumed can be found in Appendix 7.

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

No other material or non-material non-benefit costs are reflected in the CYE 20 capitation rates for the ACC program.

I.5.B.iii. Health Insurance Provider's Fee

I.5.B.iii.(a) Address if in Rates

The capitation rates for the ACC program reflected in this rate certification do not incorporate the Health Insurance Providers Fee (HIPF). AHCCCS will follow previous capitation rate methodologies for the HIPF in which capitation rates are amended to reflect the calculated HIPF and related tax impacts, except in years where there is a moratorium and no capitation rate adjustment will happen. AHCCCS intends to submit a new actuarial certification due to this update, except in years where there is a moratorium and no capitation rate adjustment happens.

I.5.B.iii.(b) Data Year or Fee Year

Not applicable. The HIPF is not incorporated into the CYE 20 capitation rates for the ACC program.

I.5.B.iii.(c) Description of how Fee was Determined

Not applicable. The HIPF is not incorporated into the CYE 20 capitation rates for the ACC program.

I.5.B.iii.(d) Address if not in Rates

The capitation rates in this certification do not include the fee because the rates will be adjusted to account for the fee at a later date, except in years where there is a moratorium and no capitation rate adjustment happens. If there is no moratorium, a new certification will be submitted with the rate impacts to CMS once the fees are known.

The PMPM capitation adjustments will be developed based on the HIPF liability reported to AHCCCS. The Contractors are notified of the HIPF liability for the entire corporate entity by the Treasury Department. The Contractors who receive multiple streams of revenue applicable to the HIPF calculation will be responsible for allocating an appropriate portion of their HIPF liability to AHCCCS, which will be verified by AHCCCS for reasonableness and appropriateness. To determine if the reported revenue and the HIPF liability allocations to AHCCCS from the Contractors is reasonable and appropriate, AHCCCS will review for each Contractor the HIPF liability allocated to AHCCCS as a percentage of the total HIPF liability from the IRS and the revenue allocated to AHCCCS as a percentage of the total revenue reported to the IRS. Additionally, AHCCCS will compare the revenue allocated to each AHCCCS program from each Contractor against paid capitation data and determine if the revenue allocated by Contractor to each AHCCCS program is reasonable and appropriate.

As in previous years, the PMPM adjustments will be developed based on each corporate entity's actual member months within each applicable rate cell. The HIPF adjustment to the capitation rates is expected to be calculated late in the fee year.

I.5.B.iii.(e) Summary of Benefits Under 26 CFR § 57.2(h)(2)(ix)

Table 12 provides the portion of the CYE 20 capitation rates for the ACC program attributable to nursing facility services, and related home and community based services, for 90 days of short-term convalescent care.

Table 12: Portion of the CYE 20 Capitation Rates for HCBS and NF Services

Rate Cell	North	Central	South
AGE < 1	$0.07	$0.43	$0.23
AGE 1-20	$0.13	$0.07	$0.06
AGE 21+	$1.37	$1.62	$1.25
Duals	$5.25	$5.51	$5.91
SSIWO	$18.75	$21.78	$23.82
Prop 204 Childless Adults	$7.45	$11.06	$7.67
Expansion Adults	$2.93	$4.10	$3.28
Delivery Supplemental Payments	$0.00	$0.00	$0.00

I.5.B.iii.(f) Historical HIPF Fees in Capitation Rates

For any HIPF that has been paid in 2014, 2015, 2016 and/or 2018, the HIPF has been included in the capitation rates as a retroactive amendment to the initially certified capitation rates.

I.6. Risk Adjustment and Acuity Adjustments

I.6.A. Rate Development Standards

I.6.A.i. Risk Adjustment

The CYE 20 capitation rates have risk adjustment factors applied to them. The risk adjustment factors applied to the CYE 20 rates were developed to be budget neutral using non-diagnostic based population risk adjustment factors calculated by rate cell, GSA and Contractor. The risk adjustment factors were developed to reflect the relationship of historical encounter PMPM data by rate cell, GSA and Contractor to the historical encounter PMPM data by rate cell and GSA. The historical encounter costs used were AHCCCS Allowed amounts that reprice each encounter at the AHCCCS Fee Schedule and do not take into account Contractor's provider contracting. The risk adjustment factors in this certification are based off of July 2019 member assignment and an experience timeframe of November 1, 2017 through October 31, 2018.

AHCCCS intends to review risk adjustment on a semi-annual basis for CYE 20 using more recent member placement information and encounter data. AHCCCS might adjust the capitation rates for the change in risk adjustment. 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 § 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 § 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.A.iii. Acuity Adjustment

Not applicable. The CYE 20 capitation rates for the ACC program do not include acuity adjustment.

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 is 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 will assist in determining if any encounter data is deemed unusable for the risk adjustment process and if any adjustments to the encounter data will be required.

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

AHCCCS will not be using a standard national model or diagnostic based risk adjustment and instead is using encounter data and AHCCCS Allowed cost field to risk adjust CYE 20 ACC program capitation rates.

The following encounters were excluded from the risk adjustment model:

1. Non-Subcapitated Encounters with Health Plan Paid of Zero
2. Encounters with Medicare Payment
3. Maternity Costs covered by the Delivery Supplement

A credibility adjustment was applied to the CYE 20 risk adjustment factors, where applicable. To be fully credible, SSI rate cells (Duals and SSIWO) needed 2,000 members and all other rate cells needed 5,000 members. For a rate cell that is not fully credible, the risk factor was blended with the GSA rate cell average risk factor. Risk factors for Duals rate cell is a blend of 50% of the credibility adjusted risk factors and 50% of 1.00. All other rate cells are 100% of the credibility adjusted risk factors.

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.

To calculate the risk adjustment factors, the actuaries used a list of members (AHCCCS IDs) who were enrolled in ACC plans as of July 2019. This list of members was used to extract the members' historical, adjudicated and approved encounters and the respective member months for the experience timeframe. The cost field used to develop the risk adjustment factors is the AHCCCS Allowed cost field. AHCCCS Allowed PMPMs were developed by rate cell, GSA and Contractor. Risk adjustment factors were then calculated by dividing the Contractor-specific PMPM by the average PMPM for the rate cell and GSA. As noted in Section I.6.B.i.(b) above, a credibility adjustment was applied, where applicable, and 50% of the credibility adjusted risk factor was applied in the capitation rate development for Duals while the full credibility adjusted risk factor was applied for the capitation rate development of other risk adjusted rate cells. AHCCCS will risk adjust most of the rate cells. The delivery supplemental payment capitation rate cells will not have an encounter based risk adjustment model applied.

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

The magnitude of risk adjustment on the CYE 20 capitation rates is displayed by Contractor below in Table 13. These values may change whenever risk adjustment is updated.

Table 13: Magnitude of Risk Adjustment

Contractor	Magnitude of Risk Adjustment
Arizona Complete Health - Complete Care Plan	-4.12%
Banner - University Family Care	-2.12%
WellCare of Arizona (formerly Care 1st Health Plan)	-4.41%
Magellan Complete Care	0.97%
Mercy Care	8.88%
Steward Health Choice Arizona	-5.92%
UnitedHealthcare Community Plan	0.95%

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

The r-squared for the non-diagnostic based risk adjustment model for CYE 20 is 0.765. The r-squared in the CYE 19 capitation rate certification was 0.590. See Section I.6.B.i.(b) for changes in the CYE 20 non-diagnostic based risk adjustment model.

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

The actuaries have no concerns with the risk adjustment process.

I.6.B.ii. Retrospective Risk Adjustment

Not applicable. The CYE 20 capitation rates for the ACC program do not include retrospective risk adjustment.

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

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

Besides updating the member and experience period, the only additional change to the model since the last rating period was adding the credibility adjustment, which is described in Section I.6.B.i.(b).

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. The final risk adjustment factor is calculated by dividing the risk adjustment factors before budget neutrality by the budget neutrality adjustment. The first step in calculating the budget neutrality adjustment is multiplying the CYE 20 capitation rates before risk adjustment by the risk adjustment factor before budget neutrality and multiplying by the CYE 20 projected member months. The resulting amount is then divided by the CYE 20 capitation rates before risk adjustment multiplied by the CYE 20 projected member months.

I.6.B.iv. Acuity Adjustment Description

Not applicable. The CYE 20 capitation rates for the ACC program do not include an acuity adjustment.

Section II Medicaid Managed Care Rates with Long-Term Services and Supports

Section II of the 2020 Medicaid Managed Care Rate Development Guide is not applicable to the ACC program. Managed long-term services and supports, as defined at 42 CFR § 438.2(a) at 81 FR 27855, are not covered services under the ACC program. The ACC program does cover nursing facility services, and related home and community based services, for 90 days of short-term convalescent care.

Section III New Adult Group Capitation Rates

Section III of the 2020 Medicaid Managed Care Rate Development Guide is applicable to the ACC 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 program capitation rates include separate rate cells for the Adult Expansion and Childless Adult Restoration populations, which are labeled throughout this certification as “Prop 204 Childless Adults” (formerly Adults <=106% FPL”) and “Adult Expansion ” (formerly Adults > 106% FPL) respectively. The capitation rates for these rate cells are developed the same way as the rates for the other rate cells. The new adult group represents approximately 38.10% of expenditures for the ACC program. See Section I for the rate development of the ACC program capitation rates. The rate cells that make up the new adult group have treated the same as any other ACC program rate cell.

III.1. Data

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

The CYE 20 capitation rates for the new adult group rely on the same types and sources of data used for the other rate cells and described in Section I.2.

III.1.B. Documentation

III.1.B.i. New Data

All data related to the CYE 20 capitation rates for the ACC program is described in Section I.2.

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

The AHCCCS DHCM Actuarial Team, along with the AHCCCS DHCM Finance & Reinsurance Team, monitors the costs and experience for all rate cells for the ACC program. AHCCCS did not develop plans to monitor costs and experience specifically for the new adult group beyond the monitoring done for all rate cells of the ACC program.

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

AHCCCS Complete Care is a new integrated care program which will be entering its second year for CYE 20.There are no completed previous rating periods to demonstrate how actual experience has differed from projected experience for the ACC program in whole, or for the new adult group in particular.

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

No adjustments were made to the CYE 20 capitation rates for the ACC program, or the new adult group in particular, to reflect differences between projected and actual experience from previous rating periods of the ACC program, as the first year of the program has not yet come to an end.

III.2. Projected Benefit Costs

III.2.A. Description of Projected Benefit Costs

III.2.A.i. Documentation

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

The projected benefit costs for the CYE 20 capitation rates for the ACC program are described in Section I.3. The capitation rates for each rate cell were developed using the CYE 18 encounter data specific to each rate cell as the base. All data specific to the new adult group was used to develop the rates for the new adult group rate cells.

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

The projected benefit costs for the CYE 20 capitation rates for the ACC program are described in Section I.3. The data and assumptions for each rate cell were specific to each rate cell and the same methodology was used to develop projected benefit costs for each rate cell. Any changes in data sources, assumptions or methodologies have already been addressed in Section I.

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

There are no changes in key assumptions since the last rating period. 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 were no adjustments made for 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 rate cell.

III.2.B. Key Assumptions

The CYE 20 capitation rates for the ACC program used a base data time period of CYE 18. This time period has twelve months of actual experience for the new adult group. Additionally, the CYE 18 time period is 45 months past the effective date of the Adult Expansion population. Therefore, the CYE 20 capitation rates for the ACC program do not include assumptions for the following adjustments to specifically address the new adult group population: acuity or health status, pent-up demand, adverse selection, demographics, provider reimbursement rates, and any other material adjustments to specifically address the new adult group population.

III.2.C. Benefit Plan Changes

Not applicable. The ACC program does not have separate benefit plans for the new adult group.

III.2.D. 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 projected non-benefit costs for the CYE 20 capitation rates for the ACC program are described in Section I.5.

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

AHCCCS Complete Care is a new integrated care program which will be entering its second year for CYE 20. There are no completed previous rating periods for the ACC program, but no adjustments were made to the new adult group for any item in this section, except those adjustments made to all rate cells, as described above in Section I.5.

III.3.B. Differences between Populations

Not applicable. There are no differences in administrative costs assumptions, care coordination and care management assumptions, underwriting gain assumptions and premium tax assumptions between populations for the CYE 20 capitation rates for the ACC 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 comparison to certified rates from the previous rating period are shown in Appendix 3. As noted above in Section I.1.B.iv.(a), these comparisons are not "apples to apples" as CYE 19 capitation rates included APSI as a PMPM in the capitation rates, while CYE 20 APSI will be paid on a quarterly lump sum basis.

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 20 capitation rates for the ACC 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

Not applicable. There are no changes to the risk mitigation strategies for any of the rate cells, including those related to the new adult group population, from the previous rating period.

Appendix 1: Actuarial Certification

We, Windy J. Marks, FSA, MAAA and Erica Johnson, ASA, MAAA, are employees of Arizona Health Care Cost Containment System (AHCCCS). We meet the qualification standards established by the American Academy of Actuaries and have followed the practice standards established the Actuarial Standards Board.

The capitation rates included with this rate certification are considered actuarially sound according to the following criteria from 42 CFR § 438.4 at 81 FR 27858:

- § 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 proposed differences among capitation rates according to covered populations must be based on valid rate development standards and not based on the rate of Federal financial participation associated with 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 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 20 capitation rates for the ACC program have been documented according to the guidelines established by CMS in the 2020 Guide. The CYE 20 capitation rates for the ACC program are effective for the 12-month time period from October 1, 2019 through September 30, 2020.

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, the Acute Care Contractors, the CRS Contractor and the RBHA 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 15, 2019
Windy J. Marks	Date

Fellow, Society of Actuaries
Member, American Academy of Actuaries

SIGNATURE ON FILE	August 15, 2019
Erica Johnson	Date

Associate, Society of Actuaries
Member, American Academy of Actuaries

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
North	WellCare of Arizona (formerly Care 1st Health Plan)	$544.34	$197.37	$358.89	$111.96	$1,151.24	$598.08	$461.84	$6,121.83
North	Steward Health Choice Arizona	$555.17	$189.28	$331.31	$114.19	$1,113.79	$583.41	$400.76	$6,061.83
Central	Arizona Complete Health - Complete Care Plan	$562.78	$200.45	$355.32	$133.78	$1,074.16	$661.10	$423.05	$6,167.41
Central	Banner - University Family Care	$602.60	$194.85	$341.74	$140.49	$1,202.43	$584.09	$409.23	$6,154.58
Central	WellCare of Arizona (formerly Care 1st Health Plan)	$563.41	$173.48	$348.07	$136.09	$1,060.21	$654.46	$380.79	$6,170.47
Central	Magellan Complete Care	$640.41	$313.55	$379.99	$167.49	$1,131.57	$649.27	$463.85	$6,166.19
Central	Mercy Care	$606.90	$182.14	$430.17	$168.64	$1,408.27	$800.51	$493.17	$6,170.47
Central	Steward Health Choice Arizona	$546.88	$164.48	$339.84	$127.89	$1,111.57	$614.76	$385.07	$6,109.98
Central	UnitedHealthcare Community Plan	$612.03	$189.20	$375.46	$119.47	$1,232.42	$662.30	$429.15	$6,170.47
South	Arizona Complete Health - Complete Care Plan	$544.06	$192.44	$340.63	$127.40	$1,142.41	$557.13	$391.26	$6,380.96
South	Banner - University Family Care	$608.48	$186.66	$337.22	$123.63	$1,209.90	$570.17	$409.28	$6,380.33
South	UnitedHealthcare Community Plan (Pima Only)	$582.00	$200.98	$389.19	$115.65	$1,353.63	$590.55	$422.01	$6,384.12

Appendix 3: Fiscal Impact Summary

GSA	Rate Cell	CYE 20 Projected MMs	Weighted CYE 19 Cap Rate	CYE 19 Projected Expenditures	Weighted CYE 20 Cap Rate	CYE 20 Projected Expenditures	Percentage Impact
North	AGE < 1	42,284	$512.30	$21,662,204	$551.07	$23,301,378	7.57%
North	AGE 1-20	714,476	$186.84	$133,490,904	$192.90	$137,823,103	3.25%
North	AGE 21+	302,839	$320.46	$97,049,047	$343.07	$103,895,088	7.05%
North	Duals	160,363	$127.65	$20,469,629	$112.97	$18,116,805	-11.49%
North	SSIWO	66,257	$1,186.47	$78,612,398	$1,131.71	$74,984,332	-4.62%
North	Prop 204 Childless Adults	387,976	$563.00	$218,430,013	$590.02	$228,914,395	4.80%
North	Expansion Adults	93,488	$403.78	$37,748,755	$429.24	$40,129,210	6.31%
North	Delivery Supplemental Payments	2,937	$5,787.96	$16,999,230	$6,085.24	$17,872,352	5.14%
North	**Total** [1,2]	1,767,684		$624,462,180		$645,036,663	3.29%
Central	AGE < 1	357,009	$583.96	$208,477,354	$593.68	$211,949,150	1.67%
Central	AGE 1-20	5,547,233	$173.84	$964,311,762	$185.05	$1,026,495,823	6.45%
Central	AGE 21+	1,923,281	$376.97	$725,026,629	$383.96	$738,458,003	1.85%
Central	Duals	757,542	$153.19	$116,050,674	$139.37	$105,581,393	-9.02%
Central	SSIWO	389,168	$1,241.72	$483,238,440	$1,235.12	$480,668,126	-0.53%
Central	Prop 204 Childless Adults	2,057,499	$663.27	$1,364,685,156	$690.15	$1,419,981,151	4.05%
Central	Expansion Adults	506,511	$419.76	$212,612,592	$438.89	$222,301,457	4.56%
Central	Delivery Supplemental Payments	21,826	$5,991.25	$130,764,926	$6,161.20	$134,474,404	2.84%
Central	**Total** [1,2]	11,538,244		$4,205,167,533		$4,339,909,506	3.20%
South	AGE < 1	116,825	$553.93	$64,712,808	$581.65	$67,951,526	5.00%
South	AGE 1-20	1,869,508	$192.11	$359,146,819	$192.52	$359,922,904	0.22%
South	AGE 21+	811,686	$346.51	$281,256,142	$352.53	$286,143,157	1.74%
South	Duals	423,613	$132.66	$56,197,572	$122.62	$51,943,130	-7.57%
South	SSIWO	155,311	$1,229.65	$190,977,822	$1,228.58	$190,811,182	-0.09%
South	Prop 204 Childless Adults	882,248	$553.32	$488,164,181	$572.26	$504,874,578	3.42%
South	Expansion Adults	234,126	$377.66	$88,420,720	$407.28	$95,354,619	7.84%
South	Delivery Supplemental Payments	7,906	$5,530.33	$43,722,774	$6,381.65	$50,453,356	15.39%
South	**Total** [1,2]	4,493,317		$1,572,598,839		$1,607,454,453	2.22%
Total	AGE < 1	516,118	$571.29	$294,852,367	$587.47	$303,202,054	2.83%
Total	AGE 1-20	8,131,218	$179.18	$1,456,949,485	$187.46	$1,524,241,830	4.62%
Total	AGE 21+	3,037,806	$363.20	$1,103,331,819	$371.48	$1,128,496,247	2.28%
Total	Duals	1,341,519	$143.66	$192,717,874	$130.93	$175,641,328	-8.86%
Total	SSIWO	610,736	$1,232.66	$752,828,660	$1,222.24	$746,463,639	-0.85%
Total	Prop 204 Childless Adults	3,327,723	$622.43	$2,071,279,350	$647.22	$2,153,770,125	3.98%
Total	Expansion Adults	834,126	$406.15	$338,782,068	$428.93	$357,785,286	5.61%
Total	Delivery Supplemental Payments	32,669	$5,861.43	$191,486,931	$6,207.72	$202,800,112	5.91%
Total	**Total** [1,2]	17,799,244		$6,402,228,553		$6,592,400,621	2.97%

1) Total Projected MMs doesn't include delivery supplemental payment members

2) Totals may not add up due to rounding

Appendix 4: Base Data and Base Data Adjustments

GSA: North
Rate Cell: AGE < 1
Base Period: October 1, 2017 through September 30, 2018
Projection Period: October 1, 2019 through September 30, 2020
Base Period Member Months: 47,314
Projection Period Member Months: 42,284

	Base Data														
Category of Service	PMPM	Completion	Encounter Issue	Adjusted PMPM	Crisis Removal	DAP Removal	APSI Removal	Pharmacy Reimbursement Savings	HCV Treatment	DRG Change Impact	Other Base Data Adjustments	IMD (Reprice Stays of all Lengths)	IMD (Remove Stays > 15)	IMD (Remove Related Expenses > 15)	Adjusted Base PMPM
Inpatient and LTC	$237.34	0.8520	1.0000	$278.56	0.00%	-0.36%	0.00%	0.00%	0.00%	0.06%	0.00%	0.00%	0.00%	0.00%	$277.72
Behavioral Health Inpatient and LTC	$0.00	0.8530	1.0000	$0.00	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	$0.00
Physical Health Physician	$100.25	0.9585	1.0000	$104.59	0.00%	-0.21%	-4.64%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	$99.53
Behavioral Health Physician	$0.92	0.9533	1.0000	$0.96	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	$0.96
Transportation	$22.94	0.9572	1.0000	$23.96	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	$23.96
Other Professional Services	$27.74	0.9583	1.0000	$28.94	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	$28.94
Pharmacy	$6.99	0.9871	1.0000	$7.08	0.00%	0.00%	0.00%	-0.94%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	$7.01
Outpatient Facility	$14.47	0.9222	1.0000	$15.69	0.00%	-0.83%	0.00%	0.00%	0.00%	0.00%	0.17%	0.00%	0.00%	0.00%	$15.59
Emergency Facility	$23.43	0.9232	1.0000	$25.38	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	$25.38
Laboratory and Radiology Services	$5.73	0.9597	1.0000	$5.97	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.43%	0.00%	0.00%	0.00%	$6.00
Dental	$0.48	0.9596	0.9889	$0.50	0.00%	0.00%	-0.28%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	$0.50
FQHC	$17.32	0.9591	1.0000	$18.06	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	$18.06
Gross Medical	**$457.59**			**$509.70**											**$503.65**

GSA: North
Rate Cell: AGE 1-20
Base Period: October 1, 2017 through September 30, 2018
Projection Period: October 1, 2019 through September 30, 2020
Base Period Member Months: 725,190
Projection Period Member Months: 714,476

	Base Data														
Category of Service	PMPM	Completion	Encounter Issue	Adjusted PMPM	Crisis Removal	DAP Removal	APSI Removal	Pharmacy Reimbursement Savings	HCV Treatment	DRG Change Impact	Other Base Data Adjustments	IMD (Reprice Stays of all Lengths)	IMD (Remove Stays > 15)	IMD (Remove Related Expenses > 15)	Adjusted Base PMPM
Inpatient and LTC	$8.62	0.8502	1.0000	$10.14	0.00%	-0.47%	0.00%	0.00%	0.00%	1.15%	0.00%	0.00%	0.00%	0.00%	$10.20
Behavioral Health Inpatient and LTC	$7.21	0.8451	1.0000	$8.53	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	-1.55%	0.00%	0.00%	0.00%	$8.40
Physical Health Physician	$16.65	0.9589	1.0000	$17.37	0.00%	-0.27%	-4.86%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	$16.48
Behavioral Health Physician	$29.75	0.9594	1.0000	$31.00	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	$31.00
Transportation	$7.33	0.9579	1.0000	$7.65	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	2.36%	0.00%	0.00%	0.00%	$7.83
Other Professional Services	$17.55	0.9591	1.0000	$18.29	-4.69%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	$17.44
Pharmacy	$17.57	0.9820	1.0000	$17.89	0.00%	0.00%	0.00%	-1.31%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	$17.66
Outpatient Facility	$8.55	0.9167	1.0000	$9.33	0.00%	-0.69%	0.00%	0.00%	0.00%	0.00%	0.10%	0.00%	0.00%	0.00%	$9.28
Emergency Facility	$12.24	0.9194	1.0000	$13.32	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	$13.32
Laboratory and Radiology Services	$2.61	0.9590	1.0000	$2.73	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	2.42%	0.00%	0.00%	0.00%	$2.79
Dental	$17.97	0.9595	0.9913	$18.89	0.00%	0.00%	-0.06%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	$18.88
FQHC	$5.82	0.9591	0.9997	$6.07	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	$6.07
Gross Medical	**$151.87**			**$161.21**											**$159.35**

