



**Contract Year Ending 2019
AHCCCS Complete Care Program
Capitation Rate Certification**

**October 1, 2018 through September 30,
2019**

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

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

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Introduction and Limitations

The purpose of this rate certification is to provide documentation for compliance with the applicable provisions of 42 CFR Part 438 of 81 FR 27497 (published May 6, 2016 and effective July 5, 2016). This includes the data, assumptions, and methodologies used in the development of the October 1, 2018 through September 30, 2019 (Contract Year Ending 2019 or CYE 19) actuarially sound capitation rates for the AHCCCS Complete Care (ACC) program. This rate certification was prepared for the Centers for Medicare & Medicaid Services (CMS), or its actuaries, for review and approval of the actuarially sound certified capitation rates contained herein. This rate certification may not be appropriate for any other purpose. The actuarially sound capitation rates represent projections of future events. Actual results may vary from the projections.

This rate certification may also be made available publicly on the Arizona Health Care Cost Containment System (AHCCCS) website or distributed to other parties. If this rate certification is made available to third parties, then this rate certification should be provided in its entirety. Any third party reviewing this rate certification should be familiar with the AHCCCS Medicaid managed care program, the provisions of 42 CFR Part 438 of 81 FR 27497 applicable to this rate certification, the 2019 Medicaid Managed Care Rate Development Guide, Actuarial Standards of Practice and generally accepted actuarial principles and practices.

The 2019 Medicaid Managed Care Rate Development Guide (2019 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 2019 Guide to help facilitate the review of this rate certification by CMS.

The ACC program is a new program that provides integrated services to a majority of Arizona Medicaid members and will further AHCCCS' strategic objective of integrating all physical and behavioral health services for our members. Utilizing a holistic approach to healthcare, the ACC program is an important step in reducing fragmentation in the Medicaid delivery system by recognizing that wellness does not separate the mind from the body. This program was competitively bid per a request for proposal (RFP). The Offerors submitted bids for the administrative per member per month (PMPM) and the underwriting gain percentage.

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

As part of the RFP, each Offeror was required to submit a non-benefit cost bid and an actuarial certification was required as part of this bid request. Per the Non-Benefit Costs Bid Requirements Documentation of the RFP: "The actuarial certification must describe the development (data,

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

Section I Medicaid Managed Care Rates

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

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

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 2019 Guide, CMS will also use these three principles in applying the regulation standards:

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

I.1. General Information

This section provides documentation for the General Information section of the 2019 Guide.

I.1.A. Rate Development Standards

I.1.A.i. Rating Period

The CYE 19 capitation rates for the ACC program are effective for the twelve month time period from October 1, 2018 through September 30, 2019.

I.1.A.ii. Required Elements

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

The actuarial certification letter for the CYE 19 capitation rates for the ACC program, signed by Windy J. Marks, FSA, MAAA and Erica Johnson, ASA, MAAA, is in Appendix 1. Ms. Marks and Ms. Johnson meet the requirements for the definition of an Actuary described at 42 CFR § 438.2 at 81 FR 27854 which is provided below for reference.

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

Ms. Marks and Ms. Johnson certify that the CYE 19 capitation rates for the ACC program contained in this rate certification are actuarially sound and meet the standards within the applicable provisions of 42 CFR Part 438 of 81 FR 27497.

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

The final and certified capitation rates by rate cell are located in Appendix 2. Additionally, the ACC program contract includes the final and certified capitation rates by rate cell in accordance with 42 CFR § 438.3(c)(1)(i) at 81 FR 27856. The ACC contract uses the term risk group instead of rate cell. This rate certification will use the term rate cell to be consistent with the applicable provisions of 42 CFR Part 438 of 81 FR 27497 and the 2019 Guide.

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

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

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

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

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

Table 1: Contractors by GSA and Counties

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

I.1.A.ii.(c)(i)(B) Covered Services

This certification covers the ACC program which offers acute care medical and behavioral services to AHCCCS members who are Title XIX or Title XXI eligible and who do not qualify for another AHCCCS program. Additional information regarding covered services can be found in the ACC contract.

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

The ACC program is a new program that provides integrated services to a majority of Arizona Medicaid members. It expands on the Acute Care program which has operated on a statewide basis in the State of Arizona since 1982 and brings in the behavioral health services that were a part of the Regional Behavioral Health Authority (RBHA) program as well as Child Rehabilitative Services (CRS) that were part of the CRS program.

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

The rate certification for the CYE 19 capitation rates for the ACC Program is effective for the twelve month time period from October 1, 2018 through September 30, 2019.

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

The ACC program has eight rate cells to cover Title XIX and Title XXI members. The Delivery Supplemental Payment rate cell covers the cost of delivery, prenatal and postpartum care and is only paid when a prospective member gives birth and the Contractors report that birth to AHCCCS. This rate cell will not receive an administrative rate and any reinsurance that might be needed for the mom or baby would fall under the individual’s rate cell and not the Delivery Supplemental Payment rate cell. The member months in this rate cell represent the number of members whose Contractor received a delivery supplemental payment. Instead of being a per member per month (PMPM), the Delivery Supplement Payment capitation rate is more of a per member per delivery (PMPD). The certification may at times refer to the delivery supplemental members as member months (MMs) and the PMPD as

PMPM. More information about the populations covered under the ACC program can be found in the Eligibility Categories section of the ACC contracts.

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

Table 2: Covered Populations by Rate Cell

Rate Cells	Covered Populations
AGE < 1	Title XIX and Title XXI eligible children, under age of 1
AGE 1-20	Title XIX and Title XXI eligible children, aged 1-20
AGE 21+	Title XIX eligible adults, aged 21+
Duals	Title XIX eligible members with Medicare
SSIWO	Title XIX eligible SSI members without Medicare
Prop 204 Childless Adults	Title XIX eligible adults aged 19-64, without Medicare, with income at or below 106% of the Federal Poverty Level
Expansion Adults	Title XIX eligible adults aged 19-64, without Medicare, with income above 106% through 133% of the Federal Poverty Level
Delivery Supplemental Payments	One time capitation payment to cover the cost of a delivery, prenatal and postpartum care for TXIX/TXXI eligible members

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

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

There are no expected changes to the eligibility and enrollment criteria during CYE 19 that would impact the populations to be covered under the ACC program.

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

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

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

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

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

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

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

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

Proposed differences among the CYE 19 capitation rates for the ACC program are based on valid rate development standards and are not based on the rate of Federal Financial Participation for the populations covered under the ACC program.

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

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

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

The effective dates of changes to the ACC Program are consistent with the assumptions used to develop the CYE 19 capitation rates for the ACC program.

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

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

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

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

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

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

Consistent with 42 CFR §438.7(c), the final contracted rates in each cell must match the capitation rates in the rate certification. This is required in total and for each and every rate cell. The CYE 19 capitation rates certified in this report represent the contracted rates by rate cell.

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

Not Applicable. Capitation rates from previous rating periods are not used in the development of the CYE 19 capitation rates for the ACC program.

I.1.A.viii. Rate Certification Procedures

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

The ACC program is a new program starting October 1, 2018. This is a new rate certification for the ACC program capitation rates effective October 1, 2018.

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

Not Applicable. This rate certification will change the ACC program capitation rates effective October 1, 2018.

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

This section of the 2019 Guide provides information on when CMS would not require a new rate certification which includes increasing or decreasing capitation rates up to 1.5% per rate cell in accordance with 42 CFR §438.7(c)(3) and applying risk scores to capitation rates paid to plans under a risk adjustment methodology described in the rate certification for that rating period and contract in accordance with 42 CFR §438.7(b)(5)(iii).

I.1.A.viii.(d) CMS Contract Amendment Requirement

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

I.1.B. Appropriate Documentation

I.1.B.i. Elements

This rate certification documents all the elements (data, assumptions, and methodologies) used to develop the CYE 19 capitation rates for the ACC program.

I.1.B.ii. Rate Certification Index

The table of contents that follows the cover page within this rate certification serves as the index. The table of contents includes relevant section numbers from the 2019 Guide. Sections of the 2019 Guide that do not apply will be marked as “Not Applicable;” any section wherein all subsections are not applicable will be collapsed to the section heading.

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

The ACC program includes populations for which the State receives a different Federal Medical Assistance Percentage (FMAP). The populations, FMAPs, and the percentage of costs for October 1, 2016 through September 30, 2017 (CYE 17) are provided below in Table 3. The FMAPs shown below are for the time period of January 1, 2018 through September 30, 2018.

Table 3: FMAP and Percentage of Costs by Population

Population	FMAP	CYE 17 Percentage of Costs
Adult Expansion	94.00%	5.84%
Child Expansion	100.00%	2.17%
Childless Adult Restoration	91.59%	31.73%
KidsCare (Title XXI)	100.00%	0.50%
Populations not listed above	69.89%	59.76%

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

Not Applicable. There are no prior rating period rates to compare. AHCCCS Complete Care is a new program which integrates care for the majority of Arizona’s Medicaid members.

I.2. Data

This section provides documentation for the Data section of the 2019 Guide.

I.2.A. Rate Development Standards

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

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

I.2.B. Appropriate Documentation

I.2.B.i. Data Request

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

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

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

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

The types of data that AHCCCS relied upon for developing the CYE 19 capitation rates for the ACC program were:

- Adjudicated and approved encounter data submitted by the Acute Care, RBHA and CRS Contractors from the AHCCCS PMMIS mainframe
 - Incurred from October 1, 2014 through February 28, 2018
 - Adjudicated and approved through February 28, 2018
- Reinsurance payments made to the Acute Care and CRS Contractors for services
 - Incurred from October 1, 2014 through September 30, 2017
- Enrollment data for Acute Care and CRS program from the AHCCCS PMMIS mainframe
 - October 1, 2014 through February 28, 2018
- Annual and quarterly financial statements submitted by the Acute Care, RBHA and CRS Contractors and reviewed by the AHCCCS DHCM Finance & Reinsurance Team
 - October 1, 2014 through September 30, 2015 (CYE 15 or FFY 15)
 - October 1, 2015 through September 30, 2016 (CYE 16 or FFY 16)
 - October 1, 2016 through September 30, 2017 (CYE 17 or FFY 17)
- AHCCCS Fee For Service (FFS) fee schedules developed and maintained by AHCCCS DHCM Rates & Reimbursement Team
- Data from AHCCCS DHCM Rates & Reimbursement Team related to DAP, see Section I.4.D
- Data from AHCCCS Financial Analysts related to program changes, see Section I.3.B.ii.(a)

Additional sources of data used or reviewed were:

- Supplemental encounter data from one Contractor regarding CMS1500 (form type A) submissions for CYE 17
- Supplemental data regarding Access to Care initiative spending for CYE 18
- Supplemental information from the ACC RFP bids
- Adjudicated and approved encounter data from the AHCCCS PMMIS mainframe for use in the Abilify to Aripiprazole program change analysis, incurred from October 1, 2014 through March 31, 2018
- Adjudicated and approved encounter data from the AHCCCS PMMIS mainframe for use in the IMD analysis, incurred in CYE 17
- Adjudicated and approved encounter data from the AHCCCS PMMIS mainframe for use in risk adjustment, incurred from December 1, 2016 through November 30, 2017
- Contractors' membership after passive assignment provided by AHCCCS Data Analysis & Research (DAR) Team
- Projected CYE 19 enrollment data provided by AHCCCS Division of Business and Finance (DBF) Budget Team
- Any additional data used and not identified here will be identified in their applicable sections below

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

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

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

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

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

The Acute Care, CRS and RBHA Contractors use sub-capitated/block purchasing arrangements for some services. During CYE 17, the encounter data showed that approximately 10.4% of total medical expenditures moving to the ACC program were paid through sub-capitated arrangements. The sub-capitated arrangements between the Contractors and their providers still require that the providers submit claims, which go through the same encounter edit and adjudication process as other claims which are not sub-capitated. These claims come into the system with a CN1 code = 05, which is an indicator for subcapitated encounters, and health plan paid amount equaling zero. After the encounter has been adjudicated and approved, there is a repricing methodology (i.e. formula) for those (CN1 code = 05 and health plan paid of zero (i.e. subcapitated)) encounters to estimate a health plan valued amount for these encounters. The repricing methodology differs if the encounter was submitted by RBHA Contractors or Acute Care/CRS Contractors. For RBHA Contractors the repricing methodology uses the health plan allowed amount (i.e. the RBHA's fee schedule amount for the service), less any third party insurance amounts. For the Acute Care/CRS Contractors the repricing methodology uses the minimum of AHCCCS fee schedule, the health plan billed amount and the health plan allowed amount,

less any third party insurance amounts. These different repricing methodologies have been tested and found to be the most appropriate for capturing accurate costs by the different Contractors. The units of service data from the encounters and the estimated health plan valued amounts were used for the basis of calculating utilization and unit cost.

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

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

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

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

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

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

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

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

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

AHCCCS has an additional encounter process which ensures that each adjudicated and approved encounter contains a valid AHCCCS member ID for an individual 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.

Through the DHCM Actuarial team review of the encounter data provided from the AHCCCS PMMIS mainframe, we ensured that only encounter data with valid AHCCCS member IDs was used in developing the CYE 19 capitation rates for the ACC program. Additionally, we ensured that only services covered under the state plan were included.

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

The AHCCCS DHCM Actuarial Team reviewed the encounter data for all services provided by the Acute Contractors, the CRS Contractors and the RBHA Contractors to the annual statement financial data for the same entities for CYE 17. After adjustments to the encounter data for completion and an encounter issue for one Contractor, the comparisons showed that the financial statements and the encounter data were consistent.

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

As required by ASOP No. 23, the AHCCCS DHCM Actuarial Team discloses that the rate development process has relied upon encounter data submitted by the Contractors and provided from the AHCCCS PMMIS mainframe. Additionally, the rate development process has relied upon the audited annual and unaudited quarterly financial statement data submitted by the Contractors and reviewed by the AHCCCS DHCM Finance & Reinsurance Team. The AHCCCS DHCM Actuarial Team did not audit the data or financial statements and the rate development is dependent upon this reliance. The actuaries note additional reliance on data provided by the AHCCCS Rates & Reimbursement Team with regards to DAP and fee schedule impacts, on data provided by the AHCCCS financial analysts with regards to some program changes, on data provided by ACC Offerors in regards to administrative and underwriting gain components, and on data provided by the AHCCCS DBF Budget Team with regards to projected enrollment.

The AHCCCS DHCM Actuarial Team has found the encounter data, with adjustment for an encounter issue from one Contractor, to be appropriate for the purposes of developing the CYE 19 capitation rates for the ACC program. An encounter issue adjustment was developed for the final quarter of the selected base data time period for that Contractor. The development of the encounter issue adjustment is described below in Section I.2.B.iii.(b).

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

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

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

The AHCCCS DHCM Actuarial Team determined that the CYE 17 encounter data was appropriate to use as the base data for developing the CYE 19 capitation rates for the ACC program with the encounter issue adjustment previously noted.

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

Not applicable. As described above in Section I.2.B.ii.(c), managed care encounters served as the primary data source for the development of the CYE 19 capitation rates for the ACC program.

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

Not applicable. As described above in Section I.2.B.ii.(c), managed care encounters served as the primary data source for the development of the CYE 19 capitation rates for the ACC program.

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

The rate development process of the capitation rates relied primarily on data extracted from the AHCCCS PMMIS mainframe and provided to the AHCCCS DHCM Actuarial Team via a data book. The data book contained summarized monthly enrollment data by rate cell, county, GSA and FFY, and monthly encounter data by rate cell, county, GSA, FFY and COS.

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

This section describes adjustments made to the CYE 17 encounter data that was used as the base data for developing the CYE 19 capitation rates for the ACC program.

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

Not applicable. No credibility adjustments were made to the CYE 17 encounter data.

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

Completion Factors

The AHCCCS DHCM Actuarial Team developed completion factors to apply to the CYE 17 encounter data. Completion factors were calculated using the development method with monthly encounter data incurred from October 1, 2013 through February 28, 2018 and adjudicated and approved through February 2018. The completion factors were developed by GSA, major category of service and by month of service. The major category of service was based upon the AHCCCS form type, which indicates the type of form used to submit a claim. AHCCCS has six form types; Professional and Other Services (form type A), Prescription Drug (form type C), Dental Services (form type D), Inpatient Hospital (form type I), Nursing Facility (form type L) and Outpatient Hospital (form type O). Dental Services (2.71% of CYE 17 payments) were combined with Professional and Other Services. Nursing Facility Services (0.85% of CYE 17 payments) were combined with Inpatient Hospital. The monthly completion factors for CYE 17 were applied to the CYE 17 encounter data. Aggregate completion factors by rate cell and category of service can be found in Appendix 4. Table 4 below displays the aggregate impact of completion by GSA.

Table 4: Impact of CYE 17 Completion Factors

GSA	Before Completion	After Completion	Impact
North	\$284.13	\$301.92	6.3%
Central	\$286.28	\$305.53	6.7%
South	\$281.05	\$294.64	4.8%
Total	\$284.75	\$302.43	6.2%

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

Encounter Issue Adjustment Factors

During the rate development process, one Contractor was determined to have incorrectly submitted encounters for a portion of their CMS1500 (form type A) submissions in the last quarter of the base data year (CYE 17). The processes to correct the encounters occurred over the course of several weeks and were not completed in time to repull all encounter data. To correct for this issue, the actuaries developed encounter adjustment factor for a portion of the encounters (shown in aggregate within this certification, but applied at a monthly detail level during rate development). The encounter adjustment factors were developed using supplemental data provided by the at-fault Contractor and compared to the original completed base data by month. The first three quarters of completed AHCCCS encounter data were consistent with the supplemental data, and so validated this approach as reasonable and appropriate. The actuaries were confident in the suitability of the data in aggregate after these adjustments. No other errors were found in the data. Aggregate encounter issue adjustment factors by rate cell and category of service can be found in Appendix 4. Table 5 below displays the aggregate impact of the encounter issue adjustment factors by GSA. Totals may not add up due to rounding.

Table 5: CYE 17 Encounter Issue Adjustment Factor

GSA	Before Adjustment	After Adjustment	Impact
North	\$301.92	\$301.92	0.0%
Central	\$305.53	\$308.77	1.1%
South	\$294.64	\$294.77	0.0%
Total	\$302.43	\$304.56	0.7%

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

All adjustments to the base data for program and fee schedule changes which occurred during the base period (October 1, 2016 through September 30, 2017) are described below or in Section I.3.A.v. for base data adjustments required with respect to IMD in-lieu-of services. All program and fee schedule changes which occurred or are effective on or after October 1, 2017 are described in Section I.3.B.ii.(a).

Removal of Crisis Services from Base Data

While the ACC program covers most behavioral health services of members, the RBHA program will continue to cover crisis intervention services provided to all members during the first 24 hours following a crisis event. This includes coverage of crisis hotlines, mobile crisis teams and stabilization services. The actuaries removed the cost of these services from the base data. The associated costs removed from the base data are displayed below in Table 6a. Totals may not add up due to rounding.

Table 6a: Removal of Crisis Services from Base Data

GSA	Dollar Impact	PMPM Impact
North	(\$1,615,579)	(\$0.88)
Central	(\$23,318,841)	(\$1.98)
South	(\$18,869,525)	(\$4.13)
Total	(\$43,803,944)	(\$2.41)

Removal of Differential Adjusted Payments from Base Data

CYE 17 capitation rates for the various AHCCCS programs being integrated into the ACC program funded Differential Adjusted Payments (DAP) made from October 1, 2016 through September 30, 2017 to distinguish providers who committed to supporting designated actions that improve the patient care experience, improve member health and reduce cost of care growth. As these payments expired September 30, 2017, AHCCCS has removed the impact of CYE 17 DAP from the base period. To remove the impact, the AHCCCS DHCM Actuarial Team requested provider IDs for the qualifying providers for the CYE 17 DAP by specific measure from the AHCCCS Rates & Reimbursement Team. Encounter costs submitted by these providers under DAP provisions during CYE 17 were then adjusted downward by the appropriate percentage bump specific to the DAP measure. The associated costs removed from the base data are displayed below in Table 6b. Totals may not add up due to rounding. See Section I.3.B.ii.(a) below for information on adjustments included in CYE 19 capitation rates for DAP that are effective from October 1, 2018 through September 30, 2019.

Table 6b: Removal of DAP from Base Data

GSA	Dollar Impact	PMPM Impact
North	(\$502,659)	(\$0.27)
Central	(\$5,823,345)	(\$0.49)
South	(\$1,298,149)	(\$0.28)
Total	(\$7,624,159)	(\$0.42)

Abilify to Aripiprazole Adjustment

Effective April 1, 2017, AHCCCS, on the recommendation of the Pharmacy and Therapeutics (P&T) Committee, made policy changes to allow the Contractors to approve the generic drug aripiprazole in place of the brand drug Abilify. This change was based on the AHCCCS P&T 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 adjust the base data for this change, the AHCCCS DHCM Actuarial Team analyzed pharmacy encounter data for Abilify and aripiprazole for the time frame of October 1, 2014 through March 31, 2018. In this analysis, AHCCCS found that on average 99% of the Abilify utilization was shifted to aripiprazole after the policy change. AHCCCS therefore modified 99% of the Abilify prescription data prior to the effective date of change to match the unit costs associated with aripiprazole prescription data after the effective date of change. In this way, the actuaries were able to modify the data so that the entire base data year was as if the change had happened at October 1, 2016 instead of midway through FFY17. The difference between the adjusted data and the original data was divided by the member months by GSA and rate cell of the base data year. Those PMPMs were then removed from the base data for the Pharmacy category of service for the appropriate GSA and rate cell. The revised base data PMPMs were then trended forward to CYE 19 using pharmacy trends by GSA and rate cell. The associated costs removed from the base data are displayed below in Table 6c. Totals may not add up due to rounding.

Table 6c: Abilify to Aripiprazole Base Data Adjustment

GSA	Dollar Impact	PMPM Impact
North	(\$1,352,448)	(\$0.73)
Central	(\$1,681,107)	(\$0.14)
South	(\$2,230,924)	(\$0.49)
Total	(\$5,264,479)	(\$0.29)

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

The data book ensured that all non-covered services were excluded from the encounter data used for developing the CYE 19 capitation rates.

I.3. Projected Benefit Costs and Trends

This section provides documentation for the Projected Benefit Costs and Trends section of the 2019 Guide.

I.3.A. Rate Development Standards

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

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

I.3.A.ii. Variations in Assumptions

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

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

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

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

AHCCCS programs have historically utilized Institution for Mental Diseases (IMD) settings to provide medically appropriate and cost effective in-lieu-of services, as allowed in 42 CFR § 438.3(e)(2) of 81 FR 27497, for inpatient treatment for behavioral health. With the 2016 Medicaid and CHIP Managed Care Final Rule, CMS requirements have changed regarding IMD in-lieu-of services, and additional documentation regarding the projected benefit costs included in the rate development for stays in an IMD setting can be found in Section I.3.A.v. of this rate certification.

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

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

Costs Associated with an Institution for Mental Disease stay

The AHCCCS DHCM Actuarial Team adjusted the base data to reprice the costs associated with stays in an IMD in accordance with 42 CFR § 438.6(e) at 81 FR 27861. The AHCCCS DHCM Actuarial Team repriced all utilization of an IMD at the cost of the same services through providers included under the State plan, regardless of length of stay. The AHCCCS DHCM Actuarial Team then removed costs for stays in an IMD exceeding 15 cumulative days in a month, whether through a single stay or multiple within the month. Additionally, the AHCCCS DHCM Actuarial Team removed all associated medical costs that were provided to the member during the IMD stay(s) that exceeded 15 cumulative days in a month.

The data used to determine the base data adjustment was the CYE 17 encounter data for members who had an institutional stay at an IMD. To identify IMDs within the CYE 17 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 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 institutional stays at an IMD that were repriced in the base data are displayed below in Table 7a. Totals may not add up due to rounding.

Table 7a: Reprice of Costs for all IMD Stays

GSA	Dollar Impact	PMPM Impact
North	\$139,707	\$0.08
Central	\$6,602,127	\$0.56
South	\$269,348	\$0.06
Total	\$7,011,181	\$0.38

The AHCCCS DHCM Actuarial Team identified all members who had IMD stays which exceeded 15 cumulative days in a month and removed from the base data the aggregate repriced amounts of these disallowed stays. If a stay crossed months, only the costs associated with a month in which there were more than 15 cumulative days in a month were removed, in accordance with the guidance from CMS released August 17, 2017 (Q4). The repriced costs removed from the base data are displayed below in Table 7b. Totals may not add up due to rounding.

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

GSA	Dollar Impact	PMPM Impact
North	(\$108,742)	(\$0.06)
Central	(\$5,754,440)	(\$0.49)
South	(\$657,552)	(\$0.14)
Total	(\$6,520,733)	(\$0.36)

Once a member was identified as having an IMD stay(s) greater than 15 cumulative days in a month, all encounter data for the member was pulled for the timeframe(s) they were in the IMD in order to remove those additional medical service costs from rate development. The associated costs removed from the base data are displayed below in Table 7c. Totals may not add up due to rounding.

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

GSA	Dollar Impact	PMPM Impact
North	(\$24,431)	(\$0.01)
Central	(\$901,550)	(\$0.08)
South	(\$134,774)	(\$0.03)
Total	(\$1,060,755)	(\$0.06)

I.3.A.vi. Section 12002 of the 21st Century Cures Act (P.L. 114-255)

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

I.3.A.vi.(a) Number of Enrollees

The number of unique members between the ages of 21 to 64 who received treatment in an IMD in the base data time period was 6,230.

I.3.A.vi.(b) Range of Months and of Length of Stay

I.3.A.vi.(b)(i) Months Information

The number of months assumed for the number of cumulative days a member had in an IMD is provided in Table 8a as a definition table for use in Table 8b. The minimum, maximum, mean and median number of months enrollees received care in an IMD for the base year is provided in Table 8b.

Table 8a: Cumulative Days to Number of Months Assumed

Cumulative Days	# months
0-15	0
16-45	1
46-75	2
76-105	3
106-135	4
136-165	5
166-195	6
196-225	7
226-255	8
256-285	9
286-315	10
316-345	11
346-365	12

Table 8b: Ranges of Number of Months in an IMD

Measure	# months
Minimum	0
Maximum	4
Mean	0.2
Median	0

I.3.A.vi.(b)(ii) Length of Stay Information

The minimum, maximum, mean and median length of stay in an IMD (whether a member had a single stay, multiple stays or stays extending across two or more months) is provided below in Table 9.

Table 9: Ranges of Length of Stay in an IMD

Measure	Length of Stay
Minimum	0
Maximum	130
Mean	11
Median	7

I.3.A.vi.(c) Impact on Rates

There is no impact to the capitation rates for providing treatment through IMDs for 15 or fewer cumulative days within a month as these stays have been repriced at the higher cost of a similar stay in an inpatient facility covered under the State plan, the same as the development of capitation rates in the previous rating period. For stays in an IMD exceeding 15 cumulative days within a month, the impact of removing the repriced stay and any related costs provided during the stay(s) from the capitation rate development process is documented in I.3.A.v. of this rate certification.

I.3.A.vi.(c)(i) Amount of Capitation for IMD Services

The amount of the capitation rates related to allowed IMD services, repriced to the same cost as similar stays in inpatient facilities covered under the State plan, is displayed below in Table 10 by GSA and rate cell.

Table 10: Benefit Costs Related to Allowed IMD Stays

Rate Cell	North	Central	South
AGE < 1	\$0.00	\$0.00	\$0.00
AGE 1-20	\$0.00	\$0.00	\$0.00
AGE 21+	\$1.56	\$3.03	\$1.22
Duals	\$0.28	\$0.88	\$0.56
SSIWO	\$3.60	\$5.96	\$2.63
Prop 204 Childless Adults	\$4.16	\$12.36	\$5.35
Expansion Adults	\$0.65	\$2.33	\$1.42
Delivery Supplemental Payment	\$0.00	\$0.00	\$0.00
Total	\$1.39	\$3.09	\$1.51

I.3.B. Appropriate Documentation

I.3.B.i. Projected Benefit Costs

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

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

The section provides information on the projected benefit costs include in the CYE 19 capitation rates for the ACC program.

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

The base data described in Section I.2.B.ii was summarized by GSA and rate cell. Adjustments were made to the base data to reflect the completion, encounter issue, crisis services, DAP and Abilify base data changes described in Section I.2.B.iii. Further base data adjustments for required IMD changes are described in I.3.A.v. The adjusted base data PMPMs were trended forward 24 months, from the midpoint of the CYE 17 time period to the midpoint of the CYE 19 rating period. The projected PMPMs were then adjusted for prospective program changes described within this section of the 2019 Guide. Appendix 4 contains the base data and base data adjustments by GSA and rate cell. Appendix 5 contains the projected benefit cost trends by GSA and rate cell. Appendix 6 contains the prospective program changes by GSA and rate cell as well as the DAP and APSI PMPMs. Appendix 7 contains the capitation rate development by GSA, Contractor and rate cell, which includes the risk adjustment factors, reinsurance offsets PMPMs, underwriting gain, administrative expense PMPMs and premium tax.

The capitation rates were adjusted for all program changes. If a program change had an impact of 0.2% or less for every individual rate cell, that program change was deemed non-material and has been grouped in the combined miscellaneous subset below. Also see Section I.3.B.vii for further information on the non-material items.

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

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 restored this as a covered service effective October 1, 2017.

The AHCCCS DHCM Actuarial Team reviewed actual encounter data from the time period October 1, 2016 to April 30, 2018 to determine the change in expenditures based on the reinstatement of emergency adult dental and found the original estimate described in CYE 18 certifications to be appropriate in determining the PMPM cost for restoration of this benefit, and is continuing the same estimated PMPM for CYE 19 capitation rates. The only adjustment from the method used to develop the CYE 18 capitation rates was to regroup into the new rate cells and program. This adjustment was possible because the CYE 18 method included AHCCCS rate code detail so there was a map from the old programs' rate cells to the new ACC program rate cells. The language from the CYE 18 certifications is copied here for convenience of review.

“To estimate the impact of restoring emergency adult dental services, the AHCCCS DHCM Actuarial Team used historical adult (21 and over) 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 forwarded to FFY 18 using an annualized trend of 2.0%. The 2.0% trend was derived using actuarial judgement 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; and
- AHCCCS FFS fee schedule changes.”

