



**Contract Year Ending 2018
Acute Care Program Capitation Rate
Certification**

**January 1, 2018 through September 30,
2018**

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

**Prepared by:
AHCCCS Division of Health Care
Management**

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Table of Contents

Introduction and Limitations	1
Section I Medicaid Managed Care Rates	2
1. General Information	4
A. Rate Development Standards.....	4
i. Rating Period	4
ii. Rate Certification Documentation.....	4
(a) Letter from Certifying Actuary.....	4
(b) Final and Certified Capitation Rates	4
(c) Final and Certified Capitation Rate Ranges.....	4
(d) Program Information	4
iii. Rate Development Standards and Federal Financial Participation	5
iv. Rate Cell Cross-subsidization.....	5
v. Effective Dates of Changes.....	5
vi. Generally Accepted Actuarial Principles and Practices.....	5
(a) Reasonable, Appropriate, and Attainable Costs.....	5
(b) Rate Setting Process.....	5
(c) Contracted Rates	5
vii. Rates from Previous Rating Periods.....	5
viii. Rate Certification Procedures.....	6
(a) CMS Rate Certification Requirement for Rate Change	6
(b) CMS Rate Certification Requirement for No Rate Change.....	6
(c) CMS Rate Certification Circumstances.....	6
(d) CMS Contract Amendment Requirement	6
B. Appropriate Documentation	6
i. Elements.....	6
ii. Rate Certification Index.....	6
iii. Differences in Federal Medical Assistance Percentage	6
iv. Rate Ranges	6
v. Rate Range Development.....	7
2. Data.....	8
3. Projected Benefit Costs and Trends.....	9

A.	Rate Development Standards.....	9
B.	Appropriate Documentation	9
i.	Projected Benefit Costs.....	9
ii.	Projected Benefit Cost Development	9
(a)	Description of the Data, Assumptions, and Methodologies	9
(b)	Material Changes to the Data, Assumptions, and Methodologies.....	15
iii.	Projected Benefit Cost Trends.....	15
iv.	Mental Health Parity and Addiction Equity Act Compliance.....	15
v.	In-Lieu-Of Services	15
vi.	Retrospective Eligibility Periods	15
vii.	Impact of All Material Changes	16
(a)	Covered Benefits.....	16
(b)	Recoveries of Overpayments.....	16
(c)	Provider Payment Requirements.....	16
(d)	Applicable Waivers	16
(e)	Applicable Litigation.....	16
viii.	Impact of All Material and Non-Material Changes	16
4.	Special Contract Provisions Related to Payment.....	17
A.	Incentive Arrangements.....	17
B.	Withhold Arrangements	17
C.	Risk-Sharing Mechanisms.....	17
i.	Rate Development Standards.....	17
ii.	Appropriate Documentation	17
(a)	Description of Risk-Sharing Mechanisms	17
(b)	Description of Medical Loss Ratio.....	17
(c)	Description of Reinsurance Requirements.....	17
(i)	Reinsurance Requirements	17
(ii)	Effect on Development of Capitation Rates	18
(iii)	Development in Accordance with Generally Accepted Actuarial Principles and Practices	18
(iv)	Data, Assumptions, Methodology to Develop the Reinsurance Offset	19
D.	Delivery System and Provider Payment Initiatives.....	19
E.	Pass-Through Payments.....	19

5. Projected Non-Benefit Costs	20
A. Rate Development Standards.....	20
B. Appropriate Documentation	20
i. Description of the Development of Projected Non-Benefit Costs	20
ii. Projected Non-Benefit Costs by Category.....	20
(a) Administrative Costs	20
(b) Taxes and Other Fees.....	20
(c) Contribution to Reserves, Risk Margin, and Cost of Capital.....	20
(d) Other Material Non-Benefit Costs	20
iii. Health Insurance Provider’s Fee.....	20
6. Risk Adjustment and Acuity Adjustments	21
Section II Medicaid Managed Care Rates with Long-Term Services and Supports	22
Section III New Adult Group Capitation Rates	23
Appendix 1: Actuarial Certification	24
Appendix 2a: Certified Prospective Capitation Rates.....	26
Appendix 2b: Certified PPC Capitation Rates.....	27
Appendix 3: Fiscal Impact Summary.....	28
Appendix 4a: CYE 18 (Jan-Sep) Projected Gross Medical Expenses PMPM by MCO, Rate Cell and Geographic Service Area (GSA), Prospective	29
Appendix 4b: CYE 18 (Jan-Sep) Projected Risk Adjustment Factors by MCO, Rate Cell and GSA, Prospective	30
Appendix 4c: CYE 18 (Jan-Sep) Projected RI Offsets PMPM by MCO, Rate Cell and GSA, Prospective	31
Appendix 4d: CYE 18 (Jan-Sep) Projected UW Gain PMPM by MCO, Rate Cell and GSA, Prospective	32
Appendix 4e: CYE 18 (Jan-Sep) Projected Administrative Expenses PMPM by MCO, Rate Cell and GSA, Prospective	33
Appendix 4f: CYE 18 (Jan-Sep) Premium Tax PMPM by MCO, Rate Cell and GSA, Prospective, without APSI.....	34
Appendix 4g: CYE 18 (Jan-Sep) Capitation Rates PMPM by MCO, Rate Cell and GSA, Prospective, without APSI.....	35
Appendix 4h: CYE 18 (Jan-Sep) Projected APSI Payments PMPM by MCO, Rate Cell and GSA, Prospective	36
Appendix 4i: CYE 18 (Jan-Sep) Capitation Rates PMPM by MCO, Rate Cell and GSA, Prospective, including APSI.....	37

Appendix 4j: CYE 18 (Jan-Sep) Projected Gross Medical Expenses PMPM by MCO, Rate Cell and GSA, PPC	38
Appendix 4k: CYE 18 (Jan-Sep) Projected UW Gain PMPM by MCO, Rate Cell and GSA, PPC.....	39
Appendix 4l: CYE 18 (Jan-Sep) Projected Administrative Expenses PMPM by MCO, Rate Cell and GSA, PPC	40
Appendix 4m: CYE 18 (Jan-Sep) Premium Tax PMPM by MCO, Rate Cell and GSA, PPC, without APSI.....	41
Appendix 4n: CYE 18 (Jan-Sep) Capitation Rates PMPM by MCO, Rate Cell and GSA, PPC, without APSI.	42
Appendix 4o: CYE 18 (Jan-Sep) Projected APSI Payments PMPM by MCO, Rate Cell and GSA, PPC	43
Appendix 4p: CYE 18 (Jan-Sep) Capitation Rates PMPM by MCO, Rate Cell and GSA, PPC, including APSI	44
Appendix 4q: CYE 18 (Jan-Sep) RI Offsets PMPM as a Percentage of Prospective Capitation Rates by MCO, Rate Cell and GSA, including APSI.....	45

Introduction and Limitations

The purpose of this rate certification is to provide documentation, including the data, assumptions, and methodologies, used to develop the amendment to the October 1, 2017 through September 30, 2018 (Contract Year Ending 2018 or CYE 18) actuarially sound capitation rates for the period January 1, 2018 through September 30, 2018 for the Acute Care Program for compliance with the applicable provisions of 42 CFR Part 438 of 81 FR 27497 (published May 6, 2016 and effective July 5, 2016). 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 of 81 FR 27497 applicable to this rate certification, the 2018 Medicaid Managed Care Rate Development Guide (2018 Guide), Actuarial Standards of Practice, and generally accepted actuarial principles and practices.

The 2018 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 2018 Guide to help facilitate the review of this rate certification by CMS.

Section I Medicaid Managed Care Rates

The capitation rates included with this rate certification are considered actuarially sound according to the following criteria from 42 CFR § 438.4 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)(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.

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 2018 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.

1. General Information

This section provides documentation for the General Information section of the 2018 Guide.

A. Rate Development Standards

i. Rating Period

The amended CYE 18 capitation rates for the Acute Care Program are effective for the nine month time period from January 1, 2018 through September 30, 2018.

ii. Rate Certification Documentation

This rate certification includes the following items and information:

(a) Letter from Certifying Actuary

The actuarial certification letter for the CYE 18 capitation rates for the Acute Care Program, signed by Matthew C. Varitek, FSA, MAAA, is in Appendix 1. Mr. Varitek meets the requirements for the definition of an Actuary described at 42 CFR § 438.2 at 81 FR 27854 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.

Mr. Varitek certifies that the CYE 18 capitation rates for the Acute Care Program contained in this rate certification are actuarially sound and meet the standards within the applicable provisions of 42 CFR Part 438 of 81 FR 27497.

(b) Final and Certified Capitation Rates

The final and certified capitation rates by rate cell are located in Appendices 2a and 2b. Additionally, the Acute Care 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 Acute Care 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 of 81 FR 27497 and the 2018 Guide.

(c) Final and Certified Capitation Rate Ranges

Not Applicable. Rate ranges were not developed for the amended CYE18 capitation rates for the Acute Care Program.

(d) Program Information

For more information, please refer to the Contract Year Ending 2018 Acute Care Program Rate Certification dated October 1, 2017.

iii. Rate Development Standards and Federal Financial Participation

Proposed differences among the amended CYE 18 capitation rates for the Acute Care 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 Acute Care Program.

iv. Rate Cell Cross-subsidization

The amended CYE 18 capitation rates were developed at the rate cell level. Payments from rate cells do not cross-subsidize payments from other rate cells.

v. Effective Dates of Changes

The effective dates of changes to the Acute Care Program are consistent with the assumptions used to develop the amended CYE 18 capitation rates for the Acute Care Program.

vi. Generally Accepted Actuarial Principles and Practices

(a) Reasonable, Appropriate, and Attainable Costs

In the actuary's judgement, all adjustments to the capitation rates, or to any portion of the capitation rates, reflect reasonable, appropriate and attainable costs. To the actuary's knowledge, all reasonable, appropriate and attainable costs have been included in the rate certification.

(b) Rate Setting Process

Adjustments to the rates or rate ranges 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.

(c) Contracted Rates

Consistent with 42 CFR §438.7(c), the final contracted rates in each cell must either match the capitation rates or be within the rate ranges in the rate certification. This is required in total and for each and every rate cell. The amended CYE 18 capitation rates certified in this report represent the contracted rates by rate cell.

vii. Rates from Previous Rating Periods

Not Applicable. Capitation rates from previous rating periods are not used in the development of the amended CYE 18 capitation rates for the Acute Care Program.

viii. Rate Certification Procedures

(a) CMS Rate Certification Requirement for Rate Change

This is a new rate certification that documents the Acute Care Program capitation rates are changing effective January 1, 2018.

(b) CMS Rate Certification Requirement for No Rate Change

Not Applicable. This rate certification will change the Acute Care Program capitation rates effective January 1, 2018.

(c) CMS Rate Certification Circumstances

This section of the 2018 Guide provides information on when CMS would not require a new rate certification, and is not applicable to this certification.

(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 capitation rates are changing due to prospective program changes effective January 1, 2018 and thus a contract amendment is required to be submitted.

B. Appropriate Documentation

i. Elements

This rate certification documents all the elements (data, assumptions, and methodologies) used to develop the amended CYE 18 capitation rates for the Acute Care Program.

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 the relevant section numbers from the 2018 Guide. Sections of the 2018 Guide that do not apply will be marked as “Not Applicable” and will be included in this rate certification as requested by CMS.

iii. Differences in Federal Medical Assistance Percentage

For more information, please refer to the Contract Year Ending 2018 Acute Care Program Rate Certification dated October 1, 2017.

iv. Rate Ranges

Not Applicable. Rate ranges were not developed for the amended CYE 18 capitation rates for the Acute Care Program.

v. Rate Range Development

Not Applicable. Rate ranges were not developed for the amended CYE 18 capitation rates for the Acute Care Program.

2. Data

For more information regarding base data, please refer to the Contract Year Ending 2018 Acute Care Program Rate Certification dated October 1, 2017.

3. Projected Benefit Costs and Trends

This section provides documentation for the Projected Benefit Costs and Trends section of the 2018 Guide.

A. Rate Development Standards

For more information, please refer to the Contract Year Ending 2018 Acute Care Program Rate Certification dated October 1, 2017.

B. Appropriate Documentation

i. Projected Benefit Costs

The projected CYE 18 gross medical expenses by rate cell, Contractor and GSA can be found in Appendix 4a and 4j.

ii. Projected Benefit Cost Development

This section provides information on the projected benefit costs included in the amended CYE 18 capitation rates for the Acute Care Program.

(a) Description of the Data, Assumptions, and Methodologies

DRG Reimbursement Rate Changes

AHCCCS will transition from version 31 to version 34 of the All Patient Refined Diagnostic Related Groups (APR-DRG) payment classification system on January 1, 2018. AHCCCS has used v31 APR-DRG national weights published by 3M since the initial implementation of the system on October 1, 2014 until present. To make the APR-DRG grouper fully ICD-10 code compliant, AHCCCS will rebase the inpatient system and update to APR-DRG v34 effective January 1, 2018. Rebasing involves updating the DRG grouper version, relative weights and DRG base rates via payment simulation modeling using more recent data.

Navigant Consulting did the rebase of the AHCCCS DRG system. Their modeling approach: “Rebasing calculations included updated base rates (both standardized amounts and wage indices), relative weights, and addition and change of policy adjusters. Outlier identification and payment methodology has not changed nor has any other underlying claim pricing calculation (notwithstanding the above noted changes to factors, indices, and statewide standardized base rate).

To affect a budget neutral payment system change, Navigant first repriced the FFY 2016 claims under current APR-DRG v31 FFS rates, including changes to the payment system which have occurred since the FFY 2016 claims period (such as the removal of the transition factor, coding improvement factor, and the increase of the high acuity pediatric adjuster to 1.945). Navigant then repriced

the same claims set using the APR-DRG v34 grouper and weights and calculated a statewide standardized amount (adjusted to each facility's labor cost using CMS's published FFY 2017 Final Rule Wage Indices). The statewide standardized amount was calculated to result in total simulated rebased payments equal to current system payments.

