



**Contract Year Ending 2018  
Regional Behavioral Health Authority  
Program Capitation Rate Certification**

**October 1, 2017 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 .....	5
(i) Summary of Program .....	5
(A) Type and Number of Managed Care Plans .....	5
(B) Covered Services .....	5
(C) Areas of State Covered and Length of Operation .....	6
(ii) Rating Period Covered .....	7
(iii) Covered Populations .....	7
(iv) Eligibility or Enrollment Criteria Impacts .....	8
(v) Summary of Special Contract Provisions Related to Payment .....	8
(vi) Retroactive Capitation Rate Adjustments.....	9
iii. Rate Development Standards and Federal Financial Participation .....	9
iv. Rate Cell Cross-subsidization .....	9
v. Effective Dates of Changes .....	9
vi. Generally Accepted Actuarial Principles and Practices.....	9
(a) Reasonable, Appropriate, and Attainable Costs .....	9
(b) Rate Setting Process.....	9
(c) Contracted Rates.....	10
vii. Rates from Previous Rating Periods.....	10
viii. Rate Certification Procedures .....	10
(a) CMS Rate Certification Requirement for Rate Change .....	10
(b) CMS Rate Certification Requirement for No Rate Change .....	10
(c) CMS Rate Certification Circumstances.....	10

(d)	CMS Contract Amendment Requirement .....	10
B.	Appropriate Documentation.....	10
i.	Elements .....	10
ii.	Rate Certification Index .....	10
iii.	Differences in Federal Medical Assistance Percentage .....	11
iv.	Rate Ranges.....	11
v.	Rate Range Development .....	11
2.	Data .....	12
A.	Rate Development Standards .....	12
i.	Compliance with 42 CFR § 438.5(c) .....	12
B.	Appropriate Documentation.....	12
i.	Data Request.....	12
ii.	Data Used for Rate Development .....	12
(a)	Description of Data .....	12
(i)	Types of Data Used .....	12
(ii)	Age of the Data .....	13
(iii)	Sources of Data .....	13
(iv)	Sub-capitated Arrangements.....	13
(b)	Availability and Quality of the Data .....	15
(i)	Data Validation Steps.....	15
(A)	Completeness of the Data.....	16
(B)	Accuracy of the Data.....	16
(C)	Consistency of the Data .....	16
(ii)	Actuary’s Assessment of the Data .....	16
(iii)	Data Concerns.....	17
(c)	Appropriate Data for Rate Development.....	17
(i)	Not using Encounter or Fee-for-Service Data .....	17
(ii)	Not Using Managed Care Encounter Data .....	18
(d)	Use of a Data Book.....	18
iii.	Adjustments to the Data.....	18
(a)	Credibility of the Data.....	18
(b)	Completion Factors.....	18

(c)	Errors Found in the Data .....	21
(d)	Changes in the Program .....	21
(e)	Exclusions of Payments or Services .....	23
3.	Projected Benefit Costs and Trends .....	25
A.	Rate Development Standards .....	25
i.	Compliance with 42 CFR § 438.3(c)(1)(ii) and § 438.3(e) .....	25
ii.	Variations in Assumptions .....	25
iii.	Projected Benefit Cost Trend Assumptions .....	25
iv.	In-Lieu-Of Services .....	25
v.	Institution for Mental Disease .....	25
vi.	Section 12002 of the 21 <sup>st</sup> Century Cures Act (P.L. 114-255) .....	25
(a)	Number of Enrollees .....	26
(b)	Length of Stay .....	26
(c)	Impact on Rates .....	26
B.	Appropriate Documentation .....	26
i.	Projected Benefit Costs .....	26
ii.	Projected Benefit Cost Development .....	26
(a)	Description of Data, Assumptions, and Methodologies .....	27
(b)	Material Changes to the Data, Assumptions, and Methodologies .....	39
iii.	Projected Benefit Cost Trends .....	39
(a)	Requirements .....	39
(i)	Projected Benefit Cost Trends Data .....	39
(ii)	Projected Benefit Cost Trends Methodologies .....	39
(iii)	Projected Benefit Cost Trends Comparisons .....	40
(b)	Projected Benefit Cost Trends by Component .....	40
(i)	Changes in Price and Utilization .....	40
(ii)	Alternative Methods .....	40
(iii)	Other Components .....	40
(c)	Variation in Trend .....	40
(d)	Any Other Material Adjustments .....	41
(e)	Any Other Adjustments .....	41
(i)	Managed Care Impacts .....	41

(ii)	Changes Other than Price and Utilization.....	41
iv.	Mental Health Parity and Addiction Equity Act Compliance .....	41
v.	In-Lieu-Of Services .....	41
vi.	Retrospective Eligibility Periods.....	41
(a)	RBHA Responsibility .....	41
(b)	Claims Incorporated in Base Data .....	42
(c)	Enrollment Incorporated in Base Data .....	42
(d)	Adjustments, Assumptions, and Methodology.....	42
vii.	Impact of All Material Changes.....	42
(a)	Covered Benefits.....	42
(b)	Recoveries of Overpayments .....	42
(c)	Provider Payment Requirements.....	42
(d)	Applicable Waivers.....	42
(e)	Applicable Litigation.....	42
viii.	Impact of All Material and Non-Material Changes .....	42
(a)	Non-Material Changes .....	43
(i)	List of Non-Material Changes.....	43
(ii)	Description of Non-Material Changes.....	43
(iii)	Application of Non-Material Changes.....	43
(iv)	Impact of Non-Material Changes .....	43
4.	Special Contract Provisions Related to Payment.....	44
A.	Incentive Arrangements.....	44
i.	Rate Development Standards .....	44
ii.	Appropriate Documentation.....	44
(a)	Description of Any Incentive Arrangements.....	44
(i)	Time Period .....	44
(ii)	Enrollees, Services, and Providers Covered .....	44
(iii)	Purpose .....	44
(iv)	Effect on Capitation Rate Development .....	45
B.	Withhold Arrangements .....	45
i.	Rate Development Standards .....	45
ii.	Appropriate Documentation.....	45

(a)	Description of Any Withhold Arrangements.....	45
C.	Risk-Sharing Mechanisms .....	45
i.	Rate Development Standards .....	45
ii.	Appropriate Documentation.....	45
(a)	Description of Risk-Sharing Mechanisms.....	45
(i)	Rationale for Risk-Sharing Mechanisms.....	45
(ii)	Description of Risk-Sharing Mechanisms.....	46
(iii)	Effect of Risk-Sharing Mechanisms on Capitation Rates .....	46
(iv)	Risk-Sharing Mechanisms Documentation .....	46
(b)	Medical Loss Ratio .....	46
(i)	MLR Methodology.....	46
(ii)	Remittance Requirements .....	46
(iii)	Other Consequences.....	46
(c)	Reinsurance Requirements.....	46
(i)	Description of Reinsurance Requirements .....	46
(ii)	Impact of Reinsurance .....	47
(iii)	Reinsurance Mechanism.....	47
(iv)	Reinsurance Development.....	47
D.	Delivery System and Provider Payment Initiatives .....	47
i.	Rate Development Standards .....	47
ii.	Appropriate Documentation.....	47
(a)	Description of Delivery System and Provider Payment Initiatives .....	47
(i)	Description.....	47
(ii)	Amount .....	48
(iii)	Providers Receiving Payment.....	48
(iv)	Effect on Capitation Rate Development .....	48
E.	Pass-Through Payments.....	49
i.	Rate Development Standards .....	49
ii.	Appropriate Documentation.....	49
(a)	Existing Pass-Through Payments .....	49
5.	Projected Non-Benefit Costs.....	50
A.	Rate Development Standards .....	50

B.	Appropriate Documentation.....	50
i.	Description of the Development of Projected Non-Benefit Costs.....	50
(a)	Data, Assumptions, Methodology .....	50
(b)	Changes since the Previous Rate Certification .....	51
(c)	Any Other Material Changes.....	52
ii.	Projected Non-Benefit Costs by Category.....	52
(a)	Administrative Costs .....	52
(b)	Taxes and Other Fees.....	52
(c)	Contribution to Reserves, Risk Margin, and Cost of Capital .....	52
(d)	Other Material Non-Benefit Costs .....	52
iii.	Health Insurance Providers Fee .....	52
(a)	Address if in Rates.....	52
(b)	Data Year or Fee Year.....	52
(c)	Description of how Fee was Determined.....	53
(d)	Address if not in Rates .....	53
(e)	Summary of Benefits Under 26 CFR § 57.2(h)(2)(ix).....	53
6.	Risk Adjustment and Acuity Adjustments.....	55
A.	Rate Development Standards .....	55
i.	Risk Adjustment .....	55
ii.	Budget Neutrality.....	55
iii.	Acuity Adjustment .....	55
B.	Appropriate Documentation.....	55
i.	Prospective Risk Adjustment .....	55
(a)	Data and Data Adjustments .....	55
(b)	Model and Model Adjustments .....	55
(c)	Relative Risk Factor Methodology .....	55
(d)	Magnitude of Adjustment by MCO .....	55
(e)	Predictive Value Assessment .....	55
(f)	Actuarial Concerns .....	55
ii.	Retrospective Risk Adjustment.....	55
(a)	The Party Calculating .....	55
(b)	Data and Data Adjustments.....	56

(c)	Model and Model Adjustments .....	56
(d)	Timing and Frequency.....	56
(e)	Actuarial Concerns .....	56
iii.	Additional Items on Risk Adjustment.....	56
(a)	Model Changes since Last Rating Period .....	56
(b)	Budget Neutrality.....	56
iv.	Acuity Adjustment Description .....	56
(a)	Reason for Uncertainty .....	56
(b)	Acuity Adjustment Model .....	56
(c)	Acuity Adjustment Data .....	56
(d)	Relationship and Potential Interactions.....	56
(e)	Application of Acuity Scores .....	57
(f)	Acuity Score Documentation .....	57
	Section II Medicaid Managed Care Rates with Long-Term Services and Supports .....	58
	Section III New Adult Group Capitation Rates .....	59
1.	Data .....	60
A.	Description of Data for Rate Development .....	60
B.	Documentation .....	60
i.	New Data.....	60
ii.	Monitoring of Costs and Experience.....	60
iii.	Actual Experience vs. Projected Experience .....	60
iv.	Adjustments Based Upon Actual Experience vs. Projected Experience .....	60
2.	Projected Benefit Costs.....	61
A.	Description of Projected Benefit Costs .....	61
i.	Documentation .....	61
(a)	Previous Data and Experience Used .....	61
(b)	Changes in Data Sources, Assumptions, Methodologies.....	61
(c)	Change in Key Assumptions .....	61
(ii)	Acuity or Health Status .....	61
(i)	Pent-up Demand .....	61
(ii)	Adverse Selection.....	61
(iii)	Demographics .....	61

(v)	Provider Reimbursement Rates .....	61
(A)	Variations in Assumptions .....	62
(vi)	Other Material Adjustments .....	62
B.	Key Assumptions .....	62
i.	Acuity Adjustment .....	62
ii.	Pent-up Demand Adjustment .....	62
iii.	Adverse Selection Adjustment .....	62
iv.	Demographics Adjustment .....	62
v.	Provider Reimbursement Adjustments.....	62
vi.	Other Material Adjustments .....	62
C.	Benefit Plan Changes .....	62
D.	Any Other Material Changes.....	63
3.	Projected Non-Benefit Costs .....	63
A.	Description of Issues .....	63
i.	Changes in Data Sources, Assumptions, Methodologies.....	63
ii.	Assumptions for the Following Items .....	63
(a)	Administrative Costs .....	63
(b)	Care Coordination and care management.....	63
(c)	Provision for Underwriting Gain .....	63
(d)	Taxes, Fees, and Assessments.....	63
(e)	Other Material Non-Benefit Costs .....	63
B.	Differences between Populations.....	63
i.	Administrative Costs .....	63
ii.	Care Coordination and care management.....	63
iii.	Provision for Underwriting Gain .....	64
iv.	Taxes, Fees, and Assessments.....	64
v.	Other Material Non-Benefit Costs .....	64
4.	Final Certified Rates .....	64
A.	Documentation .....	64
i.	Comparison of Rates .....	64
ii.	Description of Material Changes.....	64
5.	Risk Mitigation Strategies .....	64

A. New Adult Rates Risk Mitigation.....	64
B. Documentation .....	64
i. Changes in Risk Mitigation Strategies.....	64
ii. Rationale .....	64
iii. Prior Results .....	64
Appendix 1: Actuarial Certification.....	65
Appendix 2: Certified Capitation Rates.....	68
Appendix 3: Fiscal Impact Summary.....	70
Appendix 4: Base Data and Base Data Adjustments.....	72
Appendix 5: Projected Benefit Cost Trends.....	94
Appendix 6: CYE 18 Capitation Rate Development.....	98

## Introduction and Limitations

The purpose of this rate certification is to provide documentation, including the data, assumptions, and methodologies, used in the development of the October 1, 2017 through September 30, 2018 (Contract Year Ending 2018 or CYE 18) actuarially sound capitation rates for Arizona’s Regional Behavioral Health Authority (RBHA) 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, Actuarial Standards of Practice, and generally accepted actuarial principles and practices.

The 2018 Medicaid Managed Care Rate Development Guide (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. 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.

## 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 CYE 18 capitation rates for the RBHA Program are effective for the twelve month time period from October 1, 2017 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 RBHA Program, signed by Stewart N. Campbell, ASA, MAAA, is in Appendix 1. Mr. Campbell meets the requirements for the definition of an Actuary described at 42 CFR § 438.2 at 81 FR 27854 and is provided below for reference.

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

Mr. Campbell certifies that the CYE 18 capitation rates for the RBHA 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 Appendix 2. Additionally, the RBHA Contracts include the final and certified capitation rates by rate cell in accordance with 42 CFR § 438.3(c)(1)(i) at 81 FR 27856. The RBHA Contracts use 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 CYE18 capitation rates for the RBHA Program.

**(d) Program Information**

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

**(i) Summary of Program**

**(A) Type and Number of Managed Care Plans**

The RBHA Program has three managed care organizations. The managed care organization is referred to as a RBHA. The RBHA Program has three Geographic Service Areas (GSAs) and one RBHA operating in each GSA. The three GSAs, along with the three RBHAs and their respective effective dates are listed below.

- Central GSA – Mercy Maricopa Integrated Care (MMIC), effective April 1, 2014
- North GSA – Health Choice Integrated Care (HCIC), effective October 1, 2015
- South GSA – Cenpatico Integrated Care (CIC), effective October 1, 2015

For the time period of October 1, 2013 through September 30, 2015, the RBHAs that operated in the RBHA Program were:

- Central GSA – Magellan Health Services of Arizona (October 1, 2013 through March 30, 2014)
- North GSA – Northern Arizona Regional Behavioral Health Authority, Inc.
- South GSA – Cenpatico Behavioral Health of Arizona LLC and Community Partnership of Arizona, Inc.

**(B) Covered Services**

The three RBHAs provide behavioral health services to the Arizona Medicaid population. In addition, the RBHAs provide integrated care, (that is, both physical and behavioral health services) for those members diagnosed with a Serious Mental Illness (SMI). The Central GSA RBHA began providing integrated care for members with SMI in April 2014, and the North and South GSA RBHAs followed suit in October 2015.

The following list is a general description of behavioral health services covered under the RBHA Program.

- Treatment Services
- Rehabilitation Services
- Medical Services
- Support Services
- Crisis Intervention Services
- Inpatient Behavioral Health
- Behavioral Health Residential
- Behavioral Health Day Programs
- Prevention Services
- Pharmacy

The following list is a general description of physical health services for members with SMI covered under the RBHA Program.

- Hospital Inpatient
- Hospital Outpatient
- Physician Services
- Emergency Services
- Pharmacy
- Dental for members less than 21 years of age
- Durable Medical Equipment
- Transportation
- Laboratory and Radiology

Additional information regarding covered services can be found in the RBHA Program contracts.

### **(C) Areas of State Covered and Length of Operation**

The RBHA Program has operated in the State of Arizona since 1992 and was administered by the Arizona Department of Health Services (ADHS), Division of Behavioral Health Services (DBHS) until July 1, 2016. On July 1, 2016, the administration of the RBHA Program was moved from ADHS/DBHS to AHCCCS. Capitation rates for the RBHA Program prior to July 1, 2016 were developed and paid from AHCCCS to ADHS/DBHS. These historical capitation rates were developed by AHCCCS at the RBHA level and then grossed up to reflect additional expenses for ADHS/BHS administration, additional vendor expenses to determine whether a member has SMI, and additional expenses to

cover Tribal Fee-for-Service claims. After the July 1, 2016 move of ADHS/DBHS into AHCCCS, these additional expenses were no longer required to be added to the capitation rates because the administration of the RBHA Program was under AHCCCS.

The RBHA Program is a statewide program with three GSAs. The three GSAs are defined by county and zip code:

- Central GSA – Maricopa, Pinal (includes zip codes 85120, 85140, 85143, 85220)
- North GSA – Apache, Coconino, Gila (excludes zip codes 85542, 85192, 85550), Mohave, Navajo, and Yavapai
- South GSA – Cochise, Gila (includes zip codes 85542, 85192, 85550), Graham, Greenlee, La Paz, Pima, Pinal (excludes zip codes 85120, 85140, 85143, 85220), Santa Cruz, and Yuma

**(ii) Rating Period Covered**

The rate certification for the CYE 18 capitation rates for the RBHA Program is effective for the twelve month time period from October 1, 2017 through September 30, 2018.

**(iii) Covered Populations**

The RBHA Program has seven rate cells. Effective October 1, 2015, the Acute Care Program contractors began to cover the behavioral health services for the TXIX / TXXI GMH/SA Adults that are dual-eligible for both Medicare and Medicaid. Prior to July 1, 2016, the behavioral health capitation rates for the Department of Economic Security/Division of Developmental Disabilities (DES/DDD) were included as a component of the single statewide rate for the DES/DDD. Effective July 1, 2016, AHCCCS began contracting and paying the RBHAs directly for the behavioral health services for the DES/DDD members. More information about the populations covered under the RBHA Program can be found in the Eligibility section of the RBHA Contracts.

Table 1 below displays the rate cells and a brief description of the covered populations within each rate cell.

**Table 1: Covered Populations by Rate Cell**

Rate Cell	Covered Populations
DD Child	DES/DDD Arizona Long Term Care System (ALTCS) eligible children who are under 18 years of age.
CMDP Child	Title XIX eligible children, under the age of 18, enrolled in Comprehensive Medical and Dental Program (CMDP)
DD Adult	DES/DDD ALTCS eligible adults who are over 18 years of age.
TXIX / TXXI GMH/SA Adult Non-Dual	Title XIX and Title XXI eligible adults, age 18 and older (adults without SMI)
TXIX / TXXI Non-CMDP Child	Title XIX and Title XXI eligible children, under the age of 18, not enrolled in CMDP
Integrated SMI	Title XIX eligible adults, age 18 and older, who are diagnosed as SMI and receive physical and behavioral health services under the RBHA Program
Non-integrated SMI	Title XIX eligible adults, age 18 and older, who are diagnosed as SMI and do not receive physical health services under the RBHA Program

**(iv) Eligibility or Enrollment Criteria Impacts**

AHCCCS operates as a mandatory managed care program and choice of enrollment or auto-assignment is used pursuant to the terms of the Arizona Medicaid Section 1115 Demonstration Waiver Special Terms and Conditions. Additional information regarding eligibility and enrollment criteria can be found in the Enrollment and Disenrollment section of the RBHA Program Contracts.

There are no expected changes to the eligibility and enrollment criteria during CYE18 that could have an impact on the populations to be covered under the RBHA Program.

**(v) Summary of Special Contract Provisions Related to Payment**

This rate certification includes special contract provisions related to payment as defined in 42 CFR § 438.6 at 81 FR 27859. The special contract provisions related to payment included in the CYE18 capitation rates are:

- Risk Corridor Arrangement (42 CFR § 438.6(b)(1) at 81 FR 27859)
- Alternative Payment Model Initiative – Performance Based Payments (Incentive Arrangement) (42 CFR § 438.6(b)(2) at 81 FR 27859)
- AHCCCS Targeted Investments Program (42 CFR § 438.6(c)(1)(ii) at 81 FR 27860)
- AHCCCS Differential Adjusted Payments (42 CFR § 438.6(c)(1)(iii)(B) at 81 FR 27860)
- Payments to RBHAs for enrollees that are a patient in an institution for mental disease (42 CFR § 438.6(3) at 81 FR 27861)

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

**(vi) Retroactive Capitation Rate Adjustments**

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

**iii. Rate Development Standards and Federal Financial Participation**

Proposed differences among the CYE 18 capitation rates for the RBHA 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 RBHA Program.

**iv. Rate Cell Cross-subsidization**

The CYE 18 capitation rates for the RBHA Program were developed at the rate cell level. There is no cross-subsidization of payments between the rate cells in the RBHA Program.

**v. Effective Dates of Changes**

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

**vi. Generally Accepted Actuarial Principles and Practices**

CMS will consider whether a rate certification submission demonstrates the following from Sections I.1.A.vi.(a), I.1.A.vi.(b), and I.1.A.vi.(c) of the 2018 Guide:

**(a) Reasonable, Appropriate, and Attainable Costs**

“All adjustments to the capitation rates, or to any portion of the capitation rates, reflect reasonable, appropriate, and attainable costs in the actuary’s judgment and are 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. Therefore, the rates or rate ranges will not be

considered actuarially sound if adjustments are made outside of the rate setting process described in the rate certification.”

**(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.”

**vii. Rates from Previous Rating Periods**

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

**viii. Rate Certification Procedures**

**(a) CMS Rate Certification Requirement for Rate Change**

This is a new rate certification that documents that the RBHA Program capitation rates are changing effective October 1, 2017.

**(b) CMS Rate Certification Requirement for No Rate Change**

Not Applicable. This rate certification will change the RBHA Program capitation rates effective October 1, 2017.

**(c) CMS Rate Certification Circumstances**

Not Applicable. This section of the 2018 Guide provides information on when CMS would not require a new rate 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 the annual rate development cycle, and thus a contract amendment is required to be submitted.

**B. Appropriate Documentation**

**i. Elements**

This section of the 2018 Guide provides information on the elements that must be included in a rate certification.

**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**

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

The populations, FMAPs, and the percentage of costs for October 1, 2015 through September 30, 2016 (CYE 16) are provided below in Table 2. The FMAPs shown below are for the time period of January 1, 2017 through September 30, 2017.

**Table 2: FMAP and Percentage of Costs by Population**

Population	FMAP	CYE 16 Percentage of Costs
Adult Expansion	95.00%	2.08%
Child Expansion	100.00%	1.70%
Childless Adult Restoration	89.85%	31.08%
KidsCare (Title XXI)	100.00%	0.02%
Populations not listed above	69.24%	65.12%

**iv. Rate Ranges**

Not Applicable. Rate ranges were not developed for the CYE 18 capitation rates for the RBHA Program.

**v. Rate Range Development**

Not Applicable. Rate ranges were not developed for the CYE 18 capitation rates for the RBHA Program.

## 2. Data

This section provides documentation for the Data section of the 2018 Guide.

### A. Rate Development Standards

#### i. Compliance with 42 CFR § 438.5(c)

This section of the 2018 Guide provides information related to base data.

### B. Appropriate Documentation

#### i. Data Request

Since AHCCCS employs their own actuaries, a formal data request was not needed between the AHCCCS Division of Health Care Management (DHCM) Actuarial Team and the State. The AHCCCS DHCM Actuarial Team worked with the appropriate teams at AHCCCS to obtain the primary sources of data in accordance with 42 CFR § 438.5(c) at 81 FR 27858.

#### ii. Data Used for Rate Development

##### (a) Description of Data

##### (i) Types of Data Used

The primary data sources used or reviewed for the development of the CYE 18 capitation rates for the RBHA Program include the following:

- Adjudicated and approved encounter data submitted by the RBHAs and provided from the AHCCCS PMMIS mainframe
  - Incurred from October 1, 2013 through April 30, 2017
  - Adjudicated and approved through May 15, 2017
- Enrollment data for the RBHA Program provided from the AHCCCS PMMIS mainframe
  - October 1, 2013 through April 30, 2017
- Annual Audited financial statements submitted by the RBHAs and reviewed by the AHCCCS DHCM Finance & Reinsurance Team
  - October 1, 2013 through September 30, 2014 (CYE 14)
  - October 1, 2014 through September 30, 2015 (CYE 15)
  - October 1, 2015 through September 30, 2016 (CYE 16)
- Quarterly financial statements submitted by the RBHAs and reviewed by the AHCCCS DHCM Finance & Reinsurance Team
  - October 1, 2016 through December 31, 2016 (CYE 17 Q1)
- AHCCCS Fee-for-Service fee schedules developed and maintained by the AHCCCS DHCM Rates & Reimbursement Team.
- CYE 16 encounter data used by the AHCCCS DHCM Rates & Reimbursement Team related to the AHCCCS Fee-for-Service Fee

Schedule Updates and the AHCCCS Differential Adjusted Payments analyses.

Additional sources of data used or reviewed were:

- Adjudicated and approved encounter data submitted by the RBHAs and provided from the AHCCCS PMMIS mainframe for use in the Abilify to Aripiprazole program change analysis
  - Incurred from October 1, 2013 through June 30, 2017
  - Adjudicated and approved through July 7, 2017
- Adjudicated and approved encounter data submitted by the RBHAs and provided from the AHCCCS PMMIS mainframe for use in the Podiatry program change analysis
  - Incurred from October 1, 2016 through June 30, 2017
  - Adjudicated and approved through August 8, 2017
- Projected enrollment data provided by AHCCCS Division of Business and Finance (DBF) Budget Team
  - Projections for CYE 18

**(ii) Age of the Data**

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

**(iii) Sources of Data**

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

**(iv) Sub-capitated Arrangements**

The RBHA Program has approximately 50% of expenditures in sub-capitation and block purchase payment arrangements (sub-cap/block payments). A block purchase payment arrangement is defined by AHCCCS as a current payment arrangement methodology, where a contracted amount for a block of services is divided by 12 and paid in monthly installments to the provider. The encounter data includes encounters for sub-cap/block payment arrangements; however, they are populated with a RBHA paid amount of zero. To use the sub-cap/block payment encounters for rate development, a repricing methodology was developed and used to estimate the expenditures for these encounters. The repriced sub-cap/block payment encounters were then compared to the annual financial statements to determine whether the repriced amounts would be reasonable to use for rate development.

For the CYE 18 capitation rates for the RBHA Program, a new repricing methodology was developed. Previous repricing methodologies relied on the AHCCCS fee-for-service (FFS) fee schedules to use for the unit cost for the sub-capitation and block purchase payment arrangements. This

typically did not produce results that compared well with the annual financial statements. For the CYE 18 capitation rates for the RBHA Program, the AHCCCS DHCM Actuarial Team reviewed the CYE 16 encounter and financial statement data. Additionally, the AHCCCS DHCM Actuarial Team reviewed the various payment fields available within the AHCCCS PMMIS mainframe. The AHCCCS DHCM Actuarial Team was able to determine that the RBHAs have been populating the allowed amount field on sub-cap/block payment encounters with the payment amount the RBHA would have paid, had the encounter been FFS. This was later confirmed by the AHCCCS DHCM Data & Research Team. This allowed amount field was then used in the repricing methodology to estimate the expenditures for the sub-cap/block payment encounters.

Table 3a below displays the percentage of repriced the sub-cap/block payment encounters to the repriced the sub-cap/block payment from the annual financial statements by GSA, for both the previous and new repricing methodologies. Under the previous methodology, sub-cap/block payment encounters were repriced to 53.6% of the sub-cap/block payments from the annual financial statements. With the new methodology, sub-cap/block payment encounters were repriced to 92.8% of the sub-cap/block payments from the annual financial statements.

**Table 3a: CYE 16 Repriced Sub-cap/Block Payment Encounters as a Percentage of Sub-cap/Block Payment from the Annual Financial Statements for CYE 16**

GSA	Previous Method	New Method
Central	58.2%	92.2%
North	49.9%	99.4%
South	48.1%	91.1%
<b>Total</b>	<b>53.6%</b>	<b>92.8%</b>

Additionally, the AHCCCS DHCM Actuarial Team repriced the sub-cap/block payment encounters for CYE 14 and CYE 15 to determine how well the repricing compared to annual financial statements for these time periods. These results are included below in Table 3b. The values in Table 3b represent the repriced sub-cap/block payment encounters and non-sub-cap/block payment encounters as a percentage of the total annual financial statement amounts. From Table 3b, the new repricing methodology has increased the level of encounters as a percentage of financials for each of the three years given. The South GSA, while improved, would need to be explored further to determine why the level of encounters did not reach levels of 90% or higher for CYE 14 and CYE 15.

**Table 3b: Total Encounters with Repriced Data as a Percentage of Total Annual Financial Statements**

GSA	Previous Method			New Method		
	CYE 14	CYE 15	CYE 16	CYE 14	CYE 15	CYE 16
Central	73.3%	78.3%	78.2%	92.6%	94.7%	94.5%
North	64.7%	60.0%	65.9%	97.2%	92.9%	94.1%
South	52.6%	47.9%	69.2%	73.5%	73.1%	92.7%
<b>Total</b>	<b>66.2%</b>	<b>67.1%</b>	<b>73.9%</b>	<b>87.3%</b>	<b>88.0%</b>	<b>93.9%</b>

Lastly, regarding the amount of sub-cap/block payment encounters in the RBHA Program, Table 3c below provides a distribution of the CYE 16 encounter data by sub-cap/block payments, non- sub-cap/block payments and by Category of Service (COS).

**Table 3c: CYE16 Sub-cap/Block Payment Encounter Distribution by Category of Service**

Category of Service	Non-Sub-cap/Block Payments	Sub-cap/Block Payments
Behavioral Health Day Programs	1.1%	98.9%
Case Management	1.0%	99.0%
Crisis Intervention Services	11.5%	88.5%
Dental Services	100.0%	0.0%
FQHC/RHC	74.9%	25.1%
Inpatient Behavioral Health	84.5%	15.5%
Inpatient Hospital	100.0%	0.0%
Medical Services	40.4%	59.6%
Nursing Facility (Short-term)	100.0%	0.0%
Other Services	96.0%	4.0%
Outpatient Hospital	96.0%	4.0%
Pharmacy	100.0%	0.0%
Rehabilitation Services	2.1%	97.9%
Residential Services	82.3%	17.7%
Support Services	22.6%	77.4%
Transportation	66.3%	33.7%
Treatment Services	5.0%	95.0%
<b>Total</b>	<b>49.4%</b>	<b>50.6%</b>

**(b) Availability and Quality of the Data**

**(i) Data Validation Steps**

Guidelines and formats for submitting individual encounters generally follow health insurance industry standards used by commercial insurance companies and Medicare; however some requirements are specific to the AHCCCS program. All encounter submissions are subject to translation and validation using standards and custom business rules (guidelines). Once translation has occurred and the encounters pass validation, they are passed to the AHCCCS PMMIS mainframe and are subject to approximately

500 claims type edits resulting in the approval, denial or pend of each encounter.

**(A) Completeness of the Data**

The AHCCCS DHCM Data & Research Team performs encounter data validation studies to evaluate the completeness, accuracy, and timeliness of the collected encounter data.

**(B) Accuracy of the Data**

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

The AHCCCS DHCM Actuarial Team reviewed the encounter data provided from the AHCCCS PMMIS mainframe. The AHCCCS DHCM Actuarial Team ensured that encounter data only with valid AHCCCS member IDs was used in developing the CYE 18 capitation rates for the RBHA Program. Additionally, the AHCCCS DHCM Actuarial Team ensured that only services covered under the state plan were included.

**(C) Consistency of the Data**

As illustrated above in Table 3b, the AHCCCS DHCM Actuarial Team compared the encounter data to the annual statement financial data for CYE 14, CYE 15, and CYE16. For all three years, the data tracked consistently for both the Central and North GSAs. For the South GSA, CYE 16 tracks consistently, while CYE 14 and CYE 15 track consistently but at a lower volume relative to the annual financial statements.

**(ii) Actuary's Assessment of the Data**

As required by ASOP No. 23, the AHCCCS DHCM Actuarial Team discloses that the rate development process has relied upon encounter data submitted by the RBHAs and provided from the AHCCCS PMMIS mainframe. Additionally, the rate development process has relied upon the audited annual and quarterly financial statement data submitted by the RBHAs and reviewed by the AHCCCS DHCM Finance & Reinsurance Team. The AHCCCS DHCM Actuarial Team did not audit the data and the rate development is dependent upon this reliance.

The AHCCCS DHCM Actuarial Team has found the encounter data and financial statement data to be appropriate for the purposes of developing the CYE 18 capitation rates for the RBHA Program. Given the levels of the encounters to financials, an under-reporting adjustment was developed for the selected base data time period. The development of the under-reporting adjustment is described below in Section I.2.B.iii.(b). Given the South GSA and the level of encounters to financials for CYE 14 and CYE 15, this data was used more for informing historical trends and was not used as the base for developing the CYE 18 capitation rates for the RBHA Program.

**(iii) Data Concerns**

The AHCCCS DHCM Actuarial Team has not identified any other concerns with the quality or availability of the data, with the exception of the CYE 14 and CYE 15 sub-cap/block payment encounter data for the South GSA and the levels of under-reporting across all GSAs for CYE 16. As previously stated, the CYE 14 and CYE 15 sub-cap/block payment encounter data for the South GSA will need to be explored further to determine why the levels of repriced encounters relative to annual financial statement data is not as high as the Central and North GSAs.

**(c) Appropriate Data for Rate Development**

Given the new sub-cap/block payment repricing methodology and the results produced when comparing to the financial statement data, the AHCCCS DHCM Actuarial Team determined that the CYE 16 encounter data was appropriate to use as the base data for developing the CYE 18 capitation rates for the RBHA Program. Additionally, the CYE 16 time period includes actual experience for the Integrated SMI rate cell for the North and South GSAs. The CYE 16 time period also aligns with the October 1, 2015 effective date of moving the behavioral health services for the TXIX / TXXI GMH/SA Adult that are dual-eligible for both Medicare and Medicaid from the RBHA Program to the Acute Care Program.

Using encounter data represents a change in the RBHA Program rate development process from previous rating periods. In previous years, financial statements were used as the primary source of base data for developing capitation rates, given that the repriced encounters tended to be around 66.2% (CYE 14) or 67.1% (CYE 15). The change to move from base data comprising of financial data to encounter data was driven by the new sub-cap/block payment repricing methodology that now has encounters at 93.9% for CYE 16.

**(i) Not using Encounter or Fee-for-Service Data**

Not applicable. As described above in Section I.2.B.ii.(c), managed care encounters served as the primary data source for the development of the CYE 18 capitation rates for the RBHA Program.

**(ii) Not Using Managed Care Encounter Data**

Not applicable. As described above in Section I.2.B.ii.(c), managed care encounter served as the primary data source for the development of the CYE 18 capitation rates for the RBHA Program.

**(d) Use of a Data Book**

Not applicable. The AHCCCS DHCM Actuarial Team did not rely on a data book to develop the CYE 18 capitation rates for the RBHA program.

**iii. Adjustments to the Data**

This section describes adjustments made to the CYE 16 encounter data that was used as the base data for developing the CYE 18 capitation rates for the RBHA Program.

**(a) Credibility of the Data**

Not applicable. No credibility adjustments were made to the CYE 16 encounter data.

**(b) Completion Factors**

***Completion Factors***

The AHCCCS DHCM Actuarial Team developed completion factors to apply to the CYE 16 encounter data for non-sub-cap/block payment encounters. Completion factors were calculated using the development method and using the non-sub-cap/block payment encounter data incurred from October 1, 2013 through April 30, 2017 and adjudicated and approved through May 15, 2017. The completion factors were developed by GSA, major category of service, and by month of service. The major category of service was based upon the AHCCCS form type, which indicates the type of form used to submit a claim. AHCCCS has six form types; Professional and Other Services (form type A), Prescription Drug (form type C), Dental Services (form type D), Inpatient Hospital (form type I), Nursing Facility (form type L), and Outpatient Hospital (form type O). Dental Services (0.02% of CYE 16 non-sub-cap/block payments) were combined with Professional and Other Services and Nursing Facility Services (0.51% of CYE 16 non-sub-cap/block payments) were combined with Inpatient Hospital.