GSA: North
Rate Cell: AGE 21+
Base Period: October 1, 2017 through September 30, 2018
Projection Period: October 1, 2019 through September 30, 2020
Base Period Member Months: 330,162
Projection Period Member Months: 302,839

	Base Data														
Category of Service	PMPM	Completion	Encounter Issue	Adjusted PMPM	Crisis Removal	DAP Removal	APSI Removal	Pharmacy Reimbursement Savings	HCV Treatment	DRG Change Impact	Other Base Data Adjustments	IMD (Reprice Stays of all Lengths)	IMD (Remove Stays > 15)	IMD (Remove Related Expenses > 15)	Adjusted Base PMPM
Inpatient and LTC	$35.59	0.8550	1.0000	$41.63	0.00%	-0.34%	0.00%	0.00%	0.00%	-0.04%	0.00%	0.19%	-0.13%	0.00%	$41.49
Behavioral Health Inpatient and LTC	$4.27	0.8693	1.0000	$4.92	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	-1.11%	0.00%	0.00%	0.00%	$4.86
Physical Health Physician	$38.21	0.9586	1.0000	$39.86	0.00%	-0.17%	-1.00%	0.00%	0.00%	0.00%	0.24%	0.00%	0.00%	0.00%	$39.49
Behavioral Health Physician	$13.11	0.9597	1.0000	$13.66	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	-1.22%	0.00%	0.00%	0.00%	$13.49
Transportation	$13.90	0.9586	1.0000	$14.50	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.81%	0.00%	0.00%	0.00%	$14.62
Other Professional Services	$25.61	0.9588	1.0000	$26.71	-4.55%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	-0.03%	$25.49
Pharmacy	$47.63	0.9819	1.0000	$48.51	0.00%	0.00%	0.00%	-1.47%	-0.75%	0.00%	0.00%	0.00%	0.00%	0.00%	$47.44
Outpatient Facility	$36.60	0.9178	1.0000	$39.88	0.00%	-0.40%	0.00%	0.00%	0.00%	0.00%	0.05%	0.00%	0.00%	0.00%	$39.74
Emergency Facility	$31.36	0.9180	1.0000	$34.16	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	$34.16
Laboratory and Radiology Services	$15.09	0.9583	1.0000	$15.75	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	$15.75
Dental	$0.88	0.9568	0.9278	$0.99	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	$0.99
FQHC	$11.35	0.9595	0.9993	$11.84	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	$11.84
Gross Medical	**$273.61**			**$292.40**											**$289.36**

GSA: North
Rate Cell: Duals
Base Period: October 1, 2017 through September 30, 2018
Projection Period: October 1, 2019 through September 30, 2020
Base Period Member Months: 152,327
Projection Period Member Months: 160,363

	Base Data														
Category of Service	PMPM	Completion	Encounter Issue	Adjusted PMPM	Crisis Removal	DAP Removal	APSI Removal	Pharmacy Reimbursement Savings	HCV Treatment	DRG Change Impact	Other Base Data Adjustments	IMD (Reprice Stays of all Lengths)	IMD (Remove Stays > 15)	IMD (Remove Related Expenses > 15)	Adjusted Base PMPM
Inpatient and LTC	$12.48	0.8603	1.0000	$14.51	0.00%	-0.62%	0.00%	0.00%	0.00%	0.00%	0.00%	1.08%	0.00%	0.00%	$14.58
Behavioral Health Inpatient and LTC	$0.65	0.8383	1.0000	$0.78	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	-0.62%	0.00%	0.00%	0.00%	$0.77
Physical Health Physician	$15.40	0.9610	1.0000	$16.03	0.00%	-0.11%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	$16.01
Behavioral Health Physician	$8.18	0.9626	1.0000	$8.50	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	-0.11%	0.00%	0.00%	0.00%	$8.49
Transportation	$9.49	0.9575	1.0000	$9.91	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.07%	0.00%	0.00%	0.00%	$9.92
Other Professional Services	$9.24	0.9618	1.0000	$9.61	-4.33%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	$9.19
Pharmacy	$1.63	0.9846	1.0000	$1.65	0.00%	0.00%	0.00%	-0.76%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	$1.64
Outpatient Facility	$19.22	0.9189	1.0000	$20.91	0.00%	-0.31%	0.00%	0.00%	0.00%	0.00%	0.01%	0.00%	0.00%	0.00%	$20.85
Emergency Facility	$5.39	0.9209	1.0000	$5.85	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	$5.85
Laboratory and Radiology Services	$2.75	0.9594	1.0000	$2.87	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	$2.87
Dental	$0.33	0.9576	0.9719	$0.36	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	$0.36
FQHC	$2.07	0.9640	0.9983	$2.15	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	$2.15
Gross Medical	**$86.84**			**$93.13**											**$92.68**

GSA: North
Rate Cell: SSIWO
Base Period: October 1, 2017 through September 30, 2018
Projection Period: October 1, 2019 through September 30, 2020
Base Period Member Months: 68,473
Projection Period Member Months: 66,257

	Base Data														
Category of Service	PMPM	Completion	Encounter Issue	Adjusted PMPM	Crisis Removal	DAP Removal	APSI Removal	Pharmacy Reimbursement Savings	HCV Treatment	DRG Change Impact	Other Base Data Adjustments	IMD (Reprice Stays of all Lengths)	IMD (Remove Stays > 15)	IMD (Remove Related Expenses > 15)	Adjusted Base PMPM
Inpatient and LTC	$195.85	0.8597	1.0000	$227.79	0.00%	-0.39%	0.00%	0.00%	0.00%	0.52%	0.00%	0.04%	-0.09%	0.00%	$227.97
Behavioral Health Inpatient and LTC	$16.07	0.8734	1.0000	$18.40	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	-1.07%	0.00%	0.00%	0.00%	$18.21
Physical Health Physician	$111.24	0.9592	1.0000	$115.96	0.00%	-0.09%	-2.16%	0.00%	0.00%	0.00%	0.10%	0.00%	0.00%	0.00%	$113.48
Behavioral Health Physician	$50.82	0.9611	1.0000	$52.88	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	-0.02%	0.00%	0.00%	0.00%	$52.87
Transportation	$51.91	0.9588	1.0000	$54.15	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.80%	0.00%	0.00%	0.00%	$54.58
Other Professional Services	$97.24	0.9601	1.0000	$101.28	-3.35%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	-0.10%	$97.79
Pharmacy	$296.09	0.9816	1.0000	$301.63	0.00%	0.00%	0.00%	-1.26%	-0.75%	0.00%	0.00%	0.00%	0.00%	0.00%	$295.62
Outpatient Facility	$115.25	0.9196	1.0000	$125.33	0.00%	-0.33%	0.00%	0.00%	0.00%	0.00%	0.03%	0.00%	0.00%	0.00%	$124.95
Emergency Facility	$52.17	0.9185	1.0000	$56.80	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	$56.80
Laboratory and Radiology Services	$25.19	0.9580	1.0000	$26.30	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.34%	0.00%	0.00%	0.00%	$26.39
Dental	$4.31	0.9612	0.9680	$4.63	0.00%	0.00%	-0.37%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	$4.61
FQHC	$13.61	0.9597	0.9996	$14.18	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	$14.18
Gross Medical	**$1,029.75**			**$1,099.34**											**$1,087.44**

GSA: North
Rate Cell: Prop 204 Childless Adults
Base Period: October 1, 2017 through September 30, 2018
Projection Period: October 1, 2019 through September 30, 2020
Base Period Member Months: 395,877
Projection Period Member Months: 387,976

	Base Data														
Category of Service	PMPM	Completion	Encounter Issue	Adjusted PMPM	Crisis Removal	DAP Removal	APSI Removal	Pharmacy Reimbursement Savings	HCV Treatment	DRG Change Impact	Other Base Data Adjustments	IMD (Reprice Stays of all Lengths)	IMD (Remove Stays > 15)	IMD (Remove Related Expenses > 15)	Adjusted Base PMPM
Inpatient and LTC	$85.16	0.8490	1.0000	$100.31	0.00%	-0.37%	0.00%	0.00%	0.00%	0.21%	0.00%	0.14%	-0.18%	0.00%	$100.11
Behavioral Health Inpatient and LTC	$14.61	0.8513	1.0000	$17.17	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	-0.92%	0.00%	0.00%	0.00%	$17.01
Physical Health Physician	$60.84	0.9581	1.0000	$63.51	0.00%	-0.10%	-0.78%	0.00%	0.00%	0.00%	0.19%	0.00%	0.00%	0.00%	$63.07
Behavioral Health Physician	$25.29	0.9599	1.0000	$26.34	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	-2.21%	0.00%	0.00%	0.00%	$25.76
Transportation	$29.30	0.9578	1.0000	$30.59	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.90%	0.00%	0.00%	0.00%	$30.86
Other Professional Services	$42.69	0.9591	1.0000	$44.51	-10.16%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	-0.17%	$39.92
Pharmacy	$94.71	0.9822	1.0000	$96.43	0.00%	0.00%	0.00%	-1.13%	-2.29%	0.00%	0.00%	0.00%	0.00%	0.00%	$93.16
Outpatient Facility	$52.83	0.9169	1.0000	$57.62	0.00%	-0.41%	0.00%	0.00%	0.00%	0.00%	0.06%	0.00%	0.00%	0.00%	$57.42
Emergency Facility	$37.76	0.9177	1.0000	$41.15	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	$41.15
Laboratory and Radiology Services	$16.54	0.9579	1.0000	$17.27	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	$17.27
Dental	$1.51	0.9571	0.9688	$1.63	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	$1.63
FQHC	$11.83	0.9598	0.9995	$12.33	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	$12.33
Gross Medical	**$473.08**			**$508.86**											**$499.69**

GSA: North
Rate Cell: Expansion Adults
Base Period: October 1, 2017 through September 30, 2018
Projection Period: October 1, 2019 through September 30, 2020
Base Period Member Months: 105,233
Projection Period Member Months: 93,488

	Base Data														
Category of Service	PMPM	Completion	Encounter Issue	Adjusted PMPM	Crisis Removal	DAP Removal	APSI Removal	Pharmacy Reimbursement Savings	HCV Treatment	DRG Change Impact	Other Base Data Adjustments	IMD (Reprice Stays of all Lengths)	IMD (Remove Stays > 15)	IMD (Remove Related Expenses > 15)	Adjusted Base PMPM
Inpatient and LTC	$54.23	0.8603	1.0000	$63.04	0.00%	-0.29%	0.00%	0.00%	0.00%	-0.16%	0.00%	0.02%	0.00%	0.00%	$62.77
Behavioral Health Inpatient and LTC	$3.86	0.8667	1.0000	$4.45	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	-0.55%	0.00%	0.00%	0.00%	$4.43
Physical Health Physician	$52.15	0.9596	1.0000	$54.35	0.00%	-0.13%	-0.42%	0.00%	0.00%	0.00%	0.14%	0.00%	0.00%	0.00%	$54.13
Behavioral Health Physician	$10.84	0.9592	1.0000	$11.30	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	-3.35%	0.00%	0.00%	0.00%	$10.92
Transportation	$11.38	0.9588	1.0000	$11.87	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.46%	0.00%	0.00%	0.00%	$11.92
Other Professional Services	$29.06	0.9593	1.0000	$30.29	-3.29%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	$29.29
Pharmacy	$79.46	0.9811	1.0000	$80.99	0.00%	0.00%	0.00%	-1.27%	-0.43%	0.00%	0.00%	0.00%	0.00%	0.00%	$79.62
Outpatient Facility	$49.97	0.9152	1.0000	$54.60	0.00%	-0.33%	0.00%	0.00%	0.00%	0.00%	0.05%	0.00%	0.00%	0.00%	$54.44
Emergency Facility	$25.30	0.9218	1.0000	$27.45	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	$27.45
Laboratory and Radiology Services	$15.82	0.9579	1.0000	$16.51	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	$16.51
Dental	$1.21	0.9611	0.9333	$1.35	0.00%	0.00%	-0.33%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	$1.34
FQHC	$11.37	0.9605	0.9990	$11.85	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	$11.85
Gross Medical	**$344.65**			**$368.04**											**$364.68**

GSA: Central
Rate Cell: AGE < 1
Base Period: October 1, 2017 through September 30, 2018
Projection Period: October 1, 2019 through September 30, 2020
Base Period Member Months: 396,833
Projection Period Member Months: 357,009

	Base Data														
Category of Service	PMPM	Completion	Encounter Issue	Adjusted PMPM	Crisis Removal	DAP Removal	APSI Removal	Pharmacy Reimbursement Savings	HCV Treatment	DRG Change Impact	Other Base Data Adjustments	IMD (Reprice Stays of all Lengths)	IMD (Remove Stays > 15)	IMD (Remove Related Expenses > 15)	Adjusted Base PMPM
Inpatient and LTC	$258.14	0.8840	1.0000	$292.03	0.00%	-0.51%	0.00%	0.00%	0.00%	0.94%	0.00%	0.00%	0.00%	0.00%	$293.25
Behavioral Health Inpatient and LTC	$0.00	0.8806	1.0000	$0.00	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	$0.00
Physical Health Physician	$117.31	0.9545	1.0000	$122.89	0.00%	-0.13%	-7.24%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	$113.85
Behavioral Health Physician	$0.14	0.9491	1.0000	$0.15	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	$0.15
Transportation	$5.86	0.9583	1.0000	$6.11	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	-0.01%	0.00%	0.00%	0.00%	$6.11
Other Professional Services	$28.83	0.9557	1.0000	$30.16	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	$30.16
Pharmacy	$9.77	0.9888	1.0000	$9.88	0.00%	0.00%	0.00%	-1.46%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	$9.74
Outpatient Facility	$19.46	0.9358	1.0000	$20.80	0.00%	-1.13%	0.00%	0.00%	0.00%	0.00%	2.13%	0.00%	0.00%	0.00%	$21.00
Emergency Facility	$28.05	0.9372	1.0000	$29.93	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	$29.93
Laboratory and Radiology Services	$6.32	0.9541	1.0000	$6.63	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.38%	0.00%	0.00%	0.00%	$6.65
Dental	$0.27	0.9576	0.5106	$0.56	0.00%	0.00%	-0.20%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	$0.55
FQHC	$34.41	0.9553	0.9933	$36.27	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	$36.27
Gross Medical	**$508.56**			**$555.41**											**$547.67**

GSA: Central
Rate Cell: AGE 1-20
Base Period: October 1, 2017 through September 30, 2018
Projection Period: October 1, 2019 through September 30, 2020
Base Period Member Months: 5,593,649
Projection Period Member Months: 5,547,233

	Base Data														
Category of Service	PMPM	Completion	Encounter Issue	Adjusted PMPM	Crisis Removal	DAP Removal	APSI Removal	Pharmacy Reimbursement Savings	HCV Treatment	DRG Change Impact	Other Base Data Adjustments	IMD (Reprice Stays of all Lengths)	IMD (Remove Stays > 15)	IMD (Remove Related Expenses > 15)	Adjusted Base PMPM
Inpatient and LTC	$12.26	0.8854	1.0000	$13.84	0.00%	-0.52%	0.00%	0.00%	0.00%	1.87%	0.00%	0.00%	0.00%	0.00%	$14.03
Behavioral Health Inpatient and LTC	$5.07	0.8789	1.0000	$5.77	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	-1.46%	0.00%	0.00%	0.00%	$5.69
Physical Health Physician	$23.72	0.9550	1.0000	$24.84	0.00%	-0.19%	-7.73%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	$22.87
Behavioral Health Physician	$16.99	0.9527	1.0000	$17.83	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	-0.41%	0.00%	0.00%	0.00%	$17.76
Transportation	$3.08	0.9539	1.0000	$3.23	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	-1.24%	0.00%	0.00%	0.00%	$3.19
Other Professional Services	$17.55	0.9541	1.0000	$18.40	-5.35%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	$17.41
Pharmacy	$19.77	0.9862	1.0000	$20.05	0.00%	0.00%	0.00%	-1.21%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	$19.81
Outpatient Facility	$9.89	0.9302	1.0000	$10.63	0.00%	-1.04%	0.00%	0.00%	0.00%	0.00%	2.14%	0.00%	0.00%	0.00%	$10.74
Emergency Facility	$12.87	0.9335	1.0000	$13.78	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	$13.78
Laboratory and Radiology Services	$3.18	0.9539	1.0000	$3.34	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	1.96%	0.00%	0.00%	0.00%	$3.40
Dental	$10.85	0.9566	0.6707	$16.92	0.00%	0.00%	-0.21%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	$16.88
FQHC	$8.35	0.9543	0.9764	$8.96	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	$8.96
Gross Medical	**$143.58**			**$157.58**											**$154.53**

GSA: Central
Rate Cell: AGE 21+
Base Period: October 1, 2017 through September 30, 2018
Projection Period: October 1, 2019 through September 30, 2020
Base Period Member Months: 2,083,030
Projection Period Member Months: 1,923,281

	Base Data														
Category of Service	PMPM	Completion	Encounter Issue	Adjusted PMPM	Crisis Removal	DAP Removal	APSI Removal	Pharmacy Reimbursement Savings	HCV Treatment	DRG Change Impact	Other Base Data Adjustments	IMD (Reprice Stays of all Lengths)	IMD (Remove Stays > 15)	IMD (Remove Related Expenses > 15)	Adjusted Base PMPM
Inpatient and LTC	$34.59	0.8786	1.0000	$39.36	0.00%	-0.53%	0.00%	0.00%	0.00%	0.12%	0.00%	1.19%	-0.31%	0.00%	$39.55
Behavioral Health Inpatient and LTC	$5.16	0.8741	1.0000	$5.90	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	-1.02%	0.00%	0.00%	0.00%	$5.84
Physical Health Physician	$54.33	0.9536	1.0000	$56.97	0.00%	-0.13%	-3.11%	0.00%	0.00%	0.00%	0.31%	0.00%	0.00%	0.00%	$55.30
Behavioral Health Physician	$12.60	0.9528	1.0000	$13.23	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	-1.07%	0.00%	0.00%	0.00%	$13.09
Transportation	$7.56	0.9523	1.0000	$7.94	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	-0.76%	0.00%	0.00%	0.00%	$7.88
Other Professional Services	$28.55	0.9533	1.0000	$29.94	-5.52%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	-0.07%	$28.27
Pharmacy	$66.87	0.9860	1.0000	$67.82	0.00%	0.00%	0.00%	-1.87%	-0.32%	0.00%	0.00%	0.00%	0.00%	0.00%	$66.34
Outpatient Facility	$27.23	0.9307	1.0000	$29.26	0.00%	-0.88%	0.00%	0.00%	0.00%	0.00%	1.83%	0.00%	0.00%	0.00%	$29.53
Emergency Facility	$31.03	0.9305	1.0000	$33.34	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	$33.34
Laboratory and Radiology Services	$25.56	0.9531	1.0000	$26.82	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	$26.82
Dental	$0.79	0.9544	0.5453	$1.51	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	$1.51
FQHC	$13.18	0.9534	0.9975	$13.86	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	$13.86
Gross Medical	**$307.43**			**$325.95**											**$321.32**

GSA: Central
Rate Cell: Duals
Base Period: October 1, 2017 through September 30, 2018
Projection Period: October 1, 2019 through September 30, 2020
Base Period Member Months: 714,898
Projection Period Member Months: 757,542

	Base Data														
Category of Service	PMPM	Completion	Encounter Issue	Adjusted PMPM	Crisis Removal	DAP Removal	APSI Removal	Pharmacy Reimbursement Savings	HCV Treatment	DRG Change Impact	Other Base Data Adjustments	IMD (Reprice Stays of all Lengths)	IMD (Remove Stays > 15)	IMD (Remove Related Expenses > 15)	Adjusted Base PMPM
Inpatient and LTC	$18.72	0.8881	1.0000	$21.08	0.00%	-0.70%	0.00%	0.00%	0.00%	0.00%	0.00%	1.39%	-0.43%	0.00%	$21.13
Behavioral Health Inpatient and LTC	$1.58	0.8820	1.0000	$1.80	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	-0.69%	0.00%	0.00%	0.00%	$1.78
Physical Health Physician	$25.50	0.9563	1.0000	$26.67	0.00%	-0.07%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	$26.65
Behavioral Health Physician	$9.35	0.9552	1.0000	$9.79	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	-0.57%	0.00%	0.00%	0.00%	$9.73
Transportation	$12.50	0.9544	1.0000	$13.10	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	-0.01%	0.00%	0.00%	0.00%	$13.09
Other Professional Services	$13.38	0.9563	1.0000	$13.99	-14.49%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	-0.03%	$11.96
Pharmacy	$3.19	0.9865	1.0000	$3.23	0.00%	0.00%	0.00%	-0.63%	1.53%	0.00%	0.00%	0.00%	0.00%	0.00%	$3.26
Outpatient Facility	$14.07	0.9335	1.0000	$15.07	0.00%	-0.47%	0.00%	0.00%	0.00%	0.00%	0.69%	0.00%	0.00%	0.00%	$15.10
Emergency Facility	$5.74	0.9323	1.0000	$6.16	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	$6.16
Laboratory and Radiology Services	$6.97	0.9548	1.0000	$7.30	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	$7.30
Dental	$0.46	0.9539	0.6712	$0.71	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	$0.71
FQHC	$2.18	0.9566	0.9883	$2.31	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	$2.31
Gross Medical	**$113.64**			**$121.19**											**$119.19**

GSA: Central
Rate Cell: SSIWO
Base Period: October 1, 2017 through September 30, 2018
Projection Period: October 1, 2019 through September 30, 2020
Base Period Member Months: 399,396
Projection Period Member Months: 389,168

	Base Data														
Category of Service	PMPM	Completion	Encounter Issue	Adjusted PMPM	Crisis Removal	DAP Removal	APSI Removal	Pharmacy Reimbursement Savings	HCV Treatment	DRG Change Impact	Other Base Data Adjustments	IMD (Reprice Stays of all Lengths)	IMD (Remove Stays > 15)	IMD (Remove Related Expenses > 15)	Adjusted Base PMPM
Inpatient and LTC	$216.63	0.8799	1.0000	$246.20	0.00%	-0.56%	0.00%	0.00%	0.00%	0.96%	0.00%	0.34%	-0.28%	0.00%	$247.32
Behavioral Health Inpatient and LTC	$19.96	0.8791	1.0000	$22.70	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	-1.01%	0.00%	0.00%	0.00%	$22.47
Physical Health Physician	$147.81	0.9535	1.0000	$155.02	0.00%	-0.08%	-5.69%	0.00%	0.00%	0.00%	0.07%	0.00%	0.00%	0.00%	$146.19
Behavioral Health Physician	$47.36	0.9537	1.0000	$49.66	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	-0.24%	0.00%	0.00%	0.00%	$49.54
Transportation	$31.63	0.9526	1.0000	$33.20	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	-0.59%	0.00%	0.00%	0.00%	$33.01
Other Professional Services	$90.28	0.9539	1.0000	$94.64	-8.23%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	-0.24%	$86.64
Pharmacy	$316.90	0.9863	1.0000	$321.29	0.00%	0.00%	0.00%	-1.31%	-0.69%	0.00%	0.00%	0.00%	0.00%	0.00%	$314.89
Outpatient Facility	$114.78	0.9318	1.0000	$123.17	0.00%	-0.57%	0.00%	0.00%	0.00%	0.00%	0.76%	0.00%	0.00%	0.00%	$123.40
Emergency Facility	$47.55	0.9310	1.0000	$51.07	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	$51.07
Laboratory and Radiology Services	$36.29	0.9535	1.0000	$38.05	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.23%	0.00%	0.00%	0.00%	$38.14
Dental	$3.73	0.9556	0.7262	$5.38	0.00%	0.00%	-1.75%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	$5.28
FQHC	$19.56	0.9538	0.9967	$20.57	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	$20.57
Gross Medical	**$1,092.47**			**$1,160.96**											**$1,138.53**