The next modeling step was to increase select policy adjusters to meet program funding goals, as determined by AHCCCS. These adjustments included an increase of the high acuity pediatric policy adjuster to 2.30, the addition of a service policy adjuster for burn cases (as identified by APR-DRG groups 841-844) of 2.70, the increase of the policy adjuster for other adult services to 1.025, and the increase of the existing High Volume Hold Harmless adjuster to 1.11."

The PMPM adjustments to apply to each rate cell were then developed as the total simulated APR-DRG rebased payments with the new policy adjuster factors applied to each inpatient hospital admission during FFY 16 by members in each rate cell, minus the total actual payments associated with those admissions, divided by the FFY 16 member months for each rate cell.

The AHCCCS Division of Health Care Management (DHCM) Actuarial Team relied upon Navigant and AHCCCS DHCM Rates & Reimbursement Team for the reasonableness of these assumptions. The estimated nine month impact to inpatient medical expenditures is approximately \$17.07 million, and the impact to reinsurance payments approximately \$4.77 million (see section I.4.C.ii.(c) for additional information), for a combined impact of \$12.30 million to medical expenditures net of reinsurance. Table 1 below provides the PMPM impact by GSA and Prospective rate cell of increases to inpatient expenditures, increases to the reinsurance offsets, and net impact to medical expenditures. Table 2 below provides the PMPM impact by GSA and PPC rate cell of increases to inpatient expenditures. Reinsurance does not apply to PPC.

Table 1: PMPM Impact (1/1/18-9/30/18) to Inpatient (IP) Expenditures and Reinsurance (RI) Offsets, Prospective

Adjustment to Prospective Inpatient Expenditures PMPM for DRG Rebase										
GSA	TANF/ Kidscare <1, M/F	TANF/ Kidscare 1-13, M/F	TANF/ Kidscare 14-44, F	TANF/ Kidscare 14-44, M	TANF 45+, M/F	SSI w/ Medicare	SSI w/o Medicare	Delivery Supplement	Adults <= 106% FPL	Adults > 106% FPL
02	\$10.31	\$0.26	\$3.01	\$0.79	\$1.90	\$0.86	\$7.51	\$0.00	\$2.80	\$1.69
04	\$6.35	\$0.22	\$1.07	\$0.27	\$1.10	\$0.30	\$4.74	\$0.00	\$1.55	\$1.00
06	\$1.08	\$0.49	(\$0.27)	\$0.01	(\$0.40)	(\$0.32)	(\$0.69)	\$0.00	(\$0.95)	(\$0.71)
08	\$3.38	\$0.42	\$0.09	\$0.23	\$0.66	(\$0.03)	\$1.18	\$0.00	\$0.51	(\$0.07)
10	\$11.35	\$0.37	\$2.19	\$0.70	\$1.54	\$0.56	\$8.62	\$0.00	\$2.20	\$1.47
12	\$6.20	\$0.43	\$0.84	\$0.49	\$0.52	\$0.19	\$3.93	\$0.00	\$0.99	\$0.51
14	\$16.39	\$0.34	\$2.09	\$4.06	\$2.33	\$0.56	\$6.90	\$0.00	\$3.10	\$2.15
Adjustment to Prospective RI Offsets PMPM for DRG Rebase										
GSA	TANF/ Kidscare <1, M/F	TANF/ Kidscare 1-13, M/F	TANF/ Kidscare 14-44, F	TANF/ Kidscare 14-44, M	TANF 45+, M/F	SSI w/ Medicare	SSI w/o Medicare	Delivery Supplement	Adults <= 106% FPL	Adults > 106% FPL
02	(\$2.17)	(\$0.07)	(\$0.07)	(\$0.34)	(\$0.33)	(\$0.07)	(\$2.10)	\$0.00	(\$0.57)	(\$0.22)
04	(\$2.92)	(\$0.07)	(\$0.04)	(\$0.06)	(\$0.22)	\$0.02	(\$2.16)	\$0.00	(\$0.47)	(\$0.29)
06	(\$0.83)	(\$0.23)	(\$0.00)	\$0.05	(\$0.04)	\$0.10	(\$0.19)	\$0.00	\$0.31	\$0.29
08	(\$1.57)	(\$0.16)	(\$0.03)	(\$0.13)	(\$0.34)	\$0.03	(\$0.39)	\$0.00	(\$0.20)	\$0.04
10	(\$3.76)	(\$0.05)	(\$0.21)	(\$0.20)	(\$0.36)	(\$0.12)	(\$4.53)	\$0.00	(\$0.61)	(\$0.36)
12	(\$2.30)	(\$0.14)	(\$0.10)	(\$0.20)	(\$0.12)	(\$0.03)	(\$2.21)	\$0.00	(\$0.37)	(\$0.16)
14	(\$8.07)	(\$0.07)	(\$0.17)	(\$3.43)	(\$0.61)	(\$0.02)	(\$2.29)	\$0.00	(\$0.91)	(\$0.63)
Combined Impact to Prospective Net Medical Expenditures PMPM for DRG Rebase										
GSA	TANF/ Kidscare <1, M/F	TANF/ Kidscare 1-13, M/F	TANF/ Kidscare 14-44, F	TANF/ Kidscare 14-44, M	TANF 45+, M/F	SSI w/ Medicare	SSI w/o Medicare	Delivery Supplement	Adults <= 106% FPL	Adults > 106% FPL
02	\$8.14	\$0.19	\$2.95	\$0.46	\$1.57	\$0.79	\$5.41	\$0.00	\$2.23	\$1.47
04	\$3.43	\$0.15	\$1.03	\$0.20	\$0.88	\$0.31	\$2.58	\$0.00	\$1.08	\$0.70
06	\$0.24	\$0.26	(\$0.27)	\$0.06	(\$0.44)	(\$0.22)	(\$0.88)	\$0.00	(\$0.64)	(\$0.42)
08	\$1.81	\$0.26	\$0.06	\$0.11	\$0.32	(\$0.00)	\$0.79	\$0.00	\$0.31	(\$0.02)
10	\$7.58	\$0.32	\$1.98	\$0.51	\$1.18	\$0.44	\$4.09	\$0.00	\$1.59	\$1.11
12	\$3.91	\$0.29	\$0.74	\$0.29	\$0.39	\$0.16	\$1.72	\$0.00	\$0.62	\$0.35
14	\$8.32	\$0.28	\$1.93	\$0.63	\$1.72	\$0.55	\$4.61	\$0.00	\$2.19	\$1.53

Table 2: PMPM Impact (1/1/18-9/30/18) to IP Expenditures, PPC

Adjustment to PPC Inpatient Expenditures PMPM for DRG Rebase									
GSA	TANF <1, M/F	TANF 1-13, M/F	TANF 14-44, F	TANF/ 14-44, M	TANF 45+, M/F	SSI w/ Medicare	SSI w/o Medicare	Adults <= 106% FPL	Adults > 106% FPL
02	\$29.09	\$0.67	\$3.86	\$5.33	\$8.68	\$1.23	\$81.09	\$22.70	\$8.13
04	\$11.60	\$0.00	\$1.11	\$1.22	\$1.85	\$0.48	\$1.41	\$8.56	\$1.05
06	(\$20.80)	\$1.04	(\$1.35)	(\$0.12)	(\$5.34)	(\$0.27)	\$3.29	(\$12.13)	(\$6.89)
08	\$8.05	\$1.91	\$0.07	\$0.84	\$0.70	(\$0.05)	\$0.35	\$1.29	\$0.16
10	\$36.41	\$1.29	\$3.38	\$6.03	\$1.98	\$0.30	\$11.91	\$11.44	\$5.90
12	\$19.71	\$1.22	\$1.56	\$2.00	\$1.70	\$0.33	\$7.68	\$8.81	\$2.84
14	\$89.80	\$0.92	\$1.89	\$2.31	\$1.39	\$0.07	\$18.23	\$16.57	\$10.82

Hepatitis C (HCV) Treatment

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.

The AHCCCS Policy Committee (APC) reviewed the AHCCCS Medical Policy Manual, Policy 320 N, Hepatitis C Prior Authorization Requirements for Direct Acting Antiviral Medication and removed the fibrosis level requirements that were previously necessary in order to access treatment. The APC also removed the one treatment per lifetime limitation from the policy and added retreatment guidelines. These changes are effective January 1, 2018.

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 actuary 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 actuary 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 Acute Care 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.

Table 3 contains the PMPM adjustments applied by rate cell and GSA. The statewide estimated nine month impact to the Acute Care program is a decrease of approximately \$12.3 million.

Table 3: PMPM Impact (1/1/18-9/30/18) to Prospective Pharmacy Expenditures

Adjustment to Prospective Rx Expenditures PMPM for Hep C Change									
GSA	TANF/ Kidscare <1, M/F	TANF/ Kidscare 1-13, M/F	TANF/ Kidscare 14-44, F	TANF/ Kidscare 14-44, M	TANF 45+, M/F	SSI w/ Medicare	SSI w/o Medicare	Adults <= 106% FPL	Adults > 106% FPL
02	\$0.00	\$0.00	\$0.00	\$0.00	(\$1.73)	\$0.00	(\$6.25)	(\$2.56)	(\$1.19)
04	\$0.00	\$0.00	\$0.00	(\$0.26)	(\$1.40)	\$0.00	(\$4.00)	(\$2.77)	(\$2.78)
06	\$0.00	\$0.00	\$0.00	(\$0.15)	\$0.00	\$0.00	(\$10.14)	(\$5.51)	(\$5.33)
08	\$0.00	\$0.00	\$0.00	\$0.00	(\$5.35)	\$0.00	(\$10.15)	(\$3.89)	(\$2.92)
10	\$0.00	\$0.00	\$0.00	\$0.00	(\$0.82)	\$0.00	(\$2.26)	(\$1.98)	(\$1.61)
12	\$0.00	\$0.00	(\$0.06)	(\$0.35)	(\$1.67)	\$0.03	(\$5.87)	(\$3.02)	(\$1.96)
14	\$0.00	\$0.00	\$0.00	(\$0.90)	\$0.00	\$0.00	(\$1.43)	(\$1.89)	\$0.00

Medication-Assisted Treatment (MAT)

Effective, January 1, 2018, the Contractor shall 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.

To develop the FFY 18 projected costs, the number of members on the Program with a primary diagnosis of opioid dependence was determined by the AHCCCS Clinical Quality Management Team. This was based off of historical encounter experience. The AHCCCS Clinical Quality Management Team also determined the current MAT utilization and projected increase in MAT utilization due to allowing Contractors to reimburse PCPs for MAT. The AHCCCS Clinical Quality Management Team then projected the cost of this program based on the increase in members using MAT and the average treatment and average cost of MAT. The AHCCCS DHCM Actuarial Team relied upon the AHCCCS Clinical Quality Management Team for the reasonableness for these assumptions.

Table 4 contains the PMPM adjustments applied by rate cell and GSA. The statewide estimated nine month impact to the Acute Care program is a decrease of approximately \$5.0 million.

Table 4: PMPM Impact (1/1/18-9/30/18) to Medical Expenditures, Prospective

Adjustment to Prospective Medical Expenditures PMPM for MAT Change									
GSA	TANF/ Kidscare <1, M/F	TANF/ Kidscare 1-13, M/F	TANF/ Kidscare 14-44, F	TANF/ Kidscare 14-44, M	TANF 45+, M/F	SSI w/ Medicare	SSI w/o Medicare	Adults <= 106% FPL	Adults > 106% FPL
02	\$0.00	\$0.00	\$0.03	\$0.01	\$0.03	\$0.00	\$0.36	\$0.24	\$0.03
04	\$0.00	\$0.00	\$0.44	\$0.35	\$0.60	\$0.01	\$1.38	\$0.70	\$0.51
06	\$0.00	\$0.00	\$0.29	\$0.61	\$0.35	\$0.00	\$1.75	\$1.10	\$0.48
08	\$0.00	\$0.00	\$0.31	\$0.40	\$0.10	\$0.02	\$1.18	\$0.74	\$0.41
10	\$0.00	\$0.00	\$0.76	\$0.70	\$0.62	\$0.03	\$1.30	\$1.72	\$1.02
12	\$0.00	\$0.00	\$0.41	\$0.33	\$0.40	\$0.00	\$0.50	\$0.90	\$0.36
14	\$0.00	\$0.00	\$0.25	\$0.48	\$0.76	\$0.00	\$0.74	\$0.53	\$0.18

Severe Combined Immunodeficiency (SCID)

Arizona Revised Statutes (A.R.S.) § 36-694 establishes a newborn screening program within the Arizona Department of Health Services (ADHS) which contains requirements for ordering tests for certain congenital disorders and for reporting congenital disorder test results and hearing test results to the ADHS. The ADHS has implemented this statute in Arizona Administrative Code (A.A.C.) Title 9, Chapter 13, Article 2. As part of a 2015 exempt rulemaking, the ADHS included in the rules in 9 A.A.C. 13, Article 2, notice that the ADHS may include screening for SCID as part of a newborn bloodspot test when the ADHS has funding available to cover the costs for activities related to screening for SCID. Laws 2017, Ch. 339 increases the fee cap for the first newborn screening test from \$30.00 to \$36.00, which will allow the ADHS to test for SCID as part of newborn screening. This increase in fee is effective January 1, 2018.

To estimate the impact of the increase in the first newborn screening test the AHCCCS DHCM Actuarial Team used encounter data for the time frame October 1, 2014 to current for HCPCS code S3620 (Newborn Metabolic Screening Panel). This is the code that will be seeing the increase in fee to account for the SCID screening.

To develop the projected costs of this increase, the historical units for HCPCS code S3620 were multiplied by the \$6 increase. This method was followed for all programs to which this benefit change was applicable. The estimated nine month impact to medical expenditures is approximately \$111,000 for the TANF <1 rate cell.