The monthly completion factors for CYE 16 were aggregated to annual completion factors and applied to the CYE 16 non-sub-cap/block payment encounter data. Table 4 below displays the aggregate completion factors for CYE 16 by GSA and major category of service.

**Table 4: CYE16 Completion Factors for Non-Sub-cap/Block Payment Encounters**

GSA	Professional	Pharmacy	Inpatient	Outpatient	Total
Central	0.9772	0.9973	0.8976	0.9512	<b>0.9525</b>
North	0.9605	0.9997	0.9316	0.8923	<b>0.9606</b>
South	0.9813	0.9998	0.9488	0.9771	<b>0.9775</b>
<b>Total</b>	<b>0.9770</b>	<b>0.9983</b>	<b>0.9123</b>	<b>0.9510</b>	<b>0.9605</b>

***Under-reporting Factors***

In addition to applying completion factors to the data, under-reporting factors were also developed and applied. This was determined to be a reasonable adjustment to make given the level of encounters to financials. Two sets of under-reporting factors were developed and applied. The first set was for the sub-cap/block payment data, while the second set was for the non-sub-cap/block payment data.

***Under-reporting Factors for Sub-cap/Block Payments***

The data used to develop the under-reporting factors by GSA for the sub-cap/block payment data was the repriced CYE 16 encounter data and the CYE 16 reported annual financial statement data for sub-cap/block payment arrangements. The CYE 16 reported annual financial statements were adjusted to reflect expected recoupments of payment amounts, as well as for provider performance based payments that are not reflected in the encounter data. The expected recoupment amounts were provided by the RBHAs to the AHCCCS DHCM Finance & Reinsurance Team. The provider performance based payments were confirmed by the AHCCCS DHCM Finance & Reinsurance Team as payment amounts not reflected in the CYE 16 encounter sub-cap/block payment data.

The methodology to calculate the under-reporting factor for each GSA was to divide the CYE 16 sub-cap/block payment encounters by the adjusted CYE 16 annual financial statement sub-cap/block payment amounts. The under-reporting factors applied to the CYE 16 sub-cap/block payment encounters are displayed below in Table 5. Totals may not add up due to rounding.

**Table 5: CYE 16 Under-reporting Factors for Sub-cap/Block Payment Encounters**

	Central	North	South	Total
Reported CYE 16 Annual Financial Statements	\$463,562,147	\$116,014,261	\$297,783,546	<b>\$877,359,954</b>
Less Recoupments	\$14,700,000	\$0	\$4,100,000	<b>\$18,800,000</b>
Less Performance Based Payments	\$9,793,979	\$0	\$980,971	<b>\$10,774,950</b>
Adjusted CYE 16 Annual Financial Statements	\$439,068,168	\$116,014,261	\$292,702,575	<b>\$847,785,004</b>
CYE 16 Sub-cap/Block Payment Encounters	\$427,292,831	\$115,284,091	\$271,247,659	<b>\$813,824,581</b>
Under-reporting Factor	0.9732	0.9937	0.9267	<b>0.9599</b>

***Under-reporting Factors for Non-Sub-cap/Block Payments***

The data used to develop the under-reporting factors by GSA for the non-sub-cap/block payment data was the repriced and completed CYE 16 encounter data and the CYE 17 Q1 reported financial statement data for non-sub-cap/block payment arrangements. The data used from the CYE 17 Q1 reported financial statement was the completed CYE 16 encounters from the lag table reports. The AHCCCS DHCM Actuarial Team used the more recent CYE 17 Q1 reported financial statement data to allow for a comparison against encounters with more paid run-out and less completion estimates. The methodology to calculate the under-reporting factor for each GSA was to divide the completed CYE 16 non-sub-cap/block payment encounters by the CYE 17 Q1 reported financial statement amounts. The under-reporting factors applied to the CYE 16 non-sub-cap/block payment encounters are displayed below in Table 6. Totals may not add up due to rounding.

**Table 6: CYE 16 Under-reporting Factors for Non-Sub-cap/Block Payment Encounters**

	Central	North	South	Total
Reported CYE 16 from CYE 17 Q1 Financial Statements	\$510,324,104	\$82,598,550	\$247,746,038	<b>\$840,668,692</b>
Completed CYE 16 Non-Sub-cap/block Payment Encounters	\$508,138,275	\$79,721,342	\$239,478,677	<b>\$827,338,294</b>
Under-reporting Factor	0.9957	0.9652	0.9666	<b>0.9841</b>

The completed base data and member months are included below in Table 7. Totals may not add up due to rounding.

**Table 7: CYE 16 PMPMs Completed with Under-reporting Applied**

	Central	North	South	Total
Uncompleted Dollars	\$911,272,691	\$191,862,345	\$505,327,654	<b>\$1,608,462,689</b>
Completed with Under-reporting Dollars	\$949,392,272	\$198,612,811	\$540,448,613	<b>\$1,688,453,695</b>
Member Months	10,869,273	1,915,704	5,215,026	<b>18,000,004</b>
Completed with Under-reporting PMPMs	\$87.35	\$103.68	\$103.63	<b>\$93.80</b>

**(c) Errors Found in the Data**

The AHCCCS DHCM Actuarial Team did not find errors in the data.

**(d) Changes in the Program**

Effective August 17, 2017, CMS issued the document, Medicaid and CHIP Managed Care Final Rule (CMS-2390-F) Frequently Asked Questions (FAQs) – Section 438.6(e). Within this document, CMS provided guidance that the short-term length of stay of no more than 15 days within a month, as referenced in 42 CFR § 438.6(3) at 81 FR 27861, did not apply to a single admission. Instead, the recently released guidance from CMS stated that a short-term length of stay of no more than 15 days within a month would be based upon cumulative stays within the same month. The AHCCCS DHCM Actuarial Team interpreted the phrase “...length of stay in the IMD is for a short term stay of no more than 15 days...” as referenced in 42 CFR § 438.6(3) at 81 FR 27861 to be a single admission, in other words, that a length of stay typically applies to a single stay with consecutive days.

The analysis to complete the removal of costs associated with an Institution for Mental Disease (IMD) stay of more than 15 days within a month was completed assuming that a length of stay was a single admission with consecutive days. This assumption was also applied within the analysis to reprice the costs associated with short-term stays of 15 or fewer consecutive days in an IMD. Given the timing of the recently released guidance from CMS, it would not be possible to revise the analysis without performing a substantial amount of work. Additionally, it is currently unknown whether the change from single admissions to cumulative admissions would have either a material or non-material impact to the CYE 18 capitation rates for the RBHA Program.

***Costs Associated with an Institution for Mental Disease stay of more than 15 Days***

The AHCCCS DHCM Actuarial Team adjusted the base data to remove the costs associated with short-term stays of more than 15 consecutive days in an IMD in accordance with 42 CFR § 438.6(e) at 81 FR 27861. The removal of these IMD costs also included any other costs for other services delivered to members while the member was enrolled in an IMD for more than 15 consecutive days.

The data used to determine the base data adjustment was the CYE 16 encounter data for members that had an institutional stay at an IMD for more than 15 consecutive days. To identify IMDs within the CYE 16 encounter data, the AHCCCS DHCM Actuarial Team relied upon a list of IMDs by the Provider ID, Provider Type ID, and Provider Name. This list had been worked on collaboratively between the RBHAs and the AHCCCS DHCM Actuarial Team during 2016. For the costs associated with an institutional stay at an IMD for more than 15 consecutive days, 90% was assumed to remain within the base data and 10% was removed. The 90% of costs that remain in the base data are assumed to shift from an IMD setting to a Non-IMD setting during the CYE 18 rating period. This was a reasonable assumption to make and was made based upon information received from CMS through a technical assistance call between CMS and the AHCCCS DHCM Actuarial Team in July 2017. Through this CMS technical assistance call, CMS confirmed that it would be reasonable to assume that some portion of costs incurred while in an IMD setting would be shifted to a Non-IMD setting.

The 90% assumption was based upon information received from the RBHAs with regards to their increased efforts to identify members that may require an institutional stay at an IMD for more than 15 consecutive days and determine if these members would be better served in a Non-IMD setting. The increased effort from the RBHAs is part of a strategic process that dates back to 2016 with respect to institutional stays in an IMD setting. The costs associated with an institutional stay at an IMD for more than 15 consecutive days that were removed from the base data are displayed below in Table 8. Totals may not add up due to rounding.

**Table 8: Removal of Costs for IMD Stays of More Than 15 Consecutive Days**

GSA	PMPM Before IMD Removal	IMD Costs to Remove	PMPM After IMD Removal	Impact of IMD
Central	\$87.35	\$0.18	\$87.17	-0.20%
North	\$103.68	\$0.03	\$103.65	-0.03%
South	\$103.63	\$0.08	\$103.56	-0.07%
<b>Total</b>	<b>\$93.80</b>	<b>\$0.13</b>	<b>\$93.67</b>	<b>-0.14%</b>

***Costs Associated with an Institution for Mental Disease stay of 15 Days or Fewer***

The AHCCCS DHCM Actuarial Team adjusted the base data to reprice the costs associated with short-term stays of 15 or fewer consecutive days in an IMD in accordance with 42 CFR § 438.6(e) at 81 FR 27861.

The data used to determine the base data adjustment was the CYE 16 encounter data for members that had an institutional stay at an IMD for 15 or fewer consecutive days. To identify IMDs within the CYE 16 encounter data, the AHCCCS DHCM Actuarial Team relied upon a list of IMDs by the Provider ID, Provider Type ID, and Provider Name. This list had been worked on collaboratively between the RBHAs and the AHCCCS DHCM Actuarial Team during 2016. The costs associated with an institutional stay at an IMD for 15 or fewer consecutive days were repriced to the Non-IMD price-per-day. The Non-IMD price-per-day used in the analysis was \$882.68 and was derived from the encounter data for similar IMD services that occurred within a Non-IMD setting. The encounter data was used for the repricing analysis rather than the AHCCCS fee-for-service fee schedule. This was selected because payments made by the RBHAs better reflect the intensity of the services within a Non-IMD setting, which may not be fully captured within the AHCCCS fee-for-service fee schedule per diem rate. The costs associated with an institutional stay at an IMD for 15 or fewer consecutive days that were repriced in the base data are displayed below in Table 9. Totals may not add up due to rounding.

**Table 9: Reprice of Costs for IMD Stays of 15 or Fewer Consecutive Days**

GSA	PMPM Before IMD Reprice	Repriced IMD Costs to Add	PMPM After IMD Reprice	Impact of IMD
Central	\$87.17	\$0.62	\$87.79	0.71%
North	\$103.65	\$0.11	\$103.76	0.11%
South	\$103.56	\$0.01	\$103.57	0.01%
<b>Total</b>	<b>\$93.67</b>	<b>\$0.39</b>	<b>\$94.06</b>	<b>0.42%</b>

**(e) Exclusions of Payments or Services**

The AHCCCS DHCM Actuarial Team ensured that all non-covered services were excluded from the CYE 16 encounter data used for developing the CYE 18 capitation rates for the RBHA Program. Table 10 below displays the non-state plan covered services that were excluded from the CYE 16 encounter data. Totals may not add up due to rounding.

**Table 10: Non-covered Services Excluded from CYE 16 Encounter Base Data**

<b>GSA</b>	<b>Total CYE 16 Encounters</b>	<b>CYE 16 Non-Covered Services</b>	<b>CYE 16 Encounters for Base Data</b>	<b>Impact</b>
Central	\$923,869,112	\$12,596,421	\$911,272,691	-1.4%
North	\$192,287,122	\$424,777	\$191,862,345	-0.2%
South	\$509,098,203	\$3,770,549	\$505,327,654	-0.7%
<b>Total</b>	<b>\$1,625,254,437</b>	<b>\$16,791,747</b>	<b>\$1,608,462,689</b>	<b>-1.0%</b>

### **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**

##### **i. Compliance with 42 CFR § 438.3(c)(1)(ii) and § 438.3(e)**

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

##### **ii. Variations in Assumptions**

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

##### **iii. Projected Benefit Cost Trend Assumptions**

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

##### **iv. In-Lieu-Of Services**

The only in-lieu-of service for the RBHA Program is for members between the ages of 21 to 64 receiving inpatient treatment in an Institution for Mental Diseases (IMD). Additional documentation regarding the projected benefit costs for short-term stays in an IMD setting with 15 or fewer consecutive days can be found in Section I.2.B.iii.(d) of this rate certification.

##### **v. Institution for Mental Disease**

The projected benefit costs include costs for members that have a short-term stay of no more than 15 consecutive days in an Institution for Mental Disease (IMD) in accordance with 42 CFR § 438.6(e) at 81 FR 27861. Additional documentation regarding the projected benefit costs for short-term stays in an IMD setting with 15 or fewer consecutive days can be found in I.2.B.iii.(d) of this rate certification. As described in Section I.2.B.iii.(d), the base data was adjusted to remove 10% of the costs associated with institutional stays at an IMD for more than 15 consecutive days.

##### **vi. Section 12002 of the 21<sup>st</sup> Century Cures Act (P.L. 114-255)**

As requested by CMS, this section provides information in connection with Section 12002 of the 21<sup>st</sup> Century Cures Act (P.L. 114-255).

**(a) Number of Enrollees**

The number of members between the ages of 21 to 64 who received treatment in an IMD in the base data time period was 12,244.

**(b) Length of Stay**

The 2018 Guide states that CMS requests, “the range of and the average number of months and of length of stay during those months that enrollees received care in an IMD.” Through communications with CMS, the AHCCCS DHCM Actuarial Team received clarification from CMS on this section of the 2018 Guide. CMS clarified that, “the rate documentation should provide the number of days (included in the Medicaid rate development) at an IMD, and detail both the range and average length of stay for the days included, for enrollees that received care in an IMD.”

The number of days, members between the ages of 21 to 64 who received treatment in an IMD, and the average length of stay are provided below in Table 11. Totals may not add up due to rounding.

**Table 11: Information in Connection with Section 12002 of the 21<sup>st</sup> Century Cure Act**

Length of Stay	Number of Days	Number of Members	Average Length of Stay
15 Days or Fewer	76,147	10,729	7.1
16 to 31 Days	25,361	1,198	21.2
Over 31 Days	14,725	317	46.5
<b>Total</b>	<b>116,233</b>	<b>12,244</b>	<b>9.5</b>

**(c) Impact on Rates**

The impact on projected benefit costs for short-term stays in an IMD setting with 15 or fewer consecutive days can be found in Section I.2.B.iii.(d) of this rate certification. The impact on the base data for costs associated with institutional stays at an IMD for more than 15 consecutive days can be found in Section I.2.B.iii.(d) of this rate certification.

**B. Appropriate Documentation**

**i. Projected Benefit Costs**

The percentage impact of the projected benefit costs by GSA and rate cell are included in Appendix 6. The aggregate projected benefit costs by GSA are included in Section I.3.B.ii of this rate certification.

**ii. Projected Benefit Cost Development**

The section provides information on the projected benefit costs include in the CYE 18 capitation rates for the RBHA Program.

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

The base data described in Section I.2.B.ii was summarized by GSA and rate cell. Adjustments were made to the base data to reflect the completion, under-reporting, and IMD base data changes described in Section I.2.B.iii. The adjusted base data PMPMs were trended forward 24 months, from the midpoint of the CYE 16 time period to the midpoint of the CYE 18 rating period. The projected PMPMs were then adjusted for prospective program changes that are described within this section of the 2018 Guide. Appendix 4 contains the base data and base data adjustments by GSA and rate cell, Appendix 5 contains the projected benefit cost trends by GSA and rate cell, and Appendix 6 contains the prospective program changes by GSA and rate cell. Additionally, Appendix 6 illustrates the capitation rate development by GSA and cell, which includes the Differential Adjusted Payment PMPMs, administrative expense PMPMS, Underwriting Gain, and Premium Tax.

The projected benefit costs described below for the Integrated Care Initiative, Arnold v. Sarn Agreement, Autism Spectrum Disorder, Children in Foster Care, First Episode Psychosis, Opioid Epidemic, and Substance Use Disorder program changes, were developed through a collaborative effort between the RBHAs and the following teams at AHCCCS: the DHCM Clinical Quality Management Team, the DHCM System of Care and Grants Team, the DHCM Operations Team, the DHCM Finance & Reinsurance Team, the Division of Health Care Advocacy & Advancement Team, and the Office of the Director's Chief Medical Officer. The AHCCCS DHCM Actuarial Team relied upon the professional judgment of the teams at AHCCCS listed above with regards to the reasonableness and appropriateness of the data, assumptions, and methodologies that were used to developed the estimated amounts. The AHCCCS DHCM Actuarial Team was unable to judge the reasonableness of the data, assumptions, and methodologies without performing a substantial amount of additional work.

***Emergency Dental for Adults (Aged 21 and Over)***

As part of the 2017 Legislative session, the Arizona Legislature passed SB 1527, reinstating emergency adult dental services and extractions up to a limit of \$1,000 annually, a covered service prior to October 1, 2010. AHCCCS will restore this as a covered service effective October 1, 2017. This program change will only impact the Integrated SMI rate cell because emergency adult dental services are a physical health service.

To estimate the impact of restoring emergency adult dental services, the AHCCCS DHCM Actuarial Team used historical SMI dental encounter data and member month data for the time frame October 1, 2009 through September 2011. While this data is outside of the requirement under §438.5(c) to use data from the most recent three years of the rating period to develop capitation

rates, the AHCCCS DHCM Actuarial Team determined that this data was reasonable to use to estimate the impact of restoring the benefit. The time frame of October 1, 2009 through September 2011 includes the final year (FFY 10 (10/1/09 – 09/30/10)) AHCCCS covered emergency adult dental services and the first year (FFY 11 (10/1/10 – 09/30/11)) AHCCCS did not cover emergency adult dental services.

The AHCCCS DHCM Actuarial Team developed dental PMPMs by rate cell and GSA for both the FFY10 and FFY11 time frames. The difference between FFY 10 PMPMs and FFY 11 PMPMs was assumed to be the impact of removing the emergency adult dental services. This difference between the FFY 10 PMPMs and FFY 11 PMPMs was trended forward to FFY 18 using an annualized trend of 2.0%. The 2.0% trend was derived using actuarial judgment with consideration of the following information:

- Consumer Price Index - data from IHS Global Insight that was provided to the AHCCCS DHCM Rates & Reimbursement Team;
- National Health Expenditures;
- Encounter data for children dental;
- AHCCCS FFS fee schedule changes.

The FFY 18 emergency adult dental services PMPMs were then added to the capitation rates. The overall impact of the emergency adult dental services program change by GSA is displayed below in Table 12a. Totals may not add up due to rounding.

**Table 12a: Emergency Dental for Adults (Aged 21 and Over)**

GSA	Dollar Impact	PMPM Impact
Central	\$579,655	\$0.05
North	\$217,919	\$0.11
South	\$413,136	\$0.08
<b>Total</b>	<b>\$1,210,710</b>	<b>\$0.07</b>

***Abilify to Aripiprazole***

Effective April 1, 2017, AHCCCS, on the recommendation of the Pharmacy and Therapeutics Committee, made policy changes to allow RBHAs to approve the generic drug aripiprazole in place of the brand drug Abilify. This change was based on the AHCCCS Pharmacy and Therapeutics Committee’s determination and recommendation that the generic drug, aripiprazole, is equally efficacious to Abilify, the most cost effective to the State and offers members the same value and clinical outcome.

To estimate the capitation rate impact of allowing aripiprazole to be approved in place of Abilify, the AHCCCS DHCM Actuarial Team used pharmacy encounter data for Abilify and aripiprazole for the time frame of October 1, 2013 through June 30, 2017. In order to determine the unit cost for Abilify and aripiprazole, the completed encounter data from the time frame April 1, 2017 through June 30, 2017 was used. The unit cost for Abilify from the more recent encounter experience was approximately \$850 and the unit cost for aripiprazole from the more recent encounter experience was approximately \$130. The AHCCCS Pharmacy Program Administrator reviewed this data and determined that these unit cost estimates were reasonable. The completed encounter data was also used to determine the percentage of utilization for aripiprazole and Abilify. The utilization showed that aripiprazole averaged 98% across GSAs and rate cells. The AHCCCS DHCM Actuarial Team used the completed encounter data for the time frame of October 1, 2015 through September 30, 2016 to reprice as if aripiprazole would have been used at that time. This was done at the rate cell and GSA level. To do the repricing, the percentage (average 98%) was used to assume the transfer of utilization from Abilify to aripiprazole to create revised utilization for Abilify and aripiprazole by GSA and rate cell. These revised utilization numbers were then multiplied by the unit cost for Abilify (\$850) and aripiprazole (\$130) to get revised PMPMs by GSA and rate cell. The revised PMPMs were then trended forward to CYE 18 using pharmacy trends by GSA and rate cell.

The overall impact of the Abilify aripiprazole program change by GSA is displayed below in Table 12b. Totals may not add up due to rounding.

**Table 12b: Abilify to Aripiprazole**

GSA	Dollars Impact	PMPM Impact
Central	-\$35,699,712	-\$3.28
North	-\$6,089,223	-\$3.18
South	-\$15,094,649	-\$2.89
<b>Total</b>	<b>-\$56,883,583</b>	<b>-\$3.16</b>

***Vivitrol Initiative***

AHCCCS implemented the Governor’s Office vivitrol initiative effective April 1, 2017. The vivitrol initiative is an increased focus within Maricopa County to provide individuals being discharged from the Arizona Department of Corrections (ADC) who meet specific criteria with a medication to prevent relapse to opioid dependence, which is administered via a monthly shot for up to 12 months. The monthly dose is expected to cost \$1,000 and the manufacturer will pay for the first month of treatment. The vivitrol initiative is expected to treat 100 members over a two-year time period beginning April 1,

2017. It was assumed by the AHCCCS Chief Medical Officer and the AHCCCS Medical Management Team that 15 members would be outreached through the initiative by June 30, 2017, with an additional 25 members outreached per quarter. The AHCCCS DHCM Actuarial Team used the expected cost of the drug and anticipated members outreached to estimate the impact of the vivitrol initiative to the Central GSA for the CYE 18 rating period. The vivitrol initiative is estimated to cost \$821,000 for the CYE 18 rating period.

The increase of \$821,000 was allocated using the pharmacy expenditures for the Central GSA GMH/SA, Integrated SMI, and Non-Integrated SMI rate cells. Since vivitrol is an injectable form of the drug naltrexone, the AHCCCS DHCM Actuarial Team reviewed CYE 16 encounter data for naltrexone utilization to inform the allocation of the \$821,000 across the rate cells for the vivitrol initiative. Through this review it was observed that the GMH/SA, Integrated SMI, and Non-Integrated SMI rate cells utilized naltrexone and thus would have the \$821,000 allocated. Additionally, this allocation was supported by the professional judgment of the AHCCCS Chief Medical Officer and the AHCCCS Medical Management Team that the vivitrol initiative would likely only impact adults in the GMH/SA, Integrated SMI, and Non-Integrated SMI rate cells.

The overall impact of the vivitrol initiative program change by GSA is displayed below in Table 12c. Totals may not add up due to rounding.

**Table 12c: Vivitrol Initiative**

<b>GSA</b>	<b>Dollar Impact</b>	<b>PMPM Impact</b>
Central	\$821,000	\$0.08
North	\$0	\$0.00
South	\$0	\$0.00
<b>Total</b>	<b>\$821,000</b>	<b>\$0.05</b>

***Rx Rebates Adjustment***

An adjustment was made to the base data to reflect the impact of Rx Rebates because the base data does not include any adjustments for Rx Rebates reported within the RBHA Program financial statements. The data that the AHCCCS DHCM Actuarial Team reviewed was the CYE 14, CYE 15, and CYE 16 annual financial statement reports as well as the CYE 17 Q1 financial statement reports. From this review, the AHCCCS DHCM Actuarial Team determined that it would be reasonable to apply an adjustment to the encounter base data to reflect a level of reported Rx Rebates. The AHCCCS DHCM Actuarial Team assumed a similar level of Rx Rebates to apply to the projected CYE 18 Pharmacy category of service. The estimated level of Rx Rebates as a percentage of the

Pharmacy COS was a decrease of 1.50% for the Central GSA, a decrease of 0.50% for the North GSA, and a decrease of 0.75% for the South GSA.

The overall impact of the Rx Rebates adjustment program change by GSA is displayed below in Table 12d. Totals may not add up due to rounding.

**Table 12d: Rx Rebates Adjustment**

GSA	Dollar Impact	PMPM Impact
Central	-\$2,097,150	-\$0.19
North	-\$132,246	-\$0.07
South	-\$503,298	-\$0.10
<b>Total</b>	<b>-\$2,732,694</b>	<b>-\$0.15</b>

***Occupational Therapy in an Outpatient Setting for Adults (Aged 21 and Over)***

As part of the 2017 Legislative session, the Arizona Legislature passed SB 1527 which added occupational therapy in an outpatient setting for adults aged 21 and over (OT for Adults). AHCCCS will begin coverage for this service effective October 1, 2017. This program change will only impact the Integrated SMI rate cell because OT for Adults is a physical health service.

To estimate the impact of adding OT for Adults, the AHCCCS DHCM Actuarial Team first developed an assumption for the expected number of members that would utilize the OT for Adults services. This was completed by using the projected FFY 18 member months for Integrated SMI members. The average annual members for FFY 18 were calculated by using the projected FFY 18 member months and dividing by twelve. It was assumed that 0.6% of the average annual members would utilize these OT for Adults services.

To develop the FFY 18 projected costs, the expected utilizing members were multiplied by the assumed cost amount of \$339.48 per utilizing member. Then the FFY 18 projected costs were divided by FFY 18 projected members months to develop the FFY 18 PMPMs. The projected member months were derived by the AHCCCS Division of Business & Finance Team. The utilization assumption and cost of utilizing members were derived by the AHCCCS Clinical Quality Management Team. These utilization and cost assumptions were derived from the professional clinical judgment and informed by historical occupational therapy experience from the Arizona Long Term Care Services Program. The AHCCCS DHCM Actuarial Team was unable to determine the reasonableness of these assumptions without performing a substantial amount of work and relied upon the AHCCCS Clinical Quality Management Team for the reasonableness for these assumptions.

The overall impact of the occupational therapy program change by GSA is displayed below in Table 12e. Totals may not add up due to rounding.

**Table 12e: Occupational Therapy in an Outpatient Setting for Adults (Aged 21 and Over)**

GSA	Dollar Impact	PMPM Impact
Central	\$42,748	\$0.00
North	\$11,994	\$0.01
South	\$23,751	\$0.00
<b>Total</b>	<b>\$78,494</b>	<b>\$0.00</b>

***AHCCCS Fee-for-Service Fee Schedule Updates***

AHCCCS typically makes annual updates to provider fee schedules that are used for AHCCCS fee-for-service programs. The AHCCCS DHCM Rates & Reimbursement Team and the AHCCCS DHCM Actuarial Team have typically determined impacts that the change in fees would have on the managed care programs and have applied these impacts to the managed care capitation rates. Although it is not mandated through the health plan contracts, the health plans typically update their provider fee schedules to reflect changes in the AHCCCS provider fee schedules because the health plans tend to benchmark against the AHCCCS provider fee schedules. This information is known through health plan surveys conducted by the AHCCCS DHCM Finance & Reinsurance Team regarding their fee schedules.

Additionally, the RBHA Contracts have requirements that the RBHAs reimburse Federally Qualified Health Centers (FQHCs) at the Prospective Payment System (PPS) rates. This contract requirement was effective April 1, 2015. The AHCCCS Fee-for-Service Fee Schedule Updates program change includes a fee schedule adjustment to bring the encounter base data from CYE 16 FQHC PPS rates up to projected CYE 18 FQHC PPS rates.

Effective October 1, 2017, AHCCCS will be updating provider fee schedules for certain providers based either on access to care needs, Medicare/ADHS fee schedule rate changes, and/or legislative mandates. The CYE 18 capitation rates have been adjusted to reflect these fee schedule changes. The data used by the AHCCCS DHCM Rates & Reimbursement Team to develop the adjustment to the CYE 18 capitation rates was the CYE 16 encounter data. The AHCCCS DHCM Rates & Reimbursement Team applied AHCCCS provider fee schedule changes as a unit cost change to determine what the impacts would be for the CYE 18 time period. The AHCCCS DHCM Actuarial Team then reviewed the results and applied the impacts by program.

The overall impact of the AHCCCS fee-for-service fee schedule updates program change by GSA is illustrated below in Table 12f. Totals may not add up due to rounding.

**Table 12f: AHCCCS Fee-for-Service Fee Schedule Updates**

GSA	Dollar Impact	PMPM Impact
Central	\$1,314,190	\$0.12
North	\$275,784	\$0.14
South	\$1,989,634	\$0.38
<b>Total</b>	<b>\$3,579,609</b>	<b>\$0.20</b>

***Podiatry for Adults (Aged 21 and Over)***

As part of the 2016 Legislative session, the Arizona Legislature passed HB 2704, reinstating podiatry services for adults aged 21 and over, a covered service prior to October 1, 2010. AHCCCS restored this as a covered service effective October 1, 2016. Since this was effective after the base data time period, an adjustment was made to ensure the reinstated podiatry services were included in the CYE 18 capitation rates for the RBHA Program. This program change will only impact the Integrated SMI rate cell because podiatry is a physical health service.

To estimate the impact of the reinstated podiatry services, the AHCCCS DHCM Actuarial Team reviewed more recent encounter data for the time period of October 1, 2016 through June 30, 2017. It was observed by the AHCCCS DHCM Actuarial Team that the monthly expenses for time period of October 2016 through December 2016 appeared to be a ramp-up period, the January 2017 through May 2017 appeared to be a stable time period with consistent expense amounts by month for podiatry services, and the June 2017 expense amounts were lower than the January 2017 through May 2017 expense amounts which was assumed to be due to completion of the data. Upon review of the data, the AHCCCS DHCM Actuarial Team determined that it would be reasonable to assume that the stable expense amounts by month would be reasonable to assume for the CYE 18 time period. An average monthly amount was multiplied by twelve to estimate the annual amount for the CYE 18 time period.

The overall impact of the podiatry program change by GSA is illustrated below in Table 12g. Totals may not add up due to rounding.

**Table 12g: Podiatry for Adults (Aged 21 and Over)**

GSA	Dollar Impact	PMPM Impact
Central	\$240,000	\$0.02
North	\$20,000	\$0.01
South	\$140,000	\$0.03
<b>Total</b>	<b>\$400,000</b>	<b>\$0.02</b>

***Minimum Wage Increase***

Effective January 1, 2017 and July 1, 2017, AHCCCS increased fee schedule rates for select Home and Community-Based Services (HCBS) procedure codes, all Nursing Facility (NF) revenue codes, and all Alternative Living Facility (ALF) procedure codes. The increase addressed the increased labor costs resulting from the Arizona minimum wage increase and employee benefit provisions as approved by voters as Proposition 206 and Proposition 414.

Although it is not mandated through the RBHA Contracts, the RBHAs typically update their provider fee schedules to reflect changes in the AHCCCS provider fee schedules because the health plans tend to benchmark against the AHCCCS provider fee schedules. This information is known through health plan surveys conducted by the AHCCCS DHCM Finance & Reinsurance Team regarding their fee schedules. This program change will only impact the Integrated SMI rate cell because HCBS, NF, and ALF are physical health services.

The data used to develop an adjustment for the minimum wage increase was the CYE 16 encounter data for the HCBS procedure codes, NF revenue codes, and the ALF procedure codes. For HCBS and ALF, a 7.0% increase was applied to the encounter data for all GSAs to reflect a January 1, 2017 minimum wage adjustment. A second adjustment to HCBS and ALF of 1.9% for the Central and South GSAs, and a 3.3% for the North GSA, was applied to the encounter data to reflect a July 1, 2017 minimum wage adjustment. For NF, a 3.5% increase was applied to the encounter data for all GSAs to reflect a January 1, 2017 minimum wage adjustment. A second adjustment to NF of 0.3% for the Central and South GSAs, and a 1.0% for the North GSA, was applied to the encounter data to reflect a July 1, 2017 minimum wage adjustment.

The overall impact of the minimum wage increase program change by GSA is illustrated below in Table 12h. Totals may not add up due to rounding.

**Table 12h: Minimum Wage Increase**

<b>GSA</b>	<b>Dollar Impact</b>	<b>PMPM Impact</b>
Central	\$1,401,552	\$0.13
North	\$514,787	\$0.27
South	\$691,883	\$0.13
<b>Total</b>	<b>\$2,608,221</b>	<b>\$0.14</b>

***Integrated Care Initiative***

The key to reducing the fragmentation that exists in our health care system and improving service delivery to AHCCCS members is integrated health care that addresses the whole health needs of Arizona’s Medicaid population. The

integrated care initiative is targeted at the enhancement of integrated care coordination for children and families and targeted integrated care services for individuals with an SMI. This model is built to target youth and individuals with SMI who have a strong need for coordination due to physical health needs taking into account both the physical health and behavioral health. Additional services include general counseling, substance abuse counseling, wellness services and care coordination.

The overall impact of the integrated care initiative program change by GSA is illustrated below in Table 12i. Totals may not add up due to rounding.

**Table 12i: Integrated Care Initiative**

GSA	Dollar Impact	PMPM Impact
Central	\$848,000	\$0.08
North	\$0	\$0.00
South	\$0	\$0.00
<b>Total</b>	<b>\$848,000</b>	<b>\$0.05</b>

***Arnold v. Sarn Agreement***

Under the Arnold v. Sarn exit agreement filed in 2014 (related to the 30+ year lawsuit for individuals with Serious Mental Illness (SMI)), it was agreed to expand the capacity of Assertive Community Treatment (ACT) teams, peer support, supported employment and housing. Each ACT team, with the twelve required staff professionals, works with up to 100 individuals with a SMI. While ACT teams are not inexpensive, they are far more cost effective than hospitalization and 24 hour care, which is the next graduated step for members. ACT teams work diligently to keep their members out of the ER and out of jail. Funding is needed to maintain expanded capacity. National data show that individuals with a SMI are far more likely than their peers to use alcohol, drugs and tobacco. It was determined by the Substance Abuse and Mental Health Services Administration (SAMHSA) fidelity reviews of the Maricopa County ACT teams that the substance abuse specialist roles were either vacant, or filled with unqualified individuals. Funding is needed for qualified substance abuse specialists. A number of different staff positions were identified in the 2015 annual Arnold v. Sarn Mercer report as necessary to SMI clinics to assist members. These various roles help members who are experiencing or at risk of homelessness at the SMI Clinics to ensure full connection to benefits, to effectively address housing needs, and to ensure timely a discharge for members in higher levels of care or in crisis situations (incarcerations, Emergency Departments and inpatient).

The overall impact of the Arnold v. Sarn agreement program change by GSA is illustrated below in Table 12j. Totals may not add up due to rounding.

**Table 12j: Arnold v. Sarn Agreement**

GSA	Dollar Impact	PMPM Impact
Central	\$12,690,000	\$1.17
North	\$0	\$0.00
South	\$0	\$0.00
<b>Total</b>	<b>\$12,690,000</b>	<b>\$0.70</b>

***Autism Spectrum Disorder (ASD)***

The Governor’s Office established the statewide ASD Advisory Committee to address and provide recommendations to strengthen services for the treatment of ASD. The recommendations include both systems-level changes (integrating physical and behavioral health services at both payer and provider level since autism is a complex neurobehavioral condition) as well as short-term activities to improve navigation and access to treatment services for AHCCCS members with ASD. Short term activities include expanding the availability of services through the RBHAs for individuals with ASD. This has resulted in the establishment of a streamlined process for referral from primary care providers (PCPs) to the RBHA providers, and identification of Behavioral Health Professionals who specialize in the diagnosis of autism.

The overall impact of the ASD program change by GSA is illustrated below in Table 12k. Totals may not add up due to rounding.

**Table 12k: Autism Spectrum Disorder (ASD)**

GSA	Dollar Impact	PMPM Impact
Central	\$12,032,000	\$1.11
North	\$1,408,000	\$0.73
South	\$2,816,000	\$0.54
<b>Total</b>	<b>\$16,256,000</b>	<b>\$0.90</b>

***Children in Foster Care***

Children involved with the child welfare system are at higher risk for behavioral health conditions due to the factors necessitating removal (abuse and/or neglect) as well as the trauma of the removal itself. Additional funding is needed based on concerns for both short and long term outcomes for youth involved with the child welfare system as well as the passage of legislation in 2016 with detailed requirements placed on AHCCCS to increase policy and contractual requirements, and oversight, of the RBHA responsible for the provision of behavioral health services to children in the Comprehensive

Medical and Dental Program (CMDP). This has resulted in minimum requirements for behavioral health service utilization for the first six months of state custody, and shortened timeframes to initially receive Behavioral Health service provision.