GSA: Central
Rate Cell: Prop 204 Childless Adults
Base Period: October 1, 2017 through September 30, 2018
Projection Period: October 1, 2019 through September 30, 2020
Base Period Member Months: 2,085,580
Projection Period Member Months: 2,057,499

	Base Data														
Category of Service	PMPM	Completion	Encounter Issue	Adjusted PMPM	Crisis Removal	DAP Removal	APSI Removal	Pharmacy Reimbursement Savings	HCV Treatment	DRG Change Impact	Other Base Data Adjustments	IMD (Reprice Stays of all Lengths)	IMD (Remove Stays > 15)	IMD (Remove Related Expenses > 15)	Adjusted Base PMPM
Inpatient and LTC	$109.08	0.8795	1.0000	$124.04	0.00%	-0.58%	0.00%	0.00%	0.00%	0.34%	0.00%	1.86%	-0.69%	0.00%	$125.16
Behavioral Health Inpatient and LTC	$27.57	0.8782	1.0000	$31.40	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	-0.86%	0.00%	0.00%	0.00%	$31.13
Physical Health Physician	$83.75	0.9536	1.0000	$87.83	0.00%	-0.08%	-3.01%	0.00%	0.00%	0.00%	0.32%	0.00%	0.00%	0.00%	$85.38
Behavioral Health Physician	$31.76	0.9529	1.0000	$33.33	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	-3.80%	0.00%	0.00%	0.00%	$32.06
Transportation	$19.90	0.9517	1.0000	$20.90	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	-0.85%	0.00%	0.00%	0.00%	$20.73
Other Professional Services	$50.40	0.9533	1.0000	$52.86	-20.08%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	-0.41%	$42.07
Pharmacy	$122.06	0.9860	1.0000	$123.80	0.00%	0.00%	0.00%	-1.47%	-0.88%	0.00%	0.00%	0.00%	0.00%	0.00%	$120.91
Outpatient Facility	$38.40	0.9309	1.0000	$41.25	0.00%	-0.87%	0.00%	0.00%	0.00%	0.00%	1.80%	0.00%	0.00%	0.00%	$41.63
Emergency Facility	$38.34	0.9301	1.0000	$41.22	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	$41.22
Laboratory and Radiology Services	$26.06	0.9538	1.0000	$27.33	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	$27.33
Dental	$1.47	0.9545	0.6381	$2.41	0.00%	0.00%	-0.24%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	$2.40
FQHC	$14.14	0.9534	0.9971	$14.87	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	$14.87
Gross Medical	**$562.92**			**$601.23**											**$584.87**

GSA: Central
Rate Cell: Expansion Adults
Base Period: October 1, 2017 through September 30, 2018
Projection Period: October 1, 2019 through September 30, 2020
Base Period Member Months: 566,380
Projection Period Member Months: 506,511

	Base Data														
Category of Service	PMPM	Completion	Encounter Issue	Adjusted PMPM	Crisis Removal	DAP Removal	APSI Removal	Pharmacy Reimbursement Savings	HCV Treatment	DRG Change Impact	Other Base Data Adjustments	IMD (Reprice Stays of all Lengths)	IMD (Remove Stays > 15)	IMD (Remove Related Expenses > 15)	Adjusted Base PMPM
Inpatient and LTC	$49.08	0.8792	1.0000	$55.82	0.00%	-0.55%	0.00%	0.00%	0.00%	0.49%	0.00%	0.71%	-0.23%	0.00%	$56.06
Behavioral Health Inpatient and LTC	$5.18	0.8757	1.0000	$5.91	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	-0.89%	0.00%	0.00%	0.00%	$5.86
Physical Health Physician	$62.92	0.9538	1.0000	$65.97	0.00%	-0.10%	-2.37%	0.00%	0.00%	0.00%	0.11%	0.00%	0.00%	0.00%	$64.40
Behavioral Health Physician	$9.01	0.9526	1.0000	$9.45	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	-3.19%	0.00%	0.00%	0.00%	$9.15
Transportation	$6.27	0.9529	1.0000	$6.58	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	-0.54%	0.00%	0.00%	0.00%	$6.55
Other Professional Services	$30.29	0.9534	1.0000	$31.77	-5.11%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	-0.10%	$30.12
Pharmacy	$95.96	0.9861	1.0000	$97.31	0.00%	0.00%	0.00%	-1.40%	-0.69%	0.00%	0.00%	0.00%	0.00%	0.00%	$95.29
Outpatient Facility	$33.18	0.9319	1.0000	$35.61	0.00%	-0.75%	0.00%	0.00%	0.00%	0.00%	1.07%	0.00%	0.00%	0.00%	$35.72
Emergency Facility	$23.78	0.9303	1.0000	$25.57	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	$25.57
Laboratory and Radiology Services	$22.77	0.9540	1.0000	$23.87	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	$23.87
Dental	$1.19	0.9551	0.6443	$1.94	0.00%	0.00%	-0.14%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	$1.93
FQHC	$12.83	0.9539	0.9971	$13.49	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	$13.49
Gross Medical	**$352.46**			**$373.29**											**$368.01**

GSA: South
Rate Cell: AGE < 1
Base Period: October 1, 2017 through September 30, 2018
Projection Period: October 1, 2019 through September 30, 2020
Base Period Member Months: 129,663
Projection Period Member Months: 116,825

	Base Data														
Category of Service	PMPM	Completion	Encounter Issue	Adjusted PMPM	Crisis Removal	DAP Removal	APSI Removal	Pharmacy Reimbursement Savings	HCV Treatment	DRG Change Impact	Other Base Data Adjustments	IMD (Reprice Stays of all Lengths)	IMD (Remove Stays > 15)	IMD (Remove Related Expenses > 15)	Adjusted Base PMPM
Inpatient and LTC	$269.16	0.8805	1.0000	$305.69	0.00%	-0.33%	0.00%	0.00%	0.00%	1.44%	0.00%	0.00%	0.00%	0.00%	$309.06
Behavioral Health Inpatient and LTC	$0.00	0.8728	1.0000	$0.00	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	$0.00
Physical Health Physician	$114.74	0.9642	1.0000	$119.01	0.00%	-0.18%	-17.18%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	$98.39
Behavioral Health Physician	$0.27	0.9683	1.0000	$0.28	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	$0.28
Transportation	$9.57	0.9655	1.0000	$9.91	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.03%	0.00%	0.00%	0.00%	$9.91
Other Professional Services	$19.02	0.9654	1.0000	$19.71	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	$19.71
Pharmacy	$8.88	0.9870	1.0000	$9.00	0.00%	0.00%	0.00%	-1.03%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	$8.90
Outpatient Facility	$10.15	0.8990	1.0000	$11.29	0.00%	-0.82%	0.00%	0.00%	0.00%	0.00%	0.10%	0.00%	0.00%	0.00%	$11.21
Emergency Facility	$16.61	0.9053	1.0000	$18.35	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	$18.35
Laboratory and Radiology Services	$6.32	0.9637	1.0000	$6.56	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.38%	0.00%	0.00%	0.00%	$6.58
Dental	$0.30	0.9640	0.7786	$0.40	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	$0.40
FQHC	$73.67	0.9648	0.9987	$76.46	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	$76.46
Gross Medical	**$528.69**			**$576.64**											**$559.24**

GSA: South
Rate Cell: AGE 1-20
Base Period: October 1, 2017 through September 30, 2018
Projection Period: October 1, 2019 through September 30, 2020
Base Period Member Months: 1,882,189
Projection Period Member Months: 1,869,508

	Base Data														
Category of Service	PMPM	Completion	Encounter Issue	Adjusted PMPM	Crisis Removal	DAP Removal	APSI Removal	Pharmacy Reimbursement Savings	HCV Treatment	DRG Change Impact	Other Base Data Adjustments	IMD (Reprice Stays of all Lengths)	IMD (Remove Stays > 15)	IMD (Remove Related Expenses > 15)	Adjusted Base PMPM
Inpatient and LTC	$9.72	0.8746	1.0000	$11.12	0.00%	-0.24%	0.00%	0.00%	0.00%	2.98%	0.00%	0.00%	0.00%	0.00%	$11.42
Behavioral Health Inpatient and LTC	$4.97	0.8722	1.0000	$5.70	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	-1.41%	0.00%	0.00%	0.00%	$5.62
Physical Health Physician	$17.98	0.9639	1.0000	$18.65	0.00%	-0.43%	-10.86%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	$16.56
Behavioral Health Physician	$21.61	0.9634	1.0000	$22.43	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	-0.15%	0.00%	0.00%	0.00%	$22.40
Transportation	$4.36	0.9638	1.0000	$4.53	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	2.66%	0.00%	0.00%	0.00%	$4.65
Other Professional Services	$20.84	0.9639	1.0000	$21.62	-10.71%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	$19.31
Pharmacy	$19.26	0.9866	1.0000	$19.52	0.00%	0.00%	0.00%	-0.89%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	$19.35
Outpatient Facility	$8.61	0.8961	1.0000	$9.61	0.00%	-0.64%	0.00%	0.00%	0.00%	0.00%	0.06%	0.00%	0.00%	0.00%	$9.55
Emergency Facility	$10.03	0.8980	1.0000	$11.17	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	$11.17
Laboratory and Radiology Services	$2.98	0.9637	1.0000	$3.09	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	2.11%	0.00%	0.00%	0.00%	$3.16
Dental	$10.75	0.9651	0.8744	$12.74	0.00%	0.00%	-0.03%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	$12.73
FQHC	$22.51	0.9636	0.9848	$23.72	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	$23.72
Gross Medical	**$153.62**			**$163.90**											**$159.62**

GSA: South
Rate Cell: AGE 21+
Base Period: October 1, 2017 through September 30, 2018
Projection Period: October 1, 2019 through September 30, 2020
Base Period Member Months: 877,758
Projection Period Member Months: 811,686

	Base Data														
Category of Service	PMPM	Completion	Encounter Issue	Adjusted PMPM	Crisis Removal	DAP Removal	APSI Removal	Pharmacy Reimbursement Savings	HCV Treatment	DRG Change Impact	Other Base Data Adjustments	IMD (Reprice Stays of all Lengths)	IMD (Remove Stays > 15)	IMD (Remove Related Expenses > 15)	Adjusted Base PMPM
Inpatient and LTC	$28.90	0.8734	1.0000	$33.09	0.00%	-0.33%	0.00%	0.00%	0.00%	2.56%	0.00%	0.28%	-0.10%	0.00%	$33.88
Behavioral Health Inpatient and LTC	$2.85	0.8601	1.0000	$3.31	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	-0.64%	0.00%	0.00%	0.00%	$3.29
Physical Health Physician	$40.74	0.9632	1.0000	$42.29	0.00%	-0.26%	-11.26%	0.00%	0.00%	0.00%	0.24%	0.00%	0.00%	0.00%	$37.52
Behavioral Health Physician	$15.27	0.9635	1.0000	$15.84	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	-0.36%	0.00%	0.00%	0.00%	$15.79
Transportation	$7.62	0.9631	1.0000	$7.91	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	1.01%	0.00%	0.00%	0.00%	$7.99
Other Professional Services	$26.98	0.9633	1.0000	$28.01	-10.31%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	-0.01%	$25.12
Pharmacy	$52.24	0.9864	1.0000	$52.97	0.00%	0.00%	0.00%	-1.45%	-0.16%	0.00%	0.00%	0.00%	0.00%	0.00%	$52.12
Outpatient Facility	$32.63	0.8945	1.0000	$36.48	0.00%	-0.49%	0.00%	0.00%	0.00%	0.00%	0.03%	0.00%	0.00%	0.00%	$36.31
Emergency Facility	$26.62	0.8952	1.0000	$29.74	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	$29.74
Laboratory and Radiology Services	$21.23	0.9636	1.0000	$22.03	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	$22.03
Dental	$0.36	0.9590	0.6984	$0.54	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	$0.54
FQHC	$27.68	0.9633	0.9964	$28.84	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	$28.84
Gross Medical	**$283.12**			**$301.04**											**$293.16**

GSA: South
Rate Cell: Duals
Base Period: October 1, 2017 through September 30, 2018
Projection Period: October 1, 2019 through September 30, 2020
Base Period Member Months: 399,129
Projection Period Member Months: 423,613

	Base Data														
Category of Service	PMPM	Completion	Encounter Issue	Adjusted PMPM	Crisis Removal	DAP Removal	APSI Removal	Pharmacy Reimbursement Savings	HCV Treatment	DRG Change Impact	Other Base Data Adjustments	IMD (Reprice Stays of all Lengths)	IMD (Remove Stays > 15)	IMD (Remove Related Expenses > 15)	Adjusted Base PMPM
Inpatient and LTC	$13.63	0.8838	1.0000	$15.42	0.00%	-0.68%	0.00%	0.00%	0.00%	0.00%	0.00%	1.18%	-0.24%	0.00%	$15.45
Behavioral Health Inpatient and LTC	$0.66	0.8544	1.0000	$0.77	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	-0.70%	0.00%	0.00%	0.00%	$0.77
Physical Health Physician	$19.50	0.9652	1.0000	$20.20	0.00%	-0.16%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	$20.17
Behavioral Health Physician	$7.88	0.9635	1.0000	$8.18	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	-0.44%	0.00%	0.00%	0.00%	$8.15
Transportation	$9.41	0.9629	1.0000	$9.77	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.18%	0.00%	0.00%	0.00%	$9.79
Other Professional Services	$9.27	0.9657	1.0000	$9.60	-27.38%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	-0.06%	$6.97
Pharmacy	$3.19	0.9867	1.0000	$3.23	0.00%	0.00%	0.00%	-0.67%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	$3.21
Outpatient Facility	$19.32	0.8980	1.0000	$21.52	0.00%	-0.25%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	$21.46
Emergency Facility	$4.69	0.8977	1.0000	$5.22	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	$5.22
Laboratory and Radiology Services	$4.48	0.9649	1.0000	$4.64	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	$4.64
Dental	$0.30	0.9584	0.8712	$0.36	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	$0.36
FQHC	$4.95	0.9664	0.9855	$5.20	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	$5.20
Gross Medical	**$97.28**			**$104.12**											**$101.39**

GSA: South
Rate Cell: SSIWO
Base Period: October 1, 2017 through September 30, 2018
Projection Period: October 1, 2019 through September 30, 2020
Base Period Member Months: 159,206
Projection Period Member Months: 155,311

	Base Data														
Category of Service	PMPM	Completion	Encounter Issue	Adjusted PMPM	Crisis Removal	DAP Removal	APSI Removal	Pharmacy Reimbursement Savings	HCV Treatment	DRG Change Impact	Other Base Data Adjustments	IMD (Reprice Stays of all Lengths)	IMD (Remove Stays > 15)	IMD (Remove Related Expenses > 15)	Adjusted Base PMPM
Inpatient and LTC	$202.55	0.8726	1.0000	$232.11	0.00%	-0.33%	0.00%	0.00%	0.00%	1.82%	0.00%	0.04%	-0.18%	0.00%	$235.23
Behavioral Health Inpatient and LTC	$15.50	0.8729	1.0000	$17.76	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	-0.90%	0.00%	0.00%	0.00%	$17.60
Physical Health Physician	$135.83	0.9637	1.0000	$140.95	0.00%	-0.16%	-9.11%	0.00%	0.00%	0.00%	0.07%	0.00%	0.00%	0.00%	$128.01
Behavioral Health Physician	$51.53	0.9640	1.0000	$53.45	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	-0.41%	0.00%	0.00%	0.00%	$53.23
Transportation	$39.03	0.9640	1.0000	$40.49	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	1.10%	0.00%	0.00%	0.00%	$40.93
Other Professional Services	$96.25	0.9640	1.0000	$99.85	-10.50%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	-0.12%	$89.26
Pharmacy	$301.85	0.9864	1.0000	$306.02	0.00%	0.00%	0.00%	-0.98%	-0.52%	0.00%	0.00%	0.00%	0.00%	0.00%	$301.42
Outpatient Facility	$124.42	0.8956	1.0000	$138.91	0.00%	-0.28%	0.00%	0.00%	0.00%	0.00%	0.01%	0.00%	0.00%	0.00%	$138.53
Emergency Facility	$43.51	0.8954	1.0000	$48.59	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	$48.59
Laboratory and Radiology Services	$33.09	0.9628	1.0000	$34.37	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.26%	0.00%	0.00%	0.00%	$34.45
Dental	$2.98	0.9649	0.8759	$3.53	0.00%	0.00%	-0.57%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	$3.51
FQHC	$38.47	0.9637	0.9948	$40.13	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	$40.13
Gross Medical	**$1,085.01**			**$1,156.17**											**$1,130.89**

GSA: South
Rate Cell: Prop 204 Childless Adults
Base Period: October 1, 2017 through September 30, 2018
Projection Period: October 1, 2019 through September 30, 2020
Base Period Member Months: 892,931
Projection Period Member Months: 882,248

	Base Data														
Category of Service	PMPM	Completion	Encounter Issue	Adjusted PMPM	Crisis Removal	DAP Removal	APSI Removal	Pharmacy Reimbursement Savings	HCV Treatment	DRG Change Impact	Other Base Data Adjustments	IMD (Reprice Stays of all Lengths)	IMD (Remove Stays > 15)	IMD (Remove Related Expenses > 15)	Adjusted Base PMPM
Inpatient and LTC	$74.67	0.8702	1.0000	$85.80	0.00%	-0.36%	0.00%	0.00%	0.00%	1.73%	0.00%	0.45%	-0.49%	0.00%	$86.94
Behavioral Health Inpatient and LTC	$16.94	0.8661	1.0000	$19.56	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	-0.58%	0.00%	0.00%	0.00%	$19.44
Physical Health Physician	$56.95	0.9634	1.0000	$59.11	0.00%	-0.17%	-7.68%	0.00%	0.00%	0.00%	0.37%	0.00%	0.00%	0.00%	$54.67
Behavioral Health Physician	$44.51	0.9636	1.0000	$46.19	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	-1.46%	0.00%	0.00%	0.00%	$45.52
Transportation	$18.50	0.9622	1.0000	$19.22	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	1.47%	0.00%	0.00%	0.00%	$19.50
Other Professional Services	$50.38	0.9633	1.0000	$52.30	-30.16%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	-0.13%	$36.48
Pharmacy	$92.62	0.9865	1.0000	$93.89	0.00%	0.00%	0.00%	-1.27%	-1.50%	0.00%	0.00%	0.00%	0.00%	0.00%	$91.31
Outpatient Facility	$39.40	0.8958	1.0000	$43.98	0.00%	-0.46%	0.00%	0.00%	0.00%	0.00%	0.04%	0.00%	0.00%	0.00%	$43.79
Emergency Facility	$30.65	0.8947	1.0000	$34.26	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	$34.26
Laboratory and Radiology Services	$20.31	0.9634	1.0000	$21.08	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	$21.08
Dental	$1.01	0.9636	0.8079	$1.30	0.00%	0.00%	-0.17%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	$1.30
FQHC	$26.46	0.9637	0.9954	$27.58	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	$27.58
Gross Medical	**$472.40**			**$504.28**											**$481.88**

GSA: South
Rate Cell: Expansion Adults
Base Period: October 1, 2017 through September 30, 2018
Projection Period: October 1, 2019 through September 30, 2020
Base Period Member Months: 261,406
Projection Period Member Months: 234,126

	Base Data														
Category of Service	PMPM	Completion	Encounter Issue	Adjusted PMPM	Crisis Removal	DAP Removal	APSI Removal	Pharmacy Reimbursement Savings	HCV Treatment	DRG Change Impact	Other Base Data Adjustments	IMD (Reprice Stays of all Lengths)	IMD (Remove Stays > 15)	IMD (Remove Related Expenses > 15)	Adjusted Base PMPM
Inpatient and LTC	$40.81	0.8671	1.0000	$47.07	0.00%	-0.34%	0.00%	0.00%	0.00%	1.57%	0.00%	0.25%	-0.12%	0.00%	$47.70
Behavioral Health Inpatient and LTC	$2.81	0.8770	1.0000	$3.20	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	-0.94%	0.00%	0.00%	0.00%	$3.17
Physical Health Physician	$51.89	0.9632	1.0000	$53.87	0.00%	-0.17%	-6.42%	0.00%	0.00%	0.00%	0.13%	0.00%	0.00%	0.00%	$50.39
Behavioral Health Physician	$11.86	0.9653	1.0000	$12.29	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	-0.31%	0.00%	0.00%	0.00%	$12.25
Transportation	$6.47	0.9622	1.0000	$6.73	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.62%	0.00%	0.00%	0.00%	$6.77
Other Professional Services	$27.97	0.9631	1.0000	$29.04	-8.15%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	-0.10%	$26.65
Pharmacy	$74.47	0.9864	1.0000	$75.50	0.00%	0.00%	0.00%	-1.34%	-0.81%	0.00%	0.00%	0.00%	0.00%	0.00%	$73.89
Outpatient Facility	$40.32	0.8931	1.0000	$45.15	0.00%	-0.40%	0.00%	0.00%	0.00%	0.00%	0.01%	0.00%	0.00%	0.00%	$44.97
Emergency Facility	$20.42	0.8944	1.0000	$22.83	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	$22.83
Laboratory and Radiology Services	$19.12	0.9635	1.0000	$19.84	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	$19.84
Dental	$0.80	0.9638	0.8030	$1.04	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	$1.04
FQHC	$26.49	0.9634	0.9963	$27.60	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	$27.60
Gross Medical	**$323.43**			**$344.15**											**$337.09**

GSA: North
Rate Cell: Delivery Supplemental Payments
Base Period: October 1, 2017 through September 30, 2018
Projection Period: October 1, 2019 through September 30, 2020
Base Period Member Months: 2,990
Projection Period Member Months: 2,937

	Base Data														
Category of Service	PMPK	Completion	Encounter Issue	Adjusted PMPK	Crisis Removal	DAP Removal	APSI Removal	Pharmacy Reimbursement Savings	HCV Treatment	DRG Change Impact	Other Base Data Adjustments	IMD (Reprice Stays of all Lengths)	IMD (Remove Stays > 15)	IMD (Remove Related Expenses > 15)	Adjusted Base PMPK
Inpatient	$2,926.13	0.8487	1.0000	$3,447.95	0.00%	-0.23%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	$3,440.04
Physician	$1,490.31	0.9582	1.0000	$1,555.30	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	$1,555.30
Transportation	$113.74	0.9684	1.0000	$117.45	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	$117.45
Other Professional Services	$161.43	0.9579	1.0000	$168.53	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	$168.53
Pharmacy	$19.45	0.9781	1.0000	$19.89	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	$19.89
Outpatient	$10.92	0.9275	1.0000	$11.78	0.00%	-11.29%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	$10.45
Laboratory and Radiology Services	$26.74	0.9582	1.0000	$27.91	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	$27.91
FQHC	$3.56	0.9555	1.0000	$3.72	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	$3.72
Gross Medical	**$4,752.29**			**$5,352.54**											**$5,343.30**

GSA: Central
Rate Cell: Delivery Supplemental Payments
Base Period: October 1, 2017 through September 30, 2018
Projection Period: October 1, 2019 through September 30, 2020
Base Period Member Months: 22,225
Projection Period Member Months: 21,827

	Base Data														
Category of Service	PMPK	Completion	Encounter Issue	Adjusted PMPK	Crisis Removal	DAP Removal	APSI Removal	Pharmacy Reimbursement Savings	HCV Treatment	DRG Change Impact	Other Base Data Adjustments	IMD (Reprice Stays of all Lengths)	IMD (Remove Stays > 15)	IMD (Remove Related Expenses > 15)	Adjusted Base PMPK
Inpatient	$3,002.07	0.8779	1.0000	$3,419.77	0.00%	-0.49%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	$3,403.15
Physician	$1,661.58	0.9536	1.0000	$1,742.50	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	$1,742.50
Transportation	$28.23	0.9528	1.0000	$29.62	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	$29.62
Other Professional Services	$93.74	0.9539	1.0000	$98.27	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	$98.27
Pharmacy	$38.33	0.9841	1.0000	$38.95	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	$38.95
Outpatient	$11.40	0.9357	1.0000	$12.18	0.00%	-21.26%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	$9.59
Laboratory and Radiology Services	$25.98	0.9535	1.0000	$27.25	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	$27.25
FQHC	$3.07	0.9543	1.0000	$3.21	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	$3.21
Gross Medical	**$4,864.39**			**$5,371.76**											**$5,352.55**