Differential Adjusted Payments (DAP)

AHCCCS has implemented DAP to distinguish providers who have committed to supporting designated actions that improve the patient care experience, improve member health and reduce cost of care growth. Most of the providers eligible for DAP had an effective implementation date of October 1, 2017. Qualifying providers for other hospitals and inpatient services (hospitals not subject to APR-DRG reimbursement) have a January 1, 2018 effective implementation date.

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 was the CYE 16 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 18 time period. The AHCCCS DHCM Actuarial Team then reviewed the results and applied the impacts by program when material.

For the DAP providers with a January 1, 2018 implementation date, the calculated impact to the Acute Care Program of the DAP increase was immaterial at less than \$0.01 PMPM. As such, no adjustment was made to the Acute Care capitation for this benefit.

(b) Material Changes to the Data, Assumptions, and Methodologies

For more information, please refer to the Contract Year Ending 2018 Acute Care Program Rate Certification dated October 1, 2017.

iii. Projected Benefit Cost Trends

For more information, please refer to the Contract Year Ending 2018 Acute Care Program Rate Certification dated October 1, 2017.

iv. Mental Health Parity and Addiction Equity Act Compliance

For more information, please refer to the Contract Year Ending 2018 Acute Care Program Rate Certification dated October 1, 2017.

v. In-Lieu-Of Services

For more information, please refer to the Contract Year Ending 2018 Acute Care Program Rate Certification dated October 1, 2017.

vi. Retrospective Eligibility Periods

For more information, please refer to the Contract Year Ending 2018 Acute Care Program Rate Certification dated October 1, 2017.

vii. Impact of All Material Changes

This section of the 2018 Guide provides information on what must be documented for all material changes to covered benefits or services since the last rate certification.

(a) Covered Benefits

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

(b) Recoveries of Overpayments

There were no adjustments were made to reflect recoveries of overpayments made to providers by health plans in accordance with 42 CFR §438.608(d). The AHCCCS DHCM Actuarial Team will be working with the AHCCCS Office of Inspector General (OIG) Team to collect historical and current recoveries of overpayments to determine if adjustments will need to be included in future rate development processes.

(c) Provider Payment Requirements

Adjustments related to provider reimbursement changes are discussed in Section I.3.B.ii.(a).

(d) Applicable Waivers

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

(e) Applicable Litigation

There were no material changes since the last rate certification related to litigation.

viii. Impact of All Material and Non-Material Changes

Documentation regarding all changes for this rate revision, whether material or non-material, has been provided above in Section I.3.B.ii. The aggregate impact of all non-material items not included as an adjustment to the capitation rates is 0.00021% of capitation rates.

4. Special Contract Provisions Related to Payment

A. Incentive Arrangements

For more information, please refer to the Contract Year Ending 2018 Acute Care Program Rate Certification dated October 1, 2017.

B. Withhold Arrangements

For more information, please refer to the Contract Year Ending 2018 Acute Care Program Rate Certification dated October 1, 2017.

C. Risk-Sharing Mechanisms

i. Rate Development Standards

This section of the 2018 Guide provides information on the requirements for risk-sharing mechanisms.

ii. Appropriate Documentation

(a) Description of Risk-Sharing Mechanisms

For more information, please refer to the Contract Year Ending 2018 Acute Care Program Rate Certification dated October 1, 2017.

(b) Description of Medical Loss Ratio

For more information, please refer to the Contract Year Ending 2018 Acute Care Program Rate Certification dated October 1, 2017.

(c) Description of Reinsurance Requirements

(i) Reinsurance Requirements

AHCCCS provides a reinsurance program to the Acute Care Contractors for the partial reimbursement of covered medical services incurred during the contract year. This reinsurance program is similar to what is seen 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 of inpatient facility medical services. Most of the other reinsurance cases fall under catastrophic, including reinsurance for biotech drugs. Additionally, rather than the Contractors paying a premium, the capitation rates are instead adjusted by subtracting the reinsurance offset from the gross medical. One could view the reinsurance offset as a premium. Historical reinsurance experience is the basis of the reinsurance offset.

The AHCCCS reinsurance program has been in place for more than twenty years and is funded with General Fund for 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 Acute Care Contractors for covered services incurred above the deductible. The deductible is the responsibility of the Acute Care Contractors. There has been no change to the deductible or coinsurance factors since the last rate setting period.

The actual reinsurance case amounts are paid to the Acute Care 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 Acute Care Contractor based on actual reinsurance payments versus expected reinsurance payments.

The projected reinsurance offset PMPM assumed in the CYE 18 capitation rates varies by rate cell and GSA. The tables in Appendix 4c and Appendix 4q include the projected reinsurance payments assumed in the amended CYE 18 capitation rates and the percentage of the total capitation rate for each Prospective rate cell. Reinsurance does not apply to PPC. These reinsurance offsets were revised due to the DRG reimbursement rebase effective January 1, 2018.

For additional information, including all deductibles and coinsurance amounts, on the reinsurance program refer to the Reinsurance section of the Acute Care Program contract.

(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.

(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.

(iv) Data, Assumptions, Methodology to Develop the Reinsurance Offset

The data used to develop the adjustments to the previously submitted CYE 18 reinsurance offsets are the repriced FFY 16 inpatient admissions as described in Section I.3.B.(ii).(a). The actuary calculated expected reinsurance payments associated with the actual health plan paid amount for each admission, and expected reinsurance payments associated with the repriced amount for each admission. The sums of the expected and repriced payments by rate cell and GSA were converted into PMPMs using FFY 16 member months by rate cell and GSA, and the arithmetic differences in the PMPMs represent the adjustments applied to the previously submitted reinsurance offsets PMPM by rate cell and GSA. The PMPM adjustments by rate cell and GSA are shown in Table 1 in Section I.3.B.ii, and the revised reinsurance offsets PMPM by rate cell and GSA are shown in Appendix 4c.

D. Delivery System and Provider Payment Initiatives

For more information, please refer to the Contract Year Ending 2018 Acute Care Program Rate Certification dated October 1, 2017.

E. Pass-Through Payments

For more information, please refer to the Contract Year Ending 2018 Acute Care Program Rate Certification dated October 1, 2017.

5. Projected Non-Benefit Costs

A. Rate Development Standards

This section of the 2018 Guide provides information on the non-benefit component of the capitation rates.

B. Appropriate Documentation

i. Description of the Development of Projected Non-Benefit Costs

For more information, please refer to the Contract Year Ending 2018 Acute Care Program Rate Certification dated October 1, 2017.

ii. Projected Non-Benefit Costs by Category

(a) Administrative Costs

For more information, please refer to the Contract Year Ending 2018 Acute Care Program Rate Certification dated October 1, 2017.

(b) Taxes and Other Fees

The amended CYE 18 capitation rates for the Acute Care Program include a provision for premium tax of 2.0% of capitation. The premium tax is applied to the total capitation.

(c) Contribution to Reserves, Risk Margin, and Cost of Capital

The amended CYE 18 capitation rates for the Acute Care Program includes a provision of 1% for margin (i.e. underwriting gain).

(d) Other Material Non-Benefit Costs

No other material or non-material non-benefit costs are reflected in the amended CYE 18 capitation rates for the Acute Care Program.

iii. Health Insurance Provider's Fee

For more information, please refer to the Contract Year Ending 2018 Acute Care Program Rate Certification dated October 1, 2017.

6. Risk Adjustment and Acuity Adjustments

For more information, please refer to the Contract Year Ending 2018 Acute Care Program Rate Certification dated October 1, 2017.

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

Section II of the 2018 Guide is not applicable to the Acute Care 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 Acute Care Program. The Acute Care 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 2018 Guide is applicable to the Acute Care Program. For more information, please refer to the Contract Year Ending 2018 Acute Care Program Rate Certification dated October 1, 2017.

Appendix 1: Actuarial Certification

I, Matthew C. Varitek, am an employee of Arizona Health Care Cost Containment System (AHCCCS). I am a Member of the American Academy of Actuaries and a Fellow of the Society of Actuaries. I meet the qualification standards established by the American Academy of Actuaries and have followed the practice standards established by 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) (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.

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 amended CYE 18 capitation rates for the Acute Care Program have been documented according to the guidelines established by CMS in the 2018 Guide. The amended CYE 18 capitation rates for the Acute Care Program are effective for the nine month time period from January 1, 2018 through September 30, 2018.

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, I have relied upon data and information provided by AHCCCS and the Acute Care Contractors. I have relied upon AHCCCS and the Acute Care Contractors for the accuracy of the data and I have accepted the data without audit, after checking the data for reasonableness and consistency.

SIGNATURE ON FILE

January 1, 2018

Matthew C. Varitek

Date

Fellow, Society of Actuaries

Member, American Academy of Actuaries

Appendix 2a: Certified Prospective Capitation Rates

Contractor	GSA	TANF/ Kidscare <1	TANF/ Kidscare 1-13	TANF/ Kidscare 14-44 Female	TANF/ Kidscare 14-44 Male	TANF 45+	SSI with Medicare	SSI w/o Medicare	Delivery Supplement	Adults <= 106% FPL	Adults > 106% FPL
United Health Care	02	\$391.89	\$122.02	\$243.49	\$144.62	\$390.67	\$170.01	\$1,009.06	\$5,655.07	\$459.71	\$312.47
University Family Care	02	\$387.30	\$109.84	\$215.72	\$121.32	\$324.04	\$145.43	\$935.29	\$5,607.72	\$453.22	\$318.12
United Health Care	04	\$396.14	\$97.94	\$205.02	\$135.31	\$360.46	\$124.35	\$933.56	\$5,825.80	\$435.23	\$338.18
Health Choice Arizona	04	\$406.32	\$98.74	\$215.54	\$144.35	\$388.51	\$128.89	\$1,007.31	\$5,778.88	\$465.13	\$339.23
United Health Care	06	\$384.50	\$116.01	\$250.65	\$201.68	\$444.31	\$165.84	\$1,230.68	\$5,966.15	\$500.37	\$400.70
University Family Care	06	\$392.62	\$112.06	\$247.49	\$201.75	\$400.85	\$152.12	\$1,094.83	\$5,912.46	\$482.24	\$391.61
University Family Care	08	\$426.13	\$101.55	\$250.05	\$152.80	\$510.84	\$139.17	\$1,038.04	\$5,523.43	\$478.77	\$346.84
Health Choice Arizona	08	\$428.61	\$102.68	\$257.67	\$153.60	\$542.52	\$147.86	\$957.61	\$5,522.25	\$493.06	\$367.01
University Family Care	10	\$429.18	\$108.68	\$231.43	\$150.08	\$407.68	\$122.00	\$1,096.32	\$5,530.67	\$417.13	\$327.71
United Health Care	10	\$424.78	\$113.67	\$249.14	\$154.18	\$423.61	\$125.96	\$1,035.94	\$5,583.87	\$409.63	\$313.83
Health Choice Arizona	10	\$472.29	\$107.81	\$230.35	\$147.85	\$377.37	\$117.74	\$962.14	\$5,536.46	\$404.06	\$298.01
Care 1st	10	\$448.00	\$102.22	\$225.20	\$134.01	\$354.14	\$102.68	\$910.58	\$5,582.00	\$375.67	\$299.96
Mercy Care Plan	10	\$397.32	\$110.26	\$238.66	\$140.51	\$398.57	\$125.45	\$1,001.79	\$5,563.79	\$402.64	\$312.44
United Health Care	12	\$469.05	\$116.88	\$271.93	\$176.20	\$480.45	\$159.70	\$1,070.24	\$6,300.59	\$524.33	\$348.87
Care 1st	12	\$450.24	\$108.34	\$251.15	\$155.86	\$414.31	\$134.93	\$971.13	\$6,323.05	\$498.02	\$354.02
Health Choice Arizona	12	\$469.19	\$110.08	\$252.30	\$163.95	\$456.50	\$148.08	\$1,026.05	\$6,283.92	\$517.26	\$351.36
Mercy Care Plan	12	\$457.81	\$114.86	\$267.97	\$173.93	\$489.14	\$165.77	\$1,101.10	\$6,279.40	\$554.70	\$365.52
Health Net	12	\$445.19	\$102.48	\$235.28	\$151.08	\$361.66	\$118.92	\$944.87	\$6,316.03	\$459.07	\$341.56
University Family Care	14	\$519.94	\$114.85	\$258.44	\$176.74	\$485.54	\$152.28	\$1,076.25	\$5,443.54	\$463.73	\$357.99
United Health Care	14	\$489.05	\$116.42	\$248.21	\$171.33	\$467.83	\$154.94	\$1,048.65	\$5,495.05	\$460.60	\$350.73

Notes: The certified capitation rates include APSI amounts.