The overall impact of the children in foster care program change by GSA is illustrated below in Table 12l. Totals may not add up due to rounding.

**Table 12l: Children in Foster Care**

GSA	Dollar Impact	PMPM Impact
Central	\$5,900,000	\$0.54
North	\$0	\$0.00
South	\$0	\$0.00
<b>Total</b>	<b>\$5,900,000</b>	<b>\$0.33</b>

***First Episode Psychosis (FEP)***

Traditionally, transition age youth (individuals aged 16-25 years of age) who have their first episode of psychosis present through the crisis/emergency system and receive traditional psychiatric treatment (inpatient hospitalization, psychotropic medications). Through the development of centers specializing in First Episode Psychosis (FEP) programming, transition age youth are able to receive community based services earlier to assist them in their recovery, including non-pharmacologic and pharmacologic-based interventions. Research has found that early intervention is beneficial for the following reasons: less treatment resistance and lower risk of relapse, reduced risk of suicide, reduced disruptions to work/school, retention of social skills/support, decreased need for hospitalization, and more rapid recovery and better prognosis.

The overall impact of the FEP program change by GSA is illustrated below in Table 12m. Totals may not add up due to rounding.

**Table 12m: First Episode Psychosis (FEP)**

GSA	Dollar Impact	PMPM Impact
Central	\$877,100	\$0.08
North	\$0	\$0.00
South	\$293,750	\$0.06
<b>Total</b>	<b>\$1,170,850</b>	<b>\$0.07</b>

***Opioid Epidemic***

The Opioid epidemic is a national crisis that has gained much focus in the last year. In June 2017 the Governor’s Office declared a statewide health emergency relative to opioid use. AHCCCS’ overarching goal to address the opioid epidemic is to increase access to Opioid Use Disorder (OUD) treatment, coordinated and

integrated care, recovery support services and to reduce the prevalence of OUDs and opioid-related overdose deaths. The approach includes developing and supporting state, regional, and local level collaborations and service enhancements to develop and implement best practices to comprehensively address the full continuum of care related to opioid misuse, abuse and dependency. The activities will work synergistically with the existing efforts to reduce OUDs and OUD deaths currently underway in Arizona by expanding navigation and access to Medication Assisted Treatment options (MAT) and integrated treatment and recovery systems through new venues, new providers, new model processes and by increasing the number of high risk individuals served and increasing the ability to ensure the likelihood of recovery success by expanding peer support services, recovery homes and recovery supports to pregnant and parenting women.

The overall impact of the opioid epidemic program change by GSA is illustrated below in Table 12n. Totals may not add up due to rounding.

**Table 12n: Opioid Epidemic**

GSA	Dollar Impact	PMPM Impact
Central	\$24,400,000	\$2.24
North	\$6,250,000	\$3.26
South	\$12,200,000	\$2.34
<b>Total</b>	<b>\$42,850,000</b>	<b>\$2.38</b>

***Substance Use Disorder***

Individuals with more complex substance use disorders involving opioids, alcohol, benzodiazepines, and/or other substances have an increased rate of morbidity and mortality. Access to specialists who understand complex withdrawal symptoms and risks/benefits of different treatment options are necessary across the care continuum. Individuals with methamphetamine disorders are at risk of developing mood and/or psychotic symptoms and entering the healthcare system in crisis; this can include emergency department visits and inpatient psychiatric hospitalization for stabilization. Although the research base for treatment of methamphetamine disorders is still in progress, treatment includes access to the full spectrum of substance use disorder treatment from 12 step support groups, outpatient services, and residential treatment. In Arizona, our American Indian members are at disproportional risk for alcohol use disorder which carries medical, legal, and social risks. Medical risks include developing liver based conditions including cirrhosis and end stage liver disease. Increased access to evidence-based interventions, utilizing both non-pharmacologic and pharmacologic interventions to supplement traditional

healing approaches not reimbursed by Medicaid, is needed to address the complex needs of this population.

The overall impact of the substance use disorder program change by GSA is illustrated below in Table 12o. Totals may not add up due to rounding.

**Table 12o: Substance Use Disorder**

GSA	Dollar Impact	PMPM Impact
Central	\$17,736,000	\$1.63
North	\$3,734,000	\$1.95
South	\$7,468,000	\$1.43
<b>Total</b>	<b>\$28,938,000</b>	<b>\$1.61</b>

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

The primary source of data used to develop the CYE 18 capitation rates for the RBHA Program has changed from previous years. As described in Section I.B.2.ii.(c), this change was driven by the new sub-cap/block payment repricing methodology.

**iii. Projected Benefit Cost Trends**

In accordance with 42 CFR § 438.7(b)(2) at 81 FR 27861, this section provides documentation on the projected benefit cost trends.

**(a) Requirements**

**(i) Projected Benefit Cost Trends Data**

The data used to development the projected benefit cost trends was the encounter data incurred from October 1, 2013 through April 30, 2017 and adjudicated and approved through May 15, 2017.

**(ii) Projected Benefit Cost Trends Methodologies**

The encounter data was summarized by GSA, rate cell, month, and major category of service, and by utilization per 1000, unit cost, and Per Member Per Month (PMPM) values. The encounter data was adjusted for completion and under-reporting. Additionally, the encounter data was adjusted to normalize for previous program changes. Projected benefit cost trends were developed to project the base data forward 24 months, from the midpoint of CYE 16 (March 31, 2016) to the midpoint of the rating period for CYE 18 (April 1, 2018). The projected benefit cost trends were not based upon a formula-driven approach using historical benefit cost trends. Projected benefit cost trends were based upon actuarial judgment with consideration of 3-month, 6-month, and 12-month moving averages, and with 12-month, 24-month, and 36-month linear regression results.

Projected benefit cost trends were developed at the major category of service level of detail for all rate cells within the Central and South GSAs. For the North GSA, the projected benefit cost trends were developed in aggregate across all major category of service for the following rate cells: DD Child, CMDP Child, DD Adult, and Non-integrated SMI. This was determined to be reasonable given the volume of services and variation within the major category of services.

**(iii) Projected Benefit Cost Trends Comparisons**

No comparisons were made against other AHCCCS programs due to the unique aspects of the RBHA Program. Additionally, no comparisons were made against previous trends used in the capitation rate development for the RBHA Program due to the use of financial based trends within those previous rate development processes.

**(b) Projected Benefit Cost Trends by Component**

**(i) Changes in Price and Utilization**

The projected benefit cost trends by GSA, rate cell, and major category of service for utilization per 1000, unit cost, and Per Member Per Month (PMPM) values are included in Appendix 5. The aggregate projected benefit cost trends by GSA for utilization per 1000, unit cost, and Per Member Per Month (PMPM) values are included below in Table 13.

**Table 13: CYE 18 Annualized Trends**

GSA	Utilization Per 1000	Unit Cost	PMPM
Central	2.56%	3.38%	6.03%
North	1.66%	2.95%	4.66%
South	1.44%	3.63%	5.12%
<b>Total</b>	<b>2.12%</b>	<b>3.39%</b>	<b>5.58%</b>

**(ii) Alternative Methods**

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

**(iii) Other Components**

Not applicable. The projected benefit cost trends did not include other components.

**(c) Variation in Trend**

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

**(d) Any Other Material Adjustments**

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

**(e) Any Other Adjustments**

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

**(i) Managed Care Impacts**

There were no separate adjustments made to the projected benefit cost trends to reflect the impact of managed care.

**(ii) Changes Other than Price and Utilization**

Other than the changes described in this section of the rate certification, there were no other changes made to the projected benefit cost trends.

**iv. Mental Health Parity and Addiction Equity Act Compliance**

The AHCCCS DHCM Medical Management Team, the AHCCCS Office of Administrative Legal Services (OALS) Legal Counsel Team, and the AHCCCS Office of the Director, are currently working on a Mental Health Parity and Addiction Equity Act (MHPAEA) analysis to determine if additional services are necessary to comply with parity standards. Although the analysis is not yet complete, at this time no additional services have been identified as necessary services to comply with MHPAEA.

**v. In-Lieu-Of Services**

The only in-lieu-of service for the RBHA Program is for members between the ages of 21 to 64 receiving inpatient treatment in an Institution for Mental Diseases (IMD). Additional documentation regarding the projected benefit costs for short-term stays in an IMD setting with 15 or fewer consecutive days can be found in Section I.2.B.iii.(d) of this rate certification.

**vi. Retrospective Eligibility Periods**

**(a) RBHA Responsibility**

AHCCCS provides prior period coverage for the period of time prior to the member's enrollment during which the member is eligible for covered services. Prior period coverage refers to the time frame from the effective date of eligibility (usually the first day of the month of application) until the date the member is enrolled with the RBHA. The RBHA receives notification from AHCCCS of the member's enrollment. The RBHA is responsible for payment of all claims for medically necessary behavioral health services and integrated health covered services, provided by the RBHA, provided to members during prior period coverage.

**(b) Claims Incorporated in Base Data**

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

**(c) Enrollment Incorporated in Base Data**

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

**(d) Adjustments, Assumptions, and Methodology**

No specific adjustments are made to the CYE 18 capitation rates for the RBHA Program, given that the encounter and enrollment data are already included within the base data used for rate development.

**vii. Impact of All Material Changes**

This section provides documentation on impacts to projected benefit costs made 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 made to reflect recoveries of overpayments made to providers by health plans in accordance with 42 CFR §438.608(d) at 81 FR 27892. The AHCCCS DHCM Actuarial Team will be working with the AHCCCS Office of Inspector General (OIG) Team to implement a process 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**

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

**(d) Applicable Waivers**

There was no material adjustments made related to waiver requirements or conditions.

**(e) Applicable Litigation**

There was no material adjustments made related to litigation.

**viii. Impact of All Material and Non-Material Changes**

Documentation regarding all changes, whether material or non-material, has been provided above in Section I.3.B.vii.

**(a) Non-Material Changes**

**(i) List of Non-Material Changes**

All projected benefit cost and trend adjustments, whether material or non-material, have been described in this rate certification.

**(ii) Description of Non-Material Changes**

All projected benefit cost and trend adjustments, whether material or non-material, have been described in this rate certification.

**(iii) Application of Non-Material Changes**

All projected benefit cost and trend adjustments, whether material or non-material, have been described in this rate certification.

**(iv) Impact of Non-Material Changes**

All projected benefit cost and trend adjustments, whether material or non-material, have been described in this rate certification.

## 4. Special Contract Provisions Related to Payment

### A. Incentive Arrangements

#### i. Rate Development Standards

This section of the 2018 Guide provides information on the definition and requirements of an incentive arrangement.

#### ii. Appropriate Documentation

##### (a) Description of Any Incentive Arrangements

The CYE 18 capitation rates for the RBHA Program include an incentive arrangement, as described under 42 CFR § 438.6(b)(2) at 81 FR 27589, called the Alternative Payment Model (APM) Initiative – Performance Based Payments. The APM Initiative – Performance Based Payments incentive arrangement is a special provision for payment where a RBHA may receive additional funds over and above the capitation rates for implementing APM arrangements with providers who successfully meet targets established by the RBHA that are aimed at quality improvement, such as reducing costs, improving health outcomes or improving access to care. The incentive arrangement will not exceed 105% of the capitation payments. It is anticipated that the APM Initiative – Performance Based Payment amounts for CYE 18 will be at least \$8 million, which is approximately 0.40% of projected CYE 18 capitation payments, based upon current CYE 17 APM – Performance Based Payment amounts.

##### (i) Time Period

The time period of the incentive arrangement coincides with the rating period.

##### (ii) Enrollees, Services, and Providers Covered

All enrollees, children and adults, may be covered by this incentive arrangement. Likewise, all network providers have the opportunity to participate in the APM arrangements and all covered services are eligible for inclusion. RBHAs are mandated to utilize the APM strategies in the Health Care Payment Learning and Action Network (LAN) Alternative Payment Model Framework with a focus on Categories 2, 3 and 4 as defined at <https://hcp-lan.org/workproducts/apm-whitepaper.pdf>. Their provider contracts must include performance measures for quality and/or cost efficiency.

##### (iii) Purpose

The purpose of the APM Initiative – Performance Based Payments incentive arrangement is to align incentives between the RBHAs and providers to the quality and efficiency of care provided by rewarding providers for their

measured performance across the dimensions of quality to achieve cost savings and quantifiable improved outcomes.

**(iv) Effect on Capitation Rate Development**

Incentive payments for the APM Initiative – Performance Based Payments incentive arrangement are not included in the CYE 18 capitation rates for the RBHA Program. Additionally, incentive payments for the APM Initiative – Performance Based Payments incentive arrangement had no impact on the development of the CYE 18 capitation rates for the RBHA Program. The anticipated incentive payment amount of at least \$8 million will be paid by AHCCCS to the RBHAs through lump sum payments after the completion of the CYE 18 contract year.

**B. Withhold Arrangements**

**i. Rate Development Standards**

This section of the 2018 Guide provides information on the definition and requirements of a withhold arrangement.

**ii. Appropriate Documentation**

**(a) Description of Any Withhold Arrangements**

Not applicable. There are no withhold arrangements in the CYE 18 capitation rates for the RBHA Program.

**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**

The CYE 18 capitation rates for the RBHA Program will include a risk corridor.

**(i) Rationale for Risk-Sharing Mechanisms**

AHCCCS has a long-standing program policy of including risk corridors within the managed care programs to protect the State against excessive Contractor profits, and to protect Contractors from excessive losses. The CYE 18 capitation rates will continue AHCCCS' long-standing program policy and will include a risk corridor. This rate certification will use the term risk corridor to be consistent with the 2018 Guide. The RBHA Contracts refer to the risk corridor as reconciliation.

**(ii) Description of Risk-Sharing Mechanisms**

The risk corridor will reconcile the RBHA's medical cost expenses to the net capitation paid to the RBHA to a maximum 4% profit or loss. Net capitation is equal to the capitation rates paid less the premium tax, the health insurer fee (if applicable) and the administrative component. The RBHA's medical cost expenses are equal to the RBHA's fully adjudicated encounters and sub-cap/block payment expenses as reported by the RBHA with dates of service during the contract year. The results are reconciled to an initial reconciliation which are typically performed no sooner than 6 months after the end of the contract year, with final reconciliations typically occurring no sooner than 15 months after the contract year. Additional information regarding the risk corridor can be found in the RBHA Program contracts.

**(iii) Effect of Risk-Sharing Mechanisms on Capitation Rates**

The risk corridor did not have any effect on the development of the CYE 18 capitation rates for the RBHA Program.

**(iv) Risk-Sharing Mechanisms Documentation**

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

**(b) Medical Loss Ratio**

Not applicable. The RBHA Program contracts do not include an MLR remittance/payment requirement.

**(i) MLR Methodology**

Not applicable. The RBHA Program contracts do not include an MLR remittance/payment requirement.

**(ii) Remittance Requirements**

Not applicable. The RBHA Program contracts do not include an MLR remittance/payment requirement.

**(iii) Other Consequences**

Not applicable. The RBHA Program contracts do not include an MLR remittance/payment requirement.

**(c) Reinsurance Requirements**

**(i) Description of Reinsurance Requirements**

The RBHA Contracts do not require that the RBHAs purchase reinsurance. The RBHA Contracts state that if a RBHA intends to purchase reinsurance, then that RBHA shall submit the details of the reinsurance arrangement to

AHCCCS prior to the proposed effective date. The reinsurance premiums, deductibles, and coinsurance amounts are proprietary to each RBHA and therefore are not provided within this rate certification.

**(ii) Impact of Reinsurance**

The reinsurance premiums were included in the CYE 18 projected administrative costs since the RBHAs report reinsurance premiums in the administrative data in the financial statements. There were no reported reinsurance recoveries applicable to the base data time period within the CYE 16 annual financial statements.

**(iii) Reinsurance Mechanism**

Not applicable. The AHCCCS DHCM Actuarial Team did not develop the reinsurance mechanism.

**(iv) Reinsurance Development**

Not applicable. The AHCCCS DHCM Actuarial Team did not develop the reinsurance premiums.

**D. Delivery System and Provider Payment Initiatives**

**i. Rate Development Standards**

This section of the 2018 Guide provides information on delivery system and provider payment initiatives.

**ii. Appropriate Documentation**

**(a) Description of Delivery System and Provider Payment Initiatives**

**(i) Description**

***AHCCCS Targeted Investments Program***

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

***AHCCCS Differential Adjusted Payments***

The AHCCCS Differential Adjusted Payment (DAP) initiative delivers a uniform percentage increase to registered providers who provide a particular service under the contract and who meet specific criteria established by AHCCCS. The purpose of the DAP is to distinguish providers which have committed to supporting designated actions that improve patients' care experience, improve members' health, and reduce cost of care growth. The rate increase is intended to supplement, not supplant,

payments to eligible providers. The rate increases range from 0.5% to 10%, depending on the provider type.

**(ii) Amount**

***AHCCCS Targeted Investments Program***

Anticipated payments for Targeted Investments are approximately \$32 million. AHCCCS will adjust capitation rates in the form of an annual lump sum payment to the RBHAs after the completion of the contract year.

***AHCCCS Differential Adjusted Payments***

The amount of payments for the DAP included in the CYE 18 capitation rates for the RBHA Program are displayed below in Table 14.

**Table 14: AHCCCS Differential Adjusted Payments**

GSA	Dollar Impact	PMPM Impact
Central	\$717,115	\$0.07
North	\$85,832	\$0.04
South	\$271,841	\$0.05
<b>Total</b>	<b>\$1,074,788</b>	<b>\$0.06</b>

**(iii) Providers Receiving Payment**

***AHCCCS Targeted Investments Program***

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

***AHCCCS Differential Adjusted Payments***

The qualifying providers receiving the payments include hospitals subject to APR-DRG reimbursement (eligible for a 0.5% increase), other hospitals and inpatient facilities (eligible for a 0.5% increase), nursing facilities (eligible for up to 2% increase), integrated clinics (eligible for a 10% increase on a limited set of codes), physicians, physician assistants, and registered nurse practitioners (all eligible for a 1% increase). All providers were notified via a proposed and a final Public Notice of the criteria required to qualify for the DAP.

**(iv) Effect on Capitation Rate Development**

***AHCCCS Targeted Investments Program***

Funding for Targeted Investments is not included in the certified capitation rates. AHCCCS describes the methodology, data and assumptions related the Targeted Investments Program within the approved 438.6(c) pre-print.

### ***AHCCCS Differential Adjusted Payments***

Funding for DAP is included in the certified capitation rates. 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. AHCCCS describes the methodology, data and assumptions related the DAP within the approved 438.6(c) pre-print.

## **E. Pass-Through Payments**

### **i. Rate Development Standards**

This section of the 2018 Guide provides information on the pass-through payments.

### **ii. Appropriate Documentation**

#### **(a) Existing Pass-Through Payments**

Not applicable. There are no pass-through payments in the CYE 18 capitation rates for the RBHA Program.

## 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

##### (a) Data, Assumptions, Methodology

The primary data source used to develop the administrative component of the CYE 18 capitation rates for the RBHA Program was the reported administrative expenses from the CYE 16 annual financial statements. The CYE 14, CYE 15, and CYE 17 Q1 reported administrative expenses were also reviewed to inform the development of the administrative component. The CYE 16 annual financial statements were selected as the base data for the development of the administrative component to align with the base data of CYE 16 that was selected for developing the projected benefit costs. Also reviewed were trends from Consumer Price Index (CPI) and Employment Cost Index (ECI) data from IHS Global Insight that was provided to the AHCCCS DHCM Rates & Reimbursement Team.

To develop the CYE 18 projected administrative costs, the AHCCCS DHCM Actuarial Team first reviewed the CYE 16 reported administrative costs and removed costs for non-state plan covered services from both the North and South GSAs. This was a reasonable assumption to make since the costs were for non-state plan covered services. Next, amounts for reported sanctions for the Central GSA were removed. This was a reasonable assumption to make given the expectation that if a RBHA complies with the contract, then there should be no sanctions incurred during the CYE 18 time period. Finally, the CYE 16 reported administrative costs were adjusted upwards for both the North and South GSAs to reflect administrative costs related to PBM administration fees that had been reported with the pharmacy medical costs in the financial statements instead of being reported with the administrative costs. No PBM administration fee adjustment was made for the Central GSA, since the AHCCCS DHCM Finance & Reinsurance Team had determined that these expenses were already included within the reported administrative costs. The total CYE 16 administrative expenses and adjustments are displayed below in Table 15a.

**Table 15a: CYE 16 Administrative Expenses and Adjustments**

GSA	Admin Expenses	Admin PMPM	Admin Adjustments	Adjustments PMPM
Central	\$85,142,502	\$7.83	-\$118,570	-\$0.01
North	\$14,947,116	\$7.80	\$150,594	\$0.08
South	\$39,359,171	\$7.55	\$2,828,018	\$0.54
<b>Total</b>	<b>\$139,448,789</b>	<b>\$7.75</b>	<b>\$2,860,042</b>	<b>\$0.16</b>

The adjusted CYE 16 reported administrative costs were projected forward to CYE 18 using a 2.0% annualized trend. This was based upon actuarial judgment with consideration of the CPI and ECI data provided by IHS Global Insight and also the historical RBHA Program administrative expense levels. The CYE 18 projected administrative costs on a PMPM basis were added to the rate cells for each GSA. This was completed by creating projected benefit cost relativities using the CYE 18 projected benefit cost PMPMs by rate cell relative to the CYE 18 projected benefit cost PMPM by GSA. These relativities were applied to the GSA CYE 18 projected administrative cost PMPMs to develop the rate cell specific administrative cost PMPM. The total CYE 18 administrative expense PMPMs and percentage of the certified capitation rates are displayed below in Table 15b.

**Table 15b: CYE 18 Administrative Expenses**

GSA	Admin PMPM	Percentage of Pre-tax Capitation
Central	\$8.14	7.21%
North	\$8.20	6.42%
South	\$8.42	6.60%
<b>Total</b>	<b>\$8.23</b>	<b>6.93%</b>

**(b) Changes since the Previous Rate Certification**

The data, assumptions, and methodology used to develop the CYE 18 projected administrative costs are different than previous rating periods. Previous methodologies relied upon an administrative cost as a percent of capitation amount of 8.0% applied to the projected capitation PMPMs for each GSA. Through a review of the CYE 14 through CYE 17 Q1 reported administrative costs, it was observed that the administrative costs as a percent of capitation varied between 7.0% to 8.0% for the Central GSA, between 6.1% to 6.6% for the North GSA, and 6.4% to 7.0% for the South GSA. The CYE 16 administrative costs as a percent of capitation were 8.0% for the Central GSA, 6.4% for the North GSA, and 6.6% for the South GSA. The DHCM Actuarial Team determined that the change in methodology was reasonable given the actual administrative costs of the RBHA Program.

**(c) Any Other Material Changes**

No other material adjustments were applied to the projected non-benefit costs of the CYE 18 capitation rates for the RBHA Program.

**ii. Projected Non-Benefit Costs by Category**

**(a) Administrative Costs**

The administrative component of the CYE 18 capitation rates for the RBHA Program is described above in Section I.5.B.i. (a).

**(b) Taxes and Other Fees**

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

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

The CYE 18 capitation rates for the RBHA Program include a provision of 2.0% for underwriting gain. This represents a change from previous RBHA Program capitation rates, in which 1.0% was included in the capitation rates for underwriting gain. The increase in a provision of 1.0% to 2.0% for underwriting gain is to reflect that there may be additional uncertainty due to the change in the rate development methodology from being financial based to being encounter based. The provision of 2.0% for underwriting gain was compared against other states from the Society of Actuaries March 2017 Research Report, “Medicaid Managed Care Organizations: Considerations in Calculating Margin in Rate Setting”. A provision of 2.0% for underwriting gain is reasonable when compared against external benchmarks.

**(d) Other Material Non-Benefit Costs**

There are no other material non-benefit costs added to the non-benefit component for the CYE 18 capitation rates for the RBHA Program.

**iii. Health Insurance Providers Fee**

**(a) Address if in Rates**

The CYE 18 capitation rates for the RBHA Program reflected in this rate certification do not incorporate the Health Insurance Providers Fee (HIPF). AHCCCS will follow previous RBHA Program capitation rate methodologies for the HIPF, in which capitation rates are amended to reflect the calculated HIPF and related tax impacts.

**(b) Data Year or Fee Year**

Not applicable. The HIPF is not incorporated into the CYE 18 capitation rates for the RBHA Program.

**(c) Description of how Fee was Determined**

Not applicable. The HIPF is not incorporated into the CYE 18 capitation rates for the RBHA Program.

**(d) Address if not in Rates**

As previously stated above in Sections I.5.B.iii.(a), I.5.B.iii.(b), and I.5.B.iii.(c), the HIPF is not incorporated into the CYE 18 capitation rates for the RBHA Program. The impact to the RBHA Program will be addressed in a letter to CMS once the HIPF is known.

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

As in previous years, the PMPM adjustments will be developed based on each corporate entity's actual member months within each applicable rate cell. The HIPF adjustment to the capitation rates is expected to be calculated in late 2018. Based upon HIPF from previous years, the AHCCCS DHCM Actuarial Team estimated that an impact to the RBHA Program for the HIPF for CYE 18 could be approximately \$14.6 million.

**(e) Summary of Benefits Under 26 CFR § 57.2(h)(2)(ix)**

The portion of the CYE 18 capitation rates for the RBHA Program attributable to nursing facility services, and related home and community based services, for 90 days of short-term convalescent care are located below in Table 16.

**Table 16: Portion of the CYE 18 Capitation Rates for HCBS and NF**

Rate Cell	Central		North		South	
	HCBS	NF	HCBS	NF	HCBS	NF
DD Child	\$1.81	\$0.00	\$44.60	\$0.00	\$9.42	\$0.00
CMDP Child	\$5.26	\$0.00	\$42.33	\$0.00	\$19.08	\$0.00
DD Adult	\$2.40	\$0.00	\$4.44	\$0.00	\$3.52	\$0.00
TXIX / TXXI GMH/SA Adult Non-Dual	\$0.10	\$0.00	\$0.48	\$0.00	\$0.27	\$0.00
TXIX / TXXI Non-CMDP Child	\$0.72	\$0.00	\$3.64	\$0.00	\$2.11	\$0.00
Integrated SMI	\$51.17	\$10.76	\$16.03	\$4.45	\$4.67	\$13.18
Non-integrated SMI	\$20.51	\$0.00	\$13.44	\$0.00	\$11.05	\$0.00

## 6. Risk Adjustment and Acuity Adjustments

### A. Rate Development Standards

#### i. Risk Adjustment

This section of the 2018 Guide provides information about risk adjustment.

#### ii. Budget Neutrality

This section of the 2018 Guide provides information on budget neutrality.

#### iii. Acuity Adjustment

This section of the 2018 Guide provides information on acuity adjustments.

### B. Appropriate Documentation

#### i. Prospective Risk Adjustment

##### (a) Data and Data Adjustments

Not applicable. The CYE 18 capitation rates for the RBHA Program do not include prospective risk adjustment.

##### (b) Model and Model Adjustments

Not applicable. The CYE 18 capitation rates for the RBHA Program do not include prospective risk adjustment.

##### (c) Relative Risk Factor Methodology

Not applicable. The CYE 18 capitation rates for the RBHA Program do not include prospective risk adjustment.

##### (d) Magnitude of Adjustment by MCO

Not applicable. The CYE 18 capitation rates for the RBHA Program do not include prospective risk adjustment.

##### (e) Predictive Value Assessment

Not applicable. The CYE 18 capitation rates for the RBHA Program do not include prospective risk adjustment.

##### (f) Actuarial Concerns

Not applicable. The CYE 18 capitation rates for the RBHA Program do not include prospective risk adjustment.

#### ii. Retrospective Risk Adjustment

##### (a) The Party Calculating

Not applicable. The CYE 18 capitation rates for the RBHA Program do not include retrospective risk adjustment.

**(b) Data and Data Adjustments**

Not applicable. The CYE 18 capitation rates for the RBHA Program do not include retrospective risk adjustment.

**(c) Model and Model Adjustments**

Not applicable. The CYE 18 capitation rates for the RBHA Program do not include retrospective risk adjustment.

**(d) Timing and Frequency**

Not applicable. The CYE 18 capitation rates for the RBHA Program do not include retrospective risk adjustment.

**(e) Actuarial Concerns**

Not applicable. The CYE 18 capitation rates for the RBHA Program do not include retrospective risk adjustment.

**iii. Additional Items on Risk Adjustment**

**(a) Model Changes since Last Rating Period**

Not applicable. The CYE 18 capitation rates for the RBHA Program do not include risk adjustment, which is consistent with the RBHA Program capitation rates for the previous rating period.

**(b) Budget Neutrality**

Not applicable. The CYE 18 capitation rates for the RBHA Program do not include risk adjustment.

**iv. Acuity Adjustment Description**

Not applicable. The CYE 18 capitation rates for the RBHA Program do not include an acuity adjustment.

**(a) Reason for Uncertainty**

Not applicable. The CYE 18 capitation rates for the RBHA Program do not include an acuity adjustment.

**(b) Acuity Adjustment Model**

Not applicable. The CYE 18 capitation rates for the RBHA Program do not include an acuity adjustment.

**(c) Acuity Adjustment Data**

Not applicable. The CYE 18 capitation rates for the RBHA Program do not include an acuity adjustment.

**(d) Relationship and Potential Interactions**

Not applicable. The CYE 18 capitation rates for the RBHA Program do not include an acuity adjustment.

**(e) Application of Acuity Scores**

Not applicable. The CYE 18 capitation rates for the RBHA Program do not include an acuity adjustment.

**(f) Acuity Score Documentation**

Not applicable. The CYE 18 capitation rates for the RBHA Program do not include an acuity adjustment.

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

Section II of the 2018 Medicaid Managed Care Rate Development Guide is not applicable to the RBHA Program. Managed long-term services and supports, as defined at 42 CFR § 438.2 at 81 FR 27855, are not covered services under the RBHA Program. The RBHA 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 Medicaid Managed Care Rate Development Guide is applicable to the RBHA Program.

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

Prior to January 1, 2014, the RBHA Program did not have a separate rate cell for the childless adults up to 100% population. This population would have been included in the GMH/SA or SMI rate cells. After January 1, 2014, the RBHA Program rate cell structure continued to remain the same and the new adult group would have been included in the GMH/SA or SMI rate cells. The CYE 18 capitation rates for the RBHA Program followed this approach.

## **1. Data**

### **A. Description of Data for Rate Development**

As described above, the CYE 18 capitation rates for the RBHA Program do not have a separate capitation rate specific to the new adult group.

### **B. Documentation**

#### **i. New Data**

The previous RBHA Program capitation rates for CYE 17 were built off of a base data time period of CYE 15. The CYE 15 time period would have contained actual experience for the new adult group. The CYE 18 capitation rate development process used more recent data that was available. All data related to the CYE 18 capitation rates for the RBHA Program is described in Section I.2.

#### **ii. Monitoring of Costs and Experience**

The AHCCCS DHCM Actuarial Team did not develop plans to monitor costs and experience specifically for the new adult group for the RBHA Program. As described above, the new adult group does not have a separate rate cell and could be in the GMH/SA or SMI rate cells. However, the AHCCCS DHCM Actuarial Team, along with the AHCCCS DHCM Finance & Reinsurance Team, monitors the costs and experience for all rate cells for the RBHA Program.

#### **iii. Actual Experience vs. Projected Experience**

At the time when the CYE 14 and CYE 15 capitation rates for the RBHA Program were developed, the AHCCCS DHCM Actuarial Team assumed that the new adult group would have similar cost and utilization patterns for behavioral health services as other populations, including the childless adults up to 100% FPL population. The rate cell structure at the time these capitation rates were developed did not have separate rate cells for the new adult group. The rate development process for these capitation rates was based upon financial statement data, which also did not have any breakouts for the childless adults up to 100% FPL population.

#### **iv. Adjustments Based Upon Actual Experience vs. Projected Experience**

No adjustments were made to the CYE 18 capitation rates for the RBHA Program to reflect differences between projected and actual experience from previous rating periods.

## 2. Projected Benefit Costs

### A. Description of Projected Benefit Costs

#### i. Documentation

##### (a) Previous Data and Experience Used

The projected benefit costs for the CYE 18 capitation rates for the RBHA Program are described in Section I.3. The CYE 16 encounter data used to develop projected benefit costs was done at the rate cell level and not by population. Any data specific to the new adult group would be captured at the rate cell level.

##### (b) Changes in Data Sources, Assumptions, Methodologies

The projected benefit costs for the CYE 18 capitation rates for the RBHA Program are described in Section I.3. The data, assumptions, and methodologies used to develop projected benefit costs were done at the rate cell level and not by population. Any data specific to the new adult group would be captured at the rate cell level.

##### (c) Change in Key Assumptions

###### (i) Acuity or Health Status

Acuity or health status adjustments were not used in previous capitation rates for the RBHA Program to specifically address the new adult group population.

###### (ii) Pent-up Demand

Pent-up demand adjustments were not used in previous capitation rates for the RBHA Program to specifically address the new adult group population.

###### (iii) Adverse Selection

Adverse selection adjustments were not used in previous capitation rates for the RBHA Program to specifically address the new adult group population.

###### (iv) Demographics

Demographic adjustments were not used in previous capitation rates for the RBHA Program to specifically address the new adult group population.

###### (v) Provider Reimbursement Rates

Provider reimbursement rate adjustments were not used in previous capitation rates for the RBHA Program to specifically address the new adult group population.

**(A) Variations in Assumptions**

For the previous capitation rates for the RBHA Program, any variation in the assumptions used to develop the projected benefit costs for the covered populations would have been based upon valid rate development standards and not based on the rate of federal financial participation for the covered populations.

**(vi) Other Material Adjustments**

No other material adjustments were used in previous capitation rates for the RBHA Program to specifically address the new adult group population.

**B. Key Assumptions**

The CYE 18 capitation rates for the RBHA Program used a base data time period of CYE 16. This time period has twelve months of actual experience for the new adult group. Additionally, the CYE 16 time period is 21 months past the effective date of the new adult group. Therefore, the CYE 18 capitation rates for the RBHA Program do not include assumptions for the following adjustments to specifically address the new adult group population: acuity or health status, pent-up demand, adverse selection, demographics, provider reimbursement rates, and any other material adjustments to specifically address the new adult group population.

**i. Acuity Adjustment**

Not applicable as described in Section III.2.B.

**ii. Pent-up Demand Adjustment**

Not applicable as described in Section III.2.B.

**iii. Adverse Selection Adjustment**

Not applicable as described in Section III.2.B.

**iv. Demographics Adjustment**

Not applicable as described in Section III.2.B.

**v. Provider Reimbursement Adjustments**

Not applicable as described in Section III.2.B.

**vi. Other Material Adjustments**

Not applicable as described in Section III.2.B.

**C. Benefit Plan Changes**

Not applicable. The RBHA Program does not have separate benefit plans for the new adult group.

#### **D. Any Other Material Changes**

There are no other material changes to specifically address the new adult group population in the CYE 18 capitation rates for the RBHA Program.

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

#### **A. Description of Issues**

##### **i. Changes in Data Sources, Assumptions, Methodologies**

The projected non-benefit costs for the CYE 18 capitation rates for the RBHA Program are described in Section I.5.

##### **ii. Assumptions for the Following Items**

###### **(a) Administrative Costs**

The previous capitation rates for the RBHA Program did not include differences in administrative cost assumptions between populations.

###### **(b) Care Coordination and care management**

The previous capitation rates for the RBHA Program did not include differences in care coordination and care management assumptions between populations.

###### **(c) Provision for Underwriting Gain**

The previous capitation rates for the RBHA Program did not include differences in underwriting gain assumptions between populations.

###### **(d) Taxes, Fees, and Assessments**

The previous capitation rates for the RBHA Program did not include differences in premium tax assumptions between populations.

###### **(e) Other Material Non-Benefit Costs**

There were no other material non-benefit costs to specifically address the new adult group population in the previous capitation rates for the RBHA Program.