GSA: South
Rate Cell: Delivery Supplemental Payments
Base Period: October 1, 2017 through September 30, 2018
Projection Period: October 1, 2019 through September 30, 2020
Base Period Member Months: 8,050
Projection Period Member Months: 7,906

	Base Data														
Category of Service	PMPK	Completion	Encounter Issue	Adjusted PMPK	Crisis Removal	DAP Removal	APSI Removal	Pharmacy Reimbursement Savings	HCV Treatment	DRG Change Impact	Other Base Data Adjustments	IMD (Reprice Stays of all Lengths)	IMD (Remove Stays > 15)	IMD (Remove Related Expenses > 15)	Adjusted Base PMPK
Inpatient	$2,977.54	0.8672	1.0000	$3,433.59	0.00%	-0.36%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	$3,421.36
Physician	$1,638.12	0.9627	1.0000	$1,701.61	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	$1,701.61
Transportation	$56.71	0.9634	1.0000	$58.87	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	$58.87
Other Professional Services	$132.32	0.9620	1.0000	$137.54	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	$137.54
Pharmacy	$42.45	0.9855	1.0000	$43.07	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	$43.07
Outpatient	$21.87	0.8965	1.0000	$24.40	0.00%	-9.69%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	$22.04
Laboratory and Radiology Services	$27.24	0.9625	1.0000	$28.30	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	$28.30
FQHC	$9.25	0.9652	1.0000	$9.58	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	$9.58
Gross Medical	**$4,905.49**			**$5,436.96**											**$5,422.37**

Appendix 5: Projected Benefit Cost Trends

North				
Risk Group	Trend COS	Utilization per 1000	Unit Cost	PMPM
AGE < 1	Inpatient and LTC	2.5%	0.5%	3.0%
AGE < 1	Physician	0.4%	2.6%	3.0%
AGE < 1	Transportation	1.0%	1.5%	2.5%
AGE < 1	Other Professional Services	2.0%	1.5%	3.5%
AGE < 1	Pharmacy	0.5%	0.5%	1.0%
AGE < 1	Outpatient	1.5%	0.5%	2.0%
AGE < 1	Lab and Radiology Services	2.0%	0.5%	2.5%
AGE < 1	Dental	2.0%	0.0%	2.0%
AGE < 1	FQHC	-0.5%	4.0%	3.5%
AGE 1-20	Inpatient and LTC	4.5%	0.5%	5.0%
AGE 1-20	Physician	0.1%	1.9%	2.0%
AGE 1-20	Transportation	1.0%	1.5%	2.5%
AGE 1-20	Other Professional Services	3.0%	0.5%	3.5%
AGE 1-20	Pharmacy	0.5%	4.5%	5.0%
AGE 1-20	Outpatient	2.0%	2.0%	4.0%
AGE 1-20	Lab and Radiology Services	2.0%	0.5%	2.5%
AGE 1-20	Dental	2.0%	0.0%	2.0%
AGE 1-20	FQHC	-0.5%	4.0%	3.5%
AGE 21+	Inpatient and LTC	3.0%	0.5%	3.5%
AGE 21+	Physician	0.5%	0.0%	0.5%
AGE 21+	Transportation	1.0%	1.5%	2.5%
AGE 21+	Other Professional Services	4.5%	0.5%	5.0%
AGE 21+	Pharmacy	1.5%	5.0%	6.6%
AGE 21+	Outpatient	4.0%	1.2%	5.2%
AGE 21+	Lab and Radiology Services	2.0%	0.5%	2.5%
AGE 21+	Dental	2.0%	0.0%	2.0%
AGE 21+	FQHC	-0.5%	4.0%	3.5%
Duals	Inpatient and LTC	0.0%	0.5%	0.5%
Duals	Physician	0.0%	0.0%	0.0%
Duals	Transportation	1.0%	1.5%	2.5%
Duals	Other Professional Services	0.5%	0.0%	0.5%
Duals	Pharmacy	1.0%	0.0%	1.0%
Duals	Outpatient	1.0%	0.0%	1.0%
Duals	Lab and Radiology Services	2.0%	0.5%	2.5%
Duals	Dental	2.0%	0.0%	2.0%
Duals	FQHC	-0.5%	4.0%	3.5%
SSIWO	Inpatient and LTC	2.5%	1.0%	3.5%
SSIWO	Physician	0.5%	0.5%	1.0%
SSIWO	Transportation	1.0%	1.5%	2.5%
SSIWO	Other Professional Services	2.5%	0.5%	3.0%
SSIWO	Pharmacy	1.5%	2.5%	4.0%
SSIWO	Outpatient	4.5%	0.5%	5.0%
SSIWO	Lab and Radiology Services	2.0%	0.5%	2.5%
SSIWO	Dental	2.0%	0.0%	2.0%
SSIWO	FQHC	-0.5%	4.0%	3.5%
Prop 204 Childless Adults	Inpatient and LTC	5.0%	0.0%	5.0%
Prop 204 Childless Adults	Physician	0.5%	2.0%	2.5%
Prop 204 Childless Adults	Transportation	1.0%	1.5%	2.5%
Prop 204 Childless Adults	Other Professional Services	3.5%	0.0%	3.5%
Prop 204 Childless Adults	Pharmacy	3.0%	3.0%	6.1%
Prop 204 Childless Adults	Outpatient	4.5%	1.0%	5.5%
Prop 204 Childless Adults	Lab and Radiology Services	2.0%	0.5%	2.5%
Prop 204 Childless Adults	Dental	2.0%	0.0%	2.0%
Prop 204 Childless Adults	FQHC	-0.5%	4.0%	3.5%
Expansion Adults	Inpatient and LTC	3.2%	0.3%	3.5%
Expansion Adults	Physician	1.0%	0.5%	1.5%
Expansion Adults	Transportation	1.0%	1.5%	2.5%
Expansion Adults	Other Professional Services	4.0%	0.0%	4.0%
Expansion Adults	Pharmacy	4.0%	3.0%	7.1%
Expansion Adults	Outpatient	4.0%	0.5%	4.5%
Expansion Adults	Lab and Radiology Services	2.0%	0.5%	2.5%
Expansion Adults	Dental	2.0%	0.0%	2.0%
Expansion Adults	FQHC	-0.5%	4.0%	3.5%
Delivery Supplemental Payments	Inpatient and LTC	4.0%	1.0%	5.0%
Delivery Supplemental Payments	Physician	1.5%	0.5%	2.0%
Delivery Supplemental Payments	Transportation	1.5%	2.0%	3.5%
Delivery Supplemental Payments	Other Professional Services	1.5%	2.0%	3.5%
Delivery Supplemental Payments	Pharmacy	1.5%	2.0%	3.5%
Delivery Supplemental Payments	Outpatient	1.5%	2.0%	3.5%
Delivery Supplemental Payments	Lab and Radiology Services	1.5%	2.0%	3.5%
Delivery Supplemental Payments	Dental	1.5%	2.0%	3.5%
Delivery Supplemental Payments	FQHC	1.5%	2.0%	3.5%

Central				
Risk Group	Trend COS	Utilization per 1000	Unit Cost	PMPM
AGE < 1	Inpatient and LTC	2.8%	0.2%	3.0%
AGE < 1	Physician	0.5%	1.5%	2.0%
AGE < 1	Transportation	3.0%	0.5%	3.5%
AGE < 1	Other Professional Services	0.5%	3.0%	3.5%
AGE < 1	Pharmacy	0.2%	1.3%	1.5%
AGE < 1	Outpatient	1.0%	1.0%	2.0%
AGE < 1	Lab and Radiology Services	1.8%	0.2%	2.0%
AGE < 1	Dental	3.0%	1.0%	4.0%
AGE < 1	FQHC	-1.0%	6.0%	4.9%
AGE 1-20	Inpatient and LTC	4.0%	0.5%	4.5%
AGE 1-20	Physician	0.3%	2.2%	2.5%
AGE 1-20	Transportation	3.0%	0.5%	3.5%
AGE 1-20	Other Professional Services	3.8%	0.2%	4.0%
AGE 1-20	Pharmacy	1.0%	4.5%	5.5%
AGE 1-20	Outpatient	0.5%	3.0%	3.5%
AGE 1-20	Lab and Radiology Services	1.8%	0.2%	2.0%
AGE 1-20	Dental	3.0%	1.0%	4.0%
AGE 1-20	FQHC	-1.0%	6.0%	4.9%
AGE 21+	Inpatient and LTC	4.0%	0.5%	4.5%
AGE 21+	Physician	1.3%	0.2%	1.5%
AGE 21+	Transportation	3.0%	0.5%	3.5%
AGE 21+	Other Professional Services	4.0%	0.5%	4.5%
AGE 21+	Pharmacy	0.7%	6.5%	7.2%
AGE 21+	Outpatient	2.0%	3.0%	5.1%
AGE 21+	Lab and Radiology Services	1.8%	0.2%	2.0%
AGE 21+	Dental	3.0%	1.0%	4.0%
AGE 21+	FQHC	-1.0%	6.0%	4.9%
Duals	Inpatient and LTC	0.0%	0.5%	0.5%
Duals	Physician	0.0%	0.0%	0.0%
Duals	Transportation	3.0%	0.5%	3.5%
Duals	Other Professional Services	0.0%	1.5%	1.5%
Duals	Pharmacy	1.0%	0.0%	1.0%
Duals	Outpatient	0.0%	0.0%	0.0%
Duals	Lab and Radiology Services	1.8%	0.2%	2.0%
Duals	Dental	3.0%	1.0%	4.0%
Duals	FQHC	-1.0%	6.0%	4.9%
SSIWO	Inpatient and LTC	4.5%	0.0%	4.5%
SSIWO	Physician	2.5%	1.0%	3.5%
SSIWO	Transportation	3.0%	0.5%	3.5%
SSIWO	Other Professional Services	3.0%	1.0%	4.0%
SSIWO	Pharmacy	3.5%	1.0%	4.5%
SSIWO	Outpatient	2.5%	3.0%	5.6%
SSIWO	Lab and Radiology Services	1.8%	0.2%	2.0%
SSIWO	Dental	3.0%	1.0%	4.0%
SSIWO	FQHC	-1.0%	6.0%	4.9%
Prop 204 Childless Adults	Inpatient and LTC	4.5%	0.5%	5.0%
Prop 204 Childless Adults	Physician	2.5%	0.0%	2.5%
Prop 204 Childless Adults	Transportation	3.0%	0.5%	3.5%
Prop 204 Childless Adults	Other Professional Services	4.5%	0.0%	4.5%
Prop 204 Childless Adults	Pharmacy	2.0%	4.5%	6.6%
Prop 204 Childless Adults	Outpatient	3.0%	2.5%	5.6%
Prop 204 Childless Adults	Lab and Radiology Services	1.8%	0.2%	2.0%
Prop 204 Childless Adults	Dental	3.0%	1.0%	4.0%
Prop 204 Childless Adults	FQHC	-1.0%	6.0%	4.9%
Expansion Adults	Inpatient and LTC	4.0%	0.5%	4.5%
Expansion Adults	Physician	1.5%	0.5%	2.0%
Expansion Adults	Transportation	3.0%	0.5%	3.5%
Expansion Adults	Other Professional Services	4.5%	0.5%	5.0%
Expansion Adults	Pharmacy	3.0%	4.0%	7.1%
Expansion Adults	Outpatient	3.0%	2.0%	5.1%
Expansion Adults	Lab and Radiology Services	1.8%	0.2%	2.0%
Expansion Adults	Dental	3.0%	1.0%	4.0%
Expansion Adults	FQHC	-1.0%	6.0%	4.9%
Delivery Supplemental Payments	Inpatient and LTC	4.8%	0.2%	5.0%
Delivery Supplemental Payments	Physician	0.5%	2.5%	3.0%
Delivery Supplemental Payments	Transportation	1.0%	2.5%	3.5%
Delivery Supplemental Payments	Other Professional Services	1.0%	2.5%	3.5%
Delivery Supplemental Payments	Pharmacy	1.0%	2.5%	3.5%
Delivery Supplemental Payments	Outpatient	1.0%	2.5%	3.5%
Delivery Supplemental Payments	Lab and Radiology Services	1.0%	2.5%	3.5%
Delivery Supplemental Payments	Dental	1.0%	2.5%	3.5%
Delivery Supplemental Payments	FQHC	1.0%	2.5%	3.5%

South				
Risk Group	Trend COS	Utilization per 1000	Unit Cost	PMPM
AGE < 1	Inpatient and LTC	2.5%	0.5%	3.0%
AGE < 1	Physician	0.5%	1.0%	1.5%
AGE < 1	Transportation	2.5%	0.5%	3.0%
AGE < 1	Other Professional Services	1.0%	1.5%	2.5%
AGE < 1	Pharmacy	0.0%	2.0%	2.0%
AGE < 1	Outpatient	2.0%	0.5%	2.5%
AGE < 1	Lab and Radiology Services	2.5%	0.5%	3.0%
AGE < 1	Dental	1.5%	0.5%	2.0%
AGE < 1	FQHC	-1.0%	5.0%	4.0%
AGE 1-20	Inpatient and LTC	4.5%	0.5%	5.0%
AGE 1-20	Physician	0.1%	1.4%	1.5%
AGE 1-20	Transportation	2.5%	0.5%	3.0%
AGE 1-20	Other Professional Services	3.5%	0.0%	3.5%
AGE 1-20	Pharmacy	0.5%	4.5%	5.0%
AGE 1-20	Outpatient	1.5%	3.0%	4.5%
AGE 1-20	Lab and Radiology Services	2.5%	0.5%	3.0%
AGE 1-20	Dental	1.5%	0.5%	2.0%
AGE 1-20	FQHC	-1.0%	5.0%	4.0%
AGE 21+	Inpatient and LTC	3.4%	0.1%	3.5%
AGE 21+	Physician	2.0%	0.0%	2.0%
AGE 21+	Transportation	2.5%	0.5%	3.0%
AGE 21+	Other Professional Services	4.5%	0.5%	5.0%
AGE 21+	Pharmacy	1.0%	6.5%	7.6%
AGE 21+	Outpatient	0.5%	4.0%	4.5%
AGE 21+	Lab and Radiology Services	2.5%	0.5%	3.0%
AGE 21+	Dental	1.5%	0.5%	2.0%
AGE 21+	FQHC	-1.0%	5.0%	4.0%
Duals	Inpatient and LTC	0.0%	0.5%	0.5%
Duals	Physician	0.0%	0.0%	0.0%
Duals	Transportation	2.5%	0.5%	3.0%
Duals	Other Professional Services	1.0%	0.5%	1.5%
Duals	Pharmacy	1.0%	3.0%	4.0%
Duals	Outpatient	0.0%	0.0%	0.0%
Duals	Lab and Radiology Services	2.5%	0.5%	3.0%
Duals	Dental	1.5%	0.5%	2.0%
Duals	FQHC	-1.0%	5.0%	4.0%
SSIWO	Inpatient and LTC	4.0%	0.5%	4.5%
SSIWO	Physician	1.0%	1.5%	2.5%
SSIWO	Transportation	2.5%	0.5%	3.0%
SSIWO	Other Professional Services	3.0%	0.5%	3.5%
SSIWO	Pharmacy	0.5%	5.0%	5.0%
SSIWO	Outpatient	0.5%	3.5%	4.0%
SSIWO	Lab and Radiology Services	2.5%	0.5%	3.0%
SSIWO	Dental	1.5%	0.5%	2.0%
SSIWO	FQHC	-1.0%	5.0%	4.0%
Prop 204 Childless Adults	Inpatient and LTC	4.5%	0.5%	5.0%
Prop 204 Childless Adults	Physician	2.5%	0.0%	2.5%
Prop 204 Childless Adults	Transportation	2.5%	0.5%	3.0%
Prop 204 Childless Adults	Other Professional Services	3.0%	0.5%	3.5%
Prop 204 Childless Adults	Pharmacy	1.5%	5.0%	6.6%
Prop 204 Childless Adults	Outpatient	1.0%	4.5%	5.5%
Prop 204 Childless Adults	Lab and Radiology Services	2.5%	0.5%	3.0%
Prop 204 Childless Adults	Dental	1.5%	0.5%	2.0%
Prop 204 Childless Adults	FQHC	-1.0%	5.0%	4.0%
Expansion Adults	Inpatient and LTC	4.0%	0.5%	4.5%
Expansion Adults	Physician	3.0%	0.5%	3.5%
Expansion Adults	Transportation	2.5%	0.5%	3.0%
Expansion Adults	Other Professional Services	4.2%	0.3%	4.5%
Expansion Adults	Pharmacy	1.5%	5.5%	7.1%
Expansion Adults	Outpatient	0.5%	5.0%	5.5%
Expansion Adults	Lab and Radiology Services	2.5%	0.5%	3.0%
Expansion Adults	Dental	1.5%	0.5%	2.0%
Expansion Adults	FQHC	-1.0%	5.0%	4.0%
Delivery Supplemental Payments	Inpatient and LTC	5.0%	0.5%	5.5%
Delivery Supplemental Payments	Physician	3.1%	0.4%	3.5%
Delivery Supplemental Payments	Transportation	2.1%	2.0%	4.1%
Delivery Supplemental Payments	Other Professional Services	2.1%	2.0%	4.1%
Delivery Supplemental Payments	Pharmacy	2.1%	2.0%	4.1%
Delivery Supplemental Payments	Outpatient	2.1%	2.0%	4.1%
Delivery Supplemental Payments	Lab and Radiology Services	2.1%	2.0%	4.1%
Delivery Supplemental Payments	Dental	2.1%	2.0%	4.1%
Delivery Supplemental Payments	FQHC	2.1%	2.0%	4.1%

Appendix 6: Gross Medical Capitation Rate Development

GSA: North
Rate Cell: AGE < 1
Base Period: October 1, 2017 through September 30, 2018
Projection Period: October 1, 2019 through September 30, 2020
Base Period Member Months: 47,314
Projection Period Member Months: 42,284

Category of Service	Adjusted Base PMPM	Trend	Hemo Factor Pricing Change	BH Services in Schools	Applied Behavior Analysis	P&T Decisions	Telehealth	Fee Schedule Changes/Min Wage/DRG	Combined Misc. Changes	Rx Rebates	Gross Medical
Inpatient and LTC	$277.72	3.01%	0.00%	0.00%	0.00%	0.00%	0.00%	0.01%	0.00%	0.00%	$294.72
Behavioral Health Inpatient and LTC	$0.00	3.01%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	$0.00
Physical Health Physician	$99.53	3.01%	0.00%	0.00%	0.00%	0.00%	0.68%	-0.33%	0.13%	0.00%	$106.11
Behavioral Health Physician	$0.96	3.01%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	$1.02
Transportation	$23.96	2.51%	0.00%	0.00%	0.00%	0.00%	0.00%	1.78%	-0.18%	0.00%	$25.59
Other Professional Services	$28.94	3.53%	0.00%	0.00%	0.00%	0.00%	0.00%	0.36%	0.40%	0.00%	$31.26
Pharmacy	$7.01	1.00%	0.07%	0.00%	0.00%	-4.94%	0.00%	0.00%	0.00%	-2.00%	$6.67
Outpatient Facility	$15.59	2.01%	0.00%	0.00%	0.00%	0.00%	0.00%	-0.62%	0.00%	0.00%	$16.12
Emergency Facility	$25.38	2.01%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	$26.41
Laboratory and Radiology Services	$6.00	2.51%	0.00%	0.00%	0.00%	0.00%	0.00%	1.24%	0.14%	0.00%	$6.40
Dental	$0.50	2.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	$0.52
FQHC	$18.06	3.48%	0.00%	0.00%	0.00%	0.00%	0.00%	0.47%	0.00%	0.00%	$19.43
Gross Medical	**$503.65**	**2.92%**	**0.00%**	**0.00%**	**0.00%**	**-0.07%**	**0.13%**	**0.06%**	**0.05%**	**-0.03%**	**$534.24**

Differential Adjusted Payments (DAP)	
Non-FQHC	$9.71
FQHC	$0.16
Total DAP	**$9.87**

Total DAP	**$9.87**
Total Gross Medical PMPM	**$544.11**

GSA: North
Rate Cell: AGE 1-20
Base Period: October 1, 2017 through September 30, 2018
Projection Period: October 1, 2019 through September 30, 2020
Base Period Member Months: 725,190
Projection Period Member Months: 714,476

Category of Service	Adjusted Base PMPM	Trend	Hemo Factor Pricing Change	BH Services in Schools	Applied Behavior Analysis	P&T Decisions	Telehealth	Fee Schedule Changes/Min Wage/DRG	Combined Misc. Changes	Rx Rebates	Gross Medical
Inpatient and LTC	$10.20	5.02%	0.00%	0.00%	0.00%	0.00%	0.00%	0.96%	0.00%	0.00%	$11.36
Behavioral Health Inpatient and LTC	$8.40	5.02%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	$9.26
Physical Health Physician	$16.48	2.00%	0.00%	0.00%	0.00%	0.00%	2.83%	0.72%	0.27%	0.00%	$17.80
Behavioral Health Physician	$31.00	2.00%	0.00%	0.00%	2.25%	0.00%	0.49%	0.00%	0.00%	0.00%	$33.14
Transportation	$7.83	2.51%	0.00%	0.00%	0.00%	0.00%	0.00%	2.67%	-0.62%	0.00%	$8.40
Other Professional Services	$17.44	3.51%	0.00%	2.12%	0.00%	0.00%	0.00%	3.81%	0.18%	0.00%	$19.84
Pharmacy	$17.66	5.02%	0.17%	0.00%	0.00%	-1.18%	0.00%	0.00%	0.00%	-2.00%	$18.89
Outpatient Facility	$9.28	4.04%	0.00%	0.00%	0.00%	0.00%	0.00%	-0.10%	0.01%	0.00%	$10.03
Emergency Facility	$13.32	4.04%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	$14.42
Laboratory and Radiology Services	$2.79	2.51%	0.00%	0.00%	0.00%	0.00%	0.00%	1.06%	0.08%	0.00%	$2.97
Dental	$18.88	2.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	$19.64
FQHC	$6.07	3.48%	0.00%	0.00%	0.00%	0.00%	0.00%	0.48%	0.00%	0.00%	$6.53
Gross Medical	**$159.35**	**3.24%**	**0.02%**	**0.23%**	**0.43%**	**-0.13%**	**0.38%**	**0.72%**	**0.03%**	**-0.22%**	**$172.30**

Differential Adjusted Payments (DAP)	
Non-FQHC	$1.42
FQHC	$0.05
Total DAP	**$1.47**

Total DAP	**$1.47**
Total Gross Medical PMPM	**$173.78**

GSA: North
Rate Cell: AGE 21+
Base Period: October 1, 2017 through September 30, 2018
Projection Period: October 1, 2019 through September 30, 2020
Base Period Member Months: 330,162
Projection Period Member Months: 302,839