The overall impact of the emergency adult dental services program change by GSA is displayed below in Table 11a. Totals may not add up due to rounding.

Table 11a: Emergency Dental for Adults (Aged 21 and Over)

GSA	Dollar Impact	PMPM Impact
North	\$3,424,047	\$1.86
Central	\$13,587,010	\$1.15
South	\$5,231,865	\$1.15
Total	\$22,242,922	\$1.22

Behavioral Health Access to Care Initiatives

CYE 18 capitation rates for the RBHA program included funding for 7 initiatives intended to increase access to care, including initiatives titled Autism Spectrum Disorder, Children in Foster Care, Integrated Care Initiative, First Episode of Psychosis, Opioid Epidemic, Substance Use Disorder and Arnold v. Sarn Agreement. The total statewide estimated impacts for the first six of these initiatives incorporated into the CYE 18 RBHA Program rates were continued in development of CYE 19 rates for the ACC and RBHA programs. The seventh item was analyzed separately since the implementation of that Access to Care initiative began before the base data year used for the CYE 19 capitation rate development. While the statewide impact incorporated in CYE 19 rates is unchanged from CYE 18 rates, allocation of the impact between programs, rate cells and GSAs were revised using partial-year encounter data from FFY 18. For more information on the Access to Care initiatives, please refer to the CYE 18 RBHA Program Rate Certification dated October 1, 2017.

The overall impact of the behavioral health access to care initiatives program change by GSA is displayed below in Table 11b. Totals may not add up due to rounding.

Table 11b: Behavioral Health Access to Care Initiatives

GSA	Dollar Impact	PMPM Impact
North	\$7,364,204	\$3.99
Central	\$51,644,143	\$4.38
South	\$10,933,296	\$2.40
Total	\$69,941,644	\$3.84

Hepatitis C (HCV) Treatment

In 2017, the AHCCCS Pharmacy and Therapeutics (P&T) Committee reviewed the HCV Direct Acting Antiviral Agents (DAA) and recommended Mavyret as the sole preferred agent to treat HCV based on both clinical efficacy and cost effectiveness. AHCCCS has accepted the P&T's recommendation and also removed the fibrosis level requirements that were previously necessary in order to access treatment and removed the one treatment per lifetime limitation effective January 1, 2018.

The AHCCCS DHCM Actuarial Team estimated and incorporated the impact of these changes to HCV Treatment in CYE 18 capitation rates. The method used to develop the CYE 18 capitation rates was deemed appropriate for continued use in developing CYE 19 capitation rates. The only adjustment from the method used to develop the CYE 18 capitation rates was to regroup them into the CYE 19 rate cells and program. This adjustment was possible because the CYE 18 method included AHCCCS rate code detail so there was a map from the old programs' rate cells to the new ACC program rate cells. The

method description from the CYE 18 revised actuarial certification is included below for convenience of review.

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

The overall impact of the HCV Treatment program change by GSA is displayed below in Table 11c. Totals may not add up due to rounding.

Table 11c: HCV Treatment

GSA	Dollar Impact	PMPM Impact
North	(\$2,232,949)	(\$1.21)
Central	(\$10,848,866)	(\$0.92)
South	(\$2,763,712)	(\$0.61)
Total	(\$15,845,527)	(\$0.87)

Medication-Assisted Treatment (MAT)

AHCCCS implemented a policy change effective, January 1, 2018 mandating Contractors to reimburse PCPs who are providing medication management of opioid use disorder (OUD) within their scope of practice. The PCP must refer the member to a behavioral health provider for the psychological and/or behavioral therapy component of the MAT model and coordinate care with the behavioral health provider. The Contractor shall include the AHCCCS preferred drugs on the Contractor’s drug list for the treatment of OUD.

To develop the FFY 19 projected costs, the AHCCCS DHCM Actuarial Team analyzed encounter data from October 1, 2015 through April 30, 2018 specific to the procedure codes associated with MAT, and analyzed the increase in number of members receiving these services after the policy change. This increase in utilization was multiplied by the average unit cost for the procedure codes and then annualized assuming a small amount of ramp-up time. This analysis was close to the original estimate assumed in the CYE 18 Acute Care Program capitation rates for this policy change, so the original dollar

estimate was used as it had more clinical information as back up. The AHCCCS DHCM Actuarial Team updated the PMPM estimate using projected CYE 19 member months for the new rate cell groupings.

The overall impact of the MAT program change by GSA is displayed below in Table 11d. Totals may not add up due to rounding.

Table 11d: Medication-Assisted Treatment (MAT)

GSA	Dollar Impact	PMPM Impact
North	\$718,006	\$0.39
Central	\$3,634,371	\$0.31
South	\$2,303,403	\$0.50
Total	\$6,655,780	\$0.37

DRG Reimbursement Rate Changes

AHCCCS transitioned from version 31 to version 34 of the All Patient Refined Diagnostic Related Groups (APR-DRG) payment classification system on January 1, 2018. To make the APR-DRG grouper fully ICD-10 code compliant, AHCCCS rebased the inpatient system by updating the DRG grouper version, relative weights and DRG base rates via payment simulation modeling using more recent data.

The AHCCCS DHCM Actuarial Team estimated and incorporated the impact of the DRG rebase in CYE 18 capitation rates. The method used to develop the CYE 18 capitation rates was deemed appropriate for continued use in developing CYE 19 capitation rates. The only adjustment from the method used to develop the CYE 18 capitation rates was to regroup into the CYE 19 rate cells and program. This adjustment was possible because the CYE 18 method included AHCCCS rate code detail so there was a map from the old programs’ rate cells to the new ACC program rate cells. This method was described in the CYE 18 certification and the language has been copied here for convenience of review.

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

To affect a budget neutral payment system change, Navigant first repriced the FFY 2016 claims under current APR-DRG v31 FFS rates, including changes to the payment system which have occurred since the FFY 2016 claims period (such as the removal of the transition factor, coding improvement factor, and the increase of the high acuity pediatric adjuster to 1.945). Navigant then repriced the same claims set using the APR-DRG v34 grouper and weights and calculated a statewide standardized amount (adjusted to each facility’s labor cost using CMS’s published FFY 2017 Final

Rule Wage Indices). The statewide standardized amount was calculated to result in total simulated rebased payments equal to current system payments.

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

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

The AHCCCS Division of Health Care Management (DHCM) Actuarial Team relied upon Navigant and AHCCCS DHCM Rates & Reimbursement Team for the reasonableness of these assumptions.”

The overall impact of the DRG reimbursement program change by GSA is displayed below in Table 11e. Totals may not add up due to rounding.

Table 11e: DRG Reimbursement Rate Changes

GSA	Dollar Impact	PMPM Impact
North	\$1,523,885	\$0.83
Central	\$14,188,133	\$1.20
South	\$9,767,060	\$2.14
Total	\$25,479,078	\$1.40

Hemophilia Factor Pricing Change

AHCCCS competitively bid and awarded a contract for specialty drugs provided to members with Hemophilia and other blood disorders beginning in FFY 19. A change from 340B drug pricing methodology used by the previous Contractor to wholesale acquisition cost pricing used by the awarded Contractor will increase drug reimbursement costs. For October 1, 2018 rate development, the impact was allocated across risk cells and GSAs using repriced FFY 17 encounter data for the specialty drugs.

The overall impact of the Hemophilia Drug Pricing program change by GSA is displayed below in Table 11f. Totals may not add up due to rounding.

Table 11f: Hemophilia Factor Pricing Change

GSA	Dollar Impact	PMPM Impact
North	\$459,693	\$0.25
Central	\$5,004,150	\$0.42
South	\$1,661,900	\$0.36
Total	\$7,125,743	\$0.39

Behavioral Health Services in Schools *

The Arizona Legislature passed SB 1520 during the 2018 Legislative session, which includes an appropriation to fund increased behavioral health services in schools. The targeted services are in addition to any existing behavioral health services provided, including those provided to students with disabilities under the state’s School Based Services program. AHCCCS is adjusting CYE 19 capitation rates effective October 1, 2018 for the additional costs of services that will be provided in schools. For rate development, the impact was allocated by rate cell and GSA using FFY 17 encounter data of Medicaid behavioral health services provided in schools.

The overall impact of the Behavioral Health Services in Schools program change by GSA is displayed below in Table 11g. Totals may not add up due to rounding.

Table 11g: Behavioral Health Services in Schools

GSA	Dollar Impact	PMPM Impact
North	\$843,116	\$0.46
Central	\$6,419,204	\$0.54
South	\$2,145,965	\$0.47
Total	\$9,408,286	\$0.52

Applied Behavioral Analysis *

Effective October 1, 2018, AHCCCS policy includes clarifying language on the requirement for the AHCCCS Complete Care and Regional Behavioral Health Authority programs to provide covered Applied Behavior Analysis (ABA) services to children not receiving these services through another program. The policy clarification is consistent with CMS guidance dated July 7, 2014, which directs states to cover medically necessary services for treatment of autism spectrum disorder as part of the Early and Periodic Screening, Diagnostic and Treatment (EPSDT) program for children under 21 years of age.

Use of these currently covered services during the 3 most recent years of the rating period was limited. The policy guidance is expected to raise awareness and increase utilization of these covered ABA services in FFY 19.

To estimate the impact of the change, a summary of encounter data provided by the Oregon Health Authority (OHA) was reviewed. Effective July 1, 2016, the Oregon Medicaid agency clarified the specific coverage of ABA services in its Prioritized List of Health Services, similar to the AHCCCS clarification that will be effective October 1, 2018. Therefore, the experience of Oregon is anticipated to be similar to and predictive of the anticipated increase in ABA utilization that will be experienced by AHCCCS. Upon

review of the data, the AHCCCS DHCM Actuarial Team determined it would be reasonable to use the Oregon experience in estimating the impact on ABA services covered by AHCCCS. The team summed encounters paid for ABA during the first 12 months that OHA plans covered the services from July 2016 to June 2017. The encounter total was then increased to account for increased child enrollment counts in AHCCCS compared to OHA in May 2018. The adjusted cost was then divided by the projected FFY 19 member months of the appropriate child populations to calculate PMPM adjustments.

The overall impact of the ABA program change by GSA is displayed below in Table 11h. Totals may not add up due to rounding.

Table 11h: Applied Behavioral Analysis

GSA	Dollar Impact	PMPM Impact
North	\$535,691	\$0.29
Central	\$4,078,573	\$0.35
South	\$1,363,483	\$0.30
Total	\$5,977,748	\$0.33

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 Contractors financial statements. The data that the AHCCCS DHCM Actuarial Team reviewed was the CYE 15, CYE 16 and CYE 17 annual financial statement reports as well as the CYE 18 Q1 and Q2 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 19 Pharmacy category of service.

The overall impact of the Rx Rebates adjustment program change by GSA is displayed below in Table 11i. Totals may not add up due to rounding.

Table 11i: Rx Rebates Adjustment

GSA	Dollar Impact	PMPM Impact
North	(\$1,943,880)	(\$1.05)
Central	(\$14,237,491)	(\$1.21)
South	(\$4,773,130)	(\$1.05)
Total	(\$20,954,500)	(\$1.15)

AHCCCS Fee-for-Service Fee Schedule Updates

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

Effective October 1, 2018, 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 19 capitation rates have been adjusted to reflect these fee schedule changes. The AHCCCS DHCM Rates & Reimbursement Team use the CYE 17 encounter data to develop the adjustment to the CYE 19 capitation rates. The AHCCCS DHCM Rates & Reimbursement Team applied AHCCCS provider fee schedule changes as a unit cost change to determine what the impacts would be for the CYE 19 time period. The AHCCCS DHCM Actuarial Team then reviewed the results and applied the impacts by program.

AHCCCS will additionally be increasing some fee schedule rates effective January 1, 2019 as the next minimum wage increase resulting from the passing of Proposition 206. The increased costs for this change have been included with the fee schedule changes already discussed as the minimum wage change is non-material for the ACC program when considered alone.

The overall impact of the AHCCCS fee-for-service fee schedule updates and minimum wage increase program change by GSA is illustrated below in Table 11j. Totals may not add up due to rounding.

Table 11j: AHCCCS Fee-for-Service Fee Schedule Updates and Minimum Wage Increase

GSA	Dollar Impact	PMPM Impact
North	\$2,595,028	\$1.41
Central	\$14,777,338	\$1.25
South	\$7,204,459	\$1.58
Total	\$24,576,818	\$1.35

Combined Miscellaneous Program Changes

The rate development spreadsheet includes every individual program change as a separate adjustment. However, if an individual program change had an impact of 0.2% or less for every individual rate cell across all GSAs, that program change was deemed non-material for the purpose of the actuarial rate certification. Thus, the impacts were aggregated for the certification by summing the dollar impacts for each non-material adjustment across rate cells within a GSA and dividing through by the projected membership for the four main populations by GSA for the PMPMs listed below. The combined overall

impact by GSA is illustrated below in Table 11k. Totals may not add up due to rounding. Brief descriptions of the individual program changes are provided below.

- ***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 began coverage for this service effective October 1, 2017.
- ***Severe Combined Immunodeficiency (SCID)***
In 2015, the Arizona Department of Health Services (ADHS) established rules in Arizona Administrative Code permitting the agency to include screening for Severe Combined Immunodeficiency (SCID) as part of a newborn bloodspot test. Laws 2017, Ch. 339 increased the fee cap for the first newborn screening test from \$30.00 to \$36.00, which allowed the ADHS to test for SCID as part of newborn screening. This fee increase was effective January 1, 2018.
- ***Genetic Testing ****
Effective January 1, 2018, AHCCCS policy guidance clarifies that covered genetic testing services include specific chromosomal tests for diagnosing developmental delays in infants and children. The policy guidance is expected to increase use of these currently covered services.
- ***Social Determinants of Health ****
The Targeted Investments Program has benchmarks for screening members for the presence of social determinants of health (SDOH). These benchmarks are expected to result in increased use of the covered screening services in FFY 19.
- ***SSI/SSDI Outreach, Access and Recovery (SOAR) ****
Effective October 1, 2018, AHCCCS will recognize SOAR as a distinct reimbursable case management service. Through SOAR, providers assist individuals who are homeless or at risk of becoming homeless and who have a serious mental illness in applying for federal SSI/SSDI benefits.
- ***Behavioral Health Non-emergency Transportation to Community-Based Support Programs ****
Policy guidance effective July 1, 2018, clarifies that non-emergency medical transportation (NEMT) may be provided for transporting an individual to community-based support programs (CBSP), in addition to registered providers. The policy specifies select qualifying CBSP, such as Alcoholics Anonymous and National Alliance on Mental Illness Family Support.
- ***Out-of-Network Inpatient Behavioral Health Services ****
As part of the 2018 Legislative session, the Arizona Legislature passed HB 2659 which limits AHCCCS reimbursement of inpatient behavioral health services provided at a facility that does not contract with the member's Contractor to 90% of AHCCCS fee schedule rates, beginning July 1, 2018. Prior to the law's implementation, AHCCCS reimbursed these non-contracted services at 100% of fee schedule rates.
- ***Substance Use Disorder Assessment ****
Effective October 1, 2018, AHCCCS will update provider fee schedules to include a targeted increase to providers who conduct a computer-guided, structured interview utilizing American

Society of Addiction Medicine (ASAM) software. The service enables providers to determine the appropriate level of treatment based upon a set of medically accepted criteria.

- **Universal Blood Lead Screening ***

Effective October 1, 2018, AHCCCS policy guidance requires that all enrolled children receive blood lead screenings at 12 and 24 months of age, or at least once before the age of 6 years if a child did not receive the scheduled screenings. Upon CMS approval, AHCCCS issued requirements in April 2015 that only children residing in certain zip codes must receive scheduled blood screenings. The October 1, 2018 policy change effectively restores universal blood lead screens for all children, regardless of location of residence in the state.

Table 11k: Combined Miscellaneous

GSA	Dollar Impact	PMPM Impact
North	\$1,126,240	\$0.61
Central	\$1,792,392	\$0.15
South	\$2,469,282	\$0.54
Total	\$5,387,914	\$0.30

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

Not applicable. There are no prior rates or rate certifications. AHCCCS Complete Care is a new program which integrates care for the majority of Arizona’s Medicaid members.

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

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

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

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

The data used to development the projected benefit cost trends was the encounter data incurred from October 1, 2014 through February 28, 2018 and adjudicated and approved through February 28, 2018. The trend is developed primarily with actual experience from the Medicaid population.

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

The encounter data was summarized by GSA, rate cell, month, and category of service, and by utilization per 1000, unit cost and PMPM values. The encounter data was adjusted for completion and the encounter data issue described in Section I.2.B.iii.(c). Additionally, the encounter data was adjusted to normalize for previous program changes. Projected benefit cost trends were developed to project the base data forward 24 months, from the midpoint of CYE 17 (April 1, 2017) to the midpoint of the rating period for CYE 19 (April 1, 2019). The projected benefit cost trends were not based upon a formula-driven approach using historical benefit cost trends. Projected benefit cost trends were based upon actuarial judgment with consideration of 3-month, 6-month, and 12-month moving averages, and with 12-month, 24-month and 36-month linear regression results.

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

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

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

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

No comparisons were made against other AHCCCS programs due to the unique aspects of the ACC program. There are no prior trends to make comparison against since ACC is a new program which integrates care for the majority of Arizona’s Medicaid members.

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

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

The projected benefit cost trends by GSA, rate cell and major category of service for utilization per 1000, unit cost and PMPM values are included in Appendix 5. The aggregate projected benefit cost, excluding the Delivery Supplemental Payment rate cell, trends by GSA for utilization per 1000, unit cost and PMPM values are included below in Table 12.

Table 12: CYE 19 Annualized Trends

GSA	Utilization Per 1000	Unit Cost	PMPM
North	1.24%	2.14%	3.41%
Central	1.35%	2.32%	3.70%
South	0.95%	2.78%	3.75%
Total	1.24%	2.41%	3.68%

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

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

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

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

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

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

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

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

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

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

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

The AHCCCS DHCM Medical Management Team, the AHCCCS Office of Administrative Legal Services (OALS) Legal Counsel Team and the AHCCCS Office of the Director have completed a Mental Health Parity and Addiction Equity Act (MHPAEA) analysis to determine if additional services are necessary to comply with parity standards. No additional services have been identified as necessary services to comply with MHPAEA.

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

The following types of services can be provided as in-lieu-of-services: home and community based services (HCBS) covered in lieu of a nursing facility and services in alternative inpatient settings licensed by ADHS/DLS in lieu of services in an inpatient hospital (distinct and disparate from in-lieu-of services provided in an IMD). These services are then included in the RBHA Program's capitation rate development categories of service. Encounters which are in-lieu-of-services are not identified separately in the data. Thus, the actuaries cannot define the percentage of cost that in-lieu-of services represented in the capitation rate development categories of service. However, the in-lieu-of services are treated exactly the same as all other State Plan approved services in capitation rate development. For inpatient psychiatric or substance use disorder services provided in an IMD setting, the capitation rate development has complied with the requirements of 42 CFR § 438.6(e), described above in Section I.3.A.v.

I.3.B.vi. Retrospective Eligibility Periods

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

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

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

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

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

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

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

No specific adjustments are made to the CYE 19 capitation rates for the ACC program, given that the encounter and enrollment data are already included within the base data used for capitation rate development.

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

AHCCCS Complete Care is a new program which integrates care for the majority of Arizona’s Medicaid members. There is no prior rate certification specific to the ACC program. There are prior rate certifications for the Acute Care, CRS and RBHA programs. All services from the Acute Care program are included in the ACC program. The majority of the services previously provided under the CRS and RBHA programs are included in the ACC program. Other AHCCCS programs will cover the remainder of the CRS and RBHA services for specific populations.

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

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

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

Base period data was not adjusted to reflect recoveries of overpayments made to providers because Contractors are required to adjust encounters for recovery of overpayments, per the following contract requirement:

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

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

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

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

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

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

There was no material adjustments made related to litigation.

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

All material and non-material changes have been included in the capitation rate development process and all requirements in this section of the 2019 Guide are documented in Section I.3.B.ii.(a) above.

I.4. Special Contract Provisions Related to Payment

I.4.A. Incentive Arrangements

I.4.A.i. Rate Development Standards

An incentive arrangement, as defined in 42 CFR §438.6(a), is any payment mechanism under which a health plan may receive additional funds over and above the capitation rate it was paid for meeting targets specified in the contract. All ACC program incentive arrangements combined will not exceed 105% of the capitation payments to comply with 42 CFR §438.6(b)(2).

I.4.A.ii. Appropriate Documentation

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

Alternative Payment Model (APM) Initiative – Quality Measure Performance

The incentive arrangement for the Alternative Payment Model (APM) Initiative – Quality Measure Performance is a special provision for payment where Contractors may receive additional funds over and above the capitation rates for performance on a select subset of AHCCCS quality measures. An incentive pool is determined by the portion of the withhold described below that is not returned to the Contractors under the terms of the withhold arrangement. The maximum incentive pool possible is approximately \$63 million, which is the amount that would be available if every Contractor earned exactly 0% of the withhold described below. This is not anticipated to happen, and thus the incentive pool will be determined by the portion of the withhold which is not earned across all Contractors.

APM Initiative – Performance Based Payments

The CYE 19 capitation rates for the ACC program include an incentive arrangement, as described under 42 CFR § 438.6(b)(2) at 81 FR 27589, called the Alternative Payment Model (APM) Initiative – Performance Based Payments. The APM Initiative – Performance Based Payments incentive arrangement is a special provision for payment where the ACC Contractors may receive additional funds over and above the capitation rates for implementing APM arrangements with providers who successfully meet targets established by ACC Contractors that are aimed at quality improvement, such as reducing costs, improving health outcomes or improving access to care. For reference, the CYE 17 APM Initiative – Performance Based Payment amounts were \$21 million.

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

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

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

APM Initiative – Quality Measure Performance

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

APM Initiative – Performance Based Payments

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

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

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

APM Initiative – Quality Measure Performance

The purpose of the APM Initiative – Quality Measure Performance incentive arrangement is to encourage Contractor activity in the area of quality improvement, particularly those initiatives that are conducive to improved health outcomes and cost savings. Contractors are required to meet a targeted percentage of total expenses under an APM contract arrangement in order to participate in the APM Initiative incentive.

APM Initiative – Performance Based Payments

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

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

APM Initiative – Quality Measure Performance

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

APM Initiative – Performance Based Payments

Incentive payments for the APM Initiative – Performance Based Payments incentive arrangement are not included in the CYE 19 capitation rates for the ACC program. Additionally, incentive payments for the APM Initiative – Performance Based Payments incentive arrangement had no impact on the development of the CYE 19 capitation rates for the ACC program. The anticipated incentive payment amount will be paid by AHCCCS to the ACC Contractors through lump sum payments after the completion of the CYE 19 contract year.

I.4.B. Withhold Arrangements

I.4.B.i. Rate Development Standards

This section of the 2019 Guide provides information on the definition and requirements of a withhold arrangement.

I.4.B.ii. Appropriate Documentation

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

The purpose of the ACC program withhold is to encourage Contractor activity in the area of quality improvement, particularly those initiatives that are conducive to improved health outcomes and cost savings, and those related to child and adolescent health. Contractors are required to engage in a minimally-set targeted percentage of total expenses under an APM purchasing arrangement in order to receive any payment from the APM payment withhold.

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

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

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

AHCCCS has established a quality withhold of 1% of the Contractor's capitation and a percentage (up to 100%) of the withheld amount will be paid to the Contractor for performance on select quality measures including emergency department utilization, hospital readmissions, well-child visits (age 15 month, age 3-6 and age 12-21) and dental visits (age 2-21). AHCCCS will determine the portion of the withheld amount to be returned based on a review of each Contractor's Healthcare Effectiveness Data and Information Set (HEDIS) data and the Contractor's compliance with these quality measures.

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

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

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

The actuaries relied upon the AHCCCS DHCM Finance & Reinsurance Team's review. That review of the total withhold percentage of 1% of capitation revenue indicated that it is reasonable within the context of the capitation rate development and that the magnitude of the withhold does not have a detrimental impact on the Contractors' financial operation needs and capital reserves. The AHCCCS DHCM Finance & Reinsurance Team's interpretation of financial operating needs relates to cash flow needs for the Contractors to pay claims and administer benefits for its covered populations. The AHCCCS DHCM Finance & Reinsurance Team evaluated the reasonableness of the withhold within this context by reviewing the Contractors' cash available to cover operating expenses, as well as the

capitation rate payment mechanism utilized by AHCCCS. To evaluate the reasonableness of the withhold in relation to capitalization levels, the AHCCCS DHCM Finance & Reinsurance Team reviewed the surplus above the equity per member requirement, the performance bond amounts and the financial stability of each Contractor to pay all obligations. The AHCCCS DHCM Finance & Reinsurance Team reviewed cash and cash equivalent levels in relation to the withhold arrangement and has indicated the withhold arrangement is reasonable based on current cash levels.

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

The capitation rates shown in this rate certification are illustrated before offset for the withhold amount; however the CYE 19 capitation rates documented in this report are actuarially sound even if none of the withhold is earned back.

I.4.C. Risk-Sharing Mechanisms

I.4.C.i. Rate Development Standards

This section of the 2019 Guide provides information on the requirements for risk-sharing mechanisms.

I.4.C.ii. Appropriate Documentation

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

The CYE 19 capitation rates for the ACC program will include risk corridors.

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

AHCCCS has a long-standing program policy of including risk corridors within the managed care programs to protect the State against excessive Contractor profits and to protect Contractors from excessive losses. This risk-sharing arrangement also contributes to Contractor sustainability and program continuity, which is an additional intangible benefit to the stability of the Medicaid member. The CYE 19 capitation rates will continue AHCCCS' long-standing program policy and will include risk corridors. This rate certification will use the term risk corridor to be consistent with the 2019 Guide. The ACC Contract refers to the risk corridors as either a risk corridor or reconciliation.

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

A risk corridor will reconcile each Contractor's medical cost expenses to the net capitation paid to each Contractor. Net capitation is equal to the capitation rates paid less the premium tax, the health insurance provider fee (if applicable), the quality contribution, and the administrative component plus the reinsurance payments. Each Contractor's medical cost expenses are equal to the Contractor's fully adjudicated encounters and subcapitated/block purchase expenses as reported by the Contractor with dates of service during the contract year. Initial Reconciliations are typically performed no sooner than 6 months after the end of the contract year and final reconciliations are typically computed no sooner than 15 months after the contract year.

Another risk corridor will reconcile each Contractor's fixed administrative cost component by comparing the actual member months to the members months that were assumed in the calculation of

the administrative PMPM. If the Contractor's actual member months are different than assumed member months, AHCCCS will recoup or reimburse the difference in the fixed administrative PMPM attributable to any material difference in member months, subject to medical loss ratio requirements.

APSI is a relatively new initiative and utilization of Qualified Practitioners will vary across Contractors. AHCCCS will mitigate the Contractor's risk associated with overpayment or underpayment through a risk corridor.

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

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

The risk corridors did not have any effect on the development of the CYE 19 capitation rates for the ACC program.

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

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

I.4.C.ii.(b) Description of Medical Loss Ratio

The contract does not include a remittance/payment requirement for being above/below a specified medical loss ratio (MLR). This section is not applicable.

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

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

AHCCCS provides a reinsurance program to the ACC Contractors for the partial reimbursement of covered medical services incurred during the contract year. This reinsurance program is similar to what you would see in commercial reinsurance programs with a few differences. The deductible is lower than a standard commercial reinsurance program. AHCCCS has different reinsurance case types - with the majority of the reinsurance cases falling into the regular reinsurance case type. Regular reinsurance cases cover partial reimbursement (anything above the deductible and the coinsurance percentage amounts) of inpatient facility medical services. Most of the other reinsurance cases fall under catastrophic, including reinsurance for biotech drugs. Additionally, rather than the Contractors paying a premium, the capitation rates are instead adjusted by subtracting the reinsurance offset from the gross medical expenses. One could view the reinsurance offset as a premium.

The AHCCCS reinsurance program has been in place for more than twenty years and is funded with General Fund for State Match and Federal Matching authority. AHCCCS is self-insured for the reinsurance program, which is characterized by an initial deductible level and a subsequent coinsurance percentage. The coinsurance percentage is the rate at which AHCCCS reimburses ACC Contractors for covered services incurred above the deductible. The deductible is the responsibility of the ACC

Contractors. The deductible for regular reinsurance cases has increased from \$25,000 under the CYE 18 Acute Care capitation rates to \$35,000 under the CYE 19 ACC capitation rates. The limit on other catastrophic reinsurance has changed from \$650,000 for CYE 18 to \$1 million for CYE 19. This limit is applied on all reinsurance case types other than transplants. Once a reinsurance case hits this limit, the MCO is reimbursed 100% for all medically necessary covered expenses.

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

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

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

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

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

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

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

The data used to develop the reinsurance offset are historical reinsurance payments to the Contractors for services incurred during FFY 17. These reinsurance payments were divided by the FFY 17 member months to develop a PMPM offset. This was done at the rate cell, GSA and major reinsurance case type level (Regular, Biotech and Catastrophic). Regular reinsurance case type corresponds to hospital inpatient category of service; Biotech reinsurance case type corresponds to pharmacy category of service; and Catastrophic reinsurance case type corresponds to all categories of service. The reinsurance PMPMs were completed and adjusted for prospective changes to the reinsurance program described above in Section I.4.C.ii.(c)(i). FFY 17 completed encounters were then used to develop a FFY 17 medical PMPM rate. This medical PMPM was developed at the rate cell, GSA and category of service level that correspond to the major reinsurance case types. Reinsurance percentages were calculated by dividing the reinsurance PMPMs by the medical PMPMs. These percentages were applied to the projected CYE 19 medical PMPMs to develop the reinsurance offsets. The percentages and calculations of the reinsurance offsets were done at the rate cell, GSA and category of service level. Reinsurance as a percentage of medical expenses is displayed below in Table 13. Appendix 7 displays the reinsurance PMPMs by Contractor, GSA and rate cell.

Table 13: Reinsurance as a Percentage of Medical Expense PMPM

Rate Cells	North	Central	South
AGE < 1	7.30%	7.64%	8.34%
AGE 1-20	2.14%	2.95%	2.00%
AGE 21+	0.95%	1.54%	1.01%
Duals	1.67%	1.47%	0.88%
SSIWO	7.84%	9.07%	8.95%
Prop 204 Childless Adults	1.92%	2.92%	1.69%
Expansion Adults	1.98%	2.31%	1.22%

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

I.4.D.i. Rate Development Standards

This section of the 2019 Guide provides information on delivery system and provider payment initiatives.

