

# Acute Care Actuarial Memorandum

## **I. Purpose**

The purpose of this actuarial memorandum is to demonstrate that the Acute Care capitation rates for contract year ending 2016 (CYE 16: October 1, 2015 through September 30, 2016) were developed in compliance with 42 CFR 438.6(c). It is not intended for any other purpose.

Arizona Health Care Cost Containment System (AHCCCS) intends to apply revised risk adjustment factors with an anticipated implementation date of April 1, 2016 retroactive to October 1, 2015. This adjustment will be budget neutral to AHCCCS and will require a rate update. At the time of the adjustment an actuarial certification will be submitted that will describe the methodology. Past risk adjustment certifications can be found here:

<http://www.azahcccs.gov/commercial/ContractorResources/capitation/capitationrates.aspx>

The Affordable Care Act (ACA) places an annual fee on the health insurance industry nationwide including most Medicaid health plans effective January 1, 2014. The CYE 16 capitation rates do not include the fee at this time; that adjustment will be addressed in a retroactive capitation rate adjustment once the fees are known. Historical actuarial certifications for health insurer fee adjustment can be found on the AHCCCS website:

<http://www.azahcccs.gov/commercial/ContractorResources/capitation/capitationrates.aspx#HIF>

## **II. General Program Information**

This certification covers the Acute Care program which offers acute care medical services to AHCCCS members who are Title XIX or Title XXI eligible, and who do not qualify for another AHCCCS program. Most behavioral health services are carved out and provided through Regional Behavioral Health Authorities (RBHAs). This statewide managed care program has been in effect since 1982 and currently has eight Contractors in total, which vary by Geographical Service Area (GSA). The experience data includes only Medicaid eligible expenses for Acute Care Medicaid eligible individuals.

CYE 16 capitation rates were developed as a rate update from the previously submitted CYE 2015 (CYE 15) capitation rates.

The CYE 16 capitation rates represent the twelve month contract period from October 1, 2015 through September 30, 2016. Due to one programmatic change (high

acuity pediatric adjustor) that will be implemented with an effective date of January 1, 2016, this certification will cover two sets of capitation rates. One set for the time frame from October 1, 2015 through December 31, 2015 and another set from January 1, 2016 through September 30, 2016. The rate development process is the same for both sets of capitation rates except the latter set includes the impact of the high acuity pediatric adjustor.

Beginning October 1, 2015, in an effort to increase integration of services for AHCCCS members, dual eligible adult members with General Mental Health and/or Substance Abuse (GMH/SA) needs will have their behavioral health services covered under the Acute Care contract. All other Acute Care program members' behavioral health services will remain carved-out to the RBHAs.

The new adult population (Adults  $\leq 106\%$  and Adults  $> 106\%$ ) benefit package is the same as all other members benefit package.

The Acute Care program has a large membership base which allows for the experience data to be analyzed by different rate cells. These rate cells are comprised of members with similar risk characteristics. The rate cells were analyzed by major categories of aid (COA) i.e. risk groups, and Category of Service (COS). In addition, AHCCCS develops capitation rates by GSA, of which there are seven.

### **III. Overview of Rate Setting Methodology**

CYE 16 actuarially sound capitation rates (both the traditional and the new adult population) were developed utilizing the steps outlined as follows:

1. Compile base period and adjusted encounter data (Section IV)
2. Develop trend factors (Section V)
3. Apply trend factors to bring base period data forward
4. Adjust CYE 16 claims costs for programmatic and provider fee schedule changes, if applicable (Section VI)
5. Further adjust CYE 16 claims costs for experience adjustments, if applicable (Section VII)
6. Add provision for reinsurance offset (Section VIII)
7. Add provision for non-benefit costs (Section IX)
8. Combine for final capitation rates (Section X)

In addition there are sections dedicated to the development of other capitation rates including, but not limited to, Delivery Supplemental Payment, KidsCare capitation rates, Prior Period Coverage (PPC) capitation rates and New Adult Population capitation rates, as well as multiple sections dedicated to risk mitigation strategies.

#### **IV. Base Period and Adjusted Encounter Data**

Since this is a capitation rate update rather than a rebase, the base period data is the prior capitation rates. Updated data periods were used in order to develop trends and experience adjustments. This data consisted of historical fully adjudicated and approved Medicaid encounter and member month data for this population for the time period October 1, 2011 through September 30, 2014. In conjunction with the above data, more recent data, through December 31, 2014 (for encounters) and through March 31, 2015 (for financials), was used for experience adjustments. In addition, the PPC analysis used member month data through March 31, 2015.

The data was reviewed for accuracy, timeliness and completeness through encounter validation studies, as required per AHCCCS' Centers for Medicare and Medicaid Services (CMS) Waiver, as well as studies comparing the encounter data to the Contractor's financial statements. The encounter data was deemed accurate to use in capitation rate development.

Adjustments were made to the data for completion factors, historical programmatic changes and historical provider fee for service rate schedule changes to arrive at the adjusted data that will be used in trend and experience adjustment analysis. Standard actuarial models were used to develop the completion factors. Documentation about historical programmatic and provider fee for service rate schedule changes can be found in past actuarial certifications which are posted here:

<http://www.azahcccs.gov/commercial/ContractorResources/capitation/capitationrates.aspx>

#### **V. Projected Trend Rates**

A trend analysis was performed using the adjusted encounter data to compute claim cost per member per month (PMPM) on an annualized basis and then to calculate the trend factors. These trends were developed by risk group, COS and GSA, with a limit on the percentage change to smooth out unreasonable trends. These trends were developed by using the adjusted encounter data described in section IV.

The PMPM trends for the prospective risk groups are shown below in Table I. These trends do not reflect the impact of any future programmatic changes or provider fee schedule changes.

**Table I: Average Annual PMPM Trends for Prospective Risk Groups**

PMPM Trends										
Categories of Service	TANF/KC < 1	TANF/KC 1-13	TANF/KC 14-44 F	TANF/KC 14-44 M	TANF 45+	SSI With Medicare	SSI without Medicare	Adults <= 106%	Adults > 106%	Total
Hospital Inpatient	-3.7%	-4.6%	-4.2%	-1.5%	-2.8%	-4.0%	-0.2%	1.8%	-0.6%	-1.3%
Outpatient Facility	1.7%	2.3%	1.4%	1.9%	4.4%	0.6%	7.1%	4.1%	3.3%	3.4%
Emergency Room	3.7%	4.1%	3.6%	1.7%	3.9%	-2.2%	2.4%	8.4%	4.9%	4.6%
Physician	-1.1%	-1.7%	-4.1%	-2.5%	-1.4%	-1.2%	3.0%	0.6%	-1.5%	-1.0%
Pharmacy	1.9%	6.8%	9.1%	4.5%	4.9%	9.1%	10.8%	4.4%	5.5%	6.6%
Other	1.2%	0.5%	3.0%	1.5%	2.4%	-3.0%	1.6%	3.9%	2.8%	2.0%
Total	-1.6%	0.7%	1.0%	0.9%	1.5%	-2.0%	4.4%	3.3%	1.9%	1.8%

**VI. Projected Programmatic Changes and Provider Fee Schedule Changes**

All impacts listed below, unless specifically stated otherwise, exclude the additional impact of non-benefit cost changes (i.e. admin, risk contingency, premium tax, etc.).

**Integration of Individuals Residing in Greater Arizona with a Serious Mental Illness (SMI)**

In order to facilitate efficient coordination of care and improve member outcomes, AHCCCS has integrated physical and behavioral health services for members with SMI in Greater Arizona (outside Maricopa County) through the RBHA system effective October 1, 2015. This integration was preceded by the integration of members with SMI in Maricopa County through the RBHA system effective April 1, 2014. These members in Greater Arizona will be shifted from the Acute Care program and will now receive their physical and behavioral health services through the RBHAs. This change only impacts the Greater Arizona capitation rates, and the capitation rates were adjusted for acuity differences between the PMPMs for the Acute Care population prior to the shift and the PMPMs for the Acute Care population after the shift. The impact of removing the SMI physical health medical costs and membership results in a shift of approximately \$125.8 million from the Acute Care program to the Behavioral Health program. This certification represents the Acute Care program effective October 1, 2015, after the members with SMI in Greater Arizona, and related costs, are shifted to the RBHAs. For this reason, the tables and appendix do not include the SMI integrated member months and therefore will not reflect the cost of this shift, but do reflect the acuity changes.

### **Integration of Dual Eligible Adult Members with GMH/SA Needs**

In order to facilitate efficient coordination of care and improve member outcomes, AHCCCS has integrated the physical and behavioral health services for dual eligible adults members with GMH/SA needs through the Acute Care program statewide effective October 1, 2015. These members will now receive their physical and behavioral health services through the Acute Contractors, which are also Medicare Advantage Dual Eligible Special Needs Plans (D-SNPs), and thus may have some alignment between their Medicaid and Medicare services. Immediate crisis services provided via telephone hotline and mobile teams, as well as stabilization and observation within the first 24 hours, will remain the responsibility of the RBHAs due to the complex nature of establishing and maintaining a crisis system for all residents. All other behavioral health costs for these members have been added to the TANF 45+ and SSI with Medicare (SSIW) capitation rates. This results in a shift of approximately \$23.4 million from the Behavioral Health program to the Acute Care program.

### **High Acuity Pediatric Adjustor**

The AHCCCS All Patient Refined Diagnosis Related Group (APR-DRG) payment system includes several policy adjustors. One such adjustor applies a factor of 1.25 to the reimbursement amount that would otherwise apply for "claims for members under age 19," so long as the claim is not subject to one of the other policy adjustors.