Category of Service	Adjusted Base PMPM	Trend	Hemo Factor Pricing Change	BH Services in Schools	Applied Behavior Analysis	P&T Decisions	Telehealth	Fee Schedule Changes/Min Wage/DRG	Combined Misc. Changes	Rx Rebates	Gross Medical
Inpatient and LTC	$41.49	3.51%	0.00%	0.00%	0.00%	0.00%	0.00%	0.22%	0.00%	0.00%	$44.56
Behavioral Health Inpatient and LTC	$4.86	3.51%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	$5.21
Physical Health Physician	$39.49	0.50%	0.00%	0.00%	0.00%	0.00%	2.21%	3.11%	0.03%	0.00%	$42.05
Behavioral Health Physician	$13.49	0.50%	0.00%	0.00%	0.00%	0.00%	2.16%	0.00%	0.00%	0.00%	$13.92
Transportation	$14.62	2.51%	0.00%	0.00%	0.00%	0.00%	0.00%	3.31%	-0.40%	0.00%	$15.81
Other Professional Services	$25.49	5.02%	0.00%	0.00%	0.00%	0.00%	0.00%	0.62%	0.17%	0.00%	$28.33
Pharmacy	$47.44	6.57%	0.00%	0.00%	0.00%	-0.92%	0.00%	0.00%	0.03%	-2.00%	$52.33
Outpatient Facility	$39.74	5.25%	0.00%	0.00%	0.00%	0.00%	0.00%	-0.06%	0.00%	0.00%	$44.00
Emergency Facility	$34.16	5.25%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	$37.84
Laboratory and Radiology Services	$15.75	2.51%	0.00%	0.00%	0.00%	0.00%	0.00%	-0.26%	0.77%	0.00%	$16.63
Dental	$0.99	2.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	$1.03
FQHC	$11.84	3.48%	0.00%	0.00%	0.00%	0.00%	0.00%	0.53%	0.00%	0.00%	$12.74
Gross Medical	**$289.36**	**3.95%**	**0.00%**	**0.00%**	**0.00%**	**-0.16%**	**0.38%**	**0.65%**	**0.05%**	**-0.34%**	**$314.46**

Differential Adjusted Payments (DAP)	
Non-FQHC	$3.66
FQHC	$0.11
Total DAP	**$3.77**

Total DAP	**$3.77**
Total Gross Medical PMPM	**$318.23**

GSA: North
Rate Cell: Duals
Base Period: October 1, 2017 through September 30, 2018
Projection Period: October 1, 2019 through September 30, 2020
Base Period Member Months: 152,327
Projection Period Member Months: 160,363

Category of Service	Adjusted Base PMPM	Trend	Hemo Factor Pricing Change	BH Services in Schools	Applied Behavior Analysis	P&T Decisions	Telehealth	Fee Schedule Changes/Min Wage/DRG	Combined Misc. Changes	Rx Rebates	Gross Medical
Inpatient and LTC	$14.58	0.50%	0.00%	0.00%	0.00%	0.00%	0.00%	2.71%	0.00%	0.00%	$15.12
Behavioral Health Inpatient and LTC	$0.77	0.50%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	$0.78
Physical Health Physician	$16.01	0.00%	0.00%	0.00%	0.00%	0.00%	1.67%	0.00%	0.00%	0.00%	$16.28
Behavioral Health Physician	$8.49	0.00%	0.00%	0.00%	0.00%	0.00%	1.05%	0.00%	0.24%	0.00%	$8.60
Transportation	$9.92	2.51%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	-0.99%	0.00%	$10.32
Other Professional Services	$9.19	0.50%	0.00%	0.00%	0.00%	0.00%	0.00%	0.39%	0.13%	0.00%	$9.33
Pharmacy	$1.64	1.00%	0.00%	0.00%	0.00%	-4.73%	0.00%	0.00%	0.00%	-2.00%	$1.56
Outpatient Facility	$20.85	1.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	$21.27
Emergency Facility	$5.85	1.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	$5.97
Laboratory and Radiology Services	$2.87	2.51%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	2.47%	0.00%	$3.09
Dental	$0.36	2.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	$0.37
FQHC	$2.15	3.48%	0.00%	0.00%	0.00%	0.00%	0.00%	0.06%	0.00%	0.00%	$2.30
Gross Medical	**$92.68**	**0.88%**	**0.00%**	**0.00%**	**0.00%**	**-0.08%**	**0.38%**	**0.46%**	**0.00%**	**-0.03%**	**$95.00**

Differential Adjusted Payments (DAP)	
Non-FQHC	$1.13
FQHC	$0.02
Total DAP	**$1.15**

Total DAP	**$1.15**
Total Gross Medical PMPM	**$96.15**

GSA: North
Rate Cell: SSIWO
Base Period: October 1, 2017 through September 30, 2018
Projection Period: October 1, 2019 through September 30, 2020
Base Period Member Months: 68,473
Projection Period Member Months: 66,257

Category of Service	Adjusted Base PMPM	Trend	Hemo Factor Pricing Change	BH Services in Schools	Applied Behavior Analysis	P&T Decisions	Telehealth	Fee Schedule Changes/Min Wage/DRG	Combined Misc. Changes	Rx Rebates	Gross Medical
Inpatient and LTC	$227.97	3.53%	0.00%	0.00%	0.00%	0.00%	0.00%	0.68%	0.00%	0.00%	$245.99
Behavioral Health Inpatient and LTC	$18.21	3.53%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	$19.51
Physical Health Physician	$113.48	1.00%	0.00%	0.00%	0.00%	0.00%	1.44%	2.09%	0.01%	0.00%	$119.89
Behavioral Health Physician	$52.87	1.00%	0.00%	0.00%	0.00%	0.00%	1.03%	0.00%	0.00%	0.00%	$54.49
Transportation	$54.58	2.51%	0.00%	0.00%	0.00%	0.00%	0.00%	3.44%	-0.45%	0.00%	$59.07
Other Professional Services	$97.79	3.01%	0.00%	0.00%	0.00%	0.00%	0.00%	1.55%	0.05%	0.00%	$105.43
Pharmacy	$295.62	4.04%	0.56%	0.00%	0.00%	-1.43%	0.00%	0.00%	0.00%	-2.00%	$310.81
Outpatient Facility	$124.95	5.02%	0.00%	0.00%	0.00%	0.00%	0.00%	0.07%	0.01%	0.00%	$137.93
Emergency Facility	$56.80	5.02%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	$62.65
Laboratory and Radiology Services	$26.39	2.51%	0.00%	0.00%	0.00%	0.00%	0.00%	0.38%	0.83%	0.00%	$28.06
Dental	$4.61	2.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	$4.80
FQHC	$14.18	3.48%	0.00%	0.00%	0.00%	0.00%	0.00%	0.57%	0.00%	0.00%	$15.27
Gross Medical	**$1,087.44**	**3.41%**	**0.15%**	**0.00%**	**0.00%**	**-0.40%**	**0.19%**	**0.69%**	**0.00%**	**-0.54%**	**$1,163.91**

Differential Adjusted Payments (DAP)	
Non-FQHC	$10.91
FQHC	$0.12
Total DAP	**$11.04**

Total DAP	**$11.04**
Total Gross Medical PMPM	**$1,174.94**

GSA: North
Rate Cell: Prop 204 Childless Adults
Base Period: October 1, 2017 through September 30, 2018
Projection Period: October 1, 2019 through September 30, 2020
Base Period Member Months: 395,877
Projection Period Member Months: 387,976

Category of Service	Adjusted Base PMPM	Trend	Hemo Factor Pricing Change	BH Services in Schools	Applied Behavior Analysis	P&T Decisions	Telehealth	Fee Schedule Changes/Min Wage/DRG	Combined Misc. Changes	Rx Rebates	Gross Medical
Inpatient and LTC	$100.11	5.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.77%	0.00%	0.00%	$111.22
Behavioral Health Inpatient and LTC	$17.01	5.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	$18.75
Physical Health Physician	$63.07	2.51%	0.00%	0.00%	0.00%	0.00%	1.51%	2.37%	0.01%	0.00%	$68.87
Behavioral Health Physician	$25.76	2.51%	0.00%	0.00%	0.00%	0.00%	1.23%	0.00%	0.00%	0.00%	$27.40
Transportation	$30.86	2.51%	0.00%	0.00%	0.00%	0.00%	0.00%	3.70%	-0.37%	0.00%	$33.51
Other Professional Services	$39.92	3.50%	0.00%	0.00%	0.00%	0.00%	0.00%	1.50%	0.21%	0.00%	$43.50
Pharmacy	$93.16	6.09%	0.00%	0.00%	0.00%	-0.93%	0.00%	0.00%	0.01%	-2.00%	$101.81
Outpatient Facility	$57.42	5.55%	0.00%	0.00%	0.00%	0.00%	0.00%	-0.03%	0.00%	0.00%	$63.94
Emergency Facility	$41.15	5.55%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	$45.84
Laboratory and Radiology Services	$17.27	2.51%	0.00%	0.00%	0.00%	0.00%	0.00%	-0.02%	1.02%	0.00%	$18.33
Dental	$1.63	2.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	$1.69
FQHC	$12.33	3.48%	0.00%	0.00%	0.00%	0.00%	0.00%	0.54%	0.00%	0.00%	$13.28
Gross Medical	**$499.69**	**4.47%**	**0.00%**	**0.00%**	**0.00%**	**-0.18%**	**0.24%**	**0.79%**	**0.03%**	**-0.38%**	**$548.15**

Differential Adjusted Payments (DAP)	
Non-FQHC	$5.78
FQHC	$0.11
Total DAP	**$5.89**

Total DAP	**$5.89**
Total Gross Medical PMPM	**$554.04**

GSA: North
Rate Cell: Expansion Adults
Base Period: October 1, 2017 through September 30, 2018
Projection Period: October 1, 2019 through September 30, 2020
Base Period Member Months: 105,233
Projection Period Member Months: 93,488

Category of Service	Adjusted Base PMPM	Trend	Hemo Factor Pricing Change	BH Services in Schools	Applied Behavior Analysis	P&T Decisions	Telehealth	Fee Schedule Changes/Min Wage/DRG	Combined Misc. Changes	Rx Rebates	Gross Medical
Inpatient and LTC	$62.77	3.51%	0.00%	0.00%	0.00%	0.00%	0.00%	0.30%	0.00%	0.00%	$67.46
Behavioral Health Inpatient and LTC	$4.43	3.51%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	$4.74
Physical Health Physician	$54.13	1.51%	0.00%	0.00%	0.00%	0.00%	1.45%	2.09%	0.01%	0.00%	$57.77
Behavioral Health Physician	$10.92	1.51%	0.00%	0.00%	0.00%	0.00%	2.40%	0.00%	0.00%	0.00%	$11.52
Transportation	$11.92	2.51%	0.00%	0.00%	0.00%	0.00%	0.00%	3.94%	-0.34%	0.00%	$12.98
Other Professional Services	$29.29	4.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.01%	0.07%	0.00%	$31.71
Pharmacy	$79.62	7.12%	0.00%	0.00%	0.00%	-3.29%	0.00%	0.00%	0.01%	-2.00%	$86.59
Outpatient Facility	$54.44	4.52%	0.00%	0.00%	0.00%	0.00%	0.00%	-0.12%	0.00%	0.00%	$59.40
Emergency Facility	$27.45	4.52%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	$29.99
Laboratory and Radiology Services	$16.51	2.51%	0.00%	0.00%	0.00%	0.00%	0.00%	-0.06%	1.46%	0.00%	$17.60
Dental	$1.34	2.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	$1.40
FQHC	$11.85	3.48%	0.00%	0.00%	0.00%	0.00%	0.00%	0.54%	0.00%	0.00%	$12.76
Gross Medical	**$364.68**	**4.14%**	**0.00%**	**0.00%**	**0.00%**	**-0.76%**	**0.28%**	**0.47%**	**0.06%**	**-0.45%**	**$393.91**

Differential Adjusted Payments (DAP)	
Non-FQHC	$4.21
FQHC	$0.11
Total DAP	**$4.32**

Total DAP	**$4.32**
Total Gross Medical PMPM	**$398.23**

GSA: Central
Rate Cell: AGE < 1
Base Period: October 1, 2017 through September 30, 2018
Projection Period: October 1, 2019 through September 30, 2020
Base Period Member Months: 396,833
Projection Period Member Months: 357,009

Category of Service	Adjusted Base PMPM	Trend	Hemo Factor Pricing Change	BH Services in Schools	Applied Behavior Analysis	P&T Decisions	Telehealth	Fee Schedule Changes/Min Wage/DRG	Combined Misc. Changes	Rx Rebates	Gross Medical
Inpatient and LTC	$293.25	3.01%	0.00%	0.00%	0.00%	0.00%	0.00%	0.02%	0.00%	0.00%	$311.20
Behavioral Health Inpatient and LTC	$0.00	3.01%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	$0.00
Physical Health Physician	$113.85	2.01%	0.00%	0.00%	0.00%	0.00%	0.07%	-0.37%	0.13%	0.00%	$118.28
Behavioral Health Physician	$0.15	2.01%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	$0.15
Transportation	$6.11	3.51%	0.00%	0.00%	0.00%	0.00%	0.00%	3.28%	-0.64%	0.00%	$6.72
Other Professional Services	$30.16	3.52%	0.00%	0.00%	0.00%	0.00%	0.00%	0.30%	0.49%	0.00%	$32.58
Pharmacy	$9.74	1.50%	0.02%	0.00%	0.00%	-1.47%	0.00%	0.00%	0.00%	-2.00%	$9.69
Outpatient Facility	$21.00	2.01%	0.00%	0.00%	0.00%	0.00%	0.00%	-9.10%	0.00%	0.00%	$19.86
Emergency Facility	$29.93	2.01%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	$31.14
Laboratory and Radiology Services	$6.65	2.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.73%	0.21%	0.00%	$7.00
Dental	$0.55	4.03%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	$0.60
FQHC	$36.27	4.94%	0.00%	0.00%	0.00%	0.00%	0.00%	2.18%	0.00%	0.00%	$40.81
Gross Medical	**$547.67**	**2.83%**	**0.00%**	**0.00%**	**0.00%**	**-0.03%**	**0.01%**	**-0.20%**	**0.06%**	**-0.03%**	**$578.04**

Differential Adjusted Payments (DAP)	
Non-FQHC	$12.39
FQHC	$0.33
Total DAP	**$12.73**

Total DAP	**$12.73**
Total Gross Medical PMPM	**$590.76**

GSA: Central
Rate Cell: AGE 1-20
Base Period: October 1, 2017 through September 30, 2018
Projection Period: October 1, 2019 through September 30, 2020
Base Period Member Months: 5,593,649
Projection Period Member Months: 5,547,233

Category of Service	Adjusted Base PMPM	Trend	Hemo Factor Pricing Change	BH Services in Schools	Applied Behavior Analysis	P&T Decisions	Telehealth	Fee Schedule Changes/Min Wage/DRG	Combined Misc. Changes	Rx Rebates	Gross Medical
Inpatient and LTC	$14.03	4.52%	0.00%	0.00%	0.00%	0.00%	0.00%	0.47%	0.00%	0.00%	$15.40
Behavioral Health Inpatient and LTC	$5.69	4.52%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	$6.21
Physical Health Physician	$22.87	2.51%	0.00%	0.00%	0.00%	0.00%	0.18%	0.00%	0.22%	0.00%	$24.13
Behavioral Health Physician	$17.76	2.51%	0.00%	0.00%	3.88%	0.00%	0.07%	0.00%	0.00%	0.00%	$19.40
Transportation	$3.19	3.51%	0.00%	0.00%	0.00%	0.00%	0.00%	2.81%	-1.04%	0.00%	$3.47
Other Professional Services	$17.41	4.01%	0.00%	7.35%	0.00%	0.00%	0.00%	1.22%	0.21%	0.00%	$20.51
Pharmacy	$19.81	5.54%	0.42%	0.00%	0.00%	-1.00%	0.00%	0.00%	0.00%	-2.00%	$21.50
Outpatient Facility	$10.74	3.51%	0.00%	0.00%	0.00%	0.00%	0.00%	-0.07%	0.00%	0.00%	$11.51
Emergency Facility	$13.78	3.51%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	$14.77
Laboratory and Radiology Services	$3.40	2.00%	0.00%	0.00%	0.00%	0.00%	0.00%	1.06%	0.11%	0.00%	$3.58
Dental	$16.88	4.03%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	$18.27
FQHC	$8.96	4.94%	0.00%	0.00%	0.00%	0.00%	0.00%	2.08%	0.00%	0.00%	$10.07
Gross Medical	**$154.53**	**3.80%**	**0.06%**	**0.83%**	**0.43%**	**-0.13%**	**0.03%**	**0.39%**	**0.05%**	**-0.26%**	**$168.82**

Differential Adjusted Payments (DAP)	
Non-FQHC	$1.62
FQHC	$0.08
Total DAP	**$1.70**

Total DAP	**$1.70**
Total Gross Medical PMPM	**$170.53**

GSA: Central
Rate Cell: AGE 21+
Base Period: October 1, 2017 through September 30, 2018
Projection Period: October 1, 2019 through September 30, 2020
Base Period Member Months: 2,083,030
Projection Period Member Months: 1,923,281

Category of Service	Adjusted Base PMPM	Trend	Hemo Factor Pricing Change	BH Services in Schools	Applied Behavior Analysis	P&T Decisions	Telehealth	Fee Schedule Changes/Min Wage/DRG	Combined Misc. Changes	Rx Rebates	Gross Medical
Inpatient and LTC	$39.55	4.52%	0.00%	0.00%	0.00%	0.00%	0.00%	0.38%	0.00%	0.00%	$43.37
Behavioral Health Inpatient and LTC	$5.84	4.52%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	$6.38
Physical Health Physician	$55.30	1.50%	0.00%	0.00%	0.00%	0.00%	0.13%	1.39%	0.04%	0.00%	$57.87
Behavioral Health Physician	$13.09	1.50%	0.00%	0.00%	0.00%	0.00%	0.19%	0.00%	0.03%	0.00%	$13.51
Transportation	$7.88	3.51%	0.00%	0.00%	0.00%	0.00%	0.00%	3.33%	-0.85%	0.00%	$8.65
Other Professional Services	$28.27	4.52%	0.00%	0.00%	0.00%	0.00%	0.00%	0.33%	0.15%	0.00%	$31.03
Pharmacy	$66.34	7.25%	0.13%	0.00%	0.00%	-0.66%	0.00%	0.00%	0.02%	-2.00%	$74.40
Outpatient Facility	$29.53	5.06%	0.00%	0.00%	0.00%	0.00%	0.00%	-0.19%	0.00%	0.00%	$32.53
Emergency Facility	$33.34	5.06%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	$36.80
Laboratory and Radiology Services	$26.82	2.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.12%	0.54%	0.00%	$28.08
Dental	$1.51	4.03%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	$1.63
FQHC	$13.86	4.94%	0.00%	0.00%	0.00%	0.00%	0.00%	1.61%	0.00%	0.00%	$15.51
Gross Medical	**$321.32**	**4.35%**	**0.03%**	**0.00%**	**0.00%**	**-0.14%**	**0.03%**	**0.45%**	**0.05%**	**-0.43%**	**$349.77**

Differential Adjusted Payments (DAP)	
Non-FQHC	$3.33
FQHC	$0.12
Total DAP	**$3.45**

Total DAP	**$3.45**
Total Gross Medical PMPM	**$353.23**

GSA: Central
Rate Cell: Duals
Base Period: October 1, 2017 through September 30, 2018
Projection Period: October 1, 2019 through September 30, 2020
Base Period Member Months: 714,898
Projection Period Member Months: 757,542

Category of Service	Adjusted Base PMPM	Trend	Hemo Factor Pricing Change	BH Services in Schools	Applied Behavior Analysis	P&T Decisions	Telehealth	Fee Schedule Changes/Min Wage/DRG	Combined Misc. Changes	Rx Rebates	Gross Medical
Inpatient and LTC	$21.13	0.50%	0.00%	0.00%	0.00%	0.00%	0.00%	2.04%	0.00%	0.00%	$21.78
Behavioral Health Inpatient and LTC	$1.78	0.50%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	$1.80
Physical Health Physician	$26.65	0.00%	0.00%	0.00%	0.00%	0.00%	0.08%	0.00%	0.00%	0.00%	$26.67
Behavioral Health Physician	$9.73	0.00%	0.00%	0.00%	0.00%	0.00%	0.07%	0.00%	0.08%	0.00%	$9.74
Transportation	$13.09	3.51%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	-1.36%	0.00%	$13.84
Other Professional Services	$11.96	1.50%	0.00%	0.00%	0.00%	0.00%	0.00%	0.58%	0.18%	0.00%	$12.42
Pharmacy	$3.26	1.00%	4.03%	0.00%	0.00%	-1.97%	0.00%	0.00%	0.00%	-2.00%	$3.32
Outpatient Facility	$15.10	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	$15.10
Emergency Facility	$6.16	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	$6.16
Laboratory and Radiology Services	$7.30	2.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.96%	0.00%	$7.67
Dental	$0.71	4.03%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	$0.77
FQHC	$2.31	4.94%	0.00%	0.00%	0.00%	0.00%	0.00%	0.07%	0.00%	0.00%	$2.54
Gross Medical	**$119.19**	**0.91%**	**0.11%**	**0.00%**	**0.00%**	**-0.06%**	**0.02%**	**0.42%**	**-0.07%**	**-0.06%**	**$121.82**

Differential Adjusted Payments (DAP)	
Non-FQHC	$1.25
FQHC	$0.02
Total DAP	**$1.27**

Total DAP	**$1.27**
Total Gross Medical PMPM	**$123.08**

GSA: Central
Rate Cell: SSIWO
Base Period: October 1, 2017 through September 30, 2018
Projection Period: October 1, 2019 through September 30, 2020
Base Period Member Months: 399,396
Projection Period Member Months: 389,168

Category of Service	Adjusted Base PMPM	Trend	Hemo Factor Pricing Change	BH Services in Schools	Applied Behavior Analysis	P&T Decisions	Telehealth	Fee Schedule Changes/Min Wage/DRG	Combined Misc. Changes	Rx Rebates	Gross Medical
Inpatient and LTC	$247.32	4.50%	0.00%	0.00%	0.00%	0.00%	0.00%	0.74%	0.00%	0.00%	$272.09
Behavioral Health Inpatient and LTC	$22.47	4.50%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	$24.54
Physical Health Physician	$146.19	3.53%	0.00%	0.00%	0.00%	0.00%	0.08%	1.32%	0.01%	0.00%	$158.90
Behavioral Health Physician	$49.54	3.53%	0.00%	0.00%	0.00%	0.00%	0.08%	0.00%	0.01%	0.00%	$53.14
Transportation	$33.01	3.51%	0.00%	0.00%	0.00%	0.00%	0.00%	2.90%	-0.89%	0.00%	$36.07
Other Professional Services	$86.64	4.03%	0.00%	0.00%	0.00%	0.00%	0.00%	0.89%	0.10%	0.00%	$94.70
Pharmacy	$314.89	4.54%	1.84%	0.00%	0.00%	-1.15%	0.00%	0.00%	0.00%	-2.00%	$339.51
Outpatient Facility	$123.40	5.58%	0.00%	0.00%	0.00%	0.00%	0.00%	-0.06%	0.01%	0.00%	$137.47
Emergency Facility	$51.07	5.58%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	$56.93
Laboratory and Radiology Services	$38.14	2.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.68%	0.52%	0.00%	$40.17
Dental	$5.28	4.03%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	$5.72
FQHC	$20.57	4.94%	0.00%	0.00%	0.00%	0.00%	0.00%	1.31%	0.00%	0.00%	$22.95
Gross Medical	**$1,138.53**	**4.37%**	**0.51%**	**0.00%**	**0.00%**	**-0.32%**	**0.01%**	**0.52%**	**0.00%**	**-0.55%**	**$1,242.16**

Differential Adjusted Payments (DAP)	
Non-FQHC	$13.41
FQHC	$0.18
Total DAP	**$13.59**

Total DAP	**$13.59**
Total Gross Medical PMPM	**$1,255.76**

GSA: Central
Rate Cell: Prop 204 Childless Adults
Base Period: October 1, 2017 through September 30, 2018
Projection Period: October 1, 2019 through September 30, 2020
Base Period Member Months: 2,085,580
Projection Period Member Months: 2,057,499