I.4.D.ii. Appropriate Documentation

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

I.4.D.ii.(a)(i) Description

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.

Differential Adjusted Payments

The Differential Adjusted Payment (DAP) initiative delivers a uniform percentage increase to registered providers who provide a particular service under the contract and who meet specific criteria established by AHCCCS. The purpose of the DAP is to distinguish providers which have committed to supporting designated actions that improve patients' care experience, improve members' health and reduce cost of care growth. The rate increase is intended to supplement, not supplant, payments to eligible providers. The rate increases range from 0.5% to 10%, depending on the provider type.

Access to Professional Services Initiative

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

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

The APSI provides a uniform percentage increase of 40% to otherwise contracted rates for qualified practitioners—for all claims for which AHCCCS is the primary payer. The rate increase is intended to supplement, not supplant, payments to eligible providers.

I.4.D.ii.(a)(ii) Amount

Targeted Investments Program

Anticipated payments for Targeted Investments are approximately \$57.3 million. AHCCCS will adjust capitation rates in the form of an annual lump sum payment to the Contractors after the completion of the contract year.

Differential Adjusted Payment

The amount of payments for the DAP included in the CYE 19 capitation rates for the ACC program are displayed below in Table 14a. Totals may not add up due to rounding.

Table 14a: AHCCCS Differential Adjusted Payments

GSA	Dollar Impact	PMPM Impact
North	\$5,740,968	\$3.11
Central	\$42,663,814	\$3.61
South	\$15,351,623	\$3.36
Total	\$63,756,413	\$3.50

Access to Professional Services Initiative

The amount of payments for the APSI are included in the CYE 19 capitation rates for the ACC program are displayed below in Table 14b. Totals may not add up due to rounding.

Table 14b: Access to Professional Services Initiative

GSA	Dollar Impact	PMPM Impact
North	\$1,436,091	\$0.78
Central	\$30,558,044	\$2.59
South	\$17,869,439	\$3.91
Total	\$49,863,574	\$2.74

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

Targeted Investments Program

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

Differential Adjusted Payments

The qualifying providers receiving the payments include hospitals subject to APR-DRG reimbursement (eligible for up to 3.5% increase), other hospitals and inpatient facilities (eligible for up to 3.5% increase), nursing facilities (eligible for a 2% increase), integrated clinics (eligible for a 10% increase on a limited set of codes), physicians, physician assistants, registered nurse practitioners (all eligible for a 1% increase) and Federally Qualified Health Centers (FQHCs) (eligible for up to a 1.5% increase). All providers were notified via a proposed and a final Public Notice of the criteria required to qualify for the DAP.

Access to Professional Services Initiative

The qualifying providers receiving the payment increase include physicians, including doctors of medicine and doctors of osteopathic medicine; certified registered nurse anesthetists; certified registered nurse practitioners; physician assistants; certified nurse midwives; clinical social workers; clinical psychologists; dentists; and optometrists.

I.4.D.ii.(a)(iv) Effect on Capitation Rate Development

Targeted Investments Program

Targeted Investments had no effect on the development of the capitation rates. AHCCCS will submit to CMS a notification letter when the Targeted Investments payments are made detailing the actual amount of the payments. That letter will describe the distribution methodology of the total payments to the individual rate cells. The expected distribution methodology is to use adjudicated and approved encounter data to allocate the TI payments by capitation rate cell. The encounter data used for this distribution includes: billing provider tax IDs (TINs) that were eligible and received payments for the TI program, relevant claim health plan information, relevant rate cell information, and health plan paid (HPP) information. The encounter HPP data for these TINs and claim health plans could exceed the amount that each TIN received in TI payments. The encounter data is therefore only used for distribution purposes to calculate the distribution percentage at the capitation rate cell level per TIN and claim health plan. This distribution percentage is then applied to the actual TI amounts by TIN and claim health plan to derive the amount per capitation rate cell level. Member month data is also utilized to develop the PMPMs for TI payments associated with each rate cell. AHCCCS describes the methodology, data and assumptions related to the Targeted Investment Program within the 438.6(c) pre-print, which has been submitted but not yet approved.

Differential Adjusted Payments (DAP)

The AHCCCS DHCM Rates & Reimbursement Team provided the AHCCCS DHCM Actuarial Team with data for the impact of DAP. The data used by the AHCCCS DHCM Rates & Reimbursement Team to develop the DAP impacts was the CYE 17 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 19 time period. The AHCCCS DHCM Actuarial Team then reviewed the results and applied the impacts by program and rate cell (the data provided by the AHCCCS DHCM Rates & Reimbursement Team was at a detailed rate code level which the AHCCCS DHCM Actuarial Team then aggregated to the specific rate cells for each program due to the various changes to programs effective October 1, 2018). AHCCCS describes the methodology, data and assumptions related to the DAP within the 438.6(c) pre-prints, which have been submitted but not yet approved.

Access to Professional Services Initiative

The AHCCCS DHCM Actuarial Team relied upon information provided by the APSI Hospital Coalition and their consultants. The information provided by the APSI Hospital Coalition and their consultants was the Billing Provider Tax IDs, which were used to identify the hospital provider groups within the CYE 17 encounter data. They also provided the Average Commercial Rates (ACR) for these hospital provider groups. The AHCCCS DHCM Actuarial Team was unable to determine the reasonableness of the ACR data provided without performing a substantial amount of work and has relied upon the APSI Hospital Coalition and their consultants for the reasonability of the ACR data.

For CYE 19 capitation rates, the 40% fee schedule increase that was determined for CYE 18 capitation rates was maintained. The language from the CYE 18 certifications on how the 40% was determined is copied here for convenience of review.

“The methodology to determine the 40% fee schedule increase followed the upper payment limit calculation using an ACR. The data used for this analysis was the CYE 16 encounter data for the hospital provider groups to be included in the initiative. The CYE 16 encounter data was repriced with both the ACRs and with the AHCCCS fee schedule. Under this repriced comparison, the ACR amounts were approximately 53% higher than the AHCCCS fee schedule amounts. The 40% increase for the APSI was then determined through collaborative meetings with the AHCCCS Office of the Director and subsequent meetings with the Hospital Coalition.”

The 40 percent uniform percentage increase was applied to CYE 17 encounters for the providers who were participating in the Access to Professional Services Initiative. The providers were identified by Billing Provider Tax IDs in AHCCCS encounter system. The adjudicated and approved encounter data excluded any subcapitated/block purchasing arrangements (identified by CN1 Code 05 on the encounters), any encounters for dual members and was limited to Form CMS-1500s and dental encounters. The encounter data included relevant rate cell and program information to be able to

distribute into the individual rate cells. AHCCCS describes the methodology, data and assumptions related to the APSI within the 438.6(c) pre-print, which has been submitted but not yet approved.

I.4.D.ii.(a)(v) Description of How the Payments are Included in the Capitation Rates

Targeted Investments Program

Funding for Targeted Investments is not included in the certified capitation rates and will be paid out as a lump sum payment.

Differential Adjusted Payment

Funding for DAP is included in the certified capitation rates.

Access to Professional Services Initiative

Funding for APSI is included in the certified capitation rates.

I.4.E. Pass-Through Payments

I.4.E.i. Rate Development Standards

This section of the 2019 Guide provides information on the pass-through payments.

I.4.E.ii. Appropriate Documentation

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

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

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

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

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

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

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

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

The providers receiving the pass-through payment are the rural hospitals that meet the state regulatory definition of a rural hospital. For the purpose of this payment, a rural hospital is defined in the A.A.C. R9-22-712.07 as, *“A health care institution that is licensed as an acute care hospital by the Arizona Department of Health Services for the previous state fiscal year and is not an IHS hospital or a tribally owned or operated facility and: a. Has 100 or fewer PPS beds, not including beds reported as sub provider beds on the hospital’s Medicare Cost Report, and is located in a county with a population of less than 500,000 persons, or b. Is designated as a critical access hospital for the majority of the previous state fiscal year.”*

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

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

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

The total amount before premium tax of the pass-through payment for rural hospitals in the previous Acute Care CYE 18 capitation rates was \$12,158,100.

I.4.E.ii.(a)(vi) Amount of Pass-Through Payments in Rating Period with July 5, 2016

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

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

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

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

The data, assumptions, and methodology align with the requirements of 42 CFR § 438.6(d) at 81 FR 27860 and later amended at 42 CFR § 438.6(d) at 82 FR 5428. The CYE 16 encounter and Fee-for-Service (FFS) claims data for inpatient services incurred at the rural hospitals was used for the base amount calculation. The AHCCCS DHCM Actuarial Team also used CMS 2552 Hospital Cost Reports provided by the AHCCCS DHCM Rate & Reimbursement Team. The CMS 2552 Hospital Cost Reports were used to get the Medicare FFS inpatient charge and payment amounts to calculate a Medicare FFS payment-to-charge ratio for each rural hospital.

The Medicare FFS inpatient charge amounts were from Worksheet D, Part IV, Line 200, Column 10 of the CMS 2552 Hospital Cost Reports. The Medicare FFS inpatient payment amounts were from Worksheet E, Part A, Lines 1.00 through 2.02, Column 1 and Worksheet E-3, Part V, Line 4, Column 1 of the CMS 2552 Hospital Cost Reports. The Medicare FFS payment-to-charge ratios were applied to the

CYE 17 inpatient encounter data and the CYE 17 inpatient FFS claims data for each rural hospital to get estimates of what would have been paid had Medicare FFS paid for the inpatient services.

The resulting base amount was estimated to be \$37,456,155 and 90% of the base amount was estimated to be \$33,710,540. As described at 42 CFR § 438.6(d) at 82 FR 5428, the total dollar amount of the pass-through payment for rural hospitals for the CYE 19 capitation rates may not exceed the lesser of 90% of the base amount and the pass-through payment for rural hospitals in the CYE 16 capitation rates. The result from this lesser of calculation is that pass-through payment for rural hospitals may not exceed \$12,158,100 for the CYE 19 capitation rates. The aggregate amounts calculated for the base amount calculation are provided below in Section I.4.E.ii.(b).(ii).

I.4.E.ii.(b)(ii) Base Amount Aggregate Components

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

- For Section I.4.E.i.(c).(i).(A) of the 2019 Guide - \$57,173,734 (this section of the 2019 Guide aligns with 42 CFR § 438.6(d)(2)(i)(A) at 81 FR 27860).
- For Section I.4.E.i.(c).(i).(B) of the 2019 Guide - \$31,562,336 (this section of the 2019 Guide aligns with 42 CFR § 438.6(d)(2)(i)(B) at 81 FR 27860).
- For Section I.4.E.i.(c).(ii).(A) of the 2019 Guide - \$20,027,359 (this section of the 2019 Guide aligns with 42 CFR § 438.6(d)(2)(ii)(A) at 81 FR 27860).
- For Section I.4.E.i.(c).(ii).(B) of the 2019 Guide - \$8,182,602 (this section of the 2019 Guide aligns with 42 CFR § 438.6(d)(2)(ii)(B) at 81 FR 27860).

The difference between \$57,173,734 and \$31,562,336 is \$25,611,398. The difference between \$20,027,359 and \$8,182,602 is \$11,844,757. The base amount is the sum of these differences and is \$37,456,155.

I.5. Projected Non-Benefit Costs

I.5.A. Rate Development Standards

This section of the 2019 Guide provides information on the non-benefit component of the capitation rates.

I.5.B. Appropriate Documentation

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

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

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

All Offerors were required to bid assuming a set number of member months per region. The awarded administrative component of Offerors' bids was used as the starting point for developing the CYE 19 ACC administrative expense PMPMs. The DHCM Actuarial Team split the awarded administrative expense PMPM by Contractor by region into fixed and variable PMPM components using the Contractors' bid percentages from the RFP submission. The fixed PMPMs were adjusted to account for the number of members projected to be served by the Contractor during the contract year. The total variable PMPMs were not adjusted from what was bid.

The DHCM Actuarial Team calculated the fixed dollar administrative PMPMs by multiplying each Contractor's total awarded administrative PMPM by their bid fixed cost percentage. This fixed administrative PMPM was then multiplied by the member months used in the Offeror's bid to develop the total fixed administrative expenses per Contractor. The fixed administrative expense was then divided by AHCCCS projected CYE 19 member months per Contractor to develop the fixed administrative PMPM per Contractor.

Projected CYE 19 member months per Contractor were developed by multiplying DBF projected ACC member months by the Contractor's assumed member percentage distribution. The Contractor's assumed member percentage distribution was calculated by projecting CYE 19 member months by Contractor based on passive assignment, auto assignment and member choice information and dividing by the total projected membership in the ACC program.

The revised fixed administrative PMPM and the variable administrative PMPM per Contractor were adjusted such that each Contractor's MLR in total was at least 85%. This resulted in one Contractor's

total administrative PMPM being revised downward to a more appropriate and reasonable administrative PMPM. The revised fixed administrative PMPM per Contractor was assumed to be the same per Contractor for all rate cells.

The variable administrative PMPM per Contractor is the administrative expense PMPM submitted by the Offerors during the CYE 19 RFP. This variable administrative PMPM per Contractor was then distributed by rate cell using a variable administrative percent per GSA per Contractor. The variable administrative percentage was calculated by dividing the variable administrative PMPM by the gross medical and fixed administrative PMPM. To develop the variable administrative PMPM by rate cell, the variable administrative percent was applied to each rate cells gross medical and fixed administrative PMPM.

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

Since the ACC program is a new program, the data, assumptions, and methodology used to develop the CYE 19 projected administrative costs are different than previous rating periods for the Acute, RBHA or CRS program.

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

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

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

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

The administrative component of the CYE 19 capitation rates for the ACC Program is described above in Section I.5.B.i.(a). The PMPM amounts assumed can be found in Appendix 7.

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

The CYE 19 capitation rates for the ACC program include a provision for premium tax of 2.0% of capitation. The premium tax is applied to the total capitation. The Health Insurance Providers Fee (HIPF) is discussed below in I.5.B.iii. No other taxes, fees, or assessments are applicable for this filing.

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

The CYE 19 capitation rate for the ACC program includes a provision for margin (i.e. underwriting gain). The underwriting gain was bid by the Contractors, as noted in Section I.2.B.ii.(b)(ii). The underwriting gain percentages and PMPM amounts assumed can be found in Appendix 7.

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

No other material or non-material non-benefit costs are reflected in the CYE 19 capitation rates for the ACC Program.

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

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

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

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

Not applicable. The HIPF is not incorporated into the CYE 19 capitation rates for the ACC program.

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

Not applicable. The HIPF is not incorporated into the CYE 19 capitation rates for the ACC program.

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

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

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

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

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

Table 15 provides the portion of the CYE 19 capitation rates for the ACC program attributable to nursing facility services, and related home and community based services, for 90 days of short-term convalescent care.

Table 15: Portion of the CYE 19 Capitation Rates for HCBS and NF Services

Rate Cell	North	Central	South
AGE < 1	\$0.03	\$0.58	\$0.35
AGE 1-20	\$0.14	\$0.06	\$0.06
AGE 21+	\$1.48	\$1.55	\$1.37
Duals	\$5.59	\$5.27	\$4.82
SSIWO	\$20.99	\$23.24	\$20.07
Prop 204 Childless Adults	\$6.64	\$11.14	\$6.27
Expansion Adults	\$2.97	\$3.79	\$3.29
Delivery Supplemental Payments	\$0.00	\$0.00	\$0.00

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

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

I.6. Risk Adjustment and Acuity Adjustments

I.6.A. Rate Development Standards

I.6.A.i. Risk Adjustment

The CYE 19 capitation rates have risk adjustment factors applied to them. The risk adjustment factors applied to the CYE 19 rates were developed to be budget neutral using non-diagnostic based population risk adjustment factors calculated by rate cell, GSA and Contractor. The risk adjustment factors were developed to reflect the relationship of historical encounter PMPM data by rate cell, GSA and Contractor to the historical encounter PMPM data by rate cell and GSA. The historical encounter costs used were AHCCCS Allowed amounts that reprice each encounter at the AHCCCS Fee Schedule and do not take into account Contractor's provider contracting. The risk adjustment factors in this certification are based off of initial member assignment, member choice and an experience timeframe of December 1, 2016 through November 30, 2017.

AHCCCS intends to review risk adjustment on a quarterly basis for CYE 19 using more recent member placement information and encounter data. AHCCCS might adjust the capitation rates for the change in risk adjustment. If AHCCCS updates the capitation rates only for a risk adjustment update, AHCCCS does not intend to submit a revised rate certification as referenced in 438.7(b)(5)(iii) since the documentation below describes the risk adjustment process. A new contract with the revised capitation rates will be submitted as required under 438.7(b)(5)(iii).

I.6.A.ii. Budget Neutrality

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

I.6.A.iii. Acuity Adjustment

Not applicable. The CYE 19 capitation rates for the ACC program do not include acuity adjustment.

I.6.B. Appropriate Documentation

I.6.B.i. Prospective Risk Adjustment

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

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

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

AHCCCS will not be using a standard national model or diagnostic based risk adjustment and instead is using encounter data and AHCCCS Allowed cost field to risk adjust CYE 19 ACC program capitation rates.

The following encounters were excluded from the risk adjustment model:

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

The full risk adjustment factor was used in capitation rate development for all rate cells, except Duals. Additionally, any rate cell in any GSA with less than 500 members was assigned a risk adjustment factor of 1.00 (average) for the first year of the new methodology. AHCCCS is phasing in this new risk adjustment methodology for the Duals rate cell by applying 50% of the risk adjustment factors and 50% of 1.00 (average). AHCCCS will continue to research and view this rate cell more to understand the variations among MCOs and if other exclusions should apply.

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

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

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

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

The magnitude of risk adjustment on the CYE 19 capitation rates is displayed by Contractor below in Table 16. These values may change whenever risk adjustment is updated.

Table 16: Magnitude of Risk Adjustment

Contractor	Magnitude of Risk Adjustment
Arizona Complete Health - Complete Care Plan	-3.24%
Banner - University Family Care	-1.01%
Care 1st Health Plan Arizona	-7.01%
Magellan Complete Care	0.00%
Mercy Care	9.18%
Steward Health Choice Arizona	-5.29%
UnitedHealthcare Community Plan	0.96%

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

The r-squared for the non-diagnostic based risk adjustment model is 0.590.

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

The actuaries have no concerns with the risk adjustment process.

I.6.B.ii. Retrospective Risk Adjustment

Not applicable. The CYE 19 capitation rates for the ACC program do not include retrospective risk adjustment.

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

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

ACC is a new program covering acute medical and behavioral health service expenses of members. The encounter-based risk adjustment model used in developing CYE 19 ACC Program capitation rates and described in Section I.6.B.i.(b) represents a change from the previous diagnostic-based risk adjustment model used in developing the CYE 18 Acute Care Capitation Rates.

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

The model is budget neutral in accordance with 42 CFR §438.5(g). The budget neutrality adjustment is the last step to calculate the final risk adjustment factor. The final risk adjustment factor is calculated by dividing the risk adjustment factors before budget neutrality by the budget neutrality adjustment. The first step in calculating the budget neutrality adjustment is multiplying the CYE 19 capitation rates before risk adjustment by the risk adjustment factor before budget neutrality and multiplying by the CYE 19 projected member months. The resulting amount is then divided by the CYE 19 capitation rates before risk adjustment multiplied by the CYE 19 projected member months.

I.6.B.iv. Acuity Adjustment Description

Not applicable. The CYE 19 capitation rates for the ACC program do not include acuity adjustment.

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

Section II of the 2019 Medicaid Managed Care Rate Development Guide is not applicable to the ACC program. Managed long-term services and supports, as defined at 42 CFR § 438.2(a) at 81 FR 27855, are not covered services under the ACC program. The ACC program does cover nursing facility services, and related home and community based services, for 90 days of short-term convalescent care.

Section III New Adult Group Capitation Rates

Section III of the 2019 Medicaid Managed Care Rate Development Guide is applicable to the ACC program.

AHCCCS expanded coverage for childless adults up to 100% of the federal poverty level (FPL) in 2000 under Proposition 204. In 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 population (Childless Adult Restoration). Collectively, these two populations will be referred to as the new adult group.

The ACC program capitation rates include separate rate cells for the Adult Expansion and Childless Adult Restoration populations, which are labeled throughout this certification as “Prop 204 Childless Adults” (formerly Adults $\leq 106\%$ FPL”) and “Adult Expansion ” (formerly Adults $> 106\%$ FPL) respectively. The capitation rates for these rate cells are developed the same way as the rates for the other rate cells. The new adult group represents approximately 37.42% of expenditures for the ACC program. See Section I for the rate development of the ACC program capitation rates. The rate cells that make up the new adult group has been treated the same as any other ACC program rate cell.

III.1. Data

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

The CYE 19 capitation rates for the new adult group rely on the same types and sources of data used for the other rate cells and described in Section I.2.

III.1.B. Documentation

III.1.B.i. New Data

All data related to the CYE 19 capitation rates for the ACC program is described in Section I.2.

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

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

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

AHCCCS Complete Care is a new program which integrates care for the majority of Arizona's Medicaid members. For the ACC program, there are no previous rating periods to demonstrate how actual experience has differed from projected experience.

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

No adjustments were made to the CYE 19 capitation rates for the RBHA Program to reflect differences between projected and actual experience from previous rating periods.

III.2. Projected Benefit Costs

III.2.A. Description of Projected Benefit Costs

III.2.A.i. Documentation

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

The projected benefit costs for the CYE 19 capitation rates for the ACC program are described in Section I.3. The capitation rates for each rate cell were developed using the CYE 17 encounter data specific to each rate cell as the base. All data specific to the new adult group would be captured to develop the rates for the new adult group rate cells.

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

The projected benefit costs for the CYE 19 capitation rates for the ACC program are described in Section I.3. The data and assumptions for each rate cell were specific to each rate cell and the same methodology was used to develop projected benefit costs for each rate cell. All data specific to the new adult group would be captured to develop the rates for the new adult group rate cells.

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

AHCCCS Complete Care is a new program which integrates care for the majority of Arizona's Medicaid members. For the ACC program, there are no previous rating periods but no adjustments were made to the new adult group for any item in this section. All variations in assumptions used to develop the projected benefit costs for all covered populations are based upon valid capitation rate development standards and not based on the rate of federal financial participation for any covered population.

III.2.B. Key Assumptions

The CYE 19 capitation rates for the ACC program used a base data time period of CYE 17. This time period has twelve months of actual experience for the new adult group. Additionally, the CYE 17 time period is 33 months past the effective date of the Adult Expansion population. Therefore, the CYE 19 capitation rates for the ACC program do not include assumptions for the following adjustments to specifically address the new adult group population: acuity or health status, pent-up demand, adverse selection, demographics, provider reimbursement rates, and any other material adjustments to specifically address the new adult group population.

III.2.C. Benefit Plan Changes

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

III.2.D. Any Other Material Changes

Any other material changes or adjustments to projected benefit costs are described in Section I.3. The only exception is for the emergency adult dental benefit where a different analysis was necessary for the Expansion Adults since they were not around for the historical encounter data that was used to develop this program change.

The AHCCCS DHCM Actuarial Team reviewed actual encounter data from the time period October 1, 2016 to April 30, 2018 (which would include actual encounter data for the new adult group rate cells (i.e. Prop 204 Childless Adults and Expansion Adults)) to determine the change in expenditures based on the reinstatement of emergency adult dental and found the original estimate described in CYE 18 certifications to be appropriate in determining the PMPM cost for restoration of this benefit, and is continuing the same estimated PMPM for CYE 19 capitation rates. The language from the CYE 18 certifications is copied here for convenience of review.

“For the Adults \leq 106% FPL rate cell, a population which has been covered by AHCCCS since 2000, historical encounter data relevant to the emergency adult dental benefit was used as described in Section I.3.B.(ii) to project benefit costs. The same methodology was used for this population as for the TANF and SSI rate cells.

For the Adults $>$ 106% FPL rate cell, historical encounter data relevant to the emergency adult dental benefit was not available since this population was not effective until January 1, 2014. For this population, the AHCCCS DHCM Actuarial Team used the Adults \leq 106% rate cell projected FFY 18 Adult emergency adult dental services PMPMs and applied a factor. The factor was developed based on the actual historical FFY 16 encounter data PMPM relationship between Adults \leq 106% FPL and Adults $>$ 106% FPL to develop the projected FFY 18 emergency adult dental services PMPM for Adults $>$ 106% FPL. This was determined to be a reasonable approach, given similarities of these two populations in service levels and utilization patterns.”

There are no other material changes to specifically address the new adult group population in the CYE 19 capitation rates for the ACC program.

III.3. Projected Non-Benefit Costs

III.3.A. Description of Issues

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

The projected non-benefit costs for the CYE 19 capitation rates for the ACC program are described in Section I.5.

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

AHCCCS Complete Care is a new program which integrates care for the majority of Arizona's Medicaid members. For the ACC program there are no previous rating periods but no adjustments were made to the new adult group for any item in this section.

III.3.B. Differences between Populations

Not applicable. There are no differences in administrative costs assumptions, care coordination and care management assumptions, underwriting gain assumptions and premium tax assumptions between populations for the CYE 19 capitation rates for the ACC program. There are no other material non-benefit costs to specifically address the new adult group population.

III.4. Final Certified Rates

III.4.A. Documentation

III.4.A.i. Comparison of Rates

Not Applicable. There are no prior rating period rates to compare. AHCCCS Complete Care is a new program which integrates care for the majority of Arizona's Medicaid members. The final and certified CYE 19 capitation rates by Contractor, GSA and rate cell are located in Appendix 2.

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

There are no other material changes to specifically address the new adult group population in the CYE 19 capitation rates for the ACC program.

III.5. Risk Mitigation Strategies

III.5.A. New Adult Rates Risk Mitigation

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

III.5.B. Documentation

Not Applicable. There are no prior rating period since AHCCCS Complete Care is a new program which integrates care for the majority of Arizona's Medicaid members.

Appendix 1: Actuarial Certification

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

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

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

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 19 capitation rates for the ACC program have been documented according to the guidelines established by CMS in the 2019 Guide. The CYE 19 capitation rates for the ACC program are effective for the 12-month time period from October 1, 2018 through September 30, 2019.