Beginning January 1, 2016, AHCCCS will address the costs associated with high-acuity pediatric cases by using an adjustment factor of 1.60 in place of the above pediatric policy adjustor in the following instances only: for inpatient stays, where an APR-DRG assignment of level 3 or 4 Severity of Illness is indicated. The estimated nine month impact to the Acute Care program is an increase of approximately \$5.9 million.

### **Nominal Copays**

Due to the requirements of federal regulation 42 CFR 447.56(d), AHCCCS has now included consideration of nominal copayments for outpatient physical, occupational and speech therapies, and physician or other provider outpatient office visits for evaluation and management as specified in the State Plan in the calculation of capitation rates to Managed Care Organizations (MCO), regardless of whether or not the nominal copayment is actually imposed on MCO members or collected by the MCO (or its providers). Thus, the MCO capitation rates have been reduced by the dollar amount of nominal copayments that could be collected by MCO members, consistent with the State Plan, who are not otherwise exempt from copayments. Effective October 1, 2015, capitation payments have been reduced by the dollar amount of nominal copayments specified for the particular population and service—even if the copayment is not collected by the provider. The estimated impact to the Acute Care program is a decrease of approximately \$5.1 million.

### **Arizona Department of Health Services (ADHS) Ambulance Rates**

In accordance with A.R.S. §36-2239, AHCCCS is required to pay ambulance providers rates equal to a prescribed percentage of the amounts approved by ADHS. Currently AHCCCS' rates are equal to 74.74% of the ADHS rates per Laws 2013, First Special Session, Chapter 10. AHCCCS is required by Laws 2015, First Regular Session, Chapter 14 to decrease this percentage to 68.59% of the ADHS rates effective for dates of service on or after October 1, 2015. The estimated impact to the Acute Care program is a decrease of approximately \$6.7 million.

### **Other Provider Fee Schedule Changes**

Effective October 1, 2015, AHCCCS is changing Fee For Service (FFS) provider rates for certain providers based either on access to care needs, Medicare/ADHS fee schedule rate changes, and/or legislative mandates. Because Contractors tend to base their fee schedules on the AHCCCS Fee Schedule, and/or adopt the same adjustments to their fee schedules, the estimated impact to the Acute Care program is an increase of approximately \$2.2 million.

### **Newborn Enrollment Change**

Effective October 1, 2015, AHCCCS is amending the enrollment date for certain newborns determined eligible for the Children's Rehabilitative Services (CRS) program. The current enrollment date for any AHCCCS member subsequently found medically eligible for CRS is the day the medical eligibility determination is made. The amended enrollment date will be the date of birth when the CRS application is received by the AHCCCS CRS Enrollment Unit within 28 days of birth (and a positive decision is made based on that documentation), beginning with applications received on and after October 1, 2015. The CRS Contractor will be responsible for payment of medically necessary covered services retroactive to the member's date of birth which will equal the member's enrollment date with the Contractor. The estimated impact to the Acute Care program is a decrease of approximately \$0.5 million.

### **Medically Preferred Treatment Options**

Effective August 1, 2015, AHCCCS expanded the coverage of orthotics for members age 21 and over. More specifically, AHCCCS will allow orthotics when the use of orthotics is medically necessary as the preferred treatment option and consistent with Medicare guidelines; the orthotic is less expensive than all other treatment options or surgical procedures to treat the same diagnosed condition; and the orthotic is ordered by a physician or a primary care practitioner. There is no impact to capitation rates as orthotics are offered in place of more costly interventions.

### **In-Lieu of Services**

Included in the base capitation rates is funding for "in lieu of" services, substituting cost-effective alternative inpatient settings in place of more costly inpatient non-specialty hospital placements. State approved FFS rates at inpatient non-specialty hospitals are approximately 93.5% more expensive than those provided in alternative inpatient settings. The proposed capitation rates allow for the provision of services in

alternative inpatient settings that are licensed by ADHS/Arizona Licensing Services/Office of Behavioral Health License, in lieu of services in an inpatient non-specialty hospital, thus no impact to capitation rates is included.

## **VII. Experience Adjustments for Prospective Rate Cells**

AHCCCS is applying an experience adjustment to the CYE 16 capitation rates. The projected experience adjustments are calculated by risk group and by GSA. Not all risk groups or GSAs will receive an experience adjustment. These adjustments are done in order to align capitation rates by rate cells closer to actual experience where actual experience emerged differently than projected.

The projected experience adjustments are a function of two components: a financial component and an encounter component. This is similar to a medical expense ratio adjustment. The financial component is based on three different views of the Contractors' submitted financials: profit/loss for CYE 14 adjusted to CYE 15; profit/loss through March 31, 2015; and CYE 15 medical expense (for two quarters) compared to the CYE 15 medical expense built into the capitation rates. The encounter component is based on two different views: CYE 14 encounters over CYE 14 medical expense built into the capitation rates adjusted to CYE 15; and encounters for one quarter of CYE 15 (10/1/14 – 12/31/14) over CYE 15 medical expense built in the capitation rates. These components were then analyzed, in conjunction with historical medical PMPMs, to arrive at the experience adjustments. These experience adjustments are applied to the medical component of the capitation rates (net of the recent (4/1/15) FQHC change and the upcoming (10/1/15) BH integration for GMH/SA duals, since the data used for experience adjustment is prior to those programmatic changes). The impact of the experience adjustment on a statewide basis ranges from -4.7 to 16.3 percent, depending upon the risk group.

## **VIII. Projected Reinsurance Offsets**

All Contractors participate in the reinsurance program which is a stop-loss program provided by AHCCCS to the Contractor for the partial reimbursement of covered medical services incurred for a member beyond an annual deductible level. 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 will reimburse the Contractor for covered services incurred above the deductible. The deductible is the responsibility of the Contractor. The capitation rates are adjusted by subtracting the reinsurance offset from the gross medical since the Contractors will receive payment from AHCCCS for reinsurance cases. For additional information on the reinsurance program refer to Section D, Paragraph 57, Reinsurance, of the Acute Care program contract.

The reinsurance offsets were reviewed by AHCCCS for appropriateness and reasonableness using historical reinsurance payment data for the time period October 1, 2011 through September 30, 2014. This data represents actual reinsurance

payments made from AHCCCS to the Contractors. The review indicated that the reinsurance offsets were appropriate. Thus the reinsurance offsets in the CYE 15 capitation rates were trended forward by the hospital inpatient trend and required no further adjustments.

## **IX. Projected Non-Benefit Costs**

### **Administrative Costs, Risk Contingency and Premium Tax**

The administrative cost component was developed as a bid rate PMPM as part of the CYE 14 Request for Proposals (RFP) for the risk groups that were bid, which was the majority of risk groups. For the non-bid risk groups (PPC and Adults > 106%) the administrative cost component was set as a percent of the medical component. The CYE 16 administrative cost PMPM for certain risk groups increased to cover the costs of integrating the dual eligible adult members with GMH/SA needs. Other than that increase, the administrative cost PMPM and the administrative percents remained the same as CYE 15. The risk contingency is 1% of the medical component and premium tax is 2% of total capitation which remains the same as CYE 15 and is the same for all risk groups.

## **X. Proposed Capitation Rates and Their Impacts**

The proposed capitation rates equal the base period claim costs (Section IV) trended forward by projected trend rates (Section V), adjusted for programmatic and provider fee schedule changes (Section VI), adjusted for experience adjustments (Section VII), less projected reinsurance offsets (Section VIII) plus provision for non-benefit costs (Section IX). Appendix I contains the statewide proposed capitation rates and the budget impact for all capitation rates using projected CYE 16 member months. Appendix II contains the proposed capitation rates for each rate cell.

## **XI. Delivery Supplemental Payment**

The methodology followed in developing the Delivery Supplemental Payment is similar to the methodology used in the development of the capitation rates discussed above. When developing this PMPM, the number of Delivery Supplement payments becomes the denominator rather than total member months. No reinsurance offset applies to this rate. See Appendix I for the impact. For additional information on the Delivery Supplemental Payment refer to Section D, Paragraph 53, Compensation, of the Acute Care program contract.

## **XII. KidsCare Capitation Rates**

Continuing with the methodology of previous years, Contractors will be paid one blended capitation rate that includes experience from the traditional TANF Medicaid population, the Child Expansion population, and the Title XXI (KidsCare)

population. For CYE 16, the Title XXI (KidsCare) population includes those children whose households have income levels between 133-200% of the FPL. This program is frozen to new enrollment.

The rate cohorts whose experience is blended together are detailed as follows:

- TANF < 1 and KidsCare < 1
- TANF 1– 13 M&F, KidsCare 1 – 13 M&F, and Child Expansion 6-13 M&F
- TANF 14 – 44 F, KidsCare 14 – 18 F, and Child Expansion 14-18 F
- TANF 14 – 44 M, KidsCare 14 – 18 M, and Child Expansion 14-18 M

The related member month, capitation rate and dollar information can be found in Appendix I

### **XIII. Prior Period Coverage (PPC) Capitation Rates**

PPC capitation rates cover the period of time from the effective date of eligibility to the day a member is enrolled with the Contractor. There is no PPC capitation for members enrolled with the Contractor who are initially found eligible for AHCCCS through hospital presumptive eligibility. These members will receive coverage of services during the PPC period through AHCCCS fee for service. Historically PPC capitation rates were established using a similar methodology that was followed in developing the capitation rates discussed above. However the PPC capitation rates seem to fluctuate with how fast or slow a member is found eligible rather than actual historical experience. For CYE 16, AHCCCS is using a new model which analyzes information based on PPC member months as a percent of total member months in conjunction with historical medical experience to arrive at an experience adjustment factor. This group does not have reinsurance. The administrative expense was set at the same percent as the CYE 15 capitation rates which was 8% of medical expense. Risk contingency and premium tax also remain unchanged at 1% and 2%, respectively. The PPC capitation rates are reconciled to a maximum 2% profit or loss in CYE 16. See Appendix I for the impact.