Category of Service	Adjusted Base PMPM	Trend	Hemo Factor Pricing Change	BH Services in Schools	Applied Behavior Analysis	P&T Decisions	Telehealth	Fee Schedule Changes/Min Wage/DRG	Combined Misc. Changes	Rx Rebates	Gross Medical
Inpatient and LTC	$125.16	5.02%	0.00%	0.00%	0.00%	0.00%	0.00%	0.88%	0.00%	0.00%	$139.26
Behavioral Health Inpatient and LTC	$31.13	5.02%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	$34.33
Physical Health Physician	$85.38	2.50%	0.00%	0.00%	0.00%	0.00%	0.09%	1.41%	0.01%	0.00%	$91.06
Behavioral Health Physician	$32.06	2.50%	0.00%	0.00%	0.00%	0.00%	0.08%	0.00%	0.01%	0.00%	$33.72
Transportation	$20.73	3.51%	0.00%	0.00%	0.00%	0.00%	0.00%	3.20%	-0.82%	0.00%	$22.73
Other Professional Services	$42.07	4.50%	0.00%	0.00%	0.00%	0.00%	0.00%	1.33%	0.26%	0.00%	$46.68
Pharmacy	$120.91	6.59%	0.04%	0.00%	0.00%	0.32%	0.00%	0.00%	0.02%	-2.00%	$135.13
Outpatient Facility	$41.63	5.57%	0.00%	0.00%	0.00%	0.00%	0.00%	-0.16%	0.00%	0.00%	$46.33
Emergency Facility	$41.22	5.57%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	$45.94
Laboratory and Radiology Services	$27.33	2.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.56%	0.61%	0.00%	$28.77
Dental	$2.40	4.03%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	$2.60
FQHC	$14.87	4.94%	0.00%	0.00%	0.00%	0.00%	0.00%	1.27%	0.00%	0.00%	$16.58
Gross Medical	**$584.87**	**4.69%**	**0.01%**	**0.00%**	**0.00%**	**0.07%**	**0.02%**	**0.64%**	**0.02%**	**-0.43%**	**$643.12**

Differential Adjusted Payments (DAP)	
Non-FQHC	$7.17
FQHC	$0.13
Total DAP	**$7.30**

Total DAP	**$7.30**
Total Gross Medical PMPM	**$650.42**

GSA: Central
Rate Cell: Expansion Adults
Base Period: October 1, 2017 through September 30, 2018
Projection Period: October 1, 2019 through September 30, 2020
Base Period Member Months: 566,380
Projection Period Member Months: 506,511

Category of Service	Adjusted Base PMPM	Trend	Hemo Factor Pricing Change	BH Services in Schools	Applied Behavior Analysis	P&T Decisions	Telehealth	Fee Schedule Changes/Min Wage/DRG	Combined Misc. Changes	Rx Rebates	Gross Medical
Inpatient and LTC	$56.06	4.52%	0.00%	0.00%	0.00%	0.00%	0.00%	0.77%	0.00%	0.00%	$61.71
Behavioral Health Inpatient and LTC	$5.86	4.52%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	$6.40
Physical Health Physician	$64.40	2.01%	0.00%	0.00%	0.00%	0.00%	0.11%	1.76%	0.01%	0.00%	$68.28
Behavioral Health Physician	$9.15	2.01%	0.00%	0.00%	0.00%	0.00%	0.25%	0.00%	0.02%	0.00%	$9.55
Transportation	$6.55	3.51%	0.00%	0.00%	0.00%	0.00%	0.00%	3.65%	-0.77%	0.00%	$7.22
Other Professional Services	$30.12	5.02%	0.00%	0.00%	0.00%	0.00%	0.00%	0.22%	0.16%	0.00%	$33.35
Pharmacy	$95.29	7.12%	0.22%	0.00%	0.00%	0.21%	0.00%	0.00%	0.01%	-2.00%	$107.62
Outpatient Facility	$35.72	5.06%	0.00%	0.00%	0.00%	0.00%	0.00%	-0.26%	0.00%	0.00%	$39.32
Emergency Facility	$25.57	5.06%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	$28.22
Laboratory and Radiology Services	$23.87	2.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.06%	0.91%	0.00%	$25.08
Dental	$1.93	4.03%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	$2.09
FQHC	$13.49	4.94%	0.00%	0.00%	0.00%	0.00%	0.00%	1.44%	0.00%	0.00%	$15.07
Gross Medical	**$368.01**	**4.67%**	**0.06%**	**0.00%**	**0.00%**	**0.06%**	**0.02%**	**0.52%**	**0.06%**	**-0.54%**	**$403.91**

Differential Adjusted Payments (DAP)	
Non-FQHC	$3.90
FQHC	$0.12
Total DAP	**$4.02**

Total DAP	**$4.02**
Total Gross Medical PMPM	**$407.92**

GSA: South
Rate Cell: AGE < 1
Base Period: October 1, 2017 through September 30, 2018
Projection Period: October 1, 2019 through September 30, 2020
Base Period Member Months: 129,663
Projection Period Member Months: 116,825

Category of Service	Adjusted Base PMPM	Trend	Hemo Factor Pricing Change	BH Services in Schools	Applied Behavior Analysis	P&T Decisions	Telehealth	Fee Schedule Changes/Min Wage/DRG	Combined Misc. Changes	Rx Rebates	Gross Medical
Inpatient and LTC	$309.06	3.01%	0.00%	0.00%	0.00%	0.00%	0.00%	0.05%	0.00%	0.00%	$328.14
Behavioral Health Inpatient and LTC	$0.00	3.01%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	$0.00
Physical Health Physician	$98.39	1.51%	0.00%	0.00%	0.00%	0.00%	0.18%	-0.48%	0.11%	0.00%	$101.17
Behavioral Health Physician	$0.28	1.51%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	$0.29
Transportation	$9.91	3.01%	0.00%	0.00%	0.00%	0.00%	0.00%	2.26%	-0.24%	0.00%	$10.73
Other Professional Services	$19.71	2.51%	0.00%	0.00%	0.00%	0.00%	0.00%	0.37%	0.17%	0.00%	$20.82
Pharmacy	$8.90	2.00%	0.00%	0.00%	0.00%	-1.77%	0.00%	0.00%	0.00%	-2.00%	$8.92
Outpatient Facility	$11.21	2.51%	0.00%	0.00%	0.00%	0.00%	0.00%	-0.64%	0.00%	0.00%	$11.70
Emergency Facility	$18.35	2.51%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	$19.28
Laboratory and Radiology Services	$6.58	3.01%	0.00%	0.00%	0.00%	0.00%	0.00%	0.59%	0.18%	0.00%	$7.05
Dental	$0.40	2.01%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	$0.41
FQHC	$76.46	3.95%	0.00%	0.00%	0.00%	0.00%	0.00%	0.57%	0.00%	0.00%	$83.09
Gross Medical	**$559.24**	**2.82%**	**0.00%**	**0.00%**	**0.00%**	**-0.03%**	**0.03%**	**0.07%**	**0.03%**	**-0.03%**	**$591.60**

Differential Adjusted Payments (DAP)	
Non-FQHC	$11.67
FQHC	$0.62
Total DAP	**$12.29**

Total DAP	**$12.29**
Total Gross Medical PMPM	**$603.89**

GSA: South
Rate Cell: AGE 1-20
Base Period: October 1, 2017 through September 30, 2018
Projection Period: October 1, 2019 through September 30, 2020
Base Period Member Months: 1,882,189
Projection Period Member Months: 1,869,508

Category of Service	Adjusted Base PMPM	Trend	Hemo Factor Pricing Change	BH Services in Schools	Applied Behavior Analysis	P&T Decisions	Telehealth	Fee Schedule Changes/Min Wage/DRG	Combined Misc. Changes	Rx Rebates	Gross Medical
Inpatient and LTC	$11.42	5.02%	0.00%	0.00%	0.00%	0.00%	0.00%	0.77%	0.00%	0.00%	$12.70
Behavioral Health Inpatient and LTC	$5.62	5.02%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	$6.20
Physical Health Physician	$16.56	1.50%	0.00%	0.00%	0.00%	0.00%	0.67%	0.75%	0.24%	0.00%	$17.34
Behavioral Health Physician	$22.40	1.50%	0.00%	0.00%	3.14%	0.00%	0.16%	0.00%	0.13%	0.00%	$23.87
Transportation	$4.65	3.01%	0.00%	0.00%	0.00%	0.00%	0.00%	2.78%	-0.69%	0.00%	$5.04
Other Professional Services	$19.31	3.50%	0.00%	1.88%	0.00%	0.00%	0.00%	2.81%	0.17%	0.00%	$21.70
Pharmacy	$19.35	5.02%	0.49%	0.00%	0.00%	0.93%	0.00%	0.00%	0.00%	-2.00%	$21.21
Outpatient Facility	$9.55	4.54%	0.00%	0.00%	0.00%	0.00%	0.00%	-0.14%	0.00%	0.00%	$10.43
Emergency Facility	$11.17	4.54%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	$12.21
Laboratory and Radiology Services	$3.16	3.01%	0.00%	0.00%	0.00%	0.00%	0.00%	0.30%	0.09%	0.00%	$3.37
Dental	$12.73	2.01%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	$13.25
FQHC	$23.72	3.95%	0.00%	0.00%	0.00%	0.00%	0.00%	0.56%	0.00%	0.00%	$25.77
Gross Medical	**$159.62**	**3.43%**	**0.06%**	**0.23%**	**0.42%**	**0.12%**	**0.09%**	**0.63%**	**0.05%**	**-0.25%**	**$173.06**

Differential Adjusted Payments (DAP)	
Non-FQHC	$1.31
FQHC	$0.19
Total DAP	**$1.50**

Total DAP	**$1.50**
Total Gross Medical PMPM	**$174.57**

GSA: South
Rate Cell: AGE 21+
Base Period: October 1, 2017 through September 30, 2018
Projection Period: October 1, 2019 through September 30, 2020
Base Period Member Months: 877,758
Projection Period Member Months: 811,686

Category of Service	Adjusted Base PMPM	Trend	Hemo Factor Pricing Change	BH Services in Schools	Applied Behavior Analysis	P&T Decisions	Telehealth	Fee Schedule Changes/Min Wage/DRG	Combined Misc. Changes	Rx Rebates	Gross Medical
Inpatient and LTC	$33.88	3.50%	0.00%	0.00%	0.00%	0.00%	0.00%	0.65%	0.00%	0.00%	$36.54
Behavioral Health Inpatient and LTC	$3.29	3.50%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	$3.52
Physical Health Physician	$37.52	2.00%	0.00%	0.00%	0.00%	0.00%	0.44%	3.93%	0.04%	0.00%	$40.77
Behavioral Health Physician	$15.79	2.00%	0.00%	0.00%	0.00%	0.00%	0.35%	0.00%	0.12%	0.00%	$16.50
Transportation	$7.99	3.01%	0.00%	0.00%	0.00%	0.00%	0.00%	4.03%	-0.47%	0.00%	$8.78
Other Professional Services	$25.12	5.02%	0.00%	0.00%	0.00%	0.00%	0.00%	0.84%	0.07%	0.00%	$27.96
Pharmacy	$52.12	7.57%	0.02%	0.00%	0.00%	-1.65%	0.00%	0.00%	0.02%	-2.00%	$58.15
Outpatient Facility	$36.31	4.52%	0.00%	0.00%	0.00%	0.00%	0.00%	-0.16%	0.00%	0.00%	$39.60
Emergency Facility	$29.74	4.52%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	$32.49
Laboratory and Radiology Services	$22.03	3.01%	0.00%	0.00%	0.00%	0.00%	0.00%	-0.63%	0.81%	0.00%	$23.42
Dental	$0.54	2.01%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	$0.56
FQHC	$28.84	3.95%	0.00%	0.00%	0.00%	0.00%	0.00%	0.62%	0.00%	0.00%	$31.36
Gross Medical	**$293.16**	**4.32%**	**0.00%**	**0.00%**	**0.00%**	**-0.31%**	**0.07%**	**0.73%**	**0.07%**	**-0.37%**	**$319.64**

Differential Adjusted Payments (DAP)	
Non-FQHC	$3.34
FQHC	$0.22
Total DAP	**$3.57**

Total DAP	**$3.57**
Total Gross Medical PMPM	**$323.20**

GSA: South
Rate Cell: Duals
Base Period: October 1, 2017 through September 30, 2018
Projection Period: October 1, 2019 through September 30, 2020
Base Period Member Months: 399,129
Projection Period Member Months: 423,613

Category of Service	Adjusted Base PMPM	Trend	Hemo Factor Pricing Change	BH Services in Schools	Applied Behavior Analysis	P&T Decisions	Telehealth	Fee Schedule Changes/Min Wage/DRG	Combined Misc. Changes	Rx Rebates	Gross Medical
Inpatient and LTC	$15.45	0.50%	0.00%	0.00%	0.00%	0.00%	0.00%	2.90%	0.00%	0.00%	$16.06
Behavioral Health Inpatient and LTC	$0.77	0.50%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	$0.78
Physical Health Physician	$20.17	0.00%	0.00%	0.00%	0.00%	0.00%	0.28%	0.00%	0.00%	0.00%	$20.22
Behavioral Health Physician	$8.15	0.00%	0.00%	0.00%	0.00%	0.00%	0.23%	0.00%	0.01%	0.00%	$8.17
Transportation	$9.79	3.01%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	-1.09%	0.00%	$10.28
Other Professional Services	$6.97	1.50%	0.00%	0.00%	0.00%	0.00%	0.00%	0.42%	0.13%	0.00%	$7.22
Pharmacy	$3.21	4.03%	0.00%	0.00%	0.00%	-2.84%	0.00%	0.00%	0.00%	-2.00%	$3.31
Outpatient Facility	$21.46	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	$21.46
Emergency Facility	$5.22	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	$5.22
Laboratory and Radiology Services	$4.64	3.01%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	2.11%	0.00%	$5.03
Dental	$0.36	2.01%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	$0.37
FQHC	$5.20	3.95%	0.00%	0.00%	0.00%	0.00%	0.00%	0.04%	0.00%	0.00%	$5.62
Gross Medical	**$101.39**	**0.96%**	**0.00%**	**0.00%**	**0.00%**	**-0.10%**	**0.07%**	**0.47%**	**0.00%**	**-0.07%**	**$103.74**

Differential Adjusted Payments (DAP)	
Non-FQHC	$1.23
FQHC	$0.04
Total DAP	**$1.27**

Total DAP	**$1.27**
Total Gross Medical PMPM	**$105.00**

GSA: South
Rate Cell: SSIWO
Base Period: October 1, 2017 through September 30, 2018
Projection Period: October 1, 2019 through September 30, 2020
Base Period Member Months: 159,206
Projection Period Member Months: 155,311

Category of Service	Adjusted Base PMPM	Trend	Hemo Factor Pricing Change	BH Services in Schools	Applied Behavior Analysis	P&T Decisions	Telehealth	Fee Schedule Changes/Min Wage/DRG	Combined Misc. Changes	Rx Rebates	Gross Medical
Inpatient and LTC	$235.23	4.52%	0.00%	0.00%	0.00%	0.00%	0.00%	0.75%	0.00%	0.00%	$258.89
Behavioral Health Inpatient and LTC	$17.60	4.52%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	$19.22
Physical Health Physician	$128.01	2.52%	0.00%	0.00%	0.00%	0.00%	0.28%	3.51%	0.02%	0.00%	$139.67
Behavioral Health Physician	$53.23	2.52%	0.00%	0.00%	0.00%	0.00%	0.23%	0.00%	0.04%	0.00%	$56.09
Transportation	$40.93	3.01%	0.00%	0.00%	0.00%	0.00%	0.00%	3.49%	-0.59%	0.00%	$44.69
Other Professional Services	$89.26	3.51%	0.00%	0.00%	0.00%	0.00%	0.00%	1.35%	0.06%	0.00%	$96.98
Pharmacy	$301.42	5.00%	1.73%	0.00%	0.00%	-0.83%	0.00%	0.00%	0.00%	-2.00%	$328.56
Outpatient Facility	$138.53	4.02%	0.00%	0.00%	0.00%	0.00%	0.00%	-0.10%	0.01%	0.00%	$149.76
Emergency Facility	$48.59	4.02%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	$52.57
Laboratory and Radiology Services	$34.45	3.01%	0.00%	0.00%	0.00%	0.00%	0.00%	0.28%	0.70%	0.00%	$36.92
Dental	$3.51	2.01%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	$3.65
FQHC	$40.13	3.95%	0.00%	0.00%	0.00%	0.00%	0.00%	0.63%	0.00%	0.00%	$43.64
Gross Medical	**$1,130.89**	**4.04%**	**0.47%**	**0.00%**	**0.00%**	**-0.23%**	**0.04%**	**0.79%**	**0.01%**	**-0.54%**	**$1,230.64**

Differential Adjusted Payments (DAP)	
Non-FQHC	$12.85
FQHC	$0.31
Total DAP	**$13.16**

Total DAP	**$13.16**
Total Gross Medical PMPM	**$1,243.80**

GSA: South
Rate Cell: Prop 204 Childless Adults
Base Period: October 1, 2017 through September 30, 2018
Projection Period: October 1, 2019 through September 30, 2020
Base Period Member Months: 892,931
Projection Period Member Months: 882,248

Category of Service	Adjusted Base PMPM	Trend	Hemo Factor Pricing Change	BH Services in Schools	Applied Behavior Analysis	P&T Decisions	Telehealth	Fee Schedule Changes/Min Wage/DRG	Combined Misc. Changes	Rx Rebates	Gross Medical
Inpatient and LTC	$86.94	5.02%	0.00%	0.00%	0.00%	0.00%	0.00%	0.85%	0.00%	0.00%	$96.70
Behavioral Health Inpatient and LTC	$19.44	5.02%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	$21.45
Physical Health Physician	$54.67	2.50%	0.00%	0.00%	0.00%	0.00%	0.35%	2.42%	0.01%	0.00%	$59.04
Behavioral Health Physician	$45.52	2.50%	0.00%	0.00%	0.00%	0.00%	0.14%	0.00%	0.04%	0.00%	$47.91
Transportation	$19.50	3.01%	0.00%	0.00%	0.00%	0.00%	0.00%	3.89%	-0.50%	0.00%	$21.40
Other Professional Services	$36.48	3.51%	0.00%	0.00%	0.00%	0.00%	0.00%	2.39%	0.11%	0.00%	$40.06
Pharmacy	$91.31	6.57%	0.05%	0.00%	0.00%	0.17%	0.00%	0.00%	0.02%	-2.00%	$101.88
Outpatient Facility	$43.79	5.54%	0.00%	0.00%	0.00%	0.00%	0.00%	-0.20%	0.00%	0.00%	$48.69
Emergency Facility	$34.26	5.54%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	$38.16
Laboratory and Radiology Services	$21.08	3.01%	0.00%	0.00%	0.00%	0.00%	0.00%	-0.33%	0.99%	0.00%	$22.51
Dental	$1.30	2.01%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	$1.35
FQHC	$27.58	3.95%	0.00%	0.00%	0.00%	0.00%	0.00%	0.60%	0.00%	0.00%	$29.98
Gross Medical	**$481.88**	**4.53%**	**0.01%**	**0.00%**	**0.00%**	**0.03%**	**0.05%**	**0.75%**	**0.04%**	**-0.39%**	**$529.14**

Differential Adjusted Payments (DAP)	
Non-FQHC	$5.56
FQHC	$0.21
Total DAP	**$5.77**

Total DAP	**$5.77**
Total Gross Medical PMPM	**$534.91**

GSA: South
Rate Cell: Expansion Adults
Base Period: October 1, 2017 through September 30, 2018
Projection Period: October 1, 2019 through September 30, 2020
Base Period Member Months: 261,406
Projection Period Member Months: 234,126

Category of Service	Adjusted Base PMPM	Trend	Hemo Factor Pricing Change	BH Services in Schools	Applied Behavior Analysis	P&T Decisions	Telehealth	Fee Schedule Changes/Min Wage/DRG	Combined Misc. Changes	Rx Rebates	Gross Medical
Inpatient and LTC	$47.70	4.52%	0.00%	0.00%	0.00%	0.00%	0.00%	0.37%	0.00%	0.00%	$52.30
Behavioral Health Inpatient and LTC	$3.17	4.52%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	$3.46
Physical Health Physician	$50.39	3.52%	0.00%	0.00%	0.00%	0.00%	0.31%	3.68%	0.01%	0.00%	$56.16
Behavioral Health Physician	$12.25	3.52%	0.00%	0.00%	0.00%	0.00%	0.43%	0.00%	0.11%	0.00%	$13.20
Transportation	$6.77	3.01%	0.00%	0.00%	0.00%	0.00%	0.00%	4.03%	-0.40%	0.00%	$7.44
Other Professional Services	$26.65	4.51%	0.00%	0.00%	0.00%	0.00%	0.00%	0.61%	0.05%	0.00%	$29.30
Pharmacy	$73.89	7.08%	0.12%	0.00%	0.00%	-0.64%	0.00%	0.00%	0.01%	-2.00%	$82.60
Outpatient Facility	$44.97	5.52%	0.00%	0.00%	0.00%	0.00%	0.00%	-0.23%	0.00%	0.00%	$49.96
Emergency Facility	$22.83	5.52%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	$25.42
Laboratory and Radiology Services	$19.84	3.01%	0.00%	0.00%	0.00%	0.00%	0.00%	-0.36%	1.30%	0.00%	$21.25
Dental	$1.04	2.01%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	$1.08
FQHC	$27.60	3.95%	0.00%	0.00%	0.00%	0.00%	0.00%	0.60%	0.00%	0.00%	$30.00
Gross Medical	**$337.09**	**4.93%**	**0.03%**	**0.00%**	**0.00%**	**-0.15%**	**0.06%**	**0.71%**	**0.08%**	**-0.45%**	**$372.18**

Differential Adjusted Payments (DAP)	
Non-FQHC	$3.89
FQHC	$0.21
Total DAP	**$4.11**

Total DAP	**$4.11**
Total Gross Medical PMPM	**$376.29**

GSA: North
Rate Cell: Delivery Supplemental Payments
Base Period: October 1, 2017 through September 30, 2018
Projection Period: October 1, 2019 through September 30, 2020
Base Period Member Months: 2,990
Projection Period Member Months: 2,937

Category of Service	Adjusted Base PMPK	Trend	Hemo Factor Pricing Change	BH Services in Schools	Applied Behavior Analysis	P&T Decisions	Telehealth	Fee Schedule Changes/Min Wage/DRG	Combined Misc. Changes	Rx Rebates	Gross Medical
Inpatient	$3,440.04	5.04%	0.00%	0.00%	0.00%	0.00%	0.00%	0.12%	0.00%	0.00%	$3,800.18
Physician	$1,555.30	2.01%	0.00%	0.00%	0.00%	0.00%	0.00%	3.11%	0.00%	0.00%	$1,668.74
Transportation	$117.45	3.53%	0.00%	0.00%	0.00%	0.00%	0.00%	3.31%	0.00%	0.00%	$130.05
Other Professional Services	$168.53	3.53%	0.00%	0.00%	0.00%	0.00%	0.00%	0.59%	0.00%	0.00%	$181.71
Pharmacy	$19.89	3.53%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	$21.31
Outpatient	$10.45	3.53%	0.00%	0.00%	0.00%	0.00%	0.00%	-0.06%	0.00%	0.00%	$11.19
Laboratory and Radiology Services	$27.91	3.53%	0.00%	0.00%	0.00%	0.00%	0.00%	-0.26%	0.00%	0.00%	$29.84
FQHC	$3.72	3.53%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	$3.99
Gross Medical	**$5,343.30**	**4.07%**	**0.00%**	**0.00%**	**0.00%**	**0.00%**	**0.00%**	**1.04%**	**0.00%**	**0.00%**	**$5,847.01**

Differential Adjusted Payments (DAP)	
Non-FQHC	$92.98
FQHC	$0.00
Total DAP	**$92.98**

Total DAP (438.6 (c))	**$92.98**
Total Gross Medical PMPK	**$5,940.00**

GSA: Central
Rate Cell: Delivery Supplemental Payments
Base Period: October 1, 2017 through September 30, 2018
Projection Period: October 1, 2019 through September 30, 2020
Base Period Member Months: 22,225
Projection Period Member Months: 21,827