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

SIGNATURE ON FILE

August 21, 2018

Windy J. Marks

Date

Fellow, Society of Actuaries

Member, American Academy of Actuaries

SIGNATURE ON FILE

August 21, 2018

Erica Johnson

Date

Associate, Society of Actuaries

Member, American Academy of Actuaries

Appendix 2: Certified Capitation Rates

GSA	Contractor	AGE < 1	AGE 1-20	AGE 21+	Duals	SSIWO	Prop 204 Childless Adults	Expansion Adults	Delivery Supplemental Payments
North	Care 1st Health Plan Arizona	\$524.58	\$188.77	\$332.74	\$143.74	\$1,169.25	\$584.57	\$425.96	\$5,822.76
North	Steward Health Choice Arizona	\$496.79	\$185.37	\$311.63	\$106.48	\$1,205.88	\$543.69	\$385.18	\$5,765.69
Central	Arizona Complete Health - Complete Care Plan	\$666.04	\$167.27	\$353.59	\$151.25	\$1,177.88	\$638.04	\$432.64	\$5,997.30
Central	Banner - University Family Care	\$684.21	\$167.02	\$378.27	\$137.96	\$1,196.64	\$617.98	\$401.74	\$5,984.82
Central	Care 1st Health Plan Arizona	\$532.39	\$159.16	\$319.39	\$119.92	\$1,012.73	\$583.67	\$346.35	\$6,000.27
Central	Magellan Complete Care	\$615.67	\$207.76	\$409.97	\$187.29	\$1,270.12	\$696.12	\$451.84	\$5,994.32
Central	Mercy Care	\$574.74	\$178.74	\$416.69	\$200.55	\$1,379.64	\$762.91	\$464.66	\$6,000.27
Central	Steward Health Choice Arizona	\$559.89	\$167.17	\$333.80	\$132.11	\$1,144.62	\$582.75	\$374.77	\$5,941.45
Central	UnitedHealthcare Community Plan	\$584.16	\$176.66	\$373.58	\$132.15	\$1,250.27	\$643.85	\$409.83	\$6,000.27
South	Arizona Complete Health - Complete Care Plan	\$563.63	\$191.85	\$334.24	\$143.18	\$1,158.56	\$543.33	\$369.28	\$5,529.73
South	Banner - University Family Care	\$581.29	\$185.87	\$326.84	\$127.63	\$1,231.85	\$554.99	\$388.06	\$5,529.18
South	UnitedHealthcare Community Plan (Pima Only)	\$504.26	\$201.23	\$389.60	\$126.39	\$1,308.74	\$561.72	\$374.82	\$5,532.47

Appendix 3: Fiscal Impact Summary

GSA	Rate Cell	CYE 19 Projected MMs	Weighted CYE 19 Cap Rate	CYE 19 Projected Expenditures
North	AGE < 1	47,175	\$509.02	\$24,013,071
North	AGE 1-20	734,477	\$186.95	\$137,313,059
North	AGE 21+	333,561	\$321.15	\$107,121,988
North	Duals	155,366	\$127.63	\$19,829,437
North	SSIWO	68,701	\$1,187.66	\$81,593,724
North	Prop 204 Childless Adults	399,398	\$563.63	\$225,113,349
North	Expansion Adults	104,841	\$405.15	\$42,476,079
North	Delivery Supplemental Payments	2,965	\$5,791.42	\$17,171,570
North	Total ¹	1,843,519		\$654,632,279
Central	AGE < 1	389,818	\$581.80	\$226,795,350
Central	AGE 1-20	5,592,062	\$173.04	\$967,665,697
Central	AGE 21+	2,068,461	\$375.93	\$777,587,562
Central	Duals	726,872	\$152.62	\$110,935,899
Central	SSIWO	398,736	\$1,238.41	\$493,798,511
Central	Prop 204 Childless Adults	2,066,025	\$662.77	\$1,369,295,643
Central	Expansion Adults	560,950	\$418.02	\$234,488,033
Central	Delivery Supplemental Payments	21,912	\$5,990.65	\$131,267,192
Central	Total ¹	11,802,925		\$4,311,833,886
South	AGE < 1	126,020	\$550.78	\$69,409,121
South	AGE 1-20	1,869,448	\$192.22	\$359,337,533
South	AGE 21+	867,456	\$346.94	\$300,957,340
South	Duals	399,857	\$132.63	\$53,032,550
South	SSIWO	156,932	\$1,229.53	\$192,951,547
South	Prop 204 Childless Adults	890,660	\$553.30	\$492,805,178
South	Expansion Adults	254,063	\$377.82	\$95,989,217
South	Delivery Supplemental Payments	7,847	\$5,530.29	\$43,396,175
South	Total ¹	4,564,436		\$1,607,878,660
Total	AGE < 1	563,014	\$568.76	\$320,217,541
Total	AGE 1-20	8,195,987	\$178.66	\$1,464,316,289
Total	AGE 21+	3,269,478	\$362.65	\$1,185,666,890
Total	Duals	1,282,095	\$143.36	\$183,797,886
Total	SSIWO	624,369	\$1,230.59	\$768,343,782
Total	Prop 204 Childless Adults	3,356,083	\$621.92	\$2,087,214,171
Total	Expansion Adults	919,854	\$405.45	\$372,953,329
Total	Delivery Supplemental Payments	32,724	\$5,862.21	\$191,834,937
Total	Total ¹	18,210,879		\$6,574,344,825

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

2) Totals may not add up due to rounding

Appendix 4: Base Data and Base Data Adjustments

GSA: North
 Rate Cell: AGE < 1
 Base Period: October 1, 2016 through September 30, 2017
 Projection Period: October 1, 2018 through September 30, 2019
 Base Period Member Months: 50,402
 Projection Period Member Months: 47,175

Category of Service	Base Data										
	PMPM	Completion	Encounter Issue	Adjusted PMPM	Crisis Removal	DAP Removal	Abilify	IMD (Reprice Stays of all Lengths)	IMD (Remove Stays > 15)	IMD (Remove Related Expenses > 15)	Adjusted Base PMPM
Inpatient and LTC	\$216.37	0.8648	1.0000	\$250.22	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	\$250.22
Behavioral Health Inpatient and LTC	\$0.00	0.8562	1.0000	\$0.00	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	\$0.00
Physical Health Physician	\$90.39	0.9529	1.0000	\$94.86	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	\$94.86
Behavioral Health Physician	\$0.77	0.9532	1.0000	\$0.81	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	\$0.81
Transportation	\$20.48	0.9523	1.0000	\$21.50	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	\$21.50
Other Professional Services	\$23.16	0.9535	1.0000	\$24.29	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	\$24.29
Pharmacy	\$6.82	0.9944	1.0000	\$6.86	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	\$6.86
Outpatient Facility	\$9.34	0.9607	1.0000	\$9.72	0.00%	-1.04%	0.00%	0.00%	0.00%	0.00%	\$9.62
Emergency Facility	\$22.32	0.9675	1.0000	\$23.07	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	\$23.07
Laboratory and Radiology Services	\$4.65	0.9524	1.0000	\$4.88	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	\$4.88
Dental	\$0.60	0.9508	1.0000	\$0.63	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	\$0.63
FQHC	\$15.50	0.9544	1.0000	\$16.24	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	\$16.24
Gross Medical	\$410.41			\$453.09							\$452.98

GSA: North
 Rate Cell: AGE 1-20
 Base Period: October 1, 2016 through September 30, 2017
 Projection Period: October 1, 2018 through September 30, 2019
 Base Period Member Months: 749,979
 Projection Period Member Months: 734,477

Category of Service	Base Data										
	PMPM	Completion	Encounter Issue	Adjusted PMPM	Crisis Removal	DAP Removal	Abilify	IMD (Reprice Stays of all Lengths)	IMD (Remove Stays > 15)	IMD (Remove Related Expenses > 15)	Adjusted Base PMPM
Inpatient and LTC	\$8.74	0.8623	1.0000	\$10.13	0.00%	-0.41%	0.00%	0.00%	0.00%	0.00%	\$10.09
Behavioral Health Inpatient and LTC	\$5.67	0.8315	1.0000	\$6.82	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	\$6.82
Physical Health Physician	\$16.36	0.9530	1.0000	\$17.16	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	\$17.16
Behavioral Health Physician	\$28.24	0.9511	1.0000	\$29.69	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	\$29.69
Transportation	\$6.84	0.9519	1.0000	\$7.18	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	\$7.18
Other Professional Services	\$15.79	0.9514	1.0000	\$16.60	-2.39%	0.00%	0.00%	0.00%	0.00%	0.00%	\$16.20
Pharmacy	\$17.68	0.9938	1.0000	\$17.79	0.00%	0.00%	-4.12%	0.00%	0.00%	0.00%	\$17.05
Outpatient Facility	\$6.84	0.9616	1.0000	\$7.11	0.00%	-0.77%	0.00%	0.00%	0.00%	0.00%	\$7.06
Emergency Facility	\$11.83	0.9635	1.0000	\$12.28	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	\$12.28
Laboratory and Radiology Services	\$2.48	0.9518	1.0000	\$2.61	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	\$2.61
Dental	\$20.46	0.9519	1.0000	\$21.49	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	\$21.49
FQHC	\$4.74	0.9529	1.0000	\$4.97	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	\$4.97
Gross Medical	\$145.66			\$153.84							\$152.61

GSA: North
 Rate Cell: AGE 21+
 Base Period: October 1, 2016 through September 30, 2017
 Projection Period: October 1, 2018 through September 30, 2019
 Base Period Member Months: 350,553
 Projection Period Member Months: 333,561

Category of Service	Base Data										
	PMPM	Completion	Encounter Issue	Adjusted PMPM	Crisis Removal	DAP Removal	Abilify	IMD (Reprice Stays of all Lengths)	IMD (Remove Stays > 15)	IMD (Remove Related Expenses > 15)	Adjusted Base PMPM
Inpatient and LTC	\$26.25	0.8461	1.0000	\$31.03	0.00%	-0.31%	0.00%	0.18%	-0.43%	0.00%	\$30.86
Behavioral Health Inpatient and LTC	\$4.38	0.8451	1.0000	\$5.18	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	\$5.18
Physical Health Physician	\$39.14	0.9523	1.0000	\$41.11	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	\$41.11
Behavioral Health Physician	\$14.36	0.9519	1.0000	\$15.08	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	\$15.08
Transportation	\$13.59	0.9527	1.0000	\$14.26	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	\$14.26
Other Professional Services	\$22.30	0.9510	1.0000	\$23.45	-2.76%	0.00%	0.00%	0.00%	0.00%	-0.15%	\$22.77
Pharmacy	\$46.98	0.9938	1.0000	\$47.27	0.00%	0.00%	-0.97%	0.00%	0.00%	0.00%	\$46.81
Outpatient Facility	\$30.68	0.9624	1.0000	\$31.88	0.00%	-0.43%	0.00%	0.00%	0.00%	0.00%	\$31.74
Emergency Facility	\$30.73	0.9625	1.0000	\$31.92	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	\$31.92
Laboratory and Radiology Services	\$13.83	0.9516	1.0000	\$14.54	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	\$14.54
Dental	\$0.08	0.9504	1.0000	\$0.08	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	\$0.08
FQHC	\$10.07	0.9523	1.0000	\$10.58	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	\$10.58
Gross Medical	\$252.40			\$266.39							\$264.94

GSA: North
 Rate Cell: Duals
 Base Period: October 1, 2016 through September 30, 2017
 Projection Period: October 1, 2018 through September 30, 2019
 Base Period Member Months: 147,101
 Projection Period Member Months: 155,366

Category of Service	Base Data										
	PMPM	Completion	Encounter Issue	Adjusted PMPM	Crisis Removal	DAP Removal	Abilify	IMD (Reprice Stays of all Lengths)	IMD (Remove Stays > 15)	IMD (Remove Related Expenses > 15)	Adjusted Base PMPM
Inpatient and LTC	\$12.05	0.8668	1.0000	\$13.91	0.00%	0.00%	0.00%	1.25%	0.00%	0.00%	\$14.08
Behavioral Health Inpatient and LTC	\$0.90	0.8921	1.0000	\$1.01	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	\$1.01
Physical Health Physician	\$18.17	0.9543	1.0000	\$19.04	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	\$19.04
Behavioral Health Physician	\$10.65	0.9534	1.0000	\$11.18	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	\$11.18
Transportation	\$16.75	0.9561	1.0000	\$17.52	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	\$17.52
Other Professional Services	\$9.57	0.9527	1.0000	\$10.04	-0.93%	0.00%	0.00%	0.00%	0.00%	0.00%	\$9.95
Pharmacy	\$2.15	0.9958	1.0000	\$2.16	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	\$2.16
Outpatient Facility	\$16.49	0.9632	1.0000	\$17.12	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	\$17.12
Emergency Facility	\$5.34	0.9628	1.0000	\$5.55	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	\$5.55
Laboratory and Radiology Services	\$2.96	0.9557	1.0000	\$3.10	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	\$3.10
Dental	\$0.05	0.9502	1.0000	\$0.05	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	\$0.05
FQHC	\$3.28	0.9562	1.0000	\$3.43	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	\$3.43
Gross Medical	\$98.36			\$104.09							\$104.18

GSA: North
 Rate Cell: SSIWO
 Base Period: October 1, 2016 through September 30, 2017
 Projection Period: October 1, 2018 through September 30, 2019
 Base Period Member Months: 70,622
 Projection Period Member Months: 68,701

Category of Service	Base Data										
	PMPM	Completion	Encounter Issue	Adjusted PMPM	Crisis Removal	DAP Removal	Abilify	IMD (Reprice Stays of all Lengths)	IMD (Remove Stays > 15)	IMD (Remove Related Expenses > 15)	Adjusted Base PMPM
Inpatient and LTC	\$175.01	0.8588	1.0000	\$203.79	0.00%	-0.33%	0.00%	0.08%	0.00%	0.00%	\$203.28
Behavioral Health Inpatient and LTC	\$15.38	0.8325	1.0000	\$18.47	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	\$18.47
Physical Health Physician	\$113.09	0.9529	1.0000	\$118.69	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	\$118.69
Behavioral Health Physician	\$60.18	0.9528	1.0000	\$63.17	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	\$63.17
Transportation	\$61.96	0.9530	1.0000	\$65.02	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	\$65.02
Other Professional Services	\$85.50	0.9524	1.0000	\$89.77	-1.62%	0.00%	0.00%	0.00%	0.00%	0.00%	\$88.32
Pharmacy	\$316.57	0.9941	1.0000	\$318.46	0.00%	0.00%	-1.12%	0.00%	0.00%	0.00%	\$314.91
Outpatient Facility	\$114.01	0.9640	1.0000	\$118.27	0.00%	-0.36%	0.00%	0.00%	0.00%	0.00%	\$117.84
Emergency Facility	\$49.35	0.9623	1.0000	\$51.28	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	\$51.28
Laboratory and Radiology Services	\$24.10	0.9521	1.0000	\$25.31	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	\$25.31
Dental	\$4.67	0.9499	1.0000	\$4.92	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	\$4.92
FQHC	\$13.60	0.9526	1.0000	\$14.28	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	\$14.28
Gross Medical	\$1,033.43			\$1,091.43							\$1,085.48

GSA: North
 Rate Cell: Prop 204 Childless Adults
 Base Period: October 1, 2016 through September 30, 2017
 Projection Period: October 1, 2018 through September 30, 2019
 Base Period Member Months: 413,044
 Projection Period Member Months: 399,398

Category of Service	Base Data										
	PMPM	Completion	Encounter Issue	Adjusted PMPM	Crisis Removal	DAP Removal	Abilify	IMD (Reprice Stays of all Lengths)	IMD (Remove Stays > 15)	IMD (Remove Related Expenses > 15)	Adjusted Base PMPM
Inpatient and LTC	\$80.85	0.8555	1.0000	\$94.50	0.00%	-0.34%	0.00%	0.19%	-0.17%	0.00%	\$94.21
Behavioral Health Inpatient and LTC	\$15.57	0.8574	1.0000	\$18.16	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	\$18.16
Physical Health Physician	\$58.70	0.9523	1.0000	\$61.64	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	\$61.64
Behavioral Health Physician	\$27.34	0.9522	1.0000	\$28.72	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	\$28.72
Transportation	\$29.29	0.9516	1.0000	\$30.78	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	\$30.78
Other Professional Services	\$38.73	0.9517	1.0000	\$40.69	-5.62%	0.00%	0.00%	0.00%	0.00%	-0.08%	\$38.37
Pharmacy	\$87.03	0.9938	1.0000	\$87.57	0.00%	0.00%	-1.01%	0.00%	0.00%	0.00%	\$86.68
Outpatient Facility	\$45.63	0.9617	1.0000	\$47.44	0.00%	-0.44%	0.00%	0.00%	0.00%	0.00%	\$47.24
Emergency Facility	\$37.05	0.9629	1.0000	\$38.48	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	\$38.48
Laboratory and Radiology Services	\$15.78	0.9525	1.0000	\$16.57	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	\$16.57
Dental	\$1.01	0.9528	1.0000	\$1.06	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	\$1.06
FQHC	\$11.28	0.9526	1.0000	\$11.84	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	\$11.84
Gross Medical	\$448.27			\$477.47							\$473.76

GSA: North
 Rate Cell: Expansion Adults
 Base Period: October 1, 2016 through September 30, 2017
 Projection Period: October 1, 2018 through September 30, 2019
 Base Period Member Months: 110,747
 Projection Period Member Months: 104,841

Category of Service	Base Data										
	PMPM	Completion	Encounter Issue	Adjusted PMPM	Crisis Removal	DAP Removal	Abilify	IMD (Reprice Stays of all Lengths)	IMD (Remove Stays > 15)	IMD (Remove Related Expenses > 15)	Adjusted Base PMPM
Inpatient and LTC	\$50.40	0.8686	1.0000	\$58.03	0.00%	-0.33%	0.00%	0.15%	0.00%	0.00%	\$57.92
Behavioral Health Inpatient and LTC	\$2.37	0.8612	1.0000	\$2.75	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	\$2.75
Physical Health Physician	\$52.67	0.9522	1.0000	\$55.31	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	\$55.31
Behavioral Health Physician	\$11.15	0.9519	1.0000	\$11.72	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	\$11.72
Transportation	\$11.38	0.9517	1.0000	\$11.96	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	\$11.96
Other Professional Services	\$26.52	0.9510	1.0000	\$27.89	-2.77%	0.00%	0.00%	0.00%	0.00%	0.00%	\$27.12
Pharmacy	\$77.33	0.9941	1.0000	\$77.79	0.00%	0.00%	-0.76%	0.00%	0.00%	0.00%	\$77.20
Outpatient Facility	\$45.51	0.9644	1.0000	\$47.19	0.00%	-0.35%	0.00%	0.00%	0.00%	0.00%	\$47.03
Emergency Facility	\$25.59	0.9611	1.0000	\$26.63	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	\$26.63
Laboratory and Radiology Services	\$14.07	0.9519	1.0000	\$14.79	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	\$14.79
Dental	\$0.81	0.9503	1.0000	\$0.85	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	\$0.85
FQHC	\$11.11	0.9513	1.0000	\$11.68	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	\$11.68
Gross Medical	\$328.92			\$346.57							\$344.94

GSA: North
 Rate Cell: Delivery Supplemental Payments
 Base Period: October 1, 2016 through September 30, 2017
 Projection Period: October 1, 2018 through September 30, 2019
 Base Period Member Months: 3,128
 Projection Period Member Months: 2,965

Category of Service	Base Data										
	PMPK	Completion	Encounter Issue	Adjusted PMPK	Crisis Removal	DAP Removal	Abilify	IMD (Reprice Stays of all Lengths)	IMD (Remove Stays > 15)	IMD (Remove Related Expenses > 15)	Adjusted Base PMPK
Inpatient	\$2,772.37	0.8502	1.0000	\$3,260.77	0.00%	-0.23%	0.00%	0.00%	0.00%	0.00%	\$3,253.18
Physician	\$1,458.91	0.9517	1.0000	\$1,533.01	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	\$1,533.01
Transportation	\$93.05	0.9543	1.0000	\$97.51	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	\$97.51
Other Professional Services	\$155.94	0.9485	1.0000	\$164.41	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	\$164.41
Pharmacy	\$25.24	0.9921	1.0000	\$25.44	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	\$25.44
Outpatient	\$10.39	0.9659	1.0000	\$10.76	0.00%	-12.00%	0.00%	0.00%	0.00%	0.00%	\$9.47
Laboratory and Radiology Services	\$23.03	0.9517	1.0000	\$24.20	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	\$24.20
FQHC	\$3.18	0.9553	1.0000	\$3.33	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	\$3.33
Gross Medical	\$4,542.11			\$5,119.41							\$5,110.53

GSA: Central
 Rate Cell: AGE < 1
 Base Period: October 1, 2016 through September 30, 2017
 Projection Period: October 1, 2018 through September 30, 2019
 Base Period Member Months: 416,483
 Projection Period Member Months: 389,818

Category of Service	Base Data										
	PMPM	Completion	Encounter Issue	Adjusted PMPM	Crisis Removal	DAP Removal	Abilify	IMD (Reprice Stays of all Lengths)	IMD (Remove Stays > 15)	IMD (Remove Related Expenses > 15)	Adjusted Base PMPM
Inpatient and LTC	\$229.81	0.8754	1.0000	\$262.50	0.00%	-0.51%	0.00%	0.00%	0.00%	0.00%	\$261.15
Behavioral Health Inpatient and LTC	\$0.00	0.8700	1.0000	\$0.00	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	\$0.00
Physical Health Physician	\$110.97	0.9528	1.0000	\$116.46	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	\$116.46
Behavioral Health Physician	\$0.11	0.9562	0.7035	\$0.16	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	\$0.16
Transportation	\$5.17	0.9543	0.9982	\$5.42	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	\$5.42
Other Professional Services	\$24.68	0.9527	0.9990	\$25.93	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	\$25.93
Pharmacy	\$8.23	0.9717	1.0000	\$8.47	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	\$8.47
Outpatient Facility	\$16.62	0.9547	1.0000	\$17.41	0.00%	-1.21%	0.00%	0.00%	0.00%	0.00%	\$17.20
Emergency Facility	\$27.00	0.9543	1.0000	\$28.30	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	\$28.30
Laboratory and Radiology Services	\$6.02	0.9523	0.9938	\$6.36	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	\$6.36
Dental	\$0.39	0.9516	1.0000	\$0.41	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	\$0.41
FQHC	\$31.73	0.9532	0.9999	\$33.29	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	\$33.29
Gross Medical	\$460.72			\$504.72							\$503.16

GSA: Central
 Rate Cell: AGE 1-20
 Base Period: October 1, 2016 through September 30, 2017
 Projection Period: October 1, 2018 through September 30, 2019
 Base Period Member Months: 5,710,091
 Projection Period Member Months: 5,592,062

Category of Service	Base Data										
	PMPM	Completion	Encounter Issue	Adjusted PMPM	Crisis Removal	DAP Removal	Abilify	IMD (Reprice Stays of all Lengths)	IMD (Remove Stays > 15)	IMD (Remove Related Expenses > 15)	Adjusted Base PMPM
Inpatient and LTC	\$9.22	0.8770	1.0000	\$10.52	0.00%	-0.51%	0.00%	0.00%	0.00%	0.00%	\$10.47
Behavioral Health Inpatient and LTC	\$3.91	0.8651	1.0000	\$4.51	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	\$4.51
Physical Health Physician	\$22.33	0.9527	1.0000	\$23.44	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	\$23.44
Behavioral Health Physician	\$12.75	0.9580	0.9391	\$14.17	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	\$14.17
Transportation	\$2.85	0.9521	0.9004	\$3.33	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	\$3.33
Other Professional Services	\$14.84	0.9528	0.9600	\$16.23	-3.50%	0.00%	0.00%	0.00%	0.00%	0.00%	\$15.66
Pharmacy	\$19.42	0.9705	1.0000	\$20.01	0.00%	0.00%	-0.48%	0.00%	0.00%	0.00%	\$19.91
Outpatient Facility	\$8.64	0.9494	1.0000	\$9.10	0.00%	-1.13%	0.00%	0.00%	0.00%	0.00%	\$9.00
Emergency Facility	\$12.76	0.9509	1.0000	\$13.42	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	\$13.42
Laboratory and Radiology Services	\$2.96	0.9530	0.9355	\$3.32	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	\$3.32
Dental	\$14.07	0.9518	1.0000	\$14.79	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	\$14.79
FQHC	\$7.85	0.9517	0.9955	\$8.29	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	\$8.29
Gross Medical	\$131.62			\$141.13							\$140.30

GSA: Central
 Rate Cell: AGE 21+
 Base Period: October 1, 2016 through September 30, 2017
 Projection Period: October 1, 2018 through September 30, 2019
 Base Period Member Months: 2,173,834
 Projection Period Member Months: 2,068,461

Category of Service	Base Data										
	PMPM	Completion	Encounter Issue	Adjusted PMPM	Crisis Removal	DAP Removal	Abilify	IMD (Reprice Stays of all Lengths)	IMD (Remove Stays > 15)	IMD (Remove Related Expenses > 15)	Adjusted Base PMPM
Inpatient and LTC	\$31.34	0.8677	1.0000	\$36.12	0.00%	-0.51%	0.00%	1.33%	-0.82%	0.00%	\$36.11
Behavioral Health Inpatient and LTC	\$5.25	0.8646	1.0000	\$6.07	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	\$6.07
Physical Health Physician	\$53.42	0.9519	1.0000	\$56.12	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	\$56.12
Behavioral Health Physician	\$10.28	0.9571	0.9149	\$11.74	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	\$11.74
Transportation	\$6.92	0.9520	0.9354	\$7.77	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	\$7.77
Other Professional Services	\$26.31	0.9517	0.9832	\$28.12	-4.07%	0.00%	0.00%	0.00%	0.00%	-0.15%	\$26.93
Pharmacy	\$63.06	0.9704	1.0000	\$64.98	0.00%	0.00%	-0.11%	0.00%	0.00%	0.00%	\$64.91
Outpatient Facility	\$25.35	0.9486	1.0000	\$26.73	0.00%	-0.94%	0.00%	0.00%	0.00%	0.00%	\$26.48
Emergency Facility	\$31.84	0.9491	1.0000	\$33.55	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	\$33.55
Laboratory and Radiology Services	\$23.99	0.9525	0.9453	\$26.64	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	\$26.64
Dental	\$0.08	0.9530	1.0000	\$0.08	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	\$0.08
FQHC	\$11.90	0.9511	0.9898	\$12.64	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	\$12.64
Gross Medical	\$289.74			\$310.57							\$309.06

GSA: Central
 Rate Cell: Duals
 Base Period: October 1, 2016 through September 30, 2017
 Projection Period: October 1, 2018 through September 30, 2019
 Base Period Member Months: 688,204
 Projection Period Member Months: 726,872

Category of Service	Base Data										
	PMPM	Completion	Encounter Issue	Adjusted PMPM	Crisis Removal	DAP Removal	Abilify	IMD (Reprice Stays of all Lengths)	IMD (Remove Stays > 15)	IMD (Remove Related Expenses > 15)	Adjusted Base PMPM
Inpatient and LTC	\$18.81	0.8726	1.0000	\$21.55	0.00%	0.00%	0.00%	1.59%	-0.02%	0.00%	\$21.89
Behavioral Health Inpatient and LTC	\$1.31	0.8771	1.0000	\$1.49	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	\$1.49
Physical Health Physician	\$27.92	0.9542	1.0000	\$29.26	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	\$29.26
Behavioral Health Physician	\$9.20	0.9527	0.8826	\$10.95	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	\$10.95
Transportation	\$15.20	0.9540	0.9985	\$15.95	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	\$15.95
Other Professional Services	\$13.41	0.9536	0.9734	\$14.45	-10.15%	0.00%	0.00%	0.00%	0.00%	0.00%	\$12.98
Pharmacy	\$3.51	0.9707	1.0000	\$3.61	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	\$3.61
Outpatient Facility	\$16.57	0.9512	1.0000	\$17.42	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	\$17.42
Emergency Facility	\$6.26	0.9503	1.0000	\$6.59	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	\$6.59
Laboratory and Radiology Services	\$6.88	0.9551	0.9949	\$7.24	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	\$7.24
Dental	\$0.18	0.9478	1.0000	\$0.19	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	\$0.19
FQHC	\$2.14	0.9528	1.0000	\$2.25	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	\$2.25
Gross Medical	\$121.40			\$130.96							\$129.83

GSA: Central
 Rate Cell: SSIWO
 Base Period: October 1, 2016 through September 30, 2017
 Projection Period: October 1, 2018 through September 30, 2019
 Base Period Member Months: 409,882
 Projection Period Member Months: 398,736

Category of Service	Base Data										
	PMPM	Completion	Encounter Issue	Adjusted PMPM	Crisis Removal	DAP Removal	Abilify	IMD (Reprice Stays of all Lengths)	IMD (Remove Stays > 15)	IMD (Remove Related Expenses > 15)	Adjusted Base PMPM
Inpatient and LTC	\$214.13	0.8724	1.0000	\$245.44	0.00%	-0.50%	0.00%	0.44%	-0.53%	0.00%	\$243.97
Behavioral Health Inpatient and LTC	\$21.03	0.8770	1.0000	\$23.98	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	\$23.98
Physical Health Physician	\$143.39	0.9521	1.0000	\$150.61	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	\$150.61
Behavioral Health Physician	\$41.40	0.9586	0.9417	\$45.85	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	\$45.85
Transportation	\$32.64	0.9524	0.9513	\$36.03	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	\$36.03
Other Professional Services	\$84.11	0.9521	0.9819	\$89.98	-5.62%	0.00%	0.00%	0.00%	0.00%	-0.20%	\$84.75
Pharmacy	\$297.71	0.9704	1.0000	\$306.79	0.00%	0.00%	-0.20%	0.00%	0.00%	0.00%	\$306.17
Outpatient Facility	\$102.38	0.9476	1.0000	\$108.04	0.00%	-0.60%	0.00%	0.00%	0.00%	0.00%	\$107.39
Emergency Facility	\$47.78	0.9495	1.0000	\$50.32	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	\$50.32
Laboratory and Radiology Services	\$36.46	0.9535	0.9887	\$38.68	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	\$38.68
Dental	\$3.71	0.9518	1.0000	\$3.90	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	\$3.90
FQHC	\$18.26	0.9516	0.9914	\$19.35	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	\$19.35
Gross Medical	\$1,043.00			\$1,118.96							\$1,111.01

GSA: Central
 Rate Cell: Prop 204 Childless Adults
 Base Period: October 1, 2016 through September 30, 2017
 Projection Period: October 1, 2018 through September 30, 2019
 Base Period Member Months: 2,136,614
 Projection Period Member Months: 2,066,025

Category of Service	Base Data										
	PMPM	Completion	Encounter Issue	Adjusted PMPM	Crisis Removal	DAP Removal	Abilify	IMD (Reprice Stays of all Lengths)	IMD (Remove Stays > 15)	IMD (Remove Related Expenses > 15)	Adjusted Base PMPM
Inpatient and LTC	\$100.06	0.8673	1.0000	\$115.37	0.00%	-0.54%	0.00%	1.97%	-1.83%	0.00%	\$114.87
Behavioral Health Inpatient and LTC	\$26.19	0.8657	1.0000	\$30.25	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	\$30.25
Physical Health Physician	\$81.18	0.9519	1.0000	\$85.29	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	\$85.28
Behavioral Health Physician	\$24.11	0.9571	0.9100	\$27.68	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	\$27.68
Transportation	\$17.30	0.9513	0.9295	\$19.56	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	\$19.56
Other Professional Services	\$42.20	0.9523	0.9563	\$46.34	-14.75%	0.00%	0.00%	0.00%	0.00%	-0.75%	\$39.21
Pharmacy	\$115.16	0.9703	1.0000	\$118.69	0.00%	0.00%	-0.14%	0.00%	0.00%	0.00%	\$118.52
Outpatient Facility	\$33.83	0.9477	1.0000	\$35.70	0.00%	-0.95%	0.00%	0.00%	0.00%	0.00%	\$35.36
Emergency Facility	\$38.80	0.9486	1.0000	\$40.90	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	\$40.90
Laboratory and Radiology Services	\$25.30	0.9531	0.9831	\$27.00	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	\$27.00
Dental	\$1.24	0.9515	1.0000	\$1.30	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	\$1.30
FQHC	\$13.10	0.9517	0.9865	\$13.95	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	\$13.95
Gross Medical	\$518.46			\$562.03							\$553.89

GSA: Central
 Rate Cell: Expansion Adults
 Base Period: October 1, 2016 through September 30, 2017
 Projection Period: October 1, 2018 through September 30, 2019
 Base Period Member Months: 592,552
 Projection Period Member Months: 560,950

Category of Service	Base Data										
	PMPM	Completion	Encounter Issue	Adjusted PMPM	Crisis Removal	DAP Removal	Abilify	IMD (Reprice Stays of all Lengths)	IMD (Remove Stays > 15)	IMD (Remove Related Expenses > 15)	Adjusted Base PMPM
Inpatient and LTC	\$46.14	0.8698	1.0000	\$53.05	0.00%	-0.51%	0.00%	0.75%	-0.51%	0.00%	\$52.90
Behavioral Health Inpatient and LTC	\$5.06	0.8605	1.0000	\$5.88	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	\$5.88
Physical Health Physician	\$64.64	0.9521	1.0000	\$67.89	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	\$67.89
Behavioral Health Physician	\$7.05	0.9569	0.9086	\$8.10	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	\$8.10
Transportation	\$5.57	0.9515	0.9416	\$6.22	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	\$6.22
Other Professional Services	\$25.51	0.9517	0.9780	\$27.41	-4.46%	0.00%	0.00%	0.00%	0.00%	-0.18%	\$26.14
Pharmacy	\$87.09	0.9701	1.0000	\$89.77	0.00%	0.00%	-0.79%	0.00%	0.00%	0.00%	\$89.06
Outpatient Facility	\$30.79	0.9475	1.0000	\$32.49	0.00%	-0.78%	0.00%	0.00%	0.00%	0.00%	\$32.24
Emergency Facility	\$24.11	0.9497	1.0000	\$25.38	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	\$25.38
Laboratory and Radiology Services	\$22.27	0.9524	0.9541	\$24.50	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	\$24.50
Dental	\$0.91	0.9507	1.0000	\$0.95	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	\$0.95
FQHC	\$11.49	0.9514	0.9890	\$12.21	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	\$12.21
Gross Medical	\$330.61			\$353.87							\$351.49