### **XIV. New Adult Population Capitation Rates**

The new adult population includes the restoration of the AHCCCS childless adults equal to or under 106% of the Federal Poverty Level (FPL) (Adult <= 106%) and the adult expansion population (Adults > 106%).

Because AHCCCS has over 10 years of experience with the Adults <= 106% population, AHCCCS determined that it was appropriate to split the new adult group into two distinct risk groups, Adults <= 106% and Adults > 106%, with each having unique capitation rates for both the prior and prospective periods. Each capitation risk group has unique rates by GSA and, in some instances, by Contractor.

Due to the fact that AHCCCS has covered the Adults  $\leq$  106% for over 10 years that data was more reliable. However, due to changes with this population (impacted by the recession, then the population was frozen, and then the freeze was lifted via restoration and expansion) the data fluctuated more than expected. This was considered when reviewing the data and trends. From what AHCCCS has reviewed, and what our Contractors are reporting, this group did see some increases in medical PMPM (possible pent-up demand) for the first few months of calendar year 2014. However, it now appears this population has settled back down to the assumed levels. This capitation rate was developed using the same method as described above.

The Adults  $>$  106% are a new population to AHCCCS as of January 1, 2014. This capitation rate was built assuming it would look like a combination of Adults  $\leq$  106% and the respective TANF risk groups. The actual experience is higher than anticipated, and members are older than expected with more females than expected. While we still don't have multiple years of data, AHCCCS believes there is enough experience to warrant a change in the capitation rates. This capitation rate was developed using the same method as described above with the experience adjustment applied to the capitation rates to reflect actual encounter and financial data for this population.

## **XV. Value-Based Purchasing (VBP) Initiative**

AHCCCS has continued the VBP Initiative (formerly Payment Reform Initiative) first implemented October 1, 2013, with modifications. The purpose of this initiative is to improve members' health outcomes while reducing costs. Similar to CYE 15, AHCCCS will perform a reconciliation to distribute the Contractors' earned contribution. A contribution pool will be established by calculating 1% of prospective capitation rates excluding Delivery Supplement, KidsCare and State Only Transplant capitation rates. There is no withhold for this Initiative, nor any other withhold applied to the Acute Care capitation rates.

Quality improvement metrics have been established and Contractors' performance will be measured against these metrics. The entire contribution pool amount will be distributed back to the Contractors based on the results of these performance measurements. While the entire contribution pool will be distributed, some Contractors may receive distributions back from the reconciliation and some may not. In addition, AHCCCS will be accounting for the Contractors' VBP payments to providers in the VBP reconciliations. These are payments from Contractors to the providers upon successful completion of contracted goals/measure in accordance with the providers' contracts and represent non-encountered medical expense. The VBP reconciliation will be completed between one and three months after the Quality Management Minimum Performance (QMPM) Report for the contract year has been issued. For additional information on Value-Based Purchasing refer to Section D, Paragraph 76, Value-Based Purchasing, and Section D, Paragraph 53, Compensation, of the Acute Care program contract.

## **XVI. Risk Adjustment Factor**

Reiterating from above, AHCCCS intends to recalculate the risk factors to apply to the CYE 16 capitation rates once the appropriate data is available. It is expected that the adjustment will be applied to the rates on or around April 1, 2016 along with a retroactive adjustment to the capitation rates effective October 1, 2015. Until that time the CYE 16 capitation rates will use the risk adjustment factors currently in place. The model and method used will be similar to past models and methods. Additional information about AHCCCS risk adjustment process can be found here: [http://www.azahcccs.gov/commercial/Downloads/CapitationRates/AcuteCare/AcuteCYE14\\_AcuteActuarialCertnew.pdf](http://www.azahcccs.gov/commercial/Downloads/CapitationRates/AcuteCare/AcuteCYE14_AcuteActuarialCertnew.pdf)

## **XVII. Reconciliations**

AHCCCS has various reconciliations (risk corridors) for different populations. These reconciliations do not have an impact on capitation rate development. The Adults > 106% capitation rates are reconciled to a maximum 1% profit or loss, including both PPC and prospective costs. This group was new as of January 1, 2014 and the experience is still developing thus the narrow risk corridor. As more experience emerges AHCCCS intends to roll this into the other reconciliations. The PPC capitation rates, excluding Adults > 106%, are reconciled to a maximum 2% profit or loss. The prospective risk group capitation rates, excluding Adults > 106%, are reconciled based on a tiered methodology (see Section XX CMS Rate Setting Checklist for additional information). Initial Reconciliations are typically performed no sooner than 6 months after the end of the contract year and final reconciliations are typically computed no sooner than 12 or 15 months after the contract year. The difference between the 12 and 15 months depends on whether reinsurance is offered for the risk groups being reconciled. Because PPC excludes reinsurance, that reconciliation can be computed sooner.

## **XVIII. Coordination of Benefits/Third Party Liability**

AHCCCS provides Contractors with verified commercial and Medicare coverage information for their members which Contractors utilize to ensure payments are not made for medical services that are covered by the other carriers. When Contractors make a payment to cover members' coinsurance, deductibles, or Medicaid-covered services that are not covered by the other carriers, the Contractors submit encounters for these amounts. Thus the encounters that are submitted and used in capitation rate development are net of any payments made by commercial insurance or Medicare. The medical costs reported on the financial statements are also net of any payments made by commercial insurance or Medicare.

## **XIX. Final Capitation Rates and Their Impact**

Table IIa and IIb below summarize overall CYE 16 blended capitation rate changes from the CYE 15 (4/1/15) capitation rates. The impacts to Contractors range from 1.0% to 4.8%. Appendix I contains statewide capitation rates by risk group for both sets of CYE 16 capitation rates as well as blended. Individual Contractor capitation rates are provided in Appendix II.

**Table IIa: Changes from the CYE 15 (4/1/15) Capitation Rates**

<b>AHCCCS Medicaid Managed Care Summary</b>			
	<b>Prospective</b>	<b>PPC</b>	<b>Weighted Average</b>
Trend and Other Adjustments:			
1. Trends	1.67%	0.00%	1.55%
2. Experience Adjustments	0.61%	-2.03%	0.43%
Program Changes			
1. Integration of GMH/SA Duals	0.50%	0.00%	0.47%
2. High Acuity Pediatric Adjustor	0.13%	0.00%	0.12%
3. Nominal Copays	-0.11%	0.00%	-0.10%
4. ADHS Ambulance Rates	-0.14%	-0.11%	-0.13%
5. Other FFS Provider Rate Changes	0.04%	0.04%	0.04%
6. Acuity Adjustment for Integration SMIs In Greater AZ	-0.12%	0.06%	-0.14%
7. Newborn Enrollment Change	-0.01%	0.00%	-0.01%
Misc			
1. Reinsurance Offset Change	0.02%	0.00%	0.02%
2. Other Changes (ie Admin, Risk, Prem Tax)	0.20%	-0.23%	0.20%
Total Percentage Change	2.80%	-2.27%	2.45%

**Table IIb: Changes from the CYE 15 (4/1/15) Capitation Rates**

Prospective Rate Cells											
	TANF/KC < 1	TANF/KC 1-13	TANF/KC 14-44 F	TANF/KC 14-44 M	TANF 45+	SSIW	SSIWO	Adults <= 106% FPL	Adults > 106% FPL	Delivery Supplemental	Total Prosp
Trend and Other Adjustments:											
1. Trends	-1.52%	0.68%	0.90%	0.80%	1.38%	-1.81%	4.34%	3.03%	1.77%	1.02%	1.67%
2. Experience Adjustments	-2.95%	0.00%	-0.75%	-1.84%	-0.60%	-4.70%	0.60%	0.85%	16.29%	-0.73%	0.61%
Program Changes											
1. Integration of GMH/SA Duals	0.00%	0.00%	0.00%	0.00%	1.10%	13.99%	0.00%	0.00%	0.00%	0.00%	0.50%
2. High Acuity Pediatric Adjustor	0.56%	0.30%	0.06%	0.36%	0.00%	0.00%	0.16%	0.00%	0.00%	0.00%	0.13%
3. Nominal Copays	0.00%	0.00%	-0.31%	-0.24%	-0.43%	-0.11%	-0.18%	0.00%	0.00%	0.00%	-0.11%
4. ADHS Ambulance Rates	-0.05%	-0.08%	-0.13%	-0.14%	-0.09%	-0.14%	-0.21%	-0.19%	-0.12%	-0.03%	-0.14%
5. Other FFS Provider Rate Changes	0.11%	0.02%	-0.02%	0.19%	0.08%	0.00%	0.08%	0.04%	-0.03%	0.10%	0.04%
6. Acuity Adjustment for Integration SMIs In Greater AZ	0.00%	0.00%	-0.63%	-0.35%	-0.45%	0.67%	1.37%	-0.41%	-0.56%	-0.05%	-0.12%
7. Newborn Enrollment Change	-0.16%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	-0.01%
Misc											
1. Reinsurance Offset Change	0.25%	0.05%	0.02%	0.04%	0.04%	0.03%	-0.02%	-0.04%	0.01%	0.00%	0.02%
2. Other Changes (ie Admin, Risk, Prem Tax)	-0.11%	0.03%	-0.03%	-0.04%	0.13%	1.51%	0.15%	0.11%	1.91%	0.01%	0.20%
<b>Total Percentage Change</b>	<b>-3.87%</b>	<b>1.00%</b>	<b>-0.88%</b>	<b>-1.22%</b>	<b>1.15%</b>	<b>9.43%</b>	<b>6.30%</b>	<b>3.39%</b>	<b>19.27%</b>	<b>0.31%</b>	<b>2.80%</b>