Category of Service	Adjusted Base PMPK	Trend	Hemo Factor Pricing Change	BH Services in Schools	Applied Behavior Analysis	P&T Decisions	Telehealth	Fee Schedule Changes/Min Wage/DRG	Combined Misc. Changes	Rx Rebates	Gross Medical
Inpatient	$3,403.15	5.01%	0.00%	0.00%	0.00%	0.00%	0.00%	0.15%	0.00%	0.00%	$3,758.10
Physician	$1,742.50	3.01%	0.00%	0.00%	0.00%	0.00%	0.00%	1.39%	0.00%	0.00%	$1,874.85
Transportation	$29.62	3.53%	0.00%	0.00%	0.00%	0.00%	0.00%	3.33%	0.00%	0.00%	$32.81
Other Professional Services	$98.27	3.53%	0.00%	0.00%	0.00%	0.00%	0.00%	0.32%	0.00%	0.00%	$105.66
Pharmacy	$38.95	3.53%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	$41.74
Outpatient	$9.59	3.53%	0.00%	0.00%	0.00%	0.00%	0.00%	-0.19%	0.00%	0.00%	$10.26
Laboratory and Radiology Services	$27.25	3.53%	0.00%	0.00%	0.00%	0.00%	0.00%	0.12%	0.00%	0.00%	$29.24
FQHC	$3.21	3.53%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	$3.44
Gross Medical	**$5,352.55**	**4.31%**	**0.00%**	**0.00%**	**0.00%**	**0.00%**	**0.00%**	**0.56%**	**0.00%**	**0.00%**	**$5,856.10**

Differential Adjusted Payments (DAP)	
Non-FQHC	$131.09
FQHC	$0.00
Total DAP	**$131.09**

Total DAP (438.6 (c))	**$131.09**
Total Gross Medical PMPK	**$5,987.19**

GSA: South
Rate Cell: Delivery Supplemental Payments
Base Period: October 1, 2017 through September 30, 2018
Projection Period: October 1, 2019 through September 30, 2020
Base Period Member Months: 8,050
Projection Period Member Months: 7,906

Category of Service	Adjusted Base PMPK	Trend	Hemo Factor Pricing Change	BH Services in Schools	Applied Behavior Analysis	P&T Decisions	Telehealth	Fee Schedule Changes/Min Wage/DRG	Combined Misc. Changes	Rx Rebates	Gross Medical
Inpatient	$3,421.36	5.52%	0.00%	0.00%	0.00%	0.00%	0.00%	0.11%	0.00%	0.00%	$3,814.19
Physician	$1,701.61	3.51%	0.00%	0.00%	0.00%	0.00%	0.00%	3.93%	0.00%	0.00%	$1,894.90
Transportation	$58.87	4.14%	0.00%	0.00%	0.00%	0.00%	0.00%	4.03%	0.00%	0.00%	$66.42
Other Professional Services	$137.54	4.14%	0.00%	0.00%	0.00%	0.00%	0.00%	0.82%	0.00%	0.00%	$150.39
Pharmacy	$43.07	4.14%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	$46.72
Outpatient	$22.04	4.14%	0.00%	0.00%	0.00%	0.00%	0.00%	-0.16%	0.00%	0.00%	$23.86
Laboratory and Radiology Services	$28.30	4.14%	0.00%	0.00%	0.00%	0.00%	0.00%	-0.63%	0.00%	0.00%	$30.50
FQHC	$9.58	4.14%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	$10.39
Gross Medical	**$5,422.37**	**4.82%**	**0.00%**	**0.00%**	**0.00%**	**0.00%**	**0.00%**	**1.34%**	**0.00%**	**0.00%**	**$6,037.36**

Differential Adjusted Payments (DAP)	
Non-FQHC	$157.13
FQHC	$0.00
Total DAP	**$157.13**

Total DAP (438.6 (c))	**$157.13**
Total Gross Medical PMPK	**$6,194.50**

Appendix 7: Capitation Rate Development

Rate Cell: AGE < 1

		Before Risk Adjustment			After Risk Adjustment							
GSA	MCO	Gross Medical Plus DAP	RI Offset	Risk Adj Factor	Gross Medical Plus DAP	RI Offset	Net Medical	UW Gain Percent	UW Gain PMPM	Admin PMPM	Premium Tax	Capitation Rate PMPM
North	WellCare of Arizona (formerly Care 1st Health Plan)	$ 544.11	$ (38.81)	0.9793	$ 532.86	$ (38.01)	$ 494.86	1.00%	$ 5.33	$ 33.27	$ 10.89	$ 544.34
North	Steward Health Choice Arizona	$ 544.11	$ (38.81)	1.0126	$ 550.98	$ (39.30)	$ 511.68	0.01%	$ 0.06	$ 32.33	$ 11.10	$ 555.17
Central	Arizona Complete Health - Complete Care Plan	$ 590.76	$ (52.66)	0.9462	$ 558.95	$ (49.82)	$ 509.13	0.95%	$ 5.31	$ 37.09	$ 11.26	$ 562.78
Central	Banner - University Family Care	$ 590.76	$ (52.66)	1.0288	$ 607.79	$ (54.18)	$ 553.61	0.74%	$ 4.50	$ 32.43	$ 12.05	$ 602.60
Central	WellCare of Arizona (formerly Care 1st Health Plan)	$ 590.76	$ (52.66)	0.9470	$ 559.47	$ (49.87)	$ 509.60	1.00%	$ 5.59	$ 36.95	$ 11.27	$ 563.41
Central	Magellan Complete Care	$ 590.76	$ (52.66)	1.0297	$ 608.33	$ (54.22)	$ 554.11	0.93%	$ 5.66	$ 67.84	$ 12.81	$ 640.41
Central	Mercy Care	$ 590.76	$ (52.66)	1.0194	$ 602.24	$ (53.68)	$ 548.56	1.00%	$ 6.02	$ 40.18	$ 12.14	$ 606.90
Central	Steward Health Choice Arizona	$ 590.76	$ (52.66)	0.9319	$ 550.53	$ (49.07)	$ 501.46	0.01%	$ 0.06	$ 34.43	$ 10.94	$ 546.88
Central	UnitedHealthcare Community Plan	$ 590.76	$ (52.66)	1.0351	$ 611.49	$ (54.50)	$ 556.98	1.00%	$ 6.11	$ 36.69	$ 12.24	$ 612.03
South	Arizona Complete Health - Complete Care Plan	$ 603.89	$ (76.98)	0.9233	$ 557.55	$ (71.07)	$ 486.49	0.95%	$ 5.30	$ 41.40	$ 10.88	$ 544.06
South	Banner - University Family Care	$ 603.89	$ (76.98)	1.0525	$ 635.59	$ (81.02)	$ 554.57	0.94%	$ 5.97	$ 35.76	$ 12.17	$ 608.48
South	UnitedHealthcare Community Plan	$ 603.89	$ (76.98)	1.0038	$ 606.19	$ (77.27)	$ 528.92	1.00%	$ 6.06	$ 35.38	$ 11.64	$ 582.00

Notes

Underwriting (UW) Gain Percent applied to Gross Medical Plus DAP to get the UW Gain PMPM

Premium Tax is 2%

Rate Cell: AGE 1-20

		Before Risk Adjustment			After Risk Adjustment							
GSA	MCO	Gross Medical Plus DAP	RI Offset	Risk Adj Factor	Gross Medical Plus DAP	RI Offset	Net Medical	UW Gain Percent	UW Gain PMPM	Admin PMPM	Premium Tax	Capitation Rate PMPM
North	WellCare of Arizona (formerly Care 1st Health Plan)	$ 173.78	$ (3.10)	1.0045	$ 174.55	$ (3.11)	$ 171.44	1.00%	$ 1.75	$ 20.24	$ 3.95	$ 197.37
North	Steward Health Choice Arizona	$ 173.78	$ (3.10)	0.9964	$ 173.15	$ (3.09)	$ 170.06	0.01%	$ 0.02	$ 15.42	$ 3.79	$ 189.28
Central	Arizona Complete Health - Complete Care Plan	$ 170.53	$ (6.83)	1.0490	$ 178.87	$ (7.16)	$ 171.71	0.95%	$ 1.70	$ 23.03	$ 4.01	$ 200.45
Central	Banner - University Family Care	$ 170.53	$ (6.83)	1.0711	$ 182.65	$ (7.31)	$ 175.34	0.74%	$ 1.35	$ 14.27	$ 3.90	$ 194.85
Central	WellCare of Arizona (formerly Care 1st Health Plan)	$ 170.53	$ (6.83)	0.9051	$ 154.35	$ (6.18)	$ 148.17	1.00%	$ 1.54	$ 20.30	$ 3.47	$ 173.48
Central	Magellan Complete Care	$ 170.53	$ (6.83)	1.5345	$ 261.68	$ (10.48)	$ 251.20	0.93%	$ 2.43	$ 53.64	$ 6.27	$ 313.55
Central	Mercy Care	$ 170.53	$ (6.83)	0.9971	$ 170.03	$ (6.81)	$ 163.22	1.00%	$ 1.70	$ 13.57	$ 3.64	$ 182.14
Central	Steward Health Choice Arizona	$ 170.53	$ (6.83)	0.8925	$ 152.19	$ (6.09)	$ 146.09	0.01%	$ 0.02	$ 15.09	$ 3.29	$ 164.48
Central	UnitedHealthcare Community Plan	$ 170.53	$ (6.83)	1.0361	$ 176.69	$ (7.08)	$ 169.61	1.00%	$ 1.77	$ 14.04	$ 3.78	$ 189.20
South	Arizona Complete Health - Complete Care Plan	$ 174.57	$ (5.09)	0.9616	$ 167.87	$ (4.90)	$ 162.97	0.95%	$ 1.59	$ 24.02	$ 3.85	$ 192.44
South	Banner - University Family Care	$ 174.57	$ (5.09)	0.9848	$ 171.92	$ (5.02)	$ 166.90	0.94%	$ 1.62	$ 14.40	$ 3.73	$ 186.66
South	UnitedHealthcare Community Plan	$ 174.57	$ (5.09)	1.0673	$ 186.32	$ (5.44)	$ 180.88	1.00%	$ 1.86	$ 14.22	$ 4.02	$ 200.98

Notes

Underwriting (UW) Gain Percent applied to Gross Medical Plus DAP to get the UW Gain PMPM

Premium Tax is 2%

Rate Cell: AGE 21+

		Before Risk Adjustment			After Risk Adjustment							
GSA	MCO	Gross Medical Plus DAP	RI Offset	Risk Adj Factor	Gross Medical Plus DAP	RI Offset	Net Medical	UW Gain Percent	UW Gain PMPM	Admin PMPM	Premium Tax	Capitation Rate PMPM
North	WellCare of Arizona (formerly Care 1st Health Plan)	$ 318.23	$ (6.83)	1.0358	$ 329.61	$ (7.08)	$ 322.54	1.00%	$ 3.30	$ 25.88	$ 7.18	$ 358.89
North	Steward Health Choice Arizona	$ 318.23	$ (6.83)	0.9734	$ 309.77	$ (6.65)	$ 303.12	0.01%	$ 0.03	$ 21.54	$ 6.63	$ 331.31
Central	Arizona Complete Health - Complete Care Plan	$ 353.23	$ (6.00)	0.9124	$ 322.29	$ (5.48)	$ 316.82	0.95%	$ 3.06	$ 28.33	$ 7.11	$ 355.32
Central	Banner - University Family Care	$ 353.23	$ (6.00)	0.9000	$ 317.91	$ (5.40)	$ 312.50	0.74%	$ 2.35	$ 20.05	$ 6.83	$ 341.74
Central	WellCare of Arizona (formerly Care 1st Health Plan)	$ 353.23	$ (6.00)	0.8957	$ 316.37	$ (5.38)	$ 310.99	1.00%	$ 3.16	$ 26.96	$ 6.96	$ 348.07
Central	Magellan Complete Care	$ 353.23	$ (6.00)	0.9027	$ 318.86	$ (5.42)	$ 313.44	0.93%	$ 2.97	$ 55.98	$ 7.60	$ 379.99
Central	Mercy Care	$ 353.23	$ (6.00)	1.1234	$ 396.81	$ (6.74)	$ 390.07	1.00%	$ 3.97	$ 27.54	$ 8.60	$ 430.17
Central	Steward Health Choice Arizona	$ 353.23	$ (6.00)	0.8928	$ 315.36	$ (5.36)	$ 310.00	0.01%	$ 0.03	$ 23.01	$ 6.80	$ 339.84
Central	UnitedHealthcare Community Plan	$ 353.23	$ (6.00)	0.9836	$ 347.45	$ (5.91)	$ 341.54	1.00%	$ 3.47	$ 22.93	$ 7.51	$ 375.46
South	Arizona Complete Health - Complete Care Plan	$ 323.20	$ (5.37)	0.9462	$ 305.82	$ (5.08)	$ 300.74	0.95%	$ 2.91	$ 30.17	$ 6.81	$ 340.63
South	Banner - University Family Care	$ 323.20	$ (5.37)	0.9649	$ 311.87	$ (5.18)	$ 306.69	0.94%	$ 2.93	$ 20.85	$ 6.74	$ 337.22
South	UnitedHealthcare Community Plan	$ 323.20	$ (5.37)	1.1162	$ 360.77	$ (5.99)	$ 354.79	1.00%	$ 3.61	$ 23.01	$ 7.78	$ 389.19

Notes

Underwriting (UW) Gain Percent applied to Gross Medical Plus DAP to get the UW Gain PMPM

Premium Tax is 2%

Rate Cell: Duals

		Before Risk Adjustment			After Risk Adjustment							
GSA	MCO	Gross Medical Plus DAP	RI Offset	Risk Adj Factor	Gross Medical Plus DAP	RI Offset	Net Medical	UW Gain Percent	UW Gain PMPM	Admin PMPM	Premium Tax	Capitation Rate PMPM
North	WellCare of Arizona (formerly Care 1st Health Plan)	$ 96.15	$ (0.88)	0.9609	$ 92.40	$ (0.85)	$ 91.55	1.00%	$ 0.92	$ 17.25	$ 2.24	$ 111.96
North	Steward Health Choice Arizona	$ 96.15	$ (0.88)	1.0467	$ 100.64	$ (0.93)	$ 99.72	0.01%	$ 0.01	$ 12.17	$ 2.28	$ 114.19
Central	Arizona Complete Health - Complete Care Plan	$ 123.08	$ (1.13)	0.8983	$ 110.57	$ (1.02)	$ 109.55	0.95%	$ 1.05	$ 20.50	$ 2.68	$ 133.78
Central	Banner - University Family Care	$ 123.08	$ (1.13)	1.0241	$ 126.05	$ (1.16)	$ 124.89	0.74%	$ 0.93	$ 11.85	$ 2.81	$ 140.49
Central	WellCare of Arizona (formerly Care 1st Health Plan)	$ 123.08	$ (1.13)	0.9312	$ 114.61	$ (1.05)	$ 113.56	1.00%	$ 1.15	$ 18.66	$ 2.72	$ 136.09
Central	Magellan Complete Care	$ 123.08	$ (1.13)	0.9460	$ 116.43	$ (1.07)	$ 115.36	0.93%	$ 1.08	$ 47.70	$ 3.35	$ 167.49
Central	Mercy Care	$ 123.08	$ (1.13)	1.2401	$ 152.64	$ (1.40)	$ 151.23	1.00%	$ 1.53	$ 12.50	$ 3.37	$ 168.64
Central	Steward Health Choice Arizona	$ 123.08	$ (1.13)	0.9194	$ 113.17	$ (1.04)	$ 112.13	0.01%	$ 0.01	$ 13.19	$ 2.56	$ 127.89
Central	UnitedHealthcare Community Plan	$ 123.08	$ (1.13)	0.8662	$ 106.61	$ (0.98)	$ 105.63	1.00%	$ 1.07	$ 10.39	$ 2.39	$ 119.47
South	Arizona Complete Health - Complete Care Plan	$ 105.00	$ (0.18)	0.9802	$ 102.92	$ (0.18)	$ 102.75	0.95%	$ 0.98	$ 21.13	$ 2.55	$ 127.40
South	Banner - University Family Care	$ 105.00	$ (0.18)	1.0364	$ 108.82	$ (0.19)	$ 108.64	0.94%	$ 1.02	$ 11.50	$ 2.47	$ 123.63
South	UnitedHealthcare Community Plan	$ 105.00	$ (0.18)	0.9760	$ 102.49	$ (0.17)	$ 102.31	1.00%	$ 1.02	$ 9.99	$ 2.31	$ 115.65

Notes

Underwriting (UW) Gain Percent applied to Gross Medical Plus DAP to get the UW Gain PMPM

Premium Tax is 2%

Rate Cell: SSI Without Medicare

		Before Risk Adjustment			After Risk Adjustment							
GSA	MCO	Gross Medical Plus DAP	RI Offset	Risk Adj Factor	Gross Medical Plus DAP	RI Offset	Net Medical	UW Gain Percent	UW Gain PMPM	Admin PMPM	Premium Tax	Capitation Rate PMPM
North	WellCare of Arizona (formerly Care 1st Health Plan)	$ 1,174.94	$ (130.08)	1.0136	$ 1,190.96	$ (131.86)	$ 1,059.11	1.00%	$ 11.91	$ 57.20	$ 23.02	$ 1,151.24
North	Steward Health Choice Arizona	$ 1,174.94	$ (130.08)	0.9875	$ 1,160.25	$ (128.45)	$ 1,031.79	0.01%	$ 0.12	$ 59.61	$ 22.28	$ 1,113.79
Central	Arizona Complete Health - Complete Care Plan	$ 1,255.76	$ (129.32)	0.8746	$ 1,098.32	$ (113.10)	$ 985.22	0.95%	$ 10.43	$ 57.03	$ 21.48	$ 1,074.16
Central	Banner - University Family Care	$ 1,255.76	$ (129.32)	0.9853	$ 1,237.31	$ (127.42)	$ 1,109.89	0.74%	$ 9.16	$ 59.33	$ 24.05	$ 1,202.43
Central	WellCare of Arizona (formerly Care 1st Health Plan)	$ 1,255.76	$ (129.32)	0.8609	$ 1,081.13	$ (111.33)	$ 969.80	1.00%	$ 10.81	$ 58.40	$ 21.20	$ 1,060.21
Central	Magellan Complete Care	$ 1,255.76	$ (129.32)	0.8962	$ 1,125.36	$ (115.89)	$ 1,009.47	0.93%	$ 10.47	$ 89.00	$ 22.63	$ 1,131.57
Central	Mercy Care	$ 1,255.76	$ (129.32)	1.1321	$ 1,421.65	$ (146.40)	$ 1,275.25	1.00%	$ 14.22	$ 90.64	$ 28.17	$ 1,408.27
Central	Steward Health Choice Arizona	$ 1,255.76	$ (129.32)	0.9108	$ 1,143.77	$ (117.78)	$ 1,025.99	0.01%	$ 0.11	$ 63.23	$ 22.23	$ 1,111.57
Central	UnitedHealthcare Community Plan	$ 1,255.76	$ (129.32)	0.9988	$ 1,254.21	$ (129.16)	$ 1,125.06	1.00%	$ 12.54	$ 70.17	$ 24.65	$ 1,232.42
South	Arizona Complete Health - Complete Care Plan	$ 1,243.80	$ (119.46)	0.9256	$ 1,151.33	$ (110.58)	$ 1,040.74	0.95%	$ 10.94	$ 67.88	$ 22.85	$ 1,142.41
South	Banner - University Family Care	$ 1,243.80	$ (119.46)	0.9882	$ 1,229.09	$ (118.05)	$ 1,111.04	0.94%	$ 11.55	$ 63.10	$ 24.20	$ 1,209.90
South	UnitedHealthcare Community Plan	$ 1,243.80	$ (119.46)	1.1019	$ 1,370.58	$ (131.64)	$ 1,238.94	1.00%	$ 13.71	$ 73.91	$ 27.07	$ 1,353.63

Notes

Underwriting (UW) Gain Percent applied to Gross Medical Plus DAP to get the UW Gain PMPM

Premium Tax is 2%

Rate Cell: Prop 204 Childless Adults

		Before Risk Adjustment			After Risk Adjustment							
GSA	MCO	Gross Medical Plus DAP	RI Offset	Risk Adj Factor	Gross Medical Plus DAP	RI Offset	Net Medical	UW Gain Percent	UW Gain PMPM	Admin PMPM	Premium Tax	Capitation Rate PMPM
North	WellCare of Arizona (formerly Care 1st Health Plan)	$ 554.04	$ (11.53)	1.0071	$ 557.96	$ (11.61)	$ 546.35	1.00%	$ 5.58	$ 34.18	$ 11.96	$ 598.08
North	Steward Health Choice Arizona	$ 554.04	$ (11.53)	0.9942	$ 550.82	$ (11.46)	$ 539.36	0.01%	$ 0.06	$ 32.33	$ 11.67	$ 583.41
Central	Arizona Complete Health - Complete Care Plan	$ 650.42	$ (21.70)	0.9583	$ 623.29	$ (20.79)	$ 602.49	0.95%	$ 5.92	$ 39.46	$ 13.22	$ 661.10
Central	Banner - University Family Care	$ 650.42	$ (21.70)	0.8558	$ 556.61	$ (18.57)	$ 538.04	0.74%	$ 4.12	$ 30.25	$ 11.68	$ 584.09
Central	WellCare of Arizona (formerly Care 1st Health Plan)	$ 650.42	$ (21.70)	0.9478	$ 616.48	$ (20.57)	$ 595.91	1.00%	$ 6.16	$ 39.30	$ 13.09	$ 654.46
Central	Magellan Complete Care	$ 650.42	$ (21.70)	0.8971	$ 583.51	$ (19.47)	$ 564.04	0.93%	$ 5.43	$ 66.82	$ 12.99	$ 649.27
Central	Mercy Care	$ 650.42	$ (21.70)	1.1571	$ 752.64	$ (25.11)	$ 727.53	1.00%	$ 7.53	$ 49.44	$ 16.01	$ 800.51
Central	Steward Health Choice Arizona	$ 650.42	$ (21.70)	0.9007	$ 585.81	$ (19.54)	$ 566.26	0.01%	$ 0.06	$ 36.14	$ 12.30	$ 614.76
Central	UnitedHealthcare Community Plan	$ 650.42	$ (21.70)	0.9628	$ 626.23	$ (20.89)	$ 605.33	1.00%	$ 6.26	$ 37.46	$ 13.25	$ 662.30
South	Arizona Complete Health - Complete Care Plan	$ 534.91	$ (13.50)	0.9620	$ 514.61	$ (12.99)	$ 501.62	0.95%	$ 4.89	$ 39.48	$ 11.14	$ 557.13
South	Banner - University Family Care	$ 534.91	$ (13.50)	1.0022	$ 536.08	$ (13.53)	$ 522.54	0.94%	$ 5.04	$ 31.18	$ 11.40	$ 570.17
South	UnitedHealthcare Community Plan	$ 534.91	$ (13.50)	1.0365	$ 554.42	$ (14.00)	$ 540.43	1.00%	$ 5.54	$ 32.77	$ 11.81	$ 590.55

Notes

Underwriting (UW) Gain Percent applied to Gross Medical Plus DAP to get the UW Gain PMPM