Appendix 2b: Certified PPC Capitation Rates

Contractor	GSA	TANF <1	TANF 1-13	TANF 14-44 Female	TANF 14-44 Male	TANF 45+	SSI with Medicare	SSI w/o Medicare	Adults <= 106% FPL	Adults > 106% FPL
United Health Care	02	\$447.28	\$31.67	\$176.22	\$204.86	\$191.84	\$168.55	\$1,059.56	\$718.20	\$372.27
University Family Care	02	\$447.28	\$31.67	\$176.22	\$204.86	\$191.84	\$168.55	\$1,059.56	\$718.20	\$372.27
United Health Care	04	\$417.09	\$59.46	\$174.54	\$131.74	\$235.01	\$60.42	\$457.62	\$636.93	\$421.74
Health Choice Arizona	04	\$417.09	\$59.46	\$174.54	\$131.74	\$235.01	\$60.42	\$457.62	\$636.93	\$421.74
United Health Care	06	\$452.87	\$48.81	\$205.29	\$182.45	\$367.18	\$81.53	\$420.59	\$700.32	\$383.74
University Family Care	06	\$452.87	\$48.81	\$205.29	\$182.45	\$367.18	\$81.53	\$420.59	\$700.32	\$383.74
University Family Care	08	\$273.69	\$53.54	\$169.15	\$144.30	\$180.12	\$93.81	\$388.29	\$643.47	\$350.39
Health Choice Arizona	08	\$273.69	\$53.54	\$169.15	\$144.30	\$180.12	\$93.81	\$388.29	\$643.47	\$350.39
University Family Care	10	\$448.25	\$54.64	\$200.52	\$182.02	\$167.76	\$92.70	\$485.67	\$514.99	\$304.70
United Health Care	10	\$448.25	\$54.64	\$200.52	\$182.02	\$167.76	\$92.70	\$485.67	\$514.99	\$304.70
Health Choice Arizona	10	\$448.25	\$54.64	\$200.52	\$182.02	\$167.76	\$92.70	\$485.67	\$514.99	\$304.70
Care 1st	10	\$448.25	\$54.64	\$200.52	\$182.02	\$167.76	\$92.70	\$485.67	\$514.99	\$304.70
Mercy Care Plan	10	\$448.25	\$54.64	\$200.52	\$182.02	\$167.76	\$92.70	\$485.67	\$514.99	\$304.70
United Health Care	12	\$426.92	\$52.40	\$209.32	\$156.59	\$289.60	\$111.54	\$534.33	\$781.41	\$387.99
Care 1st	12	\$426.92	\$52.40	\$209.32	\$156.59	\$289.60	\$111.54	\$534.33	\$781.41	\$387.99
Health Choice Arizona	12	\$426.92	\$52.40	\$209.32	\$156.59	\$289.60	\$111.54	\$534.33	\$781.41	\$387.99
Mercy Care Plan	12	\$426.92	\$52.40	\$209.32	\$156.59	\$289.60	\$111.54	\$534.33	\$781.41	\$387.99
Health Net	12	\$426.92	\$52.40	\$209.32	\$156.59	\$289.60	\$111.54	\$534.33	\$781.41	\$387.99
University Family Care	14	\$819.54	\$59.30	\$129.29	\$98.40	\$119.72	\$47.55	\$420.70	\$522.16	\$367.25
United Health Care	14	\$819.54	\$59.30	\$129.29	\$98.40	\$119.72	\$47.55	\$420.70	\$522.16	\$367.25

Notes: The certified capitation rates include APSI amounts.

Appendix 3: Fiscal Impact Summary

Contract Type	Rate Cell	Proj Member Months Jan-Sep 18	Submitted Weighted CYE 18 (10/1/17) Cap Rate	Jan-Sep 18 Proj Expenditures	Revised Weighted CYE 18 (1/1/18) Cap Rate	Revised Jan-Sep 18 Proj Expenditures	Difference Expenditures	% Increase Revised CYE 18 over Submitted CYE 18
Title XIX Prospective	TANF <1	429,961	\$442.67	\$190,332,409	\$447.65	\$192,472,408	\$2,140,000	1.1%
Title XIX Prospective	TANF 1-13	4,504,559	\$111.33	\$501,491,553	\$111.62	\$502,793,121	\$1,301,568	0.3%
Title XIX Prospective	TANF 14-44 Female	2,375,839	\$251.32	\$597,084,487	\$252.84	\$600,704,704	\$3,620,217	0.6%
Title XIX Prospective	TANF 14-44 Male	1,254,872	\$161.84	\$203,093,987	\$162.32	\$203,694,009	\$600,022	0.3%
Title XIX Prospective	TANF 45+	487,560	\$443.36	\$216,165,737	\$442.88	\$215,932,632	-\$233,105	-0.1%
Title XIX Prospective	SSI with Medicare	835,774	\$146.11	\$122,111,187	\$146.41	\$122,364,535	\$253,348	0.2%
Title XIX Prospective	SSI w/o Medicare	447,457	\$1,042.12	\$466,305,005	\$1,039.86	\$465,293,612	-\$1,011,393	-0.2%
Title XIX Prospective	Delivery Supplement	26,365	\$6,042.82	\$159,318,910	\$6,042.82	\$159,318,910	\$0	0.0%
Title XIX Prospective	Adults <= 106% FPL	2,546,462	\$488.09	\$1,242,898,393	\$487.09	\$1,240,367,242	-\$2,531,151	-0.2%
Title XIX Prospective	Adults > 106% FPL	717,495	\$346.04	\$248,283,503	\$345.05	\$247,568,912	-\$714,590	-0.3%
Total Title XIX Prospective		13,626,343		\$3,947,085,172		\$3,950,510,086	\$3,424,915	0.1%
Title XIX PPC	TANF <1	15,159	\$409.22	\$6,203,230	\$431.79	\$6,545,311	\$342,081	5.5%
Title XIX PPC	TANF 1-13	94,860	\$51.37	\$4,872,820	\$52.56	\$4,985,733	\$112,914	2.3%
Title XIX PPC	TANF 14-44 Female	58,307	\$198.32	\$11,563,659	\$200.12	\$11,668,591	\$104,932	0.9%
Title XIX PPC	TANF 14-44 Male	30,874	\$156.51	\$4,832,004	\$159.19	\$4,914,642	\$82,639	1.7%
Title XIX PPC	TANF 45+	10,082	\$252.10	\$2,541,522	\$254.00	\$2,560,719	\$19,197	0.8%
Title XIX PPC	SSI with Medicare	12,223	\$101.83	\$1,244,597	\$102.17	\$1,248,833	\$4,236	0.3%
Title XIX PPC	SSI w/o Medicare	10,349	\$521.41	\$5,396,139	\$533.11	\$5,517,169	\$121,030	2.2%
Title XIX PPC	Adults <= 106% FPL	98,560	\$694.18	\$68,418,726	\$703.34	\$69,321,363	\$902,637	1.3%
Title XIX PPC	Adults > 106% FPL	24,906	\$367.95	\$9,164,303	\$371.32	\$9,248,234	\$83,931	0.9%
Total Title XIX PPC		355,319		\$114,236,999		\$116,010,594	\$1,773,595	1.6%
Total Title XIX		13,981,662		\$4,061,322,171		\$4,066,520,681	\$5,198,510	0.1%
Title XXI Prospective	Kidscares <1	3,156	\$442.67	\$1,397,000	\$447.65	\$1,412,707	\$15,707	1.1%
Title XXI Prospective	Kidscares 1-13	194,070	\$111.33	\$21,605,779	\$111.62	\$21,661,855	\$56,076	0.3%
Title XXI Prospective	Kidscares 14-44 Female	31,507	\$251.32	\$7,918,311	\$252.84	\$7,966,321	\$48,010	0.6%
Title XXI Prospective	Kidscares 14-44 Male	31,980	\$161.84	\$5,175,812	\$162.32	\$5,191,103	\$15,291	0.3%
Total Title XXI		260,714		\$36,096,902		\$36,231,986	\$135,084	0.4%
State Only Transplants		43	\$16.50	\$707	\$16.50	\$707	\$0	0.0%
Grand Total Capitation		14,242,418		\$4,097,419,780		\$4,102,753,374	\$5,333,594	0.1%

Notes: The submitted and revised capitation rates include APSI amounts. The submitted rates are from the 10/1/2017 submission.

Appendix 4a: CYE 18 (Jan-Sep) Projected Gross Medical Expenses PMPM by MCO, Rate Cell and Geographic Service Area (GSA), Prospective

MCO	GSA	TANF/ Kidscore <1	TANF/ Kidscore 1-13	TANF/ Kidscore 14- 44 Female	TANF/ Kidscore 14-44 Male	TANF 45+	SSI with Medicare	SSI w/o Medicare	Delivery Supplement	Adults <= 106% FPL	Adults > 106% FPL
United Health Care	02	\$368.27	\$112.16	\$218.16	\$130.62	\$349.74	\$147.41	\$980.32	\$5,146.00	\$426.47	\$283.81
University Family Care	02	\$368.27	\$112.16	\$218.16	\$130.62	\$349.74	\$147.41	\$980.32	\$5,146.00	\$426.47	\$283.81
United Health Care	04	\$398.09	\$89.90	\$191.75	\$129.99	\$345.35	\$114.63	\$977.67	\$5,273.34	\$422.50	\$306.36
Health Choice Arizona	04	\$398.09	\$89.90	\$191.75	\$129.99	\$345.35	\$114.63	\$977.67	\$5,273.34	\$422.50	\$306.36
United Health Care	06	\$365.04	\$105.08	\$223.73	\$203.76	\$388.39	\$150.39	\$1,170.29	\$5,402.10	\$456.60	\$365.74
University Family Care	06	\$365.04	\$105.08	\$223.73	\$203.76	\$388.39	\$150.39	\$1,170.29	\$5,402.10	\$456.60	\$365.74
University Family Care	08	\$405.78	\$93.86	\$235.06	\$140.91	\$493.17	\$131.08	\$973.55	\$5,016.00	\$461.28	\$324.04
Health Choice Arizona	08	\$405.78	\$93.86	\$235.06	\$140.91	\$493.17	\$131.08	\$973.55	\$5,016.00	\$461.28	\$324.04
University Family Care	10	\$391.44	\$100.91	\$213.68	\$140.32	\$369.56	\$110.55	\$1,093.78	\$5,034.72	\$374.84	\$280.33
United Health Care	10	\$391.44	\$100.91	\$213.68	\$140.32	\$369.56	\$110.55	\$1,093.78	\$5,034.72	\$374.84	\$280.33
Health Choice Arizona	10	\$391.44	\$100.91	\$213.68	\$140.32	\$369.56	\$110.55	\$1,093.78	\$5,034.72	\$374.84	\$280.33
Care 1st	10	\$391.44	\$100.91	\$213.68	\$140.32	\$369.56	\$110.55	\$1,093.78	\$5,034.72	\$374.84	\$280.33
Mercy Care Plan	10	\$391.44	\$100.91	\$213.68	\$140.32	\$369.56	\$110.55	\$1,093.78	\$5,034.72	\$374.84	\$280.33
United Health Care	12	\$429.99	\$102.90	\$239.44	\$159.31	\$423.66	\$137.12	\$1,058.93	\$5,708.95	\$492.70	\$321.73
Care 1st	12	\$429.99	\$102.90	\$239.44	\$159.31	\$423.66	\$137.12	\$1,058.93	\$5,708.95	\$492.70	\$321.73
Health Choice Arizona	12	\$429.99	\$102.90	\$239.44	\$159.31	\$423.66	\$137.12	\$1,058.93	\$5,708.95	\$492.70	\$321.73
Mercy Care Plan	12	\$429.99	\$102.90	\$239.44	\$159.31	\$423.66	\$137.12	\$1,058.93	\$5,708.95	\$492.70	\$321.73
Health Net	12	\$429.99	\$102.90	\$239.44	\$159.31	\$423.66	\$137.12	\$1,058.93	\$5,708.95	\$492.70	\$321.73
University Family Care	14	\$477.49	\$105.76	\$229.09	\$169.64	\$453.75	\$138.72	\$1,011.76	\$4,960.68	\$432.22	\$322.94
United Health Care	14	\$477.49	\$105.76	\$229.09	\$169.64	\$453.75	\$138.72	\$1,011.76	\$4,960.68	\$432.22	\$322.94

Appendix 4b: CYE 18 (Jan-Sep) Projected Risk Adjustment Factors by MCO, Rate Cell and GSA, Prospective

MCO	GSA	TANF/ Kidsicare <1	TANF/ Kidsicare 1- 13	TANF/ Kidsicare 14-44 Female	TANF/ Kidsicare 14-44 Male	TANF 45+	SSI with Medicare	SSI w/o Medicare	Delivery Supplement	Adults <= 106% FPL	Adults > 106% FPL
United Health Care	02	1.0004	1.0232	1.0272	1.0385	1.0398	1.0288	1.0180	1.0000	1.0022	0.9946
University Family Care	02	0.9989	0.9257	0.9122	0.8735	0.8633	0.8773	0.9531	1.0000	0.9949	1.0139
United Health Care	04	0.9767	0.9889	0.9567	0.9501	0.9429	0.9761	0.9515	1.0000	0.9589	0.9982
Health Choice Arizona	04	1.0133	1.0065	1.0236	1.0281	1.0345	1.0251	1.0323	1.0000	1.0357	1.0015
United Health Care	06	0.9873	1.0108	1.0007	0.9965	1.0361	1.0212	1.0427	1.0000	1.0102	1.0087
University Family Care	06	1.0202	0.9841	0.9989	1.0052	0.9376	0.9392	0.9375	1.0000	0.9809	0.9846
University Family Care	08	0.9939	0.9937	0.9807	0.9969	0.9648	0.9585	1.0431	1.0000	0.9818	0.9659
Health Choice Arizona	08	1.0046	1.0055	1.0152	1.0026	1.0297	1.0256	0.9633	1.0000	1.0130	1.0262
University Family Care	10	0.9967	0.9937	0.9754	1.0180	1.0175	1.0042	1.0722	1.0000	1.0365	1.0526
United Health Care	10	0.9758	1.0333	1.0449	1.0376	1.0503	1.0288	1.0129	1.0000	1.0096	1.0052
Health Choice Arizona	10	1.1004	0.9847	0.9718	1.0019	0.9400	0.9682	0.9539	1.0000	1.0024	0.9513
Care 1st	10	1.0307	0.9253	0.9396	0.9007	0.8703	0.8241	0.9027	1.0000	0.9210	0.9579
Mercy Care Plan	10	0.9133	1.0040	1.0019	0.9477	0.9885	1.0282	0.9854	1.0000	0.9939	1.0005
United Health Care	12	1.0157	1.0380	1.0425	1.0477	1.0458	1.0458	1.0225	1.0000	1.0060	0.9842
Care 1st	12	0.9697	0.9549	0.9555	0.9210	0.8914	0.8663	0.9293	1.0000	0.9513	0.9997
Health Choice Arizona	12	1.0212	0.9773	0.9679	0.9760	0.9955	0.9689	0.9842	1.0000	0.9945	0.9917
Mercy Care Plan	12	0.9935	1.0226	1.0299	1.0371	1.0690	1.0929	1.0533	1.0000	1.0676	1.0342
Health Net	12	0.9684	0.9032	0.8934	0.8961	0.7737	0.7548	0.9109	1.0000	0.8780	0.9622
University Family Care	14	1.0352	0.9969	1.0266	1.0193	1.0239	0.9939	1.0171	1.0000	1.0082	1.0118
United Health Care	14	0.9661	1.0031	0.9744	0.9801	0.9785	1.0032	0.9827	1.0000	0.9932	0.9901