#### **B. Differences between Populations**

##### **i. Administrative Costs**

Not applicable. There are no differences in administrative cost assumptions between populations for the CYE 18 capitation rates for the RBHA Program.

##### **ii. Care Coordination and care management**

Not applicable. There are no differences in care coordination and care management assumptions between populations for the CYE 18 capitation rates for the RBHA Program.

**iii. Provision for Underwriting Gain**

Not applicable. There are no differences in underwriting gain assumptions between the new adult group and other populations for the CYE 18 capitation rates for the RBHA Program.

**iv. Taxes, Fees, and Assessments**

Not applicable. There are no differences in premium tax assumptions between populations for the CYE 18 capitation rates for the RBHA Program.

**v. Other Material Non-Benefit Costs**

There are no other material non-benefit costs to specifically address the new adult group population in the CYE 18 capitation rates for the RBHA Program.

**4. Final Certified Rates**

**A. Documentation**

**i. Comparison of Rates**

The final and certified capitation rates by rate cell are located in Appendix 2.

**ii. Description of Material Changes**

There are no other material changes to specifically address the new adult group population in the CYE 18 capitation rates for the RBHA Program.

**5. Risk Mitigation Strategies**

**A. New Adult Rates Risk Mitigation**

Not applicable. The CYE 18 capitation rates for the RBHA Program do not include any risk mitigation strategies specific to the new adult group population.

**B. Documentation**

**i. Changes in Risk Mitigation Strategies**

Not applicable. Previous capitation rates for the RBHA Program did not include any risk mitigation strategies specific to the new adult group population.

**ii. Rationale**

Not applicable. Previous capitation rates for the RBHA Program did not include any risk mitigation strategies specific to the new adult group population.

**iii. Prior Results**

Not applicable. Previous capitation rates for the RBHA Program did not include any risk mitigation strategies specific to the new adult group population.

## **Appendix 1: Actuarial Certification**

I, Stewart N. Campbell, am an employee of Arizona Health Care Cost Containment System (AHCCCS). I am a Member of the American Academy of Actuaries and an Associate of the Society of Actuaries. I meet the qualification standards established by the American Academy of Actuaries and have followed the practice standards established the Actuarial Standards Board.

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

- § 438.4 (a) Actuarially sound capitation rates defined. Actuarially sound capitation rates are projected to provide for all reasonable, appropriate, and attainable costs that are required under the terms of the contract and for the operation of the MCO, PIHP, or PAHP for the time period and the population covered under the terms of the contract, and such capitation rates are developed in accordance with the requirements in paragraph (b) of this section.
- § 438.4 (b) CMS review and approval of actuarially sound capitation rates. Capitation rates for MCOs, PIHPs, and PAHPs must be reviewed and approved by CMS as actuarially sound. To be approved by CMS, capitation rates must:
- § 438.4 (b) (1) Have been developed in accordance with standards specified in § 438.5 and generally accepted actuarial principles and practices. Any proposed differences among capitation rates according to covered populations must be based on valid rate development standards and not based on the rate of Federal financial participation associated with the covered populations.
- § 438.4 (b) (2) Be appropriate for the populations to be covered and the services to be furnished under the contract.
- § 438.4 (b) (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 Actuarial Standard of Practice (ASOP) 49, “Medicaid Managed Care Capitation Rate Development and Certification,” as:

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

The data, assumptions, and methodologies used to develop the CYE 18 capitation rates for the RBHA Program have been documented according to the guidelines established by CMS in the 2018 Guide. The CYE 18 capitation rates for the RBHA Program are effective for the twelve month time period from October 1, 2017 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, information, and the professional judgment provided by teams at AHCCCS. However, I have reviewed data and information for reasonableness and consistency.

SIGNATURE ON FILE

October 1, 2017

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Stewart N. Campbell

Date

Associate, Society of Actuaries

Member, American Academy of Actuaries

## Appendix 2: Certified Capitation Rates

The CYE 17 capitation rates for the RBHA Program displayed in the tables below represent the amended capitation rates effective April 1, 2017.

### Central GSA

Rate Cell	CYE 18 Projected Membership	CYE 17 Capitation Rate	CYE 18 Capitation Rate	Percentage Impact
DD Child	93,962	\$178.26	\$245.78	37.9%
CMDP Child	124,144	\$737.58	\$627.43	-14.9%
DD Adult	90,175	\$120.28	\$159.97	33.0%
TXIX / TXXI GMH/SA Adult Non-Dual	5,093,122	\$51.91	\$70.53	35.9%
TXIX / TXXI Non-CMDP Child	5,368,369	\$29.29	\$33.83	15.5%
Integrated SMI	248,656	\$2,368.59	\$2,363.74	-0.2%
Non-integrated SMI	6,404	\$1,774.97	\$2,819.33	58.8%
<b>Total</b>	<b>11,024,832</b>	<b>\$103.51</b>	<b>\$114.48</b>	<b>10.6%</b>

### North GSA

Rate Cell	CYE 18 Projected Membership	CYE 17 Capitation Rate	CYE 18 Capitation Rate	Percentage Impact
DD Child	6,903	\$607.33	\$583.15	-4.0%
CMDP Child	16,110	\$1,309.40	\$1,172.40	-10.5%
DD Adult	17,372	\$203.21	\$243.30	19.7%
TXIX / TXXI GMH/SA Adult Non-Dual	1,060,972	\$57.48	\$70.96	23.4%
TXIX / TXXI Non-CMDP Child	769,305	\$62.52	\$63.68	1.9%
Integrated SMI	67,387	\$1,765.81	\$1,433.21	-18.8%
Non-integrated SMI	2,304	\$2,190.60	\$1,321.09	-39.7%
<b>Total</b>	<b>1,940,354</b>	<b>\$135.00</b>	<b>\$129.38</b>	<b>-4.2%</b>

### South GSA

Rate Cell	CYE 18 Projected Membership	CYE 17 Capitation Rate	CYE 18 Capitation Rate	Percentage Impact
DD Child	26,925	\$252.86	\$374.30	48.0%
CMDP Child	57,155	\$936.68	\$919.94	-1.8%
DD Adult	43,872	\$182.36	\$234.79	28.8%
TXIX / TXXI GMH/SA Adult Non-Dual	2,736,919	\$59.49	\$79.72	34.0%
TXIX / TXXI Non-CMDP Child	2,265,004	\$57.11	\$54.99	-3.7%
Integrated SMI	158,167	\$1,646.14	\$1,618.67	-1.7%
Non-integrated SMI	5,187	\$1,471.72	\$1,356.24	-7.8%
<b>Total</b>	<b>5,293,230</b>	<b>\$118.74</b>	<b>\$128.23</b>	<b>8.0%</b>

## **Appendix 3: Fiscal Impact Summary**

The CYE 17 projected expenses for the RBHA Program displayed in the tables below are based upon the amended capitation rates effective April 1, 2017.

### Central GSA

Rate Cell	CYE 18 Projected Membership	CYE 17 Projected Expenses	CYE 18 Projected Expenses	Difference
DD Child	93,962	\$16,750,009	\$23,093,742	\$6,343,733
CMDP Child	124,144	\$91,566,863	\$77,892,055	-\$13,674,808
DD Adult	90,175	\$10,846,142	\$14,424,868	\$3,578,726
TXIX / TXXI GMH/SA Adult Non-Dual	5,093,122	\$264,401,692	\$359,221,984	\$94,820,292
TXIX / TXXI Non-CMDP Child	5,368,369	\$157,247,929	\$181,635,327	\$24,387,397
Integrated SMI	248,656	\$588,963,717	\$587,756,721	-\$1,206,996
Non-integrated SMI	6,404	\$11,366,924	\$18,055,004	\$6,688,080
<b>Total</b>	<b>11,024,832</b>	<b>\$1,141,143,277</b>	<b>\$1,262,079,700</b>	<b>\$120,936,423</b>

### North GSA

Rate Cell	CYE 18 Projected Membership	CYE 17 Projected Expenses	CYE 18 Projected Expenses	Difference
DD Child	6,903	\$4,192,563	\$4,025,625	-\$166,939
CMDP Child	16,110	\$21,094,729	\$18,887,642	-\$2,207,088
DD Adult	17,372	\$3,530,189	\$4,226,571	\$696,382
TXIX / TXXI GMH/SA Adult Non-Dual	1,060,972	\$60,988,643	\$75,285,422	\$14,296,778
TXIX / TXXI Non-CMDP Child	769,305	\$48,098,966	\$48,990,612	\$891,646
Integrated SMI	67,387	\$118,993,047	\$96,580,107	-\$22,412,940
Non-integrated SMI	2,304	\$5,047,456	\$3,043,978	-\$2,003,478
<b>Total</b>	<b>1,940,354</b>	<b>\$261,945,595</b>	<b>\$251,039,957</b>	<b>-\$10,905,638</b>

### South GSA

Rate Cell	CYE 18 Projected Membership	CYE 17 Projected Expenses	CYE 18 Projected Expenses	Difference
DD Child	26,925	\$6,808,445	\$10,078,131	\$3,269,687
CMDP Child	57,155	\$53,536,106	\$52,579,304	-\$956,802
DD Adult	43,872	\$8,000,433	\$10,300,652	\$2,300,219
TXIX / TXXI GMH/SA Adult Non-Dual	2,736,919	\$162,807,611	\$218,194,353	\$55,386,742
TXIX / TXXI Non-CMDP Child	2,265,004	\$129,361,247	\$124,541,946	-\$4,819,301
Integrated SMI	158,167	\$260,365,251	\$256,020,240	-\$4,345,011
Non-integrated SMI	5,187	\$7,633,837	\$7,034,860	-\$598,977
<b>Total</b>	<b>5,293,230</b>	<b>\$628,512,930</b>	<b>\$678,749,487</b>	<b>\$50,236,557</b>

## **Appendix 4: Base Data and Base Data Adjustments**

GSA: Central  
 Risk Group: DD Child  
 Base Period: October 1, 2015 through September 30, 2016  
 Projection Period: October 1, 2017 through September 30, 2018  
 Base Period Member Months: 91,450  
 Projection Period Member Months: 93,962

Category of Service	Non-Subcapitated/Block Payment Base Data				Subcapitated/Block Payment Base Data			Combined Base PMPM	IMD (Remove Stays > 15)	IMD (Reprice Stays <= 15)	Adjusted Base PMPM
	PMPM	Completion	Under-Reporting	Adjusted PMPM	PMPM	Under-Reporting	Adjusted PMPM				
Behavioral Health Day Programs	\$0.00	0.9772	0.9957	\$0.00	\$0.28	0.9732	\$0.28	\$0.28	0.00%	0.00%	\$0.28
Case Management	\$0.40	0.9772	0.9957	\$0.41	\$40.80	0.9732	\$41.93	\$42.34	0.00%	0.00%	\$42.34
Crisis Intervention Services	\$0.10	0.9772	0.9957	\$0.10	\$1.91	0.9732	\$1.96	\$2.06	0.00%	0.00%	\$2.06
Dental Services	\$0.00	0.9772	0.9957	\$0.00	\$0.00	0.9732	\$0.00	\$0.00	0.00%	0.00%	\$0.00
FQHC/RHC	\$0.02	0.9772	0.9957	\$0.02	\$0.00	0.9732	\$0.00	\$0.02	0.00%	0.00%	\$0.02
Inpatient Behavioral Health	\$9.69	0.9047	0.9957	\$10.76	\$0.13	0.9732	\$0.13	\$10.89	0.00%	0.00%	\$10.89
Inpatient Hospital	\$4.41	0.8976	0.9957	\$4.94	\$0.00	0.9732	\$0.00	\$4.94	0.00%	0.00%	\$4.94
Medical Services	\$0.35	0.9772	0.9957	\$0.36	\$6.75	0.9732	\$6.94	\$7.30	-0.43%	0.00%	\$7.26
Nursing Facility (Short-term)	\$0.00	0.8976	0.9957	\$0.00	\$0.00	0.9732	\$0.00	\$0.00	0.00%	0.00%	\$0.00
Other Services	\$0.00	0.9772	0.9957	\$0.00	\$0.00	0.9732	\$0.00	\$0.00	0.00%	0.00%	\$0.00
Outpatient Hospital	\$0.06	0.9512	0.9957	\$0.06	\$0.44	0.9732	\$0.45	\$0.51	0.00%	0.00%	\$0.51
Pharmacy	\$44.09	0.9973	0.9957	\$44.40	\$0.00	0.9732	\$0.00	\$44.40	0.00%	0.00%	\$44.40
Rehabilitation Services	\$0.20	0.9772	0.9957	\$0.20	\$57.14	0.9732	\$58.71	\$58.91	0.00%	0.00%	\$58.91
Residential Services	\$4.70	0.9772	0.9957	\$4.83	\$0.00	0.9732	\$0.00	\$4.83	0.00%	0.00%	\$4.83
Support Services	\$2.39	0.9772	0.9957	\$2.46	\$14.35	0.9732	\$14.74	\$17.20	0.00%	0.00%	\$17.20
Transportation	\$3.28	0.9772	0.9957	\$3.37	\$1.53	0.9732	\$1.57	\$4.94	0.00%	0.00%	\$4.94
Treatment Services	\$0.89	0.9772	0.9957	\$0.91	\$22.75	0.9732	\$23.38	\$24.29	0.00%	0.00%	\$24.29
<b>Gross Medical</b>	<b>\$70.57</b>			<b>\$72.82</b>	<b>\$146.07</b>		<b>\$150.10</b>	<b>\$222.92</b>			<b>\$222.88</b>

GSA: Central  
 Risk Group: CMDP Child  
 Base Period: October 1, 2015 through September 30, 2016  
 Projection Period: October 1, 2017 through September 30, 2018  
 Base Period Member Months: 133,245  
 Projection Period Member Months: 124,144

Category of Service	Non-Subcapitated/Block Payment Base Data				Subcapitated/Block Payment Base Data			Combined Base PMPM	IMD (Remove Stays > 15)	IMD (Reprice Stays <= 15)	Adjusted Base PMPM
	PMPM	Completion	Under-Reporting	Adjusted PMPM	PMPM	Under-Reporting	Adjusted PMPM				
Behavioral Health Day Programs	\$0.01	0.9772	0.9957	\$0.01	\$0.77	0.9732	\$0.79	\$0.79	0.00%	0.00%	\$0.79
Case Management	\$0.83	0.9772	0.9957	\$0.85	\$119.37	0.9732	\$122.66	\$123.50	0.00%	0.00%	\$123.50
Crisis Intervention Services	\$0.11	0.9772	0.9957	\$0.12	\$13.99	0.9732	\$14.37	\$14.49	0.00%	0.00%	\$14.49
Dental Services	\$0.00	0.9772	0.9957	\$0.00	\$0.00	0.9732	\$0.00	\$0.00	0.00%	0.00%	\$0.00
FQHC/RHC	\$0.10	0.9772	0.9957	\$0.10	\$0.00	0.9732	\$0.00	\$0.10	0.00%	0.00%	\$0.10
Inpatient Behavioral Health	\$75.18	0.9002	0.9957	\$83.88	\$2.73	0.9732	\$2.80	\$86.68	0.00%	0.00%	\$86.68
Inpatient Hospital	\$5.23	0.8976	0.9957	\$5.86	\$0.00	0.9732	\$0.00	\$5.86	0.00%	0.00%	\$5.86
Medical Services	\$0.36	0.9772	0.9957	\$0.37	\$5.62	0.9732	\$5.78	\$6.15	-0.43%	0.00%	\$6.12
Nursing Facility (Short-term)	\$0.00	0.8976	0.9957	\$0.00	\$0.00	0.9732	\$0.00	\$0.00	0.00%	0.00%	\$0.00
Other Services	\$0.00	0.9772	0.9957	\$0.00	\$0.00	0.9732	\$0.00	\$0.00	0.00%	0.00%	\$0.00
Outpatient Hospital	\$0.00	0.9512	0.9957	\$0.00	\$1.95	0.9732	\$2.00	\$2.00	0.00%	0.00%	\$2.00
Pharmacy	\$17.65	0.9973	0.9957	\$17.77	\$0.00	0.9732	\$0.00	\$17.77	0.00%	0.00%	\$17.77
Rehabilitation Services	\$0.73	0.9772	0.9957	\$0.75	\$63.89	0.9732	\$65.65	\$66.40	0.00%	0.00%	\$66.40
Residential Services	\$24.45	0.9772	0.9957	\$25.13	\$0.78	0.9732	\$0.80	\$25.93	0.00%	0.00%	\$25.93
Support Services	\$32.09	0.9772	0.9957	\$32.98	\$11.86	0.9732	\$12.18	\$45.16	0.00%	0.00%	\$45.16
Transportation	\$9.79	0.9772	0.9957	\$10.07	\$4.51	0.9732	\$4.63	\$14.70	0.00%	0.00%	\$14.70
Treatment Services	\$1.68	0.9772	0.9957	\$1.73	\$72.63	0.9732	\$74.63	\$76.36	0.00%	0.00%	\$76.36
<b>Gross Medical</b>	<b>\$168.21</b>			<b>\$179.60</b>	<b>\$298.08</b>		<b>\$306.30</b>	<b>\$485.89</b>			<b>\$485.87</b>

GSA: Central  
 Risk Group: DD Adult  
 Base Period: October 1, 2015 through September 30, 2016  
 Projection Period: October 1, 2017 through September 30, 2018  
 Base Period Member Months: 87,431  
 Projection Period Member Months: 90,175

Category of Service	Non-Subcapitated/Block Payment Base Data				Subcapitated/Block Payment Base Data			Combined Base PMPM	IMD (Remove Stays > 15)	IMD (Reprice Stays <= 15)	Adjusted Base PMPM
	PMPM	Completion	Under-Reporting	Adjusted PMPM	PMPM	Under-Reporting	Adjusted PMPM				
Behavioral Health Day Programs	\$0.00	0.9772	0.9957	\$0.00	\$0.35	0.9732	\$0.36	\$0.36	0.00%	0.00%	\$0.36
Case Management	\$0.56	0.9772	0.9957	\$0.57	\$17.48	0.9732	\$17.97	\$18.54	0.00%	0.00%	\$18.54
Crisis Intervention Services	\$0.04	0.9772	0.9957	\$0.04	\$5.02	0.9732	\$5.16	\$5.20	0.00%	0.00%	\$5.20
Dental Services	\$0.00	0.9772	0.9957	\$0.00	\$0.00	0.9732	\$0.00	\$0.00	0.00%	0.00%	\$0.00
FQHC/RHC	\$0.03	0.9772	0.9957	\$0.03	\$0.00	0.9732	\$0.00	\$0.03	0.00%	0.00%	\$0.03
Inpatient Behavioral Health	\$2.74	0.9184	0.9957	\$2.99	\$1.24	0.9732	\$1.27	\$4.27	-0.79%	5.37%	\$4.46
Inpatient Hospital	\$9.71	0.8976	0.9957	\$10.87	\$0.00	0.9732	\$0.00	\$10.87	0.00%	0.00%	\$10.87
Medical Services	\$0.48	0.9772	0.9957	\$0.49	\$8.41	0.9732	\$8.64	\$9.13	-0.43%	0.00%	\$9.09
Nursing Facility (Short-term)	\$0.00	0.8976	0.9957	\$0.00	\$0.00	0.9732	\$0.00	\$0.00	0.00%	0.00%	\$0.00
Other Services	\$0.00	0.9772	0.9957	\$0.00	\$0.00	0.9732	\$0.00	\$0.00	0.00%	0.00%	\$0.00
Outpatient Hospital	\$0.06	0.9512	0.9957	\$0.06	\$0.15	0.9732	\$0.15	\$0.21	0.00%	0.00%	\$0.21
Pharmacy	\$60.59	0.9973	0.9957	\$61.02	\$0.00	0.9732	\$0.00	\$61.02	0.00%	0.00%	\$61.02
Rehabilitation Services	\$0.23	0.9772	0.9957	\$0.24	\$13.99	0.9732	\$14.37	\$14.61	0.00%	0.00%	\$14.61
Residential Services	\$3.51	0.9772	0.9957	\$3.61	\$0.08	0.9732	\$0.08	\$3.69	0.00%	0.00%	\$3.69
Support Services	\$0.02	0.9772	0.9957	\$0.02	\$4.56	0.9732	\$4.69	\$4.71	0.00%	0.00%	\$4.71
Transportation	\$4.59	0.9772	0.9957	\$4.72	\$1.07	0.9732	\$1.10	\$5.82	0.00%	0.00%	\$5.82
Treatment Services	\$1.21	0.9772	0.9957	\$1.25	\$8.52	0.9732	\$8.75	\$10.00	0.00%	0.00%	\$10.00
<b>Gross Medical</b>	<b>\$83.77</b>			<b>\$85.91</b>	<b>\$60.87</b>		<b>\$62.54</b>	<b>\$148.45</b>			<b>\$148.61</b>

GSA: Central  
 Risk Group: TXIX/TXXI GMH/SA NonDual  
 Base Period: October 1, 2015 through September 30, 2016  
 Projection Period: October 1, 2017 through September 30, 2018  
 Base Period Member Months: 5,053,771  
 Projection Period Member Months: 5,093,122

Category of Service	Non-Subcapitated/Block Payment Base Data				Subcapitated/Block Payment Base Data			Combined Base PMPM	IMD (Remove Stays > 15)	IMD (Reprice Stays <= 15)	Adjusted Base PMPM
	PMPM	Completion	Under-Reporting	Adjusted PMPM	PMPM	Under-Reporting	Adjusted PMPM				
Behavioral Health Day Programs	\$0.00	0.9772	0.9957	\$0.00	\$0.14	0.9732	\$0.15	\$0.15	0.00%	0.00%	\$0.15
Case Management	\$0.09	0.9772	0.9957	\$0.10	\$2.75	0.9732	\$2.83	\$2.93	0.00%	0.00%	\$2.93
Crisis Intervention Services	\$0.07	0.9772	0.9957	\$0.08	\$4.22	0.9732	\$4.34	\$4.41	0.00%	0.00%	\$4.41
Dental Services	\$0.00	0.9772	0.9957	\$0.00	\$0.00	0.9732	\$0.00	\$0.00	0.00%	0.00%	\$0.00
FQHC/RHC	\$0.25	0.9772	0.9957	\$0.25	\$0.00	0.9732	\$0.00	\$0.25	0.00%	0.00%	\$0.25
Inpatient Behavioral Health	\$8.51	0.9070	0.9957	\$9.43	\$1.22	0.9732	\$1.25	\$10.68	-0.97%	8.41%	\$11.46
Inpatient Hospital	\$3.93	0.8976	0.9957	\$4.40	\$0.00	0.9732	\$0.00	\$4.40	0.00%	0.00%	\$4.40
Medical Services	\$1.48	0.9772	0.9957	\$1.52	\$3.32	0.9732	\$3.41	\$4.94	-0.43%	0.00%	\$4.91
Nursing Facility (Short-term)	\$0.00	0.8976	0.9957	\$0.00	\$0.00	0.9732	\$0.00	\$0.00	0.00%	0.00%	\$0.00
Other Services	\$0.00	0.9772	0.9957	\$0.00	\$0.00	0.9732	\$0.00	\$0.00	0.00%	0.00%	\$0.00
Outpatient Hospital	\$0.03	0.9512	0.9957	\$0.04	\$0.01	0.9732	\$0.01	\$0.05	0.00%	0.00%	\$0.05
Pharmacy	\$5.48	0.9973	0.9957	\$5.52	\$0.00	0.9732	\$0.00	\$5.52	0.00%	0.00%	\$5.52
Rehabilitation Services	\$0.01	0.9772	0.9957	\$0.01	\$0.79	0.9732	\$0.81	\$0.82	0.00%	0.00%	\$0.82
Residential Services	\$0.59	0.9772	0.9957	\$0.61	\$1.95	0.9732	\$2.00	\$2.61	0.00%	0.00%	\$2.61
Support Services	\$0.00	0.9772	0.9957	\$0.00	\$0.38	0.9732	\$0.39	\$0.39	0.00%	0.00%	\$0.39
Transportation	\$1.90	0.9772	0.9957	\$1.95	\$0.64	0.9732	\$0.66	\$2.61	0.00%	0.00%	\$2.61
Treatment Services	\$0.50	0.9772	0.9957	\$0.52	\$7.44	0.9732	\$7.65	\$8.17	0.00%	0.00%	\$8.17
<b>Gross Medical</b>	<b>\$22.86</b>			<b>\$24.42</b>	<b>\$22.88</b>		<b>\$23.51</b>	<b>\$47.92</b>			<b>\$48.69</b>

GSA: Central  
 Risk Group: TXIX/TXXI Non-CMDP Child  
 Base Period: October 1, 2015 through September 30, 2016  
 Projection Period: October 1, 2017 through September 30, 2018  
 Base Period Member Months: 5,251,705  
 Projection Period Member Months: 5,368,369

Category of Service	Non-Subcapitated/Block Payment Base Data				Subcapitated/Block Payment Base Data			Combined Base PMPM	IMD (Remove Stays > 15)	IMD (Reprice Stays <= 15)	Adjusted Base PMPM
	PMPM	Completion	Under-Reporting	Adjusted PMPM	PMPM	Under-Reporting	Adjusted PMPM				
Behavioral Health Day Programs	\$0.00	0.9772	0.9957	\$0.00	\$0.07	0.9732	\$0.07	\$0.07	0.00%	0.00%	\$0.07
Case Management	\$0.04	0.9772	0.9957	\$0.04	\$4.58	0.9732	\$4.71	\$4.75	0.00%	0.00%	\$4.75
Crisis Intervention Services	\$0.01	0.9772	0.9957	\$0.01	\$0.41	0.9732	\$0.42	\$0.43	0.00%	0.00%	\$0.43
Dental Services	\$0.00	0.9772	0.9957	\$0.00	\$0.00	0.9732	\$0.00	\$0.00	0.00%	0.00%	\$0.00
FQHC/RHC	\$0.05	0.9772	0.9957	\$0.05	\$0.00	0.9732	\$0.00	\$0.05	0.00%	0.00%	\$0.05
Inpatient Behavioral Health	\$3.06	0.9044	0.9957	\$3.40	\$0.09	0.9732	\$0.10	\$3.50	0.00%	0.00%	\$3.50
Inpatient Hospital	\$0.36	0.8976	0.9957	\$0.40	\$0.00	0.9732	\$0.00	\$0.40	0.00%	0.00%	\$0.40
Medical Services	\$0.04	0.9772	0.9957	\$0.04	\$0.88	0.9732	\$0.91	\$0.95	-0.43%	0.00%	\$0.94
Nursing Facility (Short-term)	\$0.00	0.8976	0.9957	\$0.00	\$0.00	0.9732	\$0.00	\$0.00	0.00%	0.00%	\$0.00
Other Services	\$0.00	0.9772	0.9957	\$0.00	\$0.00	0.9732	\$0.00	\$0.00	0.00%	0.00%	\$0.00
Outpatient Hospital	\$0.00	0.9512	0.9957	\$0.00	\$0.21	0.9732	\$0.21	\$0.22	0.00%	0.00%	\$0.22
Pharmacy	\$3.26	0.9973	0.9957	\$3.29	\$0.00	0.9732	\$0.00	\$3.29	0.00%	0.00%	\$3.29
Rehabilitation Services	\$0.07	0.9772	0.9957	\$0.07	\$3.55	0.9732	\$3.65	\$3.72	0.00%	0.00%	\$3.72
Residential Services	\$0.24	0.9772	0.9957	\$0.25	\$0.00	0.9732	\$0.00	\$0.25	0.00%	0.00%	\$0.25
Support Services	\$0.16	0.9772	0.9957	\$0.16	\$1.37	0.9732	\$1.40	\$1.56	0.00%	0.00%	\$1.56
Transportation	\$0.94	0.9772	0.9957	\$0.96	\$0.21	0.9732	\$0.22	\$1.18	0.00%	0.00%	\$1.18
Treatment Services	\$0.10	0.9772	0.9957	\$0.10	\$5.19	0.9732	\$5.34	\$5.44	0.00%	0.00%	\$5.44
<b>Gross Medical</b>	<b>\$8.33</b>			<b>\$8.78</b>	<b>\$16.57</b>		<b>\$17.02</b>	<b>\$25.80</b>			<b>\$25.80</b>

GSA: Central  
 Risk Group: Integrated SMI  
 Base Period: October 1, 2015 through September 30, 2016  
 Projection Period: October 1, 2017 through September 30, 2018  
 Base Period Member Months: 243,668  
 Projection Period Member Months: 248,656

Category of Service	Non-Subcapitated/Block Payment Base Data				Subcapitated/Block Payment Base Data			Combined Base PMPM	IMD (Remove Stays > 15)	IMD (Reprice Stays <= 15)	Adjusted Base PMPM
	PMPM	Completion	Under-Reporting	Adjusted PMPM	PMPM	Under-Reporting	Adjusted PMPM				
Behavioral Health Day Programs	\$0.00	0.9772	0.9957	\$0.00	\$14.69	0.9732	\$15.10	\$15.10	0.00%	0.00%	\$15.10
Case Management	\$1.12	0.9772	0.9957	\$1.15	\$203.04	0.9732	\$208.64	\$209.79	0.00%	0.00%	\$209.79
Crisis Intervention Services	\$12.06	0.9772	0.9957	\$12.39	\$45.25	0.9732	\$46.49	\$58.89	0.00%	0.00%	\$58.89
Dental Services	\$0.38	0.9772	0.9957	\$0.39	\$0.00	0.9732	\$0.00	\$0.39	0.00%	0.00%	\$0.39
FQHC/RHC	\$17.88	0.9772	0.9957	\$18.38	\$0.00	0.9732	\$0.00	\$18.38	0.00%	0.00%	\$18.38
Inpatient Behavioral Health	\$135.46	0.9113	0.9957	\$149.27	\$24.38	0.9732	\$25.05	\$174.32	-2.37%	5.13%	\$178.92
Inpatient Hospital	\$182.44	0.8976	0.9957	\$204.13	\$0.00	0.9732	\$0.00	\$204.13	0.00%	0.00%	\$204.13
Medical Services	\$90.01	0.9772	0.9957	\$92.50	\$58.85	0.9732	\$60.47	\$152.97	-0.43%	0.00%	\$152.31
Nursing Facility (Short-term)	\$8.53	0.8976	0.9957	\$9.55	\$0.00	0.9732	\$0.00	\$9.55	0.00%	0.00%	\$9.55
Other Services	\$12.75	0.9772	0.9957	\$13.10	\$0.96	0.9732	\$0.98	\$14.08	0.00%	0.00%	\$14.08
Outpatient Hospital	\$92.47	0.9512	0.9957	\$97.63	\$1.04	0.9732	\$1.07	\$98.70	0.00%	0.00%	\$98.70
Pharmacy	\$300.20	0.9973	0.9957	\$302.31	\$0.00	0.9732	\$0.00	\$302.31	0.00%	0.00%	\$302.31
Rehabilitation Services	\$1.94	0.9772	0.9957	\$1.99	\$140.80	0.9732	\$144.68	\$146.67	0.00%	0.00%	\$146.67
Residential Services	\$152.15	0.9772	0.9957	\$156.37	\$8.82	0.9732	\$9.07	\$165.44	0.00%	0.00%	\$165.44
Support Services	\$2.02	0.9772	0.9957	\$2.08	\$82.59	0.9732	\$84.86	\$86.94	0.00%	0.00%	\$86.94
Transportation	\$120.86	0.9772	0.9957	\$124.22	\$18.13	0.9732	\$18.63	\$142.84	0.00%	0.00%	\$142.84
Treatment Services	\$12.62	0.9772	0.9957	\$12.97	\$54.27	0.9732	\$55.77	\$68.74	0.00%	0.00%	\$68.74
<b>Gross Medical</b>	<b>\$1,142.90</b>			<b>\$1,198.44</b>	<b>\$652.81</b>		<b>\$670.80</b>	<b>\$1,869.25</b>			<b>\$1,873.19</b>

GSA: Central  
 Risk Group: Non-Integrated SMI  
 Base Period: October 1, 2015 through September 30, 2016  
 Projection Period: October 1, 2017 through September 30, 2018  
 Base Period Member Months: 8,003  
 Projection Period Member Months: 6,404

Category of Service	Non-Subcapitated/Block Payment Base Data				Subcapitated/Block Payment Base Data			Combined Base PMPM	IMD (Remove Stays > 15)	IMD (Reprice Stays <= 15)	Adjusted Base PMPM
	PMPM	Completion	Under-Reporting	Adjusted PMPM	PMPM	Under-Reporting	Adjusted PMPM				
Behavioral Health Day Programs	\$0.00	0.9772	0.9957	\$0.00	\$10.06	0.9732	\$10.34	\$10.34	0.00%	0.00%	\$10.34
Case Management	\$3.12	0.9772	0.9957	\$3.20	\$286.39	0.9732	\$294.28	\$297.48	0.00%	0.00%	\$297.48
Crisis Intervention Services	\$2.10	0.9772	0.9957	\$2.16	\$120.10	0.9732	\$123.41	\$125.57	0.00%	0.00%	\$125.57
Dental Services	\$0.00	0.9772	0.9957	\$0.00	\$0.00	0.9732	\$0.00	\$0.00	0.00%	0.00%	\$0.00
FQHC/RHC	\$1.91	0.9772	0.9957	\$1.97	\$0.31	0.9732	\$0.31	\$2.28	0.00%	0.00%	\$2.28
Inpatient Behavioral Health	\$341.50	0.9107	0.9957	\$376.60	\$71.39	0.9732	\$73.36	\$449.96	-2.83%	3.51%	\$452.57
Inpatient Hospital	\$305.00	0.8976	0.9957	\$341.26	\$0.00	0.9732	\$0.00	\$341.26	0.00%	0.00%	\$341.26
Medical Services	\$8.91	0.9772	0.9957	\$9.15	\$64.09	0.9732	\$65.85	\$75.01	-0.43%	0.00%	\$74.68
Nursing Facility (Short-term)	\$0.00	0.8976	0.9957	\$0.00	\$0.00	0.9732	\$0.00	\$0.00	0.00%	0.00%	\$0.00
Other Services	\$0.00	0.9772	0.9957	\$0.00	\$0.00	0.9732	\$0.00	\$0.00	0.00%	0.00%	\$0.00
Outpatient Hospital	\$7.27	0.9512	0.9957	\$7.67	\$1.93	0.9732	\$1.99	\$9.66	0.00%	0.00%	\$9.66
Pharmacy	\$218.57	0.9973	0.9957	\$220.10	\$0.00	0.9732	\$0.00	\$220.10	0.00%	0.00%	\$220.10
Rehabilitation Services	\$0.47	0.9772	0.9957	\$0.48	\$131.46	0.9732	\$135.08	\$135.57	0.00%	0.00%	\$135.57
Residential Services	\$269.16	0.9772	0.9957	\$276.63	\$42.61	0.9732	\$43.79	\$320.42	0.00%	0.00%	\$320.42
Support Services	\$1.48	0.9772	0.9957	\$1.52	\$53.70	0.9732	\$55.18	\$56.70	0.00%	0.00%	\$56.70
Transportation	\$88.05	0.9772	0.9957	\$90.49	\$26.30	0.9732	\$27.02	\$117.51	0.00%	0.00%	\$117.51
Treatment Services	\$5.41	0.9772	0.9957	\$5.56	\$92.01	0.9732	\$94.54	\$100.10	0.00%	0.00%	\$100.10
<b>Gross Medical</b>	<b>\$1,252.94</b>			<b>\$1,336.80</b>	<b>\$900.35</b>		<b>\$925.17</b>	<b>\$2,261.97</b>			<b>\$2,264.25</b>

GSA: North  
 Risk Group: DD Child  
 Base Period: October 1, 2015 through September 30, 2016  
 Projection Period: October 1, 2017 through September 30, 2018  
 Base Period Member Months: 6,521  
 Projection Period Member Months: 6,903