GSA: Central
 Rate Cell: Delivery Supplemental Payments
 Base Period: October 1, 2016 through September 30, 2017
 Projection Period: October 1, 2018 through September 30, 2019
 Base Period Member Months: 23,120
 Projection Period Member Months: 21,912

Category of Service	Base Data										
	PMPK	Completion	Encounter Issue	Adjusted PMPK	Crisis Removal	DAP Removal	Abilify	IMD (Reprice Stays of all Lengths)	IMD (Remove Stays > 15)	IMD (Remove Related Expenses > 15)	Adjusted Base PMPK
Inpatient	\$2,894.75	0.8676	1.0000	\$3,336.65	0.00%	-0.49%	0.00%	0.00%	0.00%	0.00%	\$3,320.46
Physician	\$1,626.77	0.9516	1.0000	\$1,709.56	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	\$1,709.56
Transportation	\$26.87	0.9526	1.0000	\$28.21	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	\$28.21
Other Professional Services	\$90.76	0.9509	1.0000	\$95.44	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	\$95.44
Pharmacy	\$38.79	0.9689	1.0000	\$40.03	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	\$40.03
Outpatient	\$9.11	0.9469	1.0000	\$9.62	0.00%	-25.41%	0.00%	0.00%	0.00%	0.00%	\$7.18
Laboratory and Radiology Services	\$23.60	0.9520	1.0000	\$24.79	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	\$24.79
FQHC	\$2.74	0.9490	1.0000	\$2.89	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	\$2.89
Gross Medical	\$4,713.39			\$5,247.19							\$5,228.55

GSA: South
 Rate Cell: AGE < 1
 Base Period: October 1, 2016 through September 30, 2017
 Projection Period: October 1, 2018 through September 30, 2019
 Base Period Member Months: 134,641
 Projection Period Member Months: 126,020

Category of Service	Base Data										
	PMPM	Completion	Encounter Issue	Adjusted PMPM	Crisis Removal	DAP Removal	Abilify	IMD (Reprice Stays of all Lengths)	IMD (Remove Stays > 15)	IMD (Remove Related Expenses > 15)	Adjusted Base PMPM
Inpatient and LTC	\$208.75	0.9031	1.0000	\$231.16	0.00%	-0.35%	0.00%	0.00%	0.00%	0.00%	\$230.35
Behavioral Health Inpatient and LTC	\$0.00	0.8977	1.0000	\$0.00	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	\$0.00
Physical Health Physician	\$100.61	0.9582	1.0000	\$104.99	0.00%	-0.04%	0.00%	0.00%	0.00%	0.00%	\$104.95
Behavioral Health Physician	\$0.27	0.9558	1.0000	\$0.28	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	\$0.28
Transportation	\$9.92	0.9612	1.0000	\$10.32	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	\$10.32
Other Professional Services	\$16.32	0.9581	1.0000	\$17.04	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	\$17.04
Pharmacy	\$9.24	0.9899	1.0000	\$9.33	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	\$9.33
Outpatient Facility	\$10.17	0.9713	1.0000	\$10.47	0.00%	-0.82%	0.00%	0.00%	0.00%	0.00%	\$10.38
Emergency Facility	\$16.11	0.9720	1.0000	\$16.57	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	\$16.57
Laboratory and Radiology Services	\$5.87	0.9571	0.9982	\$6.14	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	\$6.14
Dental	\$0.28	0.9511	1.0000	\$0.30	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	\$0.30
FQHC	\$69.72	0.9582	1.0000	\$72.76	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	\$72.76
Gross Medical	\$447.26			\$479.36							\$478.42

GSA: South
 Rate Cell: AGE 1-20
 Base Period: October 1, 2016 through September 30, 2017
 Projection Period: October 1, 2018 through September 30, 2019
 Base Period Member Months: 1,908,906
 Projection Period Member Months: 1,869,448

Category of Service	Base Data										
	PMPM	Completion	Encounter Issue	Adjusted PMPM	Crisis Removal	DAP Removal	Abilify	IMD (Reprice Stays of all Lengths)	IMD (Remove Stays > 15)	IMD (Remove Related Expenses > 15)	Adjusted Base PMPM
Inpatient and LTC	\$6.74	0.8939	1.0000	\$7.54	0.00%	-0.22%	0.00%	0.00%	0.00%	0.00%	\$7.53
Behavioral Health Inpatient and LTC	\$3.68	0.8911	1.0000	\$4.13	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	\$4.13
Physical Health Physician	\$17.85	0.9573	1.0000	\$18.65	0.00%	-0.09%	0.00%	0.00%	0.00%	0.00%	\$18.63
Behavioral Health Physician	\$23.08	0.9572	1.0000	\$24.12	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	\$24.12
Transportation	\$4.50	0.9572	1.0000	\$4.70	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	\$4.70
Other Professional Services	\$18.31	0.9572	0.9959	\$19.21	-8.26%	0.00%	0.00%	0.00%	0.00%	0.00%	\$17.62
Pharmacy	\$19.60	0.9890	1.0000	\$19.82	0.00%	0.00%	-1.45%	0.00%	0.00%	0.00%	\$19.53
Outpatient Facility	\$7.18	0.9688	1.0000	\$7.41	0.00%	-0.70%	0.00%	0.00%	0.00%	0.00%	\$7.35
Emergency Facility	\$9.98	0.9694	1.0000	\$10.30	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	\$10.30
Laboratory and Radiology Services	\$2.93	0.9565	0.9993	\$3.06	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	\$3.06
Dental	\$12.53	0.9575	1.0000	\$13.08	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	\$13.08
FQHC	\$22.41	0.9570	1.0000	\$23.42	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	\$23.42
Gross Medical	\$148.79			\$155.43							\$153.47

GSA: South
 Rate Cell: AGE 21+
 Base Period: October 1, 2016 through September 30, 2017
 Projection Period: October 1, 2018 through September 30, 2019
 Base Period Member Months: 911,646
 Projection Period Member Months: 867,456

Category of Service	Base Data										
	PMPM	Completion	Encounter Issue	Adjusted PMPM	Crisis Removal	DAP Removal	Abilify	IMD (Reprice Stays of all Lengths)	IMD (Remove Stays > 15)	IMD (Remove Related Expenses > 15)	Adjusted Base PMPM
Inpatient and LTC	\$26.22	0.8916	1.0000	\$29.40	0.00%	-0.33%	0.00%	0.09%	0.00%	0.00%	\$29.33
Behavioral Health Inpatient and LTC	\$2.20	0.9005	1.0000	\$2.44	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	\$2.44
Physical Health Physician	\$37.57	0.9561	1.0000	\$39.30	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	\$39.30
Behavioral Health Physician	\$16.96	0.9575	1.0000	\$17.72	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	\$17.72
Transportation	\$8.09	0.9577	1.0000	\$8.44	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	\$8.44
Other Professional Services	\$23.99	0.9563	1.0000	\$25.08	-9.43%	0.00%	0.00%	0.00%	0.00%	0.00%	\$22.72
Pharmacy	\$48.81	0.9890	1.0000	\$49.35	0.00%	0.00%	-0.40%	0.00%	0.00%	0.00%	\$49.15
Outpatient Facility	\$32.52	0.9686	1.0000	\$33.57	0.00%	-0.55%	0.00%	0.00%	0.00%	0.00%	\$33.39
Emergency Facility	\$26.63	0.9685	1.0000	\$27.49	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	\$27.49
Laboratory and Radiology Services	\$20.09	0.9569	0.9901	\$21.20	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	\$21.20
Dental	\$0.03	0.9604	1.0000	\$0.04	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	\$0.04
FQHC	\$24.83	0.9570	1.0000	\$25.94	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	\$25.94
Gross Medical	\$267.92			\$279.98							\$277.16

GSA: South
 Rate Cell: Duals
 Base Period: October 1, 2016 through September 30, 2017
 Projection Period: October 1, 2018 through September 30, 2019
 Base Period Member Months: 378,586
 Projection Period Member Months: 399,857

Category of Service	Base Data										
	PMPM	Completion	Encounter Issue	Adjusted PMPM	Crisis Removal	DAP Removal	Abilify	IMD (Reprice Stays of all Lengths)	IMD (Remove Stays > 15)	IMD (Remove Related Expenses > 15)	Adjusted Base PMPM
Inpatient and LTC	\$11.88	0.9025	1.0000	\$13.17	0.00%	0.00%	0.00%	2.06%	0.00%	0.00%	\$13.44
Behavioral Health Inpatient and LTC	\$0.62	0.9233	1.0000	\$0.67	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	\$0.67
Physical Health Physician	\$21.73	0.9589	1.0000	\$22.66	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	\$22.66
Behavioral Health Physician	\$8.49	0.9551	1.0000	\$8.89	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	\$8.89
Transportation	\$14.87	0.9601	1.0000	\$15.48	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	\$15.48
Other Professional Services	\$9.41	0.9577	1.0000	\$9.83	-22.86%	0.00%	0.00%	0.00%	0.00%	0.00%	\$7.58
Pharmacy	\$2.65	0.9889	1.0000	\$2.68	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	\$2.68
Outpatient Facility	\$20.77	0.9695	1.0000	\$21.43	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	\$21.43
Emergency Facility	\$4.68	0.9682	1.0000	\$4.84	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	\$4.84
Laboratory and Radiology Services	\$4.75	0.9608	0.9987	\$4.95	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	\$4.95
Dental	\$0.09	0.9549	1.0000	\$0.09	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	\$0.09
FQHC	\$7.19	0.9607	1.0000	\$7.48	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	\$7.48
Gross Medical	\$107.13			\$112.16							\$110.18

GSA: South
 Rate Cell: SSIWO
 Base Period: October 1, 2016 through September 30, 2017
 Projection Period: October 1, 2018 through September 30, 2019
 Base Period Member Months: 161,318
 Projection Period Member Months: 156,932

Category of Service	Base Data										
	PMPM	Completion	Encounter Issue	Adjusted PMPM	Crisis Removal	DAP Removal	Abilify	IMD (Reprice Stays of all Lengths)	IMD (Remove Stays > 15)	IMD (Remove Related Expenses > 15)	Adjusted Base PMPM
Inpatient and LTC	\$191.20	0.9021	1.0000	\$211.95	0.00%	-0.31%	0.00%	0.06%	-0.20%	0.00%	\$210.98
Behavioral Health Inpatient and LTC	\$13.41	0.8998	1.0000	\$14.90	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	\$14.90
Physical Health Physician	\$126.29	0.9571	1.0000	\$131.94	0.00%	-0.06%	0.00%	0.00%	0.00%	0.00%	\$131.87
Behavioral Health Physician	\$56.45	0.9563	1.0000	\$59.03	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	\$59.03
Transportation	\$43.49	0.9586	1.0000	\$45.37	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	\$45.37
Other Professional Services	\$90.72	0.9569	1.0000	\$94.80	-9.02%	0.00%	0.00%	0.00%	0.00%	-0.10%	\$86.17
Pharmacy	\$299.23	0.9891	1.0000	\$302.53	0.00%	0.00%	-0.51%	0.00%	0.00%	0.00%	\$300.98
Outpatient Facility	\$126.41	0.9696	1.0000	\$130.37	0.00%	-0.36%	0.00%	0.00%	0.00%	0.00%	\$129.90
Emergency Facility	\$44.17	0.9687	1.0000	\$45.60	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	\$45.60
Laboratory and Radiology Services	\$31.51	0.9572	0.9982	\$32.98	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	\$32.98
Dental	\$3.20	0.9564	1.0000	\$3.35	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	\$3.35
FQHC	\$36.19	0.9581	1.0000	\$37.77	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	\$37.77
Gross Medical	\$1,062.27			\$1,110.60							\$1,098.90

GSA: South
 Rate Cell: Prop 204 Childless Adults
 Base Period: October 1, 2016 through September 30, 2017
 Projection Period: October 1, 2018 through September 30, 2019
 Base Period Member Months: 921,090
 Projection Period Member Months: 890,660

Category of Service	Base Data										
	PMPM	Completion	Encounter Issue	Adjusted PMPM	Crisis Removal	DAP Removal	Abilify	IMD (Reprice Stays of all Lengths)	IMD (Remove Stays > 15)	IMD (Remove Related Expenses > 15)	Adjusted Base PMPM
Inpatient and LTC	\$64.82	0.8968	1.0000	\$72.28	0.00%	-0.33%	0.00%	0.18%	-0.90%	0.00%	\$71.52
Behavioral Health Inpatient and LTC	\$13.31	0.8990	1.0000	\$14.81	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	\$14.81
Physical Health Physician	\$54.50	0.9569	1.0000	\$56.96	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	\$56.95
Behavioral Health Physician	\$46.95	0.9560	1.0000	\$49.11	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	\$49.11
Transportation	\$17.99	0.9576	1.0000	\$18.79	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	\$18.79
Other Professional Services	\$43.56	0.9561	0.9993	\$45.59	-27.10%	0.00%	0.00%	0.00%	0.00%	-0.30%	\$33.14
Pharmacy	\$86.65	0.9890	1.0000	\$87.62	0.00%	0.00%	-1.48%	0.00%	0.00%	0.00%	\$86.32
Outpatient Facility	\$40.83	0.9681	1.0000	\$42.17	0.00%	-0.52%	0.00%	0.00%	0.00%	0.00%	\$41.95
Emergency Facility	\$30.30	0.9683	1.0000	\$31.29	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	\$31.29
Laboratory and Radiology Services	\$19.71	0.9576	0.9905	\$20.78	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	\$20.78
Dental	\$0.88	0.9577	1.0000	\$0.92	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	\$0.92
FQHC	\$24.70	0.9575	1.0000	\$25.79	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	\$25.79
Gross Medical	\$444.18			\$466.09							\$451.35

GSA: South
 Rate Cell: Expansion Adults
 Base Period: October 1, 2016 through September 30, 2017
 Projection Period: October 1, 2018 through September 30, 2019
 Base Period Member Months: 268,375
 Projection Period Member Months: 254,063

Category of Service	Base Data										
	PMPM	Completion	Encounter Issue	Adjusted PMPM	Crisis Removal	DAP Removal	Abilify	IMD (Reprice Stays of all Lengths)	IMD (Remove Stays > 15)	IMD (Remove Related Expenses > 15)	Adjusted Base PMPM
Inpatient and LTC	\$39.27	0.8938	1.0000	\$43.94	0.00%	-0.32%	0.00%	0.02%	-0.07%	0.00%	\$43.77
Behavioral Health Inpatient and LTC	\$2.94	0.9020	1.0000	\$3.26	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	\$3.26
Physical Health Physician	\$45.61	0.9564	1.0000	\$47.69	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	\$47.69
Behavioral Health Physician	\$12.74	0.9562	1.0000	\$13.32	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	\$13.32
Transportation	\$6.60	0.9580	1.0000	\$6.89	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	\$6.89
Other Professional Services	\$24.07	0.9545	0.9987	\$25.25	-10.05%	0.00%	0.00%	0.00%	0.00%	0.00%	\$22.71
Pharmacy	\$67.75	0.9890	1.0000	\$68.50	0.00%	0.00%	-0.68%	0.00%	0.00%	0.00%	\$68.04
Outpatient Facility	\$36.79	0.9685	1.0000	\$37.98	0.00%	-0.47%	0.00%	0.00%	0.00%	0.00%	\$37.80
Emergency Facility	\$20.54	0.9682	1.0000	\$21.22	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	\$21.22
Laboratory and Radiology Services	\$18.67	0.9562	0.9986	\$19.55	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	\$19.55
Dental	\$0.60	0.9544	1.0000	\$0.62	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	\$0.62
FQHC	\$23.28	0.9567	1.0000	\$24.33	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	\$24.33
Gross Medical	\$298.86			\$312.56							\$309.21

GSA: South
 Rate Cell: Delivery Supplemental Payments
 Base Period: October 1, 2016 through September 30, 2017
 Projection Period: October 1, 2018 through September 30, 2019
 Base Period Member Months: 8,279
 Projection Period Member Months: 7,847

Category of Service	Base Data										
	PMPK	Completion	Encounter Issue	Adjusted PMPK	Crisis Removal	DAP Removal	Abilify	IMD (Reprice Stays of all Lengths)	IMD (Remove Stays > 15)	IMD (Remove Related Expenses > 15)	Adjusted Base PMPK
Inpatient	\$2,641.64	0.8932	1.0000	\$2,957.34	0.00%	-0.32%	0.00%	0.00%	0.00%	0.00%	\$2,947.89
Physician	\$1,541.16	0.9569	1.0000	\$1,610.55	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	\$1,610.55
Transportation	\$52.63	0.9600	1.0000	\$54.82	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	\$54.82
Other Professional Services	\$116.84	0.9607	1.0000	\$121.61	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	\$121.61
Pharmacy	\$35.69	0.9884	1.0000	\$36.11	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	\$36.11
Outpatient	\$19.45	0.9700	1.0000	\$20.05	0.00%	-11.19%	0.00%	0.00%	0.00%	0.00%	\$17.80
Laboratory and Radiology Services	\$23.60	0.9577	1.0000	\$24.64	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	\$24.64
FQHC	\$8.31	0.9579	1.0000	\$8.68	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	\$8.68
Gross Medical	\$4,439.31			\$4,833.80							\$4,822.10

Appendix 5: Projected Benefit Cost Trends

North				
Risk Group	Trend COS	Utilization per 1000	Unit Cost	PMPM
AGE < 1	Inpatient and LTC	4.5%	-1.5%	2.9%
AGE < 1	Physician	0.0%	2.0%	2.0%
AGE < 1	Transportation	1.0%	2.0%	3.0%
AGE < 1	Other Professional Services	1.0%	2.0%	3.0%
AGE < 1	Pharmacy	1.0%	2.0%	3.0%
AGE < 1	Outpatient	2.0%	0.0%	2.0%
AGE < 1	Lab and Radiology Services	0.0%	2.0%	2.0%
AGE < 1	Dental	3.0%	0.0%	3.0%
AGE < 1	FQHC	0.0%	4.5%	4.5%
AGE 1-20	Inpatient and LTC	3.5%	0.0%	3.5%
AGE 1-20	Physician	-0.5%	2.5%	2.0%
AGE 1-20	Transportation	1.0%	2.0%	3.0%
AGE 1-20	Other Professional Services	2.0%	2.0%	4.0%
AGE 1-20	Pharmacy	0.0%	7.5%	7.5%
AGE 1-20	Outpatient	2.0%	1.0%	3.0%
AGE 1-20	Lab and Radiology Services	0.0%	2.0%	2.0%
AGE 1-20	Dental	3.0%	0.0%	3.0%
AGE 1-20	FQHC	0.0%	4.5%	4.5%
AGE 21+	Inpatient and LTC	3.0%	0.0%	3.0%
AGE 21+	Physician	0.0%	2.0%	2.0%
AGE 21+	Transportation	1.0%	2.0%	3.0%
AGE 21+	Other Professional Services	4.0%	1.5%	5.6%
AGE 21+	Pharmacy	0.0%	3.6%	3.6%
AGE 21+	Outpatient	2.0%	1.0%	3.0%
AGE 21+	Lab and Radiology Services	0.0%	2.0%	2.0%
AGE 21+	Dental	3.0%	0.0%	3.0%
AGE 21+	FQHC	0.0%	4.5%	4.5%
Duals	Inpatient and LTC	0.0%	2.5%	2.5%
Duals	Physician	1.0%	2.0%	3.0%
Duals	Transportation	0.0%	0.0%	0.0%
Duals	Other Professional Services	0.0%	1.0%	1.0%
Duals	Pharmacy	0.0%	2.0%	2.0%
Duals	Outpatient	0.0%	0.5%	0.5%
Duals	Lab and Radiology Services	0.0%	2.0%	2.0%
Duals	Dental	3.0%	0.0%	3.0%
Duals	FQHC	0.0%	4.5%	4.5%
SSIWO	Inpatient and LTC	4.5%	0.0%	4.5%
SSIWO	Physician	1.5%	2.4%	3.9%
SSIWO	Transportation	1.0%	2.0%	3.0%
SSIWO	Other Professional Services	5.5%	0.0%	5.5%
SSIWO	Pharmacy	1.0%	0.0%	1.0%
SSIWO	Outpatient	3.5%	1.5%	5.1%
SSIWO	Lab and Radiology Services	0.0%	2.0%	2.0%
SSIWO	Dental	3.0%	0.0%	3.0%
SSIWO	FQHC	0.0%	4.5%	4.5%
Prop 204 Childless Adults	Inpatient and LTC	4.0%	0.0%	4.0%
Prop 204 Childless Adults	Physician	1.0%	2.5%	3.5%
Prop 204 Childless Adults	Transportation	1.0%	2.0%	3.0%
Prop 204 Childless Adults	Other Professional Services	5.5%	0.0%	5.5%
Prop 204 Childless Adults	Pharmacy	1.5%	1.0%	2.5%
Prop 204 Childless Adults	Outpatient	3.5%	1.0%	4.5%
Prop 204 Childless Adults	Lab and Radiology Services	0.0%	2.0%	2.0%
Prop 204 Childless Adults	Dental	3.0%	0.0%	3.0%
Prop 204 Childless Adults	FQHC	0.0%	4.5%	4.5%
Expansion Adults	Inpatient and LTC	3.0%	0.0%	3.0%
Expansion Adults	Physician	2.5%	1.0%	3.5%
Expansion Adults	Transportation	1.0%	2.0%	3.0%
Expansion Adults	Other Professional Services	5.0%	0.0%	5.0%
Expansion Adults	Pharmacy	3.0%	0.0%	3.0%
Expansion Adults	Outpatient	4.0%	0.0%	4.0%
Expansion Adults	Lab and Radiology Services	0.0%	2.0%	2.0%
Expansion Adults	Dental	3.0%	0.0%	3.0%
Expansion Adults	FQHC	0.0%	4.5%	4.5%
Delivery Supplemental Payments	Inpatient and LTC	3.5%	1.0%	4.5%
Delivery Supplemental Payments	Physician	2.0%	1.0%	3.0%
Delivery Supplemental Payments	Transportation	1.5%	2.5%	4.0%
Delivery Supplemental Payments	Other Professional Services	1.5%	2.5%	4.0%
Delivery Supplemental Payments	Pharmacy	1.5%	2.5%	4.0%
Delivery Supplemental Payments	Outpatient	1.5%	2.5%	4.0%
Delivery Supplemental Payments	Lab and Radiology Services	1.5%	2.5%	4.0%
Delivery Supplemental Payments	Dental	1.5%	2.5%	4.0%
Delivery Supplemental Payments	FQHC	1.5%	2.5%	4.0%

Central				
Risk Group	Trend COS	Utilization per 1000	Unit Cost	PMPM
AGE < 1	Inpatient and LTC	4.5%	-1.0%	3.5%
AGE < 1	Physician	0.0%	2.5%	2.5%
AGE < 1	Transportation	3.0%	2.0%	5.1%
AGE < 1	Other Professional Services	0.0%	3.5%	3.5%
AGE < 1	Pharmacy	0.0%	3.5%	3.5%
AGE < 1	Outpatient	2.0%	1.0%	3.0%
AGE < 1	Lab and Radiology Services	1.0%	0.0%	1.0%
AGE < 1	Dental	3.0%	0.0%	3.0%
AGE < 1	FQHC	-1.0%	7.0%	5.9%
AGE 1-20	Inpatient and LTC	3.0%	0.5%	3.5%
AGE 1-20	Physician	-0.5%	2.5%	2.0%
AGE 1-20	Transportation	3.0%	2.0%	5.1%
AGE 1-20	Other Professional Services	3.5%	0.0%	3.5%
AGE 1-20	Pharmacy	0.5%	5.5%	6.0%
AGE 1-20	Outpatient	2.0%	1.0%	3.0%
AGE 1-20	Lab and Radiology Services	1.0%	0.0%	1.0%
AGE 1-20	Dental	3.0%	0.0%	3.0%
AGE 1-20	FQHC	-1.0%	7.0%	5.9%
AGE 21+	Inpatient and LTC	4.5%	0.0%	4.5%
AGE 21+	Physician	0.0%	1.5%	1.5%
AGE 21+	Transportation	3.0%	2.0%	5.1%
AGE 21+	Other Professional Services	4.5%	1.0%	5.5%
AGE 21+	Pharmacy	-1.0%	6.0%	4.9%
AGE 21+	Outpatient	2.5%	2.0%	4.5%
AGE 21+	Lab and Radiology Services	1.0%	0.0%	1.0%
AGE 21+	Dental	3.0%	0.0%	3.0%
AGE 21+	FQHC	-1.0%	7.0%	5.9%
Duals	Inpatient and LTC	-1.0%	3.5%	2.5%
Duals	Physician	0.0%	0.0%	0.0%
Duals	Transportation	3.0%	2.0%	5.1%
Duals	Other Professional Services	0.5%	1.5%	2.0%
Duals	Pharmacy	1.0%	0.0%	1.0%
Duals	Outpatient	0.0%	0.0%	0.0%
Duals	Lab and Radiology Services	1.0%	0.0%	1.0%
Duals	Dental	3.0%	0.0%	3.0%
Duals	FQHC	-1.0%	7.0%	5.9%
SSIWO	Inpatient and LTC	4.5%	0.0%	4.5%
SSIWO	Physician	4.0%	2.0%	6.1%
SSIWO	Transportation	3.0%	2.0%	5.1%
SSIWO	Other Professional Services	4.5%	1.0%	5.5%
SSIWO	Pharmacy	1.0%	0.0%	1.0%
SSIWO	Outpatient	3.0%	2.0%	5.1%
SSIWO	Lab and Radiology Services	1.0%	0.0%	1.0%
SSIWO	Dental	3.0%	0.0%	3.0%
SSIWO	FQHC	-1.0%	7.0%	5.9%
Prop 204 Childless Adults	Inpatient and LTC	4.5%	0.0%	4.5%
Prop 204 Childless Adults	Physician	2.0%	1.5%	3.5%
Prop 204 Childless Adults	Transportation	3.0%	2.0%	5.1%
Prop 204 Childless Adults	Other Professional Services	5.5%	0.0%	5.5%
Prop 204 Childless Adults	Pharmacy	1.0%	2.0%	3.0%
Prop 204 Childless Adults	Outpatient	3.0%	1.5%	4.5%
Prop 204 Childless Adults	Lab and Radiology Services	1.0%	0.0%	1.0%
Prop 204 Childless Adults	Dental	3.0%	0.0%	3.0%
Prop 204 Childless Adults	FQHC	-1.0%	7.0%	5.9%
Expansion Adults	Inpatient and LTC	0.0%	3.5%	3.5%
Expansion Adults	Physician	2.0%	0.5%	2.5%
Expansion Adults	Transportation	3.0%	2.0%	5.1%
Expansion Adults	Other Professional Services	5.5%	0.0%	5.5%
Expansion Adults	Pharmacy	1.5%	2.5%	4.0%
Expansion Adults	Outpatient	4.5%	0.0%	4.5%
Expansion Adults	Lab and Radiology Services	1.0%	0.0%	1.0%
Expansion Adults	Dental	3.0%	0.0%	3.0%
Expansion Adults	FQHC	-1.0%	7.0%	5.9%
Delivery Supplemental Payments	Inpatient and LTC	5.5%	-0.5%	5.0%
Delivery Supplemental Payments	Physician	0.0%	3.0%	3.0%
Delivery Supplemental Payments	Transportation	1.0%	3.5%	4.5%
Delivery Supplemental Payments	Other Professional Services	1.0%	3.5%	4.5%
Delivery Supplemental Payments	Pharmacy	1.0%	3.5%	4.5%
Delivery Supplemental Payments	Outpatient	1.0%	3.5%	4.5%
Delivery Supplemental Payments	Lab and Radiology Services	1.0%	3.5%	4.5%
Delivery Supplemental Payments	Dental	1.0%	3.5%	4.5%
Delivery Supplemental Payments	FQHC	1.0%	3.5%	4.5%