Appendix 4c: CYE 18 (Jan-Sep) Projected RI Offsets PMPM by MCO, Rate Cell and GSA, Prospective

MCO	GSA	TANF/ Kidscare <1	TANF/ Kidscare 1-13	TANF/ Kidscare 14-44 Female	TANF/ Kidscare 14-44 Male	TANF 45+	SSI with Medicare	SSI w/o Medicare	Delivery Supplement	Adults <= 106% FPL	Adults > 106% FPL
United Health Care	02	-\$24.15	-\$3.04	-\$1.63	-\$3.20	-\$6.62	-\$0.48	-\$80.14	\$0.00	-\$5.76	-\$3.98
University Family Care	02	-\$24.15	-\$3.04	-\$1.63	-\$3.20	-\$6.62	-\$0.48	-\$80.14	\$0.00	-\$5.76	-\$3.98
United Health Care	04	-\$39.73	-\$0.94	-\$1.30	-\$3.91	-\$4.13	-\$0.25	-\$89.07	\$0.00	-\$11.96	-\$7.02
Health Choice Arizona	04	-\$39.73	-\$0.94	-\$1.30	-\$3.91	-\$4.13	-\$0.25	-\$89.07	\$0.00	-\$11.96	-\$7.02
United Health Care	06	-\$23.75	-\$1.59	-\$0.86	-\$20.61	-\$1.06	-\$1.37	-\$92.21	\$0.00	-\$7.73	-\$8.55
University Family Care	06	-\$23.75	-\$1.59	-\$0.86	-\$20.61	-\$1.06	-\$1.37	-\$92.21	\$0.00	-\$7.73	-\$8.55
University Family Care	08	-\$24.36	-\$1.44	-\$3.73	-\$2.20	-\$8.34	-\$1.27	-\$55.04	\$0.00	-\$14.57	-\$4.60
Health Choice Arizona	08	-\$24.36	-\$1.44	-\$3.73	-\$2.20	-\$8.34	-\$1.27	-\$55.04	\$0.00	-\$14.57	-\$4.60
University Family Care	10	-\$18.72	-\$1.68	-\$2.20	-\$7.14	-\$5.83	-\$1.15	-\$170.71	\$0.00	-\$9.09	-\$6.74
United Health Care	10	-\$18.72	-\$1.68	-\$2.20	-\$7.14	-\$5.83	-\$1.15	-\$170.71	\$0.00	-\$9.09	-\$6.74
Health Choice Arizona	10	-\$18.72	-\$1.68	-\$2.20	-\$7.14	-\$5.83	-\$1.15	-\$170.71	\$0.00	-\$9.09	-\$6.74
Care 1st	10	-\$18.72	-\$1.68	-\$2.20	-\$7.14	-\$5.83	-\$1.15	-\$170.71	\$0.00	-\$9.09	-\$6.74
Mercy Care Plan	10	-\$18.72	-\$1.68	-\$2.20	-\$7.14	-\$5.83	-\$1.15	-\$170.71	\$0.00	-\$9.09	-\$6.74
United Health Care	12	-\$23.63	-\$1.54	-\$3.31	-\$7.16	-\$6.97	-\$1.39	-\$105.69	\$0.00	-\$18.01	-\$9.05
Care 1st	12	-\$23.63	-\$1.54	-\$3.31	-\$7.16	-\$6.97	-\$1.39	-\$105.69	\$0.00	-\$18.01	-\$9.05
Health Choice Arizona	12	-\$23.63	-\$1.54	-\$3.31	-\$7.16	-\$6.97	-\$1.39	-\$105.69	\$0.00	-\$18.01	-\$9.05
Mercy Care Plan	12	-\$23.63	-\$1.54	-\$3.31	-\$7.16	-\$6.97	-\$1.39	-\$105.69	\$0.00	-\$18.01	-\$9.05
Health Net	12	-\$23.63	-\$1.54	-\$3.31	-\$7.16	-\$6.97	-\$1.39	-\$105.69	\$0.00	-\$18.01	-\$9.05
University Family Care	14	-\$29.07	-\$0.18	-\$0.94	-\$12.78	-\$19.48	-\$0.11	-\$43.92	\$0.00	-\$11.33	-\$8.44
United Health Care	14	-\$29.07	-\$0.18	-\$0.94	-\$12.78	-\$19.48	-\$0.11	-\$43.92	\$0.00	-\$11.33	-\$8.44

*Note: RI does not apply to PPC capitation rates.

Appendix 4d: CYE 18 (Jan-Sep) Projected UW Gain PMPM by MCO, Rate Cell and GSA, Prospective

MCO	GSA	TANF/ Kidscore <1	TANF/ Kidscore 1-13	TANF/ Kidscore 14-44 Female	TANF/ Kidscore 14-44 Male	TANF 45+	SSI with Medicare	SSI w/o Medicare	Delivery Supplement	Adults <= 106% FPL	Adults > 106% FPL
United Health Care	02	\$3.68	\$1.15	\$2.24	\$1.36	\$3.64	\$1.52	\$9.98	\$51.46	\$4.27	\$2.82
University Family Care	02	\$3.68	\$1.04	\$1.99	\$1.14	\$3.02	\$1.29	\$9.34	\$51.46	\$4.24	\$2.88
United Health Care	04	\$3.89	\$0.89	\$1.83	\$1.24	\$3.26	\$1.12	\$9.30	\$52.73	\$4.05	\$3.06
Health Choice Arizona	04	\$4.03	\$0.90	\$1.96	\$1.34	\$3.57	\$1.18	\$10.09	\$52.73	\$4.38	\$3.07
United Health Care	06	\$3.60	\$1.06	\$2.24	\$2.03	\$4.02	\$1.54	\$12.20	\$54.02	\$4.61	\$3.69
University Family Care	06	\$3.72	\$1.03	\$2.23	\$2.05	\$3.64	\$1.41	\$10.97	\$54.02	\$4.48	\$3.60
University Family Care	08	\$4.03	\$0.93	\$2.31	\$1.40	\$4.76	\$1.26	\$10.16	\$50.16	\$4.53	\$3.13
Health Choice Arizona	08	\$4.08	\$0.94	\$2.39	\$1.41	\$5.08	\$1.34	\$9.38	\$50.16	\$4.67	\$3.33
University Family Care	10	\$3.90	\$1.00	\$2.08	\$1.43	\$3.76	\$1.11	\$11.73	\$50.35	\$3.89	\$2.95
United Health Care	10	\$3.82	\$1.04	\$2.23	\$1.46	\$3.88	\$1.14	\$11.08	\$50.35	\$3.78	\$2.82
Health Choice Arizona	10	\$4.31	\$0.99	\$2.08	\$1.41	\$3.47	\$1.07	\$10.43	\$50.35	\$3.76	\$2.67
Care 1st	10	\$4.03	\$0.93	\$2.01	\$1.26	\$3.22	\$0.91	\$9.87	\$50.35	\$3.45	\$2.69
Mercy Care Plan	10	\$3.58	\$1.01	\$2.14	\$1.33	\$3.65	\$1.14	\$10.78	\$50.35	\$3.73	\$2.80
United Health Care	12	\$4.37	\$1.07	\$2.50	\$1.67	\$4.43	\$1.43	\$10.83	\$57.09	\$4.96	\$3.17
Care 1st	12	\$4.17	\$0.98	\$2.29	\$1.47	\$3.78	\$1.19	\$9.84	\$57.09	\$4.69	\$3.22
Health Choice Arizona	12	\$4.39	\$1.01	\$2.32	\$1.55	\$4.22	\$1.33	\$10.42	\$57.09	\$4.90	\$3.19
Mercy Care Plan	12	\$4.27	\$1.05	\$2.47	\$1.65	\$4.53	\$1.50	\$11.15	\$57.09	\$5.26	\$3.33
Health Net	12	\$4.16	\$0.93	\$2.14	\$1.43	\$3.28	\$1.03	\$9.65	\$57.09	\$4.33	\$3.10
University Family Care	14	\$4.94	\$1.05	\$2.35	\$1.73	\$4.65	\$1.38	\$10.29	\$49.61	\$4.36	\$3.27
United Health Care	14	\$4.61	\$1.06	\$2.23	\$1.66	\$4.44	\$1.39	\$9.94	\$49.61	\$4.29	\$3.20

Appendix 4e: CYE 18 (Jan-Sep) Projected Administrative Expenses PMPM by MCO, Rate Cell and GSA, Prospective

MCO	GSA	TANF/ Kidscore <1	TANF/ Kidscore 1-13	TANF/ Kidscore 14- 44 Female	TANF/ Kidscore 14- 44 Male	TANF 45+	SSI with Medicare	SSI w/o Medicare	Delivery Supplement	Adults <= 106% FPL	Adults > 106% FPL
United Health Care	02	\$29.16	\$6.31	\$13.52	\$7.65	\$21.77	\$13.91	\$59.48	\$344.50	\$23.87	\$24.79
University Family Care	02	\$25.23	\$5.46	\$11.70	\$6.62	\$18.89	\$12.37	\$51.47	\$298.10	\$20.66	\$24.79
United Health Care	04	\$30.77	\$6.85	\$16.65	\$11.62	\$28.23	\$9.10	\$63.51	\$383.21	\$28.86	\$29.19
Health Choice Arizona	04	\$25.84	\$6.03	\$13.98	\$10.23	\$23.77	\$7.87	\$55.89	\$337.23	\$25.39	\$29.19
United Health Care	06	\$32.04	\$7.53	\$20.03	\$12.84	\$29.74	\$8.78	\$64.53	\$390.71	\$31.71	\$28.32
University Family Care	06	\$27.73	\$6.51	\$17.33	\$11.11	\$25.80	\$7.80	\$55.84	\$338.09	\$27.44	\$28.32
University Family Care	08	\$29.86	\$5.83	\$15.22	\$9.49	\$27.68	\$10.76	\$44.57	\$346.81	\$25.19	\$27.96
Health Choice Arizona	08	\$27.86	\$5.81	\$14.48	\$9.46	\$26.38	\$10.39	\$44.42	\$345.65	\$24.62	\$27.96
University Family Care	10	\$27.72	\$4.99	\$12.27	\$7.61	\$21.02	\$8.58	\$46.21	\$334.99	\$19.39	\$25.29
United Health Care	10	\$32.04	\$5.77	\$14.18	\$8.80	\$24.24	\$9.71	\$53.40	\$387.13	\$22.41	\$25.29
Health Choice Arizona	10	\$27.13	\$5.08	\$12.01	\$7.74	\$20.57	\$8.43	\$47.00	\$340.67	\$19.72	\$25.29
Care 1st	10	\$32.10	\$5.77	\$14.11	\$8.76	\$24.13	\$9.76	\$53.74	\$385.29	\$23.18	\$25.29
Mercy Care Plan	10	\$30.91	\$5.48	\$13.46	\$8.35	\$23.02	\$9.28	\$50.69	\$367.45	\$21.60	\$25.29
United Health Care	12	\$34.76	\$6.96	\$15.81	\$10.32	\$28.61	\$13.06	\$55.97	\$408.54	\$29.06	\$29.81
Care 1st	12	\$36.61	\$7.33	\$16.65	\$10.88	\$30.12	\$13.65	\$58.95	\$430.55	\$30.61	\$29.81
Health Choice Arizona	12	\$32.44	\$6.68	\$14.75	\$9.91	\$26.73	\$12.32	\$53.73	\$392.20	\$27.90	\$29.81
Mercy Care Plan	12	\$33.53	\$6.60	\$15.00	\$9.80	\$27.18	\$12.49	\$53.12	\$387.77	\$28.03	\$29.81
Health Net	12	\$32.27	\$7.02	\$16.22	\$10.22	\$29.07	\$13.40	\$52.97	\$423.67	\$29.09	\$29.81
University Family Care	14	\$25.67	\$5.60	\$14.02	\$9.48	\$23.28	\$10.10	\$53.33	\$324.38	\$22.76	\$26.76
United Health Care	14	\$29.66	\$6.47	\$16.20	\$10.96	\$26.86	\$11.40	\$61.64	\$374.86	\$26.30	\$26.76

Appendix 4f: CYE 18 (Jan-Sep) Premium Tax PMPM by MCO, Rate Cell and GSA, Prospective, without APSI