Category of Service	Non-Subcapitated/Block Payment Base Data				Subcapitated/Block Payment Base Data			Combined Base PMPM	IMD (Remove Stays > 15)	IMD (Reprice Stays <= 15)	Adjusted Base PMPM
	PMPM	Completion	Under-Reporting	Adjusted PMPM	PMPM	Under-Reporting	Adjusted PMPM				
Behavioral Health Day Programs	\$0.00	0.9605	0.9652	\$0.00	\$0.00	0.9937	\$0.00	\$0.00	0.00%	0.00%	\$0.00
Case Management	\$3.29	0.9605	0.9652	\$3.55	\$71.08	0.9937	\$71.53	\$75.07	0.00%	0.00%	\$75.07
Crisis Intervention Services	\$0.16	0.9605	0.9652	\$0.18	\$1.46	0.9937	\$1.47	\$1.64	0.00%	0.00%	\$1.64
Dental Services	\$0.00	0.9605	0.9652	\$0.00	\$0.00	0.9937	\$0.00	\$0.00	0.00%	0.00%	\$0.00
FQHC/RHC	\$0.00	0.9605	0.9652	\$0.00	\$0.00	0.9937	\$0.00	\$0.00	0.00%	0.00%	\$0.00
Inpatient Behavioral Health	\$26.45	0.9321	0.9652	\$29.41	\$0.19	0.9937	\$0.19	\$29.59	0.00%	0.00%	\$29.59
Inpatient Hospital	\$30.87	0.9316	0.9652	\$34.34	\$0.00	0.9937	\$0.00	\$34.34	0.00%	0.00%	\$34.34
Medical Services	\$0.34	0.9605	0.9652	\$0.36	\$9.46	0.9937	\$9.52	\$9.88	-0.13%	0.00%	\$9.87
Nursing Facility (Short-term)	\$0.00	0.9316	0.9652	\$0.00	\$0.00	0.9937	\$0.00	\$0.00	0.00%	0.00%	\$0.00
Other Services	\$0.00	0.9605	0.9652	\$0.00	\$0.00	0.9937	\$0.00	\$0.00	0.00%	0.00%	\$0.00
Outpatient Hospital	\$0.00	0.8923	0.9652	\$0.00	\$0.00	0.9937	\$0.00	\$0.00	0.00%	0.00%	\$0.00
Pharmacy	\$76.38	0.9997	0.9652	\$79.16	\$0.00	0.9937	\$0.00	\$79.16	0.00%	0.00%	\$79.16
Rehabilitation Services	\$9.44	0.9605	0.9652	\$10.18	\$153.17	0.9937	\$154.14	\$164.33	0.00%	0.00%	\$164.33
Residential Services	\$13.97	0.9605	0.9652	\$15.07	\$0.00	0.9937	\$0.00	\$15.07	0.00%	0.00%	\$15.07
Support Services	\$20.66	0.9605	0.9652	\$22.29	\$35.77	0.9937	\$36.00	\$58.29	0.00%	0.00%	\$58.29
Transportation	\$4.31	0.9605	0.9652	\$4.65	\$20.14	0.9937	\$20.26	\$24.92	0.00%	0.00%	\$24.92
Treatment Services	\$7.68	0.9605	0.9652	\$8.28	\$26.53	0.9937	\$26.70	\$34.98	0.00%	0.00%	\$34.98
<b>Gross Medical</b>	<b>\$193.56</b>			<b>\$207.47</b>	<b>\$317.80</b>		<b>\$319.81</b>	<b>\$527.27</b>			<b>\$527.26</b>

GSA: North  
 Risk Group: CMDP Child  
 Base Period: October 1, 2015 through September 30, 2016  
 Projection Period: October 1, 2017 through September 30, 2018  
 Base Period Member Months: 15,982  
 Projection Period Member Months: 16,110

Category of Service	Non-Subcapitated/Block Payment Base Data				Subcapitated/Block Payment Base Data			Combined Base PMPM	IMD (Remove Stays > 15)	IMD (Reprice Stays <= 15)	Adjusted Base PMPM
	PMPM	Completion	Under-Reporting	Adjusted PMPM	PMPM	Under-Reporting	Adjusted PMPM				
Behavioral Health Day Programs	\$0.11	0.9605	0.9652	\$0.12	\$0.00	0.9937	\$0.00	\$0.12	0.00%	0.00%	\$0.12
Case Management	\$11.16	0.9605	0.9652	\$12.04	\$181.16	0.9937	\$182.31	\$194.35	0.00%	0.00%	\$194.35
Crisis Intervention Services	\$1.24	0.9605	0.9652	\$1.34	\$1.66	0.9937	\$1.67	\$3.01	0.00%	0.00%	\$3.01
Dental Services	\$0.00	0.9605	0.9652	\$0.00	\$0.00	0.9937	\$0.00	\$0.00	0.00%	0.00%	\$0.00
FQHC/RHC	\$0.14	0.9605	0.9652	\$0.15	\$0.00	0.9937	\$0.00	\$0.15	0.00%	0.00%	\$0.15
Inpatient Behavioral Health	\$197.50	0.9318	0.9652	\$219.61	\$0.28	0.9937	\$0.28	\$219.90	0.00%	0.00%	\$219.90
Inpatient Hospital	\$2.37	0.9316	0.9652	\$2.64	\$0.00	0.9937	\$0.00	\$2.64	0.00%	0.00%	\$2.64
Medical Services	\$0.39	0.9605	0.9652	\$0.42	\$5.65	0.9937	\$5.69	\$6.11	-0.13%	0.00%	\$6.11
Nursing Facility (Short-term)	\$0.00	0.9316	0.9652	\$0.00	\$0.00	0.9937	\$0.00	\$0.00	0.00%	0.00%	\$0.00
Other Services	\$0.00	0.9605	0.9652	\$0.00	\$0.00	0.9937	\$0.00	\$0.00	0.00%	0.00%	\$0.00
Outpatient Hospital	\$0.00	0.8923	0.9652	\$0.00	\$0.00	0.9937	\$0.00	\$0.00	0.00%	0.00%	\$0.00
Pharmacy	\$23.13	0.9997	0.9652	\$23.97	\$0.00	0.9937	\$0.00	\$23.97	0.00%	0.00%	\$23.97
Rehabilitation Services	\$1.70	0.9605	0.9652	\$1.84	\$108.12	0.9937	\$108.81	\$110.64	0.00%	0.00%	\$110.64
Residential Services	\$60.51	0.9605	0.9652	\$65.28	\$0.00	0.9937	\$0.00	\$65.28	0.00%	0.00%	\$65.28
Support Services	\$171.23	0.9605	0.9652	\$184.71	\$49.88	0.9937	\$50.19	\$234.90	0.00%	0.00%	\$234.90
Transportation	\$4.66	0.9605	0.9652	\$5.02	\$21.38	0.9937	\$21.52	\$26.54	0.00%	0.00%	\$26.54
Treatment Services	\$25.42	0.9605	0.9652	\$27.42	\$87.96	0.9937	\$88.52	\$115.94	0.00%	0.00%	\$115.94
<b>Gross Medical</b>	<b>\$499.58</b>			<b>\$544.57</b>	<b>\$456.10</b>		<b>\$458.99</b>	<b>\$1,003.56</b>			<b>\$1,003.55</b>

GSA: North  
 Risk Group: DD Adult  
 Base Period: October 1, 2015 through September 30, 2016  
 Projection Period: October 1, 2017 through September 30, 2018  
 Base Period Member Months: 17,347  
 Projection Period Member Months: 17,372

Category of Service	Non-Subcapitated/Block Payment Base Data				Subcapitated/Block Payment Base Data			Combined Base PMPM	IMD (Remove Stays > 15)	IMD (Reprice Stays <= 15)	Adjusted Base PMPM
	PMPM	Completion	Under-Reporting	Adjusted PMPM	PMPM	Under-Reporting	Adjusted PMPM				
Behavioral Health Day Programs	\$0.00	0.9605	0.9652	\$0.00	\$0.00	0.9937	\$0.00	\$0.00	0.00%	0.00%	\$0.00
Case Management	\$0.87	0.9605	0.9652	\$0.94	\$40.41	0.9937	\$40.67	\$41.61	0.00%	0.00%	\$41.61
Crisis Intervention Services	\$0.20	0.9605	0.9652	\$0.21	\$5.93	0.9937	\$5.97	\$6.18	0.00%	0.00%	\$6.18
Dental Services	\$0.00	0.9605	0.9652	\$0.00	\$0.00	0.9937	\$0.00	\$0.00	0.00%	0.00%	\$0.00
FQHC/RHC	\$0.04	0.9605	0.9652	\$0.04	\$0.03	0.9937	\$0.03	\$0.07	0.00%	0.00%	\$0.07
Inpatient Behavioral Health	\$5.30	0.9342	0.9652	\$5.88	\$17.24	0.9937	\$17.34	\$23.22	-0.61%	1.07%	\$23.33
Inpatient Hospital	\$2.24	0.9316	0.9652	\$2.49	\$0.00	0.9937	\$0.00	\$2.49	0.00%	0.00%	\$2.49
Medical Services	\$0.41	0.9605	0.9652	\$0.45	\$11.20	0.9937	\$11.27	\$11.72	-0.13%	0.00%	\$11.70
Nursing Facility (Short-term)	\$0.00	0.9316	0.9652	\$0.00	\$0.00	0.9937	\$0.00	\$0.00	0.00%	0.00%	\$0.00
Other Services	\$0.00	0.9605	0.9652	\$0.00	\$0.00	0.9937	\$0.00	\$0.00	0.00%	0.00%	\$0.00
Outpatient Hospital	\$0.01	0.8923	0.9652	\$0.01	\$0.00	0.9937	\$0.00	\$0.01	0.00%	0.00%	\$0.01
Pharmacy	\$42.01	0.9997	0.9652	\$43.53	\$0.00	0.9937	\$0.00	\$43.53	0.00%	0.00%	\$43.53
Rehabilitation Services	\$4.55	0.9605	0.9652	\$4.91	\$22.83	0.9937	\$22.97	\$27.88	0.00%	0.00%	\$27.88
Residential Services	\$9.94	0.9605	0.9652	\$10.72	\$0.74	0.9937	\$0.75	\$11.47	0.00%	0.00%	\$11.47
Support Services	\$0.25	0.9605	0.9652	\$0.27	\$7.63	0.9937	\$7.68	\$7.95	0.00%	0.00%	\$7.95
Transportation	\$3.83	0.9605	0.9652	\$4.13	\$6.69	0.9937	\$6.73	\$10.86	0.00%	0.00%	\$10.86
Treatment Services	\$3.74	0.9605	0.9652	\$4.04	\$19.36	0.9937	\$19.49	\$23.53	0.00%	0.00%	\$23.53
<b>Gross Medical</b>	<b>\$73.40</b>			<b>\$77.63</b>	<b>\$132.07</b>		<b>\$132.91</b>	<b>\$210.54</b>			<b>\$210.63</b>

GSA: North  
 Risk Group: TXIX/TXXI GMH/SA NonDual  
 Base Period: October 1, 2015 through September 30, 2016  
 Projection Period: October 1, 2017 through September 30, 2018  
 Base Period Member Months: 1,048,481  
 Projection Period Member Months: 1,060,972

Category of Service	Non-Subcapitated/Block Payment Base Data				Subcapitated/Block Payment Base Data			Combined Base PMPM	IMD (Remove Stays > 15)	IMD (Reprice Stays <= 15)	Adjusted Base PMPM
	PMPM	Completion	Under-Reporting	Adjusted PMPM	PMPM	Under-Reporting	Adjusted PMPM				
Behavioral Health Day Programs	\$0.00	0.9605	0.9652	\$0.00	\$0.01	0.9937	\$0.01	\$0.01	0.00%	0.00%	\$0.01
Case Management	\$0.02	0.9605	0.9652	\$0.02	\$6.04	0.9937	\$6.08	\$6.10	0.00%	0.00%	\$6.10
Crisis Intervention Services	\$0.24	0.9605	0.9652	\$0.26	\$1.22	0.9937	\$1.23	\$1.49	0.00%	0.00%	\$1.49
Dental Services	\$0.00	0.9605	0.9652	\$0.00	\$0.00	0.9937	\$0.00	\$0.00	0.00%	0.00%	\$0.00
FQHC/RHC	\$0.06	0.9605	0.9652	\$0.07	\$0.00	0.9937	\$0.00	\$0.07	0.00%	0.00%	\$0.07
Inpatient Behavioral Health	\$3.77	0.9327	0.9652	\$4.19	\$4.86	0.9937	\$4.89	\$9.08	-0.19%	1.62%	\$9.21
Inpatient Hospital	\$0.89	0.9316	0.9652	\$0.99	\$0.00	0.9937	\$0.00	\$0.99	0.00%	0.00%	\$0.99
Medical Services	\$0.03	0.9605	0.9652	\$0.03	\$2.92	0.9937	\$2.94	\$2.96	-0.13%	0.00%	\$2.96
Nursing Facility (Short-term)	\$0.00	0.9316	0.9652	\$0.00	\$0.00	0.9937	\$0.00	\$0.00	0.00%	0.00%	\$0.00
Other Services	\$0.00	0.9605	0.9652	\$0.00	\$0.00	0.9937	\$0.00	\$0.00	0.00%	0.00%	\$0.00
Outpatient Hospital	\$0.00	0.8923	0.9652	\$0.00	\$0.00	0.9937	\$0.00	\$0.00	0.00%	0.00%	\$0.00
Pharmacy	\$4.80	0.9997	0.9652	\$4.98	\$0.00	0.9937	\$0.00	\$4.98	0.00%	0.00%	\$4.98
Rehabilitation Services	\$0.05	0.9605	0.9652	\$0.05	\$3.11	0.9937	\$3.13	\$3.18	0.00%	0.00%	\$3.18
Residential Services	\$0.51	0.9605	0.9652	\$0.55	\$3.95	0.9937	\$3.97	\$4.52	0.00%	0.00%	\$4.52
Support Services	\$0.00	0.9605	0.9652	\$0.01	\$2.77	0.9937	\$2.79	\$2.79	0.00%	0.00%	\$2.79
Transportation	\$0.84	0.9605	0.9652	\$0.90	\$3.05	0.9937	\$3.07	\$3.97	0.00%	0.00%	\$3.97
Treatment Services	\$0.11	0.9605	0.9652	\$0.12	\$10.45	0.9937	\$10.52	\$10.64	0.00%	0.00%	\$10.64
<b>Gross Medical</b>	<b>\$11.33</b>			<b>\$12.16</b>	<b>\$38.39</b>		<b>\$38.63</b>	<b>\$50.79</b>			<b>\$50.92</b>

GSA: North  
 Risk Group: TXIX/TXXI Non-CMDP Child  
 Base Period: October 1, 2015 through September 30, 2016  
 Projection Period: October 1, 2017 through September 30, 2018  
 Base Period Member Months: 757,146  
 Projection Period Member Months: 769,305

Category of Service	Non-Subcapitated/Block Payment Base Data				Subcapitated/Block Payment Base Data			Combined Base PMPM	IMD (Remove Stays > 15)	IMD (Reprice Stays <= 15)	Adjusted Base PMPM
	PMPM	Completion	Under-Reporting	Adjusted PMPM	PMPM	Under-Reporting	Adjusted PMPM				
Behavioral Health Day Programs	\$0.00	0.9605	0.9652	\$0.00	\$0.00	0.9937	\$0.00	\$0.00	0.00%	0.00%	\$0.00
Case Management	\$0.14	0.9605	0.9652	\$0.15	\$7.83	0.9937	\$7.88	\$8.03	0.00%	0.00%	\$8.03
Crisis Intervention Services	\$0.02	0.9605	0.9652	\$0.02	\$0.24	0.9937	\$0.24	\$0.26	0.00%	0.00%	\$0.26
Dental Services	\$0.00	0.9605	0.9652	\$0.00	\$0.00	0.9937	\$0.00	\$0.00	0.00%	0.00%	\$0.00
FQHC/RHC	\$0.02	0.9605	0.9652	\$0.02	\$0.00	0.9937	\$0.00	\$0.02	0.00%	0.00%	\$0.02
Inpatient Behavioral Health	\$6.07	0.9322	0.9652	\$6.74	\$0.03	0.9937	\$0.03	\$6.77	0.00%	0.00%	\$6.77
Inpatient Hospital	\$0.70	0.9316	0.9652	\$0.78	\$0.00	0.9937	\$0.00	\$0.78	0.00%	0.00%	\$0.78
Medical Services	\$0.00	0.9605	0.9652	\$0.00	\$1.12	0.9937	\$1.13	\$1.13	-0.13%	0.00%	\$1.13
Nursing Facility (Short-term)	\$0.00	0.9316	0.9652	\$0.00	\$0.00	0.9937	\$0.00	\$0.00	0.00%	0.00%	\$0.00
Other Services	\$0.01	0.9605	0.9652	\$0.01	\$0.00	0.9937	\$0.00	\$0.01	0.00%	0.00%	\$0.01
Outpatient Hospital	\$0.00	0.8923	0.9652	\$0.00	\$0.01	0.9937	\$0.01	\$0.01	0.00%	0.00%	\$0.01
Pharmacy	\$4.58	0.9997	0.9652	\$4.75	\$0.00	0.9937	\$0.00	\$4.75	0.00%	0.00%	\$4.75
Rehabilitation Services	\$0.20	0.9605	0.9652	\$0.21	\$11.86	0.9937	\$11.94	\$12.15	0.00%	0.00%	\$12.15
Residential Services	\$1.52	0.9605	0.9652	\$1.64	\$0.00	0.9937	\$0.00	\$1.65	0.00%	0.00%	\$1.65
Support Services	\$2.86	0.9605	0.9652	\$3.09	\$3.52	0.9937	\$3.55	\$6.64	0.00%	0.00%	\$6.64
Transportation	\$0.65	0.9605	0.9652	\$0.70	\$2.33	0.9937	\$2.34	\$3.04	0.00%	0.00%	\$3.04
Treatment Services	\$0.50	0.9605	0.9652	\$0.54	\$7.14	0.9937	\$7.19	\$7.73	0.00%	0.00%	\$7.73
<b>Gross Medical</b>	<b>\$17.27</b>			<b>\$18.66</b>	<b>\$34.08</b>		<b>\$34.29</b>	<b>\$52.95</b>			<b>\$52.95</b>

GSA: North  
 Risk Group: Integrated SMI  
 Base Period: October 1, 2015 through September 30, 2016  
 Projection Period: October 1, 2017 through September 30, 2018  
 Base Period Member Months: 66,783  
 Projection Period Member Months: 67,387

Category of Service	Non-Subcapitated/Block Payment Base Data				Subcapitated/Block Payment Base Data			Combined Base PMPM	IMD (Remove Stays > 15)	IMD (Reprice Stays <= 15)	Adjusted Base PMPM
	PMPM	Completion	Under-Reporting	Adjusted PMPM	PMPM	Under-Reporting	Adjusted PMPM				
Behavioral Health Day Programs	\$0.00	0.9605	0.9652	\$0.00	\$0.49	0.9937	\$0.50	\$0.50	0.00%	0.00%	\$0.50
Case Management	\$0.12	0.9605	0.9652	\$0.13	\$121.25	0.9937	\$122.02	\$122.15	0.00%	0.00%	\$122.15
Crisis Intervention Services	\$8.41	0.9605	0.9652	\$9.07	\$10.86	0.9937	\$10.93	\$20.00	0.00%	0.00%	\$20.00
Dental Services	\$0.13	0.9605	0.9652	\$0.14	\$0.00	0.9937	\$0.00	\$0.14	0.00%	0.00%	\$0.14
FQHC/RHC	\$11.87	0.9605	0.9652	\$12.81	\$0.00	0.9937	\$0.00	\$12.81	0.00%	0.00%	\$12.81
Inpatient Behavioral Health	\$29.01	0.9371	0.9652	\$32.08	\$58.23	0.9937	\$58.60	\$90.67	-0.25%	0.72%	\$91.10
Inpatient Hospital	\$51.26	0.9316	0.9652	\$57.01	\$0.00	0.9937	\$0.00	\$57.01	0.00%	0.00%	\$57.01
Medical Services	\$51.87	0.9605	0.9652	\$55.95	\$26.56	0.9937	\$26.73	\$82.68	-0.13%	0.00%	\$82.58
Nursing Facility (Short-term)	\$3.43	0.9316	0.9652	\$3.81	\$0.00	0.9937	\$0.00	\$3.81	0.00%	0.00%	\$3.81
Other Services	\$12.87	0.9605	0.9652	\$13.89	\$0.12	0.9937	\$0.12	\$14.00	0.00%	0.00%	\$14.00
Outpatient Hospital	\$83.90	0.8923	0.9652	\$97.42	\$0.02	0.9937	\$0.02	\$97.44	0.00%	0.00%	\$97.44
Pharmacy	\$231.63	0.9997	0.9652	\$240.06	\$0.00	0.9937	\$0.00	\$240.06	0.00%	0.00%	\$240.06
Rehabilitation Services	\$4.95	0.9605	0.9652	\$5.34	\$88.40	0.9937	\$88.96	\$94.30	0.00%	0.00%	\$94.30
Residential Services	\$77.34	0.9605	0.9652	\$83.43	\$54.73	0.9937	\$55.08	\$138.51	0.00%	0.00%	\$138.51
Support Services	\$0.06	0.9605	0.9652	\$0.07	\$53.01	0.9937	\$53.35	\$53.42	0.00%	0.00%	\$53.42
Transportation	\$28.76	0.9605	0.9652	\$31.03	\$41.85	0.9937	\$42.11	\$73.14	0.00%	0.00%	\$73.14
Treatment Services	\$2.17	0.9605	0.9652	\$2.34	\$71.94	0.9937	\$72.40	\$74.74	0.00%	0.00%	\$74.74
<b>Gross Medical</b>	<b>\$597.80</b>			<b>\$644.57</b>	<b>\$527.46</b>		<b>\$530.80</b>	<b>\$1,175.38</b>			<b>\$1,175.70</b>

GSA: North  
 Risk Group: Non-Integrated SMI  
 Base Period: October 1, 2015 through September 30, 2016  
 Projection Period: October 1, 2017 through September 30, 2018  
 Base Period Member Months: 3,445  
 Projection Period Member Months: 2,304

Category of Service	Non-Subcapitated/Block Payment Base Data				Subcapitated/Block Payment Base Data			Combined Base PMPM	IMD (Remove Stays > 15)	IMD (Reprice Stays <= 15)	Adjusted Base PMPM
	PMPM	Completion	Under-Reporting	Adjusted PMPM	PMPM	Under-Reporting	Adjusted PMPM				
Behavioral Health Day Programs	\$0.00	0.9605	0.9652	\$0.00	\$1.14	0.9937	\$1.15	\$1.15	0.00%	0.00%	\$1.15
Case Management	\$0.06	0.9605	0.9652	\$0.07	\$143.80	0.9937	\$144.71	\$144.78	0.00%	0.00%	\$144.78
Crisis Intervention Services	\$1.47	0.9605	0.9652	\$1.58	\$35.00	0.9937	\$35.22	\$36.80	0.00%	0.00%	\$36.80
Dental Services	\$0.00	0.9605	0.9652	\$0.00	\$0.00	0.9937	\$0.00	\$0.00	0.00%	0.00%	\$0.00
FQHC/RHC	\$0.06	0.9605	0.9652	\$0.06	\$0.12	0.9937	\$0.12	\$0.19	0.00%	0.00%	\$0.19
Inpatient Behavioral Health	\$54.73	0.9343	0.9652	\$60.69	\$107.82	0.9937	\$108.51	\$169.20	-0.54%	1.95%	\$171.57
Inpatient Hospital	\$35.88	0.9316	0.9652	\$39.90	\$0.00	0.9937	\$0.00	\$39.90	0.00%	0.00%	\$39.90
Medical Services	\$0.27	0.9605	0.9652	\$0.29	\$23.64	0.9937	\$23.79	\$24.08	-0.13%	0.00%	\$24.05
Nursing Facility (Short-term)	\$0.00	0.9316	0.9652	\$0.00	\$0.00	0.9937	\$0.00	\$0.00	0.00%	0.00%	\$0.00
Other Services	\$0.00	0.9605	0.9652	\$0.00	\$0.00	0.9937	\$0.00	\$0.00	0.00%	0.00%	\$0.00
Outpatient Hospital	\$0.10	0.8923	0.9652	\$0.12	\$0.00	0.9937	\$0.00	\$0.12	0.00%	0.00%	\$0.12
Pharmacy	\$132.58	0.9997	0.9652	\$137.40	\$0.00	0.9937	\$0.00	\$137.40	0.00%	0.00%	\$137.40
Rehabilitation Services	\$0.00	0.9605	0.9652	\$0.00	\$127.21	0.9937	\$128.02	\$128.02	0.00%	0.00%	\$128.02
Residential Services	\$109.94	0.9605	0.9652	\$118.59	\$40.33	0.9937	\$40.58	\$159.18	0.00%	0.00%	\$159.18
Support Services	\$0.00	0.9605	0.9652	\$0.00	\$73.67	0.9937	\$74.14	\$74.14	0.00%	0.00%	\$74.14
Transportation	\$8.45	0.9605	0.9652	\$9.12	\$49.83	0.9937	\$50.14	\$59.26	0.00%	0.00%	\$59.26
Treatment Services	\$0.78	0.9605	0.9652	\$0.84	\$81.59	0.9937	\$82.11	\$82.95	0.00%	0.00%	\$82.95
<b>Gross Medical</b>	<b>\$344.32</b>			<b>\$368.67</b>	<b>\$684.16</b>		<b>\$688.49</b>	<b>\$1,057.16</b>			<b>\$1,059.50</b>

GSA: South  
 Risk Group: DD Child  
 Base Period: October 1, 2015 through September 30, 2016  
 Projection Period: October 1, 2017 through September 30, 2018  
 Base Period Member Months: 25,909  
 Projection Period Member Months: 26,925

Category of Service	Non-Subcapitated/Block Payment Base Data				Subcapitated/Block Payment Base Data			Combined Base PMPM	IMD (Remove Stays > 15)	IMD (Reprice Stays <= 15)	Adjusted Base PMPM
	PMPM	Completion	Under-Reporting	Adjusted PMPM	PMPM	Under-Reporting	Adjusted PMPM				
Behavioral Health Day Programs	\$0.00	0.9813	0.9666	\$0.00	\$0.08	0.9267	\$0.09	\$0.09	0.00%	0.00%	\$0.09
Case Management	\$1.40	0.9813	0.9666	\$1.48	\$60.28	0.9267	\$65.05	\$66.53	0.00%	0.00%	\$66.53
Crisis Intervention Services	\$0.04	0.9813	0.9666	\$0.05	\$6.41	0.9267	\$6.91	\$6.96	0.00%	0.00%	\$6.96
Dental Services	\$0.00	0.9813	0.9666	\$0.00	\$0.00	0.9267	\$0.00	\$0.00	0.00%	0.00%	\$0.00
FQHC/RHC	\$0.54	0.9813	0.9666	\$0.57	\$0.36	0.9267	\$0.38	\$0.96	0.00%	0.00%	\$0.96
Inpatient Behavioral Health	\$15.20	0.9521	0.9666	\$16.52	\$1.42	0.9267	\$1.53	\$18.05	0.00%	0.00%	\$18.05
Inpatient Hospital	\$0.72	0.9488	0.9666	\$0.78	\$0.00	0.9267	\$0.00	\$0.78	0.00%	0.00%	\$0.78
Medical Services	\$0.62	0.9813	0.9666	\$0.65	\$15.12	0.9267	\$16.31	\$16.96	-0.35%	0.00%	\$16.91
Nursing Facility (Short-term)	\$0.00	0.9488	0.9666	\$0.00	\$0.00	0.9267	\$0.00	\$0.00	0.00%	0.00%	\$0.00
Other Services	\$0.00	0.9813	0.9666	\$0.00	\$0.00	0.9267	\$0.00	\$0.00	0.00%	0.00%	\$0.00
Outpatient Hospital	\$0.09	0.9771	0.9666	\$0.10	\$0.00	0.9267	\$0.00	\$0.10	0.00%	0.00%	\$0.10
Pharmacy	\$58.86	0.9998	0.9666	\$60.91	\$0.00	0.9267	\$0.00	\$60.91	0.00%	0.00%	\$60.91
Rehabilitation Services	\$1.57	0.9813	0.9666	\$1.66	\$26.71	0.9267	\$28.83	\$30.49	0.00%	0.00%	\$30.49
Residential Services	\$39.50	0.9813	0.9666	\$41.64	\$0.03	0.9267	\$0.04	\$41.68	0.00%	0.00%	\$41.68
Support Services	\$6.43	0.9813	0.9666	\$6.77	\$19.45	0.9267	\$20.99	\$27.77	0.00%	0.00%	\$27.77
Transportation	\$1.56	0.9813	0.9666	\$1.65	\$9.44	0.9267	\$10.19	\$11.84	0.00%	0.00%	\$11.84
Treatment Services	\$1.84	0.9813	0.9666	\$1.94	\$43.73	0.9267	\$47.18	\$49.13	0.00%	0.00%	\$49.13
<b>Gross Medical</b>	<b>\$128.39</b>			<b>\$134.72</b>	<b>\$183.03</b>		<b>\$197.50</b>	<b>\$332.22</b>			<b>\$332.17</b>

GSA: South  
 Risk Group: CMDP Child  
 Base Period: October 1, 2015 through September 30, 2016  
 Projection Period: October 1, 2017 through September 30, 2018  
 Base Period Member Months: 56,890  
 Projection Period Member Months: 57,155

Category of Service	Non-Subcapitated/Block Payment Base Data				Subcapitated/Block Payment Base Data			Combined Base PMPM	IMD (Remove Stays > 15)	IMD (Reprice Stays <= 15)	Adjusted Base PMPM
	PMPM	Completion	Under-Reporting	Adjusted PMPM	PMPM	Under-Reporting	Adjusted PMPM				
Behavioral Health Day Programs	\$0.00	0.9813	0.9666	\$0.00	\$3.26	0.9267	\$3.52	\$3.52	0.00%	0.00%	\$3.52
Case Management	\$3.22	0.9813	0.9666	\$3.39	\$157.64	0.9267	\$170.11	\$173.51	0.00%	0.00%	\$173.51
Crisis Intervention Services	\$0.35	0.9813	0.9666	\$0.37	\$10.79	0.9267	\$11.65	\$12.02	0.00%	0.00%	\$12.02
Dental Services	\$0.00	0.9813	0.9666	\$0.00	\$0.00	0.9267	\$0.00	\$0.00	0.00%	0.00%	\$0.00
FQHC/RHC	\$0.62	0.9813	0.9666	\$0.65	\$0.86	0.9267	\$0.93	\$1.58	0.00%	0.00%	\$1.58
Inpatient Behavioral Health	\$68.03	0.9499	0.9666	\$74.09	\$10.50	0.9267	\$11.33	\$85.42	0.00%	0.00%	\$85.42
Inpatient Hospital	\$2.19	0.9488	0.9666	\$2.38	\$0.00	0.9267	\$0.00	\$2.38	0.00%	0.00%	\$2.38
Medical Services	\$0.35	0.9813	0.9666	\$0.37	\$7.71	0.9267	\$8.32	\$8.69	-0.35%	0.00%	\$8.66
Nursing Facility (Short-term)	\$0.00	0.9488	0.9666	\$0.00	\$0.00	0.9267	\$0.00	\$0.00	0.00%	0.00%	\$0.00
Other Services	\$0.00	0.9813	0.9666	\$0.00	\$0.00	0.9267	\$0.00	\$0.00	0.00%	0.00%	\$0.00
Outpatient Hospital	\$0.04	0.9771	0.9666	\$0.04	\$0.02	0.9267	\$0.02	\$0.07	0.00%	0.00%	\$0.07
Pharmacy	\$20.61	0.9998	0.9666	\$21.32	\$0.00	0.9267	\$0.00	\$21.32	0.00%	0.00%	\$21.32
Rehabilitation Services	\$1.35	0.9813	0.9666	\$1.43	\$29.07	0.9267	\$31.37	\$32.80	0.00%	0.00%	\$32.80
Residential Services	\$93.31	0.9813	0.9666	\$98.37	\$0.07	0.9267	\$0.08	\$98.45	0.00%	0.00%	\$98.45
Support Services	\$68.93	0.9813	0.9666	\$72.67	\$25.49	0.9267	\$27.51	\$100.18	0.00%	0.00%	\$100.18
Transportation	\$2.41	0.9813	0.9666	\$2.54	\$23.59	0.9267	\$25.46	\$28.00	0.00%	0.00%	\$28.00
Treatment Services	\$12.34	0.9813	0.9666	\$13.01	\$193.82	0.9267	\$209.16	\$222.17	0.00%	0.00%	\$222.17
<b>Gross Medical</b>	<b>\$273.76</b>			<b>\$290.65</b>	<b>\$462.85</b>		<b>\$499.46</b>	<b>\$790.12</b>			<b>\$790.09</b>

GSA: South  
 Risk Group: DD Adult  
 Base Period: October 1, 2015 through September 30, 2016  
 Projection Period: October 1, 2017 through September 30, 2018  
 Base Period Member Months: 43,188  
 Projection Period Member Months: 43,872

Category of Service	Non-Subcapitated/Block Payment Base Data				Subcapitated/Block Payment Base Data			Combined Base PMPM	IMD (Remove Stays > 15)	IMD (Reprice Stays <= 15)	Adjusted Base PMPM
	PMPM	Completion	Under-Reporting	Adjusted PMPM	PMPM	Under-Reporting	Adjusted PMPM				
Behavioral Health Day Programs	\$0.37	0.9813	0.9666	\$0.39	\$0.82	0.9267	\$0.88	\$1.27	0.00%	0.00%	\$1.27
Case Management	\$0.23	0.9813	0.9666	\$0.24	\$37.30	0.9267	\$40.25	\$40.49	0.00%	0.00%	\$40.49
Crisis Intervention Services	\$0.29	0.9813	0.9666	\$0.30	\$15.24	0.9267	\$16.45	\$16.75	0.00%	0.00%	\$16.75
Dental Services	\$0.00	0.9813	0.9666	\$0.00	\$0.00	0.9267	\$0.00	\$0.00	0.00%	0.00%	\$0.00
FQHC/RHC	\$0.76	0.9813	0.9666	\$0.80	\$1.18	0.9267	\$1.28	\$2.08	0.00%	0.00%	\$2.08
Inpatient Behavioral Health	\$13.05	0.9535	0.9666	\$14.16	\$3.36	0.9267	\$3.63	\$17.79	-0.55%	0.32%	\$17.75
Inpatient Hospital	\$4.02	0.9488	0.9666	\$4.38	\$0.00	0.9267	\$0.00	\$4.38	0.00%	0.00%	\$4.38
Medical Services	\$0.64	0.9813	0.9666	\$0.67	\$12.11	0.9267	\$13.07	\$13.74	-0.35%	0.00%	\$13.69
Nursing Facility (Short-term)	\$0.00	0.9488	0.9666	\$0.00	\$0.00	0.9267	\$0.00	\$0.00	0.00%	0.00%	\$0.00
Other Services	\$0.00	0.9813	0.9666	\$0.00	\$0.00	0.9267	\$0.00	\$0.00	0.00%	0.00%	\$0.00
Outpatient Hospital	\$0.09	0.9771	0.9666	\$0.10	\$0.01	0.9267	\$0.01	\$0.11	0.00%	0.00%	\$0.11
Pharmacy	\$44.17	0.9998	0.9666	\$45.71	\$0.00	0.9267	\$0.00	\$45.71	0.00%	0.00%	\$45.71
Rehabilitation Services	\$0.64	0.9813	0.9666	\$0.67	\$8.96	0.9267	\$9.67	\$10.34	0.00%	0.00%	\$10.34
Residential Services	\$12.08	0.9813	0.9666	\$12.73	\$0.00	0.9267	\$0.00	\$12.73	0.00%	0.00%	\$12.73
Support Services	\$3.27	0.9813	0.9666	\$3.44	\$5.37	0.9267	\$5.80	\$9.24	0.00%	0.00%	\$9.24
Transportation	\$2.89	0.9813	0.9666	\$3.04	\$3.87	0.9267	\$4.18	\$7.22	0.00%	0.00%	\$7.22
Treatment Services	\$0.93	0.9813	0.9666	\$0.98	\$24.15	0.9267	\$26.06	\$27.05	0.00%	0.00%	\$27.05
<b>Gross Medical</b>	<b>\$83.43</b>			<b>\$87.64</b>	<b>\$112.38</b>		<b>\$121.27</b>	<b>\$208.91</b>			<b>\$208.82</b>

GSA: South  
 Risk Group: TXIX/TXXI GMH/SA NonDual  
 Base Period: October 1, 2015 through September 30, 2016  
 Projection Period: October 1, 2017 through September 30, 2018  
 Base Period Member Months: 2,701,692  
 Projection Period Member Months: 2,736,919