PPC Rate Cells										
	TANF < 1	TANF 1-13	TANF 14-44 F	TANF 14-44 M	TANF 45+	SSIW	SSIWO	Adults <= 106% FPL	Adults > 106% FPL	Total PPC
Trend and Other Adjustments:										
1. Trends	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%
2. Experience Adjustments	-9.55%	-10.71%	-3.16%	-11.45%	-20.45%	-21.87%	11.96%	0.15%	-0.36%	-2.03%
Program Changes										
1. Integration of GMH/SA Duals	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%
2. High Acuity Pediatric Adjustor	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%
3. Nominal Copays	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%
4. ADHS Ambulance Rates	-0.03%	-0.17%	-0.13%	-0.12%	-0.06%	-0.17%	-0.14%	-0.11%	-0.07%	-0.11%
5. Other FFS Provider Rate Changes	0.06%	0.11%	0.14%	0.09%	0.00%	0.00%	0.04%	0.01%	0.01%	0.04%
6. Acuity Adjustment for Integration SMIs In Greater AZ	0.00%	0.00%	-0.18%	-0.06%	0.20%	-1.46%	0.70%	0.09%	-0.11%	0.06%
7. Newborn Enrollment Change	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%
Misc										
1. Reinsurance Offset Change	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%
2. Other Changes (ie Admin, Risk, Prem Tax)	-1.06%	-1.19%	-0.37%	-1.30%	-2.27%	-2.62%	1.41%	0.02%	-0.06%	-0.23%
<b>Total Percentage Change</b>	<b>-10.58%</b>	<b>-11.95%</b>	<b>-3.71%</b>	<b>-12.84%</b>	<b>-22.59%</b>	<b>-26.13%</b>	<b>13.97%</b>	<b>0.16%</b>	<b>-0.58%</b>	<b>-2.27%</b>

## **XX. CMS Rate Setting Checklist**

### **1. Overview of rate setting methodology**

#### **AA.1.0: Overview of rate setting methodology**

AHCCCS is performing a rate update from the previously approved CYE 15 capitation rates as adjusted April 1, 2015 under 42 CFR 438.6(c). Please refer to Section II and III.

#### **AA.1.1: Actuarial certification**

Please refer to Section XXI.

#### **AA.1.2: Projection of expenditure**

Please refer to Appendix I.

#### **AA.1.3: Procurement, prior approval and rate setting**

AHCCCS is operating under the Competitive Procurement contracting method.

#### **AA.1.5: Risk contract**

AHCCCS limits risk for the Adults > 106% to 1% profit or loss. AHCCCS limits risk for the PPC risk groups, excluding Adults > 106%, to 2% profit or loss. The prospective risk groups, excluding Adults > 106%, are reconciled as follows:

Profit	MCO Share	State Share	Maximum Contractor Profit
<=3%	100%	0%	3.0%
>3% and <=6%	50%	50%	1.5%
>6%	0%	100%	0%
Total			4.5%

Loss	MCO Share	State Share	Maximum Contractor Loss
<=3%	100%	0%	3.0%
>3%	0%	100%	0%
Total			3.0%

#### **AA.1.6: Limit on payment to other providers**

AHCCCS makes no additional payment to providers, except for Disproportionate Share Hospital (DSH), Graduate Medical Education (GME) and Critical Access Hospitals (CAH). GME is paid in accordance with state plan. DSH and CAH payments are paid in accordance with the Waiver Special Terms and Conditions. None of the additional payments to providers were included in the capitation calculation.

#### **AA.1.7: Rate modification**

Please refer to Sections II through IX, XI through XIV, XVI.

## **XXI. Actuarial Certification of the Capitation Rates**

I, Windy J. Marks, 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 from time to time by the Actuarial Standards Board.

The capitation rates were developed using generally accepted actuarial principles and practices and are considered to be actuarially sound. This includes consideration for the VBP initiative; while AHCCCS expects all Contractors to receive some of the contribution back, even if one of the Contractors receives nothing from the VBP contribution pool, the entire pool will be paid out and the capitation rates are still actuarially sound.

The capitation rates were developed to demonstrate compliance with the CMS requirements under 42 CFR 438.6(c) and are in accordance with applicable laws and regulations. The capitation rates are appropriate for the Medicaid populations covered and Medicaid services to be furnished under the contract. The capitation rates may not be appropriate for any other purpose. The documentation has been included with this certification. The actuarially sound capitation rates that are associated with this certification are effective for the twelve-month period beginning October 1, 2015.

The actuarially sound capitation rates are a projection of future events. It may be expected that actual experience will vary from the values in the capitation rates.

In developing the actuarially sound capitation rates, I have relied upon data and information provided by the Contractors and the AHCCCS internal databases. In addition, I have relied upon the Contractor's auditors and other AHCCCS employees for the accuracy of the data. I have checked the data for consistency and reasonableness to the extent possible and practical.

This actuarial certification has been based on the actuarial methods, considerations, and analyses promulgated from time to time through the Actuarial Standards of Practice by the Actuarial Standards Board.

This certification letter assumes the reader is familiar with the Acute Care program, Medicaid eligibility rules and actuarial rating techniques. It is intended for AHCCCS and CMS and should not be relied upon by third parties. Other readers should seek the advice of actuaries or other qualified professionals competent in the area of actuarial rate projections to understand the technical nature of these results.

*Signature on File*

Windy J. Marks

08-14-15

Date

Fellow of the Society of Actuaries  
Member, American Academy of Actuaries

## Appendix I: Proposed Capitation Rates (10/1/15)

		Capitation Rates, Expenditures and Member Months for October 1, 2015 - December 31, 2015						
		Proj Member Months (10/1/15 - 12/31/15)	Weighted CYE 15 (4/1/15) Cap Rate	CYE 15 Projected Expenditures	Weighted CYE 16 (10/1/15 - 12/31/15) Cap Rate	CYE 16 Projected Expenditures	Difference CYE 16 Expenditures and CYE 15 Expenditures	% Increase CYE 16 over CYE 15
<b>TXIX</b>								
	<b>Prospective</b>							
	TANF < 1	149,827	\$ 506.77	\$ 75,927,178	\$ 484.21	\$ 72,548,042	\$ (3,379,136)	-4.5%
	TANF 1-13	1,501,481	\$ 110.02	\$ 165,198,060	\$ 110.78	\$ 166,340,320	\$ 1,142,260	0.7%
	TANF 14-44F	778,753	\$ 248.71	\$ 193,681,888	\$ 246.37	\$ 191,858,482	\$ (1,823,405)	-0.9%
	TANF 14-44M	394,481	\$ 156.40	\$ 61,698,089	\$ 153.92	\$ 60,717,888	\$ (980,201)	-1.6%
	TANF 45+	142,946	\$ 417.56	\$ 59,688,115	\$ 422.36	\$ 60,373,777	\$ 685,662	1.1%
	SSI w/ Medicare	243,447	\$ 150.82	\$ 36,716,002	\$ 165.04	\$ 40,177,645	\$ 3,461,643	9.4%
	SSI w/o Medicare	157,951	\$ 810.67	\$ 128,046,860	\$ 860.35	\$ 135,894,177	\$ 7,847,316	6.1%
	Adults <= 106% of FPL	755,011	\$ 420.79	\$ 317,704,022	\$ 435.07	\$ 328,482,971	\$ 10,778,949	3.4%
	Adults > 106% of FPL	214,932	\$ 310.76	\$ 66,793,052	\$ 370.64	\$ 79,661,768	\$ 12,868,716	19.3%
	Delivery Supplemental Payment	8,975	\$ 6,084.60	\$ 54,607,892	\$ 6,103.44	\$ 54,776,972	\$ 169,080	0.3%
	<b>Total Prospective TXIX</b>	4,347,803		\$ 1,160,061,159		\$ 1,190,832,044	\$ 30,770,885	2.7%
	<b>PPC</b>							
	TANF < 1	3,067	\$ 1,125.50	\$ 3,452,471	\$ 1,006.39	\$ 3,087,100	\$ (365,371)	-10.6%
	TANF 1-13	58,527	\$ 60.61	\$ 3,547,394	\$ 53.37	\$ 3,123,465	\$ (423,929)	-12.0%
	TANF 14-44F	41,342	\$ 201.10	\$ 8,313,931	\$ 193.65	\$ 8,005,887	\$ (308,043)	-3.7%
	TANF 14-44M	17,771	\$ 166.47	\$ 2,958,418	\$ 145.09	\$ 2,578,539	\$ (379,879)	-12.8%
	TANF 45+	9,718	\$ 423.36	\$ 4,114,397	\$ 327.71	\$ 3,184,785	\$ (929,611)	-22.6%
	SSI w/ Medicare	6,605	\$ 92.16	\$ 608,758	\$ 68.08	\$ 449,698	\$ (159,060)	-26.1%
	SSI w/o Medicare	8,341	\$ 505.15	\$ 4,213,516	\$ 575.73	\$ 4,802,235	\$ 588,719	14.0%
	Adults <= 106% of FPL	75,501	\$ 667.83	\$ 50,421,746	\$ 668.93	\$ 50,504,889	\$ 83,143	0.2%
	Adults > 106% of FPL	21,493	\$ 332.80	\$ 7,152,905	\$ 330.86	\$ 7,111,188	\$ (41,717)	-0.6%
	<b>Total PPC TXIX</b>	242,366		\$ 84,783,536		\$ 82,847,787	\$ (1,935,749)	-2.3%
	<b>Total Title XIX</b>	4,590,170		\$ 1,244,844,695		\$ 1,273,679,831	\$ 28,835,136	2.3%
<b>TXXI</b>								
	Kidsicare <1	6	\$ 506.77	\$ 2,892	\$ 484.21	\$ 2,763	\$ (129)	-4.5%
	Kidsicare 1-13	1,304	\$ 110.02	\$ 143,420	\$ 110.78	\$ 144,411	\$ 992	0.7%
	Kidsicare 14-18 F	787	\$ 248.71	\$ 195,844	\$ 246.37	\$ 194,000	\$ (1,844)	-0.9%
	Kidsicare 14-18 M	733	\$ 156.40	\$ 114,681	\$ 153.92	\$ 112,859	\$ (1,822)	-1.6%
	<b>Total TXXI</b>	2,830		\$ 456,836		\$ 454,033	\$ (2,803)	-0.6%
<b>State Only</b>								
	Transplants	16	\$ 16.50	\$ 264	\$ 16.50	\$ 264	\$ -	0.0%
<b>Grand Total Capitation</b>				<b>\$ 1,245,301,795</b>		<b>\$ 1,274,134,128</b>	<b>\$ 28,832,333</b>	<b>2.3%</b>