MCO	GSA	TANF/ Kidscore <1	TANF/ Kidscore 1-13	TANF/ Kidscore 14- 44 Female	TANF/ Kidscore 14-44 Male	TANF 45+	SSI with Medicare	SSI w/o Medicare	Delivery Supplement	Adults <= 106% FPL	Adults > 106% FPL
United Health Care	02	\$7.70	\$2.43	\$4.86	\$2.89	\$7.81	\$3.40	\$20.15	\$113.10	\$9.18	\$6.24
University Family Care	02	\$7.60	\$2.19	\$4.31	\$2.42	\$6.47	\$2.91	\$18.67	\$112.15	\$9.05	\$6.36
United Health Care	04	\$7.83	\$1.95	\$4.09	\$2.70	\$7.20	\$2.49	\$18.65	\$116.52	\$8.70	\$6.76
Health Choice Arizona	04	\$8.03	\$1.97	\$4.30	\$2.88	\$7.76	\$2.58	\$20.13	\$115.58	\$9.29	\$6.78
United Health Care	06	\$7.60	\$2.31	\$5.01	\$4.03	\$8.88	\$3.32	\$24.59	\$119.32	\$10.00	\$8.01
University Family Care	06	\$7.76	\$2.23	\$4.94	\$4.03	\$8.01	\$3.04	\$21.87	\$118.25	\$9.63	\$7.83
University Family Care	08	\$8.43	\$2.01	\$4.99	\$3.04	\$10.20	\$2.78	\$20.72	\$110.47	\$9.55	\$6.93
Health Choice Arizona	08	\$8.47	\$2.03	\$5.14	\$3.06	\$10.84	\$2.96	\$19.11	\$110.45	\$9.84	\$7.33
University Family Care	10	\$8.23	\$2.13	\$4.50	\$2.95	\$8.06	\$2.44	\$21.63	\$110.61	\$8.22	\$6.46
United Health Care	10	\$8.14	\$2.23	\$4.85	\$3.03	\$8.38	\$2.52	\$20.44	\$111.68	\$8.07	\$6.19
Health Choice Arizona	10	\$9.05	\$2.12	\$4.48	\$2.91	\$7.46	\$2.35	\$18.98	\$110.73	\$7.96	\$5.88
Care 1 st	10	\$8.59	\$2.01	\$4.38	\$2.64	\$7.00	\$2.05	\$17.96	\$111.64	\$7.40	\$5.91
Mercy Care Plan	10	\$7.62	\$2.17	\$4.64	\$2.77	\$7.88	\$2.51	\$19.77	\$111.28	\$7.93	\$6.16
United Health Care	12	\$9.23	\$2.31	\$5.40	\$3.50	\$9.57	\$3.19	\$21.30	\$126.01	\$10.44	\$6.95
Care 1 st	12	\$8.86	\$2.14	\$4.99	\$3.10	\$8.26	\$2.70	\$19.33	\$126.46	\$9.92	\$7.05
Health Choice Arizona	12	\$9.23	\$2.18	\$5.01	\$3.26	\$9.10	\$2.96	\$20.42	\$125.68	\$10.30	\$7.00
Mercy Care Plan	12	\$9.01	\$2.27	\$5.32	\$3.46	\$9.75	\$3.32	\$21.92	\$125.59	\$11.05	\$7.28
Health Net	12	\$8.76	\$2.03	\$4.67	\$3.01	\$7.21	\$2.38	\$18.81	\$126.32	\$9.14	\$6.81
University Family Care	14	\$10.12	\$2.28	\$5.11	\$3.50	\$9.65	\$3.05	\$21.40	\$108.87	\$9.22	\$7.11
United Health Care	14	\$9.52	\$2.32	\$4.91	\$3.39	\$9.30	\$3.10	\$20.86	\$109.90	\$9.15	\$6.96

Appendix 4g: CYE 18 (Jan-Sep) Capitation Rates PMPM by MCO, Rate Cell and GSA, Prospective, without APSI

MCO	GSA	TANF/ Kidscore <1	TANF/ Kidscore 1-13	TANF/ Kidscore 14- 44 Female	TANF/ Kidscore 14-44 Male	TANF 45+	SSI with Medicare	SSI w/o Medicare	Delivery Supplement	Adults <= 106% FPL	Adults > 106% FPL
United Health Care	02	\$384.79	\$121.62	\$243.09	\$144.33	\$390.25	\$170.01	\$1,007.40	\$5,655.07	\$458.97	\$312.15
University Family Care	02	\$380.21	\$109.48	\$215.37	\$121.07	\$323.70	\$145.43	\$933.73	\$5,607.72	\$452.49	\$317.79
United Health Care	04	\$391.56	\$97.66	\$204.72	\$135.16	\$360.21	\$124.35	\$932.61	\$5,825.80	\$434.80	\$337.80
Health Choice Arizona	04	\$401.57	\$98.45	\$215.23	\$144.19	\$388.24	\$128.89	\$1,006.28	\$5,778.88	\$464.67	\$338.84
United Health Care	06	\$379.90	\$115.53	\$250.30	\$201.33	\$443.99	\$165.84	\$1,229.33	\$5,966.15	\$499.84	\$400.38
University Family Care	06	\$387.86	\$111.59	\$247.14	\$201.40	\$400.57	\$152.12	\$1,093.62	\$5,912.46	\$481.72	\$391.30
University Family Care	08	\$421.28	\$100.60	\$249.33	\$152.21	\$510.12	\$139.17	\$1,035.91	\$5,523.43	\$477.57	\$346.40
Health Choice Arizona	08	\$423.70	\$101.72	\$256.92	\$153.01	\$541.75	\$147.86	\$955.65	\$5,522.25	\$491.82	\$366.54
University Family Care	10	\$411.26	\$106.73	\$225.07	\$147.69	\$403.03	\$122.00	\$1,081.66	\$5,530.67	\$410.95	\$323.02
United Health Care	10	\$407.23	\$111.64	\$242.33	\$151.74	\$418.81	\$125.96	\$1,022.09	\$5,583.87	\$403.61	\$309.35
Health Choice Arizona	10	\$452.51	\$105.88	\$224.02	\$145.49	\$373.08	\$117.74	\$949.10	\$5,536.46	\$398.08	\$293.77
Care 1st	10	\$429.47	\$100.40	\$219.07	\$131.90	\$350.16	\$102.68	\$898.23	\$5,582.00	\$370.18	\$295.68
Mercy Care Plan	10	\$380.90	\$108.29	\$232.13	\$138.28	\$394.05	\$125.45	\$988.32	\$5,563.79	\$396.71	\$307.98
United Health Care	12	\$461.46	\$115.60	\$270.02	\$175.24	\$478.71	\$159.70	\$1,065.12	\$6,300.59	\$522.11	\$347.53
Care 1st	12	\$442.99	\$107.17	\$249.39	\$155.01	\$412.83	\$134.93	\$966.48	\$6,323.05	\$495.92	\$352.66
Health Choice Arizona	12	\$461.55	\$108.88	\$250.53	\$163.06	\$454.85	\$148.08	\$1,021.13	\$6,283.92	\$515.07	\$350.01
Mercy Care Plan	12	\$450.38	\$113.61	\$266.07	\$172.98	\$487.36	\$165.77	\$1,095.83	\$6,279.40	\$552.35	\$364.11
Health Net	12	\$437.95	\$101.37	\$233.64	\$150.26	\$360.37	\$118.92	\$940.31	\$6,316.03	\$457.14	\$340.25
University Family Care	14	\$505.99	\$114.20	\$255.72	\$174.83	\$482.68	\$152.28	\$1,070.21	\$5,443.54	\$460.78	\$355.43
United Health Care	14	\$476.03	\$115.76	\$245.63	\$169.49	\$465.10	\$154.94	\$1,042.81	\$5,495.05	\$457.69	\$348.22

Appendix 4h: CYE 18 (Jan-Sep) Projected APSI Payments PMPM by MCO, Rate Cell and GSA, Prospective

MCO	GSA	TANF/ Kidscore <1	TANF/ Kidscore 1- 13	TANF/ Kidscore 14- 44 Female	TANF/ Kidscore 14- 44 Male	TANF 45+	SSI with Medicare	SSI w/o Medicare	Delivery Supplemen t	Adults <= 106% FPL	Adults > 106% FPL
United Health Care	02	\$6.95	\$0.39	\$0.39	\$0.28	\$0.40	\$0.00	\$1.63	\$0.00	\$0.72	\$0.31
University Family Care	02	\$6.94	\$0.35	\$0.35	\$0.24	\$0.34	\$0.00	\$1.53	\$0.00	\$0.71	\$0.32
United Health Care	04	\$4.49	\$0.28	\$0.29	\$0.15	\$0.25	\$0.00	\$0.93	\$0.00	\$0.42	\$0.38
Health Choice Arizona	04	\$4.66	\$0.28	\$0.31	\$0.16	\$0.27	\$0.00	\$1.01	\$0.00	\$0.45	\$0.38
United Health Care	06	\$4.51	\$0.47	\$0.35	\$0.35	\$0.31	\$0.00	\$1.32	\$0.00	\$0.52	\$0.32
University Family Care	06	\$4.66	\$0.46	\$0.34	\$0.35	\$0.28	\$0.00	\$1.19	\$0.00	\$0.51	\$0.31
University Family Care	08	\$4.76	\$0.94	\$0.71	\$0.58	\$0.71	\$0.00	\$2.09	\$0.00	\$1.18	\$0.44
Health Choice Arizona	08	\$4.81	\$0.95	\$0.73	\$0.58	\$0.75	\$0.00	\$1.93	\$0.00	\$1.21	\$0.46
University Family Care	10	\$17.56	\$1.91	\$6.23	\$2.34	\$4.56	\$0.00	\$14.37	\$0.00	\$6.06	\$4.60
United Health Care	10	\$17.19	\$1.99	\$6.67	\$2.39	\$4.70	\$0.00	\$13.57	\$0.00	\$5.90	\$4.39
Health Choice Arizona	10	\$19.39	\$1.89	\$6.21	\$2.30	\$4.21	\$0.00	\$12.78	\$0.00	\$5.86	\$4.16
Care 1st	10	\$18.16	\$1.78	\$6.00	\$2.07	\$3.90	\$0.00	\$12.09	\$0.00	\$5.39	\$4.19
Mercy Care Plan	10	\$16.09	\$1.93	\$6.40	\$2.18	\$4.43	\$0.00	\$13.20	\$0.00	\$5.81	\$4.37
United Health Care	12	\$7.44	\$1.25	\$1.88	\$0.94	\$1.70	\$0.00	\$5.01	\$0.00	\$2.17	\$1.31
Care 1st	12	\$7.11	\$1.15	\$1.72	\$0.83	\$1.45	\$0.00	\$4.56	\$0.00	\$2.05	\$1.33
Health Choice Arizona	12	\$7.49	\$1.18	\$1.74	\$0.88	\$1.62	\$0.00	\$4.83	\$0.00	\$2.15	\$1.32
Mercy Care Plan	12	\$7.28	\$1.23	\$1.85	\$0.93	\$1.74	\$0.00	\$5.16	\$0.00	\$2.30	\$1.38
Health Net	12	\$7.10	\$1.09	\$1.61	\$0.81	\$1.26	\$0.00	\$4.47	\$0.00	\$1.89	\$1.29
University Family Care	14	\$13.67	\$0.64	\$2.67	\$1.87	\$2.80	\$0.00	\$5.93	\$0.00	\$2.89	\$2.51
United Health Care	14	\$12.76	\$0.65	\$2.53	\$1.80	\$2.68	\$0.00	\$5.72	\$0.00	\$2.85	\$2.45

Appendix 4i: CYE 18 (Jan-Sep) Capitation Rates PMPM by MCO, Rate Cell and GSA, Prospective, including APSI

MCO	GSA	TANF/ Kidscore <1	TANF/ Kidscore 1-13	TANF/ Kidscore 14- 44 Female	TANF/ Kidscore 14-44 Male	TANF 45+	SSI with Medicare	SSI w/o Medicare	Delivery Supplement	Adults <= 106% FPL	Adults > 106% FPL
United Health Care	02	\$391.89	\$122.02	\$243.49	\$144.62	\$390.67	\$170.01	\$1,009.06	\$5,655.07	\$459.71	\$312.47
University Family Care	02	\$387.30	\$109.84	\$215.72	\$121.32	\$324.04	\$145.43	\$935.29	\$5,607.72	\$453.22	\$318.12
United Health Care	04	\$396.14	\$97.94	\$205.02	\$135.31	\$360.46	\$124.35	\$933.56	\$5,825.80	\$435.23	\$338.18
Health Choice Arizona	04	\$406.32	\$98.74	\$215.54	\$144.35	\$388.51	\$128.89	\$1,007.31	\$5,778.88	\$465.13	\$339.23
United Health Care	06	\$384.50	\$116.01	\$250.65	\$201.68	\$444.31	\$165.84	\$1,230.68	\$5,966.15	\$500.37	\$400.70
University Family Care	06	\$392.62	\$112.06	\$247.49	\$201.75	\$400.85	\$152.12	\$1,094.83	\$5,912.46	\$482.24	\$391.61
University Family Care	08	\$426.13	\$101.55	\$250.05	\$152.80	\$510.84	\$139.17	\$1,038.04	\$5,523.43	\$478.77	\$346.84
Health Choice Arizona	08	\$428.61	\$102.68	\$257.67	\$153.60	\$542.52	\$147.86	\$957.61	\$5,522.25	\$493.06	\$367.01
University Family Care	10	\$429.18	\$108.68	\$231.43	\$150.08	\$407.68	\$122.00	\$1,096.32	\$5,530.67	\$417.13	\$327.71
United Health Care	10	\$424.78	\$113.67	\$249.14	\$154.18	\$423.61	\$125.96	\$1,035.94	\$5,583.87	\$409.63	\$313.83
Health Choice Arizona	10	\$472.29	\$107.81	\$230.35	\$147.85	\$377.37	\$117.74	\$962.14	\$5,536.46	\$404.06	\$298.01
Care 1st	10	\$448.00	\$102.22	\$225.20	\$134.01	\$354.14	\$102.68	\$910.58	\$5,582.00	\$375.67	\$299.96
Mercy Care Plan	10	\$397.32	\$110.26	\$238.66	\$140.51	\$398.57	\$125.45	\$1,001.79	\$5,563.79	\$402.64	\$312.44
United Health Care	12	\$469.05	\$116.88	\$271.93	\$176.20	\$480.45	\$159.70	\$1,070.24	\$6,300.59	\$524.33	\$348.87
Care 1st	12	\$450.24	\$108.34	\$251.15	\$155.86	\$414.31	\$134.93	\$971.13	\$6,323.05	\$498.02	\$354.02
Health Choice Arizona	12	\$469.19	\$110.08	\$252.30	\$163.95	\$456.50	\$148.08	\$1,026.05	\$6,283.92	\$517.26	\$351.36
Mercy Care Plan	12	\$457.81	\$114.86	\$267.97	\$173.93	\$489.14	\$165.77	\$1,101.10	\$6,279.40	\$554.70	\$365.52
Health Net	12	\$445.19	\$102.48	\$235.28	\$151.08	\$361.66	\$118.92	\$944.87	\$6,316.03	\$459.07	\$341.56
University Family Care	14	\$519.94	\$114.85	\$258.44	\$176.74	\$485.54	\$152.28	\$1,076.25	\$5,443.54	\$463.73	\$357.99
United Health Care	14	\$489.05	\$116.42	\$248.21	\$171.33	\$467.83	\$154.94	\$1,048.65	\$5,495.05	\$460.60	\$350.73