Category of Service	Non-Subcapitated/Block Payment Base Data				Subcapitated/Block Payment Base Data			Combined Base PMPM	IMD (Remove Stays > 15)	IMD (Reprice Stays <= 15)	Adjusted Base PMPM
	PMPM	Completion	Under-Reporting	Adjusted PMPM	PMPM	Under-Reporting	Adjusted PMPM				
Behavioral Health Day Programs	\$0.01	0.9813	0.9666	\$0.01	\$0.02	0.9267	\$0.02	\$0.03	0.00%	0.00%	\$0.03
Case Management	\$0.03	0.9813	0.9666	\$0.04	\$6.63	0.9267	\$7.15	\$7.19	0.00%	0.00%	\$7.19
Crisis Intervention Services	\$0.49	0.9813	0.9666	\$0.52	\$3.82	0.9267	\$4.13	\$4.64	0.00%	0.00%	\$4.64
Dental Services	\$0.00	0.9813	0.9666	\$0.00	\$0.00	0.9267	\$0.00	\$0.00	0.00%	0.00%	\$0.00
FQHC/RHC	\$0.66	0.9813	0.9666	\$0.70	\$0.62	0.9267	\$0.67	\$1.37	0.00%	0.00%	\$1.37
Inpatient Behavioral Health	\$6.03	0.9533	0.9666	\$6.54	\$1.04	0.9267	\$1.12	\$7.66	-0.59%	0.33%	\$7.64
Inpatient Hospital	\$1.78	0.9488	0.9666	\$1.94	\$0.00	0.9267	\$0.00	\$1.94	0.00%	0.00%	\$1.94
Medical Services	\$1.19	0.9813	0.9666	\$1.25	\$4.36	0.9267	\$4.70	\$5.95	-0.35%	0.00%	\$5.93
Nursing Facility (Short-term)	\$0.00	0.9488	0.9666	\$0.00	\$0.00	0.9267	\$0.00	\$0.00	0.00%	0.00%	\$0.00
Other Services	\$0.00	0.9813	0.9666	\$0.00	\$0.00	0.9267	\$0.00	\$0.00	0.00%	0.00%	\$0.00
Outpatient Hospital	\$0.03	0.9771	0.9666	\$0.03	\$0.00	0.9267	\$0.00	\$0.03	0.00%	0.00%	\$0.03
Pharmacy	\$4.88	0.9998	0.9666	\$5.05	\$0.00	0.9267	\$0.00	\$5.05	0.00%	0.00%	\$5.05
Rehabilitation Services	\$0.03	0.9813	0.9666	\$0.03	\$3.39	0.9267	\$3.66	\$3.69	0.00%	0.00%	\$3.69
Residential Services	\$4.69	0.9813	0.9666	\$4.94	\$0.04	0.9267	\$0.04	\$4.99	0.00%	0.00%	\$4.99
Support Services	\$0.03	0.9813	0.9666	\$0.03	\$2.82	0.9267	\$3.04	\$3.07	0.00%	0.00%	\$3.07
Transportation	\$0.75	0.9813	0.9666	\$0.80	\$1.14	0.9267	\$1.23	\$2.02	0.00%	0.00%	\$2.02
Treatment Services	\$0.23	0.9813	0.9666	\$0.24	\$10.38	0.9267	\$11.20	\$11.44	0.00%	0.00%	\$11.44
<b>Gross Medical</b>	<b>\$20.82</b>			<b>\$22.11</b>	<b>\$34.25</b>		<b>\$36.96</b>	<b>\$59.07</b>			<b>\$59.03</b>

GSA: South  
 Risk Group: TXIX/TXXI Non-CMDP Child  
 Base Period: October 1, 2015 through September 30, 2016  
 Projection Period: October 1, 2017 through September 30, 2018  
 Base Period Member Months: 2,220,416  
 Projection Period Member Months: 2,265,004

Category of Service	Non-Subcapitated/Block Payment Base Data				Subcapitated/Block Payment Base Data			Combined Base PMPM	IMD (Remove Stays > 15)	IMD (Reprice Stays <= 15)	Adjusted Base PMPM
	PMPM	Completion	Under-Reporting	Adjusted PMPM	PMPM	Under-Reporting	Adjusted PMPM				
Behavioral Health Day Programs	\$0.00	0.9813	0.9666	\$0.00	\$0.14	0.9267	\$0.15	\$0.15	0.00%	0.00%	\$0.15
Case Management	\$0.06	0.9813	0.9666	\$0.07	\$7.78	0.9267	\$8.40	\$8.46	0.00%	0.00%	\$8.46
Crisis Intervention Services	\$0.01	0.9813	0.9666	\$0.01	\$1.08	0.9267	\$1.17	\$1.18	0.00%	0.00%	\$1.18
Dental Services	\$0.00	0.9813	0.9666	\$0.00	\$0.00	0.9267	\$0.00	\$0.00	0.00%	0.00%	\$0.00
FQHC/RHC	\$0.24	0.9813	0.9666	\$0.26	\$0.22	0.9267	\$0.24	\$0.50	0.00%	0.00%	\$0.50
Inpatient Behavioral Health	\$3.06	0.9507	0.9666	\$3.33	\$0.33	0.9267	\$0.36	\$3.69	0.00%	0.00%	\$3.69
Inpatient Hospital	\$0.10	0.9488	0.9666	\$0.11	\$0.00	0.9267	\$0.00	\$0.11	0.00%	0.00%	\$0.11
Medical Services	\$0.06	0.9813	0.9666	\$0.06	\$1.66	0.9267	\$1.79	\$1.86	-0.35%	0.00%	\$1.85
Nursing Facility (Short-term)	\$0.00	0.9488	0.9666	\$0.00	\$0.00	0.9267	\$0.00	\$0.00	0.00%	0.00%	\$0.00
Other Services	\$0.00	0.9813	0.9666	\$0.00	\$0.00	0.9267	\$0.00	\$0.00	0.00%	0.00%	\$0.00
Outpatient Hospital	\$0.00	0.9771	0.9666	\$0.00	\$0.00	0.9267	\$0.00	\$0.00	0.00%	0.00%	\$0.00
Pharmacy	\$4.14	0.9998	0.9666	\$4.28	\$0.00	0.9267	\$0.00	\$4.28	0.00%	0.00%	\$4.28
Rehabilitation Services	\$0.20	0.9813	0.9666	\$0.21	\$3.31	0.9267	\$3.57	\$3.78	0.00%	0.00%	\$3.78
Residential Services	\$2.47	0.9813	0.9666	\$2.60	\$0.00	0.9267	\$0.00	\$2.60	0.00%	0.00%	\$2.60
Support Services	\$0.91	0.9813	0.9666	\$0.96	\$2.70	0.9267	\$2.91	\$3.87	0.00%	0.00%	\$3.87
Transportation	\$0.34	0.9813	0.9666	\$0.36	\$1.73	0.9267	\$1.86	\$2.22	0.00%	0.00%	\$2.22
Treatment Services	\$0.33	0.9813	0.9666	\$0.34	\$9.81	0.9267	\$10.59	\$10.93	0.00%	0.00%	\$10.93
<b>Gross Medical</b>	<b>\$11.92</b>			<b>\$12.60</b>	<b>\$28.77</b>		<b>\$31.04</b>	<b>\$43.64</b>			<b>\$43.63</b>

GSA: South  
 Risk Group: Integrated SMI  
 Base Period: October 1, 2015 through September 30, 2016  
 Projection Period: October 1, 2017 through September 30, 2018  
 Base Period Member Months: 161,092  
 Projection Period Member Months: 158,167

Category of Service	Non-Subcapitated/Block Payment Base Data				Subcapitated/Block Payment Base Data			Combined Base PMPM	IMD (Remove Stays > 15)	IMD (Reprice Stays <= 15)	Adjusted Base PMPM
	PMPM	Completion	Under-Reporting	Adjusted PMPM	PMPM	Under-Reporting	Adjusted PMPM				
Behavioral Health Day Programs	\$0.10	0.9813	0.9666	\$0.11	\$1.62	0.9267	\$1.75	\$1.86	0.00%	0.00%	\$1.86
Case Management	\$0.21	0.9813	0.9666	\$0.22	\$134.64	0.9267	\$145.29	\$145.51	0.00%	0.00%	\$145.51
Crisis Intervention Services	\$15.40	0.9813	0.9666	\$16.24	\$51.51	0.9267	\$55.58	\$71.82	0.00%	0.00%	\$71.82
Dental Services	\$0.24	0.9813	0.9666	\$0.25	\$0.00	0.9267	\$0.00	\$0.25	0.00%	0.00%	\$0.25
FQHC/RHC	\$14.28	0.9813	0.9666	\$15.06	\$9.72	0.9267	\$10.49	\$25.55	0.00%	0.00%	\$25.55
Inpatient Behavioral Health	\$95.48	0.9556	0.9666	\$103.37	\$14.08	0.9267	\$15.19	\$118.56	-0.60%	-0.01%	\$117.84
Inpatient Hospital	\$96.39	0.9488	0.9666	\$105.10	\$0.00	0.9267	\$0.00	\$105.10	0.00%	0.00%	\$105.10
Medical Services	\$69.21	0.9813	0.9666	\$72.96	\$56.37	0.9267	\$60.83	\$133.79	-0.35%	0.00%	\$133.32
Nursing Facility (Short-term)	\$10.62	0.9488	0.9666	\$11.58	\$0.00	0.9267	\$0.00	\$11.58	0.00%	0.00%	\$11.58
Other Services	\$11.12	0.9813	0.9666	\$11.72	\$0.01	0.9267	\$0.01	\$11.73	0.00%	0.00%	\$11.73
Outpatient Hospital	\$83.93	0.9771	0.9666	\$88.87	\$0.06	0.9267	\$0.06	\$88.93	0.00%	0.00%	\$88.93
Pharmacy	\$235.84	0.9998	0.9666	\$244.02	\$0.00	0.9267	\$0.00	\$244.02	0.00%	0.00%	\$244.02
Rehabilitation Services	\$1.53	0.9813	0.9666	\$1.61	\$60.61	0.9267	\$65.41	\$67.02	0.00%	0.00%	\$67.02
Residential Services	\$84.93	0.9813	0.9666	\$89.53	\$0.29	0.9267	\$0.32	\$89.85	0.00%	0.00%	\$89.85
Support Services	\$7.12	0.9813	0.9666	\$7.51	\$25.66	0.9267	\$27.69	\$35.20	0.00%	0.00%	\$35.20
Transportation	\$50.47	0.9813	0.9666	\$53.20	\$25.37	0.9267	\$27.37	\$80.58	0.00%	0.00%	\$80.58
Treatment Services	\$2.10	0.9813	0.9666	\$2.22	\$93.17	0.9267	\$100.54	\$102.76	0.00%	0.00%	\$102.76
<b>Gross Medical</b>	<b>\$778.96</b>			<b>\$823.56</b>	<b>\$473.12</b>		<b>\$510.55</b>	<b>\$1,334.11</b>			<b>\$1,332.92</b>

GSA: South  
 Risk Group: Non-Integrated SMI  
 Base Period: October 1, 2015 through September 30, 2016  
 Projection Period: October 1, 2017 through September 30, 2018  
 Base Period Member Months: 5,840  
 Projection Period Member Months: 5,187

Category of Service	Non-Subcapitated/Block Payment Base Data				Subcapitated/Block Payment Base Data			Combined Base PMPM	IMD (Remove Stays > 15)	IMD (Reprice Stays <= 15)	Adjusted Base PMPM
	PMPM	Completion	Under-Reporting	Adjusted PMPM	PMPM	Under-Reporting	Adjusted PMPM				
Behavioral Health Day Programs	\$0.00	0.9813	0.9666	\$0.00	\$1.34	0.9267	\$1.45	\$1.45	0.00%	0.00%	\$1.45
Case Management	\$0.25	0.9813	0.9666	\$0.26	\$126.18	0.9267	\$136.16	\$136.42	0.00%	0.00%	\$136.42
Crisis Intervention Services	\$6.40	0.9813	0.9666	\$6.74	\$59.89	0.9267	\$64.63	\$71.37	0.00%	0.00%	\$71.37
Dental Services	\$0.00	0.9813	0.9666	\$0.00	\$0.00	0.9267	\$0.00	\$0.00	0.00%	0.00%	\$0.00
FQHC/RHC	\$0.74	0.9813	0.9666	\$0.78	\$0.31	0.9267	\$0.34	\$1.12	0.00%	0.00%	\$1.12
Inpatient Behavioral Health	\$122.73	0.9528	0.9666	\$133.26	\$16.09	0.9267	\$17.37	\$150.63	-1.02%	0.78%	\$150.25
Inpatient Hospital	\$74.58	0.9488	0.9666	\$81.31	\$0.00	0.9267	\$0.00	\$81.31	0.00%	0.00%	\$81.31
Medical Services	\$3.56	0.9813	0.9666	\$3.75	\$37.11	0.9267	\$40.05	\$43.79	-0.35%	0.00%	\$43.64
Nursing Facility (Short-term)	\$0.00	0.9488	0.9666	\$0.00	\$0.00	0.9267	\$0.00	\$0.00	0.00%	0.00%	\$0.00
Other Services	\$0.01	0.9813	0.9666	\$0.01	\$0.00	0.9267	\$0.00	\$0.01	0.00%	0.00%	\$0.01
Outpatient Hospital	\$0.50	0.9771	0.9666	\$0.53	\$0.06	0.9267	\$0.06	\$0.60	0.00%	0.00%	\$0.60
Pharmacy	\$135.01	0.9998	0.9666	\$139.70	\$0.00	0.9267	\$0.00	\$139.70	0.00%	0.00%	\$139.70
Rehabilitation Services	\$0.32	0.9813	0.9666	\$0.34	\$73.72	0.9267	\$79.55	\$79.89	0.00%	0.00%	\$79.89
Residential Services	\$183.30	0.9813	0.9666	\$193.24	\$2.16	0.9267	\$2.33	\$195.57	0.00%	0.00%	\$195.57
Support Services	\$30.37	0.9813	0.9666	\$32.02	\$28.05	0.9267	\$30.27	\$62.29	0.00%	0.00%	\$62.29
Transportation	\$17.50	0.9813	0.9666	\$18.45	\$34.91	0.9267	\$37.67	\$56.11	0.00%	0.00%	\$56.11
Treatment Services	\$2.10	0.9813	0.9666	\$2.21	\$80.95	0.9267	\$87.36	\$89.57	0.00%	0.00%	\$89.57
<b>Gross Medical</b>	<b>\$577.36</b>			<b>\$612.60</b>	<b>\$460.78</b>		<b>\$497.22</b>	<b>\$1,109.83</b>			<b>\$1,109.30</b>

## **Appendix 5: Projected Benefit Cost Trends**

Central				
Risk Group	Trend COS	Utilization per 1000	Unit Cost	PMPM
DD Child	Inpatient Behavioral Health	2.5%	0.5%	3.0%
DD Child	Inpatient Hospital	0.0%	0.0%	0.0%
DD Child	Medical Services	2.5%	2.0%	4.6%
DD Child	Other Services	0.5%	7.0%	7.5%
DD Child	Pharmacy	1.5%	5.5%	7.1%
DD Child	Rehabilitation/Treatment Services	2.0%	2.0%	4.0%
DD Child	Residential Services	1.0%	1.0%	2.0%
DD Child	Support Services	1.0%	1.0%	2.0%
CMDP Child	Inpatient Behavioral Health	1.5%	1.0%	2.5%
CMDP Child	Inpatient Hospital	0.0%	0.0%	0.0%
CMDP Child	Medical Services	3.5%	1.0%	4.5%
CMDP Child	Other Services	1.0%	3.0%	4.0%
CMDP Child	Pharmacy	12.0%	3.0%	15.4%
CMDP Child	Rehabilitation/Treatment Services	1.5%	1.0%	2.5%
CMDP Child	Residential Services	0.5%	1.0%	1.5%
CMDP Child	Support Services	3.0%	1.0%	4.0%
DD Adult	Inpatient Behavioral Health	2.5%	4.0%	6.6%
DD Adult	Inpatient Hospital	0.0%	0.0%	0.0%
DD Adult	Medical Services	1.5%	1.5%	3.0%
DD Adult	Other Services	0.5%	6.0%	6.5%
DD Adult	Pharmacy	3.0%	6.0%	9.2%
DD Adult	Rehabilitation/Treatment Services	1.0%	1.0%	2.0%
DD Adult	Residential Services	0.5%	4.5%	5.0%
DD Adult	Support Services	2.0%	2.0%	4.0%
TXIX/TXXI GMH/SA NonDual	Inpatient Behavioral Health	5.0%	1.5%	6.6%
TXIX/TXXI GMH/SA NonDual	Inpatient Hospital	0.0%	0.0%	0.0%
TXIX/TXXI GMH/SA NonDual	Medical Services	3.5%	2.0%	5.6%
TXIX/TXXI GMH/SA NonDual	Other Services	4.0%	5.0%	9.2%
TXIX/TXXI GMH/SA NonDual	Pharmacy	4.5%	13.0%	18.1%
TXIX/TXXI GMH/SA NonDual	Rehabilitation/Treatment Services	2.0%	2.5%	4.6%
TXIX/TXXI GMH/SA NonDual	Residential Services	11.0%	2.0%	13.2%
TXIX/TXXI GMH/SA NonDual	Support Services	5.0%	1.0%	6.1%
TXIX/TXXI Non-CMDP Child	Inpatient Behavioral Health	6.5%	0.5%	7.0%
TXIX/TXXI Non-CMDP Child	Inpatient Hospital	0.0%	0.0%	0.0%
TXIX/TXXI Non-CMDP Child	Medical Services	1.5%	0.5%	2.0%
TXIX/TXXI Non-CMDP Child	Other Services	0.5%	7.5%	8.0%
TXIX/TXXI Non-CMDP Child	Pharmacy	1.5%	11.0%	12.7%
TXIX/TXXI Non-CMDP Child	Rehabilitation/Treatment Services	2.5%	0.5%	3.0%
TXIX/TXXI Non-CMDP Child	Residential Services	4.0%	2.5%	6.6%
TXIX/TXXI Non-CMDP Child	Support Services	2.5%	1.5%	4.0%
Integrated SMI	Inpatient Behavioral Health	1.5%	2.0%	3.5%
Integrated SMI	Inpatient Hospital	1.0%	2.0%	3.0%
Integrated SMI	Medical Services	1.0%	4.0%	5.0%
Integrated SMI	Other Services	2.0%	2.5%	4.6%
Integrated SMI	Pharmacy	4.5%	10.0%	15.0%
Integrated SMI	Rehabilitation/Treatment Services	2.0%	1.0%	3.0%
Integrated SMI	Residential Services	1.5%	0.5%	2.0%
Integrated SMI	Support Services	2.5%	1.5%	4.0%
Non-Integrated SMI	Inpatient Behavioral Health	1.5%	1.5%	3.0%
Non-Integrated SMI	Inpatient Hospital	0.0%	0.0%	0.0%
Non-Integrated SMI	Medical Services	2.0%	0.5%	2.5%
Non-Integrated SMI	Other Services	3.0%	2.5%	5.6%
Non-Integrated SMI	Pharmacy	3.5%	12.5%	16.4%
Non-Integrated SMI	Rehabilitation/Treatment Services	1.0%	3.0%	4.0%
Non-Integrated SMI	Residential Services	13.0%	1.5%	14.7%
Non-Integrated SMI	Support Services	1.5%	0.5%	2.0%

North				
Risk Group	Trend COS	Utilization per 1000	Unit Cost	PMPM
DD Child	Inpatient Behavioral Health	1.5%	2.5%	4.0%
DD Child	Inpatient Hospital	0.0%	0.0%	0.0%
DD Child	Medical Services	1.5%	2.5%	4.0%
DD Child	Other Services	1.5%	2.5%	4.0%
DD Child	Pharmacy	1.5%	2.5%	4.0%
DD Child	Rehabilitation/Treatment Services	1.5%	2.5%	4.0%
DD Child	Residential Services	1.5%	2.5%	4.0%
DD Child	Support Services	1.5%	2.5%	4.0%
CMDP Child	Inpatient Behavioral Health	1.0%	1.5%	2.5%
CMDP Child	Inpatient Hospital	0.0%	0.0%	0.0%
CMDP Child	Medical Services	1.0%	1.5%	2.5%
CMDP Child	Other Services	1.0%	1.5%	2.5%
CMDP Child	Pharmacy	1.0%	1.5%	2.5%
CMDP Child	Rehabilitation/Treatment Services	1.0%	1.5%	2.5%
CMDP Child	Residential Services	1.0%	1.5%	2.5%
CMDP Child	Support Services	1.0%	1.5%	2.5%
DD Adult	Inpatient Behavioral Health	3.5%	1.0%	4.5%
DD Adult	Inpatient Hospital	0.0%	0.0%	0.0%
DD Adult	Medical Services	3.5%	1.0%	4.5%
DD Adult	Other Services	3.5%	1.0%	4.5%
DD Adult	Pharmacy	3.5%	1.0%	4.5%
DD Adult	Rehabilitation/Treatment Services	3.5%	1.0%	4.5%
DD Adult	Residential Services	3.5%	1.0%	4.5%
DD Adult	Support Services	3.5%	1.0%	4.5%
TXIX/TXXI GMH/SA NonDual	Inpatient Behavioral Health	2.0%	0.5%	2.5%
TXIX/TXXI GMH/SA NonDual	Inpatient Hospital	0.0%	0.0%	0.0%
TXIX/TXXI GMH/SA NonDual	Medical Services	0.5%	1.0%	1.5%
TXIX/TXXI GMH/SA NonDual	Other Services	3.5%	1.0%	4.5%
TXIX/TXXI GMH/SA NonDual	Pharmacy	1.5%	14.0%	15.7%
TXIX/TXXI GMH/SA NonDual	Rehabilitation/Treatment Services	1.0%	0.5%	1.5%
TXIX/TXXI GMH/SA NonDual	Residential Services	2.5%	2.0%	4.5%
TXIX/TXXI GMH/SA NonDual	Support Services	1.0%	6.5%	7.6%
TXIX/TXXI Non-CMDP Child	Inpatient Behavioral Health	0.5%	2.0%	2.5%
TXIX/TXXI Non-CMDP Child	Inpatient Hospital	0.0%	0.0%	0.0%
TXIX/TXXI Non-CMDP Child	Medical Services	1.0%	2.5%	3.5%
TXIX/TXXI Non-CMDP Child	Other Services	2.0%	1.5%	3.5%
TXIX/TXXI Non-CMDP Child	Pharmacy	0.5%	6.5%	7.0%
TXIX/TXXI Non-CMDP Child	Rehabilitation/Treatment Services	1.0%	1.0%	2.0%
TXIX/TXXI Non-CMDP Child	Residential Services	1.0%	3.0%	4.0%
TXIX/TXXI Non-CMDP Child	Support Services	2.5%	1.5%	4.0%
Integrated SMI	Inpatient Behavioral Health	3.5%	2.5%	6.1%
Integrated SMI	Inpatient Hospital	1.5%	1.0%	2.5%
Integrated SMI	Medical Services	3.0%	2.5%	5.6%
Integrated SMI	Other Services	3.5%	2.5%	6.1%
Integrated SMI	Pharmacy	2.5%	6.5%	9.2%
Integrated SMI	Rehabilitation/Treatment Services	1.5%	0.5%	2.0%
Integrated SMI	Residential Services	2.0%	2.5%	4.5%
Integrated SMI	Support Services	2.0%	2.5%	4.5%
Non-Integrated SMI	Inpatient Behavioral Health	3.0%	3.5%	6.6%
Non-Integrated SMI	Inpatient Hospital	0.0%	0.0%	0.0%
Non-Integrated SMI	Medical Services	3.0%	3.5%	6.6%
Non-Integrated SMI	Other Services	3.0%	3.5%	6.6%
Non-Integrated SMI	Pharmacy	3.0%	3.5%	6.6%
Non-Integrated SMI	Rehabilitation/Treatment Services	3.0%	3.5%	6.6%
Non-Integrated SMI	Residential Services	3.0%	3.5%	6.6%
Non-Integrated SMI	Support Services	3.0%	3.5%	6.6%

South				
Risk Group	Trend COS	Utilization per 1000	Unit Cost	PMPM
DD Child	Inpatient Behavioral Health	2.0%	1.0%	3.0%
DD Child	Inpatient Hospital	0.0%	0.0%	0.0%
DD Child	Medical Services	0.0%	2.5%	2.5%
DD Child	Other Services	1.5%	1.5%	3.0%
DD Child	Pharmacy	0.5%	7.5%	8.0%
DD Child	Rehabilitation/Treatment Services	3.0%	3.0%	6.1%
DD Child	Residential Services	1.0%	1.0%	2.0%
DD Child	Support Services	1.5%	0.5%	2.0%
CMDP Child	Inpatient Behavioral Health	1.0%	1.0%	2.0%
CMDP Child	Inpatient Hospital	0.0%	0.0%	0.0%
CMDP Child	Medical Services	1.5%	1.0%	2.5%
CMDP Child	Other Services	1.0%	2.0%	3.0%
CMDP Child	Pharmacy	1.0%	8.5%	9.6%
CMDP Child	Rehabilitation/Treatment Services	1.0%	1.0%	2.0%
CMDP Child	Residential Services	2.0%	0.5%	2.5%
CMDP Child	Support Services	1.0%	1.0%	2.0%
DD Adult	Inpatient Behavioral Health	1.0%	0.5%	1.5%
DD Adult	Inpatient Hospital	0.0%	0.0%	0.0%
DD Adult	Medical Services	0.5%	2.0%	2.5%
DD Adult	Other Services	2.5%	1.0%	3.5%
DD Adult	Pharmacy	1.0%	8.0%	9.1%
DD Adult	Rehabilitation/Treatment Services	1.5%	1.5%	3.0%
DD Adult	Residential Services	0.5%	0.5%	1.0%
DD Adult	Support Services	0.5%	3.5%	4.0%
TXIX/TXXI GMH/SA NonDual	Inpatient Behavioral Health	4.5%	1.5%	6.1%
TXIX/TXXI GMH/SA NonDual	Inpatient Hospital	0.0%	0.0%	0.0%
TXIX/TXXI GMH/SA NonDual	Medical Services	3.0%	6.5%	9.7%
TXIX/TXXI GMH/SA NonDual	Other Services	4.5%	0.5%	5.0%
TXIX/TXXI GMH/SA NonDual	Pharmacy	2.0%	11.0%	13.2%
TXIX/TXXI GMH/SA NonDual	Rehabilitation/Treatment Services	0.5%	3.5%	4.0%
TXIX/TXXI GMH/SA NonDual	Residential Services	1.0%	1.5%	2.5%
TXIX/TXXI GMH/SA NonDual	Support Services	0.5%	3.5%	4.0%
TXIX/TXXI Non-CMDP Child	Inpatient Behavioral Health	5.0%	1.0%	6.1%
TXIX/TXXI Non-CMDP Child	Inpatient Hospital	0.0%	0.0%	0.0%
TXIX/TXXI Non-CMDP Child	Medical Services	1.5%	1.0%	2.5%
TXIX/TXXI Non-CMDP Child	Other Services	2.0%	2.5%	4.6%
TXIX/TXXI Non-CMDP Child	Pharmacy	0.5%	8.0%	8.5%
TXIX/TXXI Non-CMDP Child	Rehabilitation/Treatment Services	1.5%	4.0%	5.6%
TXIX/TXXI Non-CMDP Child	Residential Services	11.0%	1.0%	12.1%
TXIX/TXXI Non-CMDP Child	Support Services	1.5%	2.5%	4.0%
Integrated SMI	Inpatient Behavioral Health	3.5%	3.0%	6.6%
Integrated SMI	Inpatient Hospital	2.0%	1.0%	3.0%
Integrated SMI	Medical Services	2.5%	0.5%	3.0%
Integrated SMI	Other Services	4.0%	1.0%	5.0%
Integrated SMI	Pharmacy	2.0%	7.0%	9.1%
Integrated SMI	Rehabilitation/Treatment Services	1.5%	3.5%	5.1%
Integrated SMI	Residential Services	1.0%	0.5%	1.5%
Integrated SMI	Support Services	1.0%	2.5%	3.5%
Non-Integrated SMI	Inpatient Behavioral Health	5.5%	1.5%	7.1%
Non-Integrated SMI	Inpatient Hospital	0.0%	0.0%	0.0%
Non-Integrated SMI	Medical Services	4.5%	1.0%	5.5%
Non-Integrated SMI	Other Services	3.0%	2.0%	5.1%
Non-Integrated SMI	Pharmacy	2.5%	10.5%	13.3%
Non-Integrated SMI	Rehabilitation/Treatment Services	1.0%	2.0%	3.0%
Non-Integrated SMI	Residential Services	3.5%	2.0%	5.6%
Non-Integrated SMI	Support Services	1.5%	2.5%	4.0%

## **Appendix 6: CYE 18 Capitation Rate Development**

GSA: Central  
 Risk Group: DD Child  
 Base Period: October 1, 2015 through September 30, 2016  
 Projection Period: October 1, 2017 through September 30, 2018  
 Base Period Member Months: 91,450  
 Projection Period Member Months: 93,962

Category of Service	Adjusted Base PMPM	Trend	ER Dental	Abilify	Vivitrol	Rx Rebates	Occup. Therapy	Fee Schedule Changes	Podiatry	Min Wage	Service Expansion	Gross Medical
Behavioral Health Day Programs	\$0.28	7.53%	0.00%	0.00%	0.00%	0.00%	0.00%	0.08%	0.00%	0.00%	0.00%	\$0.33
Case Management	\$42.34	2.01%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	\$44.06
Crisis Intervention Services	\$2.06	7.53%	0.00%	0.00%	0.00%	0.00%	0.00%	0.08%	0.00%	0.00%	0.00%	\$2.39
Dental Services	\$0.00	7.53%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	\$0.00
FQHC/RHC	\$0.02	7.53%	0.00%	0.00%	0.00%	0.00%	0.00%	10.33%	0.00%	0.00%	0.00%	\$0.02
Inpatient Behavioral Health	\$10.89	3.01%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	\$11.56
Inpatient Hospital	\$4.94	3.01%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	\$5.24
Medical Services	\$7.26	4.55%	0.00%	0.00%	0.00%	0.00%	0.00%	0.29%	0.00%	0.00%	0.00%	\$7.96
Nursing Facility (Short-term)	\$0.00	7.53%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	\$0.00
Other Services	\$0.00	7.53%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	\$0.00
Outpatient Hospital	\$0.51	7.53%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	\$0.58
Pharmacy	\$44.40	7.08%	0.00%	-44.06%	0.00%	-1.50%	0.00%	0.00%	0.00%	0.00%	0.00%	\$28.06
Rehabilitation Services	\$58.91	4.04%	0.00%	0.00%	0.00%	0.00%	0.00%	0.08%	0.00%	0.00%	0.00%	\$63.82
Residential Services	\$4.83	2.01%	0.00%	0.00%	0.00%	0.00%	0.00%	0.08%	0.00%	0.00%	0.00%	\$5.03
Support Services	\$17.20	2.01%	0.00%	0.00%	0.00%	0.00%	0.00%	0.08%	0.00%	0.87%	0.00%	\$18.07
Transportation	\$4.94	2.01%	0.00%	0.00%	0.00%	0.00%	0.00%	0.58%	0.00%	0.00%	0.00%	\$5.17
Treatment Services	\$24.29	4.04%	0.00%	0.00%	0.00%	0.00%	0.00%	0.08%	0.00%	0.00%	0.00%	\$26.32
<b>Gross Medical</b>	<b>\$222.88</b>	<b>4.02%</b>	<b>0.00%</b>	<b>-9.30%</b>	<b>0.00%</b>	<b>-0.20%</b>	<b>0.00%</b>	<b>0.07%</b>	<b>0.00%</b>	<b>0.07%</b>	<b>0.00%</b>	<b>\$218.61</b>

<b>Total AHCCCS DAP</b>	<b>\$0.08</b>
<b>Total Gross Medical PMPM</b>	<b>\$218.68</b>

AHCCCS Differential Adjusted Payments (DAP)	
E-Prescribing	\$0.06
Integrated Clinic	\$0.00
Inpatient Hospital	\$0.02
Nursing Facility	\$0.00
Outpatient Hospital	\$0.00
<b>Total AHCCCS DAP</b>	<b>\$0.08</b>

Non-benefit Expenses	Percentage	PMPM
Admin	7.21%	\$17.36
Total Medical with Admin		\$236.04
UW Gain	2.00%	\$4.82
Pre-tax Capitation PMPM		\$240.86
Premium Tax	2.00%	\$4.92
<b>Capitation PMPM</b>		<b>\$245.78</b>

GSA: Central  
 Risk Group: CMDP Child  
 Base Period: October 1, 2015 through September 30, 2016  
 Projection Period: October 1, 2017 through September 30, 2018  
 Base Period Member Months: 133,245  
 Projection Period Member Months: 124,144

Category of Service	Adjusted Base PMPM	Trend	ER Dental	Abilify	Vivitrol	Rx Rebates	Occup. Therapy	Fee Schedule Changes	Podiatry	Min Wage	Service Expansion	Gross Medical
Behavioral Health Day Programs	\$0.79	4.03%	0.00%	0.00%	0.00%	0.00%	0.00%	0.08%	0.00%	0.00%	0.00%	\$0.86
Case Management	\$123.50	4.03%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	\$133.66
Crisis Intervention Services	\$14.49	4.03%	0.00%	0.00%	0.00%	0.00%	0.00%	0.08%	0.00%	0.00%	0.00%	\$15.69
Dental Services	\$0.00	4.03%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	\$0.00
FQHC/RHC	\$0.10	4.03%	0.00%	0.00%	0.00%	0.00%	0.00%	10.33%	0.00%	0.00%	0.00%	\$0.12
Inpatient Behavioral Health	\$86.68	2.52%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	\$91.09
Inpatient Hospital	\$5.86	2.52%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	\$6.16
Medical Services	\$6.12	4.54%	0.00%	0.00%	0.00%	0.00%	0.00%	0.29%	0.00%	0.00%	8.47%	\$7.27
Nursing Facility (Short-term)	\$0.00	4.03%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	\$0.00
Other Services	\$0.00	4.03%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	\$0.00
Outpatient Hospital	\$2.00	4.03%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	\$2.17
Pharmacy	\$17.77	15.36%	0.00%	-34.40%	0.00%	-1.50%	0.00%	0.00%	0.00%	0.00%	0.00%	\$15.28
Rehabilitation Services	\$66.40	2.51%	0.00%	0.00%	0.00%	0.00%	0.00%	0.08%	0.00%	0.00%	21.56%	\$84.89
Residential Services	\$25.93	1.50%	0.00%	0.00%	0.00%	0.00%	0.00%	0.08%	0.00%	0.00%	0.00%	\$26.74
Support Services	\$45.16	4.03%	0.00%	0.00%	0.00%	0.00%	0.00%	0.08%	0.00%	0.78%	13.50%	\$55.95
Transportation	\$14.70	4.03%	0.00%	0.00%	0.00%	0.00%	0.00%	0.58%	0.00%	0.00%	0.00%	\$16.00
Treatment Services	\$76.36	2.51%	0.00%	0.00%	0.00%	0.00%	0.00%	0.08%	0.00%	0.00%	27.39%	\$102.31
<b>Gross Medical</b>	<b>\$485.87</b>	<b>3.61%</b>	<b>0.00%</b>	<b>-1.56%</b>	<b>0.00%</b>	<b>-0.05%</b>	<b>0.00%</b>	<b>0.06%</b>	<b>0.00%</b>	<b>0.07%</b>	<b>8.62%</b>	<b>\$558.20</b>

<b>Total AHCCCS DAP</b>	<b>\$0.06</b>
<b>Total Gross Medical PMPM</b>	<b>\$558.26</b>

AHCCCS Differential Adjusted Payments (DAP)	
E-Prescribing	\$0.03
Integrated Clinic	\$0.00
Inpatient Hospital	\$0.03
Nursing Facility	\$0.00
Outpatient Hospital	\$0.00
<b>Total AHCCCS DAP</b>	<b>\$0.06</b>