South				
Risk Group	Trend COS	Utilization per 1000	Unit Cost	PMPM
AGE < 1	Inpatient and LTC	3.0%	-1.5%	1.5%
AGE < 1	Physician	0.0%	1.5%	1.5%
AGE < 1	Transportation	3.0%	0.0%	3.0%
AGE < 1	Other Professional Services	1.0%	1.5%	2.5%
AGE < 1	Pharmacy	0.0%	2.0%	2.0%
AGE < 1	Outpatient	2.0%	0.5%	2.5%
AGE < 1	Lab and Radiology Services	0.0%	3.0%	3.0%
AGE < 1	Dental	2.5%	0.0%	2.5%
AGE < 1	FQHC	0.0%	4.5%	4.5%
AGE 1-20	Inpatient and LTC	4.5%	0.0%	4.5%
AGE 1-20	Physician	-0.5%	2.5%	2.0%
AGE 1-20	Transportation	3.0%	0.0%	3.0%
AGE 1-20	Other Professional Services	1.7%	2.2%	3.9%
AGE 1-20	Pharmacy	0.0%	7.8%	7.8%
AGE 1-20	Outpatient	2.5%	1.0%	3.5%
AGE 1-20	Lab and Radiology Services	0.0%	3.0%	3.0%
AGE 1-20	Dental	2.5%	0.0%	2.5%
AGE 1-20	FQHC	0.0%	4.5%	4.5%
AGE 21+	Inpatient and LTC	3.5%	0.0%	3.5%
AGE 21+	Physician	0.0%	5.0%	5.0%
AGE 21+	Transportation	3.0%	0.0%	3.0%
AGE 21+	Other Professional Services	4.0%	1.0%	5.0%
AGE 21+	Pharmacy	0.0%	5.5%	5.5%
AGE 21+	Outpatient	2.0%	0.0%	2.0%
AGE 21+	Lab and Radiology Services	0.0%	3.0%	3.0%
AGE 21+	Dental	2.5%	0.0%	2.5%
AGE 21+	FQHC	0.0%	4.5%	4.5%
Duals	Inpatient and LTC	0.0%	0.0%	0.0%
Duals	Physician	0.0%	0.0%	0.0%
Duals	Transportation	3.0%	0.0%	3.0%
Duals	Other Professional Services	1.0%	1.5%	2.5%
Duals	Pharmacy	0.0%	4.0%	4.0%
Duals	Outpatient	1.0%	-0.5%	0.5%
Duals	Lab and Radiology Services	0.0%	3.0%	3.0%
Duals	Dental	2.5%	0.0%	2.5%
Duals	FQHC	0.0%	4.5%	4.5%
SSIWO	Inpatient and LTC	4.5%	0.0%	4.5%
SSIWO	Physician	1.0%	5.0%	6.1%
SSIWO	Transportation	3.0%	0.0%	3.0%
SSIWO	Other Professional Services	4.5%	1.5%	6.1%
SSIWO	Pharmacy	1.0%	0.0%	1.0%
SSIWO	Outpatient	4.0%	0.0%	4.0%
SSIWO	Lab and Radiology Services	0.0%	3.0%	3.0%
SSIWO	Dental	2.5%	0.0%	2.5%
SSIWO	FQHC	0.0%	4.5%	4.5%
Prop 204 Childless Adults	Inpatient and LTC	4.0%	0.0%	4.0%
Prop 204 Childless Adults	Physician	0.0%	5.0%	5.0%
Prop 204 Childless Adults	Transportation	3.0%	0.0%	3.0%
Prop 204 Childless Adults	Other Professional Services	5.0%	0.0%	5.0%
Prop 204 Childless Adults	Pharmacy	1.5%	1.0%	2.5%
Prop 204 Childless Adults	Outpatient	4.0%	0.5%	4.5%
Prop 204 Childless Adults	Lab and Radiology Services	0.0%	3.0%	3.0%
Prop 204 Childless Adults	Dental	2.5%	0.0%	2.5%
Prop 204 Childless Adults	FQHC	0.0%	4.5%	4.5%
Expansion Adults	Inpatient and LTC	3.5%	0.0%	3.5%
Expansion Adults	Physician	1.0%	2.5%	3.5%
Expansion Adults	Transportation	3.0%	0.0%	3.0%
Expansion Adults	Other Professional Services	5.5%	0.0%	5.5%
Expansion Adults	Pharmacy	3.0%	0.5%	3.5%
Expansion Adults	Outpatient	4.0%	0.0%	4.0%
Expansion Adults	Lab and Radiology Services	0.0%	3.0%	3.0%
Expansion Adults	Dental	2.5%	0.0%	2.5%
Expansion Adults	FQHC	0.0%	4.5%	4.5%
Delivery Supplemental Payments	Inpatient and LTC	4.0%	0.5%	4.5%
Delivery Supplemental Payments	Physician	3.5%	0.0%	3.5%
Delivery Supplemental Payments	Transportation	2.0%	1.0%	3.0%
Delivery Supplemental Payments	Other Professional Services	2.0%	1.0%	3.0%
Delivery Supplemental Payments	Pharmacy	2.0%	1.0%	3.0%
Delivery Supplemental Payments	Outpatient	2.0%	1.0%	3.0%
Delivery Supplemental Payments	Lab and Radiology Services	2.0%	1.0%	3.0%
Delivery Supplemental Payments	Dental	2.0%	1.0%	3.0%
Delivery Supplemental Payments	FQHC	2.0%	1.0%	3.0%

Appendix 6: Gross Medical Capitation Rate Development

GSA: North
 Rate Cell: AGE < 1
 Base Period: October 1, 2016 through September 30, 2017
 Projection Period: October 1, 2018 through September 30, 2019
 Base Period Member Months: 50,402
 Projection Period Member Months: 47,175

Category of Service	Adjusted Base PMPM	Trend	ER Dental	BH Access to Care	HCV Treatment	PCP MAT	DRG Change Impact	Hemo Factor Pricing Change	BH Services in Schools	Applied Behavior Analysis	Rx Rebates	Fee Schedule Changes/Min Wage	Combined Misc. Changes	Gross Medical
Inpatient and LTC	\$250.22	2.93%	0.00%	0.00%	0.00%	0.00%	2.94%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	\$272.91
Behavioral Health Inpatient and LTC	\$0.00	2.93%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	\$0.00
Physical Health Physician	\$94.86	2.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.15%	0.00%	\$98.84
Behavioral Health Physician	\$0.81	2.00%	0.00%	6.96%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	\$0.90
Transportation	\$21.50	3.02%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.66%	0.03%	\$22.98
Other Professional Services	\$24.29	3.02%	0.00%	0.02%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.35%	1.99%	\$26.39
Pharmacy	\$6.86	3.02%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	-2.00%	0.00%	0.00%	\$7.13
Outpatient Facility	\$9.62	2.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	\$10.00
Emergency Facility	\$23.07	2.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	\$24.01
Laboratory and Radiology Services	\$4.88	2.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.13%	9.39%	\$5.56
Dental	\$0.63	3.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.04%	0.00%	\$0.67
FQHC	\$16.24	4.50%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	2.05%	0.00%	\$18.10
Gross Medical	\$452.98	2.73%	0.00%	0.01%	0.00%	0.00%	1.63%	0.00%	0.00%	0.00%	-0.03%	0.16%	0.21%	\$487.50

Differential Adjusted Payments (DAP)	
E-Prescribing	\$0.49
Integrated Clinic	\$0.00
Inpatient Hospital	\$7.69
Nursing Facility	\$0.00
Other Hospital	\$0.00
FQHC/RHC	\$0.07
Total AHCCCS DAP	\$8.25

Total DAP (438.6 (c))	\$8.25
Total APSI (438.6 (c))	\$7.57
Total Gross Medical PMPM	\$503.32

GSA: North
 Rate Cell: AGE 1-20
 Base Period: October 1, 2016 through September 30, 2017
 Projection Period: October 1, 2018 through September 30, 2019
 Base Period Member Months: 749,979
 Projection Period Member Months: 734,477

Category of Service	Adjusted Base PMPM	Trend	ER Dental	BH Access to Care	HCV Treatment	PCP MAT	DRG Change Impact	Hemo Factor Pricing Change	BH Services in Schools	Applied Behavior Analysis	Rx Rebates	Fee Schedule Changes/Min Wage	Combined Misc. Changes	Gross Medical
Inpatient and LTC	\$10.09	3.50%	0.00%	0.00%	0.00%	0.00%	3.65%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	\$11.20
Behavioral Health Inpatient and LTC	\$6.82	3.50%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	-2.32%	\$7.14
Physical Health Physician	\$17.16	1.99%	0.00%	0.00%	0.00%	0.16%	0.00%	0.00%	0.00%	0.00%	0.00%	1.64%	0.00%	\$18.17
Behavioral Health Physician	\$29.69	1.99%	0.00%	3.88%	0.00%	0.00%	0.00%	0.00%	0.00%	2.27%	0.00%	0.00%	0.00%	\$32.81
Transportation	\$7.18	3.02%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	1.07%	4.25%	\$8.03
Other Professional Services	\$16.20	4.04%	0.00%	1.38%	0.00%	0.00%	0.00%	0.00%	6.46%	0.00%	0.00%	1.42%	0.66%	\$19.32
Pharmacy	\$17.05	7.50%	0.00%	0.00%	0.00%	0.00%	0.00%	0.16%	0.00%	0.00%	-2.00%	0.00%	0.00%	\$19.35
Outpatient Facility	\$7.06	3.02%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	\$7.49
Emergency Facility	\$12.28	3.02%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	\$13.04
Laboratory and Radiology Services	\$2.61	2.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.70%	9.51%	\$2.99
Dental	\$21.49	3.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	\$22.80
FQHC	\$4.97	4.50%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	2.05%	0.00%	\$5.54
Gross Medical	\$152.61	3.41%	0.00%	0.88%	0.00%	0.02%	0.24%	0.02%	0.70%	0.44%	-0.24%	0.47%	0.32%	\$167.88

Differential Adjusted Payments (DAP)	
E-Prescribing	\$0.12
Integrated Clinic	\$0.00
Inpatient Hospital	\$0.86
Nursing Facility	\$0.00
Other Hospital	\$0.09
FQHC/RHC	\$0.02
Total AHCCCS DAP	\$1.10

Total DAP (438.6 (c))	\$1.10
Total APSI (438.6 (c))	\$0.60
Total Gross Medical PMPM	\$169.58

GSA: North
 Rate Cell: AGE 21+
 Base Period: October 1, 2016 through September 30, 2017
 Projection Period: October 1, 2018 through September 30, 2019
 Base Period Member Months: 350,553
 Projection Period Member Months: 333,561

Category of Service	Adjusted Base PMPM	Trend	ER Dental	BH Access to Care	HCV Treatment	PCP MAT	DRG Change Impact	Hemo Factor Pricing Change	BH Services in Schools	Applied Behavior Analysis	Rx Rebates	Fee Schedule Changes/Min Wage	Combined Misc. Changes	Gross Medical
Inpatient and LTC	\$30.86	3.00%	0.00%	0.00%	0.00%	0.00%	1.82%	0.00%	0.00%	0.00%	0.00%	0.13%	0.00%	\$33.38
Behavioral Health Inpatient and LTC	\$5.18	3.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	-1.24%	\$5.43
Physical Health Physician	\$41.11	2.00%	0.00%	0.00%	0.00%	1.49%	0.00%	0.00%	0.00%	0.00%	0.00%	1.64%	0.00%	\$44.12
Behavioral Health Physician	\$15.08	2.00%	0.00%	20.28%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	\$18.88
Transportation	\$14.26	3.02%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	1.36%	1.97%	\$15.65
Other Professional Services	\$22.77	5.56%	0.00%	4.60%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.41%	1.23%	\$26.98
Pharmacy	\$46.81	3.60%	0.00%	0.00%	-0.60%	0.00%	0.00%	0.00%	0.00%	0.00%	-2.00%	0.00%	0.00%	\$48.94
Outpatient Facility	\$31.74	3.02%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.01%	0.00%	\$33.69
Emergency Facility	\$31.92	3.02%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	\$33.88
Laboratory and Radiology Services	\$14.54	2.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.46%	0.00%	\$15.19
Dental	\$0.08	3.00%	3126.24%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	\$2.90
FQHC	\$10.58	4.50%	2.35%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	2.01%	0.00%	\$12.06
Gross Medical	\$264.94	3.13%	1.09%	1.53%	-0.10%	0.22%	0.21%	0.00%	0.00%	0.00%	-0.34%	0.48%	0.19%	\$291.09

Differential Adjusted Payments (DAP)	
E-Prescribing	\$0.29
Integrated Clinic	\$0.00
Inpatient Hospital	\$2.58
Nursing Facility	\$0.01
Other Hospital	\$0.11
FQHC/RHC	\$0.04
Total AHCCCS DAP	\$3.04

Total DAP (438.6 (c))	\$3.04
Total APSI (438.6 (c))	\$0.40
Total Gross Medical PMPM	\$294.53

GSA: North
 Rate Cell: Duals
 Base Period: October 1, 2016 through September 30, 2017
 Projection Period: October 1, 2018 through September 30, 2019
 Base Period Member Months: 147,101
 Projection Period Member Months: 155,366

Category of Service	Adjusted Base PMPM	Trend	ER Dental	BH Access to Care	HCV Treatment	PCP MAT	DRG Change Impact	Hemo Factor Pricing Change	BH Services in Schools	Applied Behavior Analysis	Rx Rebates	Fee Schedule Changes/Min Wage	Combined Misc. Changes	Gross Medical
Inpatient and LTC	\$14.08	2.50%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	\$14.79
Behavioral Health Inpatient and LTC	\$1.01	2.50%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	-0.62%	\$1.06
Physical Health Physician	\$19.04	3.02%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	\$20.21
Behavioral Health Physician	\$11.18	3.02%	0.00%	0.34%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	\$11.90
Transportation	\$17.52	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.07%	\$17.53
Other Professional Services	\$9.95	1.00%	0.00%	0.36%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	2.99%	\$10.49
Pharmacy	\$2.16	2.00%	0.00%	0.00%	0.00%	0.00%	0.00%	62.46%	0.00%	0.00%	-2.00%	0.00%	0.00%	\$3.57
Outpatient Facility	\$17.12	0.50%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	\$17.29
Emergency Facility	\$5.55	0.50%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	\$5.60
Laboratory and Radiology Services	\$3.10	2.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	\$3.22
Dental	\$0.05	3.00%	3078.84%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	\$1.61
FQHC	\$3.43	4.50%	19.97%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	\$4.49
Gross Medical	\$104.18	1.70%	2.14%	0.07%	0.00%	0.00%	0.00%	1.27%	0.00%	0.00%	-0.07%	0.00%	0.28%	\$111.77

Differential Adjusted Payments (DAP)	
E-Prescribing	\$0.00
Integrated Clinic	\$0.00
Inpatient Hospital	\$0.00
Nursing Facility	\$0.00
Other Hospital	\$0.00
FQHC/RHC	\$0.00
Total AHCCCS DAP	\$0.00

Total DAP (438.6 (c))	\$0.00
Total APSI (438.6 (c))	\$0.00
Total Gross Medical PMPM	\$111.77

GSA: North
 Rate Cell: SSIWO
 Base Period: October 1, 2016 through September 30, 2017
 Projection Period: October 1, 2018 through September 30, 2019
 Base Period Member Months: 70,622
 Projection Period Member Months: 68,701

Category of Service	Adjusted Base PMPM	Trend	ER Dental	BH Access to Care	HCV Treatment	PCP MAT	DRG Change Impact	Hemo Factor Pricing Change	BH Services in Schools	Applied Behavior Analysis	Rx Rebates	Fee Schedule Changes/Min Wage	Combined Misc. Changes	Gross Medical
Inpatient and LTC	\$203.28	4.50%	0.00%	0.00%	0.00%	0.00%	1.82%	0.00%	0.00%	0.00%	0.00%	0.27%	0.00%	\$226.65
Behavioral Health Inpatient and LTC	\$18.47	4.50%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	-1.26%	\$19.92
Physical Health Physician	\$118.69	3.94%	0.00%	0.00%	0.00%	1.12%	0.00%	0.00%	0.00%	0.00%	0.00%	1.88%	0.00%	\$132.09
Behavioral Health Physician	\$63.17	3.94%	0.00%	11.18%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	\$75.87
Transportation	\$65.02	3.02%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	1.32%	1.50%	\$70.96
Other Professional Services	\$88.32	5.50%	0.00%	2.64%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	1.08%	0.46%	\$102.46
Pharmacy	\$314.91	1.00%	0.00%	0.00%	-1.77%	0.00%	0.00%	1.01%	0.00%	0.00%	-2.00%	0.00%	0.00%	\$312.37
Outpatient Facility	\$117.84	5.05%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.08%	0.00%	\$130.15
Emergency Facility	\$51.28	5.05%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	\$56.60
Laboratory and Radiology Services	\$25.31	2.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.99%	1.31%	\$26.94
Dental	\$4.92	3.00%	73.42%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	\$9.05
FQHC	\$14.28	4.50%	4.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	1.88%	0.00%	\$16.52
Gross Medical	\$1,085.48	3.42%	0.38%	0.88%	-0.48%	0.12%	0.35%	0.27%	0.00%	0.00%	-0.54%	0.49%	0.14%	\$1,179.58

Differential Adjusted Payments (DAP)	
E-Prescribing	\$0.58
Integrated Clinic	\$0.00
Inpatient Hospital	\$9.24
Nursing Facility	\$0.14
Other Hospital	\$0.42
FQHC/RHC	\$0.06
Total AHCCCS DAP	\$10.44

Total DAP (438.6 (c))	\$10.44
Total APSI (438.6 (c))	\$2.64
Total Gross Medical PMPM	\$1,192.66

GSA: North
 Rate Cell: Prop 204 Childless Adults
 Base Period: October 1, 2016 through September 30, 2017
 Projection Period: October 1, 2018 through September 30, 2019
 Base Period Member Months: 413,044
 Projection Period Member Months: 399,398

Category of Service	Adjusted Base PMPM	Trend	ER Dental	BH Access to Care	HCV Treatment	PCP MAT	DRG Change Impact	Hemo Factor Pricing Change	BH Services in Schools	Applied Behavior Analysis	Rx Rebates	Fee Schedule Changes/Min Wage	Combined Misc. Changes	Gross Medical
Inpatient and LTC	\$94.21	4.00%	0.00%	0.00%	0.00%	0.00%	0.86%	0.00%	0.00%	0.00%	0.00%	0.20%	0.00%	\$102.98
Behavioral Health Inpatient and LTC	\$18.16	4.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	-1.03%	\$19.44
Physical Health Physician	\$61.64	3.53%	0.00%	0.00%	0.00%	1.25%	0.00%	0.00%	0.00%	0.00%	0.00%	1.08%	0.00%	\$67.62
Behavioral Health Physician	\$28.72	3.53%	0.00%	20.22%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	\$37.00
Transportation	\$30.78	3.02%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	1.40%	1.79%	\$33.72
Other Professional Services	\$38.37	5.50%	0.00%	7.71%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.86%	0.77%	\$46.76
Pharmacy	\$86.68	2.51%	0.00%	0.00%	-3.78%	0.00%	0.00%	0.00%	0.00%	0.00%	-2.00%	0.00%	0.00%	\$85.90
Outpatient Facility	\$47.24	4.54%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.03%	0.00%	\$51.63
Emergency Facility	\$38.48	4.54%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	\$42.05
Laboratory and Radiology Services	\$16.57	2.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.65%	0.00%	\$17.35
Dental	\$1.06	3.00%	265.51%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	\$4.13
FQHC	\$11.84	4.50%	5.24%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	1.91%	0.00%	\$13.87
Gross Medical	\$473.76	3.74%	0.72%	1.85%	-0.66%	0.16%	0.17%	0.00%	0.00%	0.00%	-0.34%	0.42%	0.14%	\$522.43

Differential Adjusted Payments (DAP)	
E-Prescribing	\$0.29
Integrated Clinic	\$0.00
Inpatient Hospital	\$4.59
Nursing Facility	\$0.04
Other Hospital	\$0.40
FQHC/RHC	\$0.05
Total AHCCCS DAP	\$5.36

Total DAP (438.6 (c))	\$5.36
Total APSI (438.6 (c))	\$0.69
Total Gross Medical PMPM	\$528.49

GSA: North
 Rate Cell: Expansion Adults
 Base Period: October 1, 2016 through September 30, 2017
 Projection Period: October 1, 2018 through September 30, 2019
 Base Period Member Months: 110,747
 Projection Period Member Months: 104,841

Category of Service	Adjusted Base PMPM	Trend	ER Dental	BH Access to Care	HCV Treatment	PCP MAT	DRG Change Impact	Hemo Factor Pricing Change	BH Services in Schools	Applied Behavior Analysis	Rx Rebates	Fee Schedule Changes/Min Wage	Combined Misc. Changes	Gross Medical
Inpatient and LTC	\$57.92	3.00%	0.00%	0.00%	0.00%	0.00%	0.59%	0.00%	0.00%	0.00%	0.00%	0.15%	0.00%	\$61.90
Behavioral Health Inpatient and LTC	\$2.75	3.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	-1.04%	\$2.88
Physical Health Physician	\$55.31	3.52%	0.00%	0.00%	0.00%	0.88%	0.00%	0.00%	0.00%	0.00%	0.00%	1.34%	0.00%	\$60.61
Behavioral Health Physician	\$11.72	3.52%	0.00%	17.96%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	\$14.81
Transportation	\$11.96	3.02%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	1.54%	1.24%	\$13.05
Other Professional Services	\$27.12	5.00%	0.00%	3.27%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.30%	1.03%	\$31.29
Pharmacy	\$77.20	3.00%	0.00%	0.00%	-4.27%	0.00%	0.00%	0.00%	0.00%	0.00%	-2.00%	0.00%	0.00%	\$76.84
Outpatient Facility	\$47.03	4.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.02%	0.00%	\$50.88
Emergency Facility	\$26.63	4.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	\$28.80
Laboratory and Radiology Services	\$14.79	2.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.67%	0.00%	\$15.49
Dental	\$0.85	3.00%	245.61%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	\$3.11
FQHC	\$11.68	4.50%	2.40%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	1.98%	0.00%	\$13.32
Gross Medical	\$344.94	3.48%	0.68%	0.87%	-0.93%	0.14%	0.10%	0.00%	0.00%	0.00%	-0.42%	0.42%	0.12%	\$372.97

Differential Adjusted Payments (DAP)	
E-Prescribing	\$0.31
Integrated Clinic	\$0.00
Inpatient Hospital	\$3.55
Nursing Facility	\$0.01
Other Hospital	\$0.10
FQHC/RHC	\$0.05
Total AHCCCS DAP	\$4.02

Total DAP (438.6 (c))	\$4.02
Total APSI (438.6 (c))	\$0.47
Total Gross Medical PMPM	\$377.46

GSA: North
 Rate Cell: Delivery Supplemental Payments
 Base Period: October 1, 2016 through September 30, 2017
 Projection Period: October 1, 2018 through September 30, 2019
 Base Period Member Months: 3,128
 Projection Period Member Months: 2,965

Category of Service	Adjusted Base PMPK	Trend	ER Dental	BH Access to Care	HCV Treatment	PCP MAT	DRG Change Impact	Hemo Factor Pricing Change	BH Services in Schools	Applied Behavior Analysis	Rx Rebates	Fee Schedule Changes/Min Wage	Combined Misc. Changes	Gross Medical
Inpatient	\$3,253.18	4.54%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.09%	0.00%	\$3,558.23
Physician	\$1,533.01	3.02%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	1.64%	0.00%	\$1,653.75
Transportation	\$97.51	4.04%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	1.36%	0.00%	\$106.97
Other Professional Services	\$164.41	4.04%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.40%	0.00%	\$178.67
Pharmacy	\$25.44	4.04%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	\$27.53
Outpatient	\$9.47	4.04%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.01%	0.00%	\$10.25
Laboratory and Radiology Services	\$24.20	4.04%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.46%	0.00%	\$26.31
FQHC	\$3.33	4.04%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	\$3.60
Gross Medical	\$5,110.53	4.05%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.58%	0.00%	\$5,565.31

Differential Adjusted Payments (DAP)	
E-Prescribing	\$0.00
Integrated Clinic	\$0.00
Inpatient Hospital	\$84.50
Nursing Facility	\$0.00
Other Hospital	\$0.00
FQHC/RHC	\$0.00
Total AHCCCS DAP	\$84.50

Total DAP (438.6 (c))	\$84.50
Total APSI (438.6 (c))	\$0.00
Total Gross Medical PMPM	\$5,649.81

GSA: Central
 Rate Cell: AGE < 1
 Base Period: October 1, 2016 through September 30, 2017
 Projection Period: October 1, 2018 through September 30, 2019
 Base Period Member Months: 416,483
 Projection Period Member Months: 389,818

Category of Service	Adjusted Base PMPM	Trend	ER Dental	BH Access to Care	HCV Treatment	PCP MAT	DRG Change Impact	Hemo Factor Pricing Change	BH Services in Schools	Applied Behavior Analysis	Rx Rebates	Fee Schedule Changes/Min Wage	Combined Misc. Changes	Gross Medical
Inpatient and LTC	\$261.15	3.45%	0.00%	0.00%	0.00%	0.00%	3.87%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	\$290.32
Behavioral Health Inpatient and LTC	\$0.00	3.45%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	\$0.00
Physical Health Physician	\$116.46	2.50%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.07%	0.00%	\$122.44
Behavioral Health Physician	\$0.16	2.50%	0.00%	38.81%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	\$0.23
Transportation	\$5.42	5.06%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	1.92%	-0.02%	\$6.10
Other Professional Services	\$25.93	3.50%	0.00%	0.02%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.21%	1.86%	\$28.36
Pharmacy	\$8.47	3.50%	0.00%	0.00%	0.00%	0.00%	0.00%	0.12%	0.00%	0.00%	-2.00%	0.00%	0.00%	\$8.90
Outpatient Facility	\$17.20	3.02%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.02%	0.00%	\$18.26
Emergency Facility	\$28.30	3.02%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	\$30.03
Laboratory and Radiology Services	\$6.36	1.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.02%	8.06%	\$7.02
Dental	\$0.41	3.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.03%	0.00%	\$0.44
FQHC	\$33.29	5.93%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	3.69%	0.00%	\$38.73
Gross Medical	\$503.16	3.35%	0.00%	0.01%	0.00%	0.00%	2.01%	0.00%	0.00%	0.00%	-0.03%	0.30%	0.19%	\$550.82

Differential Adjusted Payments (DAP)	
E-Prescribing	\$0.47
Integrated Clinic	\$0.00
Inpatient Hospital	\$10.21
Nursing Facility	\$0.00
Other Hospital	\$0.00
FQHC/RHC	\$0.32
Total AHCCCS DAP	\$11.00

Total DAP (438.6 (c))	\$11.00
Total APSI (438.6 (c))	\$11.25
Total Gross Medical PMPM	\$573.07

GSA: Central
 Rate Cell: AGE 1-20
 Base Period: October 1, 2016 through September 30, 2017
 Projection Period: October 1, 2018 through September 30, 2019
 Base Period Member Months: 5,710,091
 Projection Period Member Months: 5,592,062

Category of Service	Adjusted Base PMPM	Trend	ER Dental	BH Access to Care	HCV Treatment	PCP MAT	DRG Change Impact	Hemo Factor Pricing Change	BH Services in Schools	Applied Behavior Analysis	Rx Rebates	Fee Schedule Changes/Min Wage	Combined Misc. Changes	Gross Medical
Inpatient and LTC	\$10.47	3.52%	0.00%	0.00%	0.00%	0.00%	5.60%	0.00%	0.00%	0.00%	0.00%	0.01%	0.00%	\$11.84
Behavioral Health Inpatient and LTC	\$4.51	3.52%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	-2.27%	\$4.73
Physical Health Physician	\$23.44	1.99%	0.00%	0.00%	0.00%	0.09%	0.00%	0.00%	0.00%	0.00%	0.00%	0.40%	0.00%	\$24.50
Behavioral Health Physician	\$14.17	1.99%	0.00%	8.87%	0.00%	0.00%	0.00%	0.00%	0.00%	4.54%	0.00%	0.00%	0.00%	\$16.78
Transportation	\$3.33	5.06%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	1.34%	-1.77%	\$3.66
Other Professional Services	\$15.66	3.50%	0.00%	1.57%	0.00%	0.00%	0.00%	0.00%	6.74%	0.00%	0.00%	0.69%	0.69%	\$18.44
Pharmacy	\$19.91	6.03%	0.00%	0.00%	0.00%	0.00%	0.00%	0.68%	0.00%	0.00%	-2.00%	0.00%	0.00%	\$22.08
Outpatient Facility	\$9.00	3.02%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	\$9.55
Emergency Facility	\$13.42	3.02%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	\$14.24
Laboratory and Radiology Services	\$3.32	1.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.89%	7.78%	\$3.69
Dental	\$14.79	3.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	\$15.69
FQHC	\$8.29	5.93%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	3.59%	0.00%	\$9.64
Gross Medical	\$140.30	3.46%	0.00%	1.05%	0.00%	0.01%	0.41%	0.10%	0.75%	0.47%	-0.29%	0.41%	0.14%	\$154.82

Differential Adjusted Payments (DAP)	
E-Prescribing	\$0.13
Integrated Clinic	\$0.00
Inpatient Hospital	\$1.05
Nursing Facility	\$0.00
Other Hospital	\$0.08
FQHC/RHC	\$0.08
Total AHCCCS DAP	\$1.34

Total DAP (438.6 (c))	\$1.34
Total APSI (438.6 (c))	\$1.92
Total Gross Medical PMPM	\$158.09

GSA: Central
 Rate Cell: AGE 21+
 Base Period: October 1, 2016 through September 30, 2017
 Projection Period: October 1, 2018 through September 30, 2019
 Base Period Member Months: 2,173,834
 Projection Period Member Months: 2,068,461

Category of Service	Adjusted Base PMPM	Trend	ER Dental	BH Access to Care	HCV Treatment	PCP MAT	DRG Change Impact	Hemo Factor Pricing Change	BH Services in Schools	Applied Behavior Analysis	Rx Rebates	Fee Schedule Changes/Min Wage	Combined Misc. Changes	Gross Medical
Inpatient and LTC	\$36.11	4.50%	0.00%	0.00%	0.00%	0.00%	1.79%	0.00%	0.00%	0.00%	0.00%	0.10%	0.00%	\$40.18
Behavioral Health Inpatient and LTC	\$6.07	4.50%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	-1.15%	\$6.56
Physical Health Physician	\$56.12	1.50%	0.00%	0.00%	0.00%	1.04%	0.00%	0.00%	0.00%	0.00%	0.00%	0.73%	0.00%	\$58.85
Behavioral Health Physician	\$11.74	1.50%	0.00%	26.81%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	\$15.34
Transportation	\$7.77	5.06%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	1.44%	-1.13%	\$8.60
Other Professional Services	\$26.93	5.55%	0.00%	3.97%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.24%	1.04%	\$31.59
Pharmacy	\$64.91	4.94%	0.00%	0.00%	-0.78%	0.00%	0.00%	0.09%	0.00%	0.00%	-2.00%	0.00%	0.00%	\$69.57
Outpatient Facility	\$26.48	4.55%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.01%	0.00%	\$28.94
Emergency Facility	\$33.55	4.55%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	\$36.67
Laboratory and Radiology Services	\$26.64	1.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.47%	0.00%	\$27.31
Dental	\$0.08	3.00%	2509.57%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	\$2.19
FQHC	\$12.64	5.93%	0.22%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	3.08%	0.00%	\$14.65
Gross Medical	\$309.06	3.82%	0.64%	1.32%	-0.16%	0.18%	0.21%	0.02%	0.00%	0.00%	-0.42%	0.36%	0.04%	\$340.46

Differential Adjusted Payments (DAP)	
E-Prescribing	\$0.33
Integrated Clinic	\$0.00
Inpatient Hospital	\$2.78
Nursing Facility	\$0.01
Other Hospital	\$0.14
FQHC/RHC	\$0.11
Total AHCCCS DAP	\$3.37

Total DAP (438.6 (c))	\$3.37
Total APSI (438.6 (c))	\$2.03
Total Gross Medical PMPM	\$345.86

GSA: Central
 Rate Cell: Duals
 Base Period: October 1, 2016 through September 30, 2017
 Projection Period: October 1, 2018 through September 30, 2019
 Base Period Member Months: 688,204
 Projection Period Member Months: 726,872