Appendix 4j: CYE 18 (Jan-Sep) Projected Gross Medical Expenses PMPM by MCO, Rate Cell and GSA, PPC

MCO	GSA	TANF <1	TANF 1-13	TANF 14-44 Female	TANF 14-44 Male	TANF 45+	SSI with Medicare	SSI w/o Medicare	Adults <= 106% FPL	Adults > 106% FPL
United Health Care	02	\$391.50	\$28.26	\$158.38	\$182.84	\$173.18	\$152.18	\$946.94	\$646.23	\$334.65
University Family Care	02	\$391.50	\$28.26	\$158.38	\$182.84	\$173.18	\$152.18	\$946.94	\$646.23	\$334.65
United Health Care	04	\$370.45	\$53.23	\$156.99	\$118.23	\$210.90	\$54.47	\$411.27	\$571.84	\$378.58
Health Choice Arizona	04	\$370.45	\$53.23	\$156.99	\$118.23	\$210.90	\$54.47	\$411.27	\$571.84	\$378.58
United Health Care	06	\$398.10	\$43.46	\$183.91	\$164.06	\$329.90	\$73.70	\$377.61	\$627.71	\$344.63
University Family Care	06	\$398.10	\$43.46	\$183.91	\$164.06	\$329.90	\$73.70	\$377.61	\$627.71	\$344.63
University Family Care	08	\$244.38	\$47.56	\$151.33	\$128.41	\$162.01	\$84.88	\$349.31	\$572.70	\$313.33
Health Choice Arizona	08	\$244.38	\$47.56	\$151.33	\$128.41	\$162.01	\$84.88	\$349.31	\$572.70	\$313.33
University Family Care	10	\$382.63	\$47.60	\$174.71	\$159.54	\$147.65	\$83.37	\$422.19	\$448.41	\$266.49
United Health Care	10	\$382.63	\$47.60	\$174.71	\$159.54	\$147.65	\$83.37	\$422.19	\$448.41	\$266.49
Health Choice Arizona	10	\$382.63	\$47.60	\$174.71	\$159.54	\$147.65	\$83.37	\$422.19	\$448.41	\$266.49
Care 1st	10	\$382.63	\$47.60	\$174.71	\$159.54	\$147.65	\$83.37	\$422.19	\$448.41	\$266.49
Mercy Care Plan	10	\$382.63	\$47.60	\$174.71	\$159.54	\$147.65	\$83.37	\$422.19	\$448.41	\$266.49
United Health Care	12	\$376.82	\$46.11	\$186.56	\$139.46	\$258.67	\$100.35	\$474.56	\$695.98	\$345.77
Care 1st	12	\$376.82	\$46.11	\$186.56	\$139.46	\$258.67	\$100.35	\$474.56	\$695.98	\$345.77
Health Choice Arizona	12	\$376.82	\$46.11	\$186.56	\$139.46	\$258.67	\$100.35	\$474.56	\$695.98	\$345.77
Mercy Care Plan	12	\$376.82	\$46.11	\$186.56	\$139.46	\$258.67	\$100.35	\$474.56	\$695.98	\$345.77
Health Net	12	\$376.82	\$46.11	\$186.56	\$139.46	\$258.67	\$100.35	\$474.56	\$695.98	\$345.77
University Family Care	14	\$692.01	\$52.56	\$114.40	\$86.83	\$107.14	\$42.89	\$377.86	\$463.39	\$325.43
United Health Care	14	\$692.01	\$52.56	\$114.40	\$86.83	\$107.14	\$42.89	\$377.86	\$463.39	\$325.43

Appendix 4k: CYE 18 (Jan-Sep) Projected UW Gain PMPM by MCO, Rate Cell and GSA, PPC

MCO	GSA	TANF <1	TANF 1-13	TANF 14-44 Female	TANF 14-44 Male	TANF 45+	SSI with Medicare	SSI w/o Medicare	Adults <= 106% FPL	Adults > 106% FPL
United Health Care	02	\$3.91	\$0.28	\$1.58	\$1.83	\$1.73	\$1.52	\$9.47	\$6.46	\$3.35
University Family Care	02	\$3.91	\$0.28	\$1.58	\$1.83	\$1.73	\$1.52	\$9.47	\$6.46	\$3.35
United Health Care	04	\$3.70	\$0.53	\$1.57	\$1.18	\$2.11	\$0.54	\$4.11	\$5.72	\$3.79
Health Choice Arizona	04	\$3.70	\$0.53	\$1.57	\$1.18	\$2.11	\$0.54	\$4.11	\$5.72	\$3.79
United Health Care	06	\$3.98	\$0.43	\$1.84	\$1.64	\$3.30	\$0.74	\$3.78	\$6.28	\$3.45
University Family Care	06	\$3.98	\$0.43	\$1.84	\$1.64	\$3.30	\$0.74	\$3.78	\$6.28	\$3.45
University Family Care	08	\$2.44	\$0.48	\$1.51	\$1.28	\$1.62	\$0.85	\$3.49	\$5.73	\$3.13
Health Choice Arizona	08	\$2.44	\$0.48	\$1.51	\$1.28	\$1.62	\$0.85	\$3.49	\$5.73	\$3.13
University Family Care	10	\$3.83	\$0.48	\$1.75	\$1.60	\$1.48	\$0.83	\$4.22	\$4.48	\$2.66
United Health Care	10	\$3.83	\$0.48	\$1.75	\$1.60	\$1.48	\$0.83	\$4.22	\$4.48	\$2.66
Health Choice Arizona	10	\$3.83	\$0.48	\$1.75	\$1.60	\$1.48	\$0.83	\$4.22	\$4.48	\$2.66
Care 1st	10	\$3.83	\$0.48	\$1.75	\$1.60	\$1.48	\$0.83	\$4.22	\$4.48	\$2.66
Mercy Care Plan	10	\$3.83	\$0.48	\$1.75	\$1.60	\$1.48	\$0.83	\$4.22	\$4.48	\$2.66
United Health Care	12	\$3.77	\$0.46	\$1.87	\$1.39	\$2.59	\$1.00	\$4.75	\$6.96	\$3.46
Care 1st	12	\$3.77	\$0.46	\$1.87	\$1.39	\$2.59	\$1.00	\$4.75	\$6.96	\$3.46
Health Choice Arizona	12	\$3.77	\$0.46	\$1.87	\$1.39	\$2.59	\$1.00	\$4.75	\$6.96	\$3.46
Mercy Care Plan	12	\$3.77	\$0.46	\$1.87	\$1.39	\$2.59	\$1.00	\$4.75	\$6.96	\$3.46
Health Net	12	\$3.77	\$0.46	\$1.87	\$1.39	\$2.59	\$1.00	\$4.75	\$6.96	\$3.46
University Family Care	14	\$6.92	\$0.53	\$1.14	\$0.87	\$1.07	\$0.43	\$3.78	\$4.63	\$3.25
United Health Care	14	\$6.92	\$0.53	\$1.14	\$0.87	\$1.07	\$0.43	\$3.78	\$4.63	\$3.25

Appendix 4I: CYE 18 (Jan-Sep) Projected Administrative Expenses PMPM by MCO, Rate Cell and GSA, PPC

MCO	GSA	TANF <1	TANF 1-13	TANF 14-44 Female	TANF 14-44 Male	TANF 45+	SSI with Medicare	SSI w/o Medicare	Adults <= 106% FPL	Adults > 106% FPL
United Health Care	02	\$28.84	\$2.18	\$12.30	\$14.17	\$13.09	\$11.47	\$69.02	\$49.78	\$26.04
University Family Care	02	\$28.84	\$2.18	\$12.30	\$14.17	\$13.09	\$11.47	\$69.02	\$49.78	\$26.04
United Health Care	04	\$28.51	\$4.17	\$12.24	\$9.34	\$16.63	\$4.19	\$32.71	\$45.06	\$30.19
Health Choice Arizona	04	\$28.51	\$4.17	\$12.24	\$9.34	\$16.63	\$4.19	\$32.71	\$45.06	\$30.19
United Health Care	06	\$33.44	\$3.37	\$14.82	\$13.10	\$26.64	\$5.46	\$29.50	\$50.87	\$27.99
University Family Care	06	\$33.44	\$3.37	\$14.82	\$13.10	\$26.64	\$5.46	\$29.50	\$50.87	\$27.99
University Family Care	08	\$18.50	\$3.55	\$12.10	\$10.21	\$12.83	\$6.20	\$27.70	\$45.37	\$24.97
Health Choice Arizona	08	\$18.50	\$3.55	\$12.10	\$10.21	\$12.83	\$6.20	\$27.70	\$45.37	\$24.97
University Family Care	10	\$27.11	\$3.38	\$13.35	\$12.16	\$11.57	\$6.65	\$32.29	\$34.96	\$20.73
United Health Care	10	\$27.11	\$3.38	\$13.35	\$12.16	\$11.57	\$6.65	\$32.29	\$34.96	\$20.73
Health Choice Arizona	10	\$27.11	\$3.38	\$13.35	\$12.16	\$11.57	\$6.65	\$32.29	\$34.96	\$20.73
Care 1st	10	\$27.11	\$3.38	\$13.35	\$12.16	\$11.57	\$6.65	\$32.29	\$34.96	\$20.73
Mercy Care Plan	10	\$27.11	\$3.38	\$13.35	\$12.16	\$11.57	\$6.65	\$32.29	\$34.96	\$20.73
United Health Care	12	\$28.47	\$3.57	\$14.78	\$11.00	\$20.53	\$7.96	\$37.35	\$54.97	\$27.43
Care 1st	12	\$28.47	\$3.57	\$14.78	\$11.00	\$20.53	\$7.96	\$37.35	\$54.97	\$27.43
Health Choice Arizona	12	\$28.47	\$3.57	\$14.78	\$11.00	\$20.53	\$7.96	\$37.35	\$54.97	\$27.43
Mercy Care Plan	12	\$28.47	\$3.57	\$14.78	\$11.00	\$20.53	\$7.96	\$37.35	\$54.97	\$27.43
Health Net	12	\$28.47	\$3.57	\$14.78	\$11.00	\$20.53	\$7.96	\$37.35	\$54.97	\$27.43
University Family Care	14	\$47.19	\$3.94	\$8.87	\$6.72	\$8.38	\$3.28	\$28.50	\$35.75	\$25.05
United Health Care	14	\$47.19	\$3.94	\$8.87	\$6.72	\$8.38	\$3.28	\$28.50	\$35.75	\$25.05

Appendix 4m: CYE 18 (Jan-Sep) Premium Tax PMPM by MCO, Rate Cell and GSA, PPC, without APSI

MCO	GSA	TANF <1	TANF 1-13	TANF 14-44 Female	TANF 14-44 Male	TANF 45+	SSI with Medicare	SSI w/o Medicare	Adults <= 106% FPL	Adults > 106% FPL
United Health Care	02	\$8.66	\$0.63	\$3.52	\$4.06	\$3.84	\$3.37	\$20.93	\$14.34	\$7.43
University Family Care	02	\$8.66	\$0.63	\$3.52	\$4.06	\$3.84	\$3.37	\$20.93	\$14.34	\$7.43
United Health Care	04	\$8.22	\$1.18	\$3.49	\$2.63	\$4.69	\$1.21	\$9.14	\$12.71	\$8.42
Health Choice Arizona	04	\$8.22	\$1.18	\$3.49	\$2.63	\$4.69	\$1.21	\$9.14	\$12.71	\$8.42
United Health Care	06	\$8.89	\$0.96	\$4.09	\$3.65	\$7.34	\$1.63	\$8.39	\$13.98	\$7.67
University Family Care	06	\$8.89	\$0.96	\$4.09	\$3.65	\$7.34	\$1.63	\$8.39	\$13.98	\$7.67
University Family Care	08	\$5.41	\$1.05	\$3.37	\$2.86	\$3.60	\$1.88	\$7.77	\$12.73	\$6.97
Health Choice Arizona	08	\$5.41	\$1.05	\$3.37	\$2.86	\$3.60	\$1.88	\$7.77	\$12.73	\$6.97
University Family Care	10	\$8.44	\$1.05	\$3.87	\$3.54	\$3.28	\$1.85	\$9.36	\$9.96	\$5.92
United Health Care	10	\$8.44	\$1.05	\$3.87	\$3.54	\$3.28	\$1.85	\$9.36	\$9.96	\$5.92
Health Choice Arizona	10	\$8.44	\$1.05	\$3.87	\$3.54	\$3.28	\$1.85	\$9.36	\$9.96	\$5.92
Care 1st	10	\$8.44	\$1.05	\$3.87	\$3.54	\$3.28	\$1.85	\$9.36	\$9.96	\$5.92
Mercy Care Plan	10	\$8.44	\$1.05	\$3.87	\$3.54	\$3.28	\$1.85	\$9.36	\$9.96	\$5.92
United Health Care	12	\$8.35	\$1.02	\$4.15	\$3.10	\$5.75	\$2.23	\$10.54	\$15.47	\$7.69
Care 1st	12	\$8.35	\$1.02	\$4.15	\$3.10	\$5.75	\$2.23	\$10.54	\$15.47	\$7.69
Health Choice Arizona	12	\$8.35	\$1.02	\$4.15	\$3.10	\$5.75	\$2.23	\$10.54	\$15.47	\$7.69
Mercy Care Plan	12	\$8.35	\$1.02	\$4.15	\$3.10	\$5.75	\$2.23	\$10.54	\$15.47	\$7.69
Health Net	12	\$8.35	\$1.02	\$4.15	\$3.10	\$5.75	\$2.23	\$10.54	\$15.47	\$7.69
University Family Care	14	\$15.23	\$1.16	\$2.54	\$1.93	\$2.38	\$0.95	\$8.37	\$10.28	\$7.22
United Health Care	14	\$15.23	\$1.16	\$2.54	\$1.93	\$2.38	\$0.95	\$8.37	\$10.28	\$7.22