Non-benefit Expenses	Percentage	PMPM
Admin	7.21%	\$44.33
Total Medical with Admin		\$602.58
UW Gain	2.00%	\$12.30
Pre-tax Capitation PMPM		\$614.88
Premium Tax	2.00%	\$12.55
<b>Capitation PMPM</b>		<b>\$627.43</b>

GSA: Central  
 Risk Group: DD Adult  
 Base Period: October 1, 2015 through September 30, 2016  
 Projection Period: October 1, 2017 through September 30, 2018  
 Base Period Member Months: 87,431  
 Projection Period Member Months: 90,175

Category of Service	Adjusted Base PMPM	Trend	ER Dental	Abilify	Vivitrol	Rx Rebates	Occup. Therapy	Fee Schedule Changes	Podiatry	Min Wage	Service Expansion	Gross Medical
Behavioral Health Day Programs	\$0.36	6.53%	0.00%	0.00%	0.00%	0.00%	0.00%	0.08%	0.00%	0.00%	0.00%	\$0.41
Case Management	\$18.54	4.04%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	\$20.07
Crisis Intervention Services	\$5.20	6.53%	0.00%	0.00%	0.00%	0.00%	0.00%	0.08%	0.00%	0.00%	0.00%	\$5.91
Dental Services	\$0.00	6.53%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	\$0.00
FQHC/RHC	\$0.03	6.53%	0.00%	0.00%	0.00%	0.00%	0.00%	10.33%	0.00%	0.00%	0.00%	\$0.04
Inpatient Behavioral Health	\$4.46	6.60%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	\$5.07
Inpatient Hospital	\$10.87	6.60%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	\$12.35
Medical Services	\$9.09	3.02%	0.00%	0.00%	0.00%	0.00%	0.00%	0.29%	0.00%	0.00%	0.00%	\$9.68
Nursing Facility (Short-term)	\$0.00	6.53%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	\$0.00
Other Services	\$0.00	6.53%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	\$0.00
Outpatient Hospital	\$0.21	6.53%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	\$0.24
Pharmacy	\$61.02	9.18%	0.00%	-34.25%	0.00%	-1.50%	0.00%	0.00%	0.00%	0.00%	0.00%	\$47.10
Rehabilitation Services	\$14.61	2.01%	0.00%	0.00%	0.00%	0.00%	0.00%	0.08%	0.00%	0.00%	0.00%	\$15.22
Residential Services	\$3.69	5.02%	0.00%	0.00%	0.00%	0.00%	0.00%	0.08%	0.00%	0.00%	0.00%	\$4.07
Support Services	\$4.71	4.04%	0.00%	0.00%	0.00%	0.00%	0.00%	0.08%	0.00%	3.78%	0.00%	\$5.29
Transportation	\$5.82	4.04%	0.00%	0.00%	0.00%	0.00%	0.00%	0.58%	0.00%	0.00%	0.00%	\$6.34
Treatment Services	\$10.00	2.01%	0.00%	0.00%	0.00%	0.00%	0.00%	0.08%	0.00%	0.00%	0.00%	\$10.41
<b>Gross Medical</b>	<b>\$148.61</b>	<b>6.18%</b>	<b>0.00%</b>	<b>-14.87%</b>	<b>0.00%</b>	<b>-0.50%</b>	<b>0.00%</b>	<b>0.07%</b>	<b>0.00%</b>	<b>0.14%</b>	<b>0.00%</b>	<b>\$142.19</b>

<b>Total AHCCCS DAP</b>	<b>\$0.15</b>
<b>Total Gross Medical PMPM</b>	<b>\$142.34</b>

AHCCCS Differential Adjusted Payments (DAP)	
E-Prescribing	\$0.10
Integrated Clinic	\$0.00
Inpatient Hospital	\$0.05
Nursing Facility	\$0.00
Outpatient Hospital	\$0.00
<b>Total AHCCCS DAP</b>	<b>\$0.15</b>

Non-benefit Expenses	Percentage	PMPM
Admin	7.20%	\$11.29
Total Medical with Admin		\$153.63
UW Gain	2.00%	\$3.14
Pre-tax Capitation PMPM		\$156.77
Premium Tax	2.00%	\$3.20
<b>Capitation PMPM</b>		<b>\$159.97</b>

GSA: Central  
 Risk Group: TXIX/TXXI GMH/SA NonDual  
 Base Period: October 1, 2015 through September 30, 2016  
 Projection Period: October 1, 2017 through September 30, 2018  
 Base Period Member Months: 5,053,771  
 Projection Period Member Months: 5,093,122

Category of Service	Adjusted Base PMPM	Trend	ER Dental	Abilify	Vivitrol	Rx Rebates	Occup. Therapy	Fee Schedule Changes	Podiatry	Min Wage	Service Expansion	Gross Medical
Behavioral Health Day Programs	\$0.15	9.20%	0.00%	0.00%	0.00%	0.00%	0.00%	0.08%	0.00%	0.00%	5.80%	\$0.18
Case Management	\$2.93	6.05%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	35.73%	\$4.47
Crisis Intervention Services	\$4.41	9.20%	0.00%	0.00%	0.00%	0.00%	0.00%	0.08%	0.00%	0.00%	0.00%	\$5.27
Dental Services	\$0.00	9.20%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	\$0.00
FQHC/RHC	\$0.25	9.20%	0.00%	0.00%	0.00%	0.00%	0.00%	10.33%	0.00%	0.00%	0.00%	\$0.33
Inpatient Behavioral Health	\$11.46	6.57%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	\$13.02
Inpatient Hospital	\$4.40	6.57%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	\$5.00
Medical Services	\$4.91	5.57%	0.00%	0.00%	0.00%	0.00%	0.00%	0.29%	0.00%	0.00%	58.00%	\$8.68
Nursing Facility (Short-term)	\$0.00	9.20%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	\$0.00
Other Services	\$0.00	9.20%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	\$0.00
Outpatient Hospital	\$0.05	9.20%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	\$0.06
Pharmacy	\$5.52	18.09%	0.00%	-34.57%	0.72%	-1.50%	0.00%	0.00%	0.00%	0.00%	0.00%	\$5.00
Rehabilitation Services	\$0.82	4.55%	0.00%	0.00%	0.00%	0.00%	0.00%	0.08%	0.00%	0.00%	9.55%	\$0.99
Residential Services	\$2.61	13.22%	0.00%	0.00%	0.00%	0.00%	0.00%	0.08%	0.00%	0.00%	29.32%	\$4.34
Support Services	\$0.39	6.05%	0.00%	0.00%	0.00%	0.00%	0.00%	0.08%	0.00%	1.56%	9.55%	\$0.49
Transportation	\$2.61	6.05%	0.00%	0.00%	0.00%	0.00%	0.00%	0.58%	0.00%	0.00%	5.80%	\$3.12
Treatment Services	\$8.17	4.55%	0.00%	0.00%	0.00%	0.00%	0.00%	0.08%	0.00%	0.00%	31.98%	\$11.79
<b>Gross Medical</b>	<b>\$48.69</b>	<b>8.04%</b>	<b>0.00%</b>	<b>-4.68%</b>	<b>0.07%</b>	<b>-0.14%</b>	<b>0.00%</b>	<b>0.15%</b>	<b>0.00%</b>	<b>0.01%</b>	<b>15.70%</b>	<b>\$62.73</b>

<b>Total AHCCCS DAP</b>	<b>\$0.03</b>
<b>Total Gross Medical PMPM</b>	<b>\$62.76</b>

AHCCCS Differential Adjusted Payments (DAP)	
E-Prescribing	\$0.01
Integrated Clinic	\$0.00
Inpatient Hospital	\$0.02
Nursing Facility	\$0.00
Outpatient Hospital	\$0.00
<b>Total AHCCCS DAP</b>	<b>\$0.03</b>

Non-benefit Expenses	Percentage	PMPM
Admin	7.21%	\$4.98
Total Medical with Admin		\$67.74
UW Gain	2.00%	\$1.38
Pre-tax Capitation PMPM		\$69.12
Premium Tax	2.00%	\$1.41
<b>Capitation PMPM</b>		<b>\$70.53</b>

GSA: Central  
 Risk Group: TXIX/TXXI Non-CMDP Child  
 Base Period: October 1, 2015 through September 30, 2016  
 Projection Period: October 1, 2017 through September 30, 2018  
 Base Period Member Months: 5,251,705  
 Projection Period Member Months: 5,368,369

Category of Service	Adjusted Base PMPM	Trend	ER Dental	Abilify	Vivitrol	Rx Rebates	Occup. Therapy	Fee Schedule Changes	Podiatry	Min Wage	Service Expansion	Gross Medical
Behavioral Health Day Programs	\$0.07	8.04%	0.00%	0.00%	0.00%	0.00%	0.00%	0.08%	0.00%	0.00%	0.00%	\$0.08
Case Management	\$4.75	4.04%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	8.42%	\$5.57
Crisis Intervention Services	\$0.43	8.04%	0.00%	0.00%	0.00%	0.00%	0.00%	0.08%	0.00%	0.00%	0.00%	\$0.51
Dental Services	\$0.00	8.04%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	\$0.00
FQHC/RHC	\$0.05	8.04%	0.00%	0.00%	0.00%	0.00%	0.00%	10.33%	0.00%	0.00%	0.00%	\$0.07
Inpatient Behavioral Health	\$3.50	7.03%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	22.21%	\$4.89
Inpatient Hospital	\$0.40	7.03%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	\$0.46
Medical Services	\$0.94	2.01%	0.00%	0.00%	0.00%	0.00%	0.00%	0.29%	0.00%	0.00%	8.27%	\$1.06
Nursing Facility (Short-term)	\$0.00	8.04%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	\$0.00
Other Services	\$0.00	8.04%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	\$0.00
Outpatient Hospital	\$0.22	8.04%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	\$0.25
Pharmacy	\$3.29	12.67%	0.00%	-28.50%	0.00%	-1.50%	0.00%	0.00%	0.00%	0.00%	0.00%	\$2.94
Rehabilitation Services	\$3.72	3.01%	0.00%	0.00%	0.00%	0.00%	0.00%	0.08%	0.00%	0.00%	11.63%	\$4.41
Residential Services	\$0.25	6.60%	0.00%	0.00%	0.00%	0.00%	0.00%	0.08%	0.00%	0.00%	0.00%	\$0.29
Support Services	\$1.56	4.04%	0.00%	0.00%	0.00%	0.00%	0.00%	0.08%	0.00%	3.13%	9.76%	\$1.92
Transportation	\$1.18	4.04%	0.00%	0.00%	0.00%	0.00%	0.00%	0.58%	0.00%	0.00%	0.00%	\$1.28
Treatment Services	\$5.44	3.01%	0.00%	0.00%	0.00%	0.00%	0.00%	0.08%	0.00%	0.00%	10.14%	\$6.36
<b>Gross Medical</b>	<b>\$25.80</b>	<b>5.34%</b>	<b>0.00%</b>	<b>-4.15%</b>	<b>0.00%</b>	<b>-0.16%</b>	<b>0.00%</b>	<b>0.10%</b>	<b>0.00%</b>	<b>0.19%</b>	<b>9.53%</b>	<b>\$30.10</b>

<b>Total AHCCCS DAP</b>	<b>\$0.01</b>
<b>Total Gross Medical PMPM</b>	<b>\$30.10</b>

AHCCCS Differential Adjusted Payments (DAP)	
E-Prescribing	\$0.01
Integrated Clinic	\$0.00
Inpatient Hospital	\$0.00
Nursing Facility	\$0.00
Outpatient Hospital	\$0.00
<b>Total AHCCCS DAP</b>	<b>\$0.01</b>

Non-benefit Expenses	Percentage	PMPM
Admin	7.21%	\$2.39
Total Medical with Admin		\$32.49
UW Gain	2.00%	\$0.66
Pre-tax Capitation PMPM		\$33.16
Premium Tax	2.00%	\$0.68
<b>Capitation PMPM</b>		<b>\$33.83</b>

GSA: Central  
 Risk Group: Integrated SMI  
 Base Period: October 1, 2015 through September 30, 2016  
 Projection Period: October 1, 2017 through September 30, 2018  
 Base Period Member Months: 243,668  
 Projection Period Member Months: 248,656

Category of Service	Adjusted Base PMPM	Trend	ER Dental	Abilify	Vivitrol	Rx Rebates	Occup. Therapy	Fee Schedule Changes	Podiatry	Min Wage	Service Expansion	Gross Medical
Behavioral Health Day Programs	\$15.10	4.55%	0.00%	0.00%	0.00%	0.00%	0.00%	0.19%	0.00%	0.00%	0.00%	\$16.53
Case Management	\$209.79	4.04%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	10.74%	\$251.45
Crisis Intervention Services	\$58.89	4.55%	0.00%	0.00%	0.00%	0.00%	0.00%	0.19%	0.00%	0.00%	0.00%	\$64.49
Dental Services	\$0.39	4.55%	558.35%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	\$2.80
FQHC/RHC	\$18.38	4.55%	0.00%	0.00%	0.00%	0.00%	0.00%	3.34%	0.00%	0.00%	0.00%	\$20.76
Inpatient Behavioral Health	\$178.92	3.53%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	\$191.78
Inpatient Hospital	\$204.13	3.02%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	\$216.64
Medical Services	\$152.31	5.04%	0.00%	0.00%	0.00%	0.00%	0.00%	0.09%	0.59%	0.00%	0.00%	\$169.19
Nursing Facility (Short-term)	\$9.55	4.55%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	3.12%	0.00%	\$10.76
Other Services	\$14.08	4.55%	0.00%	0.00%	0.00%	0.00%	1.14%	0.00%	0.00%	0.00%	0.00%	\$15.57
Outpatient Hospital	\$98.70	4.55%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	\$107.88
Pharmacy	\$302.31	14.95%	0.00%	-10.61%	0.72%	-1.50%	0.00%	0.00%	0.00%	0.00%	0.00%	\$354.25
Rehabilitation Services	\$146.67	3.02%	0.00%	0.00%	0.00%	0.00%	0.00%	0.19%	0.00%	0.00%	4.79%	\$163.43
Residential Services	\$165.44	2.01%	0.00%	0.00%	0.00%	0.00%	0.00%	0.19%	0.00%	0.00%	0.00%	\$172.48
Support Services	\$86.94	4.04%	0.00%	0.00%	0.00%	0.00%	0.00%	0.19%	0.00%	3.97%	8.93%	\$106.79
Transportation	\$142.84	4.04%	0.00%	0.00%	0.00%	0.00%	0.00%	0.62%	0.00%	0.00%	0.70%	\$156.65
Treatment Services	\$68.74	3.02%	0.00%	0.00%	0.00%	0.00%	0.00%	0.19%	0.00%	0.00%	9.27%	\$79.86
<b>Gross Medical</b>	<b>\$1,873.19</b>	<b>5.57%</b>	<b>0.11%</b>	<b>-2.03%</b>	<b>0.13%</b>	<b>-0.26%</b>	<b>0.01%</b>	<b>0.14%</b>	<b>0.05%</b>	<b>0.20%</b>	<b>2.36%</b>	<b>\$2,101.33</b>

<b>Total AHCCCS DAP</b>	<b>\$1.94</b>
<b>Total Gross Medical PMPM</b>	<b>\$2,103.27</b>

AHCCCS Differential Adjusted Payments (DAP)	
E-Prescribing	\$0.50
Integrated Clinic	\$0.00
Inpatient Hospital	\$0.90
Nursing Facility	\$0.11
Outpatient Hospital	\$0.43
<b>Total AHCCCS DAP</b>	<b>\$1.94</b>

Non-benefit Expenses	Percentage	PMPM
Admin	7.20%	\$166.87
Total Medical with Admin		\$2,270.13
UW Gain	2.00%	\$46.33
Pre-tax Capitation PMPM		\$2,316.46
Premium Tax	2.00%	\$47.27
<b>Capitation PMPM</b>		<b>\$2,363.74</b>

GSA: Central  
 Risk Group: Non-Integrated SMI  
 Base Period: October 1, 2015 through September 30, 2016  
 Projection Period: October 1, 2017 through September 30, 2018  
 Base Period Member Months: 8,003  
 Projection Period Member Months: 6,404

Category of Service	Adjusted Base PMPM	Trend	ER Dental	Abilify	Vivitrol	Rx Rebates	Occup. Therapy	Fee Schedule Changes	Podiatry	Min Wage	Service Expansion	Gross Medical
Behavioral Health Day Programs	\$10.34	5.57%	0.00%	0.00%	0.00%	0.00%	0.00%	0.08%	0.00%	0.00%	0.00%	\$11.54
Case Management	\$297.48	2.01%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	\$309.55
Crisis Intervention Services	\$125.57	5.57%	0.00%	0.00%	0.00%	0.00%	0.00%	0.08%	0.00%	0.00%	0.00%	\$140.07
Dental Services	\$0.00	5.57%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	\$0.00
FQHC/RHC	\$2.28	5.57%	0.00%	0.00%	0.00%	0.00%	0.00%	10.33%	0.00%	0.00%	0.00%	\$2.81
Inpatient Behavioral Health	\$452.57	3.02%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	\$480.34
Inpatient Hospital	\$341.26	3.02%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	\$362.20
Medical Services	\$74.68	2.51%	0.00%	0.00%	0.00%	0.00%	0.00%	0.29%	0.00%	0.00%	0.00%	\$78.71
Nursing Facility (Short-term)	\$0.00	5.57%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	\$0.00
Other Services	\$0.00	5.57%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	\$0.00
Outpatient Hospital	\$9.66	5.57%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	\$10.77
Pharmacy	\$220.10	16.44%	0.00%	-15.63%	0.72%	-1.50%	0.00%	0.00%	0.00%	0.00%	0.00%	\$249.77
Rehabilitation Services	\$135.57	4.03%	0.00%	0.00%	0.00%	0.00%	0.00%	0.08%	0.00%	0.00%	0.00%	\$146.83
Residential Services	\$320.42	14.70%	0.00%	0.00%	0.00%	0.00%	0.00%	0.08%	0.00%	0.00%	0.00%	\$421.84
Support Services	\$56.70	2.01%	0.00%	0.00%	0.00%	0.00%	0.00%	0.08%	0.00%	2.93%	0.00%	\$60.78
Transportation	\$117.51	2.01%	0.00%	0.00%	0.00%	0.00%	0.00%	0.58%	0.00%	0.00%	0.00%	\$122.99
Treatment Services	\$100.10	4.03%	0.00%	0.00%	0.00%	0.00%	0.00%	0.08%	0.00%	0.00%	0.00%	\$108.42
<b>Gross Medical</b>	<b>\$2,264.25</b>	<b>6.16%</b>	<b>0.00%</b>	<b>-1.83%</b>	<b>0.07%</b>	<b>-0.15%</b>	<b>0.00%</b>	<b>0.08%</b>	<b>0.00%</b>	<b>0.07%</b>	<b>0.00%</b>	<b>\$2,506.60</b>

<b>Total AHCCCS DAP</b>	<b>\$2.03</b>
<b>Total Gross Medical PMPM</b>	<b>\$2,508.63</b>

AHCCCS Differential Adjusted Payments (DAP)	
E-Prescribing	\$0.51
Integrated Clinic	\$0.00
Inpatient Hospital	\$1.51
Nursing Facility	\$0.00
Outpatient Hospital	\$0.01
<b>Total AHCCCS DAP</b>	<b>\$2.03</b>

Non-benefit Expenses	Percentage	PMPM
Admin	7.20%	\$199.05
Total Medical with Admin		\$2,707.68
UW Gain	2.00%	\$55.26
Pre-tax Capitation PMPM		\$2,762.94
Premium Tax	2.00%	\$56.39
<b>Capitation PMPM</b>		<b>\$2,819.33</b>

GSA: North  
 Risk Group: DD Child  
 Base Period: October 1, 2015 through September 30, 2016  
 Projection Period: October 1, 2017 through September 30, 2018  
 Base Period Member Months: 6,521  
 Projection Period Member Months: 6,903

Category of Service	Adjusted Base PMPM	Trend	ER Dental	Abilify	Vivitrol	Rx Rebates	Occup. Therapy	Fee Schedule Changes	Podiatry	Min Wage	Service Expansion	Gross Medical
Behavioral Health Day Programs	\$0.00	4.04%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	\$0.00
Case Management	\$75.07	4.04%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	\$81.26
Crisis Intervention Services	\$1.64	4.04%	0.00%	0.00%	0.00%	0.00%	0.00%	0.04%	0.00%	0.00%	0.00%	\$1.78
Dental Services	\$0.00	4.04%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	\$0.00
FQHC/RHC	\$0.00	4.04%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	\$0.00
Inpatient Behavioral Health	\$29.59	4.04%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	\$32.03
Inpatient Hospital	\$34.34	4.04%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	\$37.16
Medical Services	\$9.87	4.04%	0.00%	0.00%	0.00%	0.00%	0.00%	0.43%	0.00%	0.00%	0.00%	\$10.73
Nursing Facility (Short-term)	\$0.00	4.04%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	\$0.00
Other Services	\$0.00	4.04%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	\$0.00
Outpatient Hospital	\$0.00	4.04%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	\$0.00
Pharmacy	\$79.16	4.04%	0.00%	-60.39%	0.00%	-0.50%	0.00%	0.00%	0.00%	0.00%	0.00%	\$33.77
Rehabilitation Services	\$164.33	4.04%	0.00%	0.00%	0.00%	0.00%	0.00%	0.04%	0.00%	0.00%	0.00%	\$177.94
Residential Services	\$15.07	4.04%	0.00%	0.00%	0.00%	0.00%	0.00%	0.04%	0.00%	0.00%	0.00%	\$16.32
Support Services	\$58.29	4.04%	0.00%	0.00%	0.00%	0.00%	0.00%	0.04%	0.00%	6.46%	0.00%	\$67.19
Transportation	\$24.92	4.04%	0.00%	0.00%	0.00%	0.00%	0.00%	0.47%	0.00%	0.00%	0.00%	\$27.10
Treatment Services	\$34.98	4.04%	0.00%	0.00%	0.00%	0.00%	0.00%	0.04%	0.00%	0.00%	0.00%	\$37.88
<b>Gross Medical</b>	<b>\$527.26</b>	<b>4.04%</b>	<b>0.00%</b>	<b>-9.07%</b>	<b>0.00%</b>	<b>-0.03%</b>	<b>0.00%</b>	<b>0.06%</b>	<b>0.00%</b>	<b>0.78%</b>	<b>0.00%</b>	<b>\$523.16</b>

<b>Total AHCCCS DAP</b>	<b>\$0.20</b>
<b>Total Gross Medical PMPM</b>	<b>\$523.36</b>

AHCCCS Differential Adjusted Payments (DAP)	
E-Prescribing	\$0.09
Integrated Clinic	\$0.00
Inpatient Hospital	\$0.11
Nursing Facility	\$0.00
Outpatient Hospital	\$0.00
<b>Total AHCCCS DAP</b>	<b>\$0.20</b>

Non-benefit Expenses	Percentage	PMPM
Admin	6.42%	\$36.69
Total Medical with Admin		\$560.05
UW Gain	2.00%	\$11.43
Pre-tax Capitation PMPM		\$571.48
Premium Tax	2.00%	\$11.66
<b>Capitation PMPM</b>		<b>\$583.15</b>

GSA: North  
 Risk Group: CMDP Child  
 Base Period: October 1, 2015 through September 30, 2016  
 Projection Period: October 1, 2017 through September 30, 2018  
 Base Period Member Months: 15,982  
 Projection Period Member Months: 16,110

Category of Service	Adjusted Base PMPM	Trend	ER Dental	Abilify	Vivitrol	Rx Rebates	Occup. Therapy	Fee Schedule Changes	Podiatry	Min Wage	Service Expansion	Gross Medical
Behavioral Health Day Programs	\$0.12	2.51%	0.00%	0.00%	0.00%	0.00%	0.00%	0.04%	0.00%	0.00%	0.00%	\$0.12
Case Management	\$194.35	2.51%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	\$204.25
Crisis Intervention Services	\$3.01	2.51%	0.00%	0.00%	0.00%	0.00%	0.00%	0.04%	0.00%	0.00%	0.00%	\$3.16
Dental Services	\$0.00	2.51%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	\$0.00
FQHC/RHC	\$0.15	2.51%	0.00%	0.00%	0.00%	0.00%	0.00%	34.35%	0.00%	0.00%	0.00%	\$0.22
Inpatient Behavioral Health	\$219.90	2.51%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	\$231.10
Inpatient Hospital	\$2.64	2.51%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	\$2.77
Medical Services	\$6.11	2.51%	0.00%	0.00%	0.00%	0.00%	0.00%	0.43%	0.00%	0.00%	0.00%	\$6.45
Nursing Facility (Short-term)	\$0.00	2.51%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	\$0.00
Other Services	\$0.00	2.51%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	\$0.00
Outpatient Hospital	\$0.00	2.51%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	\$0.00
Pharmacy	\$23.97	2.51%	0.00%	-28.06%	0.00%	-0.50%	0.00%	0.00%	0.00%	0.00%	0.00%	\$18.03
Rehabilitation Services	\$110.64	2.51%	0.00%	0.00%	0.00%	0.00%	0.00%	0.04%	0.00%	0.00%	0.00%	\$116.33
Residential Services	\$65.28	2.51%	0.00%	0.00%	0.00%	0.00%	0.00%	0.04%	0.00%	0.00%	0.00%	\$68.63
Support Services	\$234.90	2.51%	0.00%	0.00%	0.00%	0.00%	0.00%	0.04%	0.00%	1.69%	0.00%	\$251.14
Transportation	\$26.54	2.51%	0.00%	0.00%	0.00%	0.00%	0.00%	0.47%	0.00%	0.00%	0.00%	\$28.03
Treatment Services	\$115.94	2.51%	0.00%	0.00%	0.00%	0.00%	0.00%	0.04%	0.00%	0.00%	0.00%	\$121.90
<b>Gross Medical</b>	<b>\$1,003.55</b>	<b>2.51%</b>	<b>0.00%</b>	<b>-0.67%</b>	<b>0.00%</b>	<b>-0.01%</b>	<b>0.00%</b>	<b>0.04%</b>	<b>0.00%</b>	<b>0.40%</b>	<b>0.00%</b>	<b>\$1,052.13</b>

<b>Total AHCCCS DAP</b>	<b>\$0.05</b>
<b>Total Gross Medical PMPM</b>	<b>\$1,052.18</b>

AHCCCS Differential Adjusted Payments (DAP)	
E-Prescribing	\$0.05
Integrated Clinic	\$0.00
Inpatient Hospital	\$0.01
Nursing Facility	\$0.00
Outpatient Hospital	\$0.00
<b>Total AHCCCS DAP</b>	<b>\$0.05</b>

Non-benefit Expenses	Percentage	PMPM
Admin	6.42%	\$73.79
Total Medical with Admin		\$1,125.97
UW Gain	2.00%	\$22.98
Pre-tax Capitation PMPM		\$1,148.95
Premium Tax	2.00%	\$23.45
<b>Capitation PMPM</b>		<b>\$1,172.40</b>

GSA: North  
 Risk Group: DD Adult  
 Base Period: October 1, 2015 through September 30, 2016  
 Projection Period: October 1, 2017 through September 30, 2018  
 Base Period Member Months: 17,347  
 Projection Period Member Months: 17,372

Category of Service	Adjusted Base PMPM	Trend	ER Dental	Abilify	Vivitrol	Rx Rebates	Occup. Therapy	Fee Schedule Changes	Podiatry	Min Wage	Service Expansion	Gross Medical
Behavioral Health Day Programs	\$0.00	4.54%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	\$0.00
Case Management	\$41.61	4.54%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	\$45.47
Crisis Intervention Services	\$6.18	4.54%	0.00%	0.00%	0.00%	0.00%	0.00%	0.04%	0.00%	0.00%	0.00%	\$6.76
Dental Services	\$0.00	4.54%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	\$0.00
FQHC/RHC	\$0.07	4.54%	0.00%	0.00%	0.00%	0.00%	0.00%	34.35%	0.00%	0.00%	0.00%	\$0.10
Inpatient Behavioral Health	\$23.33	4.54%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	\$25.49
Inpatient Hospital	\$2.49	4.54%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	\$2.73
Medical Services	\$11.70	4.54%	0.00%	0.00%	0.00%	0.00%	0.00%	0.43%	0.00%	0.00%	0.00%	\$12.84
Nursing Facility (Short-term)	\$0.00	4.54%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	\$0.00
Other Services	\$0.00	4.54%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	\$0.00
Outpatient Hospital	\$0.01	4.54%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	\$0.02
Pharmacy	\$43.53	4.54%	0.00%	-25.88%	0.00%	-0.50%	0.00%	0.00%	0.00%	0.00%	0.00%	\$35.09
Rehabilitation Services	\$27.88	4.54%	0.00%	0.00%	0.00%	0.00%	0.00%	0.04%	0.00%	0.00%	0.00%	\$30.48
Residential Services	\$11.47	4.54%	0.00%	0.00%	0.00%	0.00%	0.00%	0.04%	0.00%	0.00%	0.00%	\$12.54
Support Services	\$7.95	4.54%	0.00%	0.00%	0.00%	0.00%	0.00%	0.04%	0.00%	4.70%	0.00%	\$9.10
Transportation	\$10.86	4.54%	0.00%	0.00%	0.00%	0.00%	0.00%	0.47%	0.00%	0.00%	0.00%	\$11.92
Treatment Services	\$23.53	4.54%	0.00%	0.00%	0.00%	0.00%	0.00%	0.04%	0.00%	0.00%	0.00%	\$25.72
<b>Gross Medical</b>	<b>\$210.63</b>	<b>4.54%</b>	<b>0.00%</b>	<b>-5.35%</b>	<b>0.00%</b>	<b>-0.08%</b>	<b>0.00%</b>	<b>0.08%</b>	<b>0.00%</b>	<b>0.19%</b>	<b>0.00%</b>	<b>\$218.26</b>

<b>Total AHCCCS DAP</b>	<b>\$0.10</b>
<b>Total Gross Medical PMPM</b>	<b>\$218.36</b>

AHCCCS Differential Adjusted Payments (DAP)	
E-Prescribing	\$0.09
Integrated Clinic	\$0.00
Inpatient Hospital	\$0.01
Nursing Facility	\$0.00
Outpatient Hospital	\$0.00
<b>Total AHCCCS DAP</b>	<b>\$0.10</b>

Non-benefit Expenses	Percentage	PMPM
Admin	6.42%	\$15.31
Total Medical with Admin		\$233.67
UW Gain	2.00%	\$4.77
Pre-tax Capitation PMPM		\$238.44
Premium Tax	2.00%	\$4.87
<b>Capitation PMPM</b>		<b>\$243.30</b>

GSA: North  
 Risk Group: TXIX/TXXI GMH/SA NonDual  
 Base Period: October 1, 2015 through September 30, 2016  
 Projection Period: October 1, 2017 through September 30, 2018  
 Base Period Member Months: 1,048,481  
 Projection Period Member Months: 1,060,972

Category of Service	Adjusted Base PMPM	Trend	ER Dental	Abilify	Vivitrol	Rx Rebates	Occup. Therapy	Fee Schedule Changes	Podiatry	Min Wage	Service Expansion	Gross Medical
Behavioral Health Day Programs	\$0.01	4.54%	0.00%	0.00%	0.00%	0.00%	0.00%	0.04%	0.00%	0.00%	2.73%	\$0.02
Case Management	\$6.10	7.56%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	29.24%	\$9.12
Crisis Intervention Services	\$1.49	4.54%	0.00%	0.00%	0.00%	0.00%	0.00%	0.04%	0.00%	0.00%	0.00%	\$1.63
Dental Services	\$0.00	4.54%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	\$0.00
FQHC/RHC	\$0.07	4.54%	0.00%	0.00%	0.00%	0.00%	0.00%	34.35%	0.00%	0.00%	0.00%	\$0.10
Inpatient Behavioral Health	\$9.21	2.51%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	\$9.68
Inpatient Hospital	\$0.99	2.51%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	\$1.04
Medical Services	\$2.96	1.51%	0.00%	0.00%	0.00%	0.00%	0.00%	0.43%	0.00%	0.00%	65.68%	\$5.08
Nursing Facility (Short-term)	\$0.00	4.54%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	\$0.00
Other Services	\$0.00	4.54%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	\$0.00
Outpatient Hospital	\$0.00	4.54%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	\$0.00
Pharmacy	\$4.98	15.71%	0.00%	-32.46%	0.00%	-0.50%	0.00%	0.00%	0.00%	0.00%	0.00%	\$4.48
Rehabilitation Services	\$3.18	1.50%	0.00%	0.00%	0.00%	0.00%	0.00%	0.04%	0.00%	0.00%	2.73%	\$3.37
Residential Services	\$4.52	4.55%	0.00%	0.00%	0.00%	0.00%	0.00%	0.04%	0.00%	0.00%	39.17%	\$6.88
Support Services	\$2.79	7.56%	0.00%	0.00%	0.00%	0.00%	0.00%	0.04%	0.00%	1.29%	2.73%	\$3.37
Transportation	\$3.97	7.56%	0.00%	0.00%	0.00%	0.00%	0.00%	0.47%	0.00%	0.00%	2.73%	\$4.74
Treatment Services	\$10.64	1.50%	0.00%	0.00%	0.00%	0.00%	0.00%	0.04%	0.00%	0.00%	29.24%	\$14.17
<b>Gross Medical</b>	<b>\$50.92</b>	<b>5.08%</b>	<b>0.00%</b>	<b>-3.85%</b>	<b>0.00%</b>	<b>-0.04%</b>	<b>0.00%</b>	<b>0.13%</b>	<b>0.00%</b>	<b>0.08%</b>	<b>17.59%</b>	<b>\$63.67</b>

<b>Total AHCCCS DAP</b>	<b>\$0.01</b>
<b>Total Gross Medical PMPM</b>	<b>\$63.68</b>

AHCCCS Differential Adjusted Payments (DAP)	
E-Prescribing	\$0.01
Integrated Clinic	\$0.00
Inpatient Hospital	\$0.00
Nursing Facility	\$0.00
Outpatient Hospital	\$0.00
<b>Total AHCCCS DAP</b>	<b>\$0.01</b>

Non-benefit Expenses	Percentage	PMPM
Admin	6.42%	\$4.47
Total Medical with Admin		\$68.15
UW Gain	2.00%	\$1.39
Pre-tax Capitation PMPM		\$69.54
Premium Tax	2.00%	\$1.42
<b>Capitation PMPM</b>		<b>\$70.96</b>

GSA: North  
 Risk Group: TXIX/TXXI Non-CMDP Child  
 Base Period: October 1, 2015 through September 30, 2016  
 Projection Period: October 1, 2017 through September 30, 2018  
 Base Period Member Months: 757,146  
 Projection Period Member Months: 769,305

Category of Service	Adjusted Base PMPM	Trend	ER Dental	Abilify	Vivitrol	Rx Rebates	Occup. Therapy	Fee Schedule Changes	Podiatry	Min Wage	Service Expansion	Gross Medical
Behavioral Health Day Programs	\$0.00	3.53%	0.00%	0.00%	0.00%	0.00%	0.00%	0.04%	0.00%	0.00%	0.00%	\$0.00
Case Management	\$8.03	4.04%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	\$8.69
Crisis Intervention Services	\$0.26	3.53%	0.00%	0.00%	0.00%	0.00%	0.00%	0.04%	0.00%	0.00%	0.00%	\$0.28
Dental Services	\$0.00	3.53%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	\$0.00
FQHC/RHC	\$0.02	3.53%	0.00%	0.00%	0.00%	0.00%	0.00%	34.35%	0.00%	0.00%	0.00%	\$0.02
Inpatient Behavioral Health	\$6.77	2.51%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	21.68%	\$8.66
Inpatient Hospital	\$0.78	2.51%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	\$0.82
Medical Services	\$1.13	3.53%	0.00%	0.00%	0.00%	0.00%	0.00%	0.43%	0.00%	0.00%	0.00%	\$1.21
Nursing Facility (Short-term)	\$0.00	3.53%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	\$0.00
Other Services	\$0.01	3.53%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	\$0.01
Outpatient Hospital	\$0.01	3.53%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	\$0.01
Pharmacy	\$4.75	7.03%	0.00%	-29.47%	0.00%	-0.50%	0.00%	0.00%	0.00%	0.00%	0.00%	\$3.82
Rehabilitation Services	\$12.15	2.01%	0.00%	0.00%	0.00%	0.00%	0.00%	0.04%	0.00%	0.00%	1.53%	\$12.84
Residential Services	\$1.65	4.03%	0.00%	0.00%	0.00%	0.00%	0.00%	0.04%	0.00%	0.00%	0.00%	\$1.78
Support Services	\$6.64	4.04%	0.00%	0.00%	0.00%	0.00%	0.00%	0.04%	0.00%	4.70%	0.00%	\$7.52
Transportation	\$3.04	4.04%	0.00%	0.00%	0.00%	0.00%	0.00%	0.47%	0.00%	0.00%	0.00%	\$3.31
Treatment Services	\$7.73	2.01%	0.00%	0.00%	0.00%	0.00%	0.00%	0.04%	0.00%	0.00%	1.53%	\$8.17
<b>Gross Medical</b>	<b>\$52.95</b>	<b>3.32%</b>	<b>0.00%</b>	<b>-2.84%</b>	<b>0.00%</b>	<b>-0.03%</b>	<b>0.00%</b>	<b>0.07%</b>	<b>0.00%</b>	<b>0.61%</b>	<b>3.36%</b>	<b>\$57.14</b>