## Appendix I: Proposed Capitation Rates (1/1/16)

		Capitation Rates, Expenditures and Member Months for January 1, 2016 - September 30, 2016						
		Proj Member Months (1/1/16 - 9/30/16)	Weighted CYE 16 (10/1/15) Cap Rate	CYE 16 (10/1 Cap Rates) Projected Expenditures	Weighted CYE 16 (1/1/16 - 9/30/16) Cap Rate	CYE 16 (1/1/16 Cap Rates) Projected Expenditures	Difference CYE 16 (1/1/16) Expenditures and CYE 16 (10/1/15) Expenditures	% Increase CYE 16 (1/1/16) over CYE 16 (10/1/15)
<b>TXIX</b>								
	<b>Prospective</b>							
	TANF < 1	453,912	\$ 484.21	\$ 219,789,303	\$ 488.12	\$ 221,561,977	\$ 1,772,674	0.8%
	TANF 1-13	4,561,070	\$ 110.78	\$ 505,294,365	\$ 111.24	\$ 507,353,296	\$ 2,058,931	0.4%
	TANF 14-44F	2,344,770	\$ 246.37	\$ 577,672,546	\$ 246.58	\$ 578,168,682	\$ 496,136	0.1%
	TANF 14-44M	1,195,770	\$ 153.92	\$ 184,050,989	\$ 154.67	\$ 184,955,615	\$ 904,625	0.5%
	TANF 45+	423,986	\$ 422.36	\$ 179,072,828	\$ 422.36	\$ 179,072,828	\$ -	0.0%
	SSI w/ Medicare	743,285	\$ 165.04	\$ 122,668,896	\$ 165.04	\$ 122,668,896	\$ -	0.0%
	SSI w/o Medicare	482,251	\$ 860.35	\$ 414,907,058	\$ 862.16	\$ 415,777,076	\$ 870,018	0.2%
	Adults <= 106% of FPL	2,287,589	\$ 435.07	\$ 995,262,748	\$ 435.07	\$ 995,262,748	\$ -	0.0%
	Adults > 106% of FPL	651,282	\$ 370.64	\$ 241,389,526	\$ 370.64	\$ 241,389,526	\$ -	0.0%
	Delivery Supplemental Payment	25,523	\$ 6,103.44	\$ 155,778,145	\$ 6,103.44	\$ 155,778,145	\$ -	0.0%
	<b>Total Prospective TXIX</b>	13,169,439		\$ 3,595,886,406		\$ 3,601,988,791	\$ 6,102,385	0.2%
	<b>PPC</b>							
	TANF < 1	9,180	\$ 1,006.39	\$ 9,238,621	\$ 1,006.39	\$ 9,238,621	\$ -	0.0%
	TANF 1-13	182,095	\$ 53.37	\$ 9,718,048	\$ 53.37	\$ 9,718,048	\$ -	0.0%
	TANF 14-44F	124,526	\$ 193.65	\$ 24,114,732	\$ 193.65	\$ 24,114,732	\$ -	0.0%
	TANF 14-44M	53,477	\$ 145.09	\$ 7,759,256	\$ 145.09	\$ 7,759,256	\$ -	0.0%
	TANF 45+	28,812	\$ 327.71	\$ 9,441,937	\$ 327.71	\$ 9,441,937	\$ -	0.0%
	SSI w/ Medicare	20,136	\$ 68.08	\$ 1,370,916	\$ 68.08	\$ 1,370,916	\$ -	0.0%
	SSI w/o Medicare	25,456	\$ 575.73	\$ 14,655,517	\$ 575.73	\$ 14,655,517	\$ -	0.0%
	Adults <= 106% of FPL	228,506	\$ 668.93	\$ 152,854,614	\$ 668.93	\$ 152,854,614	\$ -	0.0%
	Adults > 106% of FPL	65,056	\$ 330.86	\$ 21,524,393	\$ 330.86	\$ 21,524,393	\$ -	0.0%
	<b>Total PPC TXIX</b>	737,245		\$ 250,678,033		\$ 250,678,033	\$ -	0.0%
	<b>Total Title XIX</b>	13,906,683		\$ 3,846,564,439		\$ 3,852,666,824	\$ 6,102,385	0.2%
<b>TXXI</b>								
	Kidsicare <1	16	\$ 484.21	\$ 7,806	\$ 488.12	\$ 7,869	\$ 63	0.8%
	Kidsicare 1-13	3,683	\$ 110.78	\$ 408,005	\$ 111.24	\$ 409,667	\$ 1,663	0.4%
	Kidsicare 14-18 F	2,225	\$ 246.37	\$ 548,108	\$ 246.58	\$ 548,579	\$ 471	0.1%
	Kidsicare 14-18 M	2,072	\$ 153.92	\$ 318,859	\$ 154.67	\$ 320,427	\$ 1,567	0.5%
	<b>Total TXXI</b>	7,995		\$ 1,282,779		\$ 1,286,542	\$ 3,763	0.3%
<b>State Only</b>								
	Transplants	47	\$ 16.50	\$ 776	\$ 16.50	\$ 776	\$ -	0.0%
<b>Grand Total Capitation</b>				<b>\$ 3,847,847,993</b>		<b>\$ 3,853,954,142</b>	<b>\$ 6,106,149</b>	<b>0.2%</b>

**Appendix I: CYE 16 Full Year Budget Impact (shown for informational purposes only)**

		Blended Capitation Rates, Expenditures and Member Months for October 1, 2015 - September 30, 2016						
		CYE 16 Proj Member Months (10/1/15 - 9/30/16)	Weighted CYE 15 (4/1/15) Cap Rate	CYE 15 Projected Expenditures	Weighted CYE 16 (10/1/15 - 9/30/16) Cap Rate	CYE 16 Projected Expenditures	Difference CYE 16 Expenditures and CYE 15 Expenditures	% Increase CYE 16 over CYE 15
<b>TXIX</b>								
	<b>Prospective</b>							
	TANF < 1	603,739	\$ 506.77	\$ 305,953,806	\$ 487.15	\$ 294,110,019	\$ (11,843,786)	-3.9%
	TANF 1-13	6,062,551	\$ 110.02	\$ 667,022,567	\$ 111.12	\$ 673,693,617	\$ 6,671,050	1.0%
	TANF 14-44F	3,123,523	\$ 248.71	\$ 776,844,580	\$ 246.53	\$ 770,027,164	\$ (6,817,416)	-0.9%
	TANF 14-44M	1,590,252	\$ 156.40	\$ 248,720,310	\$ 154.49	\$ 245,673,503	\$ (3,046,808)	-1.2%
	TANF 45+	566,932	\$ 417.56	\$ 236,727,221	\$ 422.36	\$ 239,446,605	\$ 2,719,384	1.1%
	SSI w/ Medicare	986,732	\$ 150.82	\$ 148,815,938	\$ 165.04	\$ 162,846,542	\$ 14,030,604	9.4%
	SSI w/o Medicare	640,203	\$ 810.67	\$ 518,994,783	\$ 861.71	\$ 551,671,253	\$ 32,676,470	6.3%
	Adults <= 106% of FPL	3,042,599	\$ 420.79	\$ 1,280,307,889	\$ 435.07	\$ 1,323,745,720	\$ 43,437,831	3.4%
	Adults > 106% of FPL	866,214	\$ 310.76	\$ 269,188,048	\$ 370.64	\$ 321,051,295	\$ 51,863,247	19.3%
	Delivery Supplemental Payment	34,498	\$ 6,084.60	\$ 209,905,197	\$ 6,103.44	\$ 210,555,117	\$ 649,920	0.3%
	<b>Total Prospective TXIX</b>	17,517,242		\$ 4,662,480,339		\$ 4,792,820,835	\$ 130,340,496	2.8%
	<b>PPC</b>							
	TANF < 1	12,247	\$ 1,125.50	\$ 13,784,522	\$ 1,006.39	\$ 12,325,721	\$ (1,458,802)	-10.6%
	TANF 1-13	240,622	\$ 60.61	\$ 14,584,414	\$ 53.37	\$ 12,841,512	\$ (1,742,902)	-12.0%
	TANF 14-44F	165,868	\$ 201.10	\$ 33,356,528	\$ 193.65	\$ 32,120,619	\$ (1,235,909)	-3.7%
	TANF 14-44M	71,249	\$ 166.47	\$ 11,860,795	\$ 145.09	\$ 10,337,795	\$ (1,523,000)	-12.8%
	TANF 45+	38,531	\$ 423.36	\$ 16,312,353	\$ 327.71	\$ 12,626,722	\$ (3,685,631)	-22.6%
	SSI w/ Medicare	26,741	\$ 92.16	\$ 2,464,574	\$ 68.08	\$ 1,820,614	\$ (643,960)	-26.1%
	SSI w/o Medicare	33,797	\$ 505.15	\$ 17,072,372	\$ 575.73	\$ 19,457,752	\$ 2,385,380	14.0%
	Adults <= 106% of FPL	304,007	\$ 667.83	\$ 203,024,725	\$ 668.93	\$ 203,359,504	\$ 334,779	0.2%
	Adults > 106% of FPL	86,549	\$ 332.80	\$ 28,803,568	\$ 330.86	\$ 28,635,581	\$ (167,987)	-0.6%
	<b>Total PPC TXIX</b>	979,611		\$ 341,263,851		\$ 333,525,820	\$ (7,738,031)	-2.3%
	<b>Total Title XIX</b>	18,496,853		\$ 5,003,744,190		\$ 5,126,346,655	\$ 122,602,465	2.5%
<b>TXXI</b>								
	Kidsicare <1	22	\$ 506.77	\$ 11,061	\$ 487.10	\$ 10,632	\$ (429)	-3.9%
	Kidsicare 1-13	4,986	\$ 110.02	\$ 548,623	\$ 111.12	\$ 554,079	\$ 5,456	1.0%
	Kidsicare 14-18 F	3,012	\$ 248.71	\$ 749,162	\$ 246.52	\$ 742,579	\$ (6,582)	-0.9%
	Kidsicare 14-18 M	2,805	\$ 156.40	\$ 438,688	\$ 154.48	\$ 433,285	\$ (5,402)	-1.2%
	<b>Total TXXI</b>	10,825		\$ 1,747,533		\$ 1,740,576	\$ (6,958)	-0.4%
<b>State Only</b>								
	Transplants	63	\$ 16.50	\$ 1,040	\$ 16.50	\$ 1,040	\$ -	0.0%
<b>Grand Total Capitation</b>				<b>\$ 5,005,492,763</b>		<b>\$ 5,128,088,270</b>	<b>\$ 122,595,507</b>	<b>2.4%</b>