Category of Service	Adjusted Base PMPM	Trend	ER Dental	BH Access to Care	HCV Treatment	PCP MAT	DRG Change Impact	Hemo Factor Pricing Change	BH Services in Schools	Applied Behavior Analysis	Rx Rebates	Fee Schedule Changes/Min Wage	Combined Misc. Changes	Gross Medical
Inpatient and LTC	\$21.89	2.47%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	\$22.98
Behavioral Health Inpatient and LTC	\$1.49	2.47%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	-1.10%	\$1.55
Physical Health Physician	\$29.26	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	\$29.26
Behavioral Health Physician	\$10.95	0.00%	0.00%	1.65%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	\$11.13
Transportation	\$15.95	5.06%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	-0.02%	\$17.61
Other Professional Services	\$12.98	2.01%	0.00%	1.22%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	2.21%	\$13.98
Pharmacy	\$3.61	1.00%	0.00%	0.00%	0.00%	0.00%	0.00%	7.46%	0.00%	0.00%	-2.00%	0.00%	0.00%	\$3.88
Outpatient Facility	\$17.42	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	\$17.42
Emergency Facility	\$6.59	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	\$6.59
Laboratory and Radiology Services	\$7.24	1.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	\$7.39
Dental	\$0.19	3.00%	991.01%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	\$2.23
FQHC	\$2.25	5.93%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	\$2.52
Gross Medical	\$129.83	1.47%	1.51%	0.25%	0.00%	0.00%	0.00%	0.20%	0.00%	0.00%	-0.06%	0.00%	0.21%	\$136.53

Differential Adjusted Payments (DAP)	
E-Prescribing	\$0.00
Integrated Clinic	\$0.00
Inpatient Hospital	\$0.00
Nursing Facility	\$0.00
Other Hospital	\$0.00
FQHC/RHC	\$0.00
Total AHCCCS DAP	\$0.00

Total DAP (438.6 (c))	\$0.00
Total APSI (438.6 (c))	\$0.00
Total Gross Medical PMPM	\$136.53

GSA: Central
 Rate Cell: SSIWO
 Base Period: October 1, 2016 through September 30, 2017
 Projection Period: October 1, 2018 through September 30, 2019
 Base Period Member Months: 409,882
 Projection Period Member Months: 398,736

Category of Service	Adjusted Base PMPM	Trend	ER Dental	BH Access to Care	HCV Treatment	PCP MAT	DRG Change Impact	Hemo Factor Pricing Change	BH Services in Schools	Applied Behavior Analysis	Rx Rebates	Fee Schedule Changes/Min Wage	Combined Misc. Changes	Gross Medical
Inpatient and LTC	\$243.97	4.50%	0.00%	0.00%	0.00%	0.00%	1.97%	0.00%	0.00%	0.00%	0.00%	0.25%	0.00%	\$272.36
Behavioral Health Inpatient and LTC	\$23.98	4.50%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	-1.14%	\$25.89
Physical Health Physician	\$150.61	6.08%	0.00%	0.00%	0.00%	0.31%	0.00%	0.00%	0.00%	0.00%	0.00%	1.08%	0.00%	\$171.83
Behavioral Health Physician	\$45.85	6.08%	0.00%	16.81%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	\$60.27
Transportation	\$36.03	5.06%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	1.19%	-0.76%	\$39.94
Other Professional Services	\$84.75	5.54%	0.00%	3.12%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.67%	0.48%	\$98.48
Pharmacy	\$306.17	1.00%	0.00%	0.00%	-1.95%	0.00%	0.00%	2.61%	0.00%	0.00%	-2.00%	0.00%	0.00%	\$307.95
Outpatient Facility	\$107.39	5.06%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.08%	0.00%	\$118.63
Emergency Facility	\$50.32	5.06%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	\$55.54
Laboratory and Radiology Services	\$38.68	1.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.99%	0.88%	\$40.20
Dental	\$3.90	3.00%	71.79%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	\$7.11
FQHC	\$19.35	5.93%	0.44%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	2.73%	0.00%	\$22.41
Gross Medical	\$1,111.01	3.91%	0.26%	0.97%	-0.50%	0.04%	0.43%	0.66%	0.00%	0.00%	-0.51%	0.39%	0.02%	\$1,220.59

Differential Adjusted Payments (DAP)	
E-Prescribing	\$0.73
Integrated Clinic	\$0.00
Inpatient Hospital	\$11.34
Nursing Facility	\$0.10
Other Hospital	\$0.47
FQHC/RHC	\$0.15
Total AHCCCS DAP	\$12.79

Total DAP (438.6 (c))	\$12.79
Total APSI (438.6 (c))	\$10.57
Total Gross Medical PMPM	\$1,243.96

GSA: Central
 Rate Cell: Prop 204 Childless Adults
 Base Period: October 1, 2016 through September 30, 2017
 Projection Period: October 1, 2018 through September 30, 2019
 Base Period Member Months: 2,136,614
 Projection Period Member Months: 2,066,025

Category of Service	Adjusted Base PMPM	Trend	ER Dental	BH Access to Care	HCV Treatment	PCP MAT	DRG Change Impact	Hemo Factor Pricing Change	BH Services in Schools	Applied Behavior Analysis	Rx Rebates	Fee Schedule Changes/Min Wage	Combined Misc. Changes	Gross Medical
Inpatient and LTC	\$114.87	4.50%	0.00%	0.00%	0.00%	0.00%	1.00%	0.00%	0.00%	0.00%	0.00%	0.28%	0.00%	\$127.06
Behavioral Health Inpatient and LTC	\$30.25	4.50%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	-1.06%	\$32.69
Physical Health Physician	\$85.28	3.53%	0.00%	0.00%	0.00%	0.98%	0.00%	0.00%	0.00%	0.00%	0.00%	0.73%	0.00%	\$92.98
Behavioral Health Physician	\$27.68	3.53%	0.00%	28.62%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	\$38.16
Transportation	\$19.56	5.06%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	1.51%	-1.17%	\$21.66
Other Professional Services	\$39.21	5.50%	0.00%	10.29%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.68%	0.73%	\$48.81
Pharmacy	\$118.52	3.02%	0.00%	0.00%	-2.37%	0.00%	0.00%	0.18%	0.00%	0.00%	-2.00%	0.00%	0.00%	\$120.57
Outpatient Facility	\$35.36	4.54%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.04%	0.00%	\$38.66
Emergency Facility	\$40.90	4.54%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	\$44.70
Laboratory and Radiology Services	\$27.00	1.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.72%	0.00%	\$27.74
Dental	\$1.30	3.00%	189.83%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	\$3.99
FQHC	\$13.95	5.93%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	2.70%	0.00%	\$16.08
Gross Medical	\$553.89	3.95%	0.44%	2.16%	-0.49%	0.15%	0.21%	0.04%	0.00%	0.00%	-0.40%	0.38%	-0.04%	\$613.11

Differential Adjusted Payments (DAP)	
E-Prescribing	\$0.39
Integrated Clinic	\$0.00
Inpatient Hospital	\$5.59
Nursing Facility	\$0.05
Other Hospital	\$0.70
FQHC/RHC	\$0.10
Total AHCCCS DAP	\$6.83

Total DAP (438.6 (c))	\$6.83
Total APSI (438.6 (c))	\$2.93
Total Gross Medical PMPM	\$622.87

GSA: Central
 Rate Cell: Expansion Adults
 Base Period: October 1, 2016 through September 30, 2017
 Projection Period: October 1, 2018 through September 30, 2019
 Base Period Member Months: 592,552
 Projection Period Member Months: 560,950

Category of Service	Adjusted Base PMPM	Trend	ER Dental	BH Access to Care	HCV Treatment	PCP MAT	DRG Change Impact	Hemo Factor Pricing Change	BH Services in Schools	Applied Behavior Analysis	Rx Rebates	Fee Schedule Changes/Min Wage	Combined Misc. Changes	Gross Medical
Inpatient and LTC	\$52.90	3.50%	0.00%	0.00%	0.00%	0.00%	0.98%	0.00%	0.00%	0.00%	0.00%	0.21%	0.00%	\$57.34
Behavioral Health Inpatient and LTC	\$5.88	3.50%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	-1.06%	\$6.23
Physical Health Physician	\$67.89	2.51%	0.00%	0.00%	0.00%	0.53%	0.00%	0.00%	0.00%	0.00%	0.00%	1.27%	0.00%	\$72.63
Behavioral Health Physician	\$8.10	2.51%	0.00%	28.44%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	\$10.94
Transportation	\$6.22	5.06%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	1.59%	-0.81%	\$6.92
Other Professional Services	\$26.14	5.50%	0.00%	3.61%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.22%	1.04%	\$30.53
Pharmacy	\$89.06	4.04%	0.00%	0.00%	-2.04%	0.00%	0.00%	0.31%	0.00%	0.00%	-2.00%	0.00%	0.00%	\$92.83
Outpatient Facility	\$32.24	4.50%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.04%	0.00%	\$35.22
Emergency Facility	\$25.38	4.50%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	\$27.72
Laboratory and Radiology Services	\$24.50	1.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.49%	0.00%	\$25.12
Dental	\$0.95	3.00%	179.42%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	\$2.83
FQHC	\$12.21	5.93%	0.60%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	2.91%	0.00%	\$14.18
Gross Medical	\$351.49	3.68%	0.50%	0.91%	-0.51%	0.10%	0.15%	0.08%	0.00%	0.00%	-0.50%	0.46%	0.05%	\$382.49

Differential Adjusted Payments (DAP)	
E-Prescribing	\$0.35
Integrated Clinic	\$0.00
Inpatient Hospital	\$3.22
Nursing Facility	\$0.02
Other Hospital	\$0.15
FQHC/RHC	\$0.10
Total AHCCCS DAP	\$3.85

Total DAP (438.6 (c))	\$3.85
Total APSI (438.6 (c))	\$1.69
Total Gross Medical PMPM	\$388.02

GSA: Central
 Rate Cell: Delivery Supplemental Payments
 Base Period: October 1, 2016 through September 30, 2017
 Projection Period: October 1, 2018 through September 30, 2019
 Base Period Member Months: 23,120
 Projection Period Member Months: 21,912

Category of Service	Adjusted Base PMPK	Trend	ER Dental	BH Access to Care	HCV Treatment	PCP MAT	DRG Change Impact	Hemo Factor Pricing Change	BH Services in Schools	Applied Behavior Analysis	Rx Rebates	Fee Schedule Changes/Min Wage	Combined Misc. Changes	Gross Medical
Inpatient	\$3,320.46	4.97%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.07%	0.00%	\$3,661.58
Physician	\$1,709.56	3.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.73%	0.00%	\$1,826.97
Transportation	\$28.21	4.54%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	1.44%	0.00%	\$31.27
Other Professional Services	\$95.44	4.54%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.23%	0.00%	\$104.54
Pharmacy	\$40.03	4.54%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	\$43.75
Outpatient	\$7.18	4.54%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.01%	0.00%	\$7.84
Laboratory and Radiology Services	\$24.79	4.54%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.47%	0.00%	\$27.22
FQHC	\$2.89	4.54%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	\$3.15
Gross Medical	\$5,228.55	4.31%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.30%	0.00%	\$5,706.31

Differential Adjusted Payments (DAP)	
E-Prescribing	\$0.00
Integrated Clinic	\$0.00
Inpatient Hospital	\$115.73
Nursing Facility	\$0.00
Other Hospital	\$0.00
FQHC/RHC	\$0.00
Total AHCCCS DAP	\$115.73

Total DAP (438.6 (c))	\$115.73
Total APSI (438.6 (c))	\$0.00
Total Gross Medical PMPM	\$5,822.04

GSA: South
 Rate Cell: AGE < 1
 Base Period: October 1, 2016 through September 30, 2017
 Projection Period: October 1, 2018 through September 30, 2019
 Base Period Member Months: 134,641
 Projection Period Member Months: 126,020

Category of Service	Adjusted Base PMPM	Trend	ER Dental	BH Access to Care	HCV Treatment	PCP MAT	DRG Change Impact	Hemo Factor Pricing Change	BH Services in Schools	Applied Behavior Analysis	Rx Rebates	Fee Schedule Changes/Min Wage	Combined Misc. Changes	Gross Medical
Inpatient and LTC	\$230.35	1.45%	0.00%	0.00%	0.00%	0.00%	6.79%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	\$253.21
Behavioral Health Inpatient and LTC	\$0.00	1.45%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	\$0.00
Physical Health Physician	\$104.95	1.50%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.27%	0.00%	\$108.41
Behavioral Health Physician	\$0.28	1.50%	0.00%	5.59%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	\$0.31
Transportation	\$10.32	3.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	1.01%	0.05%	\$11.07
Other Professional Services	\$17.04	2.51%	0.00%	0.01%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.28%	2.98%	\$18.49
Pharmacy	\$9.33	2.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	-2.00%	0.00%	0.00%	\$9.52
Outpatient Facility	\$10.38	2.51%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.04%	0.00%	\$10.91
Emergency Facility	\$16.57	2.51%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	\$17.42
Laboratory and Radiology Services	\$6.14	3.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.04%	7.82%	\$7.03
Dental	\$0.30	2.50%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	6.73%	0.00%	\$0.33
FQHC	\$72.76	4.50%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	1.87%	0.00%	\$80.94
Gross Medical	\$478.42	2.10%	0.00%	0.00%	0.00%	0.00%	3.23%	0.00%	0.00%	0.00%	-0.04%	0.38%	0.21%	\$517.63

Differential Adjusted Payments (DAP)	
E-Prescribing	\$0.41
Integrated Clinic	\$0.00
Inpatient Hospital	\$9.30
Nursing Facility	\$0.00
Other Hospital	\$0.00
FQHC/RHC	\$0.57
Total AHCCCS DAP	\$10.29

Total DAP (438.6 (c))	\$10.29
Total APSI (438.6 (c))	\$18.20
Total Gross Medical PMPM	\$546.12

GSA: South
 Rate Cell: AGE 1-20
 Base Period: October 1, 2016 through September 30, 2017
 Projection Period: October 1, 2018 through September 30, 2019
 Base Period Member Months: 1,908,906
 Projection Period Member Months: 1,869,448

Category of Service	Adjusted Base PMPM	Trend	ER Dental	BH Access to Care	HCV Treatment	PCP MAT	DRG Change Impact	Hemo Factor Pricing Change	BH Services in Schools	Applied Behavior Analysis	Rx Rebates	Fee Schedule Changes/Min Wage	Combined Misc. Changes	Gross Medical
Inpatient and LTC	\$7.53	4.50%	0.00%	0.00%	0.00%	0.00%	7.62%	0.00%	0.00%	0.00%	0.00%	0.01%	0.00%	\$8.85
Behavioral Health Inpatient and LTC	\$4.13	4.50%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	-2.35%	\$4.40
Physical Health Physician	\$18.63	1.99%	0.00%	0.00%	0.00%	0.19%	0.00%	0.00%	0.00%	0.00%	0.00%	1.78%	0.00%	\$19.76
Behavioral Health Physician	\$24.12	1.99%	0.00%	1.46%	0.00%	0.00%	0.00%	0.00%	0.00%	2.87%	0.00%	0.00%	0.00%	\$26.18
Transportation	\$4.70	3.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	1.34%	4.41%	\$5.28
Other Professional Services	\$17.62	3.94%	0.00%	0.39%	0.00%	0.00%	0.00%	0.00%	6.01%	0.00%	0.00%	1.27%	0.68%	\$20.65
Pharmacy	\$19.53	7.80%	0.00%	0.00%	0.00%	0.00%	0.00%	0.36%	0.00%	0.00%	-2.00%	0.00%	0.00%	\$22.32
Outpatient Facility	\$7.35	3.53%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	\$7.88
Emergency Facility	\$10.30	3.53%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	\$11.04
Laboratory and Radiology Services	\$3.06	3.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.68%	8.04%	\$3.54
Dental	\$13.08	2.50%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.02%	0.00%	\$13.75
FQHC	\$23.42	4.50%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	1.90%	0.00%	\$26.06
Gross Medical	\$153.47	3.81%	0.00%	0.27%	0.00%	0.02%	0.38%	0.05%	0.69%	0.43%	-0.27%	0.71%	0.31%	\$169.70

Differential Adjusted Payments (DAP)	
E-Prescribing	\$0.14
Integrated Clinic	\$0.00
Inpatient Hospital	\$0.80
Nursing Facility	\$0.00
Other Hospital	\$0.11
FQHC/RHC	\$0.18
Total AHCCCS DAP	\$1.23

Total DAP (438.6 (c))	\$1.23
Total APSI (438.6 (c))	\$1.84
Total Gross Medical PMPM	\$172.77

GSA: South
 Rate Cell: AGE 21+
 Base Period: October 1, 2016 through September 30, 2017
 Projection Period: October 1, 2018 through September 30, 2019
 Base Period Member Months: 911,646
 Projection Period Member Months: 867,456

Category of Service	Adjusted Base PMPM	Trend	ER Dental	BH Access to Care	HCV Treatment	PCP MAT	DRG Change Impact	Hemo Factor Pricing Change	BH Services in Schools	Applied Behavior Analysis	Rx Rebates	Fee Schedule Changes/Min Wage	Combined Misc. Changes	Gross Medical
Inpatient and LTC	\$29.33	3.50%	0.00%	0.00%	0.00%	0.00%	7.87%	0.00%	0.00%	0.00%	0.00%	0.10%	0.00%	\$33.93
Behavioral Health Inpatient and LTC	\$2.44	3.50%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	-1.03%	\$2.59
Physical Health Physician	\$39.30	5.00%	0.00%	0.00%	0.00%	1.84%	0.00%	0.00%	0.00%	0.00%	0.00%	0.96%	0.00%	\$44.55
Behavioral Health Physician	\$17.72	5.00%	0.00%	9.21%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	\$21.33
Transportation	\$8.44	3.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	2.02%	1.47%	\$9.27
Other Professional Services	\$22.72	5.04%	0.00%	2.64%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.64%	1.29%	\$26.22
Pharmacy	\$49.15	5.50%	0.00%	0.00%	-0.45%	0.00%	0.00%	0.04%	0.00%	0.00%	-2.00%	0.00%	0.00%	\$53.39
Outpatient Facility	\$33.39	2.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.01%	0.00%	\$34.74
Emergency Facility	\$27.49	2.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	\$28.61
Laboratory and Radiology Services	\$21.20	3.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	-0.09%	0.00%	\$22.47
Dental	\$0.04	2.50%	2906.38%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	\$1.13
FQHC	\$25.94	4.50%	2.44%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	1.74%	0.00%	\$29.53
Gross Medical	\$277.16	4.01%	0.59%	0.82%	-0.08%	0.26%	0.81%	0.01%	0.00%	0.00%	-0.35%	0.42%	0.14%	\$307.75

Differential Adjusted Payments (DAP)	
E-Prescribing	\$0.31
Integrated Clinic	\$0.00
Inpatient Hospital	\$2.74
Nursing Facility	\$0.01
Other Hospital	\$0.08
FQHC/RHC	\$0.19
Total AHCCCS DAP	\$3.34

Total DAP (438.6 (c))	\$3.34
Total APSI (438.6 (c))	\$4.95
Total Gross Medical PMPM	\$316.04

GSA: South
 Rate Cell: Duals
 Base Period: October 1, 2016 through September 30, 2017
 Projection Period: October 1, 2018 through September 30, 2019
 Base Period Member Months: 378,586
 Projection Period Member Months: 399,857

Category of Service	Adjusted Base PMPM	Trend	ER Dental	BH Access to Care	HCV Treatment	PCP MAT	DRG Change Impact	Hemo Factor Pricing Change	BH Services in Schools	Applied Behavior Analysis	Rx Rebates	Fee Schedule Changes/Min Wage	Combined Misc. Changes	Gross Medical
Inpatient and LTC	\$13.44	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	\$13.44
Behavioral Health Inpatient and LTC	\$0.67	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	-1.15%	\$0.66
Physical Health Physician	\$22.66	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	\$22.66
Behavioral Health Physician	\$8.89	0.00%	0.00%	1.57%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	\$9.03
Transportation	\$15.48	3.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.23%	\$16.47
Other Professional Services	\$7.58	2.51%	0.00%	1.60%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	3.74%	\$8.40
Pharmacy	\$2.68	4.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	-2.00%	0.00%	0.00%	\$2.84
Outpatient Facility	\$21.43	0.50%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	\$21.64
Emergency Facility	\$4.84	0.50%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	\$4.88
Laboratory and Radiology Services	\$4.95	3.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	\$5.25
Dental	\$0.09	2.50%	1635.25%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	\$1.66
FQHC	\$7.48	4.50%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	\$8.17
Gross Medical	\$110.18	1.26%	1.38%	0.23%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	-0.05%	0.00%	0.29%	\$115.09

Differential Adjusted Payments (DAP)	
E-Prescribing	\$0.00
Integrated Clinic	\$0.00
Inpatient Hospital	\$0.00
Nursing Facility	\$0.00
Other Hospital	\$0.00
FQHC/RHC	\$0.00
Total AHCCCS DAP	\$0.00

Total DAP (438.6 (c))	\$0.00
Total APSI (438.6 (c))	\$0.00
Total Gross Medical PMPM	\$115.09

GSA: South
 Rate Cell: SSIWO
 Base Period: October 1, 2016 through September 30, 2017
 Projection Period: October 1, 2018 through September 30, 2019
 Base Period Member Months: 161,318
 Projection Period Member Months: 156,932

Category of Service	Adjusted Base PMPM	Trend	ER Dental	BH Access to Care	HCV Treatment	PCP MAT	DRG Change Impact	Hemo Factor Pricing Change	BH Services in Schools	Applied Behavior Analysis	Rx Rebates	Fee Schedule Changes/Min Wage	Combined Misc. Changes	Gross Medical
Inpatient and LTC	\$210.98	4.50%	0.00%	0.00%	0.00%	0.00%	4.03%	0.00%	0.00%	0.00%	0.00%	0.22%	0.00%	\$240.21
Behavioral Health Inpatient and LTC	\$14.90	4.50%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	-1.29%	\$16.06
Physical Health Physician	\$131.87	6.05%	0.00%	0.00%	0.00%	0.67%	0.00%	0.00%	0.00%	0.00%	0.00%	1.84%	0.00%	\$152.05
Behavioral Health Physician	\$59.03	6.05%	0.00%	6.67%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	\$70.82
Transportation	\$45.37	3.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	1.75%	1.55%	\$49.74
Other Professional Services	\$86.17	6.07%	0.00%	1.55%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	1.13%	0.49%	\$100.05
Pharmacy	\$300.98	1.00%	0.00%	0.00%	-0.90%	0.00%	0.00%	2.97%	0.00%	0.00%	-2.00%	0.00%	0.00%	\$307.02
Outpatient Facility	\$129.90	4.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.04%	0.00%	\$140.56
Emergency Facility	\$45.60	4.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	\$49.32
Laboratory and Radiology Services	\$32.98	3.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.75%	0.99%	\$35.60
Dental	\$3.35	2.50%	45.31%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.01%	0.00%	\$5.11
FQHC	\$37.77	4.50%	3.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	1.75%	0.00%	\$43.23
Gross Medical	\$1,098.90	3.76%	0.24%	0.50%	-0.23%	0.08%	0.78%	0.75%	0.00%	0.00%	-0.52%	0.52%	0.11%	\$1,209.76

Differential Adjusted Payments (DAP)	
E-Prescribing	\$0.72
Integrated Clinic	\$0.00
Inpatient Hospital	\$11.40
Nursing Facility	\$0.11
Other Hospital	\$0.43
FQHC/RHC	\$0.28
Total AHCCCS DAP	\$12.95

Total DAP (438.6 (c))	\$12.95
Total APSI (438.6 (c))	\$13.60
Total Gross Medical PMPM	\$1,236.31

GSA: South
 Rate Cell: Prop 204 Childless Adults
 Base Period: October 1, 2016 through September 30, 2017
 Projection Period: October 1, 2018 through September 30, 2019
 Base Period Member Months: 921,090
 Projection Period Member Months: 890,660

Category of Service	Adjusted Base PMPM	Trend	ER Dental	BH Access to Care	HCV Treatment	PCP MAT	DRG Change Impact	Hemo Factor Pricing Change	BH Services in Schools	Applied Behavior Analysis	Rx Rebates	Fee Schedule Changes/Min Wage	Combined Misc. Changes	Gross Medical
Inpatient and LTC	\$71.52	4.00%	0.00%	0.00%	0.00%	0.00%	3.65%	0.00%	0.00%	0.00%	0.00%	0.24%	0.00%	\$80.36
Behavioral Health Inpatient and LTC	\$14.81	4.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	-0.92%	\$15.87
Physical Health Physician	\$56.95	5.00%	0.00%	0.00%	0.00%	2.14%	0.00%	0.00%	0.00%	0.00%	0.00%	1.09%	0.00%	\$64.83
Behavioral Health Physician	\$49.11	5.00%	0.00%	8.72%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	\$58.86
Transportation	\$18.79	3.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	2.03%	2.08%	\$20.76
Other Professional Services	\$33.14	5.00%	0.00%	6.84%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	1.30%	0.94%	\$39.91
Pharmacy	\$86.32	2.52%	0.00%	0.00%	-2.21%	0.00%	0.00%	0.09%	0.00%	0.00%	-2.00%	0.00%	0.00%	\$87.01
Outpatient Facility	\$41.95	4.52%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.02%	0.00%	\$45.84
Emergency Facility	\$31.29	4.52%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	\$34.18
Laboratory and Radiology Services	\$20.78	3.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.15%	0.00%	\$22.08
Dental	\$0.92	2.50%	245.47%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	\$3.32
FQHC	\$25.79	4.50%	0.41%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	1.81%	0.00%	\$28.79
Gross Medical	\$451.35	4.05%	0.51%	1.47%	-0.40%	0.27%	0.57%	0.02%	0.00%	0.00%	-0.35%	0.47%	0.13%	\$501.82

Differential Adjusted Payments (DAP)	
E-Prescribing	\$0.33
Integrated Clinic	\$0.00
Inpatient Hospital	\$4.52
Nursing Facility	\$0.03
Other Hospital	\$0.44
FQHC/RHC	\$0.19
Total AHCCCS DAP	\$5.51

Total DAP (438.6 (c))	\$5.51
Total APSI (438.6 (c))	\$5.37
Total Gross Medical PMPM	\$512.69

GSA: South
 Rate Cell: Expansion Adults
 Base Period: October 1, 2016 through September 30, 2017
 Projection Period: October 1, 2018 through September 30, 2019
 Base Period Member Months: 268,375
 Projection Period Member Months: 254,063

Category of Service	Adjusted Base PMPM	Trend	ER Dental	BH Access to Care	HCV Treatment	PCP MAT	DRG Change Impact	Hemo Factor Pricing Change	BH Services in Schools	Applied Behavior Analysis	Rx Rebates	Fee Schedule Changes/Min Wage	Combined Misc. Changes	Gross Medical
Inpatient and LTC	\$43.77	3.50%	0.00%	0.00%	0.00%	0.00%	3.79%	0.00%	0.00%	0.00%	0.00%	0.20%	0.00%	\$48.76
Behavioral Health Inpatient and LTC	\$3.26	3.50%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	-1.11%	\$3.45
Physical Health Physician	\$47.69	3.53%	0.00%	0.00%	0.00%	1.47%	0.00%	0.00%	0.00%	0.00%	0.00%	0.96%	0.00%	\$52.36
Behavioral Health Physician	\$13.32	3.53%	0.00%	9.80%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	\$15.68
Transportation	\$6.89	3.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	2.15%	0.85%	\$7.54
Other Professional Services	\$22.71	5.50%	0.00%	2.40%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.46%	1.24%	\$26.32
Pharmacy	\$68.04	3.51%	0.00%	0.00%	-1.79%	0.00%	0.00%	0.01%	0.00%	0.00%	-2.00%	0.00%	0.00%	\$70.17
Outpatient Facility	\$37.80	4.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.01%	0.00%	\$40.89
Emergency Facility	\$21.22	4.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	\$22.95
Laboratory and Radiology Services	\$19.55	3.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.10%	0.00%	\$20.76
Dental	\$0.62	2.50%	246.27%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	\$2.27
FQHC	\$24.33	4.50%	0.01%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	1.82%	0.00%	\$27.06
Gross Medical	\$309.21	3.79%	0.49%	0.60%	-0.39%	0.22%	0.53%	0.00%	0.00%	0.00%	-0.42%	0.41%	0.10%	\$338.22

Differential Adjusted Payments (DAP)	
E-Prescribing	\$0.29
Integrated Clinic	\$0.00
Inpatient Hospital	\$3.20
Nursing Facility	\$0.02
Other Hospital	\$0.11
FQHC/RHC	\$0.18
Total AHCCCS DAP	\$3.79

Total DAP (438.6 (c))	\$3.79
Total APSI (438.6 (c))	\$3.68
Total Gross Medical PMPM	\$345.70

GSA: South
 Rate Cell: Delivery Supplemental Payments
 Base Period: October 1, 2016 through September 30, 2017
 Projection Period: October 1, 2018 through September 30, 2019
 Base Period Member Months: 8,279
 Projection Period Member Months: 7,847

Category of Service	Adjusted Base PMPK	Trend	ER Dental	BH Access to Care	HCV Treatment	PCP MAT	DRG Change Impact	Hemo Factor Pricing Change	BH Services in Schools	Applied Behavior Analysis	Rx Rebates	Fee Schedule Changes/Min Wage	Combined Misc. Changes	Gross Medical
Inpatient	\$2,947.89	4.52%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.07%	0.00%	\$3,222.75
Physician	\$1,610.55	3.50%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.96%	0.00%	\$1,741.79
Transportation	\$54.82	3.02%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	2.02%	0.00%	\$59.36
Other Professional Services	\$121.61	3.02%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.63%	0.00%	\$129.88
Pharmacy	\$36.11	3.02%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	\$38.33
Outpatient	\$17.80	3.02%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.01%	0.00%	\$18.90
Laboratory and Radiology Services	\$24.64	3.02%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	-0.09%	0.00%	\$26.13
FQHC	\$8.68	3.02%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	\$9.21
Gross Medical	\$4,822.10	4.10%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.40%	0.00%	\$5,246.33

Differential Adjusted Payments (DAP)	
E-Prescribing	\$0.00
Integrated Clinic	\$0.00
Inpatient Hospital	\$121.80
Nursing Facility	\$0.00
Other Hospital	\$0.00
FQHC/RHC	\$0.00
Total AHCCCS DAP	\$121.80