Premium Tax is 2%

Rate Cell: Expansion Adults

		Before Risk Adjustment			After Risk Adjustment							
GSA	MCO	Gross Medical Plus DAP	RI Offset	Risk Adj Factor	Gross Medical Plus DAP	RI Offset	Net Medical	UW Gain Percent	UW Gain PMPM	Admin PMPM	Premium Tax	Capitation Rate PMPM
North	WellCare of Arizona (formerly Care 1st Health Plan)	$ 398.23	$ (6.30)	1.0690	$ 425.71	$ (6.74)	$ 418.97	1.00%	$ 4.26	$ 29.37	$ 9.24	$ 461.84
North	Steward Health Choice Arizona	$ 398.23	$ (6.30)	0.9397	$ 374.21	$ (5.92)	$ 368.29	0.01%	$ 0.04	$ 24.42	$ 8.02	$ 400.76
Central	Arizona Complete Health - Complete Care Plan	$ 407.92	$ (10.54)	0.9564	$ 390.12	$ (10.08)	$ 380.04	0.95%	$ 3.71	$ 30.84	$ 8.46	$ 423.05
Central	Banner - University Family Care	$ 407.92	$ (10.54)	0.9444	$ 385.23	$ (9.95)	$ 375.27	0.74%	$ 2.85	$ 22.92	$ 8.18	$ 409.23
Central	WellCare of Arizona (formerly Care 1st Health Plan)	$ 407.92	$ (10.54)	0.8589	$ 350.37	$ (9.05)	$ 341.32	1.00%	$ 3.50	$ 28.36	$ 7.62	$ 380.79
Central	Magellan Complete Care	$ 407.92	$ (10.54)	0.9851	$ 401.84	$ (10.38)	$ 391.46	0.93%	$ 3.74	$ 59.38	$ 9.28	$ 463.85
Central	Mercy Care	$ 407.92	$ (10.54)	1.1257	$ 459.20	$ (11.87)	$ 447.34	1.00%	$ 4.59	$ 31.38	$ 9.86	$ 493.17
Central	Steward Health Choice Arizona	$ 407.92	$ (10.54)	0.8860	$ 361.42	$ (9.34)	$ 352.09	0.01%	$ 0.04	$ 25.25	$ 7.70	$ 385.07
Central	UnitedHealthcare Community Plan	$ 407.92	$ (10.54)	0.9835	$ 401.19	$ (10.37)	$ 390.82	1.00%	$ 4.01	$ 25.73	$ 8.58	$ 429.15
South	Arizona Complete Health - Complete Care Plan	$ 376.29	$ (7.64)	0.9432	$ 354.91	$ (7.21)	$ 347.70	0.95%	$ 3.37	$ 32.36	$ 7.83	$ 391.26
South	Banner - University Family Care	$ 376.29	$ (7.64)	1.0131	$ 381.21	$ (7.74)	$ 373.47	0.94%	$ 3.58	$ 24.05	$ 8.19	$ 409.28
South	UnitedHealthcare Community Plan	$ 376.29	$ (7.64)	1.0444	$ 392.99	$ (7.98)	$ 385.01	1.00%	$ 3.93	$ 24.64	$ 8.44	$ 422.01

Notes

Underwriting (UW) Gain Percent applied to Gross Medical Plus DAP to get the UW Gain PMPM

Premium Tax is 2%

Rate Cell: Delivery Supplemental Payments

		Before Risk Adjustment			After Risk Adjustment							
GSA	MCO	Gross Medical Plus DAP	RI Offset	Risk Adj Factor	Gross Medical Plus DAP	RI Offset	Net Medical	UW Gain Percent	UW Gain PMPK	Admin PMPK	Premium Tax	Capitation Rate PMPK
North	WellCare of Arizona (formerly Care 1st Health Plan)	$ 5,940.00	$ -	-	$ 5,940.00	$ -	$ 5,940.00	1.00%	$ 59.40	$ -	$ 122.44	$ 6,121.83
North	Steward Health Choice Arizona	$ 5,940.00	$ -	-	$ 5,940.00	$ -	$ 5,940.00	0.01%	$ 0.59	$ -	$ 121.24	$ 6,061.83
Central	Arizona Complete Health - Complete Care Plan	$ 5,987.19	$ -	-	$ 5,987.19	$ -	$ 5,987.19	0.95%	$ 56.88	$ -	$ 123.35	$ 6,167.41
Central	Banner - University Family Care	$ 5,987.19	$ -	-	$ 5,987.19	$ -	$ 5,987.19	0.74%	$ 44.31	$ -	$ 123.09	$ 6,154.58
Central	WellCare of Arizona (formerly Care 1st Health Plan)	$ 5,987.19	$ -	-	$ 5,987.19	$ -	$ 5,987.19	1.00%	$ 59.87	$ -	$ 123.41	$ 6,170.47
Central	Magellan Complete Care	$ 5,987.19	$ -	-	$ 5,987.19	$ -	$ 5,987.19	0.93%	$ 55.68	$ -	$ 123.32	$ 6,166.19
Central	Mercy Care	$ 5,987.19	$ -	-	$ 5,987.19	$ -	$ 5,987.19	1.00%	$ 59.87	$ -	$ 123.41	$ 6,170.47
Central	Steward Health Choice Arizona	$ 5,987.19	$ -	-	$ 5,987.19	$ -	$ 5,987.19	0.01%	$ 0.60	$ -	$ 122.20	$ 6,109.98
Central	UnitedHealthcare Community Plan	$ 5,987.19	$ -	-	$ 5,987.19	$ -	$ 5,987.19	1.00%	$ 59.87	$ -	$ 123.41	$ 6,170.47
South	Arizona Complete Health - Complete Care Plan	$ 6,194.50	$ -	-	$ 6,194.50	$ -	$ 6,194.50	0.95%	$ 58.85	$ -	$ 127.62	$ 6,380.96
South	Banner - University Family Care	$ 6,194.50	$ -	-	$ 6,194.50	$ -	$ 6,194.50	0.94%	$ 58.23	$ -	$ 127.61	$ 6,380.33
South	UnitedHealthcare Community Plan	$ 6,194.50	$ -	-	$ 6,194.50	$ -	$ 6,194.50	1.00%	$ 61.94	$ -	$ 127.68	$ 6,384.12

Notes

Underwriting (UW) Gain Percent applied to Gross Medical Plus DAP to get the UW Gain PMPK

Premium Tax is 2%

Appendix 8: Delivery System and Provider Payment Initiatives

		CYE 20 Non-FQHC DAP PMPM [1]							
GSA	MCO	Age < 1	AGE 1-20	Age 21+	Duals	SSIWO	Prop 204 Childless Adults	Expansion Adults	Delivery Supplemental Payments
North	WellCare of Arizona (previously Care 1st Health Plan)	$9.80	$1.47	$3.91	$1.12	$11.40	$6.00	$4.64	$95.83
North	Steward Health Choice Arizona	$10.03	$1.44	$3.64	$1.20	$11.00	$5.87	$4.04	$94.89
Central	Arizona Complete Health - Complete Care Plan	$12.08	$1.75	$3.13	$1.15	$12.08	$7.08	$3.84	$135.04
Central	Banner - University Family Care	$13.11	$1.79	$3.08	$1.31	$13.59	$6.31	$3.78	$134.76
Central	WellCare of Arizona (previously Care 1st Health Plan)	$12.09	$1.51	$3.07	$1.20	$11.90	$7.01	$3.45	$135.10
Central	Magellan Complete Care	$13.14	$2.56	$3.10	$1.21	$12.38	$6.63	$3.95	$135.01
Central	Mercy Care	$13.02	$1.67	$3.86	$1.59	$15.65	$8.56	$4.52	$135.10
Central	Steward Health Choice Arizona	$11.78	$1.48	$3.04	$1.17	$12.47	$6.59	$3.52	$133.78
Central	UnitedHealthcare Community Plan	$13.22	$1.73	$3.38	$1.11	$13.81	$7.12	$3.95	$135.10
South	Arizona Complete Health - Complete Care Plan	$11.10	$1.30	$3.26	$1.24	$12.26	$5.51	$3.78	$161.86
South	Banner - University Family Care	$12.65	$1.33	$3.32	$1.31	$13.08	$5.74	$4.06	$161.85
South	UnitedHealthcare Community Plan	$12.07	$1.44	$3.85	$1.24	$14.60	$5.94	$4.19	$161.94

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 20 FQHC DAP PMPM							
GSA	MCO	Age < 1	AGE 1-20	Age 21+	Duals	SSIWO	Prop 204 Childless Adults	Expansion Adults	Delivery Supplemental Payments
North	WellCare of Arizona (previously Care 1st Health Plan)	$0.16	$0.06	$0.11	$0.02	$0.13	$0.11	$0.12	$0.00
North	Steward Health Choice Arizona	$0.16	$0.05	$0.11	$0.02	$0.12	$0.11	$0.10	$0.00
Central	Arizona Complete Health - Complete Care Plan	$0.33	$0.09	$0.11	$0.02	$0.16	$0.13	$0.12	$0.00
Central	Banner - University Family Care	$0.35	$0.09	$0.11	$0.02	$0.18	$0.11	$0.11	$0.00
Central	WellCare of Arizona (previously Care 1st Health Plan)	$0.33	$0.07	$0.11	$0.02	$0.16	$0.12	$0.10	$0.00
Central	Magellan Complete Care	$0.35	$0.13	$0.11	$0.02	$0.17	$0.12	$0.12	$0.00
Central	Mercy Care	$0.35	$0.08	$0.14	$0.03	$0.21	$0.15	$0.14	$0.00
Central	Steward Health Choice Arizona	$0.32	$0.07	$0.11	$0.02	$0.17	$0.12	$0.11	$0.00
Central	UnitedHealthcare Community Plan	$0.36	$0.09	$0.12	$0.02	$0.19	$0.13	$0.12	$0.00
South	Arizona Complete Health - Complete Care Plan	$0.59	$0.19	$0.22	$0.04	$0.29	$0.21	$0.21	$0.00
South	Banner - University Family Care	$0.67	$0.20	$0.22	$0.04	$0.31	$0.22	$0.22	$0.00
South	UnitedHealthcare Community Plan	$0.64	$0.21	$0.26	$0.04	$0.35	$0.23	$0.23	$0.00

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.

Rate Cell: Age < 1

		CYE 20 Estimated TI PMPMs				
GSA	MCO	TI PCP PMPM	TI Hospital PMPM	TI BH PMPM	TI Justice PMPM	Total TI PMPM
North	WellCare of Arizona (formerly Care 1st Health Plan)	$6.13	$0.01	$0.00	$0.00	$6.14
North	Steward Health Choice Arizona	$6.13	$0.01	$0.00	$0.00	$6.14
Central	Arizona Complete Health - Complete Care Plan	$5.69	$0.03	$0.00	$0.00	$5.73
Central	Banner - University Family Care	$5.69	$0.03	$0.00	$0.00	$5.73
Central	WellCare of Arizona (formerly Care 1st Health Plan)	$5.69	$0.03	$0.00	$0.00	$5.73
Central	Magellan Complete Care	$5.69	$0.03	$0.00	$0.00	$5.73
Central	Mercy Care	$5.69	$0.03	$0.00	$0.00	$5.73
Central	Steward Health Choice Arizona	$5.69	$0.03	$0.00	$0.00	$5.73
Central	UnitedHealthcare Community Plan	$5.69	$0.03	$0.00	$0.00	$5.73
South	Arizona Complete Health - Complete Care Plan	$7.28	$0.00	$0.00	$0.00	$7.28
South	Banner - University Family Care	$7.28	$0.00	$0.00	$0.00	$7.28
South	UnitedHealthcare Community Plan	$7.28	$0.00	$0.00	$0.00	$7.28

Rate Cell: Age 1-20

		CYE 20 Estimated TI PMPMs				
GSA	MCO	TI PCP PMPM	TI Hospital PMPM	TI BH PMPM	TI Justice PMPM	Total TI PMPM
North	WellCare of Arizona (formerly Care 1st Health Plan)	$0.89	$0.06	$0.44	$0.00	$1.39
North	Steward Health Choice Arizona	$0.89	$0.06	$0.44	$0.00	$1.39
Central	Arizona Complete Health - Complete Care Plan	$1.11	$0.02	$0.38	$0.00	$1.51
Central	Banner - University Family Care	$1.11	$0.02	$0.38	$0.00	$1.51
Central	WellCare of Arizona (formerly Care 1st Health Plan)	$1.11	$0.02	$0.38	$0.00	$1.51
Central	Magellan Complete Care	$1.11	$0.02	$0.38	$0.00	$1.51
Central	Mercy Care	$1.11	$0.02	$0.38	$0.00	$1.51
Central	Steward Health Choice Arizona	$1.11	$0.02	$0.38	$0.00	$1.51
Central	UnitedHealthcare Community Plan	$1.11	$0.02	$0.38	$0.00	$1.51
South	Arizona Complete Health - Complete Care Plan	$0.99	$0.00	$0.25	$0.00	$1.24
South	Banner - University Family Care	$0.99	$0.00	$0.25	$0.00	$1.24
South	UnitedHealthcare Community Plan	$0.99	$0.00	$0.25	$0.00	$1.24

Rate Cell: Age 21+

		CYE 20 Estimated TI PMPMs				
GSA	MCO	TI PCP PMPM	TI Hospital PMPM	TI BH PMPM	TI Justice PMPM	Total TI PMPM
North	WellCare of Arizona (formerly Care 1st Health Plan)	$1.62	$0.09	$0.80	$0.00	$2.51
North	Steward Health Choice Arizona	$1.62	$0.09	$0.80	$0.00	$2.51
Central	Arizona Complete Health - Complete Care Plan	$1.86	$0.10	$0.67	$0.00	$2.63
Central	Banner - University Family Care	$1.86	$0.10	$0.67	$0.00	$2.63
Central	WellCare of Arizona (formerly Care 1st Health Plan)	$1.86	$0.10	$0.67	$0.00	$2.63
Central	Magellan Complete Care	$1.86	$0.10	$0.67	$0.00	$2.63
Central	Mercy Care	$1.86	$0.10	$0.67	$0.00	$2.63
Central	Steward Health Choice Arizona	$1.86	$0.10	$0.67	$0.00	$2.63
Central	UnitedHealthcare Community Plan	$1.86	$0.10	$0.67	$0.00	$2.63
South	Arizona Complete Health - Complete Care Plan	$1.26	$0.02	$0.49	$0.00	$1.77
South	Banner - University Family Care	$1.26	$0.02	$0.49	$0.00	$1.77
South	UnitedHealthcare Community Plan	$1.26	$0.02	$0.49	$0.00	$1.77

Rate Cell: Duals

		CYE 20 Estimated TI PMPMs				
GSA	MCO	TI PCP PMPM	TI Hospital PMPM	TI BH PMPM	TI Justice PMPM	Total TI PMPM
North	WellCare of Arizona (formerly Care 1st Health Plan)	$0.59	$0.07	$0.28	$0.00	$0.93
North	Steward Health Choice Arizona	$0.59	$0.07	$0.28	$0.00	$0.93
Central	Arizona Complete Health - Complete Care Plan	$0.52	$0.01	$0.15	$0.00	$0.68
Central	Banner - University Family Care	$0.52	$0.01	$0.15	$0.00	$0.68
Central	WellCare of Arizona (formerly Care 1st Health Plan)	$0.52	$0.01	$0.15	$0.00	$0.68
Central	Magellan Complete Care	$0.52	$0.01	$0.15	$0.00	$0.68
Central	Mercy Care	$0.52	$0.01	$0.15	$0.00	$0.68
Central	Steward Health Choice Arizona	$0.52	$0.01	$0.15	$0.00	$0.68
Central	UnitedHealthcare Community Plan	$0.52	$0.01	$0.15	$0.00	$0.68
South	Arizona Complete Health - Complete Care Plan	$0.64	$0.00	$0.17	$0.00	$0.81
South	Banner - University Family Care	$0.64	$0.00	$0.17	$0.00	$0.81
South	UnitedHealthcare Community Plan	$0.64	$0.00	$0.17	$0.00	$0.81

Rate Cell: SSI Without Medicare

		CYE 20 Estimated TI PMPMs				
GSA	MCO	TI PCP PMPM	TI Hospital PMPM	TI BH PMPM	TI Justice PMPM	Total TI PMPM
North	WellCare of Arizona (formerly Care 1st Health Plan)	$3.01	$0.18	$1.26	$0.00	$4.45
North	Steward Health Choice Arizona	$3.01	$0.18	$1.26	$0.00	$4.45
Central	Arizona Complete Health - Complete Care Plan	$3.04	$0.23	$1.35	$0.00	$4.63
Central	Banner - University Family Care	$3.04	$0.23	$1.35	$0.00	$4.63
Central	WellCare of Arizona (formerly Care 1st Health Plan)	$3.04	$0.23	$1.35	$0.00	$4.63
Central	Magellan Complete Care	$3.04	$0.23	$1.35	$0.00	$4.63
Central	Mercy Care	$3.04	$0.23	$1.35	$0.00	$4.63
Central	Steward Health Choice Arizona	$3.04	$0.23	$1.35	$0.00	$4.63
Central	UnitedHealthcare Community Plan	$3.04	$0.23	$1.35	$0.00	$4.63
South	Arizona Complete Health - Complete Care Plan	$2.70	$0.10	$0.97	$0.00	$3.77
South	Banner - University Family Care	$2.70	$0.10	$0.97	$0.00	$3.77
South	UnitedHealthcare Community Plan	$2.70	$0.10	$0.97	$0.00	$3.77

Rate Cell: Prop 204 Childless Adults

		CYE 20 Estimated TI PMPMs				
GSA	MCO	TI PCP PMPM	TI Hospital PMPM	TI BH PMPM	TI Justice PMPM	Total TI PMPM
North	WellCare of Arizona (formerly Care 1st Health Plan)	$1.47	$0.13	$1.00	$0.00	$2.60
North	Steward Health Choice Arizona	$1.47	$0.13	$1.00	$0.00	$2.60
Central	Arizona Complete Health - Complete Care Plan	$1.89	$0.31	$0.74	$0.00	$2.94
Central	Banner - University Family Care	$1.89	$0.31	$0.74	$0.00	$2.94
Central	WellCare of Arizona (formerly Care 1st Health Plan)	$1.89	$0.31	$0.74	$0.00	$2.94
Central	Magellan Complete Care	$1.89	$0.31	$0.74	$0.00	$2.94
Central	Mercy Care	$1.89	$0.31	$0.74	$0.00	$2.94
Central	Steward Health Choice Arizona	$1.89	$0.31	$0.74	$0.00	$2.94
Central	UnitedHealthcare Community Plan	$1.89	$0.31	$0.74	$0.00	$2.94
South	Arizona Complete Health - Complete Care Plan	$1.19	$0.07	$0.86	$0.00	$2.13
South	Banner - University Family Care	$1.19	$0.07	$0.86	$0.00	$2.13
South	UnitedHealthcare Community Plan	$1.19	$0.07	$0.86	$0.00	$2.13

Rate Cell: Expansion Adults

		CYE 20 Estimated TI PMPMs				
GSA	MCO	TI PCP PMPM	TI Hospital PMPM	TI BH PMPM	TI Justice PMPM	Total TI PMPM
North	WellCare of Arizona (formerly Care 1st Health Plan)	$1.31	$0.05	$0.44	$0.00	$1.80
North	Steward Health Choice Arizona	$1.31	$0.05	$0.44	$0.00	$1.80
Central	Arizona Complete Health - Complete Care Plan	$1.86	$0.08	$0.27	$0.00	$2.21
Central	Banner - University Family Care	$1.86	$0.08	$0.27	$0.00	$2.21
Central	WellCare of Arizona (formerly Care 1st Health Plan)	$1.86	$0.08	$0.27	$0.00	$2.21
Central	Magellan Complete Care	$1.86	$0.08	$0.27	$0.00	$2.21
Central	Mercy Care	$1.86	$0.08	$0.27	$0.00	$2.21
Central	Steward Health Choice Arizona	$1.86	$0.08	$0.27	$0.00	$2.21
Central	UnitedHealthcare Community Plan	$1.86	$0.08	$0.27	$0.00	$2.21
South	Arizona Complete Health - Complete Care Plan	$1.06	$0.01	$0.28	$0.00	$1.35
South	Banner - University Family Care	$1.06	$0.01	$0.28	$0.00	$1.35
South	UnitedHealthcare Community Plan	$1.06	$0.01	$0.28	$0.00	$1.35

Rate Cell: Delivery Supplemental Payments

		CYE 20 Estimated TI PMPMs				
GSA	MCO	TI PCP PMPM	TI Hospital PMPM	TI BH PMPM	TI Justice PMPM	Total TI PMPM
North	WellCare of Arizona (formerly Care 1st Health Plan)	$0.00	$0.00	$0.00	$0.00	$0.00
North	Steward Health Choice Arizona	$0.00	$0.00	$0.00	$0.00	$0.00
Central	Arizona Complete Health - Complete Care Plan	$0.00	$0.00	$0.00	$0.00	$0.00
Central	Banner - University Family Care	$0.00	$0.00	$0.00	$0.00	$0.00
Central	WellCare of Arizona (formerly Care 1st Health Plan)	$0.00	$0.00	$0.00	$0.00	$0.00
Central	Magellan Complete Care	$0.00	$0.00	$0.00	$0.00	$0.00
Central	Mercy Care	$0.00	$0.00	$0.00	$0.00	$0.00
Central	Steward Health Choice Arizona	$0.00	$0.00	$0.00	$0.00	$0.00
Central	UnitedHealthcare Community Plan	$0.00	$0.00	$0.00	$0.00	$0.00
South	Arizona Complete Health - Complete Care Plan	$0.00	$0.00	$0.00	$0.00	$0.00
South	Banner - University Family Care	$0.00	$0.00	$0.00	$0.00	$0.00
South	UnitedHealthcare Community Plan	$0.00	$0.00	$0.00	$0.00	$0.00

		CYE 20 Estimated APSI PMPM							
GSA	MCO	Age < 1	AGE 1-20	Age 21+	Duals	SSIWO	Prop 204 Childless Adults	Expansion Adults	Delivery Supplemental Payments
North	WellCare of Arizona (previously Care 1st Health Plan)	$52.06	$5.72	$0.89	$0.01	$8.12	$1.44	$0.67	$0.00
North	Steward Health Choice Arizona	$13.64	$1.37	$0.65	$0.08	$5.00	$1.65	$0.96	$0.00
Central	Arizona Complete Health - Complete Care Plan	$19.17	$3.00	$2.52	$0.21	$14.70	$5.17	$2.51	$0.00
Central	Banner - University Family Care	$17.82	$2.86	$1.24	$0.07	$12.01	$3.88	$4.04	$0.00
Central	WellCare of Arizona (previously Care 1st Health Plan)	$27.23	$4.88	$3.18	$0.15	$26.59	$5.52	$3.21	$0.00
Central	Magellan Complete Care	$3.57	$0.39	$0.43	$0.01	$1.63	$1.59	$1.24	$0.00
Central	Mercy Care	$70.06	$15.34	$13.29	$0.23	$50.63	$15.83	$9.10	$0.00
Central	Steward Health Choice Arizona	$24.49	$3.89	$3.04	$0.17	$20.04	$5.26	$3.03	$0.00
Central	UnitedHealthcare Community Plan	$22.48	$5.26	$4.95	$0.20	$24.21	$5.35	$3.81	$0.00
South	Arizona Complete Health - Complete Care Plan	$42.64	$4.04	$8.05	$0.41	$26.35	$10.63	$7.31	$0.00
South	Banner - University Family Care	$72.60	$6.07	$15.30	$0.35	$39.73	$16.74	$12.85	$0.00
South	UnitedHealthcare Community Plan	$74.88	$8.30	$21.86	$0.59	$45.93	$15.26	$12.63	$0.00

		CYE 20 Estimated PSI PMPM							
GSA	MCO	Age < 1	AGE 1-20	Age 21+	Duals	SSIWO	Prop 204 Childless Adults	Expansion Adults	Delivery Supplemental Payments
North	WellCare of Arizona (previously Care 1st Health Plan)	$16.96	$2.41	$0.02	$0.00	$6.00	$0.04	$0.03	$0.00
North	Steward Health Choice Arizona	$8.71	$1.92	$0.10	$0.00	$3.87	$0.01	$0.45	$0.00
Central	Arizona Complete Health - Complete Care Plan	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00
Central	Banner - University Family Care	$22.92	$3.04	$0.02	$0.00	$22.90	$0.04	$0.33	$0.00
Central	WellCare of Arizona (previously Care 1st Health Plan)	$23.10	$4.48	$0.05	$0.00	$15.70	$0.15	$0.94	$0.00
Central	Magellan Complete Care	$3.74	$0.30	$0.00	$0.00	$0.58	$0.00	$0.00	$0.00
Central	Mercy Care	$134.80	$15.14	$0.10	$0.00	$26.86	$0.79	$0.42	$0.00
Central	Steward Health Choice Arizona	$17.66	$3.35	$0.02	$0.02	$20.91	$0.11	$0.08	$0.00
Central	UnitedHealthcare Community Plan	$23.21	$4.54	$0.06	$0.05	$12.46	$1.31	$0.05	$0.00
South	Arizona Complete Health - Complete Care Plan	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00
South	Banner - University Family Care	$6.54	$0.88	$0.01	$0.00	$3.49	$0.00	$0.00	$0.00
South	UnitedHealthcare Community Plan	$3.12	$0.43	$0.00	$0.00	$1.29	$0.00	$0.00	$0.00