## Appendix II: Proposed Prospective Capitation Rates (10/1/15-12/31/15)

<b>GSA #2 (Yuma, LaPaz)</b>										
	<u>TANF/K</u> <u>C &lt;1, M/F</u>	<u>TANF/KC</u> <u>1-13, M/F</u>	<u>TANF/</u> <u>KC 14-</u> <u>44, F</u>	<u>TANF/K</u> <u>C 14-44,</u> <u>M</u>	<u>TANF</u> <u>45+, M/F</u>	<u>SSI w/</u> <u>Med</u>	<u>SSI w/o</u> <u>Med</u>	<u>Delivery</u> <u>Supp Pmt</u>	<u>Adults</u> <u>&lt;= 106%</u>	<u>Adults</u> <u>&gt;106%</u>
UnitedHealthcare Community Plan	\$428.78	\$111.60	\$221.59	\$126.25	\$338.54	\$215.70	\$894.33	\$5,360.42	\$368.90	\$327.20
University Family Care	\$408.92	\$99.93	\$186.70	\$114.95	\$278.30	\$137.27	\$755.69	\$5,313.08	\$366.31	\$327.20
<b>GSA #4 (Apache, Coconino, Mohave, Navajo)</b>										
	<u>TANF/K</u> <u>C &lt;1, M/F</u>	<u>TANF/KC</u> <u>1-13, M/F</u>	<u>TANF/</u> <u>KC 14-</u> <u>44, F</u>	<u>TANF/K</u> <u>C 14-44,</u> <u>M</u>	<u>TANF</u> <u>45+, M/F</u>	<u>SSI w/</u> <u>Med</u>	<u>SSI w/o</u> <u>Med</u>	<u>Delivery</u> <u>Supp Pmt</u>	<u>Adults</u> <u>&lt;= 106%</u>	<u>Adults</u> <u>&gt;106%</u>
Health Choice Arizona	\$456.90	\$104.96	\$253.94	\$163.52	\$380.40	\$136.27	\$909.16	\$5,678.03	\$410.22	\$382.81
UnitedHealthcare Community Plan	\$449.74	\$104.69	\$248.31	\$158.51	\$383.97	\$141.34	\$797.77	\$5,724.95	\$396.91	\$382.81
<b>GSA #6 (Yavapai)</b>										
	<u>TANF/K</u> <u>C &lt;1, M/F</u>	<u>TANF/KC</u> <u>1-13, M/F</u>	<u>TANF/</u> <u>KC 14-</u> <u>44, F</u>	<u>TANF/K</u> <u>C 14-44,</u> <u>M</u>	<u>TANF</u> <u>45+, M/F</u>	<u>SSI w/</u> <u>Med</u>	<u>SSI w/o</u> <u>Med</u>	<u>Delivery</u> <u>Supp Pmt</u>	<u>Adults</u> <u>&lt;= 106%</u>	<u>Adults</u> <u>&gt;106%</u>
UnitedHealthcare Community Plan	\$466.75	\$115.27	\$300.47	\$187.90	\$479.72	\$146.52	\$1,023.03	\$5,991.57	\$489.55	\$367.25
University Family Care	\$462.35	\$110.71	\$281.28	\$169.90	\$436.87	\$143.30	\$936.16	\$5,937.88	\$475.74	\$367.25
<b>GSA #8 (Gila and Pinal)</b>										
	<u>TANF/K</u> <u>C &lt;1, M/F</u>	<u>TANF/KC</u> <u>1-13, M/F</u>	<u>TANF/</u> <u>KC 14-</u> <u>44, F</u>	<u>TANF/K</u> <u>C 14-44,</u> <u>M</u>	<u>TANF</u> <u>45+, M/F</u>	<u>SSI w/</u> <u>Med</u>	<u>SSI w/o</u> <u>Med</u>	<u>Delivery</u> <u>Supp Pmt</u>	<u>Adults</u> <u>&lt;= 106%</u>	<u>Adults</u> <u>&gt;106%</u>
Health Choice Arizona	\$467.58	\$109.11	\$234.46	\$149.79	\$421.66	\$186.25	\$774.97	\$5,234.96	\$429.07	\$371.63
University Family Care	\$503.09	\$108.60	\$229.24	\$145.94	\$459.37	\$174.51	\$779.14	\$5,346.07	\$432.65	\$371.63
<b>GSA #10 (Pima and Santa Cruz)</b>										
	<u>TANF/K</u> <u>C &lt;1, M/F</u>	<u>TANF/KC</u> <u>1-13, M/F</u>	<u>TANF/</u> <u>KC 14-</u> <u>44, F</u>	<u>TANF/K</u> <u>C 14-44,</u> <u>M</u>	<u>TANF</u> <u>45+, M/F</u>	<u>SSI w/</u> <u>Med</u>	<u>SSI w/o</u> <u>Med</u>	<u>Delivery</u> <u>Supp Pmt</u>	<u>Adults</u> <u>&lt;= 106%</u>	<u>Adults</u> <u>&gt;106%</u>
UnitedHealthcare Community Plan	\$488.53	\$110.70	\$247.56	\$146.34	\$401.03	\$162.32	\$899.67	\$5,991.32	\$387.19	\$336.83
University Family Care	\$527.29	\$106.46	\$219.93	\$138.42	\$379.43	\$133.89	\$888.68	\$5,938.12	\$378.69	\$336.83
<b>GSA #10 (Pima Only)</b>										
	<u>TANF/K</u> <u>C &lt;1, M/F</u>	<u>TANF/KC</u> <u>1-13, M/F</u>	<u>TANF/</u> <u>KC 14-</u> <u>44, F</u>	<u>TANF/K</u> <u>C 14-44,</u> <u>M</u>	<u>TANF</u> <u>45+, M/F</u>	<u>SSI w/</u> <u>Med</u>	<u>SSI w/o</u> <u>Med</u>	<u>Delivery</u> <u>Supp Pmt</u>	<u>Adults</u> <u>&lt;= 106%</u>	<u>Adults</u> <u>&gt;106%</u>
Health Choice Arizona	\$436.29	\$102.86	\$225.77	\$137.86	\$367.20	\$134.00	\$749.57	\$5,982.84	\$366.57	\$339.18
Care 1st Health Plan Arizona, Inc.	\$491.75	\$103.36	\$226.75	\$133.05	\$375.45	\$138.03	\$808.61	\$6,148.24	\$397.22	\$339.18
Mercy Care Plan	\$505.69	\$109.48	\$242.64	\$157.97	\$439.49	\$184.28	\$880.79	\$6,100.40	\$417.28	\$339.18
<b>GSA #12 (Maricopa)</b>										
	<u>TANF/K</u> <u>C &lt;1, M/F</u>	<u>TANF/KC</u> <u>1-13, M/F</u>	<u>TANF/</u> <u>KC 14-</u> <u>44, F</u>	<u>TANF/K</u> <u>C 14-44,</u> <u>M</u>	<u>TANF</u> <u>45+, M/F</u>	<u>SSI w/</u> <u>Med</u>	<u>SSI w/o</u> <u>Med</u>	<u>Delivery</u> <u>Supp Pmt</u>	<u>Adults</u> <u>&lt;= 106%</u>	<u>Adults</u> <u>&gt;106%</u>
Care 1st Health Plan Arizona, Inc.	\$470.23	\$105.81	\$228.38	\$143.08	\$387.89	\$123.53	\$737.49	\$6,316.29	\$441.10	\$384.04
Health Choice Arizona	\$477.08	\$108.18	\$238.07	\$142.69	\$418.57	\$141.47	\$805.10	\$6,274.24	\$436.95	\$384.65
Health Net of Arizona, Inc.	\$483.68	\$104.05	\$224.15	\$141.39	\$449.85	\$130.02	\$633.34	\$6,306.35	\$438.19	\$384.46
Maricopa Health Plan	\$522.17	\$114.56	\$233.31	\$148.33	\$398.01	\$140.23	\$782.91	\$6,235.33	\$448.45	\$390.40
Mercy Care Plan	\$503.59	\$115.08	\$262.51	\$170.36	\$477.97	\$196.61	\$936.09	\$6,364.95	\$497.15	\$383.64
Phoenix Health Plan	\$475.25	\$110.36	\$241.32	\$148.91	\$414.88	\$156.06	\$811.87	\$6,235.33	\$434.11	\$384.64
UnitedHealthcare Community Plan	\$483.76	\$114.37	\$266.15	\$162.83	\$464.94	\$178.40	\$916.25	\$6,290.91	\$464.14	\$383.87
<b>GSA #14 (Graham, Greenlee, Cochise)</b>										
	<u>TANF/K</u> <u>C &lt;1, M/F</u>	<u>TANF/KC</u> <u>1-13, M/F</u>	<u>TANF/</u> <u>KC 14-</u> <u>44, F</u>	<u>TANF/K</u> <u>C 14-44,</u> <u>M</u>	<u>TANF</u> <u>45+, M/F</u>	<u>SSI w/</u> <u>Med</u>	<u>SSI w/o</u> <u>Med</u>	<u>Delivery</u> <u>Supp Pmt</u>	<u>Adults</u> <u>&lt;= 106%</u>	<u>Adults</u> <u>&gt;106%</u>
UnitedHealthcare Community Plan	\$456.95	\$115.63	\$256.10	\$163.26	\$433.85	\$182.95	\$1,013.88	\$5,737.20	\$428.99	\$360.60
University Family Care	\$459.61	\$113.84	\$248.03	\$158.47	\$413.81	\$158.47	\$901.48	\$5,685.69	\$414.75	\$360.60