Total DAP (438.6 (c))	\$121.80
Total APSI (438.6 (c))	\$0.00
Total Gross Medical PMPM	\$5,368.14

Appendix 7: Capitation Rate Development

Rate Cell: AGE < 1

GSA	MCO	Before Risk Adjustment			Risk Adj Factor	After Risk Adjustment			Net Medical	UW Gain Percent	UW Gain PMPM	Admin PMPM	Premium Tax	Capitation Rate PMPM
		Gross Medical Plus DAP	APSI	RI Offset		Gross Medical Plus DAP	APSI	RI Offset						
North	Care 1st Health Plan Arizona	\$ 495.75	\$ 7.57	\$ (36.76)	1.0249	\$ 508.07	\$ 7.76	\$ (37.67)	\$ 478.16	1.00%	\$ 5.08	\$ 30.84	\$ 10.49	\$ 524.58
North	Steward Health Choice Arizona	\$ 495.75	\$ 7.57	\$ (36.76)	0.9805	\$ 486.06	\$ 7.42	\$ (36.04)	\$ 457.44	0.01%	\$ 0.05	\$ 29.36	\$ 9.94	\$ 496.79
Central	Arizona Complete Health - Complete Care Plan	\$ 561.82	\$ 11.25	\$ (43.77)	1.1465	\$ 644.12	\$ 12.90	\$ (50.19)	\$ 606.83	0.95%	\$ 6.12	\$ 39.77	\$ 13.32	\$ 666.04
Central	Banner - University Family Care	\$ 561.82	\$ 11.25	\$ (43.77)	1.1879	\$ 667.36	\$ 13.36	\$ (52.00)	\$ 628.72	0.74%	\$ 4.94	\$ 36.87	\$ 13.68	\$ 684.21
Central	Care 1st Health Plan Arizona	\$ 561.82	\$ 11.25	\$ (43.77)	0.9104	\$ 511.47	\$ 10.24	\$ (39.85)	\$ 481.86	1.00%	\$ 5.11	\$ 34.77	\$ 10.65	\$ 532.39
Central	Magellan Complete Care	\$ 561.82	\$ 11.25	\$ (43.77)	1.0000	\$ 561.82	\$ 11.25	\$ (43.77)	\$ 529.29	0.90%	\$ 5.06	\$ 69.01	\$ 12.31	\$ 615.67
Central	Mercy Care	\$ 561.82	\$ 11.25	\$ (43.77)	0.9828	\$ 552.16	\$ 11.06	\$ (43.02)	\$ 520.19	1.00%	\$ 5.52	\$ 37.53	\$ 11.49	\$ 574.74
Central	Steward Health Choice Arizona	\$ 561.82	\$ 11.25	\$ (43.77)	0.9742	\$ 547.31	\$ 10.96	\$ (42.64)	\$ 515.62	0.01%	\$ 0.05	\$ 33.01	\$ 11.20	\$ 559.89
Central	UnitedHealthcare Community Plan	\$ 561.82	\$ 11.25	\$ (43.77)	1.0062	\$ 565.32	\$ 11.32	\$ (44.05)	\$ 532.59	1.00%	\$ 5.65	\$ 34.23	\$ 11.68	\$ 584.16
South	Arizona Complete Health - Complete Care Plan	\$ 527.92	\$ 18.20	\$ (45.55)	1.0139	\$ 535.25	\$ 18.45	\$ (46.18)	\$ 507.52	0.95%	\$ 5.08	\$ 39.75	\$ 11.27	\$ 563.63
South	Banner - University Family Care	\$ 527.92	\$ 18.20	\$ (45.55)	1.0610	\$ 560.13	\$ 19.31	\$ (48.33)	\$ 531.11	0.94%	\$ 5.27	\$ 33.28	\$ 11.63	\$ 581.29
South	UnitedHealthcare Community Plan	\$ 527.92	\$ 18.20	\$ (45.55)	0.9183	\$ 484.77	\$ 16.71	\$ (41.83)	\$ 459.65	1.00%	\$ 4.85	\$ 29.67	\$ 10.09	\$ 504.26

Notes

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

Premium Tax is 2%

Rate Cell: AGE 1-20

GSA	MCO	Before Risk Adjustment				Risk Adj Factor	After Risk Adjustment			Net Medical	UW Gain Percent	UW Gain PMPM	Admin PMPM	Premium Tax	Capitation Rate PMPM
		Gross Medical Plus DAP	APSI	RI Offset			Gross Medical Plus DAP	APSI	RI Offset						
North	Care 1st Health Plan Arizona	\$ 168.98	\$ 0.60	\$ (3.63)	0.9935	\$ 167.88	\$ 0.60	\$ (3.61)	\$ 164.87	1.00%	\$ 1.68	\$ 18.44	\$ 3.78	\$ 188.77	
North	Steward Health Choice Arizona	\$ 168.98	\$ 0.60	\$ (3.63)	1.0056	\$ 169.93	\$ 0.60	\$ (3.65)	\$ 166.88	0.01%	\$ 0.02	\$ 14.77	\$ 3.71	\$ 185.37	
Central	Arizona Complete Health - Complete Care Plan	\$ 156.17	\$ 1.92	\$ (4.67)	0.9220	\$ 144.00	\$ 1.77	\$ (4.30)	\$ 141.46	0.95%	\$ 1.37	\$ 21.09	\$ 3.35	\$ 167.27	
Central	Banner - University Family Care	\$ 156.17	\$ 1.92	\$ (4.67)	0.9699	\$ 151.48	\$ 1.87	\$ (4.53)	\$ 148.81	0.74%	\$ 1.12	\$ 13.75	\$ 3.34	\$ 167.02	
Central	Care 1st Health Plan Arizona	\$ 156.17	\$ 1.92	\$ (4.67)	0.8873	\$ 138.56	\$ 1.71	\$ (4.14)	\$ 136.13	1.00%	\$ 1.39	\$ 18.47	\$ 3.18	\$ 159.16	
Central	Magellan Complete Care	\$ 156.17	\$ 1.92	\$ (4.67)	1.0000	\$ 156.17	\$ 1.92	\$ (4.67)	\$ 153.42	0.90%	\$ 1.41	\$ 48.78	\$ 4.16	\$ 207.76	
Central	Mercy Care	\$ 156.17	\$ 1.92	\$ (4.67)	1.0451	\$ 163.21	\$ 2.01	\$ (4.88)	\$ 160.34	1.00%	\$ 1.63	\$ 13.19	\$ 3.57	\$ 178.74	
Central	Steward Health Choice Arizona	\$ 156.17	\$ 1.92	\$ (4.67)	0.9752	\$ 152.29	\$ 1.88	\$ (4.55)	\$ 149.62	0.01%	\$ 0.02	\$ 14.19	\$ 3.34	\$ 167.17	
Central	UnitedHealthcare Community Plan	\$ 156.17	\$ 1.92	\$ (4.67)	1.0330	\$ 161.33	\$ 1.99	\$ (4.82)	\$ 158.50	1.00%	\$ 1.61	\$ 13.02	\$ 3.53	\$ 176.66	
South	Arizona Complete Health - Complete Care Plan	\$ 170.93	\$ 1.84	\$ (3.46)	0.9643	\$ 164.82	\$ 1.77	\$ (3.34)	\$ 163.26	0.95%	\$ 1.57	\$ 23.19	\$ 3.84	\$ 191.85	
South	Banner - University Family Care	\$ 170.93	\$ 1.84	\$ (3.46)	0.9790	\$ 167.33	\$ 1.80	\$ (3.39)	\$ 165.74	0.94%	\$ 1.57	\$ 14.83	\$ 3.72	\$ 185.87	
South	UnitedHealthcare Community Plan	\$ 170.93	\$ 1.84	\$ (3.46)	1.0711	\$ 183.08	\$ 1.97	\$ (3.71)	\$ 181.34	1.00%	\$ 1.83	\$ 14.04	\$ 4.02	\$ 201.23	

Notes

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

Premium Tax is 2%

Rate Cell: AGE 21+

GSA	MCO	Before Risk Adjustment				After Risk Adjustment			Net Medical	UW Gain Percent	UW Gain PMPM	Admin PMPM	Premium Tax	Capitation Rate PMPM
		Gross Medical Plus DAP	APSI	RI Offset	Risk Adj Factor	Gross Medical Plus DAP	APSI	RI Offset						
North	Care 1st Health Plan Arizona	\$ 294.13	\$ 0.40	\$ (2.79)	1.0274	\$ 302.19	\$ 0.41	\$ (2.87)	\$ 299.72	1.00%	\$ 3.02	\$ 23.34	\$ 6.65	\$ 332.74
North	Steward Health Choice Arizona	\$ 294.13	\$ 0.40	\$ (2.79)	0.9775	\$ 287.52	\$ 0.39	\$ (2.73)	\$ 285.17	0.01%	\$ 0.03	\$ 20.20	\$ 6.23	\$ 311.63
Central	Arizona Complete Health - Complete Care Plan	\$ 343.83	\$ 2.03	\$ (5.32)	0.9275	\$ 318.91	\$ 1.88	\$ (4.93)	\$ 315.86	0.95%	\$ 3.03	\$ 27.63	\$ 7.07	\$ 353.59
Central	Banner - University Family Care	\$ 343.83	\$ 2.03	\$ (5.32)	1.0146	\$ 348.86	\$ 2.06	\$ (5.39)	\$ 345.53	0.74%	\$ 2.58	\$ 22.59	\$ 7.57	\$ 378.27
Central	Care 1st Health Plan Arizona	\$ 343.83	\$ 2.03	\$ (5.32)	0.8373	\$ 287.88	\$ 1.70	\$ (4.45)	\$ 285.13	1.00%	\$ 2.88	\$ 24.99	\$ 6.39	\$ 319.39
Central	Magellan Complete Care	\$ 343.83	\$ 2.03	\$ (5.32)	1.0000	\$ 343.83	\$ 2.03	\$ (5.32)	\$ 340.54	0.90%	\$ 3.09	\$ 58.14	\$ 8.20	\$ 409.97
Central	Mercy Care	\$ 343.83	\$ 2.03	\$ (5.32)	1.1091	\$ 381.34	\$ 2.25	\$ (5.90)	\$ 377.70	1.00%	\$ 3.81	\$ 26.84	\$ 8.33	\$ 416.69
Central	Steward Health Choice Arizona	\$ 343.83	\$ 2.03	\$ (5.32)	0.8970	\$ 308.42	\$ 1.82	\$ (4.77)	\$ 305.47	0.01%	\$ 0.03	\$ 21.63	\$ 6.68	\$ 333.80
Central	UnitedHealthcare Community Plan	\$ 343.83	\$ 2.03	\$ (5.32)	0.9987	\$ 343.38	\$ 2.03	\$ (5.31)	\$ 340.09	1.00%	\$ 3.43	\$ 22.58	\$ 7.47	\$ 373.58
South	Arizona Complete Health - Complete Care Plan	\$ 311.09	\$ 4.95	\$ (3.19)	0.9455	\$ 294.12	\$ 4.68	\$ (3.01)	\$ 295.79	0.95%	\$ 2.79	\$ 28.97	\$ 6.68	\$ 334.24
South	Banner - University Family Care	\$ 311.09	\$ 4.95	\$ (3.19)	0.9484	\$ 295.03	\$ 4.69	\$ (3.02)	\$ 296.70	0.94%	\$ 2.77	\$ 20.83	\$ 6.54	\$ 326.84
South	UnitedHealthcare Community Plan	\$ 311.09	\$ 4.95	\$ (3.19)	1.1360	\$ 353.41	\$ 5.62	\$ (3.62)	\$ 355.41	1.00%	\$ 3.53	\$ 22.87	\$ 7.79	\$ 389.60

Notes

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

Premium Tax is 2%

Rate Cell: Duals

GSA	MCO	Before Risk Adjustment				After Risk Adjustment				Net Medical	UW Gain Percent	UW Gain PMPM	Admin PMPM	Premium Tax	Capitation Rate PMPM
		Gross Medical Plus DAP	APSI	RI Offset	Risk Adj Factor	Gross Medical Plus DAP	APSI	RI Offset							
North	Care 1st Health Plan Arizona	\$ 111.77	\$ -	\$ (1.87)	1.1168	\$ 124.83	\$ -	\$ (2.09)	\$ 122.74	1.00%	\$ 1.25	\$ 16.87	\$ 2.87	\$ 143.74	
North	Steward Health Choice Arizona	\$ 111.77	\$ -	\$ (1.87)	0.8466	\$ 94.63	\$ -	\$ (1.58)	\$ 93.05	0.01%	\$ 0.01	\$ 11.30	\$ 2.13	\$ 106.48	
Central	Arizona Complete Health - Complete Care Plan	\$ 136.53	\$ -	\$ (2.01)	0.9404	\$ 128.39	\$ -	\$ (1.89)	\$ 126.50	0.95%	\$ 1.22	\$ 20.51	\$ 3.03	\$ 151.25	
Central	Banner - University Family Care	\$ 136.53	\$ -	\$ (2.01)	0.9053	\$ 123.61	\$ -	\$ (1.82)	\$ 121.79	0.74%	\$ 0.91	\$ 12.50	\$ 2.76	\$ 137.96	
Central	Care 1st Health Plan Arizona	\$ 136.53	\$ -	\$ (2.01)	0.7410	\$ 101.17	\$ -	\$ (1.49)	\$ 99.68	1.00%	\$ 1.01	\$ 16.83	\$ 2.40	\$ 119.92	
Central	Magellan Complete Care	\$ 136.53	\$ -	\$ (2.01)	1.0000	\$ 136.53	\$ -	\$ (2.01)	\$ 134.52	0.90%	\$ 1.23	\$ 47.80	\$ 3.75	\$ 187.29	
Central	Mercy Care	\$ 136.53	\$ -	\$ (2.01)	1.3402	\$ 182.97	\$ -	\$ (2.70)	\$ 180.28	1.00%	\$ 1.83	\$ 14.43	\$ 4.01	\$ 200.55	
Central	Steward Health Choice Arizona	\$ 136.53	\$ -	\$ (2.01)	0.8688	\$ 118.62	\$ -	\$ (1.75)	\$ 116.87	0.01%	\$ 0.01	\$ 12.59	\$ 2.64	\$ 132.11	
Central	UnitedHealthcare Community Plan	\$ 136.53	\$ -	\$ (2.01)	0.8735	\$ 119.26	\$ -	\$ (1.76)	\$ 117.51	1.00%	\$ 1.19	\$ 10.81	\$ 2.64	\$ 132.15	
South	Arizona Complete Health - Complete Care Plan	\$ 115.09	\$ -	\$ (1.01)	1.0347	\$ 119.09	\$ -	\$ (1.05)	\$ 118.04	0.95%	\$ 1.13	\$ 21.15	\$ 2.86	\$ 143.18	
South	Banner - University Family Care	\$ 115.09	\$ -	\$ (1.01)	0.9795	\$ 112.74	\$ -	\$ (0.99)	\$ 111.75	0.94%	\$ 1.06	\$ 12.27	\$ 2.55	\$ 127.63	
South	UnitedHealthcare Community Plan	\$ 115.09	\$ -	\$ (1.01)	0.9845	\$ 113.30	\$ -	\$ (1.00)	\$ 112.31	1.00%	\$ 1.13	\$ 10.42	\$ 2.53	\$ 126.39	

Notes

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

Premium Tax is 2%

Rate Cell: SSIWO

GSA	MCO	Before Risk Adjustment			Risk Adj Factor	After Risk Adjustment			Net Medical	UW Gain Percent	UW Gain PMPM	Admin PMPM	Premium Tax	Capitation Rate PMPM
		Gross Medical Plus DAP	APSI	RI Offset		Gross Medical Plus DAP	APSI	RI Offset						
North	Care 1st Health Plan Arizona	\$ 1,190.02	\$ 2.64	\$ (93.52)	0.9819	\$ 1,168.50	\$ 2.59	\$ (91.83)	\$ 1,079.26	1.00%	\$ 11.69	\$ 54.92	\$ 23.38	\$ 1,169.25
North	Steward Health Choice Arizona	\$ 1,190.02	\$ 2.64	\$ (93.52)	1.0179	\$ 1,211.32	\$ 2.69	\$ (95.20)	\$ 1,118.81	0.01%	\$ 0.12	\$ 62.84	\$ 24.12	\$ 1,205.88
Central	Arizona Complete Health - Complete Care Plan	\$ 1,233.38	\$ 10.57	\$ (112.84)	0.9577	\$ 1,181.21	\$ 10.12	\$ (108.06)	\$ 1,083.27	0.95%	\$ 11.22	\$ 59.83	\$ 23.56	\$ 1,177.88
Central	Banner - University Family Care	\$ 1,233.38	\$ 10.57	\$ (112.84)	0.9751	\$ 1,202.66	\$ 10.31	\$ (110.02)	\$ 1,102.95	0.74%	\$ 8.90	\$ 60.86	\$ 23.93	\$ 1,196.64
Central	Care 1st Health Plan Arizona	\$ 1,233.38	\$ 10.57	\$ (112.84)	0.8185	\$ 1,009.55	\$ 8.65	\$ (92.36)	\$ 925.84	1.00%	\$ 10.10	\$ 56.54	\$ 20.25	\$ 1,012.73
Central	Magellan Complete Care	\$ 1,233.38	\$ 10.57	\$ (112.84)	1.0000	\$ 1,233.38	\$ 10.57	\$ (112.84)	\$ 1,131.12	0.90%	\$ 11.10	\$ 102.50	\$ 25.40	\$ 1,270.12
Central	Mercy Care	\$ 1,233.38	\$ 10.57	\$ (112.84)	1.1052	\$ 1,363.16	\$ 11.68	\$ (124.71)	\$ 1,250.13	1.00%	\$ 13.63	\$ 88.28	\$ 27.59	\$ 1,379.64
Central	Steward Health Choice Arizona	\$ 1,233.38	\$ 10.57	\$ (112.84)	0.9368	\$ 1,155.44	\$ 9.90	\$ (105.70)	\$ 1,059.64	0.01%	\$ 0.12	\$ 61.98	\$ 22.89	\$ 1,144.62
Central	UnitedHealthcare Community Plan	\$ 1,233.38	\$ 10.57	\$ (112.84)	1.0104	\$ 1,246.16	\$ 10.68	\$ (114.00)	\$ 1,142.84	1.00%	\$ 12.46	\$ 69.97	\$ 25.01	\$ 1,250.27
South	Arizona Complete Health - Complete Care Plan	\$ 1,222.71	\$ 13.60	\$ (110.71)	0.9393	\$ 1,148.53	\$ 12.78	\$ (103.99)	\$ 1,057.32	0.95%	\$ 10.91	\$ 67.16	\$ 23.17	\$ 1,158.56
South	Banner - University Family Care	\$ 1,222.71	\$ 13.60	\$ (110.71)	1.0048	\$ 1,228.55	\$ 13.67	\$ (111.23)	\$ 1,130.98	0.94%	\$ 11.55	\$ 64.68	\$ 24.64	\$ 1,231.85
South	UnitedHealthcare Community Plan	\$ 1,222.71	\$ 13.60	\$ (110.71)	1.0639	\$ 1,300.90	\$ 14.47	\$ (117.79)	\$ 1,197.59	1.00%	\$ 13.01	\$ 71.97	\$ 26.17	\$ 1,308.74

Notes

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

Premium Tax is 2%

Rate Cell: Prop 204 Childless Adults

GSA	MCO	Before Risk Adjustment				Risk Adj Factor	After Risk Adjustment			Net Medical	UW Gain Percent	UW Gain PMPM	Admin PMPM	Premium Tax	Capitation Rate PMPM
		Gross Medical Plus DAP	APSI	RI Offset			Gross Medical Plus DAP	APSI	RI Offset						
North	Care 1st Health Plan Arizona	\$ 527.80	\$ 0.69	\$ (10.15)	1.0326	\$ 545.01	\$ 0.71	\$ (10.48)	\$ 535.24	1.00%	\$ 5.45	\$ 32.19	\$ 11.69	\$ 584.57	
North	Steward Health Choice Arizona	\$ 527.80	\$ 0.69	\$ (10.15)	0.9689	\$ 511.40	\$ 0.67	\$ (9.84)	\$ 502.24	0.01%	\$ 0.05	\$ 30.53	\$ 10.87	\$ 543.69	
Central	Arizona Complete Health - Complete Care Plan	\$ 619.93	\$ 2.93	\$ (18.16)	0.9618	\$ 596.27	\$ 2.82	\$ (17.46)	\$ 581.63	0.95%	\$ 5.66	\$ 37.99	\$ 12.76	\$ 638.04	
Central	Banner - University Family Care	\$ 619.93	\$ 2.93	\$ (18.16)	0.9397	\$ 582.55	\$ 2.76	\$ (17.06)	\$ 568.24	0.74%	\$ 4.31	\$ 33.07	\$ 12.36	\$ 617.98	
Central	Care 1st Health Plan Arizona	\$ 619.93	\$ 2.93	\$ (18.16)	0.8771	\$ 543.73	\$ 2.57	\$ (15.93)	\$ 530.38	1.00%	\$ 5.44	\$ 36.18	\$ 11.67	\$ 583.67	
Central	Magellan Complete Care	\$ 619.93	\$ 2.93	\$ (18.16)	1.0000	\$ 619.93	\$ 2.93	\$ (18.16)	\$ 604.71	0.90%	\$ 5.58	\$ 71.91	\$ 13.92	\$ 696.12	
Central	Mercy Care	\$ 619.93	\$ 2.93	\$ (18.16)	1.1462	\$ 710.55	\$ 3.36	\$ (20.81)	\$ 693.10	1.00%	\$ 7.11	\$ 47.44	\$ 15.26	\$ 762.91	
Central	Steward Health Choice Arizona	\$ 619.93	\$ 2.93	\$ (18.16)	0.8894	\$ 551.37	\$ 2.61	\$ (16.15)	\$ 537.83	0.01%	\$ 0.06	\$ 33.20	\$ 11.65	\$ 582.75	
Central	UnitedHealthcare Community Plan	\$ 619.93	\$ 2.93	\$ (18.16)	0.9735	\$ 603.53	\$ 2.86	\$ (17.68)	\$ 588.71	1.00%	\$ 6.04	\$ 36.23	\$ 12.88	\$ 643.85	
South	Arizona Complete Health - Complete Care Plan	\$ 507.33	\$ 5.37	\$ (8.67)	0.9720	\$ 493.12	\$ 5.21	\$ (8.43)	\$ 489.91	0.95%	\$ 4.68	\$ 37.87	\$ 10.87	\$ 543.33	
South	Banner - University Family Care	\$ 507.33	\$ 5.37	\$ (8.67)	1.0081	\$ 511.42	\$ 5.41	\$ (8.74)	\$ 508.09	0.94%	\$ 4.81	\$ 31.00	\$ 11.10	\$ 554.99	
South	UnitedHealthcare Community Plan	\$ 507.33	\$ 5.37	\$ (8.67)	1.0197	\$ 517.33	\$ 5.47	\$ (8.84)	\$ 513.96	1.00%	\$ 5.17	\$ 31.36	\$ 11.23	\$ 561.72	

Notes

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

Premium Tax is 2%

Rate Cell: Expansion Adults

GSA	MCO	Before Risk Adjustment				After Risk Adjustment				Net Medical	UW Gain Percent	UW Gain PMPM	Admin PMPM	Premium Tax	Capitation Rate PMPM
		Gross Medical Plus DAP	APSI	RI Offset	Risk Adj Factor	Gross Medical Plus DAP	APSI	RI Offset							
North	Care 1st Health Plan Arizona	\$ 376.99	\$ 0.47	\$ (7.46)	1.0454	\$ 394.12	\$ 0.49	\$ (7.80)	\$ 386.81	1.00%	\$ 3.94	\$ 26.69	\$ 8.52	\$ 425.96	
North	Steward Health Choice Arizona	\$ 376.99	\$ 0.47	\$ (7.46)	0.9564	\$ 360.56	\$ 0.45	\$ (7.14)	\$ 353.87	0.01%	\$ 0.04	\$ 23.57	\$ 7.70	\$ 385.18	
Central	Arizona Complete Health - Complete Care Plan	\$ 386.34	\$ 1.69	\$ (8.95)	1.0280	\$ 397.14	\$ 1.73	\$ (9.20)	\$ 389.67	0.95%	\$ 3.77	\$ 30.55	\$ 8.65	\$ 432.64	
Central	Banner - University Family Care	\$ 386.34	\$ 1.69	\$ (8.95)	0.9687	\$ 374.24	\$ 1.63	\$ (8.67)	\$ 367.20	0.74%	\$ 2.77	\$ 23.73	\$ 8.03	\$ 401.74	
Central	Care 1st Health Plan Arizona	\$ 386.34	\$ 1.69	\$ (8.95)	0.8179	\$ 315.98	\$ 1.38	\$ (7.32)	\$ 310.04	1.00%	\$ 3.16	\$ 26.22	\$ 6.93	\$ 346.35	
Central	Magellan Complete Care	\$ 386.34	\$ 1.69	\$ (8.95)	1.0000	\$ 386.34	\$ 1.69	\$ (8.95)	\$ 379.07	0.90%	\$ 3.48	\$ 60.26	\$ 9.04	\$ 451.84	
Central	Mercy Care	\$ 386.34	\$ 1.69	\$ (8.95)	1.1112	\$ 429.30	\$ 1.87	\$ (9.95)	\$ 421.23	1.00%	\$ 4.29	\$ 29.84	\$ 9.29	\$ 464.66	
Central	Steward Health Choice Arizona	\$ 386.34	\$ 1.69	\$ (8.95)	0.9065	\$ 350.20	\$ 1.53	\$ (8.12)	\$ 343.62	0.01%	\$ 0.04	\$ 23.62	\$ 7.50	\$ 374.77	
Central	UnitedHealthcare Community Plan	\$ 386.34	\$ 1.69	\$ (8.95)	0.9848	\$ 380.46	\$ 1.66	\$ (8.82)	\$ 373.31	1.00%	\$ 3.80	\$ 24.52	\$ 8.20	\$ 409.83	
South	Arizona Complete Health - Complete Care Plan	\$ 342.01	\$ 3.68	\$ (4.22)	0.9613	\$ 328.76	\$ 3.54	\$ (4.05)	\$ 328.25	0.95%	\$ 3.12	\$ 30.52	\$ 7.39	\$ 369.28	
South	Banner - University Family Care	\$ 342.01	\$ 3.68	\$ (4.22)	1.0348	\$ 353.93	\$ 3.81	\$ (4.37)	\$ 353.38	0.94%	\$ 3.33	\$ 23.60	\$ 7.76	\$ 388.06	
South	UnitedHealthcare Community Plan	\$ 342.01	\$ 3.68	\$ (4.22)	1.0004	\$ 342.16	\$ 3.68	\$ (4.22)	\$ 341.62	1.00%	\$ 3.42	\$ 22.28	\$ 7.50	\$ 374.82	

Notes

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

Premium Tax is 2%

Rate Cell: Delivery Supplemental Payments

GSA	MCO	Before Risk Adjustment				Risk Adj Factor	After Risk Adjustment			Net Medical	UW Gain Percent	UW Gain PMPM	Admin PMPM	Premium Tax	Capitation Rate PMPM
		Gross Medical Plus DAP	APSI	RI Offset			Gross Medical Plus DAP	APSI	RI Offset						
North	Care 1st Health Plan Arizona	\$ 5,649.81	\$ -	\$ -	-	\$ 5,649.81	\$ -	\$ -	\$ 5,649.81	1.00%	\$ 56.50	\$ -	\$ 116.46	\$ 5,822.76	
North	Steward Health Choice Arizona	\$ 5,649.81	\$ -	\$ -	-	\$ 5,649.81	\$ -	\$ -	\$ 5,649.81	0.01%	\$ 0.56	\$ -	\$ 115.31	\$ 5,765.69	
Central	Arizona Complete Health - Complete Care Plan	\$ 5,822.04	\$ -	\$ -	-	\$ 5,822.04	\$ -	\$ -	\$ 5,822.04	0.95%	\$ 55.31	\$ -	\$ 119.95	\$ 5,997.30	
Central	Banner - University Family Care	\$ 5,822.04	\$ -	\$ -	-	\$ 5,822.04	\$ -	\$ -	\$ 5,822.04	0.74%	\$ 43.08	\$ -	\$ 119.70	\$ 5,984.82	
Central	Care 1st Health Plan Arizona	\$ 5,822.04	\$ -	\$ -	-	\$ 5,822.04	\$ -	\$ -	\$ 5,822.04	1.00%	\$ 58.22	\$ -	\$ 120.01	\$ 6,000.27	
Central	Magellan Complete Care	\$ 5,822.04	\$ -	\$ -	-	\$ 5,822.04	\$ -	\$ -	\$ 5,822.04	0.90%	\$ 52.40	\$ -	\$ 119.89	\$ 5,994.32	
Central	Mercy Care	\$ 5,822.04	\$ -	\$ -	-	\$ 5,822.04	\$ -	\$ -	\$ 5,822.04	1.00%	\$ 58.22	\$ -	\$ 120.01	\$ 6,000.27	
Central	Steward Health Choice Arizona	\$ 5,822.04	\$ -	\$ -	-	\$ 5,822.04	\$ -	\$ -	\$ 5,822.04	0.01%	\$ 0.58	\$ -	\$ 118.83	\$ 5,941.45	
Central	UnitedHealthcare Community Plan	\$ 5,822.04	\$ -	\$ -	-	\$ 5,822.04	\$ -	\$ -	\$ 5,822.04	1.00%	\$ 58.22	\$ -	\$ 120.01	\$ 6,000.27	
South	Arizona Complete Health - Complete Care Plan	\$ 5,368.14	\$ -	\$ -	-	\$ 5,368.14	\$ -	\$ -	\$ 5,368.14	0.95%	\$ 51.00	\$ -	\$ 110.59	\$ 5,529.73	
South	Banner - University Family Care	\$ 5,368.14	\$ -	\$ -	-	\$ 5,368.14	\$ -	\$ -	\$ 5,368.14	0.94%	\$ 50.46	\$ -	\$ 110.58	\$ 5,529.18	
South	UnitedHealthcare Community Plan	\$ 5,368.14	\$ -	\$ -	-	\$ 5,368.14	\$ -	\$ -	\$ 5,368.14	1.00%	\$ 53.68	\$ -	\$ 110.65	\$ 5,532.47	

Notes

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

Premium Tax is 2%