Appendix 4n: CYE 18 (Jan-Sep) Capitation Rates PMPM by MCO, Rate Cell and GSA, PPC, without APSI

MCO	GSA	TANF <1	TANF 1-13	TANF 14-44 Female	TANF 14-44 Male	TANF 45+	SSI with Medicare	SSI w/o Medicare	Adults <= 106% FPL	Adults > 106% FPL
United Health Care	02	\$432.91	\$31.36	\$175.77	\$202.90	\$191.84	\$168.55	\$1,046.35	\$716.81	\$371.46
University Family Care	02	\$432.91	\$31.36	\$175.77	\$202.90	\$191.84	\$168.55	\$1,046.35	\$716.81	\$371.46
United Health Care	04	\$410.88	\$59.11	\$174.29	\$131.38	\$234.33	\$60.42	\$457.24	\$635.33	\$420.98
Health Choice Arizona	04	\$410.88	\$59.11	\$174.29	\$131.38	\$234.33	\$60.42	\$457.24	\$635.33	\$420.98
United Health Care	06	\$444.41	\$48.23	\$204.66	\$182.45	\$367.18	\$81.53	\$419.28	\$698.84	\$383.74
University Family Care	06	\$444.41	\$48.23	\$204.66	\$182.45	\$367.18	\$81.53	\$419.28	\$698.84	\$383.74
University Family Care	08	\$270.74	\$52.64	\$168.31	\$142.75	\$180.06	\$93.81	\$388.27	\$636.53	\$348.40
Health Choice Arizona	08	\$270.74	\$52.64	\$168.31	\$142.75	\$180.06	\$93.81	\$388.27	\$636.53	\$348.40
University Family Care	10	\$422.00	\$52.51	\$193.68	\$176.83	\$163.97	\$92.70	\$468.07	\$497.81	\$295.80
United Health Care	10	\$422.00	\$52.51	\$193.68	\$176.83	\$163.97	\$92.70	\$468.07	\$497.81	\$295.80
Health Choice Arizona	10	\$422.00	\$52.51	\$193.68	\$176.83	\$163.97	\$92.70	\$468.07	\$497.81	\$295.80
Care 1st	10	\$422.00	\$52.51	\$193.68	\$176.83	\$163.97	\$92.70	\$468.07	\$497.81	\$295.80
Mercy Care Plan	10	\$422.00	\$52.51	\$193.68	\$176.83	\$163.97	\$92.70	\$468.07	\$497.81	\$295.80
United Health Care	12	\$417.41	\$51.17	\$207.35	\$154.95	\$287.54	\$111.54	\$527.20	\$773.38	\$384.35
Care 1st	12	\$417.41	\$51.17	\$207.35	\$154.95	\$287.54	\$111.54	\$527.20	\$773.38	\$384.35
Health Choice Arizona	12	\$417.41	\$51.17	\$207.35	\$154.95	\$287.54	\$111.54	\$527.20	\$773.38	\$384.35
Mercy Care Plan	12	\$417.41	\$51.17	\$207.35	\$154.95	\$287.54	\$111.54	\$527.20	\$773.38	\$384.35
Health Net	12	\$417.41	\$51.17	\$207.35	\$154.95	\$287.54	\$111.54	\$527.20	\$773.38	\$384.35
University Family Care	14	\$761.35	\$58.19	\$126.95	\$96.34	\$118.97	\$47.55	\$418.50	\$514.05	\$360.95
United Health Care	14	\$761.35	\$58.19	\$126.95	\$96.34	\$118.97	\$47.55	\$418.50	\$514.05	\$360.95

Appendix 4o: CYE 18 (Jan-Sep) Projected APSI Payments PMPM by MCO, Rate Cell and GSA, PPC

MCO	GSA	TANF <1	TANF 1-13	TANF 14-44 Female	TANF 14-44 Male	TANF 45+	SSI with Medicare	SSI w/o Medicare	Adults <= 106% FPL	Adults > 106% FPL
United Health Care	02	\$14.08	\$0.31	\$0.44	\$1.92	\$0.01	\$0.00	\$12.94	\$1.37	\$0.79
University Family Care	02	\$14.08	\$0.31	\$0.44	\$1.92	\$0.01	\$0.00	\$12.94	\$1.37	\$0.79
United Health Care	04	\$6.08	\$0.34	\$0.24	\$0.35	\$0.66	\$0.00	\$0.38	\$1.56	\$0.75
Health Choice Arizona	04	\$6.08	\$0.34	\$0.24	\$0.35	\$0.66	\$0.00	\$0.38	\$1.56	\$0.75
United Health Care	06	\$8.29	\$0.57	\$0.61	\$0.00	\$0.00	\$0.00	\$1.28	\$1.45	\$0.00
University Family Care	06	\$8.29	\$0.57	\$0.61	\$0.00	\$0.00	\$0.00	\$1.28	\$1.45	\$0.00
University Family Care	08	\$2.90	\$0.88	\$0.83	\$1.52	\$0.06	\$0.00	\$0.02	\$6.80	\$1.95
Health Choice Arizona	08	\$2.90	\$0.88	\$0.83	\$1.52	\$0.06	\$0.00	\$0.02	\$6.80	\$1.95
University Family Care	10	\$25.72	\$2.09	\$6.70	\$5.08	\$3.71	\$0.00	\$17.25	\$16.84	\$8.72
United Health Care	10	\$25.72	\$2.09	\$6.70	\$5.08	\$3.71	\$0.00	\$17.25	\$16.84	\$8.72
Health Choice Arizona	10	\$25.72	\$2.09	\$6.70	\$5.08	\$3.71	\$0.00	\$17.25	\$16.84	\$8.72
Care 1st	10	\$25.72	\$2.09	\$6.70	\$5.08	\$3.71	\$0.00	\$17.25	\$16.84	\$8.72
Mercy Care Plan	10	\$25.72	\$2.09	\$6.70	\$5.08	\$3.71	\$0.00	\$17.25	\$16.84	\$8.72
United Health Care	12	\$9.31	\$1.21	\$1.93	\$1.61	\$2.03	\$0.00	\$6.99	\$7.87	\$3.57
Care 1st	12	\$9.31	\$1.21	\$1.93	\$1.61	\$2.03	\$0.00	\$6.99	\$7.87	\$3.57
Health Choice Arizona	12	\$9.31	\$1.21	\$1.93	\$1.61	\$2.03	\$0.00	\$6.99	\$7.87	\$3.57
Mercy Care Plan	12	\$9.31	\$1.21	\$1.93	\$1.61	\$2.03	\$0.00	\$6.99	\$7.87	\$3.57
Health Net	12	\$9.31	\$1.21	\$1.93	\$1.61	\$2.03	\$0.00	\$6.99	\$7.87	\$3.57
University Family Care	14	\$57.03	\$1.10	\$2.30	\$2.02	\$0.74	\$0.00	\$2.15	\$7.95	\$6.17
United Health Care	14	\$57.03	\$1.10	\$2.30	\$2.02	\$0.74	\$0.00	\$2.15	\$7.95	\$6.17

Appendix 4p: CYE 18 (Jan-Sep) Capitation Rates PMPM by MCO, Rate Cell and GSA, PPC, including APSI

MCO	GSA	TANF <1	TANF 1-13	TANF 14-44 Female	TANF 14-44 Male	TANF 45+	SSI with Medicare	SSI w/o Medicare	Adults <= 106% FPL	Adults > 106% FPL
United Health Care	02	\$447.28	\$31.67	\$176.22	\$204.86	\$191.84	\$168.55	\$1,059.56	\$718.20	\$372.27
University Family Care	02	\$447.28	\$31.67	\$176.22	\$204.86	\$191.84	\$168.55	\$1,059.56	\$718.20	\$372.27
United Health Care	04	\$417.09	\$59.46	\$174.54	\$131.74	\$235.01	\$60.42	\$457.62	\$636.93	\$421.74
Health Choice Arizona	04	\$417.09	\$59.46	\$174.54	\$131.74	\$235.01	\$60.42	\$457.62	\$636.93	\$421.74
United Health Care	06	\$452.87	\$48.81	\$205.29	\$182.45	\$367.18	\$81.53	\$420.59	\$700.32	\$383.74
University Family Care	06	\$452.87	\$48.81	\$205.29	\$182.45	\$367.18	\$81.53	\$420.59	\$700.32	\$383.74
University Family Care	08	\$273.69	\$53.54	\$169.15	\$144.30	\$180.12	\$93.81	\$388.29	\$643.47	\$350.39
Health Choice Arizona	08	\$273.69	\$53.54	\$169.15	\$144.30	\$180.12	\$93.81	\$388.29	\$643.47	\$350.39
University Family Care	10	\$448.25	\$54.64	\$200.52	\$182.02	\$167.76	\$92.70	\$485.67	\$514.99	\$304.70
United Health Care	10	\$448.25	\$54.64	\$200.52	\$182.02	\$167.76	\$92.70	\$485.67	\$514.99	\$304.70
Health Choice Arizona	10	\$448.25	\$54.64	\$200.52	\$182.02	\$167.76	\$92.70	\$485.67	\$514.99	\$304.70
Care 1st	10	\$448.25	\$54.64	\$200.52	\$182.02	\$167.76	\$92.70	\$485.67	\$514.99	\$304.70
Mercy Care Plan	10	\$448.25	\$54.64	\$200.52	\$182.02	\$167.76	\$92.70	\$485.67	\$514.99	\$304.70
United Health Care	12	\$426.92	\$52.40	\$209.32	\$156.59	\$289.60	\$111.54	\$534.33	\$781.41	\$387.99
Care 1st	12	\$426.92	\$52.40	\$209.32	\$156.59	\$289.60	\$111.54	\$534.33	\$781.41	\$387.99
Health Choice Arizona	12	\$426.92	\$52.40	\$209.32	\$156.59	\$289.60	\$111.54	\$534.33	\$781.41	\$387.99
Mercy Care Plan	12	\$426.92	\$52.40	\$209.32	\$156.59	\$289.60	\$111.54	\$534.33	\$781.41	\$387.99
Health Net	12	\$426.92	\$52.40	\$209.32	\$156.59	\$289.60	\$111.54	\$534.33	\$781.41	\$387.99
University Family Care	14	\$819.54	\$59.30	\$129.29	\$98.40	\$119.72	\$47.55	\$420.70	\$522.16	\$367.25
United Health Care	14	\$819.54	\$59.30	\$129.29	\$98.40	\$119.72	\$47.55	\$420.70	\$522.16	\$367.25

Appendix 4q: CYE 18 (Jan-Sep) RI Offsets PMPM as a Percentage of Prospective Capitation Rates by MCO, Rate Cell and GSA, including APSI

MCO	GSA	TANF/ Kidscare <1	TANF/ Kidscare 1-13	TANF/ Kidscare 14-44 Female	TANF/ Kidscare 14- 44 Male	TANF 45+	SSI with Medicare	SSI w/o Medicare	Delivery Supplement	Adults <= 106% FPL	Adults > 106% FPL
United Health Care	02	6.2%	2.5%	0.7%	2.2%	1.7%	0.3%	7.9%	0.0%	1.3%	1.3%
University Family Care	02	6.2%	2.8%	0.8%	2.6%	2.0%	0.3%	8.6%	0.0%	1.3%	1.3%
United Health Care	04	10.0%	1.0%	0.6%	2.9%	1.1%	0.2%	9.5%	0.0%	2.7%	2.1%
Health Choice Arizona	04	9.8%	0.9%	0.6%	2.7%	1.1%	0.2%	8.8%	0.0%	2.6%	2.1%
United Health Care	06	6.2%	1.4%	0.3%	10.2%	0.2%	0.8%	7.5%	0.0%	1.5%	2.1%
University Family Care	06	6.0%	1.4%	0.3%	10.2%	0.3%	0.9%	8.4%	0.0%	1.6%	2.2%
University Family Care	08	5.7%	1.4%	1.5%	1.4%	1.6%	0.9%	5.3%	0.0%	3.0%	1.3%
Health Choice Arizona	08	5.7%	1.4%	1.4%	1.4%	1.5%	0.9%	5.7%	0.0%	3.0%	1.3%
University Family Care	10	4.4%	1.5%	1.0%	4.8%	1.4%	0.9%	15.6%	0.0%	2.2%	2.1%
United Health Care	10	4.4%	1.5%	0.9%	4.6%	1.4%	0.9%	16.5%	0.0%	2.2%	2.1%
Health Choice Arizona	10	4.0%	1.6%	1.0%	4.8%	1.5%	1.0%	17.7%	0.0%	2.2%	2.3%
Care 1st	10	4.2%	1.6%	1.0%	5.3%	1.6%	1.1%	18.7%	0.0%	2.4%	2.2%
Mercy Care Plan	10	4.7%	1.5%	0.9%	5.1%	1.5%	0.9%	17.0%	0.0%	2.3%	2.2%
United Health Care	12	5.0%	1.3%	1.2%	4.1%	1.5%	0.9%	9.9%	0.0%	3.4%	2.6%
Care 1st	12	5.2%	1.4%	1.3%	4.6%	1.7%	1.0%	10.9%	0.0%	3.6%	2.6%
Health Choice Arizona	12	5.0%	1.4%	1.3%	4.4%	1.5%	0.9%	10.3%	0.0%	3.5%	2.6%
Mercy Care Plan	12	5.2%	1.3%	1.2%	4.1%	1.4%	0.8%	9.6%	0.0%	3.2%	2.5%
Health Net	12	5.3%	1.5%	1.4%	4.7%	1.9%	1.2%	11.2%	0.0%	3.9%	2.6%
University Family Care	14	5.6%	0.2%	0.4%	7.2%	4.0%	0.1%	4.1%	0.0%	2.4%	2.4%
United Health Care	14	5.9%	0.2%	0.4%	7.5%	4.2%	0.1%	4.2%	0.0%	2.5%	2.4%