## Appendix II: Proposed Prospective Capitation Rates (1/1/16-9/30/16)

<b>GSA #2 (Yuma, LaPaz)</b>										
	<u>TANF/KC</u>	<u>TANF/KC</u>	<u>TANF/KC</u>	<u>TANF/KC</u>	<u>TANF</u>	<u>SSI w/</u>	<u>SSI w/o</u>	<u>Delivery</u>	<u>Adults</u>	<u>Adults</u>
	<u>&lt;1, M/F</u>	<u>1-13, M/F</u>	<u>14-44, F</u>	<u>14-44, M</u>	<u>45+, M/F</u>	<u>Med</u>	<u>Med</u>	<u>Supp</u>	<u>≤</u>	<u>Adults</u>
								<u>Pmt</u>	<u>106%</u>	<u>&gt;106%</u>
UnitedHealthcare Community Plan	\$430.61	\$111.92	\$221.69	\$126.53	\$338.54	\$215.70	\$894.33	\$5,360.42	\$368.90	\$327.20
University Family Care	\$410.68	\$100.22	\$186.79	\$115.19	\$278.30	\$137.27	\$755.69	\$5,313.08	\$366.31	\$327.20
<b>GSA #4 (Apache, Coconino, Mohave, Navajo)</b>										
	<u>TANF/KC</u>	<u>TANF/KC</u>	<u>TANF/KC</u>	<u>TANF/KC</u>	<u>TANF</u>	<u>SSI w/</u>	<u>SSI w/o</u>	<u>Delivery</u>	<u>Adults</u>	<u>Adults</u>
	<u>&lt;1, M/F</u>	<u>1-13, M/F</u>	<u>14-44, F</u>	<u>14-44, M</u>	<u>45+, M/F</u>	<u>Med</u>	<u>Med</u>	<u>Supp</u>	<u>≤</u>	<u>Adults</u>
								<u>Pmt</u>	<u>106%</u>	<u>&gt;106%</u>
Health Choice Arizona	\$462.29	\$105.24	\$254.52	\$164.06	\$380.40	\$136.27	\$909.60	\$5,678.03	\$410.22	\$382.81
UnitedHealthcare Community Plan	\$454.98	\$104.97	\$248.87	\$159.03	\$383.97	\$141.34	\$798.15	\$5,724.95	\$396.91	\$382.81
<b>GSA #6 (Yavapai)</b>										
	<u>TANF/KC</u>	<u>TANF/KC</u>	<u>TANF/KC</u>	<u>TANF/KC</u>	<u>TANF</u>	<u>SSI w/</u>	<u>SSI w/o</u>	<u>Delivery</u>	<u>Adults</u>	<u>Adults</u>
	<u>&lt;1, M/F</u>	<u>1-13, M/F</u>	<u>14-44, F</u>	<u>14-44, M</u>	<u>45+, M/F</u>	<u>Med</u>	<u>Med</u>	<u>Supp</u>	<u>≤</u>	<u>Adults</u>
								<u>Pmt</u>	<u>106%</u>	<u>&gt;106%</u>
UnitedHealthcare Community Plan	\$471.96	\$115.97	\$300.57	\$187.97	\$479.72	\$146.52	\$1,024.43	\$5,991.57	\$489.55	\$367.25
University Family Care	\$467.57	\$111.39	\$281.37	\$169.98	\$436.87	\$143.30	\$937.44	\$5,937.88	\$475.74	\$367.25
<b>GSA #8 (Gila and Pinal)</b>										
	<u>TANF/KC</u>	<u>TANF/KC</u>	<u>TANF/KC</u>	<u>TANF/KC</u>	<u>TANF</u>	<u>SSI w/</u>	<u>SSI w/o</u>	<u>Delivery</u>	<u>Adults</u>	<u>Adults</u>
	<u>&lt;1, M/F</u>	<u>1-13, M/F</u>	<u>14-44, F</u>	<u>14-44, M</u>	<u>45+, M/F</u>	<u>Med</u>	<u>Med</u>	<u>Supp</u>	<u>≤</u>	<u>Adults</u>
								<u>Pmt</u>	<u>106%</u>	<u>&gt;106%</u>
Health Choice Arizona	\$473.30	\$109.29	\$234.59	\$150.48	\$421.66	\$186.25	\$775.34	\$5,234.96	\$429.07	\$371.63
University Family Care	\$509.01	\$108.78	\$229.36	\$146.59	\$459.37	\$174.51	\$779.50	\$5,346.07	\$432.65	\$371.63
<b>GSA #10 (Pima and Santa Cruz)</b>										
	<u>TANF/KC</u>	<u>TANF/KC</u>	<u>TANF/KC</u>	<u>TANF/KC</u>	<u>TANF</u>	<u>SSI w/</u>	<u>SSI w/o</u>	<u>Delivery</u>	<u>Adults</u>	<u>Adults</u>
	<u>&lt;1, M/F</u>	<u>1-13, M/F</u>	<u>14-44, F</u>	<u>14-44, M</u>	<u>45+, M/F</u>	<u>Med</u>	<u>Med</u>	<u>Supp</u>	<u>≤</u>	<u>Adults</u>
								<u>Pmt</u>	<u>106%</u>	<u>&gt;106%</u>
UnitedHealthcare Community Plan	\$490.55	\$111.03	\$247.79	\$146.73	\$401.03	\$162.32	\$900.60	\$5,991.32	\$387.19	\$336.83
University Family Care	\$529.50	\$106.78	\$220.14	\$138.79	\$379.43	\$133.89	\$889.61	\$5,938.12	\$378.69	\$336.83
<b>GSA #10 (Pima Only)</b>										
	<u>TANF/KC</u>	<u>TANF/KC</u>	<u>TANF/KC</u>	<u>TANF/KC</u>	<u>TANF</u>	<u>SSI w/</u>	<u>SSI w/o</u>	<u>Delivery</u>	<u>Adults</u>	<u>Adults</u>
	<u>&lt;1, M/F</u>	<u>1-13, M/F</u>	<u>14-44, F</u>	<u>14-44, M</u>	<u>45+, M/F</u>	<u>Med</u>	<u>Med</u>	<u>Supp</u>	<u>≤</u>	<u>Adults</u>
								<u>Pmt</u>	<u>106%</u>	<u>&gt;106%</u>
Health Choice Arizona	\$438.10	\$103.17	\$225.98	\$138.23	\$367.20	\$134.00	\$750.35	\$5,982.84	\$366.57	\$339.18
Care 1st Health Plan Arizona, Inc.	\$493.73	\$103.66	\$226.96	\$133.39	\$375.45	\$138.03	\$809.43	\$6,148.24	\$397.22	\$339.18
Mercy Care Plan	\$507.73	\$109.80	\$242.87	\$158.38	\$439.49	\$184.28	\$881.70	\$6,100.40	\$417.28	\$339.18
<b>GSA #12 (Maricopa)</b>										
	<u>TANF/KC</u>	<u>TANF/KC</u>	<u>TANF/KC</u>	<u>TANF/KC</u>	<u>TANF</u>	<u>SSI w/</u>	<u>SSI w/o</u>	<u>Delivery</u>	<u>Adults</u>	<u>Adults</u>
	<u>&lt;1, M/F</u>	<u>1-13, M/F</u>	<u>14-44, F</u>	<u>14-44, M</u>	<u>45+, M/F</u>	<u>Med</u>	<u>Med</u>	<u>Supp</u>	<u>≤</u>	<u>Adults</u>
								<u>Pmt</u>	<u>106%</u>	<u>&gt;106%</u>
Care 1st Health Plan Arizona, Inc.	\$474.03	\$106.30	\$228.55	\$143.99	\$387.89	\$123.53	\$739.91	\$6,316.29	\$441.10	\$384.04
Health Choice Arizona	\$481.02	\$108.68	\$238.26	\$143.61	\$418.57	\$141.47	\$807.77	\$6,274.24	\$436.95	\$384.65
Health Net of Arizona, Inc.	\$487.67	\$104.54	\$224.33	\$142.29	\$449.85	\$130.02	\$635.41	\$6,306.35	\$438.19	\$384.46
Maricopa Health Plan	\$526.21	\$115.06	\$233.48	\$149.26	\$398.01	\$140.23	\$785.49	\$6,235.33	\$448.45	\$390.40
Mercy Care Plan	\$507.63	\$115.62	\$262.71	\$171.46	\$477.97	\$196.61	\$939.19	\$6,364.95	\$497.15	\$383.64
Phoenix Health Plan	\$479.18	\$110.88	\$241.50	\$149.87	\$414.88	\$156.06	\$814.59	\$6,235.33	\$434.11	\$384.64
UnitedHealthcare Community Plan	\$487.78	\$114.91	\$266.36	\$163.88	\$464.94	\$178.40	\$919.31	\$6,290.91	\$464.14	\$383.87
<b>GSA #14 (Graham, Greenlee, Cochise)</b>										
	<u>TANF/KC</u>	<u>TANF/KC</u>	<u>TANF/KC</u>	<u>TANF/KC</u>	<u>TANF</u>	<u>SSI w/</u>	<u>SSI w/o</u>	<u>Delivery</u>	<u>Adults</u>	<u>Adults</u>
	<u>&lt;1, M/F</u>	<u>1-13, M/F</u>	<u>14-44, F</u>	<u>14-44, M</u>	<u>45+, M/F</u>	<u>Med</u>	<u>Med</u>	<u>Supp</u>	<u>≤</u>	<u>Adults</u>
								<u>Pmt</u>	<u>106%</u>	<u>&gt;106%</u>
UnitedHealthcare Community Plan	\$465.23	\$115.98	\$256.25	\$163.45	\$433.85	\$182.95	\$1,014.05	\$5,737.20	\$428.99	\$360.60
University Family Care	\$468.02	\$114.19	\$248.19	\$158.65	\$413.81	\$158.47	\$901.63	\$5,685.69	\$414.75	\$360.60