<b>Total AHCCCS DAP</b>	<b>\$0.01</b>
<b>Total Gross Medical PMPM</b>	<b>\$57.15</b>

AHCCCS Differential Adjusted Payments (DAP)	
E-Prescribing	\$0.01
Integrated Clinic	\$0.00
Inpatient Hospital	\$0.00
Nursing Facility	\$0.00
Outpatient Hospital	\$0.00
<b>Total AHCCCS DAP</b>	<b>\$0.01</b>

Non-benefit Expenses	Percentage	PMPM
Admin	6.42%	\$4.01
Total Medical with Admin		\$61.16
UW Gain	2.00%	\$1.25
Pre-tax Capitation PMPM		\$62.41
Premium Tax	2.00%	\$1.27
<b>Capitation PMPM</b>		<b>\$63.68</b>

GSA: North  
 Risk Group: Integrated SMI  
 Base Period: October 1, 2015 through September 30, 2016  
 Projection Period: October 1, 2017 through September 30, 2018  
 Base Period Member Months: 66,783  
 Projection Period Member Months: 67,387

Category of Service	Adjusted Base PMPM	Trend	ER Dental	Abilify	Vivitrol	Rx Rebates	Occup. Therapy	Fee Schedule Changes	Podiatry	Min Wage	Service Expansion	Gross Medical
Behavioral Health Day Programs	\$0.50	6.09%	0.00%	0.00%	0.00%	0.00%	0.00%	0.18%	0.00%	0.00%	0.00%	\$0.56
Case Management	\$122.15	4.55%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	\$133.52
Crisis Intervention Services	\$20.00	6.09%	0.00%	0.00%	0.00%	0.00%	0.00%	0.18%	0.00%	0.00%	0.00%	\$22.55
Dental Services	\$0.14	6.09%	2037.46%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	\$3.42
FQHC/RHC	\$12.81	6.09%	0.00%	0.00%	0.00%	0.00%	0.00%	8.17%	0.00%	0.00%	0.00%	\$15.59
Inpatient Behavioral Health	\$91.10	6.09%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	\$102.53
Inpatient Hospital	\$57.01	2.51%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	\$59.91
Medical Services	\$82.58	5.57%	0.00%	0.00%	0.00%	0.00%	0.00%	-0.40%	0.33%	0.00%	0.00%	\$91.97
Nursing Facility (Short-term)	\$3.81	6.09%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	3.62%	0.00%	\$4.45
Other Services	\$14.00	6.09%	0.00%	0.00%	0.00%	0.00%	1.14%	0.00%	0.00%	0.00%	0.00%	\$15.94
Outpatient Hospital	\$97.44	6.09%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	\$109.66
Pharmacy	\$240.06	9.16%	0.00%	-9.80%	0.00%	-0.50%	0.00%	0.00%	0.00%	0.00%	0.00%	\$256.73
Rehabilitation Services	\$94.30	2.01%	0.00%	0.00%	0.00%	0.00%	0.00%	0.18%	0.00%	0.00%	0.00%	\$98.30
Residential Services	\$138.51	4.55%	0.00%	0.00%	0.00%	0.00%	0.00%	0.18%	0.00%	0.00%	0.00%	\$151.67
Support Services	\$53.42	4.55%	0.00%	0.00%	0.00%	0.00%	0.00%	0.18%	0.00%	2.57%	0.00%	\$59.99
Transportation	\$73.14	4.55%	0.00%	0.00%	0.00%	0.00%	0.00%	1.00%	0.00%	0.00%	0.00%	\$80.75
Treatment Services	\$74.74	2.01%	0.00%	0.00%	0.00%	0.00%	0.00%	0.18%	0.00%	0.00%	0.00%	\$77.91
<b>Gross Medical</b>	<b>\$1,175.70</b>	<b>5.44%</b>	<b>0.25%</b>	<b>-2.14%</b>	<b>0.00%</b>	<b>-0.10%</b>	<b>0.01%</b>	<b>0.18%</b>	<b>0.02%</b>	<b>0.13%</b>	<b>0.00%</b>	<b>\$1,285.47</b>

<b>Total AHCCCS DAP</b>	<b>\$0.83</b>
<b>Total Gross Medical PMPM</b>	<b>\$1,286.30</b>

AHCCCS Differential Adjusted Payments (DAP)	
E-Prescribing	\$0.31
Integrated Clinic	\$0.00
Inpatient Hospital	\$0.17
Nursing Facility	\$0.04
Outpatient Hospital	\$0.31
<b>Total AHCCCS DAP</b>	<b>\$0.83</b>

Non-benefit Expenses	Percentage	PMPM
Admin	6.42%	\$90.16
Total Medical with Admin		\$1,376.46
UW Gain	2.00%	\$28.09
Pre-tax Capitation PMPM		\$1,404.55
Premium Tax	2.00%	\$28.66
<b>Capitation PMPM</b>		<b>\$1,433.21</b>

GSA: North  
 Risk Group: Non-Integrated SMI  
 Base Period: October 1, 2015 through September 30, 2016  
 Projection Period: October 1, 2017 through September 30, 2018  
 Base Period Member Months: 3,445  
 Projection Period Member Months: 2,304

Category of Service	Adjusted Base PMPM	Trend	ER Dental	Abilify	Vivitrol	Rx Rebates	Occup. Therapy	Fee Schedule Changes	Podiatry	Min Wage	Service Expansion	Gross Medical
Behavioral Health Day Programs	\$1.15	6.60%	0.00%	0.00%	0.00%	0.00%	0.00%	0.04%	0.00%	0.00%	0.00%	\$1.30
Case Management	\$144.78	6.60%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	\$164.54
Crisis Intervention Services	\$36.80	6.60%	0.00%	0.00%	0.00%	0.00%	0.00%	0.04%	0.00%	0.00%	0.00%	\$41.84
Dental Services	\$0.00	6.60%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	\$0.00
FQHC/RHC	\$0.19	6.60%	0.00%	0.00%	0.00%	0.00%	0.00%	34.35%	0.00%	0.00%	0.00%	\$0.28
Inpatient Behavioral Health	\$171.57	6.60%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	\$194.99
Inpatient Hospital	\$39.90	6.60%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	\$45.34
Medical Services	\$24.05	6.60%	0.00%	0.00%	0.00%	0.00%	0.00%	0.43%	0.00%	0.00%	0.00%	\$27.45
Nursing Facility (Short-term)	\$0.00	6.60%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	\$0.00
Other Services	\$0.00	6.60%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	\$0.00
Outpatient Hospital	\$0.12	6.60%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	\$0.14
Pharmacy	\$137.40	6.60%	0.00%	-12.94%	0.00%	-0.50%	0.00%	0.00%	0.00%	0.00%	0.00%	\$135.26
Rehabilitation Services	\$128.02	6.60%	0.00%	0.00%	0.00%	0.00%	0.00%	0.04%	0.00%	0.00%	0.00%	\$145.55
Residential Services	\$159.18	6.60%	0.00%	0.00%	0.00%	0.00%	0.00%	0.04%	0.00%	0.00%	0.00%	\$180.98
Support Services	\$74.14	6.60%	0.00%	0.00%	0.00%	0.00%	0.00%	0.04%	0.00%	1.46%	0.00%	\$85.53
Transportation	\$59.26	6.60%	0.00%	0.00%	0.00%	0.00%	0.00%	0.47%	0.00%	0.00%	0.00%	\$67.66
Treatment Services	\$82.95	6.60%	0.00%	0.00%	0.00%	0.00%	0.00%	0.04%	0.00%	0.00%	0.00%	\$94.31
<b>Gross Medical</b>	<b>\$1,059.50</b>	<b>6.60%</b>	<b>0.00%</b>	<b>-1.68%</b>	<b>0.00%</b>	<b>-0.06%</b>	<b>0.00%</b>	<b>0.06%</b>	<b>0.00%</b>	<b>0.10%</b>	<b>0.00%</b>	<b>\$1,185.17</b>

<b>Total AHCCCS DAP</b>	<b>\$0.48</b>
<b>Total Gross Medical PMPM</b>	<b>\$1,185.65</b>

AHCCCS Differential Adjusted Payments (DAP)	
E-Prescribing	\$0.35
Integrated Clinic	\$0.00
Inpatient Hospital	\$0.13
Nursing Facility	\$0.00
Outpatient Hospital	\$0.00
<b>Total AHCCCS DAP</b>	<b>\$0.48</b>

Non-benefit Expenses	Percentage	PMPM
Admin	6.42%	\$83.12
Total Medical with Admin		\$1,268.77
UW Gain	2.00%	\$25.89
Pre-tax Capitation PMPM		\$1,294.67
Premium Tax	2.00%	\$26.42
<b>Capitation PMPM</b>		<b>\$1,321.09</b>

GSA: South  
 Risk Group: DD Child  
 Base Period: October 1, 2015 through September 30, 2016  
 Projection Period: October 1, 2017 through September 30, 2018  
 Base Period Member Months: 25,909  
 Projection Period Member Months: 26,925

Category of Service	Adjusted Base PMPM	Trend	ER Dental	Abilify	Vivitrol	Rx Rebates	Occup. Therapy	Fee Schedule Changes	Podiatry	Min Wage	Service Expansion	Gross Medical
Behavioral Health Day Programs	\$0.09	3.02%	0.00%	0.00%	0.00%	0.00%	0.00%	0.10%	0.00%	0.00%	0.00%	\$0.09
Case Management	\$66.53	2.01%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	\$69.23
Crisis Intervention Services	\$6.96	3.02%	0.00%	0.00%	0.00%	0.00%	0.00%	0.10%	0.00%	0.00%	0.00%	\$7.39
Dental Services	\$0.00	3.02%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	\$0.00
FQHC/RHC	\$0.96	3.02%	0.00%	0.00%	0.00%	0.00%	0.00%	16.62%	0.00%	0.00%	0.00%	\$1.18
Inpatient Behavioral Health	\$18.05	3.02%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	\$19.15
Inpatient Hospital	\$0.78	3.02%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	\$0.83
Medical Services	\$16.91	2.50%	0.00%	0.00%	0.00%	0.00%	0.00%	0.24%	0.00%	0.00%	0.00%	\$17.80
Nursing Facility (Short-term)	\$0.00	3.02%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	\$0.00
Other Services	\$0.00	3.02%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	\$0.00
Outpatient Hospital	\$0.10	3.02%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	\$0.10
Pharmacy	\$60.91	8.04%	0.00%	-37.44%	0.00%	-0.75%	0.00%	0.00%	0.00%	0.00%	0.00%	\$44.14
Rehabilitation Services	\$30.49	6.09%	0.00%	0.00%	0.00%	0.00%	0.00%	0.10%	0.00%	0.00%	0.00%	\$34.35
Residential Services	\$41.68	2.01%	0.00%	0.00%	0.00%	0.00%	0.00%	0.10%	0.00%	0.00%	0.00%	\$43.41
Support Services	\$27.77	2.01%	0.00%	0.00%	0.00%	0.00%	0.00%	0.10%	0.00%	2.75%	0.00%	\$29.71
Transportation	\$11.84	2.01%	0.00%	0.00%	0.00%	0.00%	0.00%	0.49%	0.00%	0.00%	0.00%	\$12.38
Treatment Services	\$49.13	6.09%	0.00%	0.00%	0.00%	0.00%	0.00%	0.10%	0.00%	0.00%	0.00%	\$55.35
<b>Gross Medical</b>	<b>\$332.17</b>	<b>4.23%</b>	<b>0.00%</b>	<b>-7.38%</b>	<b>0.00%</b>	<b>-0.10%</b>	<b>0.00%</b>	<b>0.13%</b>	<b>0.00%</b>	<b>0.24%</b>	<b>0.00%</b>	<b>\$335.13</b>

<b>Total AHCCCS DAP</b>	<b>\$0.12</b>
<b>Total Gross Medical PMPM</b>	<b>\$335.26</b>

AHCCCS Differential Adjusted Payments (DAP)	
E-Prescribing	\$0.12
Integrated Clinic	\$0.00
Inpatient Hospital	\$0.00
Nursing Facility	\$0.00
Outpatient Hospital	\$0.00
<b>Total AHCCCS DAP</b>	<b>\$0.12</b>

Non-benefit Expenses	Percentage	PMPM
Admin	6.60%	\$24.22
Total Medical with Admin		\$359.48
UW Gain	2.00%	\$7.34
Pre-tax Capitation PMPM		\$366.81
Premium Tax	2.00%	\$7.49
<b>Capitation PMPM</b>		<b>\$374.30</b>

GSA: South  
 Risk Group: CMDP Child  
 Base Period: October 1, 2015 through September 30, 2016  
 Projection Period: October 1, 2017 through September 30, 2018  
 Base Period Member Months: 56,890  
 Projection Period Member Months: 57,155

Category of Service	Adjusted Base PMPM	Trend	ER Dental	Abilify	Vivitrol	Rx Rebates	Occup. Therapy	Fee Schedule Changes	Podiatry	Min Wage	Service Expansion	Gross Medical
Behavioral Health Day Programs	\$3.52	3.02%	0.00%	0.00%	0.00%	0.00%	0.00%	0.10%	0.00%	0.00%	0.00%	\$3.74
Case Management	\$173.51	2.01%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	\$180.55
Crisis Intervention Services	\$12.02	3.02%	0.00%	0.00%	0.00%	0.00%	0.00%	0.10%	0.00%	0.00%	0.00%	\$12.76
Dental Services	\$0.00	3.02%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	\$0.00
FQHC/RHC	\$1.58	3.02%	0.00%	0.00%	0.00%	0.00%	0.00%	16.62%	0.00%	0.00%	0.00%	\$1.96
Inpatient Behavioral Health	\$85.42	2.01%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	\$88.89
Inpatient Hospital	\$2.38	2.01%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	\$2.48
Medical Services	\$8.66	2.51%	0.00%	0.00%	0.00%	0.00%	0.00%	0.24%	0.00%	0.00%	0.00%	\$9.12
Nursing Facility (Short-term)	\$0.00	3.02%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	\$0.00
Other Services	\$0.00	3.02%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	\$0.00
Outpatient Hospital	\$0.07	3.02%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	\$0.07
Pharmacy	\$21.32	9.59%	0.00%	-21.65%	0.00%	-0.75%	0.00%	0.00%	0.00%	0.00%	0.00%	\$19.91
Rehabilitation Services	\$32.80	2.01%	0.00%	0.00%	0.00%	0.00%	0.00%	0.10%	0.00%	0.00%	0.00%	\$34.16
Residential Services	\$98.45	2.51%	0.00%	0.00%	0.00%	0.00%	0.00%	0.10%	0.00%	0.00%	0.00%	\$103.56
Support Services	\$100.18	2.01%	0.00%	0.00%	0.00%	0.00%	0.00%	0.10%	0.00%	1.56%	0.00%	\$105.98
Transportation	\$28.00	2.01%	0.00%	0.00%	0.00%	0.00%	0.00%	0.49%	0.00%	0.00%	0.00%	\$29.28
Treatment Services	\$222.17	2.01%	0.00%	0.00%	0.00%	0.00%	0.00%	0.10%	0.00%	0.00%	0.00%	\$231.42
<b>Gross Medical</b>	<b>\$790.09</b>	<b>2.31%</b>	<b>0.00%</b>	<b>-0.67%</b>	<b>0.00%</b>	<b>-0.02%</b>	<b>0.00%</b>	<b>0.11%</b>	<b>0.00%</b>	<b>0.20%</b>	<b>0.00%</b>	<b>\$823.90</b>

<b>Total AHCCCS DAP</b>	<b>\$0.06</b>
<b>Total Gross Medical PMPM</b>	<b>\$823.96</b>

AHCCCS Differential Adjusted Payments (DAP)	
E-Prescribing	\$0.05
Integrated Clinic	\$0.00
Inpatient Hospital	\$0.01
Nursing Facility	\$0.00
Outpatient Hospital	\$0.00
<b>Total AHCCCS DAP</b>	<b>\$0.06</b>

Non-benefit Expenses	Percentage	PMPM
Admin	6.60%	\$59.55
Total Medical with Admin		\$883.51
UW Gain	2.00%	\$18.03
Pre-tax Capitation PMPM		\$901.54
Premium Tax	2.00%	\$18.40
<b>Capitation PMPM</b>		<b>\$919.94</b>

GSA: South  
 Risk Group: DD Adult  
 Base Period: October 1, 2015 through September 30, 2016  
 Projection Period: October 1, 2017 through September 30, 2018  
 Base Period Member Months: 43,188  
 Projection Period Member Months: 43,872

Category of Service	Adjusted Base PMPM	Trend	ER Dental	Abilify	Vivitrol	Rx Rebates	Occup. Therapy	Fee Schedule Changes	Podiatry	Min Wage	Service Expansion	Gross Medical
Behavioral Health Day Programs	\$1.27	3.53%	0.00%	0.00%	0.00%	0.00%	0.00%	0.10%	0.00%	0.00%	0.00%	\$1.37
Case Management	\$40.49	4.02%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	\$43.81
Crisis Intervention Services	\$16.75	3.53%	0.00%	0.00%	0.00%	0.00%	0.00%	0.10%	0.00%	0.00%	0.00%	\$17.97
Dental Services	\$0.00	3.53%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	\$0.00
FQHC/RHC	\$2.08	3.53%	0.00%	0.00%	0.00%	0.00%	0.00%	16.62%	0.00%	0.00%	0.00%	\$2.60
Inpatient Behavioral Health	\$17.75	1.50%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	\$18.29
Inpatient Hospital	\$4.38	1.50%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	\$4.51
Medical Services	\$13.69	2.51%	0.00%	0.00%	0.00%	0.00%	0.00%	0.24%	0.00%	0.00%	0.00%	\$14.42
Nursing Facility (Short-term)	\$0.00	3.53%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	\$0.00
Other Services	\$0.00	3.53%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	\$0.00
Outpatient Hospital	\$0.11	3.53%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	\$0.12
Pharmacy	\$45.71	9.08%	0.00%	-32.88%	0.00%	-0.75%	0.00%	0.00%	0.00%	0.00%	0.00%	\$36.23
Rehabilitation Services	\$10.34	3.02%	0.00%	0.00%	0.00%	0.00%	0.00%	0.10%	0.00%	0.00%	0.00%	\$10.99
Residential Services	\$12.73	1.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.10%	0.00%	0.00%	0.00%	\$13.00
Support Services	\$9.24	4.02%	0.00%	0.00%	0.00%	0.00%	0.00%	0.10%	0.00%	2.85%	0.00%	\$10.30
Transportation	\$7.22	4.02%	0.00%	0.00%	0.00%	0.00%	0.00%	0.49%	0.00%	0.00%	0.00%	\$7.85
Treatment Services	\$27.05	3.02%	0.00%	0.00%	0.00%	0.00%	0.00%	0.10%	0.00%	0.00%	0.00%	\$28.73
<b>Gross Medical</b>	<b>\$208.82</b>	<b>4.38%</b>	<b>0.00%</b>	<b>-7.86%</b>	<b>0.00%</b>	<b>-0.13%</b>	<b>0.00%</b>	<b>0.25%</b>	<b>0.00%</b>	<b>0.14%</b>	<b>0.00%</b>	<b>\$210.19</b>

<b>Total AHCCCS DAP</b>	<b>\$0.11</b>
<b>Total Gross Medical PMPM</b>	<b>\$210.30</b>

AHCCCS Differential Adjusted Payments (DAP)	
E-Prescribing	\$0.10
Integrated Clinic	\$0.00
Inpatient Hospital	\$0.01
Nursing Facility	\$0.00
Outpatient Hospital	\$0.00
<b>Total AHCCCS DAP</b>	<b>\$0.11</b>

Non-benefit Expenses	Percentage	PMPM
Admin	6.60%	\$15.19
Total Medical with Admin		\$225.49
UW Gain	2.00%	\$4.60
Pre-tax Capitation PMPM		\$230.09
Premium Tax	2.00%	\$4.70
<b>Capitation PMPM</b>		<b>\$234.79</b>

GSA: South  
 Risk Group: TXIX/TXXI GMH/SA NonDual  
 Base Period: October 1, 2015 through September 30, 2016  
 Projection Period: October 1, 2017 through September 30, 2018  
 Base Period Member Months: 2,701,692  
 Projection Period Member Months: 2,736,919

Category of Service	Adjusted Base PMPM	Trend	ER Dental	Abilify	Vivitrol	Rx Rebates	Occup. Therapy	Fee Schedule Changes	Podiatry	Min Wage	Service Expansion	Gross Medical
Behavioral Health Day Programs	\$0.03	5.02%	0.00%	0.00%	0.00%	0.00%	0.00%	0.10%	0.00%	0.00%	1.87%	\$0.03
Case Management	\$7.19	4.02%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	17.75%	\$9.16
Crisis Intervention Services	\$4.64	5.02%	0.00%	0.00%	0.00%	0.00%	0.00%	0.10%	0.00%	0.00%	0.00%	\$5.13
Dental Services	\$0.00	5.02%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	\$0.00
FQHC/RHC	\$1.37	5.02%	0.00%	0.00%	0.00%	0.00%	0.00%	16.62%	0.00%	0.00%	0.00%	\$1.76
Inpatient Behavioral Health	\$7.64	6.07%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	\$8.59
Inpatient Hospital	\$1.94	6.07%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	\$2.18
Medical Services	\$5.93	9.69%	0.00%	0.00%	0.00%	0.00%	0.00%	0.24%	0.00%	0.00%	35.11%	\$9.67
Nursing Facility (Short-term)	\$0.00	5.02%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	\$0.00
Other Services	\$0.00	5.02%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	\$0.00
Outpatient Hospital	\$0.03	5.02%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	\$0.03
Pharmacy	\$5.05	13.22%	0.00%	-33.50%	0.00%	-0.75%	0.00%	0.00%	0.00%	0.00%	0.00%	\$4.27
Rehabilitation Services	\$3.69	4.02%	0.00%	0.00%	0.00%	0.00%	0.00%	0.10%	0.00%	0.00%	1.87%	\$4.08
Residential Services	\$4.99	2.51%	0.00%	0.00%	0.00%	0.00%	0.00%	0.10%	0.00%	0.00%	19.23%	\$6.25
Support Services	\$3.07	4.02%	0.00%	0.00%	0.00%	0.00%	0.00%	0.10%	0.00%	0.67%	1.87%	\$3.41
Transportation	\$2.02	4.02%	0.00%	0.00%	0.00%	0.00%	0.00%	0.49%	0.00%	0.00%	1.87%	\$2.24
Treatment Services	\$11.44	4.02%	0.00%	0.00%	0.00%	0.00%	0.00%	0.10%	0.00%	0.00%	17.75%	\$14.59
<b>Gross Medical</b>	<b>\$59.03</b>	<b>5.73%</b>	<b>0.00%</b>	<b>-3.29%</b>	<b>0.00%</b>	<b>-0.05%</b>	<b>0.00%</b>	<b>0.48%</b>	<b>0.00%</b>	<b>0.03%</b>	<b>11.36%</b>	<b>\$71.39</b>

<b>Total AHCCCS DAP</b>	<b>\$0.02</b>
<b>Total Gross Medical PMPM</b>	<b>\$71.41</b>

AHCCCS Differential Adjusted Payments (DAP)	
E-Prescribing	\$0.01
Integrated Clinic	\$0.00
Inpatient Hospital	\$0.01
Nursing Facility	\$0.00
Outpatient Hospital	\$0.00
<b>Total AHCCCS DAP</b>	<b>\$0.02</b>

Non-benefit Expenses	Percentage	PMPM
Admin	6.60%	\$5.16
Total Medical with Admin		\$76.57
UW Gain	2.00%	\$1.56
Pre-tax Capitation PMPM		\$78.13
Premium Tax	2.00%	\$1.59
<b>Capitation PMPM</b>		<b>\$79.72</b>

GSA: South  
 Risk Group: TXIX/TXXI Non-CMDP Child  
 Base Period: October 1, 2015 through September 30, 2016  
 Projection Period: October 1, 2017 through September 30, 2018  
 Base Period Member Months: 2,220,416  
 Projection Period Member Months: 2,265,004

Category of Service	Adjusted Base PMPM	Trend	ER Dental	Abilify	Vivitrol	Rx Rebates	Occup. Therapy	Fee Schedule Changes	Podiatry	Min Wage	Service Expansion	Gross Medical
Behavioral Health Day Programs	\$0.15	4.55%	0.00%	0.00%	0.00%	0.00%	0.00%	0.10%	0.00%	0.00%	0.00%	\$0.16
Case Management	\$8.46	4.04%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	\$9.16
Crisis Intervention Services	\$1.18	4.55%	0.00%	0.00%	0.00%	0.00%	0.00%	0.10%	0.00%	0.00%	0.00%	\$1.30
Dental Services	\$0.00	4.55%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	\$0.00
FQHC/RHC	\$0.50	4.55%	0.00%	0.00%	0.00%	0.00%	0.00%	16.62%	0.00%	0.00%	0.00%	\$0.63
Inpatient Behavioral Health	\$3.69	6.05%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	25.35%	\$5.20
Inpatient Hospital	\$0.11	6.05%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	\$0.12
Medical Services	\$1.85	2.51%	0.00%	0.00%	0.00%	0.00%	0.00%	0.24%	0.00%	0.00%	0.58%	\$1.96
Nursing Facility (Short-term)	\$0.00	4.55%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	\$0.00
Other Services	\$0.00	4.55%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	\$0.00
Outpatient Hospital	\$0.00	4.55%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	\$0.00
Pharmacy	\$4.28	8.54%	0.00%	-22.06%	0.00%	-0.75%	0.00%	0.00%	0.00%	0.00%	0.00%	\$3.90
Rehabilitation Services	\$3.78	5.56%	0.00%	0.00%	0.00%	0.00%	0.00%	0.10%	0.00%	0.00%	1.90%	\$4.30
Residential Services	\$2.60	12.11%	0.00%	0.00%	0.00%	0.00%	0.00%	0.10%	0.00%	0.00%	0.00%	\$3.27
Support Services	\$3.87	4.04%	0.00%	0.00%	0.00%	0.00%	0.00%	0.10%	0.00%	4.01%	0.58%	\$4.39
Transportation	\$2.22	4.04%	0.00%	0.00%	0.00%	0.00%	0.00%	0.49%	0.00%	0.00%	0.00%	\$2.42
Treatment Services	\$10.93	5.56%	0.00%	0.00%	0.00%	0.00%	0.00%	0.10%	0.00%	0.00%	1.90%	\$12.43
<b>Gross Medical</b>	<b>\$43.63</b>	<b>5.63%</b>	<b>0.00%</b>	<b>-2.29%</b>	<b>0.00%</b>	<b>-0.06%</b>	<b>0.00%</b>	<b>0.28%</b>	<b>0.00%</b>	<b>0.35%</b>	<b>2.93%</b>	<b>\$49.24</b>

<b>Total AHCCCS DAP</b>	<b>\$0.01</b>
<b>Total Gross Medical PMPM</b>	<b>\$49.25</b>

AHCCCS Differential Adjusted Payments (DAP)	
E-Prescribing	\$0.01
Integrated Clinic	\$0.00
Inpatient Hospital	\$0.00
Nursing Facility	\$0.00
Outpatient Hospital	\$0.00
<b>Total AHCCCS DAP</b>	<b>\$0.01</b>

Non-benefit Expenses	Percentage	PMPM
Admin	6.60%	\$3.56
Total Medical with Admin		\$52.81
UW Gain	2.00%	\$1.08
Pre-tax Capitation PMPM		\$53.89
Premium Tax	2.00%	\$1.10
<b>Capitation PMPM</b>		<b>\$54.99</b>

GSA: South  
 Risk Group: Integrated SMI  
 Base Period: October 1, 2015 through September 30, 2016  
 Projection Period: October 1, 2017 through September 30, 2018  
 Base Period Member Months: 161,092  
 Projection Period Member Months: 158,167

Category of Service	Adjusted Base PMPM	Trend	ER Dental	Abilify	Vivitrol	Rx Rebates	Occup. Therapy	Fee Schedule Changes	Podiatry	Min Wage	Service Expansion	Gross Medical
Behavioral Health Day Programs	\$1.86	5.04%	0.00%	0.00%	0.00%	0.00%	0.00%	0.14%	0.00%	0.00%	0.00%	\$2.05
Case Management	\$145.51	3.53%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	\$155.95
Crisis Intervention Services	\$71.82	5.04%	0.00%	0.00%	0.00%	0.00%	0.00%	0.14%	0.00%	0.00%	0.00%	\$79.35
Dental Services	\$0.25	5.04%	931.20%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	\$2.84
FQHC/RHC	\$25.55	5.04%	0.00%	0.00%	0.00%	0.00%	0.00%	10.67%	0.00%	0.00%	0.00%	\$31.20
Inpatient Behavioral Health	\$117.84	6.60%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	\$133.92
Inpatient Hospital	\$105.10	3.02%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	\$111.54
Medical Services	\$133.32	3.01%	0.00%	0.00%	0.00%	0.00%	0.00%	0.05%	0.61%	0.00%	0.00%	\$142.42
Nursing Facility (Short-term)	\$11.58	5.04%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	3.17%	0.00%	\$13.18
Other Services	\$11.73	5.04%	0.00%	0.00%	0.00%	0.00%	1.14%	0.00%	0.00%	0.00%	0.00%	\$13.09
Outpatient Hospital	\$88.93	5.04%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	\$98.12
Pharmacy	\$244.02	9.14%	0.00%	-10.20%	0.00%	-0.75%	0.00%	0.00%	0.00%	0.00%	0.00%	\$259.05
Rehabilitation Services	\$67.02	5.05%	0.00%	0.00%	0.00%	0.00%	0.00%	0.14%	0.00%	0.00%	0.00%	\$74.07
Residential Services	\$89.85	1.50%	0.00%	0.00%	0.00%	0.00%	0.00%	0.14%	0.00%	0.00%	0.00%	\$92.70
Support Services	\$35.20	3.53%	0.00%	0.00%	0.00%	0.00%	0.00%	0.14%	0.00%	1.03%	0.00%	\$38.17
Transportation	\$80.58	3.53%	0.00%	0.00%	0.00%	0.00%	0.00%	1.35%	0.00%	0.00%	0.00%	\$87.52
Treatment Services	\$102.76	5.05%	0.00%	0.00%	0.00%	0.00%	0.00%	0.14%	0.00%	0.00%	0.00%	\$113.56
<b>Gross Medical</b>	<b>\$1,332.92</b>	<b>5.06%</b>	<b>0.17%</b>	<b>-2.01%</b>	<b>0.00%</b>	<b>-0.14%</b>	<b>0.01%</b>	<b>0.33%</b>	<b>0.06%</b>	<b>0.05%</b>	<b>0.00%</b>	<b>\$1,448.73</b>

<b>Total AHCCCS DAP</b>	<b>\$1.14</b>
<b>Total Gross Medical PMPM</b>	<b>\$1,449.87</b>

AHCCCS Differential Adjusted Payments (DAP)	
E-Prescribing	\$0.47
Integrated Clinic	\$0.02
Inpatient Hospital	\$0.29
Nursing Facility	\$0.13
Outpatient Hospital	\$0.23
<b>Total AHCCCS DAP</b>	<b>\$1.14</b>

Non-benefit Expenses	Percentage	PMPM
Admin	6.60%	\$104.70
Total Medical with Admin		\$1,554.57
UW Gain	2.00%	\$31.73
Pre-tax Capitation PMPM		\$1,586.30
Premium Tax	2.00%	\$32.37
<b>Capitation PMPM</b>		<b>\$1,618.67</b>

GSA: South  
 Risk Group: Non-Integrated SMI  
 Base Period: October 1, 2015 through September 30, 2016  
 Projection Period: October 1, 2017 through September 30, 2018  
 Base Period Member Months: 5,840  
 Projection Period Member Months: 5,187

Category of Service	Adjusted Base PMPM	Trend	ER Dental	Abilify	Vivitrol	Rx Rebates	Occup. Therapy	Fee Schedule Changes	Podiatry	Min Wage	Service Expansion	Gross Medical
Behavioral Health Day Programs	\$1.45	5.06%	0.00%	0.00%	0.00%	0.00%	0.00%	0.10%	0.00%	0.00%	0.00%	\$1.60
Case Management	\$136.42	4.04%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	\$147.66
Crisis Intervention Services	\$71.37	5.06%	0.00%	0.00%	0.00%	0.00%	0.00%	0.10%	0.00%	0.00%	0.00%	\$78.86
Dental Services	\$0.00	5.06%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	\$0.00
FQHC/RHC	\$1.12	5.06%	0.00%	0.00%	0.00%	0.00%	0.00%	16.62%	0.00%	0.00%	0.00%	\$1.44
Inpatient Behavioral Health	\$150.25	7.08%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	\$172.29
Inpatient Hospital	\$81.31	7.08%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	\$93.24
Medical Services	\$43.64	5.55%	0.00%	0.00%	0.00%	0.00%	0.00%	0.24%	0.00%	0.00%	0.00%	\$48.73
Nursing Facility (Short-term)	\$0.00	5.06%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	\$0.00
Other Services	\$0.01	5.06%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	\$0.01
Outpatient Hospital	\$0.60	5.06%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	\$0.66
Pharmacy	\$139.70	13.26%	0.00%	-20.15%	0.00%	-0.75%	0.00%	0.00%	0.00%	0.00%	0.00%	\$142.03
Rehabilitation Services	\$79.89	3.02%	0.00%	0.00%	0.00%	0.00%	0.00%	0.10%	0.00%	0.00%	0.00%	\$84.87
Residential Services	\$195.57	5.57%	0.00%	0.00%	0.00%	0.00%	0.00%	0.10%	0.00%	0.00%	0.00%	\$218.18
Support Services	\$62.29	4.04%	0.00%	0.00%	0.00%	0.00%	0.00%	0.10%	0.00%	1.35%	0.00%	\$68.40
Transportation	\$56.11	4.04%	0.00%	0.00%	0.00%	0.00%	0.00%	0.49%	0.00%	0.00%	0.00%	\$61.03
Treatment Services	\$89.57	3.02%	0.00%	0.00%	0.00%	0.00%	0.00%	0.10%	0.00%	0.00%	0.00%	\$95.15
<b>Gross Medical</b>	<b>\$1,109.30</b>	<b>6.12%</b>	<b>0.00%</b>	<b>-2.89%</b>	<b>0.00%</b>	<b>-0.09%</b>	<b>0.00%</b>	<b>0.10%</b>	<b>0.00%</b>	<b>0.07%</b>	<b>0.00%</b>	<b>\$1,214.14</b>

<b>Total AHCCCS DAP</b>	<b>\$0.64</b>
<b>Total Gross Medical PMPM</b>	<b>\$1,214.78</b>

AHCCCS Differential Adjusted Payments (DAP)	
E-Prescribing	\$0.39
Integrated Clinic	\$0.00
Inpatient Hospital	\$0.25
Nursing Facility	\$0.00
Outpatient Hospital	\$0.00
<b>Total AHCCCS DAP</b>	<b>\$0.64</b>

Non-benefit Expenses	Percentage	PMPM
Admin	6.60%	\$87.75
Total Medical with Admin		\$1,302.53
UW Gain	2.00%	\$26.58
Pre-tax Capitation PMPM		\$1,329.11
Premium Tax	2.00%	\$27.12
<b>Capitation PMPM</b>		<b>\$1,356.24</b>