## Appendix II: Proposed PPC Capitation Rates (10/1/15-09/30/16)

<b>GSA #2 (Yuma, LaPaz)</b>									
	<u>TANF &lt;1, M/F</u>	<u>TANF 1- 13, M/F</u>	<u>TANF 14-44, F</u>	<u>TANF 14- 44, M</u>	<u>TANF 45+, M/F</u>	<u>SSI w/ Med</u>	<u>SSI w/o Med</u>	<u>Adults &lt;= 106%</u>	<u>Adults &gt;106%</u>
UnitedHealthcare Community Plan	\$1,054.30	\$59.66	\$186.24	\$158.28	\$244.26	\$118.12	\$642.99	\$596.31	\$284.20
University Family Care	\$1,054.30	\$59.66	\$186.24	\$158.28	\$244.26	\$118.12	\$642.99	\$596.31	\$284.20
<b>GSA #4 (Apache, Coconino, Mohave, Navajo)</b>									
	<u>TANF &lt;1, M/F</u>	<u>TANF 1- 13, M/F</u>	<u>TANF 14-44, F</u>	<u>TANF 14- 44, M</u>	<u>TANF 45+, M/F</u>	<u>SSI w/ Med</u>	<u>SSI w/o Med</u>	<u>Adults &lt;= 106%</u>	<u>Adults &gt;106%</u>
Health Choice Arizona	\$1,000.14	\$53.38	\$224.95	\$175.13	\$417.15	\$61.13	\$546.45	\$846.74	\$406.71
UnitedHealthcare Community Plan	\$1,000.14	\$53.38	\$224.95	\$175.13	\$417.15	\$61.13	\$546.45	\$846.74	\$406.71
<b>GSA #6 (Yavapai)</b>									
	<u>TANF &lt;1, M/F</u>	<u>TANF 1- 13, M/F</u>	<u>TANF 14-44, F</u>	<u>TANF 14- 44, M</u>	<u>TANF 45+, M/F</u>	<u>SSI w/ Med</u>	<u>SSI w/o Med</u>	<u>Adults &lt;= 106%</u>	<u>Adults &gt;106%</u>
UnitedHealthcare Community Plan	\$698.10	\$63.82	\$189.09	\$143.86	\$260.77	\$49.85	\$528.78	\$739.91	\$378.64
University Family Care	\$698.10	\$63.82	\$189.09	\$143.86	\$260.77	\$49.85	\$528.78	\$739.91	\$378.64
<b>GSA #8 (Gila and Pinal)</b>									
	<u>TANF &lt;1, M/F</u>	<u>TANF 1- 13, M/F</u>	<u>TANF 14-44, F</u>	<u>TANF 14- 44, M</u>	<u>TANF 45+, M/F</u>	<u>SSI w/ Med</u>	<u>SSI w/o Med</u>	<u>Adults &lt;= 106%</u>	<u>Adults &gt;106%</u>
Health Choice Arizona	\$706.95	\$55.18	\$176.49	\$133.75	\$323.67	\$57.24	\$492.51	\$712.41	\$334.61
University Family Care	\$706.95	\$55.18	\$176.49	\$133.75	\$323.67	\$57.24	\$492.51	\$712.41	\$334.61
<b>GSA #10 (Pima and Santa Cruz)</b>									
	<u>TANF &lt;1, M/F</u>	<u>TANF 1- 13, M/F</u>	<u>TANF 14-44, F</u>	<u>TANF 14- 44, M</u>	<u>TANF 45+, M/F</u>	<u>SSI w/ Med</u>	<u>SSI w/o Med</u>	<u>Adults &lt;= 106%</u>	<u>Adults &gt;106%</u>
UnitedHealthcare Community Plan	\$1,086.43	\$43.21	\$186.08	\$125.32	\$248.49	\$55.03	\$478.13	\$554.43	\$278.16
University Family Care	\$1,086.43	\$43.21	\$186.08	\$125.32	\$248.49	\$55.03	\$478.13	\$554.43	\$278.16
<b>GSA #10 (Pima Only)</b>									
	<u>TANF &lt;1, M/F</u>	<u>TANF 1- 13, M/F</u>	<u>TANF 14-44, F</u>	<u>TANF 14- 44, M</u>	<u>TANF 45+, M/F</u>	<u>SSI w/ Med</u>	<u>SSI w/o Med</u>	<u>Adults &lt;= 106%</u>	<u>Adults &gt;106%</u>
Health Choice Arizona	\$1,082.18	\$42.82	\$187.88	\$126.54	\$252.82	\$56.44	\$478.08	\$558.82	\$280.67
Care 1st Health Plan Arizona, Inc.	\$1,082.18	\$42.82	\$187.88	\$126.54	\$252.82	\$56.44	\$478.08	\$558.82	\$280.67
Mercy Care Plan	\$1,082.18	\$42.82	\$187.88	\$126.54	\$252.82	\$56.44	\$478.08	\$558.82	\$280.67
<b>GSA #12 (Maricopa)</b>									
	<u>TANF &lt;1, M/F</u>	<u>TANF 1- 13, M/F</u>	<u>TANF 14-44, F</u>	<u>TANF 14- 44, M</u>	<u>TANF 45+, M/F</u>	<u>SSI w/ Med</u>	<u>SSI w/o Med</u>	<u>Adults &lt;= 106%</u>	<u>Adults &gt;106%</u>
Care 1st Health Plan Arizona, Inc.	\$1,017.86	\$54.59	\$194.57	\$145.96	\$357.62	\$70.81	\$618.10	\$675.81	\$341.50
Health Choice Arizona	\$1,017.86	\$54.59	\$194.57	\$145.96	\$357.62	\$70.81	\$618.10	\$675.81	\$341.50
Health Net of Arizona, Inc.	\$1,017.86	\$54.59	\$194.57	\$145.96	\$357.62	\$70.81	\$618.10	\$675.81	\$341.50
Maricopa Health Plan	\$1,017.86	\$54.59	\$194.57	\$145.96	\$357.62	\$70.81	\$618.10	\$675.81	\$341.50
Mercy Care Plan	\$1,017.86	\$54.59	\$194.57	\$145.96	\$357.62	\$70.81	\$618.10	\$675.81	\$341.50
Phoenix Health Plan	\$1,017.86	\$54.59	\$194.57	\$145.96	\$357.62	\$70.81	\$618.10	\$675.81	\$341.50
UnitedHealthcare Community Plan	\$1,017.86	\$54.59	\$194.57	\$145.96	\$357.62	\$70.81	\$618.10	\$675.81	\$341.50
<b>GSA #14 (Graham, Greenlee, Cochise)</b>									
	<u>TANF &lt;1, M/F</u>	<u>TANF 1- 13, M/F</u>	<u>TANF 14-44, F</u>	<u>TANF 14- 44, M</u>	<u>TANF 45+, M/F</u>	<u>SSI w/ Med</u>	<u>SSI w/o Med</u>	<u>Adults &lt;= 106%</u>	<u>Adults &gt;106%</u>
UnitedHealthcare Community Plan	\$1,104.95	\$56.17	\$178.72	\$159.20	\$230.89	\$72.17	\$550.52	\$697.31	\$261.89
University Family Care	\$1,104.95	\$56.17	\$178.72	\$159.20	\$230.89	\$72.17	\$550.52	\$697.31	\